

Summary Report:  
Mapping the employment  
support interventions for  
people with work restrictions  
in Australia  
National Cross-Sector Scan and Analysis of  
Employment Services.

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## Acronyms and abbreviations

|                 |   |
|-----------------|---|
| ABI             | Acquired Brain Injury   |
| ADE             | Australian Disability Enterprise                              |
| AFDO            | Australian Federation of Disability Organisations             |
| AFOEM           | Australian Faculty of Occupational and Environmental Medicine |
| BPS             | Biopsychosocial model of health                               |
| CDP             | Community Development Programme                               |
| CE              | Customised Employment   |
| CRRS            | Complaints, Resolution and Referral Services                  |
| CRPD            | Convention on the Rights of Persons with Disabilities         |
| DES             | Disability Employment Services                                |
| DESE            | Department of Education, Skills and Employment                |
| DSP             | Disability Support Pension                                    |
| DSS             | Department of Social Services                                 |
| DVA             | Defence and Veterans' Affairs                                 |
| EAF             | Employment Assistance Fund                                    |
| ES              | Employment supports (and services)                            |
| ESAt            | Employment Services Assessments                               |
| ILC             | Information Linkages and Capacity Building                    |
| IPS             | Individual Placement and Support                              |
| JCA             | Job Capacity Assessment                                       |
| JSCI            | Job Seeking Classification Instrument                         |
| MSD             | Musculoskeletal disorders                                     |
| MVA             | Motor vehicle accident  |
| NDES            | National Disability Employment Strategy                       |
| NDIA            | National Disability Insurance Agency                          |
| NDIS            | National Disability Insurance Scheme                          |
| NDRC            | National Disability Recruitment Coordinator                   |
| NDS             | National Disability Policy                                    |
| NEIS            | New Enterprise Incentive Scheme                               |
| NFP             | Not-for-profit (organisation)                                 |
| NIAA            | National Indigenous Australians Agency                        |
| OECD            | Organisation for Economic Co-operation and Development        |
| PaTH            | Prepare Trial Hire  |
| PaTH EST        | Prepare Trial Hire Employability Skills Training              |
| PTSD            | Post-Traumatic Stress Disorder                                |
| RACP            | Royal Australian College of Physicians                        |
| RATTUAJ         | Relocation Assistance to Take Up a Job                        |
| RTW             | Return to work  |
| SCI             | Spinal Cord Injuries  |
| SIRA            | (NSW) State Insurance Regulatory Authority                    |
| SLES            | School Leaver Employment Support                              |
| SME             | Small and medium enterprise(s)                                |
| TBI             | Traumatic Brain Injury  |
| The Partnership | Collaborative Partnership to Improve Work Participation       |
| TTW             | Transition to Work  |
| U/E             | Unemployed  |
| VR              | Vocational Rehabilitation                                     |
| WHO             | World Health Organisation                                     |
| Workers Comp    | Workers Compensation  |

## Executive Summary

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### Research scope and design

Employment supports (ES) and services are offered to people with a work restriction related to disability, injury and illness, by multiple government departments and agencies, insurers, regulators and employers, and by community-based (not for profit [NFP]) organisations. Through a variety of interventions, their aim is to support people with a work restriction in gaining and maintaining employment.

This project was commissioned by the Collaborative Partnership to Improve Work Participation (the Partnership). The Partnership is a national system-wide collaboration between the public, private and not-for-profit sectors that works to break down barriers in systems and culture to enable more Australians to engage in good work. This project was an activity of Pillar Three (Improving employer capability) which formed part of the Partnership 2020-2022 Strategy. The objective of Pillar Three was to increase the skills and capabilities of employers to enable individuals with an injury, ill health or disability to enter, remain at, or return to work. Within this remit, this project undertook a cross-sector scan of this landscape of employment supports. The research is exploratory and aims to:

- further define employment supports
- compare the contexts of delivery across systems
- compare the focus of delivery across systems
- identify eligibility criteria for employment supports across systems
- identify ingredients of efficacy.

This report offers a starting point for discussion about what we mean by 'employment supports', how they might be described and compared across systems, and areas for improvement and alignment.

The study was conducted between April and July 2021 by the Centre for Social Impact, Swinburne University of Technology. With a focus on capturing examples from the broad spread of employment supports across systems, the study has utilised three data sources:

1. Published literature of trends in the provision of employment supports,
2. Published literature of best practice in employment supports,
3. Organisational case studies of employment supports across systems, via desktop review, and two stocktakes of programs/projects (Commonwealth labour market programs, and projects funded under the Economic Participation focus of the Information, Linkages and Capacity Building [ILC] grants between 2019-2021). There were 160 examples of employment supports used for data analysis.

An original Typology of Employment Support Interventions was developed as part of the data analysis and subsequently used to analyse and organise both the best practice literature and the case study and stocktake data.

While national in scope, resource and time constraints have meant that the study has not sought a fully representative not exhaustive sample and has had to rely on incomplete publicly available information about employment support interventions in Australia.

## What are employment supports?

Employment support interventions have previously been characterised as including those that ‘focus on the employer, client, healthcare provider or system more broadly’ (Ho et al., 2017, p. 5). To better articulate the diversity of employment supports, this study built a Typology of Employment Support Interventions for people with work restrictions. The Typology is organised into three main clusters of activities including: supply side interventions (focusing on support to job seeker/ worker); demand side interventions (focusing on support to employers/ workplaces); societal change interventions (to increase capacity to contribute to employment outcomes). Each cluster includes further delineation of domains and components of supports.

## Context for this study

The context for this study spans what has sometimes been referred to as income and benefit ‘systems’ (Collie et al., 2018). The systems included in this study are:

- Employer programs, such as workplace rehabilitation (Defence and Veterans’ Affairs [DVA] is included here)
- Workers’ compensation (short and long tail)
- Motor vehicle accident (MVA) insurance (statutory benefit)
- Life insurance (income protection)
- Social security (e.g. Disability Employment Services [DES], jobactive, Employment Assistance Fund [EAF], JobAccess)
- National Disability Insurance Scheme (NDIS) and related ILC Economic Participation funding (now DSS)
- The market of providers that deliver these services
- Community-based employment supports provided by NFPs in the disability sector.

For the purposes of this study, we have organised the ES systems into three broad segments that are characterised by common purposes and underlying paradigms that inform their understanding of work restriction and approaches to employment support provision:

Segment 1: Injury and compensation segment

Segment 2: Commonwealth labour market program segment

Segment 3: Disability-specific segment (including the NDIS and community-based supports).

The segments share commonalities reflective of international trends, such as an individualised and marketised approach to the provision of employment supports. However, each segment has a dominant focus on somewhat different cohorts and is underpinned by differing paradigms of ‘work incapacity’.

Understandings of work incapacity and disability fundamentally frame the approaches adopted within each system. Across Australian systems there is a diverse emphasis on:

- a biomedical model of health
- a biopsychosocial (BPS) model of health
- a social model of disability
- a biopsychosocial model of disability and health
- a human rights model of disability and inclusion.

Diverse understandings between systems generate different definitions and expectations about work 'capacity', different analyses of – and therefore responses to - the root causes of limitations to work participation, different approaches to the timing of interventions, and different levels of support to those with the highest levels of work restriction. As suggested by the OECD (2018b), to harmonise paradigms across systems requires re-focusing attention on the elements that will enable individuals with illness, injury and impairment to be employed, through identifying the range of factors that construct work participation restrictions. In this context, work participation can be redefined as follows:

Work participation is dependent on *inclusive environments* and provision of *adaptations and supports* (to mediate biopsychosocial factors), *available throughout the timespan* of injury/ illness/ impairment.

In the broader policy context, national disability and disability employment policy is undergoing review through consultation relating to the National Disability Strategy (the preeminent expression of Australia's obligations under the Convention on the Rights of Persons with Disabilities) and the National Disability Employment Strategy. In line with the conceptualisation of work participation offered above, there is a strong focus on the need to strengthen and further personalise the employment supports available to all people with disability, regardless of severity of disability, and to reduce segregation and discrimination in workplaces (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020; The Social Deck, 2019; DSS. 2021 a). This set of policy development and renewal is likely to further raise the bar for employment outcomes and add focus to the ways ES are delivered, including in supporting change in workplaces.

## Focus of delivery of employment supports across segments

### The focus of employment support interventions

The Typology of Employment Support Interventions is used to analyse the spread of ES activity within each segment. Not surprisingly, across segments, ES that are focused on job seekers/workers are the most prevalent, followed by ES focused on employers and workplaces. Interventions targeting societal change are far less common. Overall, the three segments complement each other in their offerings of employment supports.

As would be expected, the Injury and compensation segment offers considerable strength in offering employment supports related to 'Addressing personal factors', particularly 'Integration of health, disability and employment supports', and 'Addressing health context'. By contrast, the other segments offer little focus in this domain with the exception of a strong concentration in the area of 'Building foundational skills and work expectations' by the Disability-specific segment.

The Injury and compensation segment is also strongly represented in the domains of 'Service access and information', 'Planning and preparation for work', 'Vocational skills development' and 'Pre placement support'. The Commonwealth segment also concentrates support in these domains, and is particularly strongly focused in 'Vocational skills development'. While the Disability-specific segment also concentrates supports in the area of 'Planning and preparation for work', its unique strengths among the supply-side interventions are in the domains of 'Building and mobilising social capital (to link to employment)' and of 'Self-employment/entrepreneurship'.

On the demand side, while all segments offer interventions, the strongest focus is provided by the Commonwealth and Disability-specific segments. In particular, the Disability-specific segment offers stronger support in 'Inclusive workplace capacity building', while the Injury and compensation segment

is concentrated in providing 'General support to employers', and the Commonwealth segment offers a strong focus on 'Financial assistance for wages'. This spread of intervention focus to support employers and workplaces by each of the three segments is a good example of complementarity, while gaps in focus also remain.

### Intended outcomes of employment supports

A review of intended outcomes discussed in case study documents was undertaken though almost no data was available to evidence the achievement of these outcomes. Outcome intentions were divided into eight main areas, each populated by sub-categories. The first five focused on outcomes for job seekers/workers: health, personal development, education, community inclusion, and employment. The final three focused on outcomes for employers: financial health, employer needs met, and increased employer capacity.

The injury and compensation segment was largely alone in focusing on health outcomes. The breadth of outcome areas targeted by ES programs speaks to a level of underlying program logic that recognises multiple, interconnected and stepped targets contributing to employment.

### Eligibility to employment supports

Across systems, there are usually two levels of eligibility: eligibility to 'system' (e.g. workers compensation, motor vehicle accident compensation, NDIS, labour market programs) and eligibility to employment supports within these. Eligibility criteria for entry into ES is an area that is largely missing from the publicly available data, except in relation to Commonwealth labour market programs and the NDIS. Given this lack of data, this section focuses on the Commonwealth labour market segment.

The Commonwealth labour market program segment employs three types of eligibility testing and streaming for applicants entering employment services and supports: Job Seeking Classification Instrument (JSCI), Employment Services Assessment (ESAt), Job Capacity Assessment (JCA). There is widespread concern about the appropriateness and effectiveness of these instruments to assess 'work capacity' (i.e. number of hours able to be worked each week).

Following assessment, access to employment supports is determined by a complex set of cascading eligibility criteria including:

- type of income support benefit (related to capacity to work, i.e. number of hours per week)
- mutual obligation requirement
- cohort factors specific to each ES program
- the primary 'gateway' ES provided, (such as jobactive), which enables or precludes access to further employment supports.

Assessed level of work 'capacity' is a key determinant of access to, and even denial of, ES. The level of ES available through Commonwealth labour market programs diminishes with increasing work 'incapacity'/restriction (i.e. the lower number of hours able to be worked per week). This is inconsistent with the CRPD, the human rights paradigm and policy intentions discussed earlier.

A core design assumption of Commonwealth ES appears to be that 'mainstream' (i.e. non disability specific) Commonwealth ES do not include people with work restriction and resultant program features are therefore often poorly suited to the needs of this cohort.

While there is insufficient data available to map eligibility across systems and thereby areas of duplication of access, eligibility to receive ES in multiple systems should not automatically be seen as a problem. Given poor employment outcomes and the different spread of ES types delivered across segments, eligibility to multiple systems may be a desired outcome of cross system alignment and the only way to enable access to an adequate range of ES interventions for individuals.

## Ingredients of efficacy of employment supports

Determining what are the contributing ingredients of successful interventions is a complex task and evaluation of ES is frequently absent (Ho et al., 2017; Centre for Research Excellence in Disability and Health, 2021). Despite this, common ingredients of employment support practice and intervention design that increase employment outcomes can be identified from the literature. These include:

- early intervention
- identification of barriers to employment
- tailored, individualised approach
- integrated and multi-component services
- integration of health and employment support
- employer and workplace support and capacity building
- service coordination
- strengthening and aligning incentives.

## Gaps and Opportunities

This study has identified the following gaps and opportunities in the design and provision of ES across systems:

*Consistent adoption of a biopsychosocial and human rights models of work restriction:* Across systems there is a need to shift shared understanding of work restriction to focus on holistic identification of barriers and interventions designed to address these, in line with best practice evidence. Work participation, should be commonly understood as dependent on *inclusive environments* and the provision of *adaptations and supports* (to mediate barriers at the personal level, within the workplace, and within society), *available throughout the timespan* of injury/ illness/ impairment.

*A new focus on components of employment supports:* The Typology of Employment Support Interventions provides a common language across systems to inform ES design and commissioning/purchasing, and enable evaluation and knowledge sharing.

*A transparent articulation of the design logic of employment supports:* There is a lack of explicit program or intervention logic which explains the assumed causal pathways of interventions, moving from identified 'problem' or 'barrier', through interventions to address it, to the desired outcomes.

*Information about eligibility:* Eligibility criteria and related processes for Commonwealth ES programs are complex. Additionally, there is little detailed information about how eligibility to ES interventions is managed in the Injury and compensation system. Further clarification and streamlining of eligibility across systems is needed to enable maximum uptake of ES.

*Provision of employment supports for people with work restriction:* The lack of a range of available supports for people with work restriction, (particularly significant work restriction such as those able to work 0-7 hours per week), is a significant gap partially addressed by ES provided by the Disability-specific segment.

*Evidence of what works in current employment supports:* Literature across the segments identifies key ingredients of ES intervention as those that are tailored to the needs and contexts of the individual, being responsive to a holistic set of barriers to employment and addressing these through multi-component supports targeting workers/job seekers, their employers and workplaces, in concert with health services. However, evaluative data is largely absent. The Typology offers a framework against which to further generate evidence about ES interventions.

*Need for information about employment supports available for people with work restriction:* Information about ES across sectors is opaque and often confusing. There is opportunity to draw on and combine each system's list of ES providers and services and to integrate this with existing user-rated service listings (such as Clickability, <https://clickability.com.au>) to develop a directory of ES services.

*Knowledge of the market of ES providers, its performance and gaps:* The reliance on a market of ES providers creates both a significant dependency on its performance, as well as opportunities to influence and shape it. Further information about the market is required to inform this.

## Recommendations

As a cross system study, recommendations primarily speak to the body with a cross-sector role: the Collaborative Partnership to Improve Work Participation.

**Recommendation 1:** The Partnership should build understanding across systems of the way work restrictions are constructed through the presence of barriers (personal, workplace and social), and the ways work participation can be enhanced through the provision of inclusive environments along with adaptations and supports that mediate barriers.

**Recommendation 2:** A market analysis should be undertaken to inform the development of a market strategy within and across systems. The analysis should identify: the composition of the market including number and size of providers; the key players (those with significant market share); the current market offerings of employment supports (e.g. against Typology); market gaps (intervention focus, cohort speciality – including by number of hours able to work per week, location); the drivers for the market (what business opportunities are regarded as most desirable and what the market perceives to be risks); the current capacity and capability in the market to meet needs across systems and of people with work restrictions; and the other sectors from which capability might be drawn (such as the NFP disability-specific segment).

**Recommendation 3:** Work collaboratively across sectors to develop meaningful and useful information about the employment supports for people with work restrictions, and providers of them.

**Recommendation 4:** The Partnership should develop and disseminate methodologies for generating evidence to support effective ES interventions, and support evidence collection and sharing.

**Recommendation 5:** The Partnership should identify and respond to the need for further professionalisation of, and professional development for, ES roles across systems, particularly in relation to those personnel who work at the 'coal face' of employment supports, for example in the role of 'trusted broker' to employers and case managers to employees/job seekers.

## Section 1: Research scope and design

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### Research scope and purpose

Employment supports and services are offered to people with a work restriction related to disability, injury and illness, by multiple government departments and agencies, insurers, regulators and employers, and by community-based (not for profit [NFP]) organisations. Through a variety of interventions, their aim is to support people with a work restriction in gaining and maintaining employment. There is variation in the types of services funded and the models of service delivery used (Collie et al., 2018), and it is not well understood how these services operate and perform across these multiple sectors and systems. In addition, the broad outlook for employment outcomes for people with work restriction in Australia is poor and has seen no improvement between 2001 and 2016 (Emerson et al., 2017). Outcomes are stagnant or decreasing across all major 'systems' that provide employment supports (Department of Social Services [DSS], 2021; Boston Consulting Group [BCG], 2020b; Royal Australian College of Physicians [RACP] & Australian Faculty of Occupational and Environmental Medicine [AFOEM], 2021a; SIRA, 2020; Social Research Centre, 2018a; Productivity Commission, 2021), and compare unfavourably with other OECD countries (OECD, 2017).

In this context, jurisdictions and 'systems' continue to review and reform their approaches to improve employment outcomes. To aid this, Comcare has commissioned this study on behalf of the Collaborative Partnership to Improve Work Participation (the Partnership). The Partnership is a national system-wide collaboration between the public, private and not-for-profit sectors involving key stakeholders across the segments described in this report. The Partnership works to break down barriers in systems and culture to enable more Australians to engage in good work. Within this remit, this project undertakes a cross-sector scan of the landscape of employment supports. This is a unique perspective as previous work has largely focused on subsets of this national landscape, and understandings of the nature of employment supports remain fragmented. The research is exploratory and aims to:

- further define employment supports
- compare the contexts of delivery across systems
- compare the trends and focus of delivery across systems
- identify eligibility criteria for employment supports across systems
- identify ingredients of efficacy.

As a result, the research offers insights into areas for further focus, service provision gaps, and opportunities for improvement and alignment of practice and policy across systems in order to enhance outcomes of employment supports.

### Research design

The study was conducted between April and July 2021 by the Centre for Social Impact, Swinburne University of Technology. With a focus on capturing examples from the broad spread of employment supports across systems, the study has utilised three data sources:

1. Published literature of trends in the provision of employment supports internationally and across sectors.
2. Published literature of best practice in employment supports, relying predominantly on meta-reviews of literature.

3. Organisational case studies of employment supports across systems, via desktop review supplemented by organisational conversations and document provision. This resulted in 73 case studies from 22 organisations. In addition, two 'stocktakes' of programs and projects were conducted. These were based on short descriptive listings of 1) 33 Commonwealth government labour market initiatives and 2) 54 projects funded between 2019-2021 under the Economic Participation focus of the Information, Linkages and Capacity Building (ILC) program of the National Disability Insurance Scheme (NDIS) (more recently administered by the Department of Social Services [DSS]). In total, data analysis included 160 examples of employment supports (see [Appendix 1](#) for case study summary and data collection proforma, and [Appendix 2](#) for case study details).

Data was analysed and organised against research aims and focus areas. In addition, an original Typology of Employment Support Interventions was developed as part of this data analysis and subsequently used to analyse and organise both the best practice literature and the case study data. Four evidence reviews, summarising research literature related to emerging programs in employment supports for people with work restriction, were also developed. Attention to discourses and rationales provided for employment support interventions, in different systems, also enabled analysis of paradigmatic underpinnings of approaches across systems, as part of a focus on gaps, opportunities and potential alignments.

## Limitations

While national in scope, the study has excluded State and Territory government labour market or disability-specific initiatives. A national lens has also been taken to the coverage of the injury and compensation systems, though not all jurisdictions have been included in case studies. Similarly, the study has included the NDIS within a single case study, which overly simplifies this set of supports. Given the limited timeframe and resources of the project, along with the difficulty in gaining data, data capture of employment supports within these groupings has not been exhaustive nor is it a representative sample (though it is a comparatively large and diverse sample compared with other studies, e.g. Ho et al., 2017). It has been beyond the scope of this study to provide a full listing of employment support interventions in Australia.

In addition, this study has been reliant on incomplete information about employment support interventions in Australia. This means that analysis based on this data is likely to be contestable as not accurately representing what employment supports 'do' in totality. Few interventions are accompanied by evidence of performance. Unfortunately, without more detailed publicly available descriptors of interventions, eligibility and outcomes, conclusions can only be drawn on the data available within project timeframes.

In this context, this report offers a starting point for discussion about what we mean by 'employment supports', how they might be described and compared across systems, and areas for improvement and alignment.

## A note on terminology

This study focuses on an amalgam of systems not usually studied together. Nomenclature is not consistent across systems. In this report, we use the following terminology:

**ES:** The term 'ES' is used for 'employment supports' broadly and includes the suite of activities comprising employment support interventions described in the Typology of Employment Support

Interventions.

**Work restriction:** We have adopted the term 'work restriction' to reflect the range of people for whom employment is restricted by a range of factors that, in combination with their injury, illness, impairment, and disability, change according to context and the provision of supports (World Health Organisation, 2002; Productivity Commission, 2021).

## Section 2: What are employment supports?

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In the absence of an agreed definition or terminology across systems, the first task of this study was to better articulate the range of activities encompassed by the concept of 'employment supports' delivered across the systems included in this study. Employment supports might typically be understood to focus on the supports provided to job seekers or workers returning to work after injury/illness, however, recent Australian studies in the vocational rehabilitation sector have identified that typical ES interventions in this sector also include those that 'focus on the employer, client, healthcare provider or system more broadly' (Ho et al., 2017, p. 5).

Building on and expanding such analyses, this study constructed a Typology of Employment Support Interventions that are designed to increase the employment of people with work restrictions ([Appendix 3](#)). Content and thematic analysis of the literature and case studies identified common characteristics and activities. The Typology is organised into three main clusters of activities including:

1. Supply side interventions (focusing on support to job seeker/ worker)
2. Demand side interventions (focusing on support to employer/ workplace)
3. Societal change interventions (to increase capacity to contribute to employment outcomes).

Within each cluster is a set of domains comprising a suite of components, and within each of these there are examples of implementation practice. For example, the Supply side includes the domains of:

- Addressing personal factors
- Service access and information
- Financial assistance and incentives
- Building and mobilising social capital (to link to employment)
- Planning and preparation for work
- Vocational skills development
- Self-employment/ entrepreneurship
- Job search
- Pre-placement support
- Post-placement/ on the job support
- Mass job creation.

Each of these is populated by a suite of intervention components or focuses. For example, programs that might sit within the domain of 'Planning and preparation for work', might focus on one or more of the following components:

- Developing soft skills
- Career guidance and planning
- Assessments of work 'capacity' and need for support
- Transition to work activities (School/Education to work i.e. young people; Australian Disability Enterprise [ADE] /day service to open employment; prison to reintegration).

The delivery of these components might take many forms and utilise different modalities (e.g. online, face to face, individual or group-based activity, peer-led, and include formal and informal activities). Employment support interventions might represent a set of components selected on a case by case basis to best suit the individual's needs and context or might be programmatically

designed where a predetermined set of components is identified as matching the needs of an identified cohort. In such cases, a programmed approach to replicable delivery (for example, the headspace Individual Placement and Support program) enables offering of a consistent intervention design at a local or even national scale.

The Typology significantly expands our understanding of the breadth of interventions and the variable (and sometimes sequential) activities on which they focus. It is used throughout the study as an analytic framework.

While the Typology describes the set of interventions that might be included in an understanding of 'employment supports', it does not describe the qualities of the employment sought/achieved. This focuses attention on the goal of attaining 'good' work through the provision of employment supports. In the context of people with work restriction, employment supports must

go beyond getting people with disability into *any* job. Instead, [they] must strive for quality and sustained employment outcomes that provide sufficient hours and conditions and enable job satisfaction and career progression (Centre for Research Excellence in Disability and Health, 2021, p. 4, emphasis added).

A focus on 'good' or meaningful work of this kind is important as it generates outcomes not only at the level of the individual (and in itself is health promoting), but also at the level of employer and society (Cameron et al., 2020; AFOEM & RACP, 2013).

## Section 3: Context for this study

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### Operational context

The context for this study spans what has sometimes been referred to as income and benefit ‘systems’ (Collie et al., 2018). In an Australian study, Collie et al. (2018) identified 10 of these systems of which 7 provided some form of employment support. This set of 7 systems has served as a base for this study, to which other ‘systems’ have been added. The systems included in this study are:

- Employer programs, such as workplace rehabilitation. (Defence and Veterans’ Affairs [DVA] is included here)
- Workers’ compensation (short and long tail)
- Motor vehicle accident (MVA) insurance (statutory benefit)
- Life insurance (income protection)
- Social security (e.g. Disability Employment Services [DES], jobactive, Employment Assistance Fund [EAF], JobAccess)
- National Disability Insurance Scheme and related ILC Economic Participation funding (now DSS)
- The market of providers that deliver these services
- Community-based employment supports provided by not-for-profits in the disability sector.

For the purposes of this study, we have organised the ES systems into three broad segments:

Segment 1: Injury and compensation segment

Segment 2: Commonwealth labour market program segment

Segment 3: Disability-specific segment (including the NDIS and community-based supports).

Segments are each characterised by common purposes and underlying paradigms that inform their understanding of work restriction and approaches to employment support provision. These segments are constructs and, inevitably, over-simplify characteristics and relationships within and between segments.

*Table 1: Description of 'segment' characteristics*

|   |   |
|---|---|
| <p>1. Injury and compensation segment</p> | <p><b>Focus:</b> people with acquired injury (work-related or accident-acquired) or illness.</p> <p><b>Cohort characteristics:</b> predominance of temporary ‘incapacity’ for work where injured or unwell workers are supported to return to the place of work and job role that they held prior to injury/illness (i.e. ‘work-attached’ cohort).</p> <p><b>National context:</b> separate State/Territory based schemes (with related legislation and regulators), and Commonwealth schemes.</p> <p><b>Population</b> of people with work restriction receiving ES: approx. 0.25M</p> <p><b>Sectors:</b> Workers Compensation, Motor Vehicle Accident, Life insurance.</p> <p><b>Paradigm:</b> biomedical and Biopsychosocial model of health and disability.</p> <p><b>ES examples:</b> Return to Work (RTW), vocational rehabilitation.</p> <p><b>ES Providers:</b> predominantly external market of providers, along with common role of scheme-based case management/co-ordination.</p> <p><b>Data included:</b> 52 case studies and an evidence review of ES practice across 15 organisations.</p> |
|---|---|

|  |   |
|--|---|
| 2. Commonwealth labour market programs | <p><b>Focus:</b> Commonwealth income support recipients.</p> <p><b>Cohort characteristics:</b> disadvantaged job seekers with weak or no work attachment.</p> <p><b>National context:</b> nationally delivered programs with some regional targeting</p> <p><b>Population</b> of people with work restriction receiving ES: approximately 0.5M</p> <p><b>ES examples:</b> jobactive, Disability Employment Services (DES), Australian Disability Enterprises (ADEs)*.</p> <p><b>Paradigm:</b> biomedical model of health and disability.</p> <p><b>ES Providers:</b> external market of providers.</p> <p>* DES and ADEs have some alignment with the Disability-specific segment below but as Commonwealth labour market programs are included in this segment.</p> <p><b>Data included:</b> 14 case studies and evidence review, alongside 33 programs in a stocktake of Commonwealth ES services, all across 6 agencies/organisations.</p> |
| 3. Disability specific                 | <p><b>Focus:</b> people with disability.</p> <p><b>Cohort characteristics:</b> people with disability (for NDIS: permanent disability), including both work-attached and with weak or no work attachment.</p> <p><b>National context:</b> NDIS is national in scope (including ILC grants). In addition, there is a range of community-based not for profits (predominantly place-based) and a market of providers.</p> <p><b>Population</b> of people with work restriction receiving ES: approximately 0.1M.</p> <p><b>ES examples:</b> customised employment, individual placement and support.</p> <p><b>Paradigm:</b> human rights, biopsychosocial and social model of disability.</p> <p><b>ES providers:</b> external market of providers, NFPs.</p> <p><b>Data included:</b> 7 case studies or evidence reviews and 54 interventions in stocktake of ILC Economic Participation grants (NDIS/DSS), across 57 organisations.</p>      |

### Commonalities and differences across segments

The segments share commonalities reflective of international trends, such as an individualised and marketised approach to the provision of employment supports.

Consistent with other OECD countries, the approach to the provision of employment supports is highly individualised. Individualisation of services is intended to maximise choice and control of the service user and be a 'bottom-up' response to service delivery (Mladenov et al., 2015). Individualisation is a particularly strong feature of the Injury and compensation segment. For example, in the Injury and compensation segment, Return to Work plans are developed around the identified barriers to work and the support needs of the individual (Comcare, 2019). While regulation requires that they consider and include certain features, each plan is unique to the individual. Similarly, individualisation is a dominant feature of the Disability-specific segment (particularly in the NDIS). In the NDIS, each participant has an individual plan that identifies goals and support needs which is matched to a package of funding. Each individual can select employment supports that match their needs and goals. Given the size and geographic spread of the Commonwealth labour market activities, it is characterised by programs of service delivery that are designed to suit the needs of identified or segmented cohorts, rather than on a case by case basis. Some programs, such the headspace Individual Placement and

Support (IPS) program, offer levels of personalisation to individual needs. Personalisation occurs where services/programs are adjusted to fit the needs of their users, rather than offer a one-size-fits-all approach (Leadbeater, 2004). Other Commonwealth programs offer individualised responses, such as individualised work experience opportunities.

A common approach to employment supports and services across the ES systems is the use of a market of providers to deliver commissioned interventions. As identified by the OECD (2017, p. 70), 'Australia is the only OCED country to provide fully privatised employment services' (speaking of the Commonwealth labour market programs). In this context, the employment service market is comprised of a mix of for-profit and not-for-profit providers (OECD, 2017). Within the Commonwealth labour market system, the market is comprised of 39 providers nationally for jobactive, 46 providers for the Community Development Program (CDP) and 110 providers for DES (two thirds of these are NFP) (BCG, 2020a), with the largest five DES providers having 42% of market share (BCG, 2020b). Similarly, the NDIS and the Injury and compensation segment rely on a market of providers, commissioned either by the injury and compensation agency or by the individual NDIS participant. While it is not known how many providers operate across segments, the case study reviews conducted for this project identify that many providers offer services across all segments. That is, providers (e.g. Medhealth, CVGT, APM) deliver Commonwealth labour market programs (e.g. both jobactive and DES) as well as providing RTW and vocational rehabilitation services to the Injury and compensation segment, along with employment supports able to be purchased by individual NDIS participants.

While it is inaccurate to generalise, each segment has a dominant focus on somewhat different cohorts (though characteristics of individuals shift over time and they have potential to move across segments). The underpinning paradigms of disability and 'work incapacity' also differ across the segments, which drive both the definitions that shape eligibility as well as the receipt of ES interventions (to be discussed in 'The discursive context' section below).

## The policy context of employment supports for people with work restriction in Australia

Framing this set of systems is a complex policy environment dealing with disability discrimination legislation, disability policy, active labour market policy, and various legislation related to rights under insurances such as workers compensation and motor vehicle accident schemes. For the purposes of this study, it is important to note the changes currently occurring in relation to disability-specific macro policy, as these provide the broad policy frame for shaping strategy in relation to ES for people with work restrictions across systems.

The **National Disability Strategy** (NDS) (Commonwealth of Australia, 2011) is Australia's preeminent disability policy to enact its obligations as a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), with a particular focus on driving change in mainstream services and community (Productivity Commission, 2021). The NDS is currently under review, involving public consultation, prior to its endorsement for the period 2021-2031. Survey results from The Social Deck consultation (2019) identified that employment and career opportunities were rated as the biggest issues for people with disability. Key solutions identified in this review focused on expanding inclusive workplaces; a need for increased and different employment supports to better meet the needs of different groups of people with disability; and a need for more and personalised employment supports (The Social Deck, 2019). A second, and more recent, consultation confirms the primacy of the priority placed on employment and suggests 'a new model for promoting the employment of people with

disability' focusing on: meaningful work opportunities (both regarding accessing work, and opportunities for career progression); customised and flexible employment that matches individual needs; and opportunities for microenterprise (DSS, 2021a, p. 13). Additional strategies included evaluation and improvement of current ES; engaging new ideas to 'disrupt disability employment systems' seen to be ineffective; focusing employer-facing interventions on changing motivations, attitudes and practices beyond offering financial incentives; fostering widespread uptake of workplace diversity and inclusion plans; and expanding the pool of employers willing to work with more disadvantaged jobseekers with disability (DSS, 2021a). A range of practical actions largely focused on employers and the need for targeted knowledge and skill development via toolkits, case studies, tailored support and guidance on disability standards to improve employer inclusion capability (DSS, 2021a). Other suggestions focused on ways to collect and share evidence to improve ES practice, such as a 'centre for practice' (DSS, 2021a, p. 27).

The **National Disability Employment Strategy** (NDES), auspiced by the DSS, is currently under development as a Strategy to further enact the NDS (above). The proposed strategy includes four priority areas:

- 1) Lifting employer engagement, capability and demand;
- 2) Building employment skills, experience and confidence of young people with disability;
- 3) Improving systems and services for job seekers and employers;
- 4) Changing community attitudes (DSS, 2021b, p. 6).

Consultations to the Strategy identify that women with a disability and people with psychosocial disability are experiencing particularly poor outcomes, with this latter group requiring supports to change attitudes and discriminatory practices in workplaces (Mental Health Commission, 2021). The consultation also received wide negative commentary on employment services targeting people with disability. DES (and jobactive) services are identified as inadequate and potentially harmful to people with psychosocial disability (National Mental Health Commission, 2021) and as not being utilised by the full cohort of people with disability, with young people under 34 years under-represented in DES (Centre for Research Excellence in Disability and Health, 2021). Likewise, Women with Disabilities Australia (2021) recommends reform of DES and jobactive to better address the particular needs of women and the barriers they experience in relation to employment, including stigma and sexual harassment. Research identifies a shortage of a skilled workforce to provide employment supports, both to job seekers and employers, and including those working in Commonwealth employment services and the community-based sector (Centre for Research Excellence in Disability and Health, 2021).

The **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability** has identified employment 'as a setting in which people with disability are subject to segregation and discrimination' (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020, p. 5). In this context, the Commission is particularly exploring outcomes for people with 'profound' or 'severe' disability in relation to participation in chosen and decent work; job security and appropriate work hours; reasonable wages that result in financial independence; opportunity for career development and change; and functioning independently (moving around the workplace, self-care, and travelling to and from work).

Taken together, this set of policy development and renewal is likely to further raise the bar for employment outcomes and add focus to the ways ES are delivered, including in supporting change in workplaces.

## The discursive context: understandings of work incapacity and disability

Understandings of work incapacity and disability frame the approaches adopted within each system. Across Australian systems there is a diverse emphasis on:

- a biomedical model of health
- a biopsychosocial model of health
- a social model of disability
- a biopsychosocial model of disability and health
- a human rights model of disability and inclusion (See [Appendix 4](#) for details).

Diverse understandings between systems generate different definitions and expectations about work 'capacity', different analyses of – and therefore responses to - the root causes of limitations to work participation, different approaches to the timing of interventions, and different levels of support to those with the highest levels of work restriction.

Eligibility for entry into systems, such as Commonwealth labour market programs or injury and compensation, frequently utilises biomedical definitions of impairment related 'incapacity'. Supporting this approach is a plethora of assessment instruments and activities. This approach also shapes the focus and timescale of employment support interventions, where employment supports can be withheld until 'incapacity' has been reduced via health interventions. Conversely, post eligibility, some systems, such as some in the Injury and Compensation segment, take a biopsychosocial approach. This distinguishes between the impairment (i.e. the 'problem in body function or structure'), and the 'restrictions' to participation in employment that are the result of the combination of the impairment with other individual factors and broader environmental and social factors (WHO, 2002, p. 10). In this context, exclusion or restriction from work participation is understood to be the result of multiple interacting and interdependent factors (client, workplace or society focused), not simply impairment or illness, all of which require intervention for employment to be achieved. Where this biopsychosocial paradigm is used, assessments are focused on identifying the wide diversity of factors restricting work participation (as emphasised in parts of the Injury and compensation segment). Further, using the lens of Australia's obligations under the CRPD, systems and their services are obligated to remediate these barriers to work participation through the provision of accommodations and supports. Of importance in the CRPD, is that all people with disability, regardless of type and severity, have the same entitlements to employment and should be offered sufficient supports and adaptations to achieve it (Harpur et al., 2017). This sets up a standard against which to measure the focus of employment supports across systems (as adopted by the Productivity Commission, 2021). In addition, it challenges assumptions about the 'capacity' of people with significant levels of work restriction and the type and intensity of support made available to them, or not. Interventions based on the CRPD paradigm underpin much of the Disability-specific segment.

As suggested by the OECD (2018b), to harmonise paradigms across systems requires re-focusing attention on the elements that will enable individuals with illness, injury and impairment to be employed, through identifying the range of factors that construct work participation restrictions. In this context, we suggest work participation can be redefined as follows:

Work participation is dependent on *inclusive environments* and provision of *adaptations and supports* (to mediate biopsychosocial factors), *available throughout the timespan* of injury/ illness/ impairment.

## Section 4: Focus of delivery of employment supports across segments

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### The focus of employment support interventions

The following analysis seeks to map the employment supports across the three segments, based on the selection of 73 case studies and two stocktakes developed for this study. As noted in Limitations, neither case studies nor stocktakes provide an exhaustive nor representative list, though there is a sizeable sample in all segments. Due to the partial nature of publicly available data, case studies are unlikely to have captured all the components and activities of the employment supports included, which necessarily limits the completeness of the below analysis though, arguably, the range of case studies spans the diversity of ES activities across segments.

The Typology of Employment Support Interventions is used as an analytic frame to assess the spread of activity across ES components, within each segment. A 'traffic light' approach has been used to reflect the prevalence of employment supports/services that utilise each component of the Typology, as a proportion of the total pool of case study examples provided for that segment. This is intended to visually identify where interventions are clustered (i.e. delivered more frequently). It should be noted that a prevalent or absent focus on specific components does not correlate with intervention quality, nor should it be expected that segments should offer a spread of intervention types across all components as interventions should be determined by what is deemed relevant to the target cohorts of the specific segments.

[Appendix 5](#) provides a visual representation of the employment supports provided by all three segments. Not surprisingly, ES focused on job seekers/workers are the most prevalent across all sectors, followed by ES focused on employers and workplaces. Interventions targeting societal change are far less common. Overall, the three segments complement each other in their offerings of employment supports, however where individuals are eligible for supports from within only one system options will be more limited. This suggests an argument for overlapping eligibility for ES (not income support) across systems in order to enable individuals to access complementary employment supports.

As would be expected, the Injury and compensation segment offers considerable strength in offering employment supports related to 'Addressing personal factors', particularly 'Integration of health, disability and employment supports', and 'Addressing health context'. By contrast, the other segments offer little focus in this domain with the exception of a strong concentration in the area of 'Building foundational skills and work expectations' by the Disability-specific segment.

The Injury and compensation segment is also strongly represented in the domains of 'Service access and information', 'Planning and preparation for work', 'Vocational skills development' and 'Pre placement support'. The Commonwealth segment also concentrates support in these domains, and is particularly focused in that of 'Vocational skills development'. While the Disability-specific segment also concentrates supports in the area of 'Planning and preparation for work', its unique strengths among the supply-side interventions are in the domains of 'Building and mobilising social capital (to link to employment)' and of 'Self-employment/entrepreneurship', where other segments are largely absent.

On the demand side, while all segments offer interventions, the strongest focus is provided by the Commonwealth and Disability-specific segments. In particular, the Disability-specific segment offers stronger support in 'Inclusive workplace capacity building', while the Injury and compensation segment is concentrated in providing 'General support to employers', and the Commonwealth segment offers a

strong focus on 'Financial assistance for wages'. This spread of intervention focus to support employers and workplaces by each of the three segments is a good example of complementarity, while gaps in focus also remain.

While this analysis is subject to the limitations mentioned above, it provides a useful methodology for identifying the level of coverage of employment interventions which can then be matched to program or scheme logics, to determine if coverage has the desired attributes.

Each segment is further described below, including some examples of intervention focus presented in 'case study clusters'.

### Employment supports utilised by the Injury and compensation segment

The research literature aligned to the 'rehabilitation' sector generally suggests a prevalence of interventions comprising one or all of: health care; service coordination; and workplace/employer components including worksite adjustments (Cameron et al., 2020). A previous review of injury and compensation RTW interventions, focused on Australia and overseas, identified that while interventions are wide ranging, most focus on the 'early stages of the injury lifecycle' based on the rationale of this being the point of maximum impact (Ho et al., 2017, p. 11). Ho et al., (2017) identified 75 RTW initiatives, and presented 10 case studies, (using a similar case study methodology to this study), and found that the majority were multi-faceted in targeting workers, employers, and healthcare providers, though most focused on worker and employer only. Ho et al. (2017) note that such activities broadly fit under the mantle of vocational rehabilitation, incorporating different service levels matched to client need. Generally, organisations used external vocational rehabilitation providers but used a framework to guide delivery (Ho et al., 2017).

In the current study, the analysis based on 52 case studies (including 1 evidence review) from regulators, insurers, a major employer (DVA), and several For-Profit providers, aligns with the literature, showing a dominance of focus on supply-side interventions, and a lesser focus on workplace interventions.

Of the 32 supply-side components identified through the Typology, only two are not explicitly addressed by interventions within the case studies of this segment: 'Access to capital and business resources' and 'Employment-focused social enterprises'.

A number of components were prevalent (i.e. frequently identified) across the range of interventions including:

- Integration of health, disability and employment supports (identified in 67% of case studies)
- Addressing health context (58%)
- Assessments of work 'capacity' and need for supports (58%)
- Service co-ordination and navigation (54%)
- Job commencement/RTW and customisation (46%)
- Referrals/connecting to services (42%)
- Career guidance and planning (37%)
- Vocational training (35%).

### Case study cluster: Health-focused intervention linked to ES

Barriers addressed: secondary mental health condition; lack of self-confidence; anxiety; decreased wellbeing; fatigue, pain management; social isolation, lack of motivation.

Support activities:

- video conferencing with wellness consultants
- participation in evidence-based creative activities
- engagement (f2f or virtual) with dogs
- fitness activities linked to graded workplan
- dietetic and nutritional counselling
- wellness and mindfulness activities
- resources to support community engagement
- support groups.

Case studies: Allianz: StartSmart, iCare: Happy Paws Happy Hearts; iCare: CoACT Holistic Intensive Support for Motivation + Work; iCare: Makeshift; AIA: RESTORE CaRe; AIA: RESTORE Active and AIA Vitality

### Case study cluster: Service co-ordination and case management

Barriers addressed: management of risk factors; BPS barriers; crisis issues; employer-employee relationship breakdown, claims issues, barriers to RTW.

Support activities:

- early intervention (e.g. within 24 hours)
- assessment, goal identification, program of support
- identify suitable employment, including modifications
- provision of mobile case management
- clear and regular communication to provide 'light at end of the tunnel' to all parties
- management of holistic treatment and workplace rehabilitation plan.

Case studies: Comcare: Rehabilitation Case Management; TAC Case Management; EML: Mobile Case Management; iCare: local clinical care coordinator; SwissRe; Medhealth Cogent Thinking

At the domain level, 'Addressing personal factors', 'Service access and information', 'Planning and preparation for work', 'Vocational skills development', 'Job Search', '(Pre) Placement support' and 'Post-placement/ on the job support' were highly addressed across programs.

Case studies offered a wide spread of activity across the 12 components of the Typology related to the Demand side (employer/workplace support), though two components were not explicitly addressed: 'Recruitment services/ support' and "Employer and stakeholder networks'.

The areas where activity was most frequently clustered were those of: 'General support to employers' (29%), 'New supports in the workplace' (15%), 'Skill building, training and resources' (12%) and 'Financial assistance for wages' (12%).

### Employment supports utilised by the Commonwealth labour market segment

This analysis used the stocktake of Commonwealth labour market interventions ([Appendix 6](#)) of 33 programs that were operating as at June 2021, and utilised 14 case studies and evidence reviews to add details. While data from all 33 programs has been analysed, only nine (9) of the 33 programs (27%) specifically target the employment of people with disability/ work restriction (including young people with mental illness). Hence, this section reports data on ES for which people with differing levels of work restriction may or may not be eligible.

Of the 33 programs:

- 85% (n=28) utilised supply-side interventions (focusing on job seekers/workers)
- 67% (n=22) applied demand-side interventions (focusing on employers/workplace)
- 18% (n=6) used societal change interventions
- 61% (n=20) utilised interventions focusing on both job seekers and employers, while only two programs – *Local Jobs Program* and *Regional Employment Trails* - offer interventions across all three aspects (job seekers, employers, and societal change).

All the 19 domains outlined by the Typology have been addressed by the Commonwealth employment support programs analysed here, although to varying degrees. Overall, the Commonwealth employment interventions have addressed 45 of the 54 components listed (83%).

Among the supply side interventions, the top three most frequently utilised components were:

- Service co-ordination and navigation (45% of programs delivering this component),
- Work experience/internship/volunteering (36%), and
- Referrals/connecting to services (27%).

In particular, the domain of 'Vocational skills development' was strongly supported.

#### **Case study cluster: Vocational skills development**

Barriers addressed: lack of skills in ICT and digital skills, lack of awareness of transferable skills, lack of awareness of and contact with local labour market, lack of motivation, lack of work experience, multiple personal barriers.

Support activities:

- career pathway plan development (including barriers to work and training needs)
- industry visits, direct engagement with local employers, guest speakers, 'watch and learn' activities, work 'tasters'
- short course/group activity (75 hours) to increase motivation, identify transferable skills, build core employment skills
- linked short internships related to job seeker interests (4-12 weeks part time)
- individual coaching (via a designated consultant/coach for each participant) linked to career goals
- shared space to meet, use computers, have peer and coach interaction

Case studies: Career Transition Assistance, Youth Jobs PaTH, Transition to Work

All the domains of the demand side of the Typology were addressed in some way. The top three most offered components to employers/workplaces were:

- Financial assistance for wages (27% of programs having this component)
- Recruitment services/support (21%)
- Inclusive workplaces capacity building (18%).

#### **Case study cluster: Recruitment services /supports**

Barriers addressed: barriers and workload of accessing employment services, labour shortage, barriers to group/larger scale recruitment

Support activities:

- Employer Liaison Officers (ELOs)
- co-design recruitment solutions with employers
- support employers' access to employment services
- use strategic pathways to set up internship programs with larger employers
- coordinate larger placement groups (interns) with employers
- work with industry peaks and Group Training Organisations
- co-design (with employers) entry level work pathways to align with business needs.

Case studies: Youth PaTH

Societal change interventions have a low take-up among programs, with between 3-6% of programs addressing 6 of the 10 components. It should be noted that such interventions may be the responsibility of other parts of government.

### Employment supports utilised by the disability-specific segment

The analysis includes 7 evidence reviews or case studies of not-for-profit and for-profit ES providers, and of the NDIS, along with a stocktake of 54 ES interventions funded by the ILC ([Appendix 7](#)).

Overall, interventions were heavily focused on providing supply-side (job seeker focused) interventions with 96% of projects offering activity in this area. Major concentrations of activity were on:

- Building foundation skills and work expectations (48%).
- Building and mobilising professional/ employment networks (43%)
- Developing soft skills (41%)
- Career guidance and planning' to job seekers (39%)
- Work experience/ internships/ volunteering (33%).

#### **Case study cluster: Planning and preparation for work, Pre placement support**

Barriers addressed: uncertainty of school to work transition, developmental challenges, lack of work experience

Support activities:

- Customised employment support (150 hours): 'Discovery'- gathering information on job seeker's interests, skills and preferences; job search planning (identify list of potential employers); job development/negotiation between employer and job seeker to identify and customise job
- Australian School based Apprenticeships and Traineeships
- self employment/microbusiness whilst at school
- after school work and work experience
- on-the-job training blended with formal training.

Case studies Ticket to Work (national program)

At the domain level, 'Building and mobilising social capital', 'Planning and preparation for work', 'Vocational skills and development', 'Job search', '(Pre) Placement support' and 'Post-placement job support' were highly addressed across programs. One notable contribution in this segment is the focus on 'Self-employment and entrepreneurship', with 23% of projects focused here.

#### **Case study cluster: Self-employment/ entrepreneurship**

Barriers addressed: lack of work opportunities, lack of business skills and networks

Support activities:

- work with peers with disability on a community or social enterprise project e.g. car wash to learn enterprise skills
- use of peer facilitators and peer mentors
- local businesses used as audience for business 'pitches'
- micro-enterprise incubator
- business-to-business networking
- arts internships
- enterprise experience (e.g. in specific industry types)
- microbusiness within school.

Case studies: ILC ECP projects, Ticket to Work

However, more than half (56%) provided demand-side interventions (focused on employers, businesses and workplaces), with many offering both supply and demand side interventions. In the demand side, most focused on:

- Increasing the capacity of employers and workplaces through ‘Inclusive workplaces capacity building’ (43%)
- General support to employers (20%).

**Case study cluster: Inclusive workplace capacity building**

Barriers addressed: lack of employer knowledge of specific disabilities, stereotypes, stigma, lack of contact with cohort.

Support activities:

- mentoring to employers
- activities to address stereotypes/preconceptions and provide related strategies for inclusion re disability groups e.g. vision impairment, autism
- employer toolkits
- capacity building workshops
- onsite ‘check’s of workplace against inclusion index and recommendations for change
- coaching/advisory service for employers of people with psychosocial disability
- e-learning and virtual seminars for employers of Aboriginal and Torres Strait Islanders with disability
- employer-networking opportunities
- businesses included as ATSI mentors, work-trial sites, workplace tours and increase skills and knowledge through contact.

Case studies: ILC ECP projects, Ticket to Work

Overall, societal change interventions were minimal: ‘Development of local employment strategies’, was identified by five programs (8%).

### Intended outcomes of employment supports

A review of intended outcomes discussed in case study documents was undertaken though only a small number of case studies had evidence of the achievement of these outcomes. The range of intended outcomes broadly reflects the breadth of intervention focus described by the Typology.

Outcome intentions were divided into eight main areas, and included a focus on any one or combination of outcome descriptions below:

*Table 2: Outcome descriptors*

| Outcomes for job seekers/ workers |   |
|-----------------------------------|---|
| Health                            | Adequate treatment to support RTW (occupational rehabilitation) |
|                                   | Improve long term injury outcomes / manage health               |
|                                   | Reduce risk of secondary associated injuries                    |
|                                   | Early intervention  |
|                                   | Recovery (at work)  |
|                                   | Assist with mental health / stress management                   |
| Personal development              | Personal growth (address personal needs)                        |
|                                   | Increase meaning and life purpose                               |
|                                   | Self confidence   |

|                             |  |
|-----------------------------|--|
|                             | Motivation   |
|                             | Independence / self determination (including financial independence)   |
|                             | Choice and control   |
|                             | Self advocacy skills   |
|                             | Problem solving and decision making skills   |
|                             | Wellbeing  |
|                             | Resilience   |
|                             | Risk and crisis management   |
| Education                   | School completion  |
|                             | Further education  |
| Community inclusion         | Social/ civic inclusion  |
|                             | Addressing of stereotypes and preconceptions (including disability, cultural diversity)  |
| Employment                  | Economic participation   |
|                             | Improving individual work capacity   |
|                             | Reduce barriers to employment (including financial support including for relocation and assistance with travel)                              |
|                             | Work readiness (including awareness of job opportunities, positive view of self as a worker, digital literacy, skills to start own business) |
|                             | Career development (including transition to new career directions, identifying and achieving employment goals)                               |
|                             | Work skills/training   |
|                             | Job search skills (searching for work)   |
|                             | Work experience  |
|                             | Workplace adjustment   |
|                             | Gaining work (job placement, return to work, self-employment)  |
|                             | Job retention (sustainable employment, support in workplace)   |
| Outcomes for employers      |  |
| Financial health            | Providing financial incentives / supports to cover costs   |
| Employer needs met          | Understanding employer needs   |
| Increased employer capacity | Building employer capacity to hire and retain diverse population groups (including inclusive recruitment and cultural business practices)    |

In the Commonwealth segment, outcome intentions predominated in the areas of 'Work skills/training', and 'Work readiness'. Not surprisingly, outcomes intentions most commonly expressed across case studies of the Injury and compensation segment were those of gaining work (particularly 'Return to work' and 'New employment'). The Disability-specific sector most frequently focused on 'Work readiness' along with 'Career and job development'. The Injury and compensation segment was largely alone in focusing on health outcomes. While overall, explicit outcomes tended to focus on the employee/job seeker, across the segments the importance of benefits to employers was also an underpinning logic. The breadth of outcome areas targeted by ES programs speaks to a level of underlying program logic that recognises multiple, interconnected and stepped targets.

## Section 5: Eligibility to employment supports

With the exception of the community-based portion of the Disability-specific segment, there are usually two levels of eligibility:

1. eligibility to 'system' (e.g. workers compensation, motor vehicle accident compensation, NDIS, labour market programs), and
2. eligibility to employment supports within systems.

Eligibility criteria for entry into employment supports is an area that is largely missing from the publicly available data, except in relation to Commonwealth labour market programs and the NDIS. The small amount of data available for the Injury and Compensation segment and the community-based NFPs of the Disability-specific segment suggests that, while not operating as strict eligibility criteria, ES are often targeted by cohort (including type of disability, length of time unemployed/away from work, risk profile) in these segments. Given this lack of data, it is not possible to map how eligibility criteria intersect to enable or constrain access to ES across systems. As a result, this section focuses on the Commonwealth labour market segment for which eligibility criteria is available.

### Eligibility for employment supports in the Commonwealth labour market program segment

The Commonwealth labour market program segment employs three types of eligibility testing and streaming for applicants entering employment services and supports:

*Table 3: Eligibility testing related to work restriction in the Commonwealth labour market program segment*

| Test   | Mode  | Based on   | Streams to/eligibility for  |
|--|---|--|---|
| Job Seeking Classification Instrument (JSCI) | Questionnaire<br>49 questions<br>(with a minimum of 18) | <ul style="list-style-type: none"> <li>• age</li> <li>• gender</li> <li>• work and job seeker history</li> <li>• educational attainment</li> <li>• English language proficiency Indigeneity</li> <li>• access to transport</li> <li>• disability and medical conditions</li> </ul>   | Stream A or B of jobactive<br>OR<br>ESAt (if have multiple and complex issues for employment) |
| Employment Services Assessment (ESAt)        | Interview   | <ul style="list-style-type: none"> <li>• medical barriers to employment</li> <li>• non-medical barriers to employment</li> </ul> Determines 'current and future work capacity with intervention (within two years)' ( <a href="https://www.jobaccess.gov.au/people-with-disability/eligibility">https://www.jobaccess.gov.au/people-with-disability/eligibility</a> ). | Stream C of employment services<br>OR<br>DES  |
| Job Capacity Assessment (JCA)                | Interview (1 hour) with clinical health professional    | <ul style="list-style-type: none"> <li>• level of functional impairment</li> <li>• current/future work capacity</li> <li>• barriers to employment</li> </ul>   | Disability Support Pension  |

Both ES providers and people with disability have expressed widespread, almost universal, and repeated concern about ESAts and JCAs, including consistent feedback that they often refer people with

disability to inappropriate services and focus on barriers rather than strengths (DSS, 2015, 2021). Despite this, recent suggestions in the DES mid term review propose a stronger focus on medical factors (BCA, 2020).

Following assessment, access to employment supports is determined by a complex set of cascading eligibility criteria including:

- type of income support benefit (related to capacity to work, i.e. number of hours per week)
- mutual obligation requirement
- cohort factors specific to each ES program.

In addition, many ES can only be accessed via other 'gateway' or primary ES; unless the individual qualifies for these 'gateway' ES (such as jobactive) then they cannot access a range of other employment supports.

This set of factors is complex and not easily understood. [Appendix 8](#) provides an analysis of 14 of the most relevant programs (of the 33 in the stocktake) to identify eligibility of people with a work restriction to these programs. It should be noted that only four of these explicitly target people with work restriction. [Appendix 9](#) maps pathways to various ES based on type of income support received, work 'capacity' (assessed hours of work ability per week), and 'gateway' ES.

Assessed level of work 'capacity', i.e. hours able to work per week, is a key determinant of access to, and even denial of, ES. Those who have least access to employment supports are those individuals assessed as being able to work only 7 hours or less per week. People in this group have no access to Commonwealth ES at all, including those explicitly targeting people with work restriction, and rely on the NDIS for funded employment supports, if they are eligible and if these are approved for funding in their individual plan. This group is determined to be 'unable to benefit' from Commonwealth employment supports (Boston Consulting Group, 2020a, p. 89). Similarly, those able to work between 8-14 hours per week also have limited access and are largely channelled into DES, and from there can access only three other programs (of the 14 listed in [Appendix 8](#)), due to programs either excluding DES participants or having eligibility related to a minimum number of working hours per week. jobactive participants able to work more than 15 hours per week have the highest level of access to the fuller range of ES available, with those able to work full time having the most access. Age is an additional factor affecting eligibility with access to some programs, like the National Work Experience program, denied until 17 years of age, despite lack of work experience opportunity being a known barrier to young people with work restriction.

While some people are denied access to ES based on assessed 'work capacity', those able to access 'mainstream' (i.e. non-disability specific) programs face further intervention design issues that pose problems for people with work restriction, particularly those who are unable to work full time:

1. The short time period of work experience and internship programs is not suitable for many people with work restriction (e.g. those with cognitive impairment) who require longer learning and experiential time frames to gain equal value from programs with this intention. The short time frame is also likely to act as a disincentive for employers to invest in workplace accommodations (given the short time frame means these activities are ineligible for Commonwealth Employment Assistance Funds), thereby excluding people with disability/ work restriction who need accommodations/modifications in order to undertake work experience.

2. High intensity training, such as that of PaTH Employability Skills Training (EST), is not suitable for many people with work restriction who are unable to participate at 20-25/hrs per week. While the program can also be offered in a more part time mode it is not clear how frequently this occurs.
3. Some cohort specific labour market programs (e.g. Career Transition Assistance targeting over 45 yr olds, or programs targeting young people) are, in most cases, targeting cohorts where there is a high prevalence of people with a work restriction (including psychosocial disability, mental illness or chronic illness) (Immervoll et al., 2019). However, there are no obvious intervention design features to match the needs of these groups and some features, such as eligibility requirements, would appear to exclude them.
4. Eligibility that requires an already lapsed period of unemployment or receipt of employment services, for example programs such as internships (i.e. must have been in employment service for 6 months prior) and Transition to Work (i.e. must have been unemployed for 6 months), runs counter to evidence of known effectiveness factors of ES for people with work restriction. Evidence identifies that the longer people remain unemployed/off work, the more support they need to find and maintain employment (Centre for Research Excellence in Disability and Health, 2021).

Most Commonwealth ES programs do not specifically target people with work restriction, nor is their presence noted among the target cohorts of 'mainstream' programs despite evidence to suggest that they are likely to be a sizeable population of target cohorts (Immervoll et al., 2019). It would appear that, despite eligibility criteria for Commonwealth programs now shifting more people with work restriction into jobactive, a core design assumption remains that such 'mainstream' Commonwealth ES do not include people with work restriction. An underpinning assumption may also be that DES provides equivalent services to those ES programs denied to DES participants. However, evidence suggests that DES is utilised by a particular (older) cohort (for example only 29% of DES participants are 34 years and under), is not particularly successful and funding parameters restrict the offering of many ES components (BCG, 2020b).

Overall, this set of eligibility criteria to Commonwealth programs, coupled with intervention design features, do not adequately address the needs of people with work restriction.

### **Eligibility across systems**

While there is insufficient data available to map eligibility across systems and thereby areas of duplication of access, eligibility to receive ES in multiple systems should not automatically be seen as a problem. Given poor employment outcomes and the different spread of ES types delivered (as identified in [Section 4](#)), eligibility to multiple systems may be a desired outcome of cross system alignment and the only way to enable access to an adequate range of ES interventions for individuals.

## Section 6: Ingredients of efficacy of employment supports

Determining what are the contributing ingredients of successful interventions is a complex task. As described in the report above, employment supports can be constructed from a diverse range of components (targeting activities aimed at job seekers, employers and even societal change). Characteristics of cohorts also vary, as do the underpinning barriers to employment that construct work restrictions. Added to this is the diversity of systems that offer employment supports, with evaluation and research literature being commissioned and reported with varying degrees of frequency and usually being absent (Ho et al., 2017; Centre for Research Excellence in Disability and Health, 2021).

Despite this lack of evidence of what contributes to outcomes of effective employment supports, a review of the wide literature set used for this study has been undertaken to produce:

1. Key ingredients of effective practice, that is, those elements so routinely mentioned and evidenced across literature as to be considered fundamental ingredients of effective ES interventions for people with work restrictions ([Table 4](#)).
2. A summary of evidence aligned to the components and domains of intervention identified in the Typology (See [Appendix 10](#)). This summary commences the alignment of evidence, at a more detailed level, against specific components of practice such as supporting job search or building the capacity of employers.
3. A small set of Evidence Reviews focused on employment support programs (domestic and international) that appear to have evidence of efficacy (See [Appendix 11](#)).
4. A summary of the literature specific to RTW interventions ([Appendix 12](#)).

### Key ingredients of effective ES practice

Literature related to active labour market policies and programs, vocational rehabilitation and employment supports for people with disability all combine to identify commonly agreed ingredients of employment support practice and intervention design that increase employment outcomes. The following summarises a number of meta-reviews of evidence and other literature to identify these ingredients.

*Table 4: Key ingredients of effective practice*

| Key ingredient  | Description   | Examples   |
|---|---|--|
| Early intervention (from 24 hours – within several weeks post injury) | <ul style="list-style-type: none"> <li>• Early identification and referrals/ response to illness/injury (healthcare intervention)</li> <li>• Work goals incorporated in initial treatment plan</li> <li>• Early contact with worker/job seeker and engagement in ES</li> <li>• Financial incentives to encourage employers to support RTW</li> <li>• Likelihood of return to work decreases with time lapsed away from work.</li> </ul> | <ul style="list-style-type: none"> <li>• Initial needs assessment</li> <li>• Quick start placement in ES or job</li> <li>• Early access to vocational rehabilitation during inpatient stay for spinal cord injuries</li> </ul> |

| Key ingredient  | Description   | Examples  |
|---|---|---|
| (Vandenbroeck et al., 2016; OECD, 2010, 2015, 2017, 2018a, MacDonald et al., 2020; Cameron et al., 2020; RACP & AFOEM, 201b; Ho et al., 2017)   |   |   |
| Identification of barriers to employment  | <ul style="list-style-type: none"> <li>• First step in ES design is identifying all barriers (beyond medical)</li> <li>• Barriers include a range of factors: personal, service, social, vocational (skills), job-related, workplace/employer related, environmental, societal and economic (See <a href="#">Appendix 13</a>)</li> <li>• ES interventions need to be designed to address barriers to employment.</li> </ul> | <ul style="list-style-type: none"> <li>• BPS 'flags' model (Comcare)</li> </ul>   |
| (Immervoll et al., 2019; Fernandez et al., 2016; OECD, 2018a, b; Cameron et al., 2020; Collie et al., 2020; Crosbie et al., 2019; Ho et al., 2017; Comcare, 2019)   |   |   |
| Tailored, individualised approach   | <ul style="list-style-type: none"> <li>• Provision of individualised tailored supports that address barriers to employment</li> <li>• Enables tailoring to cultural and contextual needs</li> <li>• Effective for people with significant levels of work restriction.</li> </ul>  | <ul style="list-style-type: none"> <li>• Customised employment</li> <li>• Individual Placement and Support (IPS)</li> </ul>   |
| (OECD, 2010, 2015, 2018a; MacDonald et al., 2021; Ho et al., 2017; McRae et al., 2016; Cameron et al., 2020)  |   |   |
| Integrated and multi-component services   | <ul style="list-style-type: none"> <li>• Integrated service delivery to address co-occurring barriers (e.g. health, skills, social) concurrently</li> <li>• Holistic response to all barriers via multi component interventions.</li> </ul>   | <ul style="list-style-type: none"> <li>• Cross agency/ service coordination and information exchange</li> <li>• Includes healthcare, workplace and service coordination components</li> </ul>                             |
| (OECD, 2010, 2015, 2018a; MacDonald et al., 2020; Cameron et al., 2020; Immervoll et al., 2019)   |   |   |
| Integration of health and employment support  | <ul style="list-style-type: none"> <li>• Combine clinical interventions and employment supports</li> <li>• Particularly effective for people experiencing mental illness.</li> </ul>  | <ul style="list-style-type: none"> <li>• Co-location of employment and mental health services</li> <li>• Wrap-around service models</li> <li>• Employment oriented mental health care</li> <li>• headspace IPS</li> </ul> |
| (Vandenbroeck et al., 2016; Cameron; 2020; Rivas Velarde, 2015; OECD, 2010, 2015, 2017, 2018a, 2019; Commonwealth of Australia, 2015; Drake et al., 2012; KPMG, 2019; Scanlan et al., 2019; Ottomanelli et al., 2017) |   |   |
| Employer and workplace support and capacity building  | <ul style="list-style-type: none"> <li>• Different strategies for small and medium enterprises (SMEs) and for large employers</li> <li>• 'Trusted broker' for SMEs</li> </ul>   | <ul style="list-style-type: none"> <li>• Phone support for graduated RTW</li> <li>• Tailored support for workplace assessment</li> </ul>  |

| Key ingredient   | Description  | Examples   |
|--|--|--|
|  | <ul style="list-style-type: none"> <li>• Websites and information resources not valued by employers</li> <li>• Financial incentives and preferential procurement policies</li> <li>• Partnership building across business, education and training, employment support, and disability support sectors</li> <li>• Tailored services to suit employers' needs and situation</li> <li>• Increasing employers' knowledge, skills and confidence with regards to working with people with disability</li> <li>• Improved Human Resources practices to better support and/or appropriately employ people with disability.</li> </ul> | <ul style="list-style-type: none"> <li>• Employer disability confidence development</li> <li>• Wage subsidies and tax incentives</li> <li>• 'Trusted broker'</li> </ul>  |
| (Ho et al., 2017; Colmar Brunton Social Research, 2019; Murfitt et al., 2017, 2018; Social Research Centre, 2018b) |  |  |
| Service coordination   | <ul style="list-style-type: none"> <li>• Various forms including case management, provided by roles internal and/external to organisation</li> <li>• Involves effective communication within the workplace; information on worker rights; keeping employers updated on RTW plans; coordination of healthcare and ES.</li> <li>• Face to face case management increases RTW rates.</li> </ul>   | <ul style="list-style-type: none"> <li>• Mobile case management</li> </ul>   |
| (Ho et al., 2017; Cameron et al., 2020; Costa et al., 2017; Dol et al., 2021)                                      |  |  |
| Strengthening and aligning incentives  | <ul style="list-style-type: none"> <li>• Aligning obligations and incentives across all stakeholders.</li> </ul>   | <ul style="list-style-type: none"> <li>• Ensure incentives for ES providers align with goals for employment sustainability</li> <li>• Ensure working has financial advantages for people with disability (linked to income support)</li> </ul> |
| (OECD, 2010, 2017, 2018a; Commonwealth of Australia, 2019).  |  |  |

Evidence related to components of ES interventions, as described in the Typology, is also available in the literature utilised for this study. This has been briefly summarised in [Appendix 10](#). In addition, four evidence reviews were conducted on ES programs known to have efficacy for people with work restriction/disability and include a focus on Customised Employment; Individual Placement and Support, on-the-job vocational training and customised employment for young people (Ticket to Work), and Case management ([Appendix 11](#)).

## Section 7: Gaps and Opportunities

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This study has sought to explore the multiple systems that provide employment supports for people with work restriction in Australia. While the size and complexity of this set of systems, along with the incomplete data available, means that findings of this study are necessarily partial, they none-the-less shed light on both gaps and opportunities across systems. These are summarised below.

### **Consistent adoption of biopsychosocial and human rights models of work restriction**

Across sectors, conceptualisations, nomenclature and practice vary in relation to definitions of 'work restriction'. The language of 'capacity' is prevalent where frequently medical assessment of impairment and function is equated with levels of 'work incapacity'. In some systems, the medical model of disability is being reinscribed, for example, as proposed in the recent review of the ESaT's (BCG, 2020a). However, impairment type/disability is not an accurate proxy for work capacity nor of the type of employment supports most relevant (WHO, 2002). In systems such as some in the Injury and Compensation segment, the biopsychosocial approach to understanding the barriers and contributing factors that construct work restriction is recommended. However, there is still a relatively limited articulation of the sorts of 'barriers' to employment that might be considered to inform intervention design. Across systems there is a need to shift shared understanding of work restriction to focus on holistic identification of barriers and interventions designed to address these (as identified in [Appendix 13](#)), in line with best practice evidence. In this context, work participation should be understood as dependent on *inclusive environments* and the provision of *adaptations and supports* (to mediate barriers at the personal level, within the workplace, and within society), *available throughout the timespan of injury/ illness/ impairment*.

### **A new focus on components of employment supports**

Despite some schemas available in the vocational rehabilitation literature, across systems there appeared to be no available articulation of the many components that an employment support intervention might be comprised of. Without this articulation, it is difficult to undertake an informed design of an employment support intervention, commission provision of it from the market, evaluate the relative contribution to effectiveness of the included components, share examples of good practice or compare costs of interventions relative to effectiveness. This study has developed a new articulation of the components of employment supports in the form of a Typology of Employment Support Interventions. The Typology provides a common language across systems.

### **A transparent articulation of the design logic of employment supports**

Added to the lack of a clear schema or conceptualisation of 'employment supports' is the lack of explicit program or intervention logic which explains the assumed causal pathways of interventions, moving from identified 'problems' or 'barriers', through interventions to address these, to the desired outcomes. Few case studies provided complete data in this regard. In particular, this study identifies problems with the design logic of some Commonwealth 'mainstream' ES if these services are intended to be relevant and accessible to people with work restriction. Clearer articulation of intervention design logic enables testing of relevance and efficacy.

## Information about eligibility

Eligibility criteria and related processes for Commonwealth ES programs are complex, and there is little detailed information about how eligibility to ES interventions is managed in the Injury and compensation segment (beyond basic eligibility for compensation). In this context, it is not easy to map the availability of ES interventions to people with work restrictions and any intersections across systems. This provides opportunity for further clarification of eligibility across systems to enable maximum uptake of ES. Given the stagnant performance of ES across systems, the benefits of removing eligibility barriers and instituting overlapping eligibility to ES across systems could be an area for further consideration.

## Provision of employment supports for people with work restriction

Within Commonwealth ES, the provision of employment supports is not available to all people with work restrictions. People able to work less than 8 hours per week are excluded from employment supports (other than via NDIS if eligible). Similarly, those who cannot work full time are excluded from some ES such as the Commonwealth's New Enterprise Incentive Scheme. This apparent lack of employment support provision to various cohorts of people experiencing work restriction is not consistent with national disability policy and strategy. This intervention logic is also aligned to a biomedical paradigm of disability and health that exists to varying extents across segments, that overly equates work capacity with impairment type and severity. To address this and other perceived needs for employment supports or gaps in provision, the NFP sector was found to provide a range of ES. For example, most self-employment/ entrepreneurship supports were provided via NFPs in the Disability-specific segment, though funding for such ES interventions is of short duration. Given there is significant evidence that work contributes to health and wellbeing, and in the context of Australia's obligations as a signatory to the CRPD, the lack of a range of available supports for people with work restriction, particularly significant work restriction, is a significant gap.

## Evidence of what works in current employment supports

Literature across the segments identifies key ingredients of ES intervention. The dominant narrative of this literature is that of ES interventions that are tailored to the needs and contexts of the individual, being responsive to a holistic set of barriers to employment and addressing these through multi-component supports targeting workers/job seekers, their employers and workplaces, in concert with health services.

However, the literature makes the strong critique that evidence relating to ES intervention efficacy is limited or absent. This study found almost no data about ES intervention performance within systems, with the exception of evaluations of some Commonwealth labour market programs and a small number of case studies in other segments. The Typology offers a framework for further framing evidence reviews and evaluations. It may also offer a language through which to identify the components of different ES interventions, to compare across systems and contexts.

Further, the study highlights the complexity of effective intervention design of ES. In this context, a TAC (2020) review of vocational rehabilitation services identified knowledge gaps of both external vocational rehabilitation (VR) providers and of TAC claims managers and recommended training to upskill both in the evolving knowledge base of employment support interventions for diverse cohorts.

## Need for information about employment supports available for people with work restriction

This study found that information about ES across sectors is opaque, general in nature, and often confusing. There are many different types of ES, purchasers and providers. Research into the NDIS confirms this critique, frequently identifying the need for greater clarity of the services available for NDIS participants to choose from. Limited information is available at the JobAccess website (<https://www.jobaccess.gov.au/home>) and the Disability Gateway website (<https://www.disabilitygateway.gov.au>). These websites target people who identify as having a disability which is not a consistent identifier across the systems, meaning that this information may not be readily found by participants.

Each system maintains its own list of ES providers and services and there is opportunity to combine these across systems, also including NFP/community-based activity. Integrating with other services that aim to offer user-rated service directories (such as Clickability, <https://clickability.com.au>), offers opportunities to bring user-informed perspectives to the development of a directory of ES services.

In compiling listings of ES, the Typology could be a useful document to use to 'badge' employment supports in terms of the components they deliver or the domains they address.

## Knowledge of the market of ES providers, its performance and gaps

The provision of employment supports in Australia is entirely marketised, and each sector commissions services from this market of providers. This is supplemented by ad hoc grant funding to support short term employment support initiatives. The reliance on the market creates both a significant dependency on its coverage and performance. The TAC (2020) identifies that market providers have inconsistent knowledge, can fail to sufficiently tailor employment supports and may lack strategies to support complex clients. Along with risks, reliance on the market also creates opportunities to influence and shape it, particularly via the purchasing practices of providers. However, while this study has provided some insight into ES across systems and segments, there is still inadequate knowledge of market coverage and capability to address diverse barriers to employment and deliver ES interventions across the breadth of the Typology. A detailed analysis of the market is missing.

Several areas offer particular opportunities for further investigation. First, the role of the NFP/community-based sector in delivering a wider range of ES appears important but is threatened by insecure funding. There is potential to investigate the importance of this provision and mechanisms to secure it, perhaps by bringing this sector into the market in a more formal way. Secondly, there is potential to consider whether further cohort or intervention specialisation is needed within the market to provide better coverage of supports to meet diverse needs (as suggested in regard to the New Employment Services model, DESE, n.d.).

## Section 8: Recommendations

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This study provided a scan of employment supports across systems and segments. In this, it provided an overview reliant on partial data across a wide landscape of activity. In this context, recommendations offer insights as to future directions and further actions. Further work is required to provide more in-depth data in order to refine and shape actions in consultation with key stakeholders across systems.

As a cross system study, recommendations primarily speak to the body with a cross-sector role: the Collaborative Partnership to Improve Work Participation (the Partnership). The Partnership is a national system-wide collaboration between the public, private and not-for-profit sectors involving key stakeholders across the segments described in this report.

### 1. A common logic and language to addressing work restriction

**Recommendation 1:** The Partnership should build understanding across systems of the way work restrictions are constructed through the presence of barriers (personal, workplace and social), and the ways work participation can be enhanced through the provision of inclusive environments along with adaptations and supports that mediate barriers.

Activities could include the following.

- Ensure consistent language and conceptualisation is used throughout Partnership knowledge resources.
- Seek agreement on shared terminology that supports cross sector activity.
- Take up opportunities to influence changes to terminology across sectors and in underpinning legislation and policy as these arise.
- Develop an awareness raising and capacity building strategy across systems to embed understanding of the ways work restrictions are constructed. Activities should target those who assess work 'capacity' and/or design, deliver and manage employment support interventions. The strategy should include the development and dissemination of further guidance that details the range of biopsychosocial barriers to employment (as per [Appendix 13](#)), and how these can be identified and adequately addressed in ES intervention design (drawing on the key ingredients of effective ES support identified in [Table 4](#) and the [Typology](#)).

### 2. Market analysis and shaping

**Recommendation 2:** A market analysis should be undertaken to inform the development of a market strategy within and across systems. The analysis should identify: the composition of the market including number and size of providers; the key players (those with significant market share); the current market offerings of employment supports (e.g. against Typology); market gaps (intervention focus, cohort speciality – including by number of hours able to work per week, location); the drivers for the market (what business opportunities are regarded as most desirable and what the market perceives to be risks); the current capacity and capability in the market to meet needs across systems and of people with work restrictions; and the other sectors from which capability might be drawn (such as the NFP disability-specific segment).

Activities could include the following.

- Seek information from each system that details current ES providers and services and use this information to generate an initial listing of providers.
- Commission one or more pieces of research to undertake the market analysis as described in the recommendation. In particular, one segment of research should focus on those providers who already provide ES across all systems and seek their views in regard to how to better align and improve ES performance across the systems that they work in.
- Given the Partnership's commitment to collaboration, engagement could be expanded to market/provider peaks such as Disability Employment Australia (the national peak for DES), National Disability Services (the peak for disability service providers including ADEs), the Australian Rehabilitation Providers Association, Jobs Australia and National Employment Services Association (national peaks for ES providers).
- Develop an interim cross-sector market strategy, based on the findings of research undertaken, and including shared strategies for shaping and driving provider practice via the way services are purchased/commissioned.
- Collaborate across systems, and with the Partnership, to build on and expand already identified commitments in regard to the ES provider market. The NDIA (2019a, b) has articulated these to include:
  - Driving improved provider practice through market engagement, including via the release of demand data by location and showcasing leading practice by age group and response to differing disability support needs;
  - Publishing clear information for providers about how NDIS funding and DES can work together to better support NDIS participants, and of individualised employment pathways;
  - Running "innovation challenges" about supporting transition (e.g. school to employment, changing jobs) and growth of NDIS self-employment or micro enterprises;
  - Reviewing NDIS supports for finding and keeping a job for people with complex support needs, to ensure the right supports exist, and have been tested, for success in achieving employment goals (NDIA, 2019a, p. 16).

### 3. Information about employment supports in Australia for people with work restrictions

**Recommendation 3:** Work collaboratively across sectors to develop meaningful and useful information about the employment supports for people with work restrictions, and providers of them.

Activities could include the following:

- Develop a directory and map (locational) of employment supports available and relevant to people with work restrictions (including supply, demand and societal focused interventions). The approach might trial a combined method of data collection including use of provider lists from systems ([Recommendation 2](#) above), searching of existing user-rated directories (e.g. Clickability), and online registration by ES providers. Directory listings should utilise the Typology to identify and describe the components of support provided, along with their duration, intensity and mode of delivery. Directory listings would also detail contact points, delivery locations and costs (if appropriate). Information should be searchable by cohort-focus

(including all levels of work restriction) and location of delivery, The Directory should seek to interface with existing listings in systems (e.g. NDIS provider lists, JobAccess);

- Pilot/trial the locational map/Directory tool to identify how best to provide the information for users and how useful it is. Users might include: purchasers of ES across systems, employers, people with work restrictions, NDIS planners, and support coordinators.

#### 4. Increase evidence collection, methods development, and dissemination

**Recommendation 4:** The Partnership should develop and disseminate methodologies for generating evidence to support effective ES interventions, and support evidence collection and sharing.

Activities could include the following:

- Further testing and validation of the Typology of Employment Support Interventions as a shared language and method for conceptualising, designing, commissioning and evaluating employment supports. This could be done in a range of ways including:
  - validation of the Typology categories and descriptions across systems using ES, for example through consultative processes (such as via using a Delphi method across the sectors), or via testing of the Typology in a range of representative contexts;
  - further targeted literature review and analysis against the Typology to test the domains and components;
  - development of the Typology as a resource for purchasers across systems (including NDIS planners) of employment supports, and evaluation of its utility in such contexts;
  - use of the Typology as a reporting frame of evidence of efficacy and practice ingredients (as has been commenced here in [Appendix 10](#));
  - use of the Typology as an organising frame for links to resources related to each component of practice, for example best practice guides. (The research team has commenced this but this work is in its infancy.);
  - development of the Typology as a guide for people with work restrictions, across systems, who are selecting their own employment supports to best meet their needs.
- Coordinate and curate a large set of single case studies, toward identifying ‘promising practices’ in employment supports. Evidence across multiple case studies can be built into more rigorously evaluated ‘best practice’. Similar approaches have been utilised by the Australian Institute for Family Studies (AIFS) in the Communities and Families Clearinghouse Australia. This program: disseminated a ‘promising practice’ methodology to service providers; collected, peer reviewed and curated case studies; and made these publicly available (<https://www3.aifs.gov.au/institute/cafcapp/topics/index.html>). In itself, such a process can generate greater reflexivity, application of program logic, and evidence collection across participating providers.
- Host a Community of Practice (CoP) for generating evidence in employment support provision. Typically, such CoPs share methodological information and findings.
- Develop and disseminate, across systems, recommendations for minimum shared measurement data categories, such as minimum capture of components of interventions and their intensity (duration etc.). For example, the NDIA has commenced this kind of minimum data capture for School Leaver Employment Support (SLES) providers (see the NDIS, 2021a, SLES Provider Reporting Tool).

- Publish and share evidence of efficacy and contributing characteristics.

## 5. Building the capacity of the ES workforce

This study identifies new understandings of what employment support interventions comprise and realigns diverse understandings across systems about the barriers constructing work restriction. Recommendations target enhanced knowledge of those personnel who assess work 'capacity', purchase, design and deliver employment support interventions.

**Recommendation 5:** The Partnership should identify and respond to the need for further professionalisation of, and professional development for, ES roles across systems, particularly in relation to those personnel who work at the 'coal face' of employment supports, for example in the role of 'trusted broker' to employers and case managers to employees/job seekers.

Activities could include the following.

- Seek further advice from stakeholders as to whether purchasers (including case managers) require further skills and knowledge about ES design and evaluation and how these might best be acquired. This might include the development of an Employment Supports Intervention curriculum.
- Explore the need for underpinning knowledge standards regarding ES across systems and the need for further professionalisation of ES-related roles across systems.
- Identify the mechanisms by which to disseminate resources from this study.

## Knowledge translation opportunities from this report

This report and its appendices contain various sections that may have utility as knowledge products. This includes the Glossary ([Appendix 14](#)), the definition of work restriction, the summary of barriers to employment ([Appendix 13](#)), and evidence reviews ([Appendix 11](#)). The most significant knowledge product is that of the Typology ([Appendix 3](#)). Suggestions for maximising the utility of the Typology are provided in [Recommendation 4](#) above.

## Section 9: Conclusion

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This study has initiated the complex task of exploring and explaining the wide range of employment supports offered to people experiencing illness, injury and disability to support their work participation. With multiple systems commissioning or funding employment supports within different legislative and policy environments, using different terminology, and drawing on different sets of evidence and thinking, the terrain is not easy to map. This study has made a contribution by proposing a Typology to enable a common description of employment supports, where there has been none before, and charting some of the differences and complementarities across systems.

Taking a cross sector approach to the planning and delivery of employment supports for people with work restriction offers a unique opportunity to consider the adequacy of these, particularly in the face of stagnant outcomes in all systems. Further research is needed to 'get into the weeds' of mapping the employment supports delivered by the many hundreds of providers across Australia, and devising the strategy for optimal delivery of these, attending to gaps in support and the diverse needs of people with work restriction. A key part of this strategy is further attention to the employment supports targeting employers and workplaces. The Typology provides a unique opportunity to better articulate and capture the activities and practices that are valued by employers and that create inclusive workplaces, now that the components of these supports have been identified.

Finally, the complexity of this set of systems and the diverse array of providers and employment supports is felt most by people with work restrictions themselves. The challenge is to create information about employment supports for this cohort that is meaningful, relevant and useful, and deliver it in a way that is accessible to all.

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## Appendices

### Appendix 1: Case study summary and data collection pro forma

#### *Case study numbers by segment and sector*

| <b>Segment</b>                             | <b>Employment Sector</b>                | <b>No. of organisations</b> | <b>No. of case studies</b> | <b>No. of programs in stocktake</b> |
|--|---|-----------------------------|----------------------------|-------------------------------------|
| <b>Injury and Compensation</b>             | Workers Compensation                    | 10*                         | 32*                        |                                     |
|  | Motor Vehicle Accident Insurance        | 2*                          | 12*                        |                                     |
|  | Life Insurance (income protection)      | 3                           | 7                          |                                     |
|  | DVA                                     | 1                           | 3                          |                                     |
|  | Other (internal intervention)           | 1*                          | 1                          |                                     |
|  | Evidence review                         |                             | 1                          |                                     |
|  | <b>Total (discrete with no overlap)</b> | <b>15</b>                   | <b>52</b>                  |                                     |
| <b>Commonwealth labour market programs</b> | Stocktake of programs                   | 5                           |                            | 33*                                 |
|  | DES (DSS)                               | 1                           | 4                          |                                     |
|  | DESE                                    | 1                           | 7                          |                                     |
|  | Providers                               | 1                           | 2                          |                                     |
|  | Evidence review                         |                             | 1                          |                                     |
|  | <b>Total (discrete with no overlap)</b> | <b>6</b>                    | <b>14</b>                  | <b>33</b>                           |
| <b>Disability specific</b>                 | Community-based                         | 2*                          | 2                          |                                     |
|  | NDIA                                    | 1                           | 1                          |                                     |
|  | Provider                                | 1                           | 1                          |                                     |
|  | Evidence review                         |                             | 3                          |                                     |
|  | Stocktake of ILC EP grants              | 54*                         |                            | 54                                  |
|  | <b>Total (discrete with no overlap)</b> | <b>57</b>                   | <b>7</b>                   | <b>54</b>                           |
| <b>Total</b>                               |   | <b>78</b>                   | <b>73</b>                  | <b>87</b>                           |

\* Denotes where there is duplication of organisations, case studies or inclusions in stocktakes. For example, some case studies describe interventions used in multiple systems. Or some inclusions in stocktakes were also further documented through more detailed evidence reviews or case studies.

Case study pro forma

| <b>Data categories</b>  | <b>Notes [insert text, examples provided]</b>                                 |
|---|---|
| Case study name (case number/pseudonym if choose anonymity)                   |   |
| Sector  |   |
| Jurisdiction  | e.g. which State or National  |
| Employment intervention   | Name of program   |
| Target cohort   | e.g. 0-3 years post injury, spinal cord injury                                |
| Eligibility criteria  | e.g. as above, must opt in, work capacity assessment of 50% or more full time |
| Use of screening tools for entry (including productivity assessments)         | Yes/No, which ones  |
| Characteristics of cohort/s over time   | Has the cohort changed for this program over time?                            |
| Timeframe of commencement (e.g. how long post injury)                         |   |
| Duration of intervention for each cohort                                      | e.g. runs for 26 weeks  |
| Intensity   | e.g. 2hrs coaching per week   |
| Problem/issue/barrier addressing  | e.g. lack of motivation to work   |
| Outcome focus (drop down list)  |   |
| Type of intervention  |   |
| Components of intervention  |   |
| Mode of intervention delivery   | e.g. F2f, online course, phone etc  |
| Provider (internal/external)  | e.g. external (contracted out to x organisation)                              |
| Personnel/role involved   | e.g. vocational psychologist; employment broker; case manager                 |
| Existence of practice model   | e.g. based on US model ...  |
| Evidence base (is there an existing evidence base for this intervention)      | Yes/No/ not known e.g. IPS fidelity model documented in literature            |
| Key ingredients /steps of practice  | [narrate what happens for the client]   |
| Performance data/outcomes – does the organisation have this for this practice | e.g. Yes/No – use weeks in employment metric at 12, 26 and 52 weeks           |
| How/when performance data collected   | e.g. 12, 26 and 52 weeks via claims review audit                              |
| Funding sources   | e.g. internal   |
| History of intervention in organisation                                       | e.g. Been running for 5 years   |
| Related organisational documents  |   |

## Appendix 2: Full list of case studies

The main data collection method for this study was that of organisational case studies with the intention of scanning and documenting a sample of employment supports from across sectors. This is similar in method to that adopted by Ho et al. (2017) who combined desktop review and interviews to generate ten case studies from fourteen Australian and international organisations delivering RTW interventions.

For the current project, with the assistance of the Partnership, an initial sample of twenty-one organisations from across sectors was selected for inclusion in the case study data. This sample was expanded by convenience sampling as the research team identified other useful inclusions based on availability of sufficient data to generate case studies. Targeting these organisations, case studies were developed in two ways. First, researchers undertook a desktop review of the identified organisational websites using both a key word search (such as 'return to work', 'pilot', 'early intervention', 'vocational rehabilitation', 'employment service/support', 'counselling', 'job search', 'motivational interviewing', 'case management'), as well as terms identified as relevant to that organisation, for example where specific employment supports were already known and named. Researchers pursued weblinks to other resources and also conducted general internet and bibliographic searches where warranted. Information from this method was organised into a case study pro forma ([Appendix 1](#)).

This method generated a large number of employment support interventions. It was decided to disaggregate 'cases' within a single organisation, attempting to identify discrete interventions, usually with some programmatic identity (for example an 'early intervention' program within RTW). While there were a large number of case studies, few had complete information. It should also be noted that this method of 'case' identification was interpretive and therefore not a clear representation of practice, particularly where interventions were linked or nested. For example, a 'vocational rehabilitation' case study included many interventions and therefore could be disaggregated into each discrete focus or maintained as a single intervention.

Second, identified organisations were invited by email to participate in case studies, with a small number accepting this invitation. Participating organisations were sent the existing case study summaries for their organisations and invited to provide additional information. Participating organisations met by phone, on one or more occasions, with a researcher to further add key information to case studies. One organisation opted to develop their own case study in their own format. A full list of case studies is provided below.

It should be noted that this method of case study generation has limitations, most particularly related to: paucity of available information; the use of general and somewhat obscure terms such as 'vocational rehabilitation' in public-facing information; and the difficulty of developing a clear methodology to consistently frame or define discrete interventions. As a result, the case study list includes case studies of similar types across organisations, as well as case studies represented at the aggregate level of 'program' as well as disaggregated to the level of component. A longer study would have enabled further work to refine and standardise this methodology.

Full list of case studies

| Name   | Type of intervention   | Sector   |
|--|--|--|
| Injury and compensation segment                                |  |  |
| 1. Case Management - case coordination or service coordination | The coordination of services for the individual, and liaison and management of the communication between health care providers and the workplace   | Evidence review                                    |
| 2. Early intervention program                                  | Early intervention to reduce impact of injury that may prevent return to work. Health phone triage service involving treatment support   | Workers Comp (Comcare)                             |
| 3. Rehabilitation Case Management                              | Coordination and navigation of rehab program for successful RTW  | Workers Comp (Comcare)                             |
| 4. Workplace Rehabilitation program                            | Multi component rehabilitation that is individualised to maintain or return an employee to suitable employment   | Workers Comp (Comcare)                             |
| 5. Work Trial  | Allows an employee with workplace injury or disease to work with a host employer to rebuild skills and confidence to improve employability   | Workers Comp (Comcare)                             |
| 6. Return to Work  | Work with employer, insurer and medical practitioners. Vocational assessments, functional capacity evaluations, early intervention with the goal of RTW  | Workers Comp (APM)                                 |
| 7. Return to Work  | Rehab assessment using a biopsychosocial approach to assess needs. Job commencement/RTW and job customisation  | Workers comp (Kairros)                             |
| 8. Return to Work  | Job commencement/RTW and job customization. Includes an Aboriginal RTW service   | Workers Comp (Workfocus)                           |
| 9. Occupational therapy  | Addressing personal context, addressing health context; assessments of work capacity and need for supports; vocational training  | Workers Comp (Ability Action Australia, Medhealth) |
| 10. Injury and health management                               | Injury prevention at work, incident response and RTW Case Management working with employers and employees: Training programs, skills building, resources; inclusive workplaces capacity building | Workers Comp (Cogent Thinking, Medhealth)          |
| 11. Connect2Work   | Work placement with host employer when pre-injury employer is unable to offer suitable work – assist worker through recovery at work   | MVA / Workers Comp (SIRA NSW)                      |
| 12. Equipment and workplace modification                       | Provides funding for workplace equipment and workplace modifications to assist injured employees RTW   | Workers Comp (SIRA NSW)                            |

| <b>Name</b>  | <b>Type of intervention</b>   | <b>Sector</b>                  |
|--|---|--------------------------------|
| 13. JobCover / JobCover6   | Wage subsidy and financial incentive for employers when people unable to return to pre-accident employer – offsets cost of engaging and training new employee   | MVA / Workers Comp (SIRA NSW)  |
| 14. Recover at Work Assist   | Financial support for small businesses to help a person recover at work   | Workers Comp (SIRA NSW)        |
| 15. Financial assistance for training  | Financial assistance for education or training to enhance prospect of durable employment - worker   | Workers Comp (SIRA NSW)        |
| 16. Transition to Work   | Financial assistance to address RTW barriers- worker  | MVA /Workers Comp (SIRA NSW)   |
| 17. Workplace adjustment passport  | The passport assists employees with disability communicate their needs and provide a mechanism for official recognition for equipment and workplace modification  | Internal SIRA NSW              |
| 18. Work Trial   | Work experience through a host employer when pre-injury employer is unable to offer suitable work – provides work trial with supervision and training to assist worker to upgrade skills and gain on the job experience | Workers Comp (SIRA NSW)        |
| 19. Employer financial incentives (provided across a range of vocational programs) | Financial assistance to employers who help people injured at work or on the roads, range of programs  | MVA /Workers Comp (SIRA NSW)   |
| 20. Recovery and return to work  | Case managers work with employee, employer and medical practitioners to determine a worker’s capacity for work. Occupational rehabilitation and workplace assessments assist in RTW                                     | Workers Compensation (ALLIANZ) |
| 21. StartSmart- reducing secondary psychological illness                           | StartSMART, uses a biopsychosocial approach to assess the worker’s mental readiness to return to health and then provides access to wellness consultants  | Workers Compensation (ALLIANZ) |
| 22. Transition Support Service   | One on one with a rehab specialist based on individual circumstances, needs and goals as a pathway to job readiness   | Workers Compensation (EML)     |
| 23. WISE (Work Injury Screen and Early Intervention)                               | Early Intervention for hospital workers with psychosocial screening for psychological risk factors  | Workers Compensation (EML)     |
| 24. Mobile Case Management   | RTW – early intervention working face to face to get workers back to work in a sustainable manner   | Workers Compensation (EML)     |
| 25. Your Future-Job Placement and career change                                    | For injured employees: Job placement and career change programs for injured   | Workers Compensation (EML)     |

| <b>Name</b>   | <b>Type of intervention</b>  | <b>Sector</b>                       |
|---|--|-------------------------------------|
|   | employees assisted throughout by a dedicated specialist  |                                     |
| 26. Career Skills for New Jobs                      | Tailored, personalised coaching that builds skills and confidence in managing a career and connecting to additional support services for jobseekers aged 50+   | Workers Compensation (EML)          |
| 27. New Employer Service                            | Occupational rehabilitation provider will help find safe and ongoing work with a new employer when unable to return to pre-injury employer   | Workers Compensation (WorkSafe Vic) |
| 28. Job seeking service                             | Job seeking assistance to workers who are unable to return to work with pre-injury employer and are ready to commence new employment. Provide workers with the skills and capabilities necessary for independent job seeking | Workers Compensation (WorkSafe Vic) |
| 29. Original Employer Services                      | Independent occupational rehabilitation services designed to help return to work with current employer   | Workers Compensation (WorkSafe Vic) |
| 30. Return to Work                                  | Collaboration with Agents to assist RTW - this could include the employer, health practitioners, occupational rehabilitation providers and union representatives.  | Workers Compensation (WorkSafe Vic) |
| 31. Return to Work (support for clients)            | Assessments of work capacity and support needs, workplace modifications or equipment, financial support related to employment, RTW and customisation   | MVA (TAC Vic)                       |
| 32. Return to Work (support for employers)          | Information provision, financial assistance for wages, financial assistance for modifications, other financial support/incentives, workplace modifications or equipment  | MVA (TAC Vic)                       |
| 33. Case Management Service                         | Service co-ordination and navigation -support with wide range of a person's life including re-establishing their role at work  | MVA (TAC Vic)                       |
| 34. Income Support                                  | Financial assistance for loss of work income   | MVA (TAC Vic)                       |
| 35. Supported Employment Service                    | Support to obtain employment in an ADE as a mechanism towards further open employment  | MVA (TAC Vic)                       |
| 36. Travel to Work Benefit                          | Financial assistance when travel is hindering a person's RTW   | MVA (TAC Vic)                       |
| 37. Vocational Rehab Services                       | Assessments of work capacity, job search assistance and resources, workplace modifications   | MVA (TAC Vic)                       |
| 38. Vocational Training and Pre-Vocational Training | Building foundation skills/retraining following injury and unable to return to pre-accident job  | MVA (TAC Vic)                       |

| <b>Name</b>   | <b>Type of intervention</b>   | <b>Sector</b>  |
|---|---|--|
| 39. Vocational Intervention Program                         | Specialised employment program for people with traumatic brain injury – counsellor, employer and brain injury rehab service work together on person’s RTW journey | Workers<br>Compensation (iCare NSW)                        |
| 40. Return to work - (Happy Paws, Happy Heart program)      | Engaging with dogs to enable a sense of self-confidence, especially for those who have been off work for a lengthy period of time.                                | Workers<br>Compensation (iCare NSW)                        |
| 41. Recovery Plus   | Delivery of coordinated, holistic treatment and care pathways   | Workers<br>Compensation (iCare NSW)                        |
| 42. WorkUp – Return to Work                                 | Partnering with organisations to provide holistic RTW support through an increased focus on greater psychosocial support  | Workers<br>Compensation (iCare NSW)                        |
| 43. Return to Work - rehabilitation                         | Biopsychosocial approach to rehabilitation to enhance a person’s health and wellbeing   | Life Insurance -<br>income protection<br>(Aust. Super/TAL) |
| 44. Career Coaching   | Personalised support in helping a return to the workforce: including job search support, access to training and skill development                                 | Life Insurance -<br>income protection<br>(Aust. Super/TAL) |
| 45. Tailored rehabilitation program – in house              | Holistic, collaborative approach to rehabilitation working in partnership with medical practitioners and employers  | Life Insurance -<br>income protection<br>(AIA)             |
| 46. Restore Care: (Return to Work (recovering from cancer)  | Holistic wellness program including exercise and mindfulness  | Life Insurance -<br>income protection<br>(AIA)             |
| 47. RestoreActive (Return to Work: complex musculoskeletal) | Holistic wellness program – diet, exercise, mindfulness   | Life Insurance -<br>income protection<br>(AIA)             |
| 48. Restore (Work Readiness: Anxiety & Depression)          | Wellness and work readiness program - exercise, regular support group   | Life Insurance -<br>income protection<br>(AIA)             |
| 49. Return to Work: Early rehabilitation intervention       | Holistic, collaborative approach using a clinical team to work with the employer and employee   | Life Insurance<br>(income protection)<br>(Swiss Re)        |
| 50. Career Transition Assistance Scheme                     | Support the career transition from ADF employment to suitable civilian employment – includes career coaching, job search preparation                              | Defence and Veterans<br>Affairs benefits                   |
| 51. Veterans Vocational Rehabilitation Scheme               | (Health and) vocational support – job search, career guidance, training, work experience, wage subsidy  | Defence and Veterans<br>Affairs benefits                   |
| 52. Support for Employment                                  | Specialised one-on-one support for veterans – both - pre and post-employment – to assist in finding employment or change careers                                  | Defence and Veterans<br>Affairs benefits                   |

| Name  | Type of intervention   | Sector              |
|---|--|---------------------|
| Commonwealth labour market programs (Employment supports for people with work restriction including relevant mainstream supports) |  |                     |
| 53. Career Transition Assistance  | Group training with courses focused on soft skills including digital skills, job search, motivation and resilience for job seekers 45+   | Commonwealth (DESE) |
| 54. Skills and Training Incentive   | For job seekers aged 45-70. Undertake a Skills Checkpoint assessment with a provider using this information to develop a Career Plan with appropriate skills training  | Commonwealth (DESE) |
| 55. Mature Age Hub  | Information provision via websites for job seekers (aged 45+) and businesses with job search and re-skilling information and resources   | Commonwealth (DESE) |
| 56. Local Jobs Program  | Connect local job seekers with training, job opportunities and other supports through a local Jobs and Skills Taskforce working with employers   | Commonwealth (DESE) |
| 57. Youth Jobs PaTH service (including PaTH internships and Employability Skills Training)  | For young people (under 24). Improve work readiness by building employability skills, job search skills, and opportunities for work experience/internships   | Commonwealth (DESE) |
| 58. Relocation Assistance   | Financial assistance for long term unemployed for work relocation  | Commonwealth (DESE) |
| 59. Transition to Work  | Increase the work-readiness of early school leavers (aged 15-21) who are finding it difficult to move into work by providing intensive support to help them into work (including apprenticeships and traineeships), education or training and connecting with local community services | Commonwealth        |
| 60. Job Support (open employment for people with ID)  | Job search, matching, training, ongoing support including working with employers and assisting in job customisation  | Commonwealth (DES)  |
| 61. Job Support Transition (school leavers with ID)   | Long term work experience with on-site training and support to assist transition into paid employment  | Commonwealth (DES)  |
| 62. Disability Employment Services - Employer support   | Matching a prospective client with disability, involving the employer and DES support personnel with an understanding of the employer's needs and the demands of the workplace   | Commonwealth (DES)  |
| 63. Job readiness and support (people with disability)  | Searching for work, skill development, job placements, support in work, workplace  | Commonwealth (DES)  |

| Name   | Type of intervention  | Sector                                 |
|--|---|--|
|  | assessments and modifications, job readiness assistance for school leavers  |  |
| 64. Disability Employment Services, through atWork Australia, APM, CVGT Australia  | Career guidance, co-ordination/navigation support, job search assistance and resources, post-placement support, ongoing support, workplace modifications, assessment of work capacity and needs for support, building and mobilising professional/employment networks | Commonwealth (DES)                     |
| 65. Employer support (DES), through atWork Australia   | Recruitment process to help employers hire the best candidate with post-placement support, assistance with diversity and workplace modifications  | Commonwealth (DES)                     |
| 66. Employment support – specialised support and/or services to job seekers with disability or health conditions (jobactive program delivered by atWork Australia) | Specialised employment support for people with disability and mental health conditions including psychology services  | Commonwealth (DES)                     |
| <b>Disability-specific segment</b>   |   |  |
| 67. Impact 21 - Work Readiness   | A 24 month work readiness and personal growth program for adults with Down syndrome/intellectual disability - 1yr work skills (study) & 1yr customised employment   | Community-based (Inclusion Foundation) |
| 68. Ticket to Work   | School-based vocational and career development for young people with disability, as well as early contact with work environments including work experience and potentially customised employment with post-placement support  | Evidence review                        |
| 69. Individual Placement and Support   | Support people with a mental health condition in open employment through multiple components focusing on addressing personal barriers and provision of ongoing support in the workplace   | Evidence review                        |
| 70. Customised Employment  | A person-centred process that focuses on abilities and common interest of employees and employers by tailoring a job to fit the skills, interests, strengths and support needs of a person with disability whilst meeting the needs of business                       | Evidence review                        |
| 71. Micro-enterprise project   | Microenterprise development/support for people with disability in WA  | Community-based user-led disability    |

| Name   | Type of intervention  | Sector                             |
|--|---|------------------------------------|
|  |   | services (Valued Lives Foundation) |
| 72. Employment support for NDIS participants | Employment and education support including soft skill development, connecting clients with training courses or study, work experience and ongoing support once in paid work | NDIS services (atWork Australia)   |
| 73. Funded employment supports               | Employment support – building foundation skills for work, finding and keeping a job and ongoing support in the workplace  | NDIA                               |

## Appendix 3: Typology of Employment Support Interventions

*Typology of employment support interventions (to increase work participation of people with work restrictions)*

Note: Components can be combined in interventions and need not be sequential. Some may continue throughout life of intervention, while others are of shorter duration.

| Domain   | Component focus   | Elements /possible focus   |
|--|---|--|
| <b>Supply side interventions (focusing on support to job seeker/ worker)</b> |   |  |
| Addressing personal factors  | Addressing personal context   | Strategies to support personal circumstances affecting employment, e.g. <ul style="list-style-type: none"> <li>• Carer and parenting roles</li> <li>• Housing</li> <li>• Home modifications</li> <li>• Transport</li> </ul>  |
|  | Addressing health context   | Strategies to support factors affecting health, e.g. <ul style="list-style-type: none"> <li>• Support to access health treatments</li> <li>• Health and wellbeing coaching</li> </ul>  |
|  | Integration of health, disability and employment supports             | <ul style="list-style-type: none"> <li>• Collaboration between DES and mental health providers to support people through crisis times to stay in job</li> <li>• Planning for and capacity building re managing health/disability conditions whilst at work</li> <li>• Identifying attendant care and additional supports required in the workplace</li> <li>• Education on effective skills/strategies for coping and RTW</li> <li>• RTW planning integrated into medical assessments</li> <li>• Engagement with other professionals/providers to support employment goal to ensure consistency of approach and holistic service delivery</li> </ul>     |
|  | Building capacity of informal (family) supports to support employment | <ul style="list-style-type: none"> <li>• Building the skills and knowledge, changing attitudes and expectations of supporters of people seeking work (target supporters at various points of life course)</li> <li>• Engagement with family/carer to explore and support employment directions</li> <li>• Employment services and families working collaboratively to support the person to find work</li> </ul>   |
|  | Building foundation skills and work expectations                      | <ul style="list-style-type: none"> <li>• Skills building re language, literacy, numeracy, driver training, digital skills, computer literacy (non job or vocational specific)</li> <li>• Life skills e.g. independent travel skills, managing money/income, personal hygiene and personal presentation</li> <li>• Interpersonal skills development, social and business communication</li> <li>• Building resilience</li> <li>• Building motivation and positive attitudes to work</li> <li>• Building expectations of person with disability about (open) employment at key points across life course (primary, secondary school and beyond)</li> </ul> |

|  |   |   |
|--|---|---|
|  |   | <ul style="list-style-type: none"> <li>• Skills for independence: decision making, problem solving, planning and organising, self motivation and self determination, life skills and personal administration, flexibility, accountability</li> <li>• Working independently, time management and prioritising</li> <li>• Conflict resolution and negotiation skills</li> </ul>                                 |
| Service access and information                                 | Information provision (job seeker/worker)                 | <ul style="list-style-type: none"> <li>• Providing information e.g. via hub of employment related resources including rights and obligations (e.g. re RTW or workers compensation)</li> </ul>   |
|  | Referrals/ connecting to services                         | <ul style="list-style-type: none"> <li>• Referring to interventions such as psychological, pain management counselling, physiotherapy</li> <li>• Referring/connecting to Commonwealth/State government programs</li> <li>• Referring to community services and connecting/supporting access to non vocational services e.g. arranging financial support for childcare and study</li> </ul>                    |
|  | Service co-ordination and navigation                      | <ul style="list-style-type: none"> <li>• Supporting access to and management of services such as via case management or support co-ordination</li> </ul>  |
| Financial assistance and incentives                            | Financial support for personal factors                    | <ul style="list-style-type: none"> <li>• Financial assistance to overcome personal barriers to work e.g. \$ to purchase clothing, pay for transport, subsidise childcare etc.</li> </ul>  |
|  | Financial support for vocational training                 | <ul style="list-style-type: none"> <li>• Financial assistance such as payment of course fees and associated costs</li> </ul>  |
|  | Financial support related to employment                   | <ul style="list-style-type: none"> <li>• Financial assistance such as to provide income support to return to work, e.g., to cover income loss when working on reduced hours</li> <li>• Financial assistance to purchase equipment/ modifications</li> <li>• Financial assistance to support job related relocation</li> </ul>   |
| Building and mobilising social capital (to link to employment) | Building and mobilising peer support                      | <p>Build community connections (as link to jobs):</p> <ul style="list-style-type: none"> <li>• Putting peers in touch with each other</li> <li>• Expand / build 'buddy' and peer support</li> <li>• Mobilise networks to lead to jobs</li> </ul>  |
|  | Building and mobilising professional/ employment networks | <p>Professional networks (within chosen field)</p> <ul style="list-style-type: none"> <li>• Employer networking opportunities (including via employers/business people as mentors, meeting events, local groups etc)</li> <li>• Business to business networking (for self-employment)</li> <li>• Local/regional jobs and skills coordination networks</li> <li>• Mobilise networks to lead to jobs</li> </ul> |
|  | Building and mobilising community networks                | <ul style="list-style-type: none"> <li>• Support community participation as a means to build networks (and other capacities)</li> <li>• Build /harness links to community members and groups</li> <li>• Employment circles of support (building informal local networks around the individual)</li> <li>• Mobilise networks to lead to jobs</li> </ul>  |
| Planning and prepara-  | Developing soft skills                                    | <ul style="list-style-type: none"> <li>• Workplace or 'core' work skills: teamwork, communication, reliability, workplace digital literacy, workplace norms, behaviours and expectations</li> <li>• Understanding rights and responsibilities in the workplace</li> </ul>   |

|               |  |  |
|---------------|--|--|
| tion for work |  | <ul style="list-style-type: none"> <li>• Industry awareness: knowledge of work options, e.g. exposure to different employers, work types</li> <li>• Work readiness and motivation</li> </ul>   |
|               | Career guidance and planning   | <ul style="list-style-type: none"> <li>• Identification of personal preferences, interests, skills etc. (e.g. Discovery)</li> <li>• Employment-related career assessment</li> <li>• Job readiness review/assessment and development</li> <li>• Career counselling</li> <li>• Identification/documentation of individual employment goals, individual's attributes, skills and qualifications, as well as any skills gaps</li> <li>• Developing a job/career plan (goals and steps)</li> <li>• Support to build and communicate a professional identity</li> </ul>                                  |
|               | Assessments of work 'capacity' and need for supports   | <p>For example:</p> <ul style="list-style-type: none"> <li>• Assessment of employment barriers</li> <li>• Initial needs assessment</li> <li>• Job capacity assessment</li> <li>• Rehabilitation assessment</li> <li>• Vocational assessment</li> <li>• Workplace assessment</li> <li>• Certificate of capacity</li> <li>• Cognitive assessment</li> <li>• Driving assessment</li> <li>• Employment services assessment</li> <li>• Fitness for duty assessment</li> <li>• Functional assessment</li> <li>• Skills assessment</li> </ul>   |
|               | Transition to work activities<br>(School/Education to work i.e. young people; ADE/day service to open employment; prison to reintegration) | <p>Transition activities (usually grouped as a package covering range of other components in Typology):</p> <ul style="list-style-type: none"> <li>• Transition plan/ plan of pathway to employment</li> <li>• Career guidance, including introducing/connecting employment consultants into education settings prior to school/course completion</li> <li>• Vocational training</li> <li>• Employer networking/connecting</li> <li>• Explore work options including 'try and test', work experience</li> <li>• Navigation support to access services, entitlements, employment options</li> </ul> |
|               | Vocational skills development  | <p>Vocational training</p> <ul style="list-style-type: none"> <li>• Formal training with the opportunity to gain qualifications, including pre vocational such as pre apprenticeships</li> <li>• Help to find a course or connect to training</li> <li>• On the job training, including apprenticeships and School Based Apprenticeships, work-integrated training etc.</li> </ul>   |
|               | Work experience/ internships/ volunteering   | <p>Includes:</p> <ul style="list-style-type: none"> <li>• Work experience</li> <li>• Internships (paid/unpaid)</li> <li>• Work trials (paid/unpaid)</li> </ul>   |

|                                    |  |  |
|------------------------------------|--|--|
|                                    |  | <ul style="list-style-type: none"> <li>• Industry awareness experiences</li> <li>• Support to find work experience/volunteering</li> <li>• Support to set up work experience including assisting to onboard the participant at the start of the work trial or on the job support throughout the work experience</li> <li>• Volunteering, and support to build volunteering skills, provision of support to volunteers e.g. volunteer buddies</li> <li>• Support to convert work experience into employment roles</li> </ul>  |
| Self-employment / entrepreneurship | Business skills and development          | <ul style="list-style-type: none"> <li>• Small business and (micro) enterprise training, including skills in business planning and implementation, entrepreneurship skills</li> <li>• Skill building and support for business plan development</li> <li>• Coaching, mentoring and support in business enterprise</li> <li>• Provision of work experience in enterprises</li> </ul>   |
|                                    | Access to capital and business resources | <ul style="list-style-type: none"> <li>• Access to financial supports for business</li> <li>• Micro-franchising</li> <li>• Provision of back-of-house, administrative and other functions to support micro businesses of people with significant disability</li> <li>• Supporting access to business networks, markets and supply chains</li> </ul>  |
| Job search                         | Job search information resources         | <ul style="list-style-type: none"> <li>• Linking to job information via website/online, email etc.</li> <li>• Provision of an advice service re job search</li> <li>• Provision of job seeker resources (e.g. how to disclose disability)</li> </ul>   |
|                                    | Job search skills building               | <ul style="list-style-type: none"> <li>• Building skills in job application, resume preparation and job search strategies</li> <li>• Building skills in interview preparation</li> <li>• Building skills for how job seeker can 'sell' themselves and their unique service offering</li> </ul>   |
|                                    | Job search matching and assistance       | <ul style="list-style-type: none"> <li>• Job search matching and assistance</li> <li>• Support via a Job Coach/coaching</li> <li>• Active marketing of job seekers to employers such as engaging different employers to discuss a participant and their unique skills and abilities, how they may be able to provide value to their workplace, and potentially securing opportunities for a work trial or work experience</li> </ul>   |
| (Pre) Placement support            | Job commencement/ RTW and customisation  | <ul style="list-style-type: none"> <li>• Mentoring following an employment preparation intervention (i.e. bridge from pre employment intervention through job search to finding employment)</li> <li>• Job matching</li> <li>• Negotiating specific employment opportunity with employer</li> <li>• Job carving and job identification/creation, including working with employer to identify potential opportunities or roles for a specific individual</li> <li>• Task analysis including developing process outlines for specific parts of the role</li> <li>• Customisation of job/modify work tasks or scheduling including ensuring that a role or tasks within a role are accessible and match individual's specific abilities and passions</li> </ul> |

|                                     |   |   |
|-------------------------------------|---|---|
|                                     |   | <ul style="list-style-type: none"> <li>• Planning and supporting graduated entry/re-entry to work</li> <li>• Negotiating RTW to same or different job with same employer</li> <li>• Support to complete recruitment paperwork</li> <li>• Support to prepare for first day at work and induction</li> <li>• Developing a RTW plan</li> </ul>   |
|                                     | Workplace modifications, equipment and disclosure | <ul style="list-style-type: none"> <li>• Provision of information about workplace modification etc.</li> <li>• Support to access EAF</li> <li>• Provision/assessment of equipment or modifications needed, including communication devices</li> <li>• Financial assistance to purchase equipment/ modifications and special equipment necessary to that workplace</li> <li>• Provision of / financial support for Auslan interpreting services</li> <li>• Support to communicate reasonable accommodation needs (e.g. via workplace adjustment passport)</li> <li>• Support/resources re disclosure of disability/injury</li> <li>• Modification and customisation of workstations, equipment, facilities (including training in use of these)</li> </ul> |
| Post-placement / on the job support | On the job / workplace-based training             | <ul style="list-style-type: none"> <li>• Provision of or support access to workplace based training, formal or informal, including integrated training, apprenticeships etc.</li> <li>• On the job training</li> </ul>  |
|                                     | Post placement support (limited or fixed period)  | <ul style="list-style-type: none"> <li>• Support to settle in to work</li> <li>• Support over initial period (e.g. 1<sup>st</sup> year)</li> <li>• Further job re-design</li> <li>• Support to make further workplace modifications</li> <li>• Support to meet employer expectations</li> <li>• Support to build work capacity (including graded increase in hours)</li> <li>• Work hardening activities, aimed at improving physical or psychological work tolerances</li> </ul>   |
|                                     | Ongoing assistance in the workplace (day to day)  | <ul style="list-style-type: none"> <li>• On the job employment supports, such as intermittent support with daily work tasks</li> <li>• Ongoing customisation to suit new tasks, skills development etc.</li> <li>• Continuous on the job training</li> <li>• Provision of direct supervision and/ or group based support to enable meaningful work participation</li> <li>• Provision of supports to manage disability related behaviour or complex needs at work (e.g. onsite job coach to support behaviour related to psychosocial disability)</li> <li>• Provision of non f2f activities that directly relate to supporting person's employment</li> <li>• Provision of physical assistance and personal care delivered in the workplace</li> </ul>   |
| Mass job creation                   | Employment-focused social enterprises             | <ul style="list-style-type: none"> <li>• Work integrated social enterprise (WISE): offers employment, skills training, work experience and other supports usually in non-segregated workplace environments paying award wages</li> </ul>  |

|   |  |   |
|---|--|---|
|   | Supported employment service (ADEs)            | <ul style="list-style-type: none"> <li>• Australian Disability Enterprises (ADEs): offers employment, skills training, work experience and other supports sometimes in segregated workplace environments and/or paying a supported wage</li> </ul>  |
| <b>Demand side interventions (focusing on support to employer/ workplace)</b> |  |   |
| Information   | Information provision/co-ordination (employer) | <ul style="list-style-type: none"> <li>• Information hub of employment related resources</li> <li>• Phone advice service (e.g. navigating systems, financial incentives, obligations, strategies)</li> </ul>  |
| Financial assistance incentive  | Financial assistance for wages                 | <p>Support to identify and access financial incentives e.g.</p> <ul style="list-style-type: none"> <li>• Wage subsidies</li> <li>• Financial assistance to business to address added financial burden of supporting a person's return to work, for example by employing a casual worker to complete usual duties of person in addition to paying the person's wages while they recover at work</li> <li>• Financial assistance for work experience placements/internships</li> <li>• Access to supported employee wage</li> </ul> |
|   | Financial assistance for modifications         | <ul style="list-style-type: none"> <li>• Access to Employment Assistance Fund (i.e. financial support) or other funds for workplace modifications</li> </ul>  |
|   | Other financial support/incentives             | <ul style="list-style-type: none"> <li>• Reduction or waiver of proportion of workers compensation premiums, exemption from increase in premium in workers compensation if worker is re-injured within set period</li> </ul>  |
| Recruitment services and support  | Recruitment services/support                   | <ul style="list-style-type: none"> <li>• Support to recruit (e.g., screen and match workers to jobs)</li> <li>• Provision of professional recruitment services</li> <li>• Job vacancy service</li> <li>• Job analysis</li> </ul>  |
|   | Connecting to target cohort                    | <ul style="list-style-type: none"> <li>• Support to connect to people with disability/work restriction (via a range of strategies including direct introduction, networking and meeting events, employer roles in local employment support groups)</li> <li>• Highlighting/introducing potential employees and their unique skills and abilities, how they may be able to provide value to their workplace, and potentially securing opportunities for a work trial or work experience</li> </ul>                                 |
|   | Hosting work experience/ interns/ volunteers   | <ul style="list-style-type: none"> <li>• Resources and support to host/connect to work experience, interns, trainees, volunteers</li> <li>• Help to set up and manage individual or group internships</li> <li>• Provision of support to convert volunteering/work experience into employment roles</li> <li>• Probation period (for people with intellectual disability who do not perform well at interviews)</li> </ul>  |
| Workplace / employer capacity building  | Skill building, training, resources            | <p>Training and resources in:</p> <ul style="list-style-type: none"> <li>• How to job carve and customise</li> <li>• Leadership skills re employment supports/ inclusive employment</li> <li>• Industry-specific skills and resources to support inclusive employment</li> <li>• Information and resources on how to support RTW</li> <li>• Develop or increase an employer's skills, knowledge and/or confidence to employ a person with a disability</li> </ul>   |

|  |  |  |
|--|--|--|
|  |  | <ul style="list-style-type: none"> <li>• Social Procurement practice and opportunities</li> </ul>  |
|  | Inclusive workplaces capacity building   | <ul style="list-style-type: none"> <li>• Support to improve/review workplace policies and practices to accommodate people with disability / work restrictions</li> <li>• Awareness raising and training activities re disability (including specific disabilities such as Deafness or Autism awareness)</li> <li>• Mental health awareness and first aid training</li> <li>• Attitude and behavioural change re specific disabilities</li> <li>• Mentoring of employers (by people with disability and without), including two-way mentoring (i.e. employee with disability • employer)</li> <li>• Cultural awareness training and capacity building (e.g. re Aboriginal and Torres Strait Islander with disability)</li> <li>• Direct practical coaching for employers to create mentally healthy workplaces</li> </ul> |
|  | Employer and stakeholder networks (to build inclusive workplace/employer capacity) | <p>Shared learning and support via:</p> <ul style="list-style-type: none"> <li>• Building local employer networks committed to supporting employment outcomes (includes vocational training providers, schools, services and others)</li> <li>• Collaborative and shared learning opportunities across employers</li> <li>• Networking events (e.g. employer and employment service provider breakfasts)</li> <li>• Inter-employer and agency collaboration on employment initiatives</li> </ul>   |
| Supports in the workplace  | General support to employers   | <ul style="list-style-type: none"> <li>• Provision of ongoing workplace support, check in, problem solving</li> <li>• Provision of continual modification /upgrade of duties etc</li> <li>• Reviewing adequacy of supports</li> <li>• Monitoring employee's performance to ensure standards are maintained</li> </ul>  |
|  | New supports in the workplace  | <ul style="list-style-type: none"> <li>• Identify and develop new supports as needed</li> <li>• Develop peer advocates/peer supports in workplace</li> </ul>   |
| <b>Societal change interventions (to increase capacity to contribute to employment outcomes)</b> |  |  |
| Service capacity building  | DES/employment services capacity building  | <ul style="list-style-type: none"> <li>• Building skills and knowledge of staff relevant to specific disability, workplace adjustment and support strategies</li> <li>• Building collaboration between Disability Employment Services e.g. sharing vacancies they cannot fill</li> </ul>   |
|  | Employment support services complaints handling                                    | <ul style="list-style-type: none"> <li>• Grievance procedures for users of employment support services</li> <li>• Investigation of complaints</li> </ul>   |
|  | Schools / education and training organisations capacity building                   | <ul style="list-style-type: none"> <li>• Building expectations about (open) employment throughout life course (primary, secondary school and further) – target teachers and key stakeholders</li> </ul>  |
|  | Interagency collaboration  | <ul style="list-style-type: none"> <li>• Interagency forums and networks to plan and collaborate on employment support interventions</li> </ul>  |

|                                       |  |   |
|---------------------------------------|--|---|
| Community /regional capacity building | Development of local employment strategies     | <ul style="list-style-type: none"> <li>• Identifying local/regional employment needs, including areas of labour market shortage</li> <li>• Development of local/regional employment plans</li> <li>• Local/regional employment taskforce</li> </ul>   |
|                                       | Financial support to local employment outcomes | <ul style="list-style-type: none"> <li>• Fund to support activities in line with local employment needs</li> <li>• Access to a national or local funding pool to support regional employment initiatives</li> </ul>   |
| Structural/ macro change activities   | Cross sectoral collaboration                   | <ul style="list-style-type: none"> <li>• Inter-departmental/portfolio forums, networks, strategies within government to address structural barriers to employment, plan and collaborate on employment support interventions</li> </ul>  |
|                                       | Policy interventions                           | <ul style="list-style-type: none"> <li>• Strategies to encourage a) employers to employ and/or accommodate people with work restrictions or b) people with work restrictions to engage in or return to work</li> <li>• Government-led behaviour change strategies (e.g. financial incentives, support for improving workplace accessibility, schemes to encourage employer involvement in RTW planning)</li> <li>• Procurement policy to favour suppliers who employ people with disability</li> <li>• National policy such as 'employment first' approaches</li> </ul> |
|                                       | Government agencies to drive wholesale reform  | <ul style="list-style-type: none"> <li>• Set up new agency to focus on employment of people with disability, and related barriers</li> <li>• Technical hubs to provide specialist advice on inclusive employment and employment supports</li> </ul>   |
|                                       | Job creation (public sector)                   | <ul style="list-style-type: none"> <li>• Job guarantee style program: guaranteed job, under-written by government, for target group. Usually rely on government and local government bodies to 'create' job opportunities</li> <li>• Public service employment targets for employees with disability</li> </ul>   |

#### Appendix 4: Summary of disability paradigms underpinning ES systems

| Paradigm/model  | Cause of issue  | Logic of employment participation outcome  |
|---|---|--|
| Biomedical model of health/ Medical model of disability | Illness/injury/<br>Impairment   | 'Fitness' for work depends on curing/remediating the illness/injury/impairment   |
| Biopsychosocial (BPS) model of health                   | Biological, psychological and social factors of illness/injury                                | Work capacity depends on addressing the biological, psychological and social factors of illness/injury   |
| Social model of disability                              | Environmental and social conditions that exclude people with disability                       | Work participation depends on level of inclusiveness of environment  |
| Biopsychosocial model of disability and health          | Interaction between personal factors, impairment/ health condition, and environmental factors | Work participation depends on interaction between health conditions, personal factors and the level of inclusiveness of environment, including adaptations and supports to mediate ongoing restrictive factors   |
| Human rights model of disability (and inclusion)        | Insufficient reasonable accommodation to support work participation                           | Work participation depends on interaction between health conditions, personal factors and the provision of inclusive environments, including adaptations and supports, which are <u>a fundamental entitlement to all</u> , regardless of level/type of impairment/ illness, so as to achieve universal human right to work |

Appendix 5: Comparison of employment service and support coverage across segments against Typology

| Group   | Domain   | Component focus   | Injury and compensation segment             | Commonwealth segment                        | Disability-specific segment                 |
|---|--|---|---|---|---|
|   |  |   | % of programs offering the component (n=52) | % of programs offering the component (n=33) | % of programs offering the component (n=61) |
| Supply side interventions (focusing on support to job seeker/ worker) | Addressing personal factors                                    | Addressing personal context   | 10  | 0   | 7   |
|   |  | Addressing health context   | 58  | 9   | 7   |
|   |  | Integration of health, disability and employment supports             | 67  | 3   | 8   |
|   |  | Building capacity of informal (family) supports to support employment | 4   | 0   | 8   |
|   |  | Building foundation skills and work expectations                      | 17  | 15  | 48  |
|   | Service access and information                                 | Information provision (job seekers)                                   | 27  | 9   | 5   |
|   |  | Referrals/ connecting to services                                     | 42  | 27  | 3   |
|   |  | Service co-ordination and navigation                                  | 54  | 45  | 3   |
|   | Financial assistance and incentives                            | Financial support for personal factors                                | 6   | 6   | 2   |
|   |  | Financial support for vocational training                             | 8   | 6   | 2   |
|   |  | Financial support related to employment                               | 15  | 24  | 2   |
|   | Building and mobilising social capital (to link to employment) | Building and mobilising peer support                                  | 4   | 3   | 20  |
|   |  | Building and mobilising professional/ employment networks             | 6   | 9   | 43  |
|   |  | Building and mobilising community networks                            | 8   | 9   | 13  |
|   | Planning and preparation for work                              | Developing soft skills  | 23  | 24  | 41  |
|   |  | Career guidance and planning  | 37  | 18  | 39  |
|   |  | Assessments of work 'capacity' and need for supports                  | 58  | 24  | 8   |

| Group   | Domain   | Component focus   | Injury and compensation segment                 | Commonwealth segment                        | Disability-specific segment                 |
|---|--|---|---|---|---|
|   |  |   | % of programs offering the component (n=52)     | % of programs offering the component (n=33) | % of programs offering the component (n=61) |
| Supply side interventions (focusing on support to job seeker/ worker) |  | Transition to work activities (School/Education to work i.e. young people; ADE/day service to open employment; prison to reintegration) | 6   | 12  | 10  |
|   | Vocational skills development  | Vocational training   | 35  | 24  | 18  |
|   |  | Work experience/ internships/ volunteering  | 21  | 36  | 33  |
|   | Self-employment / entrepreneurship                                     | Business skills and development   | 6   | 6   | 23  |
|   |  | Access to capital and business resources  | 0   | 0   | 5   |
|   | Job search   | Job search information resources  | 25  | 18  | 10  |
|   |  | Job search skills building  | 29  | 18  | 13  |
|   |  | Job search matching and assistance  | 29  | 21  | 13  |
|   | (Pre) Placement support  | Job commencement/ RTW and customisation   | 46  | 12  | 11  |
|   |  | Workplace modifications, equipment and disclosure   | 31  | 9   | 8   |
|   | Post-placement / on the job support                                    | On the job / workplace-based training   | 10  | 9   | 15  |
|   |  | Post placement support (limited or fixed period)  | 27  | 15  | 11  |
|   |  | Ongoing assistance in the workplace (day to day)  | 17  | 9   | 10  |
|   | Mass job creation  | Employment-focused social enterprises   | 0   | 0   | 2   |
|   |  | Supported employment service (ADEs)   | 4   | 3   | 2   |
|   | Demand side interventions (focusing on support to employer/ workplace) | Information   | Information provision/co-ordination (employers) | 8   | 9   |
| Financial assistance incentive  |  | Financial assistance for wages  | 12  | 27  | 0   |
|   |  | Financial assistance for modifications  | 4   | 6   | 0   |
|   |  | Other financial support/incentives  | 4   | 9   | 0   |
| Recruitment services and support                                      |  | Recruitment services/support  | 0   | 21  | 7   |

| Group  | Domain  | Component focus  | Injury and compensation segment             | Commonwealth segment                        | Disability-specific segment                 |
|--|---|--|---|---|---|
|  |   |  | % of programs offering the component (n=52) | % of programs offering the component (n=33) | % of programs offering the component (n=61) |
| Demand side interventions (focusing on support to employer/ workplace) |   | Connecting to target cohort  | 6   | 9   | 13  |
|  |   | Hosting work experience/ interns/ volunteers                                       | 8   | 15  | 7   |
|  | Workplace / employer capacity building  | Skill building, training, resources  | 12  | 9   | 15  |
|  |   | Inclusive workplaces capacity building   | 8   | 18  | 43  |
|  |   | Employer and stakeholder networks (to build inclusive workplace/employer capacity) | 0   | 12  | 5   |
|  | Supports in the workplace   | General support to employers   | 29  | 9   | 20  |
|  |   | New supports in the workplace  | 15  | 0   | 5   |
|  | Societal change interventions (to increase capacity to contribute to employment outcomes) | Service capacity building  | DES/employment services capacity building   | 0   | 6   |
| Employment support services complaints handling                        |   |  | 0   | 6   | 0   |
| Schools / education and training organisations capacity building       |   |  | 0   | 3   | 2   |
| Interagency collaboration  |   |  | 0   | 0   | 2   |
| Community /regional capacity building                                  |   | Development of local employment strategies   | 0   | 6   | 8   |
|  |   | Financial support to local employment outcomes                                     | 0   | 6   | 0   |
| Structural/ macro change activities                                    |   | Cross sectoral collaboration   | 0   | 3   | 0   |
|  |   | Policy interventions   | 0   | 0   | 2   |
|  |   | Government agencies to drive wholesale reform                                      | 0   | 0   | 0   |
|  |   | Job creation   | 0   | 0   | 2   |

Key (% of case studies/ES interventions)

|         |
|---------|
| 0-10%   |
| 11-33%  |
| 34-66%  |
| 67-100% |

## Appendix 6: Stocktake of Commonwealth employment supports/services programs overview (as at June 2021)

| <b>PROGRAM</b>   | <b>LEAD AGENCY</b> | <b>PROVIDING SUPPLY SIDE INTERVENTIONS</b> | <b>PROVIDING DEMAND SIDE INTERVENTIONS</b> | <b>PROVIDING SOCIETAL CHANGES INTERVENTIONS</b> | <b>TARGET COHORT</b>  |
|--|--------------------|--|--|---|---|
| <b>CAREER TRANSITION ASSISTANCE</b>                        | DESE               | Yes  | -  | -   | Job seekers aged 45 and over  |
| <b>COMMUNITY DEVELOPMENT PROGRAM</b>                       | NIAA               | Yes  | Yes  | -   | Job seekers living in remote Australia  |
| <b>COMPLAINTS RESOLUTION AND REFERRAL SERVICE</b>          | DSS                | -  | -  | Yes   | Users of DES, ADE, and/or Disability Advocacy services  |
| <b>DISABILITY EMPLOYMENT SERVICES</b>                      | DSS                | Yes  | Yes  | -   | People with disability or health condition aged 14-66   |
| <b>DISABLED AUSTRALIAN APPRENTICE WAGE SUPPORT PROGRAM</b> | Services Australia | Yes  | Yes  | -   | Australian apprentices with disability or Australian apprentices who have acquired a disability during apprenticeship and their employers |
| <b>EMPLOYER LIAISON OFFICERS</b>                           | DESE               | -  | Yes  | -   |   |
| <b>EMPLOYMENT ASSISTANCE FUND</b>                          | DSS                | Yes  | Yes  | -   | People with disability  |
| <b>ENTREPRENEURSHIP FACILITATORS</b>                       | DESE               | Yes  | -  | -   | Open to anyone wanting to start a business, with a focus on mature age and young Australians in selected regions                          |
| <b>HARVEST TRAIL SERVICES</b>                              | DESE               | Yes  | Yes  | -   |   |
| <b>INDIVIDUAL PLACEMENT AND SUPPORT PROGRAM</b>            | DSS                | Yes  | -  | Yes   | Young people with mental illness aged up to 25  |
| <b>JOBACCESS</b>   | DSS                | Yes  | Yes  | -   | People with disability and carers   |
| <b>JOBACTIVE</b>   | DESE               | Yes  | Yes  | -   |   |
| <b>LAUNCH INTO WORK</b>                                    | DESE               | Yes  | Yes  | -   | Primarily focused on female job seekers, although men may be able to participate  |
| <b>LOCAL JOBS PROGRAM</b>                                  | DESE               | Yes  | Yes  | Yes   | Job seekers from 15 employment regions (expanded to 51 employment regions from 1 July 2021)   |

| <b>PROGRAM</b>                                       | <b>LEAD AGENCY</b> | <b>PROVIDING SUPPLY SIDE INTERVENTIONS</b> | <b>PROVIDING DEMAND SIDE INTERVENTIONS</b> | <b>PROVIDING SOCIETAL CHANGES INTERVENTIONS</b> | <b>TARGET COHORT</b>  |
|--|--------------------|--|--|---|---|
| <b>MATURE AGE HUB</b>                                | DESE               | Yes  | Yes  | -   | People aged 45 and over   |
| <b>NATIONAL DISABILITY ABUSE AND NEGLECT HOTLINE</b> | DSS                | -  | -  | Yes   |   |
| <b>NATIONAL DISABILITY COORDINATION OFFICER</b>      | DESE               | -  | -  | Yes   |   |
| <b>NATIONAL DISABILITY RECRUITMENT COORDINATOR</b>   | DSS                | -  | Yes  | -   |   |
| <b>NATIONAL WORK EXPERIENCE PROGRAM</b>              | DESE               | Yes  | Yes  | -   | Job seekers aged 17 and over  |
| <b>NEW BUSINESS ASSISTANCE WITH NEIS</b>             | DESE               | Yes  | Yes  | -   | People aged 18 or older when starting a new business                                |
| <b>NEW EMPLOYMENT SERVICES TRIAL</b>                 | DESE               | Yes  | Yes  | -   | jobactive participants in Adelaide South (SA) and the Mid North Coast (NSW)         |
| <b>PARENTSNEXT</b>                                   | DESE               | Yes  | Yes  | -   | Parents/carers with a young child under 6 (new criteria in pace from 1 July 2021)   |
| <b>PATH EMPLOYABILITY SKILLS TRAINING</b>            | DESE               | Yes  | -  | -   | Job seekers aged 15-24  |
| <b>PATH INDUSTRY PILOTS</b>                          | DESE               | Yes  | -  | -   |   |
| <b>PATH INTERNSHIPS</b>                              | DESE               | Yes  | Yes  | -   | Job seekers aged 17-24  |
| <b>PATHWAY TO WORK (PILOT)</b>                       | DESE               | Yes  | Yes  | -   | Job seekers aged 45-70  |
| <b>REGIONAL EMPLOYMENT TRIALS</b>                    | DESE               | Yes  | Yes  | Yes   | Job seekers living in one of the 10 RET regions; or looking to move to a RET region |
| <b>RELOCATION ASSISTANCE TO TAKE UP A JOB</b>        | DESE               | Yes  | -  | -   | Job seekers relocating to take up ongoing work                                      |
| <b>SKILLS AND TRAINING INCENTIVE</b>                 | DESE               | Yes  | -  | -   | People aged 45-70   |
| <b>SUPPORTED EMPLOYMENT</b>                          | DSS & NDIA         | Yes  | Yes  | -   | NDIS participants (aged 7-64); DECoS participants                                   |

| <b>PROGRAM</b>                                 | <b>LEAD AGENCY</b> | <b>PROVIDING SUPPLY SIDE INTERVENTIONS</b> | <b>PROVIDING DEMAND SIDE INTERVENTIONS</b> | <b>PROVIDING SOCIETAL CHANGES INTERVENTIONS</b> | <b>TARGET COHORT</b>                      |
|--|--------------------|--|--|---|---|
| <b><i>SUPPORTED WAGE SYSTEM</i></b>            | DSS                | Yes  | Yes  | -   | Employees with disability aged 15 or over |
| <b><i>TIME TO WORK EMPLOYMENT SERVICES</i></b> | DESE&NIAA          | Yes  | -  | -   | Indigenous prisoners aged 18 and over     |
| <b><i>TRANSITION TO WORK</i></b>               | DESE               | Yes  | Yes  | -   | Young people aged 14-24                   |
| NUMBER OF PROGRAMS (N=33)                      |                    | 28   | 22   | 6   |   |

Details of Commonwealth Stocktake: Descriptive list of Commonwealth employment supports and services in the stocktake (operating as at June 2021)

| PROGRAM  | LEAD AGENCY        | SERVICE/INTERVENTION   | TARGET COHORT   |
|--|--------------------|--|---|
| <b>CAREER TRANSITION ASSISTANCE</b>                        | DESE               | Soft skills development (e.g. digital skills and job search skills)  | Job seekers aged 45 and over  |
| <b>COMMUNITY DEVELOPMENT PROGRAM</b>                       | NIAA               | Work-like activities (up to 20 hours per week); formal training; and foundational skills training. For employers: Financial support (two-year subsidy available up to a maximum of \$56,000)                                 | Job seekers living in remote Australia  |
| <b>COMPLAINTS RESOLUTION AND REFERRAL SERVICE</b>          | DSS                | CRRS-directed local resolution; investigation; and self-directed local resolution  | Users of DES, ADE, and/or Disability Advocacy services  |
| <b>DISABILITY EMPLOYMENT SERVICES</b>                      | DSS                | Employment assistance (preparing for work); post placement support (settling into work); and continued assistance (ongoing support)  | People with disability or health condition aged 14-66   |
| <b>DISABLED AUSTRALIAN APPRENTICE WAGE SUPPORT PROGRAM</b> | Services Australia | Financial incentives to employers of eligible Australian Apprentices with disability, and financial assistance on tutorial, interpreter and mentor services  | Australian apprentices with disability or Australian apprentices who have acquired a disability during apprenticeship and their employers |
| <b>EMPLOYER LIAISON OFFICERS</b>                           | DESE               | For employers: Co-design and implement recruitment solutions   |   |
| <b>EMPLOYMENT ASSISTANCE FUND</b>                          | DSS                | Financial help (support to purchase work related modifications and services)   | People with disability  |
| <b>ENTREPRENEURSHIP FACILITATORS</b>                       | DESE               | Information and advice; tailored mentoring; and providing referrals to other services  | Open to anyone wanting to start a business, with a focus on mature age and young Australians in selected regions                          |
| <b>HARVEST TRAIL SERVICES</b>                              | DESE               | Information hub (job board and information services); AgMove relocation assistance   |   |
| <b>INDIVIDUAL PLACEMENT AND SUPPORT PROGRAM</b>            | DSS                | The IPS programs provides a variety of supports including job coaching, assistance navigating community support services and Centrelink systems, targeted education and/or employment opportunities, and ongoing support.    | Young people with mental illness aged up to 25  |
| <b>JOBACCESS</b>   | DSS                | Information hub (website, email and phone advice)  | People with disability and carers   |
| <b>JOBACTIVE</b>   | DESE               | Job Seeker Classification Instrument (JSCI); development of a Job Plan; soft skills development; job search; Work for the Dole; connecting participants to other government initiatives. For employers: Employability Skills |   |

| <b>PROGRAM</b>                                       | <b>LEAD AGENCY</b> | <b>SERVICE/INTERVENTION</b>  | <b>TARGET COHORT</b>   |
|--|--------------------|--|--|
|  |                    | Training; host an internship; wage subsidies; and professional recruitment services  |  |
| <b>LAUNCH INTO WORK</b>                              | DESE               | Pre-employment supports (e.g. training, work experience and mentoring); Pre-employment project (up to 12 weeks, typically at least 10 positions, with a maximum of 100 hours of work experience)   | Primarily focused on female job seekers, although men may be able to participate           |
| <b>LOCAL JOBS PROGRAM</b>                            | DESE               | Employment facilitator (connect local job seekers with training and jobs); Jobs and skills taskforce (representatives from local businesses, employment service providers and key stakeholders); Jobs Plan; and Recovery Fund (for local stakeholders to develop activities in line with the employment needs of the region) | Jobseekers from 15 employment regions (expanded to 51 employment regions from 1 July 2021) |
| <b>MATURE AGE HUB</b>                                | DESE               | Providing information (e.g. job search, training courses and government assistance). For employers: Investing in Experience Tool Kit (self-assessment tool); and information on government assistance for employers (e.g. Restart wage subsidy of up to \$10,000)  | People aged 45 and over  |
| <b>NATIONAL DISABILITY ABUSE AND NEGLECT HOTLINE</b> | DSS                | Hotline (reports of abuse and neglect forward to government funding body to investigate)   |  |
| <b>NATIONAL DISABILITY COORDINATION OFFICER</b>      | DESE               | Funding provided to host NDCOs who work with stakeholders at a local level to reduce systemic barriers, facilitate transitions, and improve linkages to education, training and employment sectors for PWD   |  |
| <b>NATIONAL DISABILITY RECRUITMENT COORDINATOR</b>   | DSS                | Developing workplace policies and practices; job vacancy service; and workplace training and employer seminars on disability awareness   |  |
| <b>NATIONAL WORK EXPERIENCE PROGRAM</b>              | DESE               | Unpaid work placement (25 hours per week maximum, up to 4 weeks); For employers: Financial incentives (bonus and wage subsidy)   | Job seekers aged 17 and over   |
| <b>NEW BUSINESS ASSISTANCE WITH NEIS</b>             | DESE               | For employers: Accredited small business training; business plan development; mentoring and support from a NEIS provider; NEIS allowance (income support); and NEIS rental assistance  | People aged 18 or older when starting a new business                                       |
| <b>NEW EMPLOYMENT SERVICES TRIAL</b>                 | DESE               | Digital First (online tools for job-ready and digitally literate job seekers); Digital Plus (training to help use digital services); and Enhanced Services (mentoring, vocational training, job placements, and post-placement support)  | jobactive participants in Adelaide South (SA) and the Mid North Coast (NSW)                |
| <b>PARENTSNEXT</b>                                   | DESE               | Finding a course or work experience; peer networking; arranging financial support; skills development; and providing connections to local services   | Parents/carers with a young child under 6 (new criteria in place from 1 July 2021)         |
| <b>PATH EMPLOYABILITY SKILLS TRAINING</b>            | DESE               | Targeted training (workplace skills and job search skills).  | Job seekers aged 15-24   |

| PROGRAM                                       | LEAD AGENCY | SERVICE/INTERVENTION   | TARGET COHORT   |
|---|-------------|--|---|
| <b>PATH INDUSTRY PILOTS</b>                   | DESE        | Pre-employment and work experience   |   |
| <b>PATH INTERNSHIPS</b>                       | DESE        | Employability Skills Training and paid internships   | Job seekers aged 17-24  |
| <b>PATHWAY TO WORK (PILOT)</b>                | DESE        | Prepare job seekers for work and connect them with employers. For employers: Encouraged to hire job seekers  | Job seekers aged 45-70  |
| <b>REGIONAL EMPLOYMENT TRIALS</b>             | DESE        | Help finding work in regional Australia; Relocation assistance. For employers: Local Employment Initiative Fund of \$10m available to 10 RET regions; access to a grant between \$7,500 and \$200,000 for a project that helps create jobs)  | Job seekers living in one of the 10 RET regions; or looking to move to a RET region |
| <b>RELOCATION ASSISTANCE TO TAKE UP A JOB</b> | DESE        | Financial assistance (for relocation)  | Job seekers relocating to take up ongoing work                                      |
| <b>SKILLS AND TRAINING INCENTIVE</b>          | DESE        | Skills Checkpoint assessment (identify training opportunities) and financial support (up to \$2,200)   | People aged 45-70   |
| <b>SUPPORTED EMPLOYMENT</b>                   | DSS&NDIA    | Supports in employment (day-to-day assistance in the workplace to maintain employment); Capacity building employment supports (e.g. employment-related assessment and counselling); Case Based Funding. For employers: Supported employee wages (calculated using wage assessment tools) | NDIS participants (aged 7-64); DECoS participants                                   |
| <b>SUPPORTED WAGE SYSTEM</b>                  | DSS         | Supported wage service productivity assessment and supported employee wage   | Employees with disability aged 15 or over   |
| <b>TIME TO WORK EMPLOYMENT SERVICES</b>       | DESE&NIAA   | Comprehensive assessment of barriers to employment; help to develop a transition plan; and facilitated transfer from in-prison service provider to post-release employment service provider  | Indigenous prisoners aged 18 and over   |
| <b>TRANSITION TO WORK</b>                     | DESE        | Pre-employment support (e.g. skills development, work experience placements, and job search); and post-placement support. For employers: Wage subsidies available up to \$10,000   | Young people aged 14-24   |
| NUMBER OF PROGRAMS (N=33)                     |             |  |   |

## Appendix 7: Stocktake of Economic Participation projects funded by the Information, Linkages and Capacity Building (ILC) program 2019-2021 included in this study

| GRANT TITLE   | LEAD AGENCY   | PROJECT/INTERVENTION  | TARGET COHORT  |
|---|---|---|--|
| <b><i>BUSINESS MATTERS</i></b>  | AMES Australia  | Enterprise and business training for Arabic speakers with a lived experience of disability through peer-support and an education program focussing on business development and entrepreneurship.  | CALD Arabic speakers with a lived experience of disability   |
| <b><i>EMPLOYING THE AUTISM AND NEURODIVERSITY ADVANTAGE AT WORK</i></b>                                 | Specialisterne Centre Australia Limited                                 | The project will build the capacity of employers to diversify their hiring processes and support more inclusive practices to ensure people with Autism and neurodiverse people can thrive at work.  | Autistic and neurodiverse jobseekers   |
| <b><i>THE UPSTART PROGRAM</i></b>   | Star Health Group Limited   | The project will develop inclusive pathways into employment in health, disability, local council and community organisations.   | People with psychosocial and related disability with a focus on the CALD, LGBTQIA+ and ATSI communities in Bayside Peninsula and Southern Melbourne. |
| <b><i>ANGLICARE SQ RESIDENTIAL AGED CARE INCLUSIVE EMPLOYMENT PROGRAM</i></b>                           | The Corporation of the Synod of the Diocese of Brisbane                 | The project will continue to leverage of the success featured on the Employable Me segment and will support the employment of people with intellectual disabilities within the Residential Aged Care setting.   | People with intellectual disability in the Toowoomba region  |
| <b><i>PATHWAYS TO EMPLOYMENT</i></b>  | Aspergers Victoria Incorporated   | Create long-term employment and social inclusion opportunities for teenagers with Autism through working with individuals, employers and industries to facilitate work experience opportunities with suitable employers.  | Autistic teens at school   |
| <b><i>FROM SCHOOL TO WORK, CREATING MEANINGFUL EMPLOYMENT PATHWAYS FOR STUDENTS WITH DISABILITY</i></b> | The Institute for Family Advocacy & Leadership Development Incorporated | Delivering webinars, workshops, resources, conferences, networking and support across the states and territory with the aim to inspire, increase confidence and motivate students with disability and their families to action so the outcome of obtaining meaningful employment can be realised. | Students with disabilities and their families across Australia   |
| <b><i>MORE THAN JUST A JOB 2.0</i></b>  | The New South Wales Council   | Supporting people to develop skills and confidence to participate in the workforce through one-on-one programs and the development of peer  | People with intellectual disability  |

| GRANT TITLE  | LEAD AGENCY  | PROJECT/INTERVENTION   | TARGET COHORT  |
|--|--|--|--|
|  | for Intellectual Disability                        | groups of participants to share experiences and supportive relationships. The project will also work with large/mid-size employers to increase their capacity to employ people with intellectual disability into meaningful work.  |  |
| <b>BREAKING OUT OF SILOS</b>                                     | The Onemda Association Inc.                        | The project will develop a collaborative model which builds stakeholder capacity to support young people with intellectual disabilities into paid & casual employment whilst at school.  | Young people with intellectual disabilities                  |
| <b>TEAMHEALTH TWO-WAY MENTORING FOR PSYCHO-SOCIAL DISABILITY</b> | Top End Association For Mental Health Incorporated | The project will offer a two-way mentorship program to build workplace capacity through peer developed training modules and providing individual peer-led mentorship for people with a psychosocial disability.  | People with psycho-social disability                         |
| <b>INCLUSIVE VOLUNTEERING PROGRAM- PATHWAYS TO EMPLOYMENT</b>    | Volunteering and Contact ACT Limited               | Working with volunteer involving organisations in the Canberra Region, NSW and Tasmania to support those organisations to involve volunteers living with disability as a pathway to employment and support individuals to find appropriate volunteering roles.   | PWD in Canberra, NSW and Tasmania                            |
| <b>DISCOVER ME - MICRO ENTERPRISE, EXPLORING POSSIBILITIES.</b>  | Community Living Project Incorporated              | Building knowledge around customised micro enterprise, design processes and supporting people through the discovery process. Done through peer support for PWD and their families living to discover and design their own customised micro enterprise, set up sustainable business mentoring & build their business management capacity. | People with disabilities and their families across SA        |
| <b>ASPIRE.</b>   | Consumers of Mental Health WA (Inc).               | Create new employment pathways for people with psychosocial disability to become peer support workers, through placement support and capacity building for peer workers and employers.   | People with psychosocial disability in WA                    |
| <b>'CHARGED UP FOR WORK'</b>                                     | Edge Employment Solutions Incorporated             | Create individualised employment opportunities for high school students with disabilities not readily available through the Disability Employment Services or National Disability Insurance Scheme (NDIS) models.  | High school students with disabilities in metropolitan Perth |
| <b>THE VOLUNTEER &amp; GROW PROGRAM</b>                          | Ethnic Community Services Co-operative Limited     | Promote economic participation by facilitating placements and providing support to PWD experiencing vulnerabilities to participate in meaningful volunteer roles in local community organisations and businesses.  | PWD from vulnerable backgrounds                              |

| <b>GRANT TITLE</b>  | <b>LEAD AGENCY</b>                  | <b>PROJECT/INTERVENTION</b>  | <b>TARGET COHORT</b>  |
|---|-------------------------------------|--|---|
| <b><i>THE RED BUSINESS CLUB</i></b>   | Healthy Group of Companies Pty Ltd  | Offer a range of back office, marketing, route to market, and business mentoring functions to enterprises that are run for or by entrepreneurs with a disability.  | Entrepreneurs with disability   |
| <b><i>THE ROAD TO EMPLOYMENT</i></b>  | Julia Farr Association Incorporated | A series of workshops with families, teachers and PWD at key points in their lives, to raise their employment expectations and increase awareness of employment pathways, a mentoring program as well as working alongside employers to increase employer's capacity to work with people living with disability.             | People/student with disability and their families                                   |
| <b><i>'THE CAMPAIGN'</i></b>  | Jewish Care (Victoria) Inc.         | Development of an action plan that will increase the employment of people with a disability into small and medium enterprises (SMEs) through engagement, increased knowledge and awareness.  | PWD in Victoria   |
| <b><i>Y CONNECT</i></b>   | YWCA Australia                      | Empower women living with a disability through building confidence, connections and professional development. It will assist participants in setting meaningful career goals and building their professional identity while engaging with a mainstream women's organisation.   | Women with disability in the Toowoomba region                                       |
| <b><i>SHARED EXPERIENCE</i></b>   | The Personnel Group Limited         | A pilot project designed to provide structured accredited training, work experience and casual and ongoing employment for PWD to support community services within Young, NSW. The training will provide a sustainable career pathway for PWD to train and work as Support Workers in the NDIS and other community services. | Young PWD aged 18-30 in Young, NSW  |
| <b><i>WESTERN SYDNEY BACKSWING PROGRAM</i></b>  | Sydwest Multicultural Services      | A capacity building program with marketing projects delivered by CALD PWD in Western Sydney focusing on methods to change the perspective of employers with respect to PWD and with a view to simultaneously improving the work skills of PWD and connecting PWD to employers.   | PWD from culturally and linguistically diverse (CALD) backgrounds in Western Sydney |
| <b><i>MENTORING PROGRAM TO ENHANCE EMPLOYMENT OPPORTUNITIES FOR VISUALLY IMPAIRED PERSONS</i></b> | Canberra Blind Society Inc          | A community designed mentoring pilot program to be delivered to 10 government agencies and 5 commercial organisations to employ Vision Impaired Persons, with a range of activities designed to reduce stereotypes/preconceptions and increase employment opportunities for young people living with visual impairment..     | PWD aged 18 – 64 years in the ACT   |
| <b><i>EMPLOYMENT CONNECTIONS FOR PEOPLE WITH DOWN SYNDROME</i></b>                                | Down Syndrome Australia             | The project will develop and pilot a Work Readiness program for participants; develop a series of videos to be broadcast through a National awareness campaign and the creation of an Employment Connection  | Young people with Down Syndrome in Australia  |

| GRANT TITLE   | LEAD AGENCY                                    | PROJECT/INTERVENTION   | TARGET COHORT  |
|---|--|--|--|
| <b>EMPLOY ME</b>  | Brain Injury Association of Tasmania Inc.      | program to support employers who are interested in employing a person with Down Syndrome. Creation of an Employment Connection for participants, with mentoring and a Website to provide information to people with Down Syndrome who are looking for work.  | PWD from 15-64 years, including young PWD, Aboriginal and Torres Strait Islander PWD and PWD living in rural and remote areas – Tas, SA and King Island  |
| <b>EMPOWERING EMPLOYMENT PATHWAYS</b>                                     | Empowering People in Communities (EPIC) Inc    | Project to offer employment opportunities and skills development for PWD through the operation of a canteen.   | PWD aged 15-64 in Kalgoorlie WA and the Pilbara/Goldfields regions in WA.  |
| <b>NATIONAL EXPANSION OF SCIA EMPLOYMENT SERVICE</b>                      | Spinal Cord Injuries Australia                 | The national expansion of SCIA Employment Service through virtual platforms and local community connections for people with a spinal cord injury or other physical disabilities.   | People with a spinal cord injury or other physical disabilities throughout Australia   |
| <b>IMPACT YOUNG PEOPLE'S ECONOMIC PARTICIPATION IN DERBY AND MOWANJUM</b> | World Vision Australia                         | Weekly opportunities to come together to learn through carefully structured activities, develop skills and have fun to help build confidence and skills to participate in paid employment or start their own small businesses.   | Aboriginal and Torres Strait Islander people with Psychological disability, Developmental delay disability and Foetal Alcohol Spectrum disorder in the age groups 7-30 years in the remote communities of Derby Town and Mowanjum Community, WA. |
| <b>AIM HIGHER</b>   | Community Bridging Services (CBS) Incorporated | The Aim High Project (project) aims to deliver improved job readiness, employment related skills and knowledge to raise the job goals of young and/or Indigenous PWD living in remote and metropolitan areas. Will also support participants to increase the number of open employment work experience placements. | Young and/or Aboriginal and Torres Strait Islander PWD aged 12-17 (Years 9-11) throughout SA   |
| <b>THE HOSPITALITY INCLUSIVE PROJECT</b>                                  | Community Bridging Services (CBS) Incorporated | The services provided through this pilot project will be provision of five Vocational Educational and Training (VET) hospitality units of competency including work placements.  | PWD with low to moderate support needs, aged 14-24 years in Adelaide   |

| <b>GRANT TITLE</b>   | <b>LEAD AGENCY</b>                               | <b>PROJECT/INTERVENTION</b>  | <b>TARGET COHORT</b>  |
|--|--|--|---|
| <b><i>UNLEASHED 2021</i></b>   | Youth Disability Advocacy Network Inc.           | A job-readiness program which teaches skills and knowledge regarding employment. It will provide a two day training program including a networking and showcase event and an interactive online learning module.   | Aboriginal and Torres Strait Islander, CALD PWD and also those living in remote and very remote areas (MMM 6-7) aged 15-30 years in WA  |
| <b><i>SUNSHINE COAST INTENTIONAL PARTNERSHIPS FOR EMPLOYMENT</i></b> | Equity Works Assoc. Inc                          | Improve access to employment through person-centred action plans with workshops and training sessions to PWD/their supporters with access to person centred careers planning (action plans) and deliver workshops and training sessions to employers.  | Young PWD in the Sunshine Coast, Queensland   |
| <b><i>NT PEER WORKFORCE</i></b>                                      | Top End Mental Health Consumers Organisation Inc | 3 activities: mentoring and supporting 12 PWD (psychosocial disability) to complete Cert III/IV in community services fields of their choice; delivering workshops across the NT to build capacity of workplaces to hire and retain people with psychosocial disability; run networking events | People with psychosocial disability 18-50yrs; priority cohorts Aboriginal and Torres Strait Islander communities, CALD and young people; LGBTIQA in Darwin, Katherine, Tennant Creek and Alice Springs. |
| <b><i>IGNITE ABILITY EDUCATE</i></b>                                 | Settlement Services International Limited        | A project based program teaching the fundamental skills of entrepreneurship, developing comprehensive business skills and networking capacity.   | Culturally and linguistically diverse communities (CALD) and young people with a disability.  |
| <b><i>EMPLOY-ABILITY</i></b>   | People with Disabilities (W.A.)                  | Connect to potential employment opportunities in targeted sectors within the region while aiming to build capacity and confidence of small to medium-sized businesses to be more welcoming, confident and accessible to PWD (PWD).   | Young PWD aged 15-30 years, Perth   |
| <b><i>MENTAL HEALTH, WORK AND YOU</i></b>                            | Mental Health And Wellbeing Australia Limited    | Develop and deliver a work ready program with two components: 1) coaching sessions for individuals with lived experience of mental ill health – designed to facilitate entry into the workforce 2) a coaching/advisory service for employers.  | CALD and Aboriginal and Torres Strait Islander PWD with psychosocial disabilities aged 18-50 throughout NSW, Queensland, South Australia, Victoria and Western Australia                                |
| <b><i>NGIYANI WORKING TOGETHER</i></b>                               | Mirri Mirri Productions Pty Ltd                  | Deliver job readiness workshops in high schools with high proportions of Indigenous PWD and develop resources for employers.   | Aboriginal and Torres Strait Islander PWD aged 15-30 in NSW   |
| <b><i>AUDIO ABILITY PROGRAM</i></b>                                  | Community Media Training                         | Audio Ability Program – provides free training, mentoring and work placement in media/creative skills as part of a blended learning/mentoring and professional development/work placement program.   | Aboriginal and/or Torres Strait Islander communities, Cultural and Linguistically Diverse communities and young people  |

| GRANT TITLE   | LEAD AGENCY  | PROJECT/INTERVENTION   | TARGET COHORT  |
|---|--|--|--|
|   | Organisation Ltd   |  | with a disability in NSW, Queensland and Victoria  |
| <b>AUTISM EMPLOYABLE 2</b>  | Autism Queensland Limited  | Inclusive participant-led autism-specific employment access programs. AQ will increase delivery of autism-awareness workshops to employers to increase awareness and understanding of the benefits of employing people with autism. Professional staff with autism expertise will work individually with participants with autism along with autistic mentors. | People with autism predominantly 17-30 years of age in SE Queensland   |
| <b>START UP WOLLOTUKA</b>   | Challenge Community Services   | Delivery of a six module course delivered by Peer Facilitators and supported by Peer Mentors designed to develop self-employment opportunities, along with facilitated access to local businesses willing to employ PWD.   | Aboriginal and Torres Strait Islander PWD and young PWD aged 15-30 years in Western Sydney, Newcastle and Tamworth, NSW  |
| <b>'MY CREATIVE ENTERPRISE' MICRO-ENTERPRISE INCUBATOR PILOT</b>  | Bedford Phoenix Incorporated   | A pilot program to provide participants with business training and business-to-business networking opportunities. The program aims to develop self-employment opportunities for PWD.   | Aboriginal and Torres Strait Islander PWD and young PWD in Panorama, Elizabeth and Port Lincoln, South Australia.  |
| <b>INCLUSIVE EMPLOYABILITY</b>  | Australian Refugee Association Incorporated                            | The project will provide: career planning and mentoring for the priority cohort with training courses and workshops with pre and early employment mentoring for the participants and employers.  | CALD and refugee PWD aged 18-65 in Adelaide  |
| <b>PATHWAYS TO EMPLOYMENT FOR CULTURALLY AND LINGUISTICALLY DIVERSE PEOPLE WITH A DISABILITY</b>          | Vietnamese Community in Australia/South Australia Chapter Incorporated | Pathways to Employment: a project designed to increase employment related skills/access to employer groups/support networks for the targeted cohort through a range of activities including workshops, job readiness programs, one-on-one coaching/mentoring and employer networking events  | Cultural and Linguistically Diverse communities; young people with a disability; and communities living in remote/very remote areas (aged 18-64 and drawn from the cohort of all disabilities) in SA |
| <b>GROWING AND SUSTAINING THE INTEGRATED PRACTICAL PLACEMENT PROGRAM FOR YOUNG ADULTS WITH DISABILITY</b> | Holmesglen Institute of Tafe   | Expansion of existing Integrated Practical Placement (IPP) program, which provides YPWD work skills in a simulated workplace, to increase the employment opportunities of YPWD through the delivering of job readiness skills and meaningful employment opportunities.   | YPWD (18-30 years old). The relevant disabilities are intellectual disability, developmental delay and Global Development Delay in Melbourne and regional Victoria                                   |

| <b>GRANT TITLE</b>   | <b>LEAD AGENCY</b>                             | <b>PROJECT/INTERVENTION</b>   | <b>TARGET COHORT</b>   |
|--|--|---|--|
| <b><i>HERE 4 HOSPITALITY</i></b>   | Youth Projects Limited                         | An intensive industry target employment program focusing on pre-readiness skills and mentoring for participants including accredited hospitality skills training and support for employers to be able to support PWD in the workplace through accredited on the job traineeships.                                       | Young PWD with intellectual disability (PID) and psychosocial disability aged 16-25 in Victoria  |
| <b><i>RUNNING WILD CONSERVATION CADETSHIPS</i></b>                                 | Running Wild...Youth Conservation Culture Inc. | A Cadetship will be delivered in partnership with four organisations, which will provide training and work placement in environmental activities.   | PWD (aged 15-64 years) with priority cohorts those living in remote areas and young people with a disability in Southern Moreton Bay Islands (SMBI), Karragarra, Lamb, Russell, and Macleay, Queensland.     |
| <b><i>COMMUNITY EMPLOYMENT PARTNERSHIPS – PHASE 2</i></b>                          | Belonging Matters Inc.                         | Expand an existing Rotary Employment Partnership program established in 2019 with the University of Melbourne. The program will develop the job readiness skills of participants and will build ‘open’ employer networks to facilitate employment opportunities for participants.                                       | Young PWD – focus on intellectual disability and developmental delay in Victoria   |
| <b><i>IMPLEMENTATION OF THE WORK INTEGRATED SOCIAL ENTERPRISE (WISE) MODEL</i></b> | Swinburne University of Technology             | A program working with Australia Disability Enterprise to implement the new WISE model to develop the job readiness of participants, deliver employer-networking opportunities, and improve employer attitudes. The program aims to provide participants a pathway to open employment.                                  | Young PWD with the priority cohort those with intellectual disability, psychosocial disability, other neurological, development delay, ‘other’ physical disability and global developmental delay in Geelong |
| <b><i>THE JOURNEY OF WORK</i></b>  | WISE Employment Ltd                            | The applicant will undertake a 12 month demonstration project that will build employment related skills includes components of the psychosocial and vocational rehabilitation (Employ Your Mind) program and the Optimal Health Program to manage mental, physical, social and spiritual health in the context of work. | Aboriginal and Torres Strait Islander people with Psychosocial disability aged 18-64 years in North-East Melbourne   |
| <b><i>EMPLOYMENT BUDDY PROGRAM</i></b>   | Avon Community Employment Support Centre       | Aims to improve the job readiness of participants and improve employer attitudes. It will be achieved through participant and employee education and by enabling participants to ‘sample’ eight hours of work experience. The package will be delivered in a consortium arrangement.                                    | PWD aged 15- 30 years in Perth, WA   |
| <b><i>CREATIVE INDUSTRIES ACCESS CONSULTANT DEVELOPMENT PROGRAM</i></b>            | Accessible Arts                                | The applicant proposes a comprehensive package to deliver job readiness skills, professional networking and self-employment pathways in the art sector.   | PWD (aged 18-64 years) targeting CALD in NSW and ACT   |

| GRANT TITLE  | LEAD AGENCY                          | PROJECT/INTERVENTION   | TARGET COHORT  |
|--|--------------------------------------|--|--|
| <b>GENERATION AUSTRALIA JUNIOR WEB DEVELOPER</b>           | Generation Australia Ltd             | Identifies vacancies prior to course commencement and curriculum development – specifically, the program is adapted/co-designed with each cohort and involves intensive training/coaching/job placement support, custom build for the actual job roles in demand.  | Young people with a disability (aged 18-30) in Vic and NSW   |
| <b>SUPPORT FOR YOUNG ABORIGINAL PEOPLE WITH DISABILITY</b> | Orange Local Aboriginal Land Council | Collaborative workshops involving both participants and employers will develop the job readiness of participants, the capacity and attitudes of potential employers, and employment networking opportunities.  | PWD aged 15-35 years' old from Aboriginal and Torres Strait Island communities, CALD, and communities living in remote and very remote areas in Coonabarabran, Bathurst, Gilgandra, and Orange               |
| <b>LIFE AFTER SCHOOL</b>                                   | The Northcott Society                | A skills development program, empowering potential and employment opportunities. The project will run two programs concurrently. The first will be for students in Years 10-12 preparing to leave school. The second program is aimed at recent school leavers aged 16-18 who are seeking employment.                            | Young PWD (aged 15-18), not NDIS eligible, including high functioning individuals with Autism Spectrum Disorder, ADHD, Dyslexia and other social and emotional challenges in Sydney, Wollongong and Tamworth |
| <b>AN EYE TO THE FUTURE 2.0</b>                            | Blind Citizens Australia             | Moving beyond changing perceptions to changing behaviours within the workplace: training and work-related supports for PWD; connecting & linking PWD to employers & employment networks; increasing the capacity of employers to employ PWD by delivering tailored remote working assistance applicable to people who are blind. | Youth with disability, specifically persons who are blind or vision impaired throughout Australia  |
| <b>LET'S GET WORKING</b>                                   | Centre for Participation Inc.        | Let's Get Working: an initiative for PWD to gain work, employment and enterprise experience in the Farm to Table sector, including production, supply chains, ecommerce and hospitality.   | Cultural and Linguistically Diverse communities, young PWD and communities living in remote/very remote areas (aged 15-64 and drawn from the all disabilities cohort) throughout Victorian Wimmera region.   |

## Appendix 8: Eligibility (availability) of Commonwealth ES programs for different cohorts

Key: Shaded text denotes eligibility, subject to any additional criteria as specified

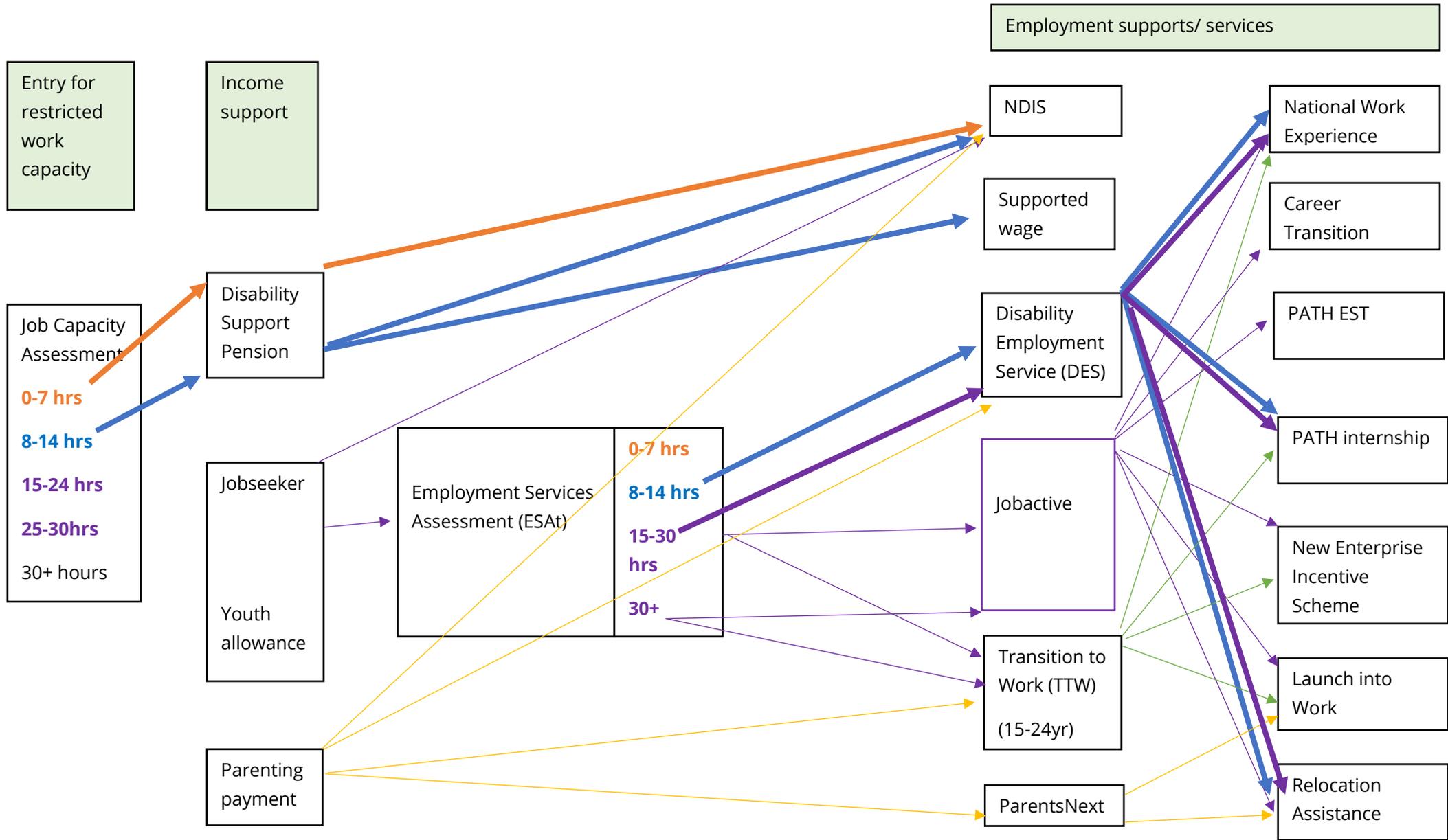
| Cohort (by hours work/week and type of work)  | Supported Wage System   | DES                       | EAF  | National work experience program | jobactive  | Parents Next   | New Enterprise Incentive Scheme (NEIS) | Transition to work (TTW)   | PaTH internship  | PaTH (EST)  | Career Transition Assistance         | Launch into Work                     | Relocation assistance (RATTUAJ)   | Support in employment (NDIS)                                 |
|---|---|---------------------------|--|----------------------------------|--|--|--|--|--|---|--------------------------------------|--------------------------------------|---|--|
| People with <b>significant disability</b> (able to <b>work less than 8 hours</b> per week or more with significant support) |   |                           |  |                                  |  |  |  |  |  |   |                                      |                                      |   | If NDIS participant with employment goal and related funding |
| People with disability/ injury able to <b>work 8-14 hours</b> per week  | If DSP eligible, can work min. 8hrs week, in eligible job, over 15 yrs, no workers comp payment | Have relevant ESAT or JSA | Must have job offer of min of 8hrs week for 13 weeks and disability that has/will last 2 yrs | If in jobactive, DES, TTW        | Receive Commonwealth income support, have mutual obligations req, dependent on ESaT or JSA | Must be on Parenting payment with child 6mth -6 yrs and cannot be receiving support from DES or jobactive., Long term U/E and/or not complete final year of school |  | If aged 15-24 not receiving support from DES, or jobactive, don't have Yr 12 or Cert 3, U/E for 6 months |  |   | If in jobactive and aged 45 and over | If in jobactive, TTW, or ParentsNext |   | If NDIS participant with employment goal and related funding |
| People with disability/ injury able to <b>work 15-30 hours</b> per week   | If DSP eligible, can work min. 8hrs week, in eligible job, over 15 yrs, no workers comp payment | Have relevant ESAT or JSA | Must have job offer of min of 8hrs week for 13 weeks and disability that has/will last 2 yrs | If in jobactive, DES, TTW        | Receive Commonwealth income support, have mutual obligations req, dependent on ESaT or JSA | Must be on Parenting payment with child 6mth -6 yrs and cannot be receiving support from DES or jobactive . Long term U/E and/or not complete final year of school |  | If aged 15-24 not receiving support from DES, or jobactive don't have Yr 12 or Cert 3, U/E for 6 months  | If aged 15-24. Min. 15hrs/wk work and must be in TTW, jobactive, or DES for 6 months prior | If aged 15-24. Min. 75hrs training over 3 weeks. Must be in jobactive NOT DES | If in jobactive and aged 45 and over | If in jobactive, TTW, or ParentsNext | Min of 20 hours a week for more than 6 months and If in jobactive, TTW, DES, CDP, ParentsNext | If NDIS participant with employment goal and related funding |

| Cohort (by hours work/week and type of work)   | Supported Wage System  | DES   | EAF  | National work experience program                  | jobactive  | Parents Next   | New Enterprise Incentive Scheme (NEIS) | Transition to work (TTW) | PaTH internship  | PaTH (EST)  | Career Transition Assistance         | Launch into Work                     | Relocation assistance (RATTUAJ)  | Support in employment (NDIS)                                 |
|--|--|---|--|---|--|--|--|--------------------------|--|---|--------------------------------------|--------------------------------------|--|--|
| People with disability /injury able to <b>work full time</b>   | If DSP eligible, can work min. 8hrs week, in eligible job, over 15 yrs, no workers comp payment  |   | Must have job offer of min of 8hrs week for 13 weeks and disability that has/will last 2 yrs | Cannot do work experience for more than 25 hrs/wk | Receive Commonwealth income support, have mutual obligations req, dependent on ESaT or JSA |  |  |                          | If aged 15-24. Min. 15hrs/wk work and must be in TTW, jobactive, or DES for 6 months prior | If aged 15-24. Min. 75hrs training over 3 weeks. Must be in jobactive NOT DES | If in jobactive and aged 45 and over | If in jobactive, TTW, or ParentsNext | Min of 20 hours a week for more than 6 months. If in jobactive, TTW, DES, CDP, ParentsNext | If NDIS participant with employment goal and related funding |
| People with disability /injury in/seeking <b>self-employment part time</b> (less than 20 hours/week) | *  |   |  |   |  |  |  |                          |  |   |                                      |                                      |  | If NDIS participant with employment goal and related funding |
| People with disability /injury in/seeking <b>self-employment full time</b> (more than 20 hours/week) | *  |   | Must earn min. wage over 13 weeks and disability that has/will last 2 yrs                    |   |  |  | If 18+ and can work full time          |                          |  |   |                                      |                                      |  | If NDIS participant with employment goal and related funding |
| People with disability/ injury who are <b>carers of child</b> aged 6mth-6 yrs                        | If DSP eligible, can work min., 8hrs week, in eligible job, over 15 yrs, no workers comp payment | Have relevant ESAt or JSA                           | If meet EAF reqs and disability that has/will last 2 yrs                                     |   |  | Must be on Parenting payment and cannot receive support from DES, or jobactive. Long term U/E and/or not complete final year of school |  |                          |  |   |                                      | If in jobactive, TTW, or ParentsNext | Min of 20 hours a week for more than 6 months. If in jobactive, TTW, DES, CDP, ParentsNext | If NDIS participant with employment goal and related funding |
| Young people with disability /injury <b>aged 14</b>  |  | Not studying full time<br>Have relevant ESAt or JSA |  |   |  |  |  |                          |  |   |                                      |                                      | Min of 20 hours a week for more than 6 months. If in jobactive, TTW, DES, CDP, ParentsNext |  |

| Cohort (by hours work/week and type of work)        | Supported Wage System  | DES   | EAF  | National work experience program             | jobactive  | Parents Next   | New Enterprise Incentive Scheme (NEIS) | Transition to work (TTW)  | PaTH internship  | PaTH (EST)   | Career Transition Assistance | Launch into Work                     | Relocation assistance (RATTUAJ)  | Support in employment (NDIS)                                 |
|---|--|---|--|--|--|--|--|---|--|--|------------------------------|--------------------------------------|--|--|
| Young people with disability /injury aged 15        | If DSP eligible can work min. 8hrs week, in eligible job, no workers comp payment  | Not studying full time unless eligible school leaver. Have relevant ESAT or JSA | Must have job offer of min of 8hrs week for 13 weeks and disability that has/will last 2 yrs |  | Receive Commonwealth income support, have mutual obligations req, dependent on ESAT or JSA | Must be on Parenting payment and cannot receive support from DES, or jobactive. Long term U/E and/or not complete final year of school |  | Not receiving support from DES, or jobactive don't have Yr 12 or Cert 3, U/E for 6 months | Min. 15hrs/wk work and must be in TTW, jobactive, DES for 6 months prior | Min. 75hrs training over 3 weeks. Must be in jobactive NOT DES |                              | If in jobactive, TTW, or ParentsNext | Min of 20 hours a week for more than 6 months. If in jobactive, TTW, DES, CDP, ParentsNext | If NDIS participant with employment goal and related funding |
| Young people with disability /injury aged 16 yrs    | If DSP eligible can work min. 8hrs week, in eligible job, no workers comp payment  | Not studying full time unless eligible school leaver. Have relevant ESAT or JSA | Must have job offer of min of 8hrs week for 13 weeks and disability that has/will last 2 yrs |  | Receive Commonwealth income support, have mutual obligations req, dependent on ESAT or JSA | Must be on Parenting payment and cannot receive support from DES, or jobactive. Long term U/E and/or not complete final year of school |  | Not receiving support from DES, or jobactive don't have Yr 12 or Cert 3, U/E for 6 months | Min. 15hrs/wk work and must be in TTW, jobactive, DES for 6 months prior | Min. 75hrs training over 3 weeks. Must be in jobactive NOT DES |                              | If in jobactive, TTW, or ParentsNext | Min of 20 hours a week for more than 6 months. If in jobactive, TTW, DES, CDP, ParentsNext | If NDIS participant with employment goal and related funding |
| Young people with disability /injury aged 17 yrs    | If DSP eligible, can work min. 8hrs week, in eligible job, no workers comp payment | Not studying full time unless eligible school leaver. Have relevant ESAT or JSA | Must have job offer of min of 8hrs week for 13 weeks and disability that has/will last 2 yrs | If in jobactive, DES, TTW and 17yrs or older | Receive Commonwealth income support, have mutual obligations req, dependent on ESAT or JSA | Must be on Parenting payment and cannot receive support from DES, or jobactive. Long term U/E and/or not complete final year of school |  | Not receiving support from DES, or jobactive don't have Yr 12 or Cert 3, U/E for 6 months | Min. 15hrs/wk work and must be in TTW, jobactive, DES for 6 months prior | Min. 75hrs training over 3 weeks. Must be in jobactive NOT DES |                              | If in jobactive, TTW, or ParentsNext | Min of 20 hours a week for more than 6 months. If in jobactive, TTW, DES, CDP, ParentsNext | If NDIS participant with employment goal and related funding |
| Young people with disability /injury aged 18-24 yrs | If DSP eligible, can work min. 8hrs week, in eligible job, no workers comp payment | Not studying full time unless eligible school leaver. Have relevant ESAT or JSA | Must have job offer of min of 8hrs week for 13 weeks and disability that has/will last 2 yrs | If in jobactive, DES, TTW                    | Receive Commonwealth income support, have mutual obligations req, dependent on ESAT or JSA | Must be on Parenting payment and cannot receive support from DES, or jobactive. Long term U/E and/or not complete final year of school | If 18+ and can work full time          | Not receiving support from DES, or jobactive don't have Yr 12 or Cert 3, U/E for 6 months | Min. 15hrs/wk work and must be in TTW, jobactive, DES for 6 months prior | Min. 75hrs training over 3 weeks. Must be in jobactive NOT DES |                              | If in jobactive, TTW, or ParentsNext | Min of 20 hours a week for more than 6 months. If in jobactive, TTW, DES, CDP, ParentsNext | If NDIS participant with employment goal and related funding |

\* Job must be covered by an industrial instrument or legislative provision that permits employment under the SWS provisions so is unlikely to apply to self-employment.

# Appendix 9: Pathway through income support to Commonwealth employment supports and services



## Appendix 10: Analysis of evidence of effectiveness of employment supports using the Typology of Employment Support Interventions

Evidence from the literature has been analysed against the Typology of Employment Support Interventions below. It should be noted that this analysis is based largely on meta-reviews of literature which do not explain well the components of individual programs. Likewise, it has not been a feature of evaluations of employment services to identify and evaluate program components as different from the program overall. As a result, the below commences a mapping of evidence against the domains and components of the Typology but does not purport to represent all the evidence available. In this context, evidence gaps in the Table should not be read as a lack of evidence overall for this component. Further literature analysis could build on this analysis, as could more targeted evaluations of existing employment services, as the Typology now provides a framework for identifying the components deployed in any intervention.

### *Analysis of evidence of effectiveness of employment supports using the Typology of Employment Support Interventions*

| Domain   | Component                   | Evidence   |
|--|-----------------------------|--|
| <b>Supply side interventions (worker/job seeker)</b> |                             |  |
| Addressing personal factors                          | Addressing personal context | <p>Based on evidence, optimal RTW interventions should include the application of the biopsychosocial approach, addressing health, individual factors and workplace factors, in situations of long-term sickness absence (Vandenbroeck et al., 2016).</p> <p>Key psychosocial determinants of recovery and RTW in workers' compensation systems have been found to include perceptions of fairness, delays, disputes and disagreements, levels of cooperation and collaboration, communication practices and individual self-efficacy. When poorly managed, these cause difficulties in the compensation process (RACP &amp; AFOEM, 2021b).</p> <p>Education/coaching, such as emotional support for ABI, TBI, non-traumatic ABI (e.g. stroke) has evidence of efficacy (Cameron et al., 2020), as does providing education on effective skills/strategies for coping and RTW, including psycho-education, physical therapy advice for pain related conditions (Costa et al., 2017).</p> <p>An element of the fidelity model for the evidence-based Individual Placement and Support program is personalised benefit counselling where employment/vocational specialists work with each individual to support information provision about income benefits and effects of work on these (Drake et al., 2012).</p> |
|  | Addressing health context   | <p>A range of evidence exists for health interventions related to people with work related injury. This includes evidence of the efficacy for:</p> <ol style="list-style-type: none"> <li>1. Physical therapy including functional restoration, physical conditioning and work hardening which has proven effective for people with cancer, pain, MSD; physical conditioning for back pain; physical exercise (in or outside of workplace) (Costa et al.,</li> </ol>   |

|  |  |  |
|--|--|--|
|  |  | <p>2017); and graded activity/exercises (Cameron et al., 2020; Costa et al, 2017);</p> <ol style="list-style-type: none"> <li>2. Risk-screening for delayed return linked to psychological support and medical care (Cameron et al., 2020);</li> <li>3. Psychological treatments/ psychotherapy including: cognitive behavioural therapy; injury adjustment counselling for TBI (Cameron et al., 2020); problem solving therapy, exposure therapy for people experiencing mental illness, PTSD, depression, MSD, cancer, SCI, ABI (Costa et al., 2017);</li> <li>4. Education to promote self care and pain management;</li> <li>5. Health care activities in all settings: individual's home, health care setting, workplace (Cameron et al., 2020).</li> </ol>   |
|  | <p>Integration of health, disability and employment supports</p>             | <p>A range of evidence is available:</p> <ul style="list-style-type: none"> <li>• Successful approaches to employment programmes for Indigenous persons with disability must foster links between disability and health services (Rivas Velarde, 2015);</li> <li>• Integration across multi-disciplinary team (Rehab, Occupational Therapy, Social Work, Neuropsychology, Speech Therapy, Physical Therapy) that works with employers, co-workers, occupational physicians to facilitate RTW for people with ABI (Cameron et al. 2020). RTW planning integrated into medical assessments (done by specialist VR staff) for MSD (Cameron et al. 2020);</li> <li>• Physical rehabilitation services are effective when located in the workplace (Costa et al., 2017);</li> <li>• Blending workplace accommodation with clinical treatment, and collaboration between employer and healthcare provider is effective for people with MSD and pain conditions (Costa et al., 2017);</li> <li>• Evidence for the Individual Placement and Support (IPS) program identifies the efficacy of integrating mental health treatment and employment supports for people experiencing mental illness (Drake et al., 2012; KPMG, 2019; Scanlan et al., 2019; Ottomanelli et al., 2017).</li> </ul> <p>In addition, collaboration between DES and mental health providers is identified as a priority by consumers in DES evaluations (E-QUAL, 2015).</p> |
|  | <p>Building capacity of informal (family) supports to support employment</p> | <p>Evidence and consumer views suggest the importance of working with the families of people with work restrictions:</p> <ul style="list-style-type: none"> <li>• Addressing the context and family dynamics is a lesson from studies of Indigenous people with disabilities and ES (Rivas Velarde, 2015);</li> <li>• Multi-disciplinary teams that work with patients' families have shown efficacy with people with ABI (Cameron et al. 2020);</li> </ul>  |

|  |  |   |
|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>• The Discovery process, of the evidence based Customised Employment, encourages a 'buy-in' at all levels and empowers families, friends and community members to be part of the solution-based framework (Smith et al., 2018).</li> <li>• Several consultations about DES effectiveness in Australia have identified that employers identify the importance of increased DES collaboration with families to engage them in supporting the person to find work (E-QUAL, 2015). Similarly, a vital ingredient for a successful employment outcome, as judged by consumers of DES, is the need for openness of DES to work closely with other people (such as carers and families) and organisations (such as other non-employment services) who provided support to the consumer (AFDO. 2014).</li> </ul> |
|  | Building foundation skills and work expectations |   |
| Service access and information                                 | Information provision                            | A recent evaluation of JobAccess, a major Commonwealth information service, found that all target audiences liked that information, advice and resources can be found via both online means and over the phone; with a high value placed on the provision of an information and advice service (as opposed to website). A greater focus on information, advice and support is required by unemployed people with disability (Colmar Brunton Social Research, 2019).   |
|  | Referrals/ connecting to services                | Evidence suggests that service coordination components play a critical role in keeping all stakeholders informed and are a catalyst to keep them working together toward a common goal (Cameron et al., 2020). Workers who describe positive interactions with their case manager have higher rates of RTW, report less pain, greater perceived health, quicker recovery from traumatic injury and improved quality of life (RACP & AFOEM, 2021b draft).  |
|  | Service co-ordination and navigation             |   |
| Financial assistance and incentives                            | Financial support for personal factors           |   |
|  | Financial support for vocational training        |   |
|  | Financial support related to employment          |   |
| Building and mobilising social capital (to link to employment) | Building and mobilising peer support             |   |
|  | Building and mobilising professional/            |   |

|                                    |   |   |
|------------------------------------|---|---|
|                                    | employment networks   |   |
|                                    | Building and mobilising community networks  |   |
| Planning and preparation for work  | Developing soft skills  |   |
|                                    | Career guidance and planning  | Evidence from research identifies the efficacy of vocational guidance counselling (1yr); vocational evaluation of individual's work and general skills, followed by targeted vocational guidance, life skills counselling and vocational awareness for people with TBI (Cameron et al., 2020).<br>The Discovery process is a feature of the evidence-based Customised Employment process, typically for people with moderate to high support needs. It is a 'person-centered exploration of an individual's strengths, preferences, interests, and needs' (Wehman et al. 2018, p. 134). This might involve vocational assessments as well as discussions with the person, their family and friends. The process typically takes between 20-60 hours, but averages 30 (Smith, McVilly, McGillivray et al., 2018), with several detailed outputs to guide customisation of the job. |
|                                    | Assessments of work 'capacity' and need for supports  |   |
|                                    | Transition to work activities (School/Education to work i.e. young people; ADE/day service to open employment; prison to reintegration) |   |
| Vocational skills development      | Vocational training   | Training programs have been found to have modest impacts in studies of international labour market programs: in the short term they are often ineffective, but have clear positive impacts in the medium term (Malo, 2018).   |
|                                    | Work experience/ internships/ volunteering  |   |
| Self-employment / entrepreneurship | Business skills and development   | A review of international labour market programs identified that self-employment and micro-enterprise creation have long-lasting effects, especially for disadvantaged groups of previously unemployed workers (Malo, 2018).  |
|                                    | Access to capital and business resources  |   |
| Job search                         | Job search information resources  | A review of international labour market programs identified that job-search assistance programs yield relatively favorable short-term impacts (Malo, 2018).   |

|                         |   |   |
|-------------------------|---|---|
|                         | Job search skills building                        | <p>The evidence-based Individual Placement and Support model uses a rapid job search approach to help clients (usually with mental illness) obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counselling, and is one of the elements of the IPS fidelity model (Drake et al., 2012).</p> <p>In the context of people with high support needs, Customised Employment (CE) relies on proactive matching to job seeker needs through the development of new, customised roles that also meet the employer needs. The model has a high outcome rate (Wehman et al., 2018).</p>  |
|                         | Job search matching and assistance                |   |
| (Pre) Placement support | Job commencement/ RTW and customisation           | <p>Research identifies the efficacy of RTW planning and modified duties that accommodate work restriction (RACP &amp; AFOEM, 2021b). Customisation of work role that has evidence of effectiveness includes:</p> <ul style="list-style-type: none"> <li>• Adaption of work tasks;</li> <li>• Approving work from home;</li> <li>• Modifying scheduling, including change to work hours or days, time off for health-related appointments, provision of additional breaks when at work, change to start/finish time to enable shortened travel time to/from work;</li> <li>• Graded work resumption;</li> <li>• Adjusting performance expectations (Cameron et al., 2020).</li> </ul> <p>Ongoing pre placement support, particularly for people experiencing mental illness, has been identified by consumers of DES as assisting them to feel confident and supported (AFDO, 2014).</p> <p>Customised Employment (CE) provides a strong focus on customisation of roles and supports prior to job commencement along with workplace training post commencement. CE has achieved between a 45-71% employment rate in open employment with high levels of job retention after 1 year, including people requiring high levels of customisation such as those with intellectual disability, autism and those considered 'too disabled to work' (Riesen et al., 2015; Inge et al. 2018; Wehman et al., 2016; Brown, 2009, p. 101).</p> |
|                         | Workplace modifications, equipment and disclosure | <p>Modifying work equipment has been evidenced to be associated with the greatest reduction in injury duration relative to any other stand-alone program component. This includes modifying work station and work environment, including approving work from home; providing special equipment, including designated parking (Cameron et al., 2020).</p> <p>Feedback from JobAccess user show they most value the Commonwealth's Employment Assistance Fund (EAF) of all JobAccess services. In this context, the Approved Assessors that attend workplaces to complete Workplace Modification</p>  |

|                                     |  |   |
|-------------------------------------|--|---|
|                                     |  | Assessments for EAF were described as adding value to the service (Colmar Brunton Social Research, 2019).   |
| Post-placement / on the job support | On the job / workplace-based training            | A review of international evidence for Indigenous people with disabilities accessing ES favoured on-the-job training over preparation-to-work training for mainstream disability (Rivas Velarde, 2015). Ongoing intensive on-the-job support including delivery of training at work is also found to be efficacious for people with mental health conditions, and those with SCI (Costa et al., 2017), as well as those with intellectual disability and cognitive impairment (Wilson and Campain, 2020).   |
|                                     | Post placement support (limited or fixed period) | Ongoing post-employment support, particularly for people experiencing mental illness, assisted DES consumers to feel confident and supported (AFDO, 2014).  |
|                                     | Ongoing assistance in the workplace (day to day) | Evidence from the Individual Placement and Support program (most commonly used for people with mental illness) identifies that individualised time-unlimited support post placement is a critical feature of efficacy (Drake et al., 2012; KPMG, 2019).   |
| Mass job creation                   | Employment-focused social enterprises            | Existing research suggests that work integrated social enterprises are a relevant alternative approach to improving employment access for people with disability, by creating inclusive workplaces, and constructing new types of jobs for disadvantaged workers (Buhariwala, Wilton & Evans, 2015; Morrow et al., 2009). There is growing evidence that social enterprises can offer an alternative employment option that effectively addresses a range of employability dimensions, and supports both vocational (e.g. employment and hours worked) and non-vocational outcomes such as wellbeing and social inclusion (Barraket et al., 2020; Ferguson, 2017; Williams, Fossey & Harvey, 2012; Wilton & Evans, 2018).<br>Research comparing the employment experiences of people with intellectual disability in open employment, social enterprise, or sheltered work (such as ADEs) has found that social enterprises offer unique benefits for community connection, inclusion, support, skill development, and – compared to sheltered employment – increased income (Meltzer, Kayess & Bates, 2018). Research within Australia, Canada and the US has found that social enterprise employment can provide wrap-around support and spaces that blend training and work opportunity in such a way that is uniquely flexible and suited to diverse participants (Barraket et al., 2020; Elmes, 2020; Evans & Wilton, 2019; Ferguson, 2017). |
|                                     | Supported employment service (ADEs)              |   |

| <b>Demand side interventions (employer/workplace)</b> |  |   |
|---|--|---|
| Information   | Information provision/co-ordination          | Credible and reliable information sources re disability and associated issues of the jobseeker/worker is one of three key elements in literature on employer supports (Piccenna et al., 2015)<br>Along with the Employment Assistance Fund, the Information and Advice Service was most highly valued by all participants in the evaluation of JobAccess (Colmar Brunton Social Research, 2019).  |
| Financial assistance incentive                        | Financial assistance for wages               | A review of international labour market programs found that employment subsidies have mainly short-term impacts and their effectiveness is clear only when targeting specific disadvantaged groups (Malo, 2018). However, Australian evidence suggests employers endorse wage subsidies (SRC, 2018b).   |
|   | Financial assistance for modifications       |   |
|   | Other financial support/incentives           |   |
| Recruitment services and support                      | Recruitment services/support                 |   |
|   | Connecting to target cohort                  | Networks to successfully identify and employ people with disability is one of three key elements in literature on employer supports (Piccenna et al., 2015).  |
|   | Hosting work experience/ interns/ volunteers | A recent evaluation of the Youth Jobs PaTH found that businesses liked the flexibility to trial a young person through an internship and considered the host business incentive of \$1000 adequate. Majority (80%) of surveyed businesses expressed willingness to use PaTH internships for future recruitment needs (DESE, 2020).  |
| Workplace / employer capacity building                | Skill building, training, resources          | Research evidence re burns injuries and others identifies the effectiveness of education and recommendations to employers on how to support RTW, including a trained 'buddy' at work to respond to specific needs, education for supervisor/colleagues about worker's condition and effects. Additionally, providing support for supervisor/employers to assist work planning is effective (Cameron et al. 2020). Similarly, a TAC (2020) review identified a 13% impact on reemployment decisions of employers when they are supported to redesign/modify duties and manage RTW.<br><br>Key workplace ingredients contributing to efficacy are the level of injury management knowledge, reporting and leadership amongst senior managers (RACP & AFOEM, 2021b).<br><br>An evaluation of the Commonwealth's JobAccess service found that, of all included services, employers most value the National Disability Recruitment Coordinator (NDRC) program (76%). The NDRC is effective in: |

|   |   |   |
|---|---|---|
|   |   | <ul style="list-style-type: none"> <li>Increasing knowledge levels of partnering organisations (typically very large employers) with regards to employing people with disability;</li> <li>Increasing the skills and confidence of partnering organisations with regards to working with people with disability;</li> <li>Contributing to improved resources and HR practices of partnering organisations to better support employees with disability;</li> <li>Increasing the ability of partnering organisations to appropriately employ people with disability.</li> </ul> <p>However, there is no evidence that the NDRC has resulted in increased employment outcomes for people with disability (Colmar Brunton Social Research, 2019).</p> |
|   | Inclusive workplaces capacity building          |   |
|   | Employer and stakeholder networks               | Evaluation of DES has found that DES stakeholders valued interagency forums within government about barriers and breaking them down, and employer breakfasts jointly organised by local government and DES (E-Qual, 2015).  |
| Supports in the workplace                                 | General support to employers                    |   |
|   | New supports in the workplace                   |   |
| <b>Societal change intervention (broader environment)</b> |   |   |
| Service capacity building                                 | DES/employment services                         | Evaluation data of JobAccess showed that employment service providers most value the JobAccess website (76%) more so than do other JobAccess users (employers and job seekers) (Colmar Brunton Social Research, 2019).  |
|   | Employment support services complaints handling | Evaluation data of JobAccess showed that the Complaints, Resolution and Referral Services (CRRS) could be more effective if it were regularly reviewed and given the authority to ensure service providers make permanent changes as a result of CRRS investigations (Colmar Brunton Social Research, 2019).  |
|   | Schools / education and training organisations  |   |
|   | Interagency collaboration                       | Evaluation of DES identify that clients require more collaboration between DES e.g. sharing vacancies they can't fill (E-QUAL, 2015).   |
| Community /regional capacity building                     | Development of local employment strategies      |   |
|   | Financial support to local employment outcomes  |   |

|                                     |   |   |
|-------------------------------------|---|---|
| Structural/ macro change activities | Cross sectoral collaboration                  |   |
|                                     | Policy interventions                          |   |
|                                     | Government agencies to drive wholesale reform |   |
|                                     | Job creation (public sector)                  | Public works and direct job creation programs have limited benefit usually restricted to very specific groups of disadvantaged workers. Often, they have neither positive nor negative effects, and when they have a positive impact, such effect is the smallest relative to other active labour market policies (Malo, 2018). |

## Appendix 11: Evidence reviews

### *Customised Employment*

|  |   |
|--|---|
| Name of practice   | Customised Employment   |
| Overview of practice   | <p>Customised Employment (CE) is a model of engagement that focuses on bringing people together to negotiate an employment opportunity and/or a career path. It is not an employment agency - it is a person-centred process that focuses on abilities and common interests of employees and employers (Smith et al., 2018) to enable job candidates and employers the opportunity to negotiate individual tasks and/or reassign basic job duties (ARTD, 2019a).</p> <p>CE was developed in 2001 in the United States by the US Department of Labor's Office of Disability Employment Policy and has been used widely in the US and other parts of the world since then (Wehman et al., 2018). CE importantly focuses on delivering a "win-win" for both employee and employer:</p> <p style="padding-left: 40px;">Customized employment opportunities by definition are successful because there is a specific match between the employer's needs and the strengths, preferences, interests, talents, and what works/doesn't work for the individual with a disability that the employer can, as part of his/her day-to-day business practices or with minimal reasonable accommodations, provide (Ouimette and Rammler, 2017, p. 334).</p> <p>CE was developed as a multi-strategy approach to improve open and self-employment outcomes for people with significant disability and is described as a process driven concept with four essential components (see pp. 96-970).</p> |
| Target cohorts and characteristics                                 | Customised Employment was developed for individuals with disability who are not likely to succeed, even with support, when going through a typical competitive employment application and is designed to improve open and self-employment outcomes (ARTD, 2019a).   |
| Context of use (country, jurisdiction, policy/funding environment) | The majority of the literature has arisen from CE studies in the US with one recent study conducted in Australia (ARTD, 2019a).   |
| Rationale/logic: the 'problem'/issue it is addressing              | <p>During the transition from school, young people with disability often encounter uncertainties and developmental challenges thereby increasing the risk of social exclusion. Between the ages 15 to 25 people with disability become increasingly socially disadvantaged compared to young people without disability (ARTD, 2019).</p> <p>Many of the drivers of low labour force participation start at school. People with disability are significantly less likely than their peers to complete Year 12, less likely to participate in work experience, and have lower aspirations for post-school work (Athenasou et al., 2019, in SVA, 2020). The education, skills and attitudes developed through school are closely linked to subsequent participation in post-school work or training (SVA, 2020).</p>   |

|   |  |
|---|--|
| <p>Practice steps or ingredients (key ingredients of success)</p> | <p>The customized employment process relies on the support of a professional employment specialist who guides and resources the steps of the process (ARTD, 2019a).</p> <p>The following draws on a CE literature synthesis by Wilson and Campain (2020) and outlines the steps in the CE process:</p> <p><b>Step 1: Discovery Process</b></p> <p>Discovery is the first-step in the process and is an in-depth, person-centred investigation of the individual's life and seeks to find key information, skills, interests and abilities (ARTD, 2019a). Information is also provided in the narratives told by people of significance, to cross-reference information which is aimed at answering two important questions: who is this person; and what are their ideal conditions for employment? (Smith et al., 2018).</p> <p>Discovery is characterised by the following concepts:</p> <ul style="list-style-type: none"> <li>• seeks to identify existing information rather than creating information to formulate a new evaluation or diagnosis</li> <li>• creates a direction for employment possibilities based on a translation of the person's existing life experiences</li> <li>• finds the ecological validity for actions and skills rather than predicting potential from a functional assessment</li> <li>• reveals information which can be used as a guide for job matching not as a method of exclusion</li> <li>• encourages a 'buy-in' at all levels and empowers families, friends and community members to be part of the solution-based framework</li> </ul> <p>The Discovery process is undertaken through interviews and observation of the participant in their everyday environment and involves their support circles (family, educators, community members, employment consultants etc.) to discover which types of employment options and conditions will work best for them (ARTD, 2019a). The process typically takes between 20-60 hours, but averages 30 (Smith, McVilly, McGillivray et al., 2018) - in the Australian study (ARTD, 2019a), of the 150 hours of support the students received, approximately 25 to 30 hours was dedicated to the Discovery process.</p> <p>The output of the Discovery process is a 'vocational profile' which describes the individual job seeker, their vocational area or theme, and 'ideal working conditions for the individual' (Riesen et al., 2015, p. 187). This profile is checked by the job seeker and their supporters (Inge et al., 2018; Brown, 2009). The profile is used as a basis for a customized planning meeting with the person and supporters (Brown, 2009). Potentially a 'Representational Portfolio' can be produced which is designed to be used with prospective employers. The portfolio contains information about the customized employment approach, explaining the 'win-win' principle underpinning it, as well as information about the job-seeker including the specific job tasks he can</p> |
|---|--|

perform. These tasks become the building blocks of a customized job (Brown, 2009, p. 99).

### Step 2: Finding and negotiating with an employer

Having gathered the information, the next step is to develop a plan toward meaningful employment and to determine a list of potential employers (ARTD, 2019a). Negotiation with a potential employer identified following the Discovery process focuses on satisfying 'an existing need through development of a new (and customized) role' (Wehman et al., 2018, p. 135). This includes working directly with the employer to:

- customise a job description;
- develop a set of job duties;
- develop a work schedule;
- develop the job arrangement, along with specifics of supervision (including performance evaluation review),
- determine the job location (Riesen et al., 2015, p. 184).

Each position is 'customised' involving a detailed process of discussion and negotiation, and uncovering of employer needs, not simply placement into existing positions (Inge et al., 2018).

For the employer, subsequent conversations with a job seeker are designed to gather and provide information. They are extensive and enable the employer to tell the stories behind their business, take the job seeker on their journey and outline expectations for employment. This conversational interview determines the suitability of this employer for the job seeker (Smith et al., 2018).

### Step 3: Customised supports

Once an employer is identified, collaboration is required with the individual and the employer to negotiate a customised job. Identification of the customized supports needed occurs prior to job commencement, including the provision of supports, that will match the individual's interests and skills and will fill the unmet needs of an employer. This can include informal supports (for example support with transport and independent living skills) as well as formal supports such as job coaching, or personal care supports (ARTD, 2019a; Brown, 2009; Smith, McVilly, McGillivray et al., 2018).

### Step 4: Provision of on-the-job training and post-placement support

The final step includes setting up ongoing post-placement supports and monitoring to ensure satisfaction of both the individual and the employer. (ARTD, 2019a). This support also includes customised on-the-job and formal training matched to the person's needs (Wehman et al., 2018).

One of the important aspects of CE is that it respects both the employee and the employer in the negotiation process. A good relationship that is mutually beneficial is desirable for a sustainable future (Smith et al., 2018).

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| Timescale of practice                                | The Discovery process takes between 20-60 hours, but averages 30. Other stages follow this. One Australian example of CE (Ticket to Work) provided 150 hours of support (ARTD, 2019a).   |
| Resources and personnel                              | Customised Employment specialist   |
| Targeted outcomes                                    | <p>The individualised and customized approach has been ‘successfully implemented with many ...youth and adults who had been labeled "too disabled to work"' (Brown, 2009, p. 101).</p> <p>Inge et al. (2018) report that different projects have achieved between a 45-71% employment rate in open employment with high levels of job retention after 1 year including young people with Autism Spectrum Disorder and intellectual disability. Of the jobs gained, the large majority required significant customization to create job descriptions, reassign tasks and provide modifications (Inge et al., 2018, citing Wehman et al., 2016).</p> <p>Further outcomes include the developing of self-advocacy skills through the process of self-determination. The ability to self-determine through a range of personal goals, including employment, has been shown to support better medium to long-term outcomes and an increased chance for independent living (Shogren, Wehmeyer, Palmer, Rifenburg, &amp; Little, 2015 in Smith et al., 2018). It also develops the skills of self-regulated problem solving leading to better decision making, career and job development (Dean, Burke, Shogren, &amp; Weymeyer, 2017 in Smith et al., 2018).</p> <p>A total of 14 participants undertook CE in an Australian pilot. The initiative gave students in Year 10 and above access to 150 hours (approx. \$8,300) of support focused on achieving open employment (ARTD, 2019a). The primary aim of the study (ARTD, 2019; 2019a) was to test what can be achieved in terms of short-term employment, school completion, wellbeing and social inclusion with positive outcomes identified (see below).</p> |
| Evidence of efficacy (including quality of evidence) | <p>As a tool to support transition planning, Discovery has shown early promise with the qualitative person-centred approach of Discovery appearing to provide some advantage (Jorgensen Smith, Dillahunt-Aspillaga, &amp; Kenney, 2015; Molina &amp; Demchak, 2016; Stevenson &amp; Fowler, 2016 in Smith et al., 2018). In a large 5 year study, Rogers, Lavin, Tran, Gantenbein and Sharpe (2008) used customised employment to transition 475 young people in seven school districts. At the completion of the study, 62% of these students had achieved individualised job placements at a competitive wage (Smith et al., 2018).</p> <p>In an Australian study, CE participants had better economic and social outcomes than their peers, suggesting that CE is an effective support for young people with disability in their transition from school to work. Interpretation of these findings must take into account the small sample size of the CE cohort (ARTD, 2019a). Key findings noted that CE participants who have left school have higher labour market participation and school completion than a comparison with similar other young people with disability. Specifically, CE participants are more likely to be employed</p>   |

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|                               | <p>(50%) than the comparison group (33%), while school leavers had higher rates of high school completion (100%) than the comparison group (52%).</p> <p>Overall, to date studies are small and more data is required with larger participation rates to validate the strength of findings. Further, researchers have yet to conduct studies that systematically compare CE (or specific components) to other procedures to determine relative effectiveness. Without this research, it is not known what components or processes of CE account for successful placements, nor in what circumstances certain aspects must be emphasized or finessed to be effective. In order to expand the field's knowledge about evidence-based CE practices, it has been suggested that more research is required to examine in detail the effects of individual components and processes (Riesen, 2015: 190).</p>  |
| Key recommendations/ findings | <p>While there are limitations to the research with regard to evidencing the impact of various CE components and processes, the overall conclusion is that CE is a strategy that has shown promise in assisting individuals with more significant disabilities to obtain meaningful employment (Riesen, 2015: 184).</p> <p>Australian researchers conclude that CE is an established person-centred process based on good published evidence with the opportunity to further build on a 'promising period of development' (Smith et al., 2018: 28). Just as important for Australia, the current process of CE is consistent with legislative obligations under the UNCRPD and NDIS Act (2013). Future policy needs to be guided by a commitment to both of these important parameters (Smith et al., 2018: 28).</p>  |
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*Individual Placement and Support (IPS)*

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| Name of practice     | Individual Placement and Support  |
| Overview of practice | <p>Individual Placement and Support (IPS) is a variant of the model of supported employment that emerged in the 1980's as a vocational intervention to support people with mental illness. IPS has a focus on rapid movement into competitive employment with multiple components that focus on support to address personal barriers and the ongoing provision of support in the workplace (Lawlor and Perkins, 2009; Ottomanelli et al., 2017). 'IPS helps clients to obtain and maintain competitive jobs of their choice without long periods of assessment, training, or internships' (McLaren et al. 2017, p. 366).</p> <p>IPS has also been used successfully with a range of other groups including a small number of examples with people with intellectual disability (Bond, 2020), substance abuse (Bond, 2020; Harrison, et al., 2020) and spinal cord injury (Bond, 2020; Ottomanelli et al., 2017).</p> <p>Extensive research has established a strong evidence base for use with people with mental illness based on the key ingredients needed to make it effective. These have been identified as the 8 Principles of IPS:</p> <ol style="list-style-type: none"> <li>1. <u>Competitive employment</u>: Agencies providing IPS services are committed to competitive employment as an attainable goal for clients with serious mental illness seeking employment – not volunteer, sheltered work and other non-competitive jobs.</li> <li>2. <u>Eligibility based on client choice</u>: Clients are not excluded on the basis of readiness, diagnoses, symptoms, substance-use history, psychiatric hospitalizations, level of disability, or legal system involvement. The only requirement for admission to an IPS program is a desire to work in a competitive job.</li> <li>3. <u>Integration of rehabilitation and mental health services</u>: IPS programs are closely integrated with mental health treatment teams.</li> <li>4. <u>Attention to client preferences</u>: Services are based on clients' preferences and choices, rather than providers' judgements – an IPS worker makes suggestions drawing on client strengths, work experience, what they desire and ongoing support to help keep a job.</li> <li>5. <u>Personalized benefits counselling</u>: Employment specialists help clients obtain personalized, understandable, and accurate information about their social security and other government payments and how work would affect their benefits.</li> <li>6. <u>Rapid job search</u>: IPS programs use a rapid job search approach to help clients obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counselling – this doesn't mean 'rapid placement' but is direct action to achieve a client's goal.</li> <li>7. <u>Systematic job development</u>: Employment specialists build an employer network based on clients' interests, developing relationships with local employers by making systematic contacts.</li> </ol> |

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|   | <p>8. <u>Time-unlimited and individualized support</u>: Follow-along supports are individualized and continued for as long as the client wants and needs the support (Drake et al., 2012).</p>   |
| Target cohorts and characteristics                                  | <p>IPS was developed to assist those with mental health conditions including major depression, dysthymia, anxiety disorders, psychotic disorders and bipolar affective disorder (Scanlan et al, 2019), and has also been used for other health and disability conditions including substance use disorder (Bond et al., 2019; Harrison et al., 2020), spinal cord injury (Bond et al., 2019; Ottomanelli et al., 2017) and intellectual disability (Noel et al., 2017).</p> <p>An Australian headspace program involved young people up to age 25 with mild to moderate mental health disorders (mainly depression and anxiety) (KPMG, 2019), while the Australian WorkWell program included participants ranging in age from 20-68 years with a variety of mental health conditions including major depression, dysthymia, anxiety disorders, psychotic disorders and bipolar affective disorder (Scanlan et al, 2019).</p>   |
| Context of use (country, jurisdiction, policy/ funding environment) | <p>IPS has been used in the US, Canada, Europe including Sweden, Denmark and Norway, Hong Kong and Australia.</p> <p>An Australian headspace program involved IPS trial sites run by lead agencies ranging from state government health entities, community health organisations, large NFP providers and Aboriginal health services. Sites received funding to deliver individually tailored employment support to be done in tandem with clinical mental health supports for young people up to age 25 with mental health disorders who were seeking support to remain engaged with vocational education or employment (KPMG, 2019).</p> <p>Some programmes incorporated other models of practice in conjunction with IPS. WorkWell is an IPS programme delivered by a large Australian non-government organisation for people with mental illness. A unique feature of this programme was the integration of principles from the collaborative recovery model (CRM). The CRM emphasises personal strengths and values, along with hope, growth and personal meaning for increasing wellbeing and living well (Oades et al., 2005, 2017 in Scanlan et al., 2019). CRM provides a model that is underpinned by two guiding principles: (i) recovery as an individual process and (ii) collaboration and autonomy support (Scanlan et al., 2019). Collaborative coaching relationships are critical to the CRM. Job seeking was a shared task with responsibilities negotiated between the coach and participant, with 'capacity for seeking and gaining employment developed through explicit teaching, building self-awareness, opportunities to practice and fostering confidence for the worker role through carefully calibrated support (Scanlan et al., 2019: 521).</p> <p>An identified enabler to outcomes was that WorkWell was not hampered by rigid reporting and targets as it operates outside the government-regulated Disability Employment Services (DES) scheme that dominates Australian disability employment support. The DES has been criticised for restricting longer term supports and prioritising certain targets (e.g. 13-week employment outcomes) over</p> |

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|   | <p>others, such as client preferences and long-term maintenance of employment (Stirling et al., 2018; Waghorn et al., 2007 in Scanlan et al., 2019). This enabled increased latitude for job coaches to work in highly individualised ways. However, operating outside the federally funded employment service system meant that wage subsidies were not available to prospective employers and brokerage funds needed to be provided from the organisation's existing resources (Scanlan, et al., 2019).</p> <p>A Swedish supported employment program for people with psychiatric disabilities utilised IPS enhanced with Motivational Interviewing (MI). Research assistants received 18 hours of training in motivational interviewing to then work with individuals who were demonstrating ambivalence about finding work after they start an IPS program. The aim was to increase motivation for getting and keeping jobs (Bond et al., 2019).</p>   |
| <p>Rationale/logic: the 'problem'/issue it is addressing</p>      | <p>To support people with mental illness in open employment as opposed to 'sheltered workshops' and Disability Enterprises.</p>  |
| <p>Practice steps or ingredients (key ingredients of success)</p> | <p>Fidelity to IPS principles has often been a measure in studies relating to IPS (e.g. Morris et al., 2014; Ottomanelli et al., 2017) with little or no detail as to the ingredients/practices adopted to fulfil each of the principles. However, the headspace program identified the following as key to IPS success, with the role of Vocational Specialists (VS) of major importance:</p> <ul style="list-style-type: none"> <li>• VS working with employers to educate about mental health and establishing suitable work environments as well as sourcing job opportunities,</li> <li>• VS working with clinicians and able to refer young people where appropriate,</li> <li>• VS meeting with DES and jobactive providers to establish working relationship,</li> <li>• VS attend clinical meetings to align clinical and vocational support,</li> <li>• Quality of VS and ability to build trust and rapport is critical; their commitment and knowledge of career paths and employment,</li> <li>• VS working to build life skills, presentation skills for job interviews and applications, and their understanding and navigating of the service system,</li> <li>• Time unlimited nature of support, flexibility in communication, option of meeting at headspace (safe environment) though informal community spots also valuable when requested,</li> <li>• An individual's employment history and motivation, and their family support,</li> <li>• Work alongside participants at their own pace using a scaffold approach to build knowledge, skills and confidence (KPMG, 2019).</li> </ul> |

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|  | <p>In other studies, the integration of clinical mental health services and the vocational services has been identified as critical in enabling good outcomes (KPMG, 2019; Scanlan et al., 2019; Ottomanelli et al., 2017).</p> <p>The WorkWell program also benefitted from the integration of CRM principles and resources that enabled and enhanced the implementation of IPS principles. The collaborative approach enabled job coaches to gain a detailed understanding of participants' strengths and desires and enabled job search to be directed towards jobs that were optimally aligned to individuals' strengths and goals (Scanlan et al., 2019).</p>  |
| Timescale of practice                                | <p>Fidelity to IPS means supports are individualized and continued for as long as the client wants and needs the support (Drake et al., 2012). There is however variety across programs/trials. One review noted that studies ranging from the US to Sweden, Denmark and Norway had timescales of 6 – 25 months. One program working with spinal cord injury was conducted over 24 months (Ottomanelli et al., 2017).</p> <p>The headspace programme saw 41% achieved an education or employment outcome that took 111-121 days on average (KPMG, 2019).</p>  |
| Resources and personnel                              | <p>While personnel can vary, some studies highlighted the vital role of vocational specialists (VS) to deliver IPS services. Their role was to work with individuals to deliver specialist and vocational support, as well as establishing formal links with a range of local networks including employers, employment services and other stakeholders (KPMG, 2019; Ottomanelli, et al., 2017; Scanlan et al., 2019).</p>   |
| Targeted outcomes                                    | <p>In the context of IPS programmes, two outcomes are critical: the employment placement rate (i.e. the proportion of people being placed into a job) and employment duration (i.e. how long individuals remain in employment). While employment placement rates are regularly reported in studies, employment duration has been reported less frequently. This is significant as supporting sustained employment has been identified as an ongoing challenge in IPS programmes (Kern et al., 2018 in Scanlan et al., 2019). For example, with the headspace program, there was a decrease in the number of participants remaining in employment - from 4 weeks (88%) to 26 weeks (50%) (KPMG, 2019).</p> <p>It should be noted that the measuring of what constitutes employment is variable and often not defined. A review of IPS studies found that the primary outcome of interest was the competitive employment rate, based on at least one day of competitive employment during follow-up, which is considered a proxy for other employment outcomes, while some studies reported the rate at end point (Bond et al., 2019). A US program focused on those with spinal cord injury, had a targeted outcome of competitive employment: 43.2% of participants obtained competitive jobs with 45% of these ending during the 2-year study (Ottomanelli, et al., 2017).</p> |
| Evidence of efficacy (including quality of evidence) | <p>The international evidence has demonstrated that IPS is superior to other approaches in achieving placement into competitive employment for individuals with serious mental illness who wish to work (Becker et al., 2012; Bond et al. 2008 &amp; 2012; Modini et al., 2016; Smith, Atmatzidis, Capogreco, Lloyd-Randolfi, &amp; Seman,</p>  |

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|          | <p>2017) with evidence for IPS well-recognised within the Australian policy context (Department of Social Services, 2014; King et al., 2006; Waghorn, Collister, Killackey &amp; Sherring, 2007 in Scanlan et al., 2019). The WorkWell program results for total employment duration (average of 21.6 weeks) were in line with international results and exceeded results reported from some Australian studies (e.g. Chang et al., 2016; Killackey et al., 2008; Williams et al., 2015). With regard to duration, the majority (29/48, 60.4%) of people who had gained employment were still working at the end of data collection or at their last contact with the service (Scanlan et al., 2019).</p> <p>A review of 16 studies examined the evidence for IPS effectiveness in employment placement rate and employment duration for people with a variety of mental illness conditions. There were 1109 IPS participants in total with studies drawing on research of programmes in the US, Canada, six European countries, Hong Kong and Australia (Drake et al., 2012). The findings from this diverse group of IPS effectiveness studies show evidence for competitive employment outcomes with approximately two-thirds of all clients entering IPS obtaining competitive jobs, with half of those becoming steady workers. The results are strong and positive in countries outside the US with Australian results comparable (Drake et al., 2012).</p> <p>More recent evidence notes that overall, twenty-seven randomized control trials have been conducted on IPS between 1996 and 2019, spanning multiple countries (most in the US and 3 in Australia) and over 6,000 people with mental illness, which show significant increased employment outcomes for IPS for this cohort over other interventions (Bond, 2020; Drake et al., 2019).</p> <p>A meta-analysis found that of IPS for people other than those with mental health conditions found that overall, the methodological quality was adequate. The analysis was limited by differing follow-up time frames (6 months to 1 year or more), heterogeneity of the populations served, use of non-standardized interventions by control groups, and the influences of diverse disability policies and labor laws in the nations where the studies were conducted. The most common methodological weakness was a lack of detail in the description of the intervention (Bond et al., 2019).</p> <p>One study in the US noted the significance of location. In urban areas transportation and employment opportunities may be easier than for persons in rural areas (Ottomanelli, et al., 2017).</p> |
| Barriers | <p>A number of barriers in the headspace program were identified that impacted on successful outcomes:</p> <ul style="list-style-type: none"> <li>• The expectation across trial sites was to work with DES and jobactive providers where they have participants receiving assistance from these providers – collaboration was difficult as the business model of the providers made them hesitant about working with another agency providing employment support.</li> <li>• Staff turnover with other agencies impact relationship building</li> </ul>  |

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|                               | <ul style="list-style-type: none"> <li>• Local employment and education conditions and opportunities – seasonable job markets (KPMG, 2019)</li> <li>• Lack of transport (KPMG, 2019; Noel et al., 2017).</li> </ul> <p>Other barriers identified included:</p> <ul style="list-style-type: none"> <li>• The IPS programs within agencies that did not provide mental health services experienced difficulties integrating mental health and employment services.</li> <li>• The lack of family engagement -particularly from lower socio-economic backgrounds with generations of unemployment - led youth, initially interested in employment, to disengage from the employment process. Some families discouraged their youth from gaining employment for fear of losing support benefits.</li> <li>• IPS teams encountered resistance when they began placing youth with developmental disabilities in competitive employment: parental concern about potential workplace bullying, Vocational Rehabilitation counselors viewing people with developmental disabilities as incapable of competitive employment, while some clients with disability were reluctant to leave the workshops fearing the loss of social networks (Noel et al., 2018).</li> </ul> <p>Studies have also noted that housing instability, poor work history, and criminal justice involvement are barriers for people with SUD looking to find employment (Dunigan et al., 2014; LePage et al., 2016; Rosenheck &amp; Mares, 2007; Sherba, Coxe, Gersper, &amp; Linley, 2018 in Harrison et al., 2020). Addressing and overcoming these barriers to employment are specifically incorporated in IPS (Becker et al., 2015 in Harrison et al, 2020).</p> |
| Key recommendations/ findings | <ul style="list-style-type: none"> <li>• Employment barriers are best addressed with a system that offers IPS services integrated with medical care and that lasts throughout the working life of those who have been unable to obtain and maintain work because of disability.</li> <li>• The integration of IPS with other rehabilitation interventions enables vocational goals to become part of a holistic treatment plan to maximize health and independence</li> <li>• From a policy perspective, IPS is a resource-intensive service: hence, careful decisions need to be made about who and when to refer to such a program (Ottomanelli, et al., 2017).</li> </ul> <p>Based on US study for people with intellectual disability, recommendations include:</p> <ul style="list-style-type: none"> <li>• ‘provide job coaching/training at the work site to overcome cognitive problems’</li> <li>• ‘provide concurrent social skills training while preserving the IPS rapid job search’</li> <li>• ‘increasing outreach to the youth and the youth’s family to prevent disengagement from IPS (including in relation to low expectations of families</li> </ul>   |

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|            | <p>related to young people with disability, and family's concerns for the young person's safety)' (Noel et al. 2017, p. 357).</p> <ul style="list-style-type: none"> <li>• 'It may be necessary to modify fidelity items (e.g. mental health integration items) and/or modify the training given to IPS supervisors and employment specialists who serve these populations (Noel et al., 2018: 254).</li> </ul> <p>In conclusion, the principles of IPS have been evidenced to be related to outcomes of programs when fidelity to the model is used to guide practice and appears to be a promising model for people with intellectual disability as well as for youth with mental illness (Noel et al., 2018), people with SCI (Ottomanelli, et al., 2017) and people with SUD through the integration of IPS with substance use treatment (Harrison et al., 2020).</p> <p>People in all disability groups are heterogeneous and probably need an individualized approach like IPS. Modifications to IPS fidelity standards may be necessary in some cases, but IPS principles thus far appear to be appropriate across disabilities. (Bond et al., 2019).</p>   |
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## Ticket to Work

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| Name of practice   | Ticket to Work (with customised employment cohort)  |
| Overview of practice   | <p>Ticket to Work has its origins in 2011 when representatives from a diverse range of organisations in Melbourne collaborated to explore how local young people with disability could be better supported by the community to initiate successful pathways to employment. Following their research and exploring of new approaches, the Ticket to Work model was developed and first piloted in 2012 (ARTD, 2016).</p> <p>Ticket to Work focuses on secondary school students with disability through a combination of school-based vocational and career development and early contact with work environments (SVA, 2020). It promotes collaborative locally based partnerships, bringing together a range of partners in local regions to provide support for school to work transition. These partners include industry groups, schools, youth organisations, employment agencies, local councils and NDIS providers (NDS, 2021).</p> <p>The Ticket to Work model:</p> <ol style="list-style-type: none"> <li>1. Brings together disability-specific and mainstream representatives from a variety of sectors to work strategically to improve employment outcomes</li> <li>2. Supports young people in gaining access to early experiences and to supports that positively influence their views of themselves as workers</li> <li>3. Prepares young people with disability for the workplace and gives them an employment pathway that is typical of other young adults</li> <li>4. Increases opportunities for on-the-job learning experience before leaving school</li> <li>5. Changes the culture of low expectations and increases aspirations and opportunities' (ARTD, 2016: 7).</li> </ol> |
| Target cohorts and characteristics                                 | <p>Young people with disability still at school.</p> <p>Operating since 2014, Ticket to Work has provided approximately 3200 young people with support for career development and work preparation activities (SVA, 2020).</p>  |
| Context of use (country, jurisdiction, policy/funding environment) | <p>Ticket to Work is currently an Australian initiative of the National Disability Services (NDS); NDS oversees and supports local networks to implement evidence-based practice and ensure that learnings are shared (ARTD, 2019).</p>   |
| Rationale/ logic: the 'problem'/issue it is addressing             | <p>During the transition from school, young people with disability often encounter uncertainties and developmental challenges thereby increasing the risk of social exclusion. Between the ages 15 to 25 people with disability become increasingly socially disadvantaged compared to young people without disability (ARTD, 2019).</p>  |

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|   | <p>TTW aims to redress 'the poor employment, social and economic exclusion rates currently experienced by Australian young people with disability' and to 'participate in the same 'typical' transition to employment activities that their non-disabled peers generally partake in as a matter of course' (Wakeford &amp; Waugh, 2014: 6).</p> <p>Many of the drivers of low labour force participation start at school. People with disability are significantly less likely than their peers to complete Year 12, less likely to participate in work experience, and have lower aspirations for post-school work (Athenasou et al., 2019, in SVA, 2020). The education, skills and attitudes developed through school are closely linked to subsequent participation in post-school work or training (SVA, 2020).</p>  |
| <p>Practice steps or ingredients (key ingredients of success)</p> | <p>Networks work collaboratively to build partnership governance structures, develop organisational materials, develop strategic marketing collateral and establish employer networks (Wakeford &amp; Waugh, 2014: 8).</p> <p>With support of the Local Network, Career planning and workplace preparation, work experience and access to accredited training is undertaken with targeted, individual interventions (Wakeford &amp; Waugh, 2014: 18). Career and employment development activities conducted in school include:</p> <ul style="list-style-type: none"> <li>• Vocational Education and Training at secondary school</li> <li>• Australian School based Apprenticeships and Traineeships (ASbAT)</li> <li>• Work experience/placement</li> <li>• Career development through customised employment techniques</li> <li>• After school work</li> <li>• Self-employment during secondary school (microbusiness) (ARTD, 2019: 8)</li> </ul> <p><b>Customised Employment (CE) as a component of Ticket to Work</b></p> <p>Customised Employment (CE) is one approach the many Ticket to Work networks use to assist students with disability into employment. CE was developed as a multi-strategy approach to improve open and self-employment outcomes for people with significant disability. It is described as a process driven concept with four essential components:</p> <ul style="list-style-type: none"> <li>• Discovery - Gathering information from the job seeker and the CE support team to determine the job seeker's interests, skills, and preferences that guide the development of a customised job.</li> <li>• Job Search Planning - Using the information learned about an individual job to develop a plan toward meaningful employment and to determine a list of potential employers.</li> <li>• Job Development/Negotiation - Working collaboratively with the individual and the employer to negotiate a customised job, including the provision of supports, matching the individual's interests and skills, and conditions necessary for success while meeting employer needs.</li> <li>• Post-Placement Support - Setting up ongoing post-placement supports and monitoring the employment relationship (ARTD, 2019a).</li> </ul> <p>An ARTD evaluation looked at outcomes for participants in school and out of school that have had CE approach through the School to Work pilot, funded by the National</p> |

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|                         | <p>Disability Insurance Agency (NDIA) in Western Australia. A defining feature of the pilot was the use of the 'Discovery' process, the first step in CE. Discovery is a strength based individualised approach guiding job seekers through a process of finding out who they are, what they want to do, and what they have to offer. The process is undertaken with each participant and their support circles (family, educators, community members, DES employment consultants etc.) and includes comprehensive assessment of the participant in all their everyday environments to discover which types of employment options and conditions will work best for them (ARTD, 2019a).</p> <p>Of the 150 hours of support the students received in the pilot, approximately 25 to 30 hours was dedicated to the Discovery process.</p> <p>More than half (60%) of student participants had support conducting formal interviews with employers, while 80% had developed a vocational profile as part of the Discovery process (ARTD, 2019a)</p> <p>Work Development Activities:</p> <p>The most common activity participated in was work experience (100%). Half (50%) of participants were or had enrolled in vocational education or training (VET) as part of their senior school certificate. Under half of the respondents (42%) had an after-school job while at school (ARTD, 2019a). Wherever possible, TTW blends formal learning with direct workplace experience and on-the-job training' (Wakeford &amp; Waugh, 2014: 23).</p> <p>Ticket to Work also addresses the needs of employers with Individualised support offered through 'the provision of disability awareness training, guidance and the appropriate matching of students to work experience or employment positions in their business' (Wakeford &amp; Waugh, 2014: 20).</p> |
| Timescale of practice   | Young people typically participate for at least one year.  |
| Resources and personnel | <p>There are 31 Ticket to Work networks currently operating in Australia. Of the Ticket to Work stakeholders there are:</p> <ul style="list-style-type: none"> <li>• 1,960 employers supporting young people with disability in their workplace</li> <li>• 373 Local Ticket to Work Network members.</li> <li>• 261 schools involved (ARTD, 2019).</li> </ul> <p>Local Networks: Partners include schools, Disability Employment Services, TAFE/RTOs, employers, disability services (ARTD, 2019; 2019a).</p>  |
| Targeted outcomes       | <p>The primary aim of recent studies (both Ticket to Work and the CE component) was to test what can be achieved by Ticket to Work in terms of short-term employment, school completion, wellbeing and social inclusion. (ARTD, 2019; 2019a).</p> <p>Key aims of Ticket to Work for young people with disability include:</p> <ul style="list-style-type: none"> <li>• positively influence their views of themselves as workers</li> <li>• prepare them for the workplace</li> <li>• give them an employment pathway that is typical of other young adults</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>• increase opportunities for meaningful work experience and learning prior to exiting school (SVA 2020).</li> </ul> <p>TTW aims ‘to ensure that young people with disability can remain in school to complete their senior schooling, participate in career development, build self determination and commence a transition to employment whilst they are in school and have the dedicated support of a range of organisations’ (Wakeford &amp; Waugh, 2014: 6). TTW assists young people to develop skills, confidence, training and exposure to potential career pathways before they leave school (Wakeford &amp; Waugh, 2014).</p> <p>Local Networks also address disability stereotypes and challenge culture of low expectations and build aspirations of young people, empowering the young person and their family (Wakeford &amp; Waugh, 2014).</p>   |
| Evidence of efficacy (including quality of evidence) | <p>A pilot study (ARTD, 2019; 2019a) gave students in Year 10 and above access to 150 hours (approx. \$8,300) of support focused on achieving open employment. Support was available to about 500 NDIS participants at secondary school. The studies used a quasi-experimental treatment and comparison group design. The treatment group comprised those who had participated in Ticket to Work. The sample size for this group was 56 (Ticket to Work) and 14 (CE) (ARTD, 2019; 2019a).</p> <p>The comparison group was composed of similarly aged young people with comparable disability types identified in the Government data sets (e.g. HILDA). Data was also collected using a structured interview approach with former participants as well as employers, parents and past participants (ARTD, 2019; 2019a).</p> <p>The evaluation of TTW evidenced it is a successful model, with participants more likely to be employed as well as more likely to complete year 12, undertake post secondary education, be more socially active and more independent (ARTD, 2019; 2019a).</p> |
| Identified barriers                                  | <p>When looking at barriers to employment, Ticket to Work participants reported their own ill health and disability’ (65%) and transport problems/ too far to travel (59%) as preventing them from participating in work. The key barrier identified by Ticket to Work participants is that there are ‘too many applicants for the available jobs’ (ARTD, 2019).</p>  |
| Key recommendations/ findings                        | <p><b>Employment</b></p> <p>Ticket to Work participants are:</p> <ul style="list-style-type: none"> <li>• more likely to be employed (64%) than the comparison group (33%).</li> <li>• less likely to be neither working, studying or training (NEET) (28%) than the comparison group (54%).</li> </ul> <p><b>Education and training</b></p> <p>Ticket to Work participants are:</p> <ul style="list-style-type: none"> <li>• more likely to complete year 12 (95%) than the comparison group (52%).</li> </ul>   |

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|            | <ul style="list-style-type: none"> <li>• more often studying post school (31%) than the comparison group (23%) – with the majority of Ticket to Work participants combining study with work</li> <li>• more likely to obtain further qualifications (32%) than the comparison group (16%). (ARTD, 2019).</li> </ul> <p><b>Customised Employment as a component of Ticket to Work</b></p> <ul style="list-style-type: none"> <li>• CE participants who have left school have higher labour market participation and school completion, similar other young people with disability.</li> <li>• CE participants are more likely to be employed (50%) than the comparison group (33%).</li> <li>• School leavers had higher rates of high school completion (100%) than the HILDA comparison group (52%)</li> <li>• CE participants had better economic and social outcomes than their peers, suggesting that CE is an effective support for young people with disability in their transition from school to work (ARTD, 2019a).</li> </ul> <p>Interpretation of these findings must take into account the small sample size of the CE cohort (ARTD, 2019a).</p>   |
| References | <p>ARTD Consultants (2016). <i>Ticket to Work pilot outcomes study. A Quasi-Experimental analysis of pathways from school to economic and social inclusion. Report for National Disability Services</i>, ARTD Pty Ltd, Sydney.<br/> <a href="https://tickettowork.org.au/media/research_submissions_files/Ticket-to-work-outcome-report-ARTD-final.pdf">https://tickettowork.org.au/media/research_submissions_files/Ticket-to-work-outcome-report-ARTD-final.pdf</a></p> <p>ARTD Consultants (2019). <i>Ticket to Work Post School Outcomes</i>. Report for National Disability Services, ARTD Pty Ltd, Sydney.<br/> <a href="https://tickettowork.org.au/media/submissions_researches_buttons/Ticket_to_Work_Post_School_Outcomes_final_2019.pdf">https://tickettowork.org.au/media/submissions_researches_buttons/Ticket_to_Work_Post_School_Outcomes_final_2019.pdf</a></p> <p>ARTD Consultants, (2019a). <i>Ticket to Work Outcomes Evaluation – Customised Employment Report. A Report for National Disability Services. Final Report</i>, ARTD Pty Ltd., Sydney. <a href="https://www.tickettowork.org.au/research_evaluation/ticket-work-outcomes-evaluation-customised-employment/">https://www.tickettowork.org.au/research_evaluation/ticket-work-outcomes-evaluation-customised-employment/</a></p> <p>NDS 'Ticket to Work Collaboration' (2021).<br/> <a href="https://tickettowork.org.au/collaboration/">https://tickettowork.org.au/collaboration/</a></p> <p>NDS 'About Ticket to Work' (2021). <a href="https://tickettowork.org.au/about/">https://tickettowork.org.au/about/</a></p> <p>Social Ventures Australia Consulting (SVA) (2020) <i>Ticket to Work: Valuation of Key Outcomes</i>. <a href="https://tickettowork.org.au/resource/163/">https://tickettowork.org.au/resource/163/</a></p> <p>Wakeford, M. &amp; Waugh, F. (2014) <i>Transitions to Employment of Australian Young People with Disability and the Ticket to Work Initiative</i>. <a href="http://www.tickettowork.org.au">www.tickettowork.org.au</a></p> |

## Case management

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| Name of practice  | Case Management   |
| Overview of practice<br>- what is the intervention                    | <p>Case management can also be referred to as case coordination or service coordination. It refers to the coordination of services for the individual and liaison and management of the communication between health care providers and the workplace. In some instances, it involves developing specific plans and the provision of education and training. A common term used now is Return to Work Coordinator.</p> <p>The term is also used loosely. Sometimes it can refer to the provision of a coordinated set of services delivered by a team. It can also refer to a single professional who coordinates service delivery and can have the following titles: "case manager, disability prevention specialist, disability manager, disability supervisor or rehabilitation counselor." (Dol et al., 2021, p. 1). Sometimes a social worker is given the role of coordinating return to work services (MacEachen et al., 2020).</p>  |
| Target cohorts and characteristics                                    | This has been provided to a range of cohorts including people with musculoskeletal and pain-related conditions, and mental health conditions.   |
| Context of use<br>(country, jurisdiction, policy/funding environment) | <p>European countries particularly the Nordic countries, Australia, the US, Hong Kong, Singapore.</p> <p>Dibben et al. (2018) commented that much of the evidence on the benefit of service coordination for successful return from musculoskeletal conditions was from Sweden, Denmark and Germany where higher amounts are spent on services and service coordination relative to other countries. The extent to which these findings could be replicated in liberal market economies with different welfare safety nets was something that needed further research (Dibben et al., 2018).</p> <p>Where the return to work coordinators are employed, such as within a large company as part of the human resources team or as independent consultants for an insurance company, will influence how they facilitate the communication between the various parties that have competing goals and interests (MacEachen et al., 2020).</p> <p>One study found that return to work coordinators did not reduce return to work time compared to control intervention and concluded that one possibility for this lack of success related to the coordination role being performed within a health service and not a more substantive coordination role that spanned across the workplace, health services, and other key stakeholders (Skarpaas et al., 2019).</p> |
| Rationale/logic: the 'problem'/issue it is addressing                 | <p>The logic of service coordination is that there are a range of services and supports required to rehabilitate and enable a successful return to work that needs to be managed by a third party. There is variety in how this is provided across different situations and countries.</p> <p>The skills required of professionals delivering service coordination include strong mediation skills, business and legal knowledge relevant to the area, being able to</p>  |

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|  | maintain confidentiality, and good time management and communication skills (Dol et al., 2021).   |
| Practice steps or ingredients (key ingredients of success) | <p>Case management/service coordination success depends in part on the level of trust between the different stakeholders (health services, unions, employers) and the willingness to share information (Dibben et al., 2018).</p> <p>Dol et al.'s review of interventions using service coordination roles noted that face to face contact between the coordinator and worker was a significant factor in reduced absenteeism and increased return to work (Dol et al., 2021).</p>  |
| Timescale of practice                                      | Duration of support varies from a few weeks to a few months.  |
| Research Gaps  | There is little research examining the quality of the relationship between the worker and return to work coordinator and how that influences outcomes (Dol et al., 2021). To date, much of the research just lists the intervention types including that of the coordinator role, rather than any judgement of the quality of the relationships (Dol et al., 2021). Further, there is little description in detail of the specific roles of a return to work coordinator and very little qualitative analysis. It is speculated that the role might vary considerably (MacEachen et al., 2020).   |
| Resources and personnel                                    | A recently conducted trial found that they were able to successfully train occupational health nurses as case managers for a return to work program for people with mental health conditions in the UK's National Health Service. The training for case managers involved a two day workshop on mental health and brief overview of therapy techniques such as cognitive behavioral training (Parsons et al., 2021).  |
| Targeted outcomes  | <p>Return to work</p> <p>Reduced work absence</p>   |
| Evidence of efficacy (including quality of evidence)       | <p>Almost by definition, case management is provided as part of a suite of responses. There is strong evidence that a multidimensional approach of service coordination, in conjunction with health service delivery and workplace modifications, can improve return to work times for musculoskeletal and pain-related conditions (Cullen et al., 2018; Dibben et al., 2018).</p> <p>In a review of return to work coordinator programs across a range of health conditions, there was strong evidence for face to face contact, and identifying barriers and facilitators to returning to work for reducing work absence. There was moderate evidence for training for the return to work coordinators, developing a plan, and worksite evaluation/modification for reducing work absence. For returning to work rates only, face to face contact was a strong predictor of better outcomes (Dol et al., 2021). A recent individual study found though that a return to work coordinator did not impact on return to work times (Skarpaas et al., 2019).</p> <p>A more specific review of return to work coordinators for people with mental health problems found that there was insufficient evidence that such a position improves return to work rates and a lack of detail about what those roles entail</p> |

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|            | <p>(MacEachen et al., 2020). Another review of return to work programs for people with mental health conditions that was more inclusive of all types of interventions found that multicomponent programs had stronger evidence of return to work effectiveness compared to single component programs (Mikkelsen &amp; Rosholm, 2018). Whether this was coordinated by a team or individual professional was not specified. Similarly a review of return to work programs for people with chronic pain conditions reported that multicomponent interventions showed promise but the extent to which these were accompanied by a specific coordination role was not specified (Wegrzynek et al., 2020).</p>   |
| References | <p>Cullen, K. L., Irvin, E., Collie, A., Clay, F., Gensby, U., Jennings, P. A., Hogg-Johnson, S., Kristman, V., Laberge, M., McKenzie, D., Newnam, S., Palagyi, A., Ruseckaite, R., Sheppard, D. M., Shourie, S., Steenstra, I., Eerd, D. V., &amp; Amick, B. C. (2018). Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners. <i>Journal of Occupational Rehabilitation</i>, 28(1), 1–15. <a href="https://doi.org/10.1007/s10926-016-9690-x">https://doi.org/10.1007/s10926-016-9690-x</a></p> <p>Dibben, P., Wood, G., &amp; O'Hara, R. (2018). Do return to work interventions for workers with disabilities and health conditions achieve employment outcomes and are they cost effective? A systematic narrative review. <i>Employee Relations</i>, 40(6), 999–1014. <a href="https://doi.org/10.1108/ER-01-2017-0023">https://doi.org/10.1108/ER-01-2017-0023</a></p> <p>Dol, M., Varatharajan, S., Neiterman, E., McKnight, E., Crouch, M., McDonald, E., Malachowski, C., Dali, N., Giau, E., &amp; MacEachen, E. (2021). Systematic Review of the Impact on Return to Work of Return-to-Work Coordinators. <i>Journal of Occupational Rehabilitation</i>. <a href="https://doi.org/10.1007/s10926-021-09975-6">https://doi.org/10.1007/s10926-021-09975-6</a></p> <p>MacEachen, E., McDonald, E., Neiterman, E., McKnight, E., Malachowski, C., Crouch, M., Varatharajan, S., Dali, N., &amp; Giau, E. (2020). Return to Work for Mental Ill-Health: A Scoping Review Exploring the Impact and Role of Return-to-Work Coordinators. <i>Journal of Occupational Rehabilitation</i>, 30(3), 455–465. <a href="https://doi.org/10.1007/s10926-020-09873-3">https://doi.org/10.1007/s10926-020-09873-3</a></p> <p>Mikkelsen, M. B., &amp; Rosholm, M. (2018). Systematic review and meta-analysis of interventions aimed at enhancing return to work for sick-listed workers with common mental disorders, stress-related disorders, somatoform disorders and personality disorders. <i>Occupational and Environmental Medicine</i>, 75(9), 675–686. <a href="https://doi.org/10.1136/oemed-2018-105073">https://doi.org/10.1136/oemed-2018-105073</a></p> <p>Parsons, V., Juszczuk, D., Gilworth, G., Ntani, G., McCrone, P., Hatch, S., Shannon, R., Henderson, M., Coggon, D., Molokhia, M., Smedley, J., Griffiths, A., Walker-Bone, K., &amp; Madan, I. (2021). A case management occupational health model to facilitate earlier return to work of NHS staff with common mental health disorders: A feasibility study. <i>Health Technology Assessment (Winchester, England)</i>, 25(12), 1–94. <a href="https://doi.org/10.3310/hta25120">https://doi.org/10.3310/hta25120</a></p> <p>Skarpaas, L. S., Haveraaen, L. A., Småstuen, M. C., Shaw, W. S., &amp; Aas, R. W. (2019). The association between having a coordinator and return to work: The rapid-</p> |

return-to-work cohort study. *BMJ Open*, 9(2). <https://doi.org/10.1136/bmjopen-2018-024597>

Wegrzynek, P. A., Wainwright, E., & Ravalier, J. (2020). Return to work interventions for chronic pain: A systematic review. *Occupational Medicine*, 70(4), 268–277. <https://doi.org/10.1093/occmed/kqaa066>

## Appendix 12: Summary of best practice in RTW and vocational programs

Summary of meta review of best practice in vocational programs (Cameron et al., 2020) and commonly agreed barriers to RTW (Collie et al., 2020). NB. These studies largely focus on work-attached individuals and RTW contexts.

| Component domains and underpinning barriers  | Component interventions with evidence of efficacy   | Cohorts with evidence of component success                          |
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| Health   |   |   |
| <p>Assumed 'problem'/barrier to be addressed:</p> <ul style="list-style-type: none"> <li>- need for guidance re appropriate levels of activity (work and home)</li> <li>- need for guidance on how to build function, strength, stamina</li> <li>- need for guidance on pain management and self-care</li> <li>- psychological needs including beliefs, self-efficacy, attention to pain stimuli, coping<sup>1,2</sup></li> <li>- delayed access to health care<sup>2</sup></li> <li>- lack of work focused health care<sup>2</sup></li> </ul> | Education/coaching, such as emotional support <sup>1</sup>  | ABI, TBI, non-traumatic ABI (e.g. stroke) <sup>1</sup>              |
|  | Education on effective skills/strategies for coping and RTW, including psycho-education, physical therapy advice <sup>3</sup>   | Pain-related <sup>3</sup>   |
|  | Risk-screening for delayed return linked to psychological support and medical care <sup>1</sup>   |   |
|  | Multi-disciplinary team (Rehab, Occupational Therapy, Social Work, Neuropsychology, Speech Therapy, Physical Therapy) <ul style="list-style-type: none"> <li>- work with patient's families employers, co-workers, occupational physicians to facilitate RTW<sup>1</sup></li> </ul> | ABI <sup>1</sup>  |
|  | Health support <sup>1</sup>   | Burns injuries <sup>1</sup>   |
|  | RTW planning integrated into medical assessments (done by specialist VR staff) <sup>1</sup>   | Musculoskeletal <sup>1</sup>  |
|  | Injury adjustment counselling <sup>1</sup>  | TBI <sup>1</sup>  |
|  | Medical assessments <sup>1</sup>  |   |
|  | Graded activity/exercises <sup>1,3</sup>  |   |
|  | Cognitive behavioural therapy <sup>1</sup>  |   |
|  | Physical, psychological, occupational therapy <sup>1</sup>  |   |
|  | Physical therapy including functional restoration, physical conditioning and work hardening <sup>3</sup>  | Cancer, pain, MSD <sup>3</sup>                                      |
|  | Psychotherapy including cognitive behaviour therapy, problem solving therapy, exposure therapy <sup>3</sup>   | Mental health, PTSD, depression, MSD, cancer, SCI, ABI <sup>3</sup> |
|  | Education to promote self care and pain management <sup>1</sup>   |   |
|  | Health care activities in all settings: individual's home, health care setting, workplace <sup>1</sup>  |   |
| Physical exercise (in or outside of workplace) <sup>3</sup>  |   |   |
| Physical conditioning <sup>3</sup>   | Back pain <sup>3</sup>  |   |

| Service coordination  |  |   |
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| <p>Assumed 'problem'/barrier to be addressed:</p> <ul style="list-style-type: none"> <li>- need to understand rights, RTW process</li> <li>- manage expectations of all parties</li> <li>- workers' need for advocate with stakeholders<sup>1</sup></li> <li>- poor coordination of workplace and healthcare response to injury<sup>2</sup></li> <li>- poor communication by insurer<sup>2</sup></li> <li>- delays in insurer approvals<sup>2</sup></li> </ul>                                    | Tailored early intervention coordinating all components <sup>1</sup>   | ABI, TBI, non-traumatic ABI (e.g. stroke) <sup>1</sup>        |
|   | Process interactions between patients and stakeholders managed by Rehab Centre <sup>1</sup>  | ABI <sup>1</sup>  |
|   | Work Capacity Liaisons coordinate communication with health care providers, employers and insurer <sup>1</sup>   | Musculoskeletal <sup>1</sup>                                  |
|   | Done by social workers <sup>1</sup>  | Musculoskeletal, common mental health conditions <sup>1</sup> |
|   | Focus on improve communication within workplace (between worker, employer, colleagues) <sup>1</sup> <ul style="list-style-type: none"> <li>- info on worker rights</li> <li>- employers updated on worker health status, RTW timeframes and need for supports including business-hour health appointments<sup>1</sup></li> </ul> |   |
|   | Focus on coordinate health care providers and stakeholders <sup>1</sup>  |   |
|   | Structured coordination involving employer, worker and health professional <sup>3</sup>  | Pain related <sup>3</sup>                                     |
| Workplace/employer  |  |   |
| <p>Assumed 'problem'/barrier to be addressed:</p> <ul style="list-style-type: none"> <li>- workers' need for work adjustment<sup>1</sup>, including graduated RTW, modified tasks, duties, hours<sup>2</sup></li> <li>- workplace need for education about how to support RTW and worker<sup>1</sup></li> <li>- Poor/negative relationships with co-workers<sup>2</sup></li> <li>- Lack of involvement of employer in developing RTW<sup>2</sup></li> <li>- delayed communication from</li> </ul> | Adaptation of working task <sup>1</sup>  |   |
|   | Modify work equipment, work station, work environment, including approving work from home <sup>1</sup>   |   |
|   | Provide special equipment, including designated parking  |   |
|   | Modify scheduling, including change to work hours or days, time off for health-related appointments, provision of additional breaks when at work, change to start/finish time to enable shortened travel time to/from work <sup>1</sup> ,  |   |
|   | Graded work resumption <sup>1</sup>  |   |
|   | Adjust performance expectations <sup>1</sup>   |   |
|   | Education and recommendation to employers on how to support RTW, including trained 'buddy' at work to respond to specific needs, education for supervisor/colleagues about worker's condition and effects <sup>1</sup>   | Burns injuries, and others <sup>1</sup>                       |

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| employer after injury <sup>2</sup><br>- poor employer understanding of workers compensation <sup>2</sup><br>- | Review and support for supervisor/employers including to assist work planning <sup>1</sup>   |   |
|   | Workplace located physical rehabilitation services; work hardening activities in the workplace <sup>3</sup>  |   |
|   | Work accommodation blended with clinical treatment, and collaboration between employer and healthcare provider <sup>3</sup>  | MSD, pain <sup>3</sup>                      |
| Vocational focus (preparation for workplace)  | Vocational guidance counselling (1yr); vocational evaluation of individual's work and general skills, followed by targeted vocational guidance, life skills counselling and vocational awareness <sup>1</sup>                      | TBI <sup>1</sup>                            |
| Assumed 'problem'/barrier to be addressed:<br>Not identified in studies                                       | Quick start placement/rapid transition into range of labour market programs (e.g. subsidised open employment, subsidised segregated/supported employment, mainstream education, targeted vocational training courses) <sup>1</sup> | Temporary disability claimants <sup>1</sup> |
|   | Ongoing intensive on-the-job support including delivery of training at work <sup>3</sup>   | Mental health conditions, SCI <sup>3</sup>  |

1. Cameron et al., (2020)
2. Collie et al., (2020)
3. Costa et al., (2017)

## Appendix 13: Barriers to employment

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| <b>Personal</b> factors                | e.g. age, gender, biopsychosocial health factors (including diagnosis, psychological dispositions such as motivation, recovery expectations, coping ability, beliefs about own ability to work, adjustment to injury), family and carer responsibilities, literacy and numeracy levels, socio-economic status, cultural factors, educational attainment   |
| <b>Service</b> factors                 | e.g. timely access to quality health services, access to services and supports, timely and quality communication about services and entitlements, continuity of supports, design and culture of services/systems, administrative requirements, the work capacity certificate, engagement and coordination between stakeholders  |
| <b>Social</b> factors                  | e.g. personal / family support, social networks   |
| <b>Vocational</b> factors              | e.g. appropriate skills, access to training, level of prior work experience, job search skills, pre-injury employment status  |
| <b>Job-related</b> factors             | e.g. type of occupation, availability of work customisation including modifications to tasks/duties, hours, duties and conditions, flexible working arrangements, range of suitable duties available  |
| <b>Workplace/<br/>employer</b> factors | e.g. employer size/industry, attitudes or employer (e.g. unconscious bias, perception of incapacity/ disability), employer track record, attitudes of colleagues, relationship with colleagues, skills/knowledge/resources of employer to support employment, inclusivity of workplace, availability of graduated RTW, availability of resources to support development of inclusive practice, relationship between worker and employer, organisational policies and procedures |
| <b>Environmental</b><br>factors        | e.g. accessible infrastructure (transport) and communication, accessibility of the workplace  |
| <b>Societal</b> factors                | e.g. norms and attitudes, stigma, discrimination, cultural factors  |
| <b>Economic</b> factors                | e.g. market supply, financial incentives, labour market demand, income support policy and access  |

(Cameron et al., 2020; Immervoll et al., 2019; Collie et al., 2020; Crosbie et al., 2019; Iles et al., 2018; Sampson et al., 2016).

## Appendix 14: Glossary of employment support terminology

| Term  | Definition from across sectors   |
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| <b>Activities of daily living (ADL) assessments</b>     | 'Identifies the impact of injury/illness on mobility, personal care and household activities. Provides recommendations on strategies to improve wellbeing and assists with eliminating non work-related factors that may be inhibiting successful return to work. May include: modification of tasks; education on correct technique and task simplification; equipment prescription; coping strategies for self-care, home duties and recreational activities; graduated home activity program' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i> , p. 52).   |
| <b>Assessments</b>                                      | 'Assessments may be any task that is used to build an understanding of the participants current capabilities, goals, progress, or support requirements. E.g. Initial Assessment, Progress Reassessment, Workplace Assessment, etc. Assessments may happen periodically throughout the participants journey and may remain "in progress" throughout service delivery' (NDIA (2021) <i>PB School Leaver Employment Supports Provider Reporting Tool 2021</i> , <a href="https://www.ndis.gov.au/providers/working-provider/school-leaver-employment-supports#provider-resources">https://www.ndis.gov.au/providers/working-provider/school-leaver-employment-supports#provider-resources</a> , sheet 1).   |
| <b>Biopsychosocial (BPS) approach to rehabilitation</b> | 'addresses the physical, psychological and social factors in injury and disability' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i> , p. 10).<br><br>Underscoring the BPS approach to rehabilitation is the recognition that biological, psychological (including thoughts, emotions and behaviours), social (including socio-economic, socio-environmental and cultural) factors all play a significant role in human functioning when it comes to managing or recovering from disease, illness and injury.<br><br>(Focusing on Rehabilitation, <a href="https://www.tal.com.au/slice-of-life-blog/focusing-on-rehabilitation">https://www.tal.com.au/slice-of-life-blog/focusing-on-rehabilitation</a> ).  |
| <b>Career coaching</b>                                  | Support with individual career options: whether that's returning to a previous occupation, finding a new occupation, or exploring the amount and level of work a person can now do.<br><br>( <i>Career Coaching: Personalised Support to Get You Back to Work</i> , TAL).  |
| <b>Career Pathway Assessment</b>                        | The Career Pathway Assessment is a personal, in-depth assessment that will help inform the development of the Participant's Career Pathway Plan, and must: <ul style="list-style-type: none"> <li>• document the Participant's life stage, employment and other goals</li> <li>• identify the Participant's training needs, recent experience and expectations</li> <li>• identify the Participant's main barriers to securing employment</li> <li>• assess the Participant's confidence and capability in using digital technology, and identify key areas in which the Participant requires assistance</li> <li>• outline how the CTA Course will be delivered in a way that addresses the Participant's individual needs.'</li> </ul><br>(Commonwealth Government (2018/2021) <i>Guideline: Delivering the Career Transition Assistance Trial</i> , <a href="https://www.dese.gov.au/career-transition-assistance/resources/delivering-career-transition-assistance-trial">https://www.dese.gov.au/career-transition-assistance/resources/delivering-career-transition-assistance-trial</a> , p. 7) |
| <b>Career transition plans</b>                          | 'Career transition plans are created at school, to define a student's learning goals and the work experience opportunities they might pursue. Depending on what  |

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|  | state you live in, career transition plans may be called something different.’ (NDIA, 2020, <i>Let's talk about work</i> , Let's talk about work   NDIS, p. 4).   |
| <b>Case manager</b><br><br>Delegated case manager<br><br>Rehabilitation Case Manager | ‘holds a current and written instrument of delegation from the relevant rehabilitation authority to perform the functions and exercise the powers of the rehabilitation authority in accordance with sections 36 and 37 of the Safety, Rehabilitation and Compensation Act 1988 (SRC Act).<br><br>Operationally, the role encompasses; identifying and providing early intervention services where applicable, arranging rehabilitation assessments, determining rehabilitation programs including monitoring and engaging stakeholders in the Return To Work (RTW) process, dealing with matters of non-compliance and referring to the relevant authority for requests for reconsideration.’ (Comcare n.d., <i>Rehabilitation Case Manager Core Capabilities</i> , <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/rcm-core-capabilities.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/rcm-core-capabilities.pdf</a> , p. 1). |
| <b>Certificate of capacity</b>   | Not a medical certificate but ‘guides the medical practitioner to identify an employee’s capabilities’ (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i> , p. 8)<br>NSW Workers Compensation Certificate of Capacity (formerly a medical certificate) provided by treating medical practitioner identifies: <ul style="list-style-type: none"> <li>- Medical treatment needed</li> <li>- Capacity for work (such as how much and what type of activities)</li> <li>- A referral to a workplace rehabilitation provider</li> <li>- Any delays in recovery</li> </ul> (SIRA, n.d., <i>Injured at Work. A recovery at work guide for workers</i> , <a href="https://www.allianz.com.au/images/internet/allianz-au/injured-at-work-guide-8097.pdf">https://www.allianz.com.au/images/internet/allianz-au/injured-at-work-guide-8097.pdf</a> , p. 4).  |
| <b>Cognitive assessment</b>  | Determines the employee’s cognitive function and any limitations to establish the impact on work capacity, and to assist with developing strategies to facilitate a safe and durable return to work. May assist with informing the medical practitioner about the employee’s capabilities, and how to ensure safety at work. Tests cognitive functions such as memory, concentration, problem - solving capacity and spatial abilities (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i> , p. 51).  |
| <b>Discovery process</b>   | ‘person-centered exploration of an individual’s strengths, preferences, interests, and needs’ and involves vocational assessments as well as discussions with the person, their family and friends (Wehman et al. 2018, p. 134). Involves: <ul style="list-style-type: none"> <li>- Meet, plan with and observe the job seeker over a period of time and in different locations/settings/environments</li> <li>- Interview family, friends and other acquaintances to bring out interests and needs</li> <li>- Synthesize observations about the job seeker at home and in the community</li> <li>- With the job seeker, identify his/her interests and the businesses in the community that are most strongly aligned with these interests</li> <li>- Identify the contributions the job seeker has to offer to a business</li> <li>- Identify the essential versus desirable conditions that will help the job seeker thrive in an employment situation (Adapted from LEAD Center, 2015, p. 6; Inge et al. 2018).</li> </ul>      |

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|  | <p>'Discovery is a process that outlines the work environment that best suits the person. Sometimes it can be called a vocational profile.' (NDIA, 2020, <i>Let's talk about work</i>, Let's talk about work   NDIS, p. 4).</p>   |
| <b>Driving assessment</b>  | <p>'Determines if training or vehicle modifications are required. An assessment provided by an Occupational Therapist aimed at determining the impact of the employee's injury or illness on their ability to drive' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 52).</p>   |
| <b>Early intervention</b>  | <p>'early intervention is any activity that responds to an identified issue at the earliest opportunity' Comcare 2014 <i>Early intervention report</i>, <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/research/early-intervention-report.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/research/early-intervention-report.pdf</a>. p. 1).</p> <p>'provision of early and appropriate clinical and self-management treatment and support to employees to treat their symptoms, injury or illness and mitigate the development of a chronic and/or secondary condition' (Deloitte, 2020, <i>Evaluation of Comcare Early Intervention Service Pilot</i>, <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/research/early-intervention-service-pilot-evaluation-executive-summary.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/research/early-intervention-service-pilot-evaluation-executive-summary.pdf</a>, p. 3).</p>                             |
| <b>Employment services assessment</b><br>(ESAt)                      | <p>'identify an individual's:</p> <ul style="list-style-type: none"> <li>• barriers to finding and maintaining employment (this may relate to the impact of a person's disability, injury, illness, or other disadvantage),</li> <li>• work capacity (in hour bandwidths), and</li> <li>• interventions/assistance that may be of benefit to improve their current work capacity.' <p>(Aust. Govt. 2021, <i>Social Security guide</i>, <a href="https://guides.dss.gov.au/guide-social-security-law/1/1/e/104">https://guides.dss.gov.au/guide-social-security-law/1/1/e/104</a><br/>used to refer job seekers to Stream C or DES</p> </li></ul>  |
| <b>Fitness for duty assessment</b>                                   | <p>An 'assessment is provided to the superannuation fund to determine qualification for an invalidity pension or lump sum payment' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 36).</p>   |
| <b>Functional assessment</b><br>Functional Capacity Evaluation (FCE) | <p>'involves objective measurement of a worker's current work capacity against specific and relevant work demands' (HWCA, 2019, p. 14) considering:</p> <ul style="list-style-type: none"> <li>- pre injury work tasks and possible alternative tasks</li> <li>- work tasks at proposed new employer</li> <li>- strategies to improve function.</li> </ul> <p>'Determines the employee's functional capacity to understand the impact on work capacity, and to assist with developing strategies to facilitate a safe and durable return to work. May assist with informing the medical practitioner about the employee's capabilities, and how to ensure safety at work.' May include 'evaluation of the employee's abilities and limitations against work tasks, and identified work-related criteria for example sitting tolerance' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 51).</p> <p>'A functional capacity evaluation (FCE) may be useful where a client's treating Doctor is unable to provide clear and specific return to work medical guidelines. An FCE</p> |

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|   | <p>may also be indicated where a client reports difficulties with work tasks that are inconsistent with the current return to work medical guidance.</p> <p>An FCE can assess a person's physical capabilities for work, performing specific tasks or for their overall strength and activity capacity. An FCE determines functional limitations based on a physical examination, and provides objective evaluation of performance and reporting.</p> <p>An FCE is the evaluation of an injured person's functional and physical abilities as they relate to work performance or general functioning. However, an FCE can maximise the use of objective measurements of an injured person's ability to perform the physical demands of specified work tasks in the vocational rehabilitation setting.' (DVA, 2017, DVA Policy Library, Section 9.6 <a href="https://clik.dva.gov.au/rehabilitation-library/9-vocational-rehabilitation/96-functional-capacity-evaluations">https://clik.dva.gov.au/rehabilitation-library/9-vocational-rehabilitation/96-functional-capacity-evaluations</a>).</p> <ul style="list-style-type: none"> <li>• A typical evaluation will include performing tasks with weights, and completing specific movements such as lifting and bending</li> <li>• These tasks will replicate the requirements and demands of your role as referenced in your job description, or after a job task analysis and worksite assessment</li> <li>• Functional capacity evaluations involve physical activity, so wear comfortable clothing</li> <li>• Your evaluation will depend on the nature of your injury and your job. They may take between four to six hours to complete (APM).</li> </ul> <p>(Return to work after a workplace injury <a href="https://apm.net.au/individuals/workcare/return-to-work">https://apm.net.au/individuals/workcare/return-to-work</a>).</p> |
| <b>Functional education</b>   | <p>'Functional education, as a result of a functional evaluation, is the process of educating a person with an injury or disability, or a person who is at risk of an injury, on strategies to maintain good physical and mental health at home and or in the workplace. It helps a person to take responsibility for maximising function, avoiding injury or further aggravation' (DVA, 2017, DVA Policy Library, Section 9.6 <a href="https://clik.dva.gov.au/rehabilitation-library/9-vocational-rehabilitation/96-functional-capacity-evaluations">https://clik.dva.gov.au/rehabilitation-library/9-vocational-rehabilitation/96-functional-capacity-evaluations</a>).</p>  |
| <b>Graduated suitable duties program / graduated return to work</b> | <p>Where employee is unable to return to full pre-injury hours and/or duties, employees are offered fewer work hours at recommencement gradually increasing over time. Here, 'the employee is at work for short periods of time but is working for the majority of that time'. This 'builds up physical and/or psychological ability to manage tasks; maintains work habits and routine; increases social engagement and encourages independence' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 37).</p>  |
| <b>Hard skills</b>  | <p>'Hard skills are: specific, quantifiable knowledge or abilities required for a job....Hard skills are sometimes referred to as the 'doing skills'. These skills are ones that you can learn through the more 'traditional' education techniques and tend to be career specific.' (NSW TAFE, 2020, Hard skills v Soft skills, <a href="https://www.tafensw.edu.au/career-advice/blog/-/blogs/hard-skills-v-soft-skills">https://www.tafensw.edu.au/career-advice/blog/-/blogs/hard-skills-v-soft-skills</a>)</p>  |

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| <b>Initial needs assessment</b>                 | <p>An assessment which examines the needs of an injured employee, and the workplace requirements, to develop a rehabilitation plan (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 65).</p> <p>The following services may form part of an initial needs assessment (under s. 36) or rehabilitation program (under s. 37):</p> <ul style="list-style-type: none"> <li>• Workplace (ergonomic) assessment</li> <li>• Functional capacity assessment</li> <li>• Activities of Daily Living assessment</li> <li>• Aids and appliances assessment</li> <li>• Home modification assessment</li> <li>• Household help and attendant care assessment</li> <li>• Vocational assessment</li> <li>• Cognitive assessment</li> <li>• Driving assessment’ (Comcare, 2018, <i>Comcare Workplace Rehabilitation Provider Service Codes</i>, <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/wrp-service-codes.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/wrp-service-codes.pdf</a>, p. 1)</li> </ul> |
| <b>Injury management education and training</b> | <p>‘General education about how to manage a specific injury/illness to prevent an exacerbation’. For example, ‘training and education on:&gt;correct posture at work; office ergonomics.’ (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p.52)</p>   |
| <b>Job Capacity Assessment</b>                  | <p>‘a comprehensive assessment of an individual's level of functional impairment and work capacity ...The assessment identifies ...</p> <ul style="list-style-type: none"> <li>• level of functional impairment resulting from any permanent medical conditions,</li> <li>• current and future work capacity (in hour bandwidths), and</li> <li>• barriers to finding and maintaining employment and any interventions/assistance that may be required to help improve their current work capacity’</li> </ul> <p>(Aust. Govt. 2021, <i>Social Security guide</i>, <a href="https://guides.dss.gov.au/guide-social-security-law/1/1/j/10">https://guides.dss.gov.au/guide-social-security-law/1/1/j/10</a>).</p>   |
| <b>Job carving</b>                              | <p>Crafting a job out of some elements or tasks of a job description, but not all (Adapted from Wehman et al., 2018, p. 135 and Citron et al., 2008, p. 170).</p>  |
| <b>Job customisation</b>                        | <p>‘Job customisation refers to the time spent ensuring that a role or tasks within a role are accessible and match a participants specific abilities and passions. This may include working with an employer to identify potential opportunities or roles for a specific participant, developing process outlines for specific parts of the role, or other strategies that may promote a participant being able to undertake a role successfully.’ (NDIA, 2021, <i>Provider reporting tool 2021</i>, <a href="https://www.ndis.gov.au/providers/working-provider/school-leaver-employment-supports#provider-resources">https://www.ndis.gov.au/providers/working-provider/school-leaver-employment-supports#provider-resources</a>).</p>  |
| <b>Job Negotiation</b>                          | <p>Combining tasks from multiple job descriptions within a business into a new job description (Adapted from Wehman et al., 2018, p. 135 and Citron et al., 2008, p. 170).</p>   |
| <b>Job Plan</b>                                 | <p>A ‘way to articulate goals and identify personally effective activities to achieve those goals ... to motivate and engage job seekers... [and provide an] opportunity to visibly track access support and stay engaged towards employment’.</p>   |

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|  | <p>Include:</p> <p>'information ... such as personal interests... to help identify better job opportunities and more effective ways to market job seekers to employers'.</p> <p>(ThinkPlace, 2018, <i>Future employment services user-centred design. Final Report for Department of Jobs and Small Business</i>, p. 14).</p>  |
| <b>Job search activities</b>                       | <p>'Job search support where a suitable position, within the organisation, cannot be found or the employee cannot return to the same employer'. Includes: 'job search support; negotiating work trials; negotiating permanent placement for redeployment' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 52).</p>   |
| <b>Job Seeker Classification Instrument (JSCI)</b> | <p>JSCI comprises up to 49 questions (with a minimum of 18) (Boston Consulting Group, 2020 <i>ESAt Review Final Report</i>, <a href="https://www.dss.gov.au/employment-services-assessment-esa-review-report">https://www.dss.gov.au/employment-services-assessment-esa-review-report</a>) and considers: age, gender, work and job seeker history, educational attainment, English language proficiency, Indigeneity, access to transport, and disability and medical conditions (OECD, 2017, <i>Connecting People with Jobs: Key Issues for Raising Labour Market Participation in Australia</i>, Connecting People with Jobs, OECD Publishing, Paris, <a href="https://doi.org/10.1787/9789264269637-en">https://doi.org/10.1787/9789264269637-en</a>).</p> <p>Based on a numerical score, job seekers are either streamed to streams A or B of jobactive or, if considered to have 'multiple and complex issues for employment' (OECD, 2017, p. 70), streamed, via triaging from Services Australia either manually or via an automated 'SceniBot' (BCG, 2020), to further work capacity assessment via the Employment Services Assessment (ESAt).</p>               |
| <b>Micro business</b>                              | <p>'Micro-businesses are generally small businesses run by an individual rather than a corporation or larger company. They usually employ between one and four people. This could include a family run business' (NDIA, 2020, <i>Let's talk about work</i>, Let's talk about work   NDIS, p. 3).</p>   |
| <b>Mobile Case Managers</b>                        | <p>The primary focus of mobile case managers is on early intervention – they partner with workers and employers to explain the claim process, clarify expectations and progress suitable medical treatment. They are deployed to help workers return to work in situations where there may not be a return to work plan in place or where there is a perceived relationship breakdown between the employee and employer. <a href="https://www.eml.com.au/resources/500-000-kilometres-and-counting/">https://www.eml.com.au/resources/500-000-kilometres-and-counting/</a>).</p>   |
| <b>National Panel of Assessors</b>                 | <p>As part of the current reforms to Disability Employment Services (DES) program, a new National Panel of Assessors (NPA) has been established from a grant selection process, to deliver assessment services from 1 July 2018. The NPA will provide a range of independent assessment services to assist people with disability who are seeking employment and/or keep sustainable employment. <a href="https://www.jobaccess.gov.au/news-media/national-panel-assessors">https://www.jobaccess.gov.au/news-media/national-panel-assessors</a></p> <p>A workplace assessor can carry out an evaluation of a workplace and a person's individual job requirements or needs. This evaluation can include an assessment of the physical environment, analysis of the specific work tasks in a job, review of injury-prevention strategies and recommendations for workplace modifications.</p> <p>There is a range of workplace assessors specialising in different industries and areas of work. The Department of Social Services has a National Panel of Assessors (NPA), which includes organisations approved to conduct workplace assessments across Australia.</p> |

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|                                    | <p><a href="https://www.jobaccess.gov.au/service-providers/members-national-panel-assessors">https://www.jobaccess.gov.au/service-providers/members-national-panel-assessors</a></p> <p>Conduct the following assessments:</p> <ul style="list-style-type: none"> <li>• Ongoing Support Assessment for Participants of the Disability Employment Services program</li> <li>• Supported Wage System Assessment</li> <li>• Workplace Modifications Assessment</li> </ul> <p><a href="https://www.jobaccess.gov.au/downloads/npa-your-service-guarantee">https://www.jobaccess.gov.au/downloads/npa-your-service-guarantee</a></p>   |
| <b>Occupational rehabilitation</b> | <p>'occupational rehabilitation (OR) refers to interventions that help employed people who experience an 'illness related' long-term absence, to return to their own job or an alternative.' (Cameron, I., Nguyen, H., Vaikuntam, B. &amp; Sharwood, L. (2020) <i>Best practice for vocational programs. Rapid Review.</i>, John Walsh Centre for Rehabilitation Research, University of Sydney, <a href="https://www.sira.nsw.gov.au/_data/assets/pdf_file/0006/869568/Best-practice-for-vocational-programs.pdf">https://www.sira.nsw.gov.au/_data/assets/pdf_file/0006/869568/Best-practice-for-vocational-programs.pdf</a>, p. 5).</p>  |
| <b>Pacing</b>                      | <p>'Pacing allows an employee to attend the workplace for full normal weekly hours, by alternating between periods of work and periods of rest throughout the day. The benefit of this approach is that employees do not have extended periods out of the workplace—the work phase of each day is simply increased in line with medical recommendations. As a result, the employee maintains periods of attending the workplace for the usual work hours, maintains contact with fellow employees, and does not lose their identity as an employee.' Also:</p> <ul style="list-style-type: none"> <li>• uses full range of employee's skills and expertise</li> <li>• maintains normal daily patterns and regular work routine</li> <li>• prevents the development of longer-term disability</li> <li>• encourages engagement with work and colleagues (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 37)</li> </ul> <p>Pacing programs can also be considered after graduated programs where 'the employee's hours have plateaued and there has been no increase in hours at work for some time. This allows the employee to remain at work for longer periods of time and assists with gradually building up work capacity' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 45).</p> |
| <b>Physical Therapy</b>            | <p>'Intervention designed to improve physical function and capacity. Includes:</p> <p><i>Functional restoration:</i> intervention that aims to restore a reasonable level of function for daily living, including work.</p> <p><i>Physical conditioning:</i> structured exercise and/or exercise advice to increase physical and functional capacity that may not be workplace specific.</p> <p><i>Work hardening:</i> Individualised work-oriented activities in simulated or actual work task.'</p> <p>(Costa, B.; Gibson, K. &amp; Collie, A. (2017) <i>Return to work. A meta review. Meta-review of effective interventions for supporting people with a condition resulting in work disability to engage in or return to work</i>, Evidence Review 176, ISCR Monash University, WorkSafe, TAC,</p>  |

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|  | <a href="https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF">https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF</a> , p. 16).  |
| <b>Post placement mentoring</b>  | To improve retention, includes both support to both employees and employers, and may include job training and structured mentoring outside of work hours (NIAA, Tailored Assistance Employment Grants, <a href="https://www.niaa.gov.au/indigenous-affairs/employment/tailored-assistance-employment-grants">https://www.niaa.gov.au/indigenous-affairs/employment/tailored-assistance-employment-grants</a> ).  |
| <b>Pre employment support</b>  | Designed to address barriers to employment (NIAA, Tailored Assistance Employment Grants, <a href="https://www.niaa.gov.au/indigenous-affairs/employment/tailored-assistance-employment-grants">https://www.niaa.gov.au/indigenous-affairs/employment/tailored-assistance-employment-grants</a> ).  |
| <b>Psychotherapy</b>   | <p>Intervention designed to improve psychological function, coping, and/or problem-solving. Includes:</p> <ul style="list-style-type: none"> <li>• Cognitive-behavioural therapy (CBT)</li> <li>• Problem-solving therapy (PST)</li> <li>• Exposure therapy</li> </ul> <p>(Costa, B.; Gibson, K. &amp; Collie, A. (2017) <i>Return to work. A meta review. Meta-review of effective interventions for supporting people with a condition resulting in work disability to engage in or return to work</i>, Evidence Review 176, ISCRR Monash University, WorkSafe, TAC, <a href="https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF">https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF</a>, p. 16).</p> <p>Possibly linked to/integrated with employment (such as in IPS headspace).</p> |
| <b>Psycho education</b>  | Intervention designed to educate individuals on effective skills, strategies to facilitate coping and RTW. (Costa, B.; Gibson, K. & Collie, A. (2017) <i>Return to work. A meta review. Meta-review of effective interventions for supporting people with a condition resulting in work disability to engage in or return to work</i> , Evidence Review 176, ISCRR Monash University, WorkSafe, TAC, <a href="https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF">https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF</a>   |
| <b>Psychosocial</b>  | The interrelation of social factors and individual thought and behaviour - may be used for psychological risk factor screening for injured workers.<br><br>(Nicholas, M. K., Costa, D. S. J., Linton, S. J., Main, C. J.....(2020) 'Risk' Injured Workers is Associated with Fewer Lost Work Days Over 2 Years Than Usual (Stepped) Care', <i>Journal of Occupational Rehabilitation</i> , 30:93-104).   |
| <b>Reasonable adjustment</b>   | Reasonable Adjustment is any form of assistance or adjustment made in the workplace or to a role that allows the employees to carry out the requirements of the role.<br><br><a href="https://www.apsc.gov.au/about-us/working-commission/what-we-offer/diversity-policy/reasonable-adjustment-passport-guide">https://www.apsc.gov.au/about-us/working-commission/what-we-offer/diversity-policy/reasonable-adjustment-passport-guide</a>   |
| <b>Reasonable adjustment passport</b><br>Workplace Adjustment Passport | The Reasonable Adjustment Passport documents the reasonable adjustments required by an employee with an illness, injury or disability.<br><br>The option to hold a Passport is voluntary.<br><br>The aim of the Passport is to ensure that any special needs and reasonable adjustments that an employee may have are documented. This ensures that when   |

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|                                    | <p>there is a change in manager the key information about those reasonable adjustments is readily available.</p> <p>The Passport allows the employee to explain in their own words their circumstances, the difficulties they experience in the workplace and their specific needs to support them at work. The Passport is a tool to open up discussions with their manager regarding any adjustments they may require, including access to part time and flexible working arrangements.</p> <p>(applies to all Australian Public Service Commission (APSC) employees)</p> <p><a href="https://www.apsc.gov.au/about-us/working-commission/what-we-offer/diversity-policy/reasonable-adjustment-passport-guide">https://www.apsc.gov.au/about-us/working-commission/what-we-offer/diversity-policy/reasonable-adjustment-passport-guide</a></p>  |
| <p><b>Recover at work plan</b></p> | <p>Developed by WRP, worker, employer and treating doctor</p> <ul style="list-style-type: none"> <li>- up to 12 weeks in duration</li> <li>- identify worker’s work goal, and opportunities to upgrade the person’s fitness and capacity for work</li> <li>- have agreement of both employer and worker</li> </ul> <p>(NSW State Insurance Regulatory Authority, 2020. <i>SIRA guidance for CTP vocational support programs. For accidents on or after 1 December 2017</i>, <a href="https://www.sira.nsw.gov.au/_data/assets/pdf_file/0003/337035/ctp-vocational-support-guide.pdf">https://www.sira.nsw.gov.au/_data/assets/pdf_file/0003/337035/ctp-vocational-support-guide.pdf</a>, p. 6)</p> <p>Aims to guide the employer to support the worker’s recovery whilst at work.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Understanding what worker can do by reviewing the certificate of capacity/certificate of fitness provided by worker’s treating doctor</li> <li>• Identifying suitable work duties. Duties can be offered in any of the following ways: <ul style="list-style-type: none"> <li>– same job (or parts of the job) with different hours</li> <li>– modified duties</li> <li>– a different job altogether</li> <li>– at the same or different workplace</li> <li>– a combination of these options.</li> </ul> </li> <li>• Developing a recover at work plan. Keep the following questions in mind when developing the recovery at work plan: <ul style="list-style-type: none"> <li>– Are the demands of the duties within the capacity of the worker?</li> <li>– Is the worker taking any medication that may impact on their ability to perform the tasks?</li> <li>– Is the environment the worker is returning to appropriate?</li> <li>– Can any of the tasks be eliminated or substituted to reduce the risk of further injury?</li> <li>– Is workplace modification and/or equipment required in order for the worker to perform the tasks safely?</li> <li>– Will they need specific training or instruction to perform the tasks?</li> <li>– Do their personal circumstances impact on their ability to undertake the tasks?</li> <li>– For most workers their recover at work goal will be to return to their pre-injury work within a specified time frame. For some there may be potential barriers to a successful recovery at work. It is important that you and your</li> </ul> </li> </ul> |

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|                                  | <p>worker are aware of any issues and the impact they may have. Planning to support your worker will assist their recovery at work.</p> <ul style="list-style-type: none"> <li>– The recover at work plan also provides the opportunity to record information essential to the worker’s recovery at work. This includes: <ul style="list-style-type: none"> <li>– equipment or other necessary work accommodations</li> <li>– who the worker should talk to about concerns, difficulties or possible changes to their plan.</li> </ul> </li> <li>– The recover at work plan will be most useful when: <ul style="list-style-type: none"> <li>– your worker is given the opportunity to participate in the development of the plan</li> <li>– the plan is in writing</li> <li>– the plan is updated when any changes are made</li> <li>– copies of the plan(s) are given to the worker and their doctor.</li> </ul> </li> </ul> <p><a href="https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/help-with-getting-people-back-to-work/recover-at-work-planning-tool">https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/help-with-getting-people-back-to-work/recover-at-work-planning-tool</a></p>   |
| <b>Recovery Plan</b>             | <p>‘A recovery plan sets out your injury management and recovery. If the insurer asks you to, you must participate in its development and then follow the actions set out in the plan’.(<a href="https://www.sira.nsw.gov.au/theres-been-an-injury/im-a-worker-recovering-at-work#Motor_accidents">https://www.sira.nsw.gov.au/theres-been-an-injury/im-a-worker-recovering-at-work#Motor_accidents</a>)</p>  |
| <b>Rehabilitation assessment</b> | <p>‘assessment of the employee’s capability of undertaking a rehabilitation program’ (Safety, Rehabilitation and Compensation (Comcare, 2019, <i>Guidelines for Rehabilitation Authorities Instrument 2019</i>, p. 1<br/> <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/guidelines-for-rehabilitation-authorities-instrument.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/guidelines-for-rehabilitation-authorities-instrument.pdf</a>)</p> <p>‘provides information ... about the employee’s injury, fitness to remain at or return to work and recommendations to support a safe and early return to work. An examination may be conducted as part of the rehabilitation assessment... Where the employee is assessed as capable, recommendations will be made regarding the program the employee can undertake, the goal of the program, the services required and the timeframe to achieve the goal’ (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 21, also see p. 50)</p> <p>May include:</p> <ul style="list-style-type: none"> <li>• initial interview</li> <li>• worksite assessment</li> <li>• workplace meeting involving supervisor/manager</li> <li>• consultation with treating medical practitioner</li> <li>• liaising with other treatment providers</li> <li>• work tolerance assessment for pre-injury job</li> <li>• job analysis</li> <li>• identifying transferable skills</li> <li>• ergonomic assessment</li> <li>• psychological assessment for return to work</li> <li>• developing a rehabilitation program</li> </ul> |

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|                               | <ul style="list-style-type: none"> <li>• developing a graduated return to work schedule. (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 50).</li> </ul>  |
| <b>Rehabilitation program</b> | <p><i>'rehabilitation program</i> includes medical, dental, psychiatric and hospital services (whether on an in-patient or out-patient basis), physical training and exercise, physiotherapy, occupational therapy and vocational training' (Safety, Rehabilitation and Compensation Act 1988, s.4).</p> <p>A structured set of activities developed under section 37 of the SRC Act to support an employee recover at or to return to work' Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 65).</p> <p>'A rehabilitation program is a structured series of activities and assistance designed to: maintain or return an employee to suitable employment, and/or maintain or improve an employee's activities of daily living. A rehabilitation program should be individualised, outcome based, and contain clearly set out steps to achieve the rehabilitation goals'. (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 28)</p> <p>May include:</p> <ul style="list-style-type: none"> <li>• liaising with the employee, supervisor, treating medical practitioner/s and case manager</li> <li>• attending workplace meetings</li> <li>• attending medical review/s</li> <li>• developing return to work schedules</li> <li>• providing progress reports</li> <li>• activities designed to maintain or improve the employee's performance of activities of daily living (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 51)</li> <li>• development, coordination and monitoring of the rehabilitation program</li> <li>• employee liaison and support</li> <li>• advice on workplace or work process modifications</li> <li>• organising assistive equipment and ensuring the employee can safely use the equipment</li> <li>• workplace meetings and liaison with RCM, supervisor and/or manager</li> <li>• workplace assessment, task analysis, job redesign or upgrading</li> <li>• development of suitable duties schedule</li> <li>• case conferences</li> <li>• GP visits, liaison with treatment providers</li> <li>• progress or closure report</li> <li>• job search and redeployment activities</li> <li>• job search and adjustment to disability counselling (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 79)</li> </ul> <p>The rehabilitation program should:</p> <ul style="list-style-type: none"> <li>• be tailored, outcome-based and set clear steps to help you achieve a safe and lasting return to work</li> <li>• be made available to you if you have capacity to work or return to work</li> <li>• be developed using appropriate expertise, such as approved workplace rehabilitation providers</li> </ul> |

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|                                    | <ul style="list-style-type: none"> <li>• recognise your existing skills, experience and capabilities so that suitable duties can be found</li> <li>• if necessary, use retraining and redeployment when it is not possible for you to return to pre-injury duties’.</li> </ul> <p><a href="https://www.comcare.gov.au/claims/getting-you-back-to-work/rehabilitation-programs">https://www.comcare.gov.au/claims/getting-you-back-to-work/rehabilitation-programs</a></p> <p>Rehabilitation 'program' has been defined as a case-managed approach whereby the customer undertakes an assessment, defines goals with timeframes and milestones agreed to by all parties. A 'program' constitutes ongoing involvement (as opposed to a one-off assessment), involving regular contact by phone and face to face. Involves a range of allied health professionals who bring specific expertise in areas like vocational rehabilitation, physiotherapy, psychology, and occupational therapy.</p> <p>(Swiss Re, Rehabilitation Watch 2016 Australia (Rehabilitation Watch 2016 is derived from data submitted by ten participating insurance companies, based on claims received and managed across the 2015/16 financial year).</p>   |
| <b>Return to work coordination</b> | Individualised RTW plan developed and managed by a RTW coordinator or team who coordinates services and communication among stakeholders. May be employer- or third party- led. (Monash TAC Evidence review)   |
| <b>Return to Work Inspector</b>    | <p>A Return to Work Inspector’s primary role is to ensure that employers comply with their return to work obligations under Victorian workers compensation legislation. They do this by providing advice and information to assist employers meet their obligations and enforcing the law. Return to Work Inspectors are appointed as inspectors under the legislation. They may enter the workplace at any time.</p> <p>(WorkSafe (2011/19). ‘Returning to Work. A Guide for Injured Workers’ <a href="https://content.api.worksafe.vic.gov.au/sites/default/files/2019-07/ISBN-Returning-to-work-a-guide-for-injured-workers-2019-07.pdf">https://content.api.worksafe.vic.gov.au/sites/default/files/2019-07/ISBN-Returning-to-work-a-guide-for-injured-workers-2019-07.pdf</a>).</p>   |
| <b>Return to work plan</b>         | <p>‘the plan which forms the agreement between the employer (through the RCM), the employee with a workplace injury or disease and the WRP. The return to work plan is a determination under s37 of the SRC Act, for which the rehabilitation case manager is usually the delegate. This plan outlines the overall goal, the obligations and rights of the employee with a workplace injury or disease, and defines the activities and time frames of the plan.’ (Comcare, 2016, <i>Work Trials: A guide for rehabilitation case managers</i>, <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf</a>, p. 13).</p> <p>‘A tailored RTW plan provides the opportunity to:</p> <ol style="list-style-type: none"> <li>1. assist a worker to take an active role in the design and implementation of their plan</li> <li>2. identify worker needs and effective tailored support</li> <li>3. engage early with the nominated treatment doctor and other health practitioners in design and implementation of the plan</li> <li>4. establish clear and common recovery goals and agree on the steps or actions required to successfully achieve the goal/s’</li> </ol> <p>(NSW Government, 2020, <i>Reversing the trend. Improving return to work outcomes in NSW</i>, State Insurance Regulatory Authority NSW, Sydney,</p> |

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|   | <a href="https://www.sira.nsw.gov.au/_data/assets/pdf_file/0003/930054/Reversing-the-trend-improving-return-to-work-outcomes-in-NSW.pdf">https://www.sira.nsw.gov.au/_data/assets/pdf_file/0003/930054/Reversing-the-trend-improving-return-to-work-outcomes-in-NSW.pdf</a> , p. 8)  |
| <b>Risk adjusted funding tool</b>                               | (DES): the risk-adjusted funding tool... is used to allocate participants to a funding level, based on their likelihood of achieving an employment outcome. The primary characteristics which influence categorisations are length of unemployment, JSCI scores, allowance type, disability type, age, other barriers to employment, and benchmark hours; (Boston Consulting Group, 2020, <i>Mid term review of the Disability Employment services (DES) program</i> , <a href="https://www.dss.gov.au/disability-and-carers-programs-services-disability-employment-services/mid-term-review-of-the-disability-employment-services-des-program">https://www.dss.gov.au/disability-and-carers-programs-services-disability-employment-services/mid-term-review-of-the-disability-employment-services-des-program</a> , p. 29.  |
| <b>Soft skills</b>  | <p>'Soft skills are otherwise described as "human", "social", "emotional", "interpersonal", or "people" skills.</p> <p>They include communication, collaboration, customer service, ethics, creativity, complex problem solving, critical thinking, digital literacy, adaptability/'learn-ability', cognitive flexibility, emotional intelligence, initiative, judgement, decision-making, negotiation and persuasion, people management and conflict management.</p> <p>These are often considered 'human' skills, as they are about being human and interacting with other humans. They are the most in-demand skills because they are transferable between jobs and even industries.' (NSW TAFE, 2020, Hard skills v Soft skills, <a href="https://www.tafensw.edu.au/career-advice/blog/-/blogs/hard-skills-v-soft-skills">https://www.tafensw.edu.au/career-advice/blog/-/blogs/hard-skills-v-soft-skills</a>).</p> |
| <b>Stepped care approach</b>                                    | 'takes into account the individual needs of workers and the barriers experienced during sickness absence... It proposes three levels of care, starting with simple, low-intensity, low-cost interventions, which will be adequate for most sick or injured workers, and provides progressively more intensive and structured interventions for those who need additional help to return to work' (Vandenbroeck, Verjans, Lambreghts & Godderis, 2016, <i>Research review on rehabilitation and return to work</i> , Spain, EU-OSHA p. 4).  |
| <b>Supported employment (open employment)</b>                   | 'Supported employment is a common VR approach characterised by assisting work disabled persons to secure competitive employment and providing them with ongoing intensive on-the-job support. A defining feature of this approach is the delivery of training at work as opposed to pre-employment' (Costa, B.; Gibson, K. & Collie, A. (2017) <i>Return to work. A meta review. Meta-review of effective interventions for supporting people with a condition resulting in work disability to engage in or return to work</i> , Evidence Review 176, ISCRR Monash University, WorkSafe, TAC, <a href="https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF">https://www.tac.vic.gov.au/_data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF</a> , p. 23).  |
| <b>Supported employment (Australian Disability Enterprises)</b> | 'Australian Disability Enterprises (ADEs) are generally not-for-profit organisations that play an important role in providing supported employment opportunities to people with moderate to severe disability across Australia... Wages for the majority of supported employees are calculated using wage assessment tools under the Supported Employment Services Award 2020' (DSS, 2021, <a href="https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability/supported-employment">https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability/supported-employment</a> ).  |
| <b>Tailored</b>   | 'Providing services in a tailored way means adapting services to the actual needs of people through systematic profiling and engagement' (OECD, 2018, <i>Good Jobs for All</i>   |

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|                                    | <i>in a Changing World of Work: The OECD Jobs Strategy</i> , OECD Publishing, Paris, <a href="https://doi.org/10.1787/9789264308817-en">https://doi.org/10.1787/9789264308817-en</a> , chapter 11.4).   |
| <b>Transition to Work training</b> | Includes 'training on interview skills, resume writing, organisation and time management skills, using public transport independently, workplace expectations and on-the-job training through work experience and internships' (HREOC, 2016, p. 266).   |
| <b>Transition to Work payment</b>  | 'up to \$5000 to address any immediate or short term barrier or need preventing an injured workers from getting employment' (citing Workcover NSW, HREOC, 2016, p. 255).  |
| <b>Vocational assessment</b>       | <p>'identify suitable and sustainable vocational options and recommend strategies to achieve identified goals...</p> <ul style="list-style-type: none"> <li>- develop worker's 'work profile' (identify transferable skills, abilities, aptitude, interests, preferences, restrictions and work capacities, including employment history/wage)</li> <li>- identify work options to match the profile</li> <li>- consider training to increase match between work profile and available suitable work</li> </ul> <p>Vocational assessments can range from brief vocational screening through to comprehensive vocational assessment and counselling, depending on the worker's circumstances.' (HWCA, 2019, p. 15):</p> <p>'Vocational assessments analyse the employee's current and transferrable work skills, experience, qualifications and medical restrictions to assist in identifying suitable job options. A labour market analysis can also be requested to determine which of the job options are most viable considering the location, job demand, income and market trends. The vocational assessment should also consider the following:</p> <ul style="list-style-type: none"> <li>• the employee's preferences</li> <li>• the cost of the program</li> <li>• which training option will most likely lead to gainful employment based on the labour market'</li> </ul> <p>Can include: 'assessment of the physical, psychosocial, cognitive and communication demands and suitability of the employee's duties. Analysis of possible alternative duties or employment' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 52)</p> <p>' A vocational assessment is an objective evaluation of an individual's skills, capacity, employment experiences and vocational goals, to inform recommendations about sustainable and suitable job options...</p> <p>Information to inform a vocational assessment should include, but not be limited to, the following tools and activities:</p> <ul style="list-style-type: none"> <li>- transferrable skills analysis;</li> <li>- vocational interest inventories;</li> <li>- psychometric testing;</li> <li>- functional capacity evaluations; and</li> <li>- labour market analysis...</li> </ul> |

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|  | <p>A comprehensive vocational assessment should include information about a person's:</p> <ul style="list-style-type: none"> <li>- previous employment experience, education history and formal qualifications, including those gained in the ADF;</li> <li>- transferrable skills and experiences including volunteering, language and Defence skills;</li> <li>- the individual's functional and work capacity;</li> <li>- realistic and current employment options following analysis of the person's location/ local labour market;</li> <li>- any surmountable barriers to the individual being able to undertake employment in a particular field, such as their ability to pass a working with vulnerable people check;</li> <li>- any barriers to an individual being able to pursue employment in a particular field, such as any prior convictions;</li> <li>- restrictions or limitations imposed by any medical conditions which the person has;</li> <li>- training and/or education needs directly related to potential employment, including: <ul style="list-style-type: none"> <li>o vocational counselling;</li> <li>o job seeking skills such as writing a resume, submitting job applications, interview skills and being accountable;</li> <li>o opportunities for Recognition of Prior Learning and/or credit transfer.</li> <li>o work trials;</li> <li>o upskilling or re-training needs; and</li> <li>o vocational preferences'</li> </ul> </li> </ul> <p>(DVA, 2017, DVA Policy Library, Section 9.5 <a href="https://clik.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/95-vocational-assessments">https://clik.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/95-vocational-assessments</a>).</p> |
| <b>Vocational counselling</b>                                    | Exploration of realistic job options, and identification of job maintenance skills, where the employee cannot return to pre-injury duties.   |
| <b>Vocational education and training (study and re-training)</b> | <p>Study and retraining should be considered when:</p> <ul style="list-style-type: none"> <li>• the employee is unable to return to their pre-injury position or an alternate position&gt;</li> <li>• the employee requires additional skills to move into a new job with the same or a new employer&gt;</li> <li>• opportunities for suitable employment are limited and need to be increased</li> <li>• assessment supports retraining to significantly improve employment and/or redeployment options (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 38).</li> </ul>   |
| <b>Vocational profile</b>  | 'Discovery is a process that outlines the work environment that best suits the person. Sometimes it can be called a vocational profile.' (NDIA, 2020, <i>Let's talk about work</i> , Let's talk about work   NDIS, p. 4).  |
| <b>Vocational rehabilitation</b>                                 | 'Vocational programs or services to support workers to RTW are commonly referred to as 'vocational rehabilitation' or VR programs... Vocationalrehabilitation (VR) includes services and supports to assist people with disabilities who are not presently in work, to gain employment'  |

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|                                      | (Cameron, I., Nguyen, H., Vaikuntam, B. & Sharwood, L. (2020) <i>Best practice for vocational programs. Rapid Review.</i> , John Walsh Centre for Rehabilitation Research, University of Sydney,<br><a href="https://www.sira.nsw.gov.au/__data/assets/pdf_file/0006/869568/Best-practice-for-vocational-programs.pdf">https://www.sira.nsw.gov.au/__data/assets/pdf_file/0006/869568/Best-practice-for-vocational-programs.pdf</a> , p. 5).   |
| <b>Work hardening activities</b>     | 'a program aimed at improving physical or psychological work tolerances' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i> , p. 37)<br><br>'Individualised work-oriented activities in simulated or actual work task.'   |
| Work conditioning                    | (Costa, B.; Gibson, K. & Collie, A. (2017) <i>Return to work. A meta review. Meta-review of effective interventions for supporting people with a condition resulting in work disability to engage in or return to work, Evidence Review 176</i> , ISCRR Monash University, WorkSafe, TAC,<br><a href="https://www.tac.vic.gov.au/__data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF">https://www.tac.vic.gov.au/__data/assets/pdf_file/0014/270230/176_REP_ER_Return-to-work_FINAL.PDF</a> , p. 16).   |
| <b>Workplace adjustments</b>         | 'Workplace adjustments are modifications made within the workplace to enable an employee to: <ul style="list-style-type: none"> <li>• perform their job role</li> <li>• participate in selection processes and be considered for transfer, promotion, training or other employment opportunities</li> <li>• access workplace facilities</li> <li>• participate in work-related programs such as staff development and training.'</li> </ul> NDIA (n.d.) <i>The NDIS Participant Employment Strategy 2019-2022</i> ,<br><a href="https://www.ndis.gov.au/about-us/strategies/participant-employment-strategy">https://www.ndis.gov.au/about-us/strategies/participant-employment-strategy</a> , p. 35.  |
| <b>Workplace adjustment passport</b> | the Passport assists employees with disability communicate their workplace adjustment needs, and provides a mechanism for official recognition of an adjustment. (NSW State Insurance Regulatory Authority, 2020, <i>Annual Report 2019-2020</i> , Author, Sydney,<br><a href="https://www.sira.nsw.gov.au/__data/assets/pdf_file/0006/950973/2019-20-Annual-Report-of-the-State-Insurance-Regulatory-Authority.pdf">https://www.sira.nsw.gov.au/__data/assets/pdf_file/0006/950973/2019-20-Annual-Report-of-the-State-Insurance-Regulatory-Authority.pdf</a><br><br>'A Workplace Adjustment Passport is a document, allowing employees with permanent or temporary disability, psychosocial condition, illness, injury or medical condition to outline agreed workplace adjustments in place and detail accessibility and inclusion requirements so they can do their job. A Workplace Adjustment Passport ensures any workplace adjustments agreed to are recorded and readily available should the passport holder change line manager, job role, or transfer to another area. The option to have a Workplace Adjustment Passport is voluntary and the Passport holder chooses with whom the document will be shared.' NDIA (n.d.) <i>The NDIS Participant Employment Strategy 2019-2022</i> , <a href="https://www.ndis.gov.au/about-us/strategies/participant-employment-strategy">https://www.ndis.gov.au/about-us/strategies/participant-employment-strategy</a> , p. 35. |
| <b>Workplace assessment</b>          | 'on-site assessment of a worker performing pre-injury duties and/or suitable work options with the same or different employer' to: <ul style="list-style-type: none"> <li>- identify tasks within current capacity of worker (including upgrading/modifying tasks as capacity changes)</li> <li>- modify tasks/work demands to match capacity</li> </ul> and work with employer to achieve agreement (HWCA, 2019, p. 14).  |

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|                          | <p>In the context of a work trial, 'the assessment should:</p> <ul style="list-style-type: none"> <li>• involve the employee with a workplace injury or disease and proposed host employer supervisor/manager</li> <li>• identify potential suitable duties</li> <li>• recommend the timeline for increasing hours and duties</li> <li>• suggest control strategies to reduce the risk of exposing the employee with a workplace injury or disease to potential hazards which may cause a new injury, or aggravate their pre-existing injury&gt;identify ergonomic equipment needs</li> <li>• identify the training needs of the employee with a workplace injury or disease—this may include informal strategies such as coaching, mentoring, or formal courses provided by the host agency or an external provider.' (Comcare, 2016, <i>Work Trials: A guide for rehabilitation case managers</i>, <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf</a>, p. 5)</li> </ul> <p>'A worksite assessment forms the basis for a safe return to work by assessing the suitability of work duties and to gain a better understanding of the nature of the client's work. It assesses the physical, psychosocial, cognitive and communication demands of the job.</p> <p>Workplace assessment includes a visit to the workplace by the rehabilitation service provider to meet with the client and their supervisor to identify suitable duties for the client, investigate return to work options and provide assistance to the employer. This may involve a detailed assessment of the workplace and associated job tasks (task analysis) to design an appropriate return to work program.</p> <p>Where the worksite assessment involves an assessment of the physical aspects of the workplace this should ideally be conducted by an Occupational Therapist or Ergonomist...</p> <p>The worksite assessment may identify any risk factors that may place the injured employee at risk of any physical or psychosocial injury or illness and determines whether workplace modifications or job redesign are required to support the return to work program'</p> <p>(DVA, 2017, DVA Policy Library, Section 9.7 <a href="https://clik.dva.gov.au/rehabilitation-library/9-vocational-rehabilitation/97-worksite-assessments">https://clik.dva.gov.au/rehabilitation-library/9-vocational-rehabilitation/97-worksite-assessments</a>)</p> |
| <b>Workplace culture</b> | <p>'Positive workplace culture is characterised by an employer's commitment to physical and psychological health and safety, positive workplace relationships, and a supportive recovery environment' (NSW Government, <i>Factors influencing return to work outcomes. Summary of evidence</i>, <a href="https://www.sira.nsw.gov.au/_data/assets/pdf_file/0009/934920/Factors-influencing-return-to-work-outcomes-summary-of-evidence.pdf">https://www.sira.nsw.gov.au/_data/assets/pdf_file/0009/934920/Factors-influencing-return-to-work-outcomes-summary-of-evidence.pdf</a>, p. 1.).</p>   |
| <b>Workplace domain</b>  | <p>Includes 'the work environment, relationships, design, support systems and how a workplace accommodates RTW'</p> <p>'Modifiable factors in the workplace domain include workplace support, early workplace response and contact, RTW planning and provision of suitable work'. (NSW Government, <i>Factors influencing return to work outcomes. Summary of evidence</i>, <a href="https://www.sira.nsw.gov.au/_data/assets/pdf_file/0009/934920/Factors-influencing-return-to-work-outcomes-summary-of-evidence.pdf">https://www.sira.nsw.gov.au/_data/assets/pdf_file/0009/934920/Factors-influencing-return-to-work-outcomes-summary-of-evidence.pdf</a>, p. 1.).</p>   |

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| <b>Workplace modifications and equipment/workplace accommodations</b> | <p>Modification to existing work conditions, environment, process and/or procedures (Monash TAC Evidence Review)</p> <p>'The employee may request support to stay at work or to return to work. This support may involve adjustments to work duties, the amount of work, the flow of work, or the workplace itself to ensure the safety of the employee. It may include work related aids or appliances' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 57).</p>   |
| <b>Workplace rehabilitation</b>                                       | <p>'A managed plan/process aimed at maintaining injured employees in, or returning them to, suitable employment.' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 66).</p>  |
| <b>Work trial</b>   | <p>'a short-term agreement (e.g. for 12 weeks) where the employee is placed with a host employer for a period. In some systems, the employee remains employed and paid by the pre-injury employer. It is considered appropriate when considering a return to work with a new employer (same, similar or different job) and used when the original employer is unable to provide duties suited to the employee's current capacity. This approach:</p> <ul style="list-style-type: none"> <li>• Rebuilds work skills, self- confidence and establishes work routines after injury</li> <li>• Improves opportunities for employment</li> <li>• Allows work hardening through a program aimed at improving physical or psychological work tolerances' (Comcare, 2019, <i>Rehabilitation Case Manager Handbook</i>, p. 37)</li> <li>• Helps employees 'learn new work skills—this is beneficial if an employee needs new skills to improve their employability; build a relationship with a new employer'. (Comcare, 2016, <i>Work Trials: A guide for rehabilitation case managers</i>, <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf</a>, p. 3)</li> </ul> <p>'A return to work strategy where the injured worker is placed with a host employer for a defined period of time but continues to be employed by the pre-injury (liable) employer. The work trial can only be undertaken as part of a return to work plan' (Comcare, 2016. <i>Work Trials: A Guide for Rehabilitation Case Managers</i>, <a href="https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf">https://www.comcare.gov.au/about/forms-publications/documents/publications/rehabilitation/work-trials-guide-for-rcms.pdf</a>, p. 14)</p> <p>'provides work-based opportunities for a worker injured at work to upgrade their capacity, develop skills and/or gain on the job experience... A work trial places a worker (the trainee) with a suitable host employer (the host) for a short period of time when the worker's pre-injury employer is unable to provide suitable work, or the worker is returning to work with a different employer and on the job training is required' (SIRA, n.d., <i>Work Trial Guidance Material</i>, <a href="https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/help-with-getting-people-back-to-work/work-trial-guidelines2">https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/help-with-getting-people-back-to-work/work-trial-guidelines2</a>).</p> |