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Workplace Relations**

Early Intervention and Engagement Pilot: Evaluation Report

**Research, Evaluation and Legislation Group
and
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Executive summary

Purpose of the Pilot

The Early Intervention and Engagement Pilot was conducted between 11 April and 30 June 2005 to look at ways of improving the early engagement of people with a disability and inform the implementation of Comprehensive Work Capacity Assessments (CWCAs).

Pilot operations

The Pilot tested combining and streamlining assessments (medical and work capacity), faster assessment timeframes and direct referral from assessment to assistance. During the Pilot, 1807 comprehensive assessments were completed by the four assessment organisations contracted. Around half of these assessments were for NSA/YA(o) Incapacity Exemption claims, around a third for DSP new claims or reviews and the remainder were JSCI Supplementary Assessments (JSAs).

Same quality assessment, improved job seeker motivation

The Pilot demonstrated that comprehensive assessments can replace a variety of existing assessments in one streamlined process whilst maintaining the quality of assessments and, through faster, direct connection with assistance, help keep people involved in the process. It was the perception of stakeholders that comprehensive assessments improved job seekers' motivation and assisted with identifying the optimum referral option. The Pilot validated the use of a variety of allied health professionals in delivering reports of good quality. The Pilot also showed that comprehensive assessments resulted in similar DSP new claim grant rates and review outcomes to those of the current Better Assessment arrangements.

Referral rates were improved

The referral rate was a substantial improvement over Better Assessment, which resulted in few referrals (about 8% for DSP applicants). Almost half (48%) of those assessed under the Pilot accepted an immediate referral to assistance.

Timeliness was improved

The Pilot resulted in improvements to timeliness, though Pilot timeliness specifications were not fully met. The Pilot assessment process took an average of 11 working days per customer from the initial claim to the referral to a service provider, which is longer than the specified standard, which dictated 7 working days. The current assessment process (defined as the time from when a customer is referred to assessment to when the assessment report is received by Centrelink) under Better Assessment takes 44% longer than under the Pilot. Under the Pilot, referral to a service provider takes place at the assessment interview rather than at an additional service offer interview held after the completion of the income support process. This is vital to ensuring that people are connected to assistance quickly.

In relation to the entire Centrelink income support decision making process, the entire Pilot process took an average of 19.6 working days per customer (from the time of initial claim to the finalisation

of the income support decision by Centrelink) while the specified standard dictated a maximum of 14 working days. The Pilot also identified considerable scope to improve timeliness.

Considerations for implementation

While it is clear that the Pilot was successful in strengthening access to assistance, the evaluation identified a need for refining aspects of the operation of the consolidated assessment process:

- Developing an IT solution that has the capacity to transfer timely and secure information between Centrelink, assessors and service providers and the ability to provide performance data and electronic diary facilities;
- any timeliness standards developed need to cater for rural and remote area assessments and complex cases which generally take longer to complete;
- assessors require detailed training in income support eligibility parameters (including the use of the impairment and work capacity tables) and service eligibility criteria. They also need to develop better familiarity with the range and nature of services available;
- comprehensive assessments for DSP claimants or recipients and those customers seeking an incapacity exemption should be conducted by allied health professionals with an understanding of vocational rehabilitation and the labour market;
- reporting requirements should be rationalised and reports targeted to end users; and
- follow-up procedures should be implemented for people at risk of non-engagement.

1 Introduction

The Early Intervention and Engagement Pilot was conducted between 11 April and 30 June 2005 to look at ways of improving the early engagement of people with disabilities. The Pilot was developed in response to concerns that the participation goals of the Better Assessment and Early Intervention measure introduced as part of the Australians Working Together (AWT) package in September 2002 were not being fully realised. Building on the existing core Better Assessment process, the Pilot tested a comprehensive assessment approach that combined the existing separate medical and work capacity assessments with direct referral to assistance by assessors. Assessors liaised with the service provider to refer directly to assistance. It also provided the opportunity to test the ability of a comprehensive assessment to fulfil the role of the current separate JSCI Supplementary Assessments (JSA), in particular the JSA Special Needs and JSA Disability Assessments. Appendix A provides further details of Pilot objectives and operations.

Key aims of the Pilot were to:

- increase engagement through direct referral to service providers by assessors;
- reduce the time taken to reach assistance; and
- refine assessment and referral processes.

Four organizations¹ in Western Australia, Victoria and Queensland were contracted to undertake the assessments. The selected providers all had prior experience with delivering medical assessments, work capacity assessments under the Better Assessment measure and/or JSCI Supplementary Assessments (JSAs). All of the assessments were conducted by qualified allied health professionals and/or medical practitioners.

Participation in the trial was open to Newstart and Youth Allowance recipients from selected regions seeking exemption from activity test requirements due to temporary disability, illness or injury (NSA/YA(o) Incapacity Exemptions) and DSP new claimants and existing DSP customers subject to a medical and/ or a work capacity review. A small sample of Newstart/Youth Allowance job seekers identified as requiring a JSA was also included.

The Pilot was underpinned by an evaluation to assess how well the comprehensive processes worked. Appendix B sets out the methodology and the data used in the evaluation. Section 2 provides an overview of the Pilot before focusing on key findings concerning the early engagement of job seekers in assistance in Section 3 (Engaging People in Assistance). Section 4 comments in more detail on the factors that influenced outcomes and require further consideration, while Section 5 presents conclusions from the Pilot.

2 Pilot Overview

Centrelink was responsible for identifying and referring Pilot eligible customers for a comprehensive assessment. Between 11 April and 20 June 2005, over 1800 assessments were completed by the four assessment organisations contracted as part of the Pilot.

¹ Health Services Australia, CRS Australia, Centrelink and Advanced Personnel Management.

The majority of the assessments conducted (89%) were for job seekers seeking an activity test exemption on the grounds of medical incapacity,² for DSP new claimants³ and for existing DSP recipients subject to a medical or work capacity review. The comprehensive assessment process replaced the existing Better Assessment process for these customers with the additional feature that assessors could directly refer the job seeker to the most appropriate form of participation assistance.

The Pilot also provided an opportunity to test the ability of the comprehensive assessment to fulfil the role of the current separate JSAs. The JSA is undertaken to identify *the most suitable employment and related service provider options* for job seekers identified through the JSCI as having severe or multiple barriers to employment. It is not used for determining eligibility for income support payments. These customers accounted for the remaining 11% of assessments conducted. A limit was imposed on the flow of JSA customers to the Pilot while all customers in the other target groups and in the Pilot sites flowed to the Pilot. Outside the pilot, JSAs make up the majority of assessments.

Table 2.1 Completed assessments by target group – 30 June 2005

Reason for assessment	Completed assessments	
	Number	%
DSP New Claim	560	31
DSP Review	106	6
NSA/YA(o) Incapacity Exemption	939	52
JSCI Supplementary Assessment	202	11
<i>Total</i>	<i>1807</i>	<i>100</i>

Source: Assessment providers' management reports.

2.1 Pilot participants' characteristics

The Pilot was not designed to recruit a representative sample of each Pilot target group and minor differences between the profile of Pilot participants and that of the broader population of target group individuals were to be expected. Nevertheless, the age and gender profile of Pilot participants was broadly consistent with expectations (Table 2.1). Those assessed for DSP were generally younger and included a greater proportion of females than the population of DSP recipients. Almost half of those assessed were aged 50 years or more.

² Excludes cases where the customer is clearly unfit for all work for less than 13 weeks, unless a second or a subsequent medical certificate had been lodged for the same primary condition(s).

³ New claimants who were determined as 'manifest' and those eligible for DSP (blind) were not referred to assessment by Centrelink.

Table 2.2 Age distribution of assessed Pilot participants

	DSP New Claim	DSP Review	All DSP	NSA/YA(o) Incapacity Exemption	JSA	All Participants	New DSP Grants 2003-04
Age (years)	%	%	%	%	%	%	%
15-24	9.9	4.7	9.0	9.6	17.6	10.2	12.0
25-34	10.8	13.2	11.1	19.9	26.1	17.2	10.0
35-39	9.7	16.0	10.7	11.0	10.2	10.8	7.1
40-49	19.9	42.5	23.5	26.8	26.7	25.6	21.9
50+	49.8	23.6	45.6	32.7	19.3	36.2	49.0
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Gender							
Female	49.1	32.1	46.4	41.7	43.8	43.6	42.7
Male	50.9	67.9	53.6	58.3	56.3	56.4	57.3
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Source: Assessment providers' management reports. DSP grants information from the Department of Family and Community Services report, "Characteristics of Disability Support Pension Customers – June 2004".

The DSP target group in the Pilot presented with a wide range of medical conditions (Table 2.3). Consistent with the overall DSP population, the most common types of main medical conditions were musculo-skeletal (45%), psychological (24%) and circulatory (7%) conditions. The age distribution for musculo-skeletal/connective tissue customers is skewed towards the older age groups. Psychological/Psychiatric conditions also show a high representation in the older age groups but substantial numbers are in the younger age groups.

Table 2.3 Main medical condition of Pilot participants compared to DSP recipients

	DSP New Claim	DSP Review	All DSP	NSA/YA(o) Incapacity Exemption	All DSP Recipients 2003/04
Main medical condition	%	%	%	%	%
Musculo-skeletal and connective tissue	45.4	32.1	42.0	34.2	34.0
Psychological / psychiatric	24.3	45.3	26.5	45.3	25.4
Other	30.3	22.6	31.5	20.5	40.6
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Source: Centrelink administrative data. DSP recipient information from the report, "Characteristics of Disability Support Pension Customers – June 2004", prepared by DEWR Disability Payments Section, Working Age Payments Branch and published by the Department of Family and Community Services.

NSA/YA recipients seeking an exemption from the activity test because of a temporary incapacity due to illness or accident were most likely to have a psychological condition (45%, over half of whom were suffering from depression) followed by musculo-skeletal disabilities (34%) as their main medical condition.

2.2 Effect of the Pilot on assessment outputs

The comprehensive assessment provider was required to complete and provide a report to Centrelink on the outcomes of the assessment and to service providers receiving the job seeker. These recommendations inform Centrelink and service providers in developing Activity agreements and/or service provision as well as determining income support entitlements.

The Pilot aimed to test whether a broader range of assessment providers could deliver services comparable to existing processes.

2.2.1 Information for income support qualification

At the time of conducting an assessment, assessors fill out an SA365 report form (“Work Capacity/Participation Assessment Report”) and return it to Centrelink to inform the income support determination process. The report provides comprehensive information on participants’ medical conditions and level of impairment and identifies barriers to economic and social participation as well as recommended interventions to address these barriers. The participant’s work capacity, current and future, is also rated. The evaluation assessed the quality of the Pilot reports provided to Centrelink through independent audits, stakeholder feedback and the alignment of outcomes with current processes.

Report quality

As part of the evaluation, the same quality assurance auditors who currently undertake reviews of Better Assessment, examined 67 Pilot Centrelink assessment reports. Their task was to ensure that the Pilot assessment reports met Centrelink requirements for income support eligibility determination. The reports for auditing were drawn from each Pilot site and the selection covered each of the four target groups and represented each Pilot assessing organisation. Overall, 3 DSP Reviews, 30 DSP New Claims and 34 NSA/YA(o) Incapacity claims were audited.

The auditors were highly complimentary about the level of detail and the quality of reports. They concluded that a comprehensive work capacity report provided a better way of informing Centrelink decisions for payment determination.

The auditors indicated that the ‘error rate’ in the Pilot assessments was at least as low as the current error rate under Better Assessment. Of the 67 reports audited, 5 did not comply with Centrelink needs and a further 13 had some missing or conflicting information, particularly around the application of the impairment tables. This provides further evidence of the importance of training on the nature and purpose of Centrelink payments and services, the assessor role in the assessment process including in informing payment qualification, providing advice on activity test requirements and Australian Government programmes to which assessors can refer.

Feedback from Centrelink confirmed the auditors’ findings. Centrelink staff indicated that the reports provided more information than currently received, particularly about work capacity, although most believed that there was more information than was required to inform the determination decision. They considered that the attached summary obviated the need to read the whole report. Although in some instances there were inconsistencies between the work capacity and impairment table ratings, these were readily resolved through dialogue between Centrelink and the assessors.

Feedback also suggested some opportunities for optimising the assessment report form (SA365). In particular, the need for clarification around the work capacity component and indicating whether and when a job seeker may need follow up, particularly after short term interventions. The existing Work Capacity bandwidth of 6-24 months is too long a timeframe and should be broken up into six monthly intervals to better refine the targeting of future interventions.

Can the comprehensive assessment model substitute for the current separate assessments?

The capacity of the comprehensive assessment model to replace the information currently sourced from separate medical and work capacity assessments, can be tested by examining its impacts on income support outcomes. If the comprehensive assessment model is to replace current practice, it should deliver broadly similar income support payment grant rates to those experienced under Better Assessment (assuming that in both models, a similar proportion of customers do not satisfy other eligibility criteria such as the income test and impairment ratings).

The comparison reveals that both models result in similar grant rates for both Pilot DSP claims and reviews. By 15 July 2005⁴, 61% of the Pilot DSP new claims processed resulted in a grant⁵ compared to 63% in 2003-04 under Better Assessment.

Results for DSP reviews reveal a broadly similar picture. Following a review, 97% of recipients retained DSP, compared to over 99% under Better Assessment. While marginally fewer people undergoing comprehensive assessment retained DSP, the reliability of this estimate is affected by the small number of assessments conducted with the DSP reviews target group in the Pilot (just over 100).

Some 76% of individuals assessed for medical exemptions from Youth Allowance or Newstart activity test requirements were assessed as having a current work capacity of less than 8 hours per week and would therefore be likely to be granted the exemption they sought. Some applicants (13%) were granted DSP after the assessment. Comparable data under non-Pilot arrangements are not available.

Quality of service provider reports

As part of the Pilot, assessors supplied a report summarising the assessment outcomes to the service provider assisting the job seeker. The report identified the job seeker's work capacity, impact of their medical condition on employment options, recommendations for any short term interventions, any special disadvantages or needs of the job seeker and barriers to employment and their impacts on the job seeker's ability to seek and retain employment.

The reports were universally well received and valued as an aid to developing better servicing strategies and facilitating the decision making process. Most service providers considered that the report was well targeted and provided comprehensive information, with the exception of a minority of Job Network providers who felt that it was somewhat complex for their needs.

⁴ Data on income support determinations to 15 July 2005 slightly understates the number of determinations made for Pilot participants due to time lags in the data.

⁵ A further 23% of people claiming DSP were receiving NSA/YA(o), 11% were not receiving income support payments while the remaining 5% were in receipt of another form of income support.

The providers consulted suggested the following areas for improvement:

- a greater emphasis on the impact of work capacity on employment options and the type of employment that the job seeker could reasonably pursue (for example, whether a job seeker could sit/stand for a sustained period, lift heavy objects, work with screen based equipment etc) and more details of employment history;
- ensuring there are no internal inconsistencies in the report between impairment ratings and work ability assessments without proper justification;
- identifying any special factors which may need to be taken into account in delivering employment assistance such as homelessness, a requirement for wheelchair access etc; and
- electronic delivery of reports to replace the hardcopy processes used in the Pilot to ensure reports are with the providers prior to the initial interview.

3 Engaging people in assistance

Early intervention can be, in many cases, an effective measure against long-term dependence on income support payments. One of the key aims of the Pilot was to test whether job seekers with special needs, including those with a disability could be referred to the most effective employment or related service through a comprehensive assessment process. Following a comprehensive assessment of a job seeker's or a payment claimant's barriers to finding or maintaining employment, Pilot providers could directly refer them to a suitable employment service immediately or to pre-vocational or other assistance to prepare them for employment assistance.

The comprehensive assessment was well supported by all stakeholders, with positive overall feedback. Combining the formal assessment (medical, work capacity, JSA) with the offer of assistance ensures interventions are based on the job seekers' abilities. From a job seeker's perspective there is a clear link between the assessment and remedial action, leading to greater motivation to take up assistance. Stakeholders considered that the process was more efficient and seamless for participants, with fewer decision points along the pathway to assistance. From an assistance provider perspective, the assessor reports were of significant value to facilitating the delivery of the most appropriate form of assistance.

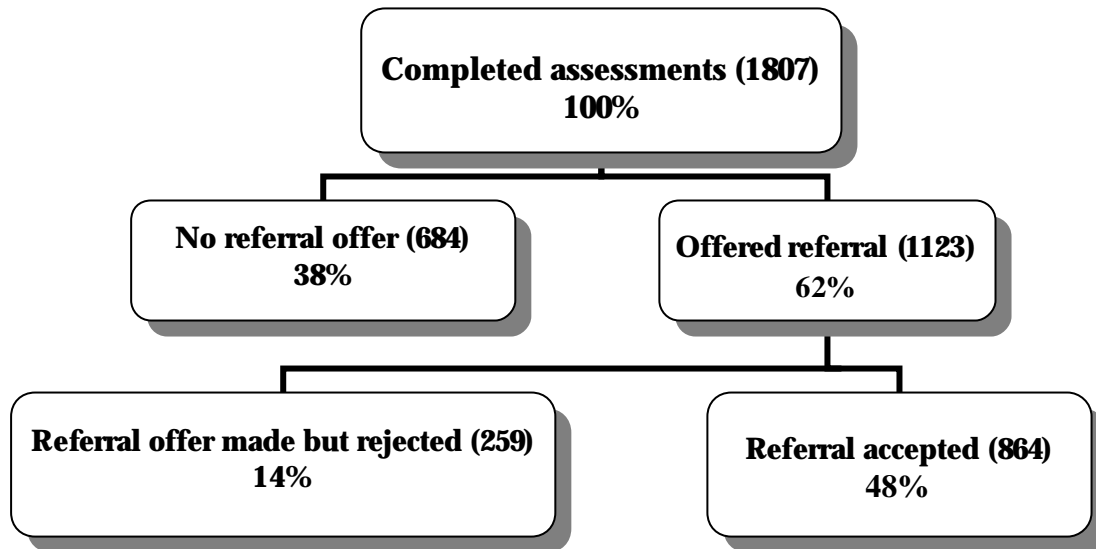
3.1 Referral outcomes

Between 11 April and 30 June 2005, over 1,800 people were assessed under the Pilot, of whom 48% accepted an immediate referral to assistance (see Figure 3.1). This result compares favourably with Better Assessment outcomes data⁶ that indicate that around 10% of finalised DSP new claims and reviews resulted in a service offer. These results are supported by a review of 100 DSP case files which found an 8% referral rate for DSP new claims under Better Assessment. While comparisons with the Better Assessment process should be interpreted with caution, they indicate that access to assistance was significantly improved under the Pilot.

⁶ Extracted from Centrelink administrative records for the period 3 September 2004 to 8 July 2005.

Figure 3.1

Assessment Outcomes



Source: Assessment providers' management reports for the period 11 April to 30 June 2005.

Of those assessed, 71% were found to be suitable for participation and 62% were offered a referral. Of the 9% who were suitable for participation but were not offered a referral, most were already in a suitable program or had some reason for not immediately participating, such as awaiting the outcome of medical treatment or being involved in training.

3.2 Reasons for non-referral to assistance

As shown in Figure 3.1, 38% of Pilot participants were not offered a referral. Table 3.1 shows that the majority of these (64%) did not receive a referral offer because they were not considered suitable for participation, largely due to medical instability or low work capacity (78% of Pilot participants had a work capacity of less than 8 hours at the time of assessment). Many others (21%) were already engaged in a suitable programme. Some assessment sites indicated that rates of referral were also adversely affected in rural and remote areas by a lack of service availability and access issues for clients.

Of those job seekers who were offered a referral, 22% chose not to accept. This is not surprising given the voluntary nature of participation in assistance for the target groups. In most cases, Pilot participants did not have activity requirements pending the assessment of their claim by Centrelink. The most common reasons given for rejecting a referral offer were:

- caring responsibilities;
- fear of exacerbating a medical condition through participation;
- preferred to wait for medical assessment outcomes or symptom stability; and
- a lack of motivation.

Table 3.1 Reasons for non-referral

	No.	%
Total not referred:	943	52.2
<i>No referral offer made:</i>	684	37.9
Not considered suitable for participation	435	63.6
Client already in a suitable programme	140	20.5
Not referred because not eligible for any service	8	1.2
Not referred because no service available	5	0.7
Not referred because no vacancies/long waiting lists	4	0.6
Not referred for other reasons ^(a)	92	13.5
<i>Referral offer made but rejected:</i>	259	14.3
By job seeker	245	94.6
By service provider	14	5.4

(a) Includes reasons such as engaged in work, study or other activities and waiting for the outcome of medical treatment.
Source: Assessment providers' management reports.

Assessment results show that there was a proportion of customers who had the potential to participate but for various reasons were not referred at the time of the assessment. Such people are at risk of not being engaged by the system and include:

- customers who cannot be referred at assessment for various reasons such as pending medical treatment, engagement in training or local unavailability of programme places, but are recommended for referral at a later stage;
- customers not currently ready for participation but who could become so within two years (the most common example would be customers with medical problems of a long term but not permanent nature);
- customers who are declined by a provider due to issues such as motivation or substance abuse; and
- customers who require short term interventions that are necessary prior to a provider being willing to accept them onto a programme.

In these cases there is a potential to be successfully engaged, but that would require additional follow up to occur. In such circumstances it is important that these customers are flagged for potential re-engagement to provide them with the follow up they need.

3.3 Direct referral to services

The comprehensive assessment interview provided an opportunity for developing rapport with participants to ensure motivation to pursue the proposed interventions and referrals. It enabled a streamlined assessment process that ensured customers left the assessment linked to a provider, with an appointment in place. All service providers interviewed acknowledged that direct referral initiated at the time of the interview is effective for speeding up access to assistance.

3.4 Referral destination

Vocation Rehabilitation and PSP were the most common referral destinations for DSP claimants. Job seekers seeking NSA/YA(o) Incapacity Exemptions were most likely to be referred to Vocational Rehabilitation and JSAs were most likely to be referred to Job Network (see Table 3.2).

Table 3.2 Referral destination by target group

	DSP New Claim	DSP Review	NSA/YA(o) Incapacity Exemption	JSA	All
	%	%	%	%	%
Disability Open Employment	15.7	20.6	7.2	6.2	9.6
Job Network	7.6	8.8	23.8	38.6	21.8
Personal Support Programme	28.6	41.2	23.8	22.1	25.3
Vocational Rehabilitation	34.8	23.5	38.7	26.9	35.2
Other	13.3	5.9	6.5	6.2	8.1
<i>Average rate of referral</i>	38	32	51	72	48

Source: Assessment providers' management reports.

The relative distribution of referrals across service providers is not unexpected, although referrals to PSP (25%) were higher than experienced under non-Pilot conditions. In the year ending September 2004, 7% of DSP new claims, 2% of DSP reviews, 10% of all NSA/YA(o) recipients⁷ and 3% of JSAs were referred to PSP following assessment (compared to 29%, 41%, 24% and 22% respectively under the Pilot). Several factors may have contributed to the higher referral rate including:

- a Pilot demonstration effect, caused by a focus on achieving high referral rates may have resulted in relatively more disadvantaged people being referred to PSP;
- there was ready access to PSP places made specially available under the Pilot;
- the holistic nature of comprehensive assessments may reveal multiple/pre-vocational barriers that are not apparent in the current dispersed approach to assessment; and
- some referrals to PSP under the Pilot may appear to have been inappropriate due to a lack of understanding of service eligibility by a few inexperienced assessors.

The appropriateness of the referrals can be assessed from the service referral take up rate and the extent to which outcomes are achieved from participating in the interventions. Service providers' feedback, based on a small sample of referrals at the time of their interview, indicated that the majority of referrals were appropriate. Service providers found that the non-attendance rate at the initial interview was low and the rate of commencement in programmes was high.

Assessors consulted in the evaluation supported the notion of direct referral and indicated that phone contact with service providers at the time of referral contributed to the engagement of the job seeker and reduced the likelihood of inappropriate referral. It enabled clarification of the appropriateness of the referral and allowed for discussion of the job seeker's needs, in the presence of the job seeker. Fewer than 1% of Pilot job seekers were declined service after the provider had accepted a referral over the phone.

In order to appropriately refer participants to service providers, assessors need to have a good local knowledge of the availability of services, an understanding of the eligibility criteria for the service as well as knowledge of the operational specialisations of the service provider. Even under current arrangements some referrals may not be appropriate.

⁷ Comparisons should be treated with caution as all NSA/YA(o) recipients are included not only those seeking incapacity exemptions.

While some organisations put a considerable effort into establishing a hierarchical set of rules for referral, there were some indications that assessors needed more experience and better familiarity with the range and nature of services available, pointing to a need for comprehensive assessor training to improve the targeting of referrals.

- Disability Open Employment Services (DOES) providers generally reported that Pilot participants were not different to other job seekers referred to their service. Where referrals were inappropriate, the reasons given were that the job seeker did not fully disclose issues to the assessor or they were not job ready as they had various non-employment related issues which needed to be addressed before they could benefit from the assistance.
- Similarly, Job Network Members were positive about the quality of referrals but noted not all referrals were ‘new referrals’ as a number of job seekers had previously been, or currently were registered with a Job Network provider.
- Personal Support programme (PSP) providers commented on a few cases where the job seekers referred were inappropriate for the service because they either didn’t have significant non-vocational barriers or were unlikely to work in the next two years. There was also significant concern expressed about the volume of referrals and the ability of the service to assess clients in the short term.
- Commonwealth Rehabilitation Service Australia (CRS) report that where referrals were unsuitable they typically related to physical disabilities requiring primary rehabilitation rather than vocational rehabilitation. There was a high proportion of DSP clients referred to CRS and it is likely a significant proportion of these may need on-going support on the job to maintain employment. It appears that the application of the ‘capacity to benefit’ test at the service interview resulted in some non-commencement in services. It was also noted that some job seekers were not well informed about or prepared for what the service could offer.

To ensure appropriate referral and linking of a customer, it is essential that adequate documentation is provided to assessors including the name of the provider the customer is linked to and previous history of assistance. For example, a job seeker referred to PSP was unable to start as an economic outcome had been achieved recently and the person was ineligible for the service for the next twelve months. In other cases, job seekers had been referred to a new Job Network provider while being still linked to another Job Network provider. These and other factors point to a need for developing strong linkages with Centrelink to ensure the best outcomes for the job seeker and an efficient referral process.

The impact of assessed work capacity on referral rates

DSP new claimants and DSP recipients under review were likely to be assessed as having a very low work capacity (Table 3.3). The majority of Pilot participants with a work capacity less than eight hours were not referred.

In the context of interest in future assessment arrangements, it is worth noting that the current distribution of work capacity shown in the Table 3.3 cannot be extrapolated to what will happen under Welfare to Work as a new assessment process is being introduced.

Table 3.3 Referrals rates by work capacity

Work Capacity	Proportion in work capacity Range	Referred	Not Referred
	%	% of jobseekers within each work capacity bandwidth	
DSP New Claim ^(a)			
0-7 hours	42.7	25.2	74.8
8-14 hours	21.6	36.4	63.6
15-29 hours	12.2	51.6	48.4
30 + hours	23.5	52.5	47.5
	<i>100.0</i>	<i>37.6</i>	<i>62.4</i>
DSP Review ^(a)			
0-7 hours	51.5	29.4	70.6
8-14 hours	31.3	35.5	64.5
15-29 hours	10.1	30.0	70.0
30 + hours	7.1	42.9	57.1
	<i>100.0</i>	<i>32.3</i>	<i>67.7</i>
NSA/YA(o) Incapacity Exemption ^(b)			
0-7 hours	76.0	46.9	53.1
8-14 hours	11.5	66.7	33.3
15-29 hours	4.1	69.4	30.6
30 + hours	8.4	60.8	39.2
	<i>100.0</i>	<i>51.2</i>	<i>48.8</i>

Source: Assessment providers' management reports and Centrelink administrative data. Only participants with a recorded work capacity are included in the table.

(a) Based on the individual's future work capacity with mainstream assistance.

(b) Based on the individual's work capacity at the time of the assessment interview.

Job seekers applying for an NSA/YA(o) Incapacity Exemption should already be linked to a Job Network provider. Where these job seekers were recorded as being referred, this may simply indicate that they remained with their existing provider. It is also likely that many who were not referred continued with their existing provider. There is likely to have been some confusion amongst assessors as to how to record such situations.

Does connecting job seekers with services more quickly improve participation?

Until reliable data on commencements in programmes become available, it is possible only to examine how rapidly job seekers were connected to assistance⁸. This gives a measure of how quickly assistance is *initiated*, rather than how quickly job seekers *commence* in assistance (*participation*). As discussed previously, providers report that most people referred will engage with their service. Based on this assumption, the evidence so far suggests a link between improved timeliness of the assessment process and improved participation.

⁸ Defined as the number of working days between the event that triggered the assessment and a referral to a service at the assessment interview.

- On average, participants were assessed and referred to services 11 working days after the initial DSP claim or review was triggered, about half way through the Pilot process⁹. Under current Better Assessment processes, such referrals would not occur until the customer attended a service offer interview after Centrelink had finalised the whole income support process. The reduction in the time between the event that triggered the assessment and the referral to a service reduces the risk of a job seeker becoming de-motivated. Service providers attributed the high motivational impacts observed in the Pilot to the speed with which participants accessed assistance, combined with the fact that they had been linked to the provider at assessment.
- As noted earlier, the improved attendance rate and the high commencement rate with service providers means that more people are accessing assistance.
- For NSA/YA(o) Incapacity Exemption assessments, referrals are made before determination of the claim, encouraging voluntary participation from job seekers who are in fact granted exemptions (47% of those assessed with a work capacity of less than 8 hours, and therefore likely to have the exemption granted, accepted a referral offer). These individuals are unlikely to be referred to, or participate in, assistance under the current system until their exemption expires.

Short-term interventions

Identifying short-term interventions¹⁰ to overcome barriers to participation in an employment programme was an essential feature of the comprehensive assessment. Direct referrals to both short-term intervention providers, PSP and employment service providers flowed from the assessments. Examples of such interventions might be drug or alcohol counselling, pain management, literacy courses etc.

Around one quarter of completed assessments contained a recommendation for a short term intervention. Counselling, in various forms (psychological, career etc) was the most commonly recommended intervention, followed by health interventions and various forms of vocational assistance including rehabilitation and pain management. Around 37% of individuals who had recommendations for short term interventions were not referred. Assessors reported that this was a consequence of:

- a lack of local services to meet job seeker needs, particularly in rural and remote areas;
- long waiting lists, particularly for funded programmes, examples provided included programmes for drug and alcohol issues, mental health and torture and trauma counselling;
- high cost of private services; and
- job seekers, not assisted through mainstream programmes, may find it too difficult to connect with the recommended service.

A preliminary evaluation undertaken in May 2005 indicated that a significant number of job seekers would benefit from a short term intervention to overcome a barrier to participation in a DEWR funded employment programme. On the basis of this, a decision was taken to trial allowing assessors to spend up to \$1000 on short term interventions for each job seeker. The account for this expenditure was termed the Pilot Prevocational Assistance Account. The intention was to test the

⁹ Under the Pilot, customers were referred to assistance at the assessment interview rather than after finalisation of the full process. For a diagram illustrating the full Pilot assessment process, see Figure 4.1.

¹⁰ The term short-term interventions refers to a broader range of interventions than the term pre-vocational services. In the Pilot, it referred to a range of services outside mainstream services and included, for example, referrals to volunteer work or basic education.

market's ability to provide short term interventions as well as assessors' ability to access the market for this purpose.

By the time the Account was fully implemented, assessors had already completed most of the Pilot quota of assessments, leaving insufficient assessments to test operational issues. As a result, it is not possible for the evaluation to draw any conclusions about its usage.

4 Pilot operations

In addition to trialling whether improved timelines of assessments would result in increases in participation rates of DSP, NSA/YA(o) Incapacity and JSA customers, the Pilot provided an opportunity for testing the systems and processes required to support a comprehensive assessment and referral framework.

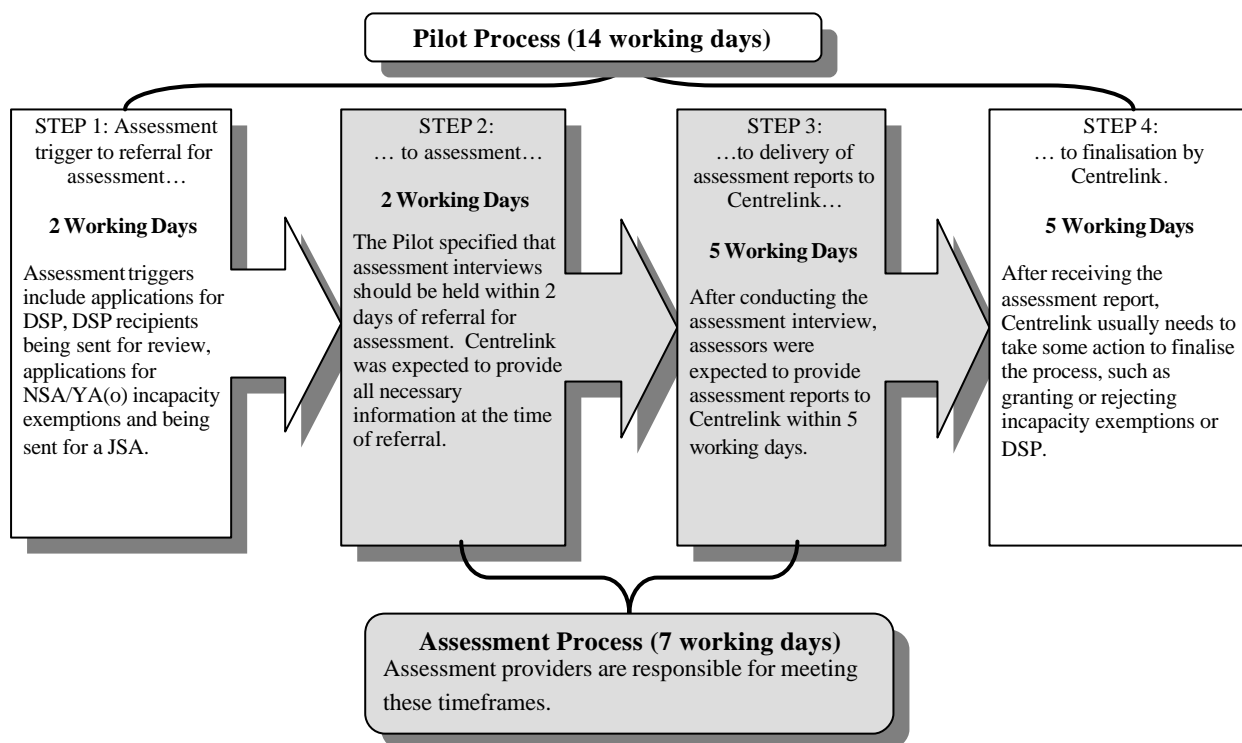
The previous section has shown that the comprehensive assessment approach has the capacity to deliver improvements in customer engagement, however there are some essential aspects of the process that influenced programme outcomes and need further attention. While the comprehensive assessment model was considered to be sound by all stakeholders, the short time frame for the implementation of the Pilot meant that existing computer systems could not be altered and therefore there was a heavy reliance on manual processes. In addition, the significant volume of referrals that flowed during the initial weeks of the Pilot meant that assessment providers were in many cases insufficiently prepared to fully address demand, impacting on the timeliness of assessments. While this is to be expected under a Pilot, there are lessons to be learned about managing the flow of referrals, assessments and assessment reports.

4.1 Timeliness of the assessment process

One of the goals of the Pilot was to increase the speed of engagement of Pilot target groups with employment service providers, and reduce the time taken to finalise DSP claims. The timeliness standard specified for the whole Pilot process was 14 working days.

The timeliness standards specified for each element of the Pilot process are shown in Figure 4.1. Participating Centrelink Service Centres (CSCs) were asked to refer Pilot target groups to assessment within two working days of receipt of the application, preferably at the time of lodgement of the claim. Assessors were asked to complete an assessment within two working days of receipt of the referral, and provide the assessment report to Centrelink and service providers within five working days of completion of the interview. CSCs were asked to finalise the application within five working days of receiving the completed assessment report.

Figure 4.1 Timeliness standards as specified for the Pilot



In practice, the timeliness standards specified for the Pilot were not met for the full Pilot process. The Pilot process took an average of 19.6 working days (see Table 4.1) compared to the standard of 14 working days.

The Pilot was successful however in connecting customers with services 11 working days (on average) after the initial claim or review was triggered, which is about half way through the full Pilot process. Under current Better Assessment processes referrals to service can be delayed because of duplication and inefficiency in the assessment process and because the service offer interview does not occur until after Centrelink has finalise the whole income support process.

Also, the Pilot reduced the time taken for the “assessment process” compared to Better Assessment. On average the assessments process under Better Assessment took 44% longer than in the Pilot.

Table 4.1 Average elapsed time (working days) for Pilot and Assessment processes

	DSP New Claim	DSP Review	NSA/YA(o) Incapacity Exemption	JSA	All Assessments
	(N=558)	(N=106)	(N=936)	(N=176)	(N=1776)
	Working days	Working days	Working days	Working days	Working days
Total time taken for Pilot process	21.2	22.6	18.7	16.4	19.6
Assessment process:					
Centrelink referral to assessment interview	8.9	10.1	9.7	6.8	9.3
Assessment to report delivery to Centrelink	5.6	6.1	5.9	5.5	5.8

Source: Assessment providers' management reports and Centrelink Administrative data. The table excludes individuals who did not appear in both data sources or for whom the process was not yet completed.

Managing the volume of referrals flowing to assessment in the earlier part of the Pilot caused difficulty in meeting the set timeliness standards. Flows to assessment are difficult to predict and referrals to assessment in the first four weeks of Pilot operations were much higher than anticipated, leading to difficulties with meeting the two day turn around for conducting the assessment interview. Around two thirds of the interviews were completed in ten days or less, with the median time taken being eight days (see Table 4.2). Nevertheless, the participating organisations have indicated that, subject to a more streamlined and IT supported process, timeframes could be met for most people once the model is fully implemented.

Processes will have to be put in place to generate the necessary performance data to monitor contracting arrangements. To ensure that a focus on early intervention is maintained it will be necessary to monitor the performance of individual assessment organisations to ensure compliance with timeliness standards set for the comprehensive assessment process.

Table 4.2 Distribution of time taken for assessment provider tasks

	Referral to assessment interview	Assessment to delivery of reports
	%	%
0 to 2 working days	18.2	31.4
3 to 5 working days	15.4	27.6
6 to 10 working days	30.8	25.6
Greater than 10 working days	35.6	15.4
Average time (working days)	9.3	5.8
Median time (working days)	8.0	4.0

Source: Assessment providers' management reports and Centrelink administrative data. The table excludes individuals who did not appear in both data sources or for whom the process was not yet completed.

4.1.1 Factors impacting on timeliness

All stakeholders highlighted the need for collaborative approaches to resolve issues when delays occurred. Effective relationships and good local networks are necessary to enable quick resolution of issues and referral of the job seeker to the appropriate service.

Stakeholders identified several issues that had a significant bearing on timeliness and would need to be addressed in a full implementation of the comprehensive assessment model.

Information flows to assessors

Customer information sent to assessors prior to the interview was often found to be incomplete which led to delays in undertaking the assessment interview. Some assessors commented that they had received referrals without adequate medical information leading to delays pending the provision of further medical information from Centrelink. A referral to assessment was not supposed to be made until the Medical Information File Envelope was complete. Where claimants have had previous claims or medical assessments the documents are held in an off site storage facility and must be retrieved. The length of time taken for retrieval varies from a few days to a few weeks. This adds to the time taken to refer to an assessment. Assessors also commented that to make the referral process more efficient, accurate information on previous referral history is required to identify whether a customer was already linked to some form of assistance or to identify how long ago an intervention was delivered.

Lack of electronic systems support

Pilot assessment providers and Centrelink staff reported on-going difficulties with the manual delivery and retrieval of information and reports. Centrelink staff noted that the Pilot process was extremely resource intensive due to a lack of electronic systems support, resulting in multiple handling of paper copy material leading to delays. In some cases, information which existed in electronic storage needed to be hand written or re-keyed before it could be transferred. All stakeholders considered that a comprehensive IT solution would be vital to minimising delays and to achieving efficient work flows that support rapid engagement.

The computer application used by Centrelink and some service providers has an electronic diary function that facilitates contact between job seekers and their service providers. Some assessors believed that access to such functionality would have enabled assessors to make appointments more

promptly. Similarly electronic access to information important to making a correct referral would improve timeliness.

Establishing contact

Difficulties in contacting customers and rebooking of missed appointments meant that the 48 hour standard for completing the assessment was inappropriate for certain customer groups, including those:

- who could not be contacted easily, such as those with no telephone or no fixed address;
- in need of interpreting services at interview;
- for whom special interview arrangements needed to be made such as those suffering from certain psychiatric conditions or those unable to attend the assessors office; and
- customers in rural or remote areas who preferred to visit a regional centre only once every few weeks and conduct all of their town business during that visit.

Managing non-attendance

While there is a need for assessors to make provision for the Did Not Attend (DNA) rate in scheduling assessment interviews, under the Pilot very few participants (3%) did not have an assessment completed after being given two opportunities to attend an appointment. For similar assessments undertaken as part of the Better Assessment (BA) process with DSP and NSA/YA(o) Incapacity customers, the DNA rate was higher (6%-10%). The low DNA rate was attributed to better preparation by Centrelink at the initial interview, followed up by timely and consistent reinforcement from the assessors. Other contributing factors included:

- arranging the assessment appointment quickly, usually at the same time that the job seeker lodged a claim; and
- conducting the assessment at or close to a Centrelink office with which the Pilot participant was already familiar, reducing the difficulty of finding the location or appropriate public transport.

Assessors commented that JSA customers were less likely to attend appointments. This may reflect the greater disadvantage faced by this group, unstable accommodation and/or a lack of understanding about the purpose of the assessment. Non-attendance was also higher for people suffering from anxiety and depression, and drug addicted job seekers lodging medical certificates.

Streamlining service provider reports

Around 60% of assessment reports were delivered to Centrelink (the SA365) and to service providers within the five day standard specified for the Pilot. Assessors suggested efficiency could be significantly improved if the results of the assessment could be summarised into a single report that met the needs of both Centrelink and the service provider, completed on line and transmitted electronically.

5 Conclusions

The Pilot has been successful in demonstrating that comprehensive assessments can replace a variety of existing assessments without negatively affecting the quality of assessments and, through rapid connection with assistance, improve the level of job seeker engagement in the process. Successful engagement was achieved despite the difficulties experienced by assessing organisations in coping with the volume of referrals. Key factors found to facilitate referrals included:

- the holistic approach, combining formal assessment and remedial interventions facilitates tailoring of referrals based on the individual job seeker's ability to participate;
- a clear link between the assessment and remedial action, leading to greater motivation to take up assistance and a low rate of rejecting service offers;
- the single contact point with an assessor is efficient from both a job seeker's perspective and an administrative point of view and the reduced number of decision points lowers the probability of non-engagement and increases attendance; and
- direct referral and service providers reports contribute to a better match between services and the job seeker.

The Pilot showed that the use of a broader range of assessment providers (in particular allied health professionals including occupational therapists, psychologists and doctors) did not reduce the quality of the reports produced and did not alter the pattern of income support determinations made on the basis of those reports.

While it is clear that the Pilot was successful in strengthening access to assistance, the evaluation identified several areas for refinement to improve the operation of the consolidated assessment process.

Improved follow up of job seekers at risk of non-engagement

The Pilot identified scope to improve the engagement of people who were not suitable or available for referral at the time of the assessment interview. Some of these cases may become suitable for referral post-assessment but require additional follow up to become engaged. There is a likelihood of permanent disengagement from participation for these customers unless a process allowing for opportunities for re-engagement is put in place.

Training of assessment providers

Identifying appropriate referral destinations for jobseekers was a new activity for most assessors. While most of the referrals in the Pilot were appropriate, there is some evidence that assessors need more experience and training to better target assistance to job seeker needs. The areas to be addressed include:

- developing knowledge of income support eligibility parameters (including the use of impairment tables and work capacity ratings);
- understanding of the interaction between income support eligibility parameters and participation requirements, including a clear decision hierarchy for referrals;
- treatment of clients with undetermined income support status; and
- understanding services, including
 - availability of local services;
 - programme eligibility and what each service does; and

- being familiar with service providers' specialisation in certain areas (eg some may deal with mature age people or people with a disability).

Strategies to ensure that learnings are promulgated within the assessing organisation and to new personnel are desirable.

Skills, qualifications and experience of assessors

The assessors participating in the Pilot were drawn from a large range of allied health professionals. In addition to the professional expertise they are able to bring to assessing the impact of medical conditions on a person's capacity to work and determining appropriate forms of assistance, assessors need to have good interpersonal and communication skills for liaison and networking.

Timeliness standards

As a result of some implementation issues, the two day turn around time for conducting the interview after referral to assessment was not met with around two thirds of the interviews being completed in ten days or less. Assessors indicated that the two day timeline was feasible for urban job seekers subject to the availability of an IT solution. There needs to be sufficient flexibility in the timeliness standards, however, to allow for longer timeframes for rural or remote job seekers or for complex cases or job seekers who are difficult to contact.

With full implementation of comprehensive assessments, good monitoring of timeliness and Key Performance Indicators will be required. By facilitating the capture of performance data, this is another area where an IT solution would prove useful.

The Pilot also identified considerable scope for improvement in the timeliness of the consolidated assessment process. This included reducing the occurrence of incomplete information sent to assessors prior to the interview and providing additional information at referral on contact details. The efficiency of the assessment process could also be improved by having a single assessment report that meets both Centrelink and Service Provider needs.

Electronic access

One of the key areas for process improvement is the provision of an IT solution for timely and secure transfer of information between Centrelink, assessors and service providers and for the booking of assessments and service provision interviews. While all stages of the process would benefit from an IT solution, a particular area for improvement is the pre-assessment flow of information to assessors, where benefits would include faster retrieval of archived information held by Centrelink and more accurate transfer of customer data, including information on any services to which customers are already linked.

Improvements to reporting

Areas where reports are currently not meeting user needs to the extent they could are:

- targeting of service provider reports to reflect the relationship between work capacity and employment options and
- optimising the assessment report form (SA365) by clarifying issues around the work capacity component and indicating whether and when a job seeker may need follow up, particularly after short term interventions.

Appendix A: Pilot objectives and operations

The Better Assessment and Early Intervention measure, was introduced as part of the Australians Working Together (AWT) package in September 2002, to better meet the participation needs of NSA/YA(o) recipients who seek exemption from activity test requirements due to disability, illness or injury (NSA/YA(o) Incapacity Exemption) and DSP new claimants/review.

However a review of programme management data and subsequent discussions with relevant stakeholders has indicated that the participation and engagement goals of the initiative are not being realised.

Given this, arrangements based upon the existing core Better Assessment process to improve the early engagement of NSA/YA(o) Incapacitated job seekers, with episodic or permanent disability/incapacity but ineligible for DSP, with effective assessment and referral to intervention, and also to improve the degree to which DSP claimants are engaged with workforce participation options were piloted.

The Pilot tested a comprehensive assessment approach that combined the currently segregated medical and work capacity assessments and utilised direct referral from assessors with a view to improving timeliness and an increase in the referral rate to appropriate interventions.

In addition, the Pilot provided the opportunity to test the ability of a comprehensive assessment to fulfil the role of the current separate JSCI Supplementary Assessments (JSAs), in particular the JSA Special Needs and JSA Disability.

Pilot aims

The aims of the Pilot were to test:

- refined processes around assessment and referral of DSP applicants/review and NSA/YA(o) Incapacity with a focus on reducing the time between application/review and determination of grant;
- whether more comprehensive assessments, and direct referrals to service providers, of DSP applicants/review and NSA/YA(o) Incapacity by external assessors reduces the time taken for service offer/referral;
- whether the involvement of external assessors in the referral process increases the voluntary participation rates with workforce participation services of people newly claiming or receiving DSP and NSA/YA(o) Incapacity applicants/review;
- the capacity of different organisations to undertake comprehensive holistic assessments of DSP applicants/review and NSA/YA(o) Incapacity applicants /review, to identify work capacity, barriers to participation, appropriate interventions and directly refer to appropriate interventions and/or workforce participation services; and
- the extent and nature of short term interventions service gaps and whether direct purchase of recommended short term interventions by employment services is feasible or appropriate (note the non Job Network options range from 9 to 24 months in duration).

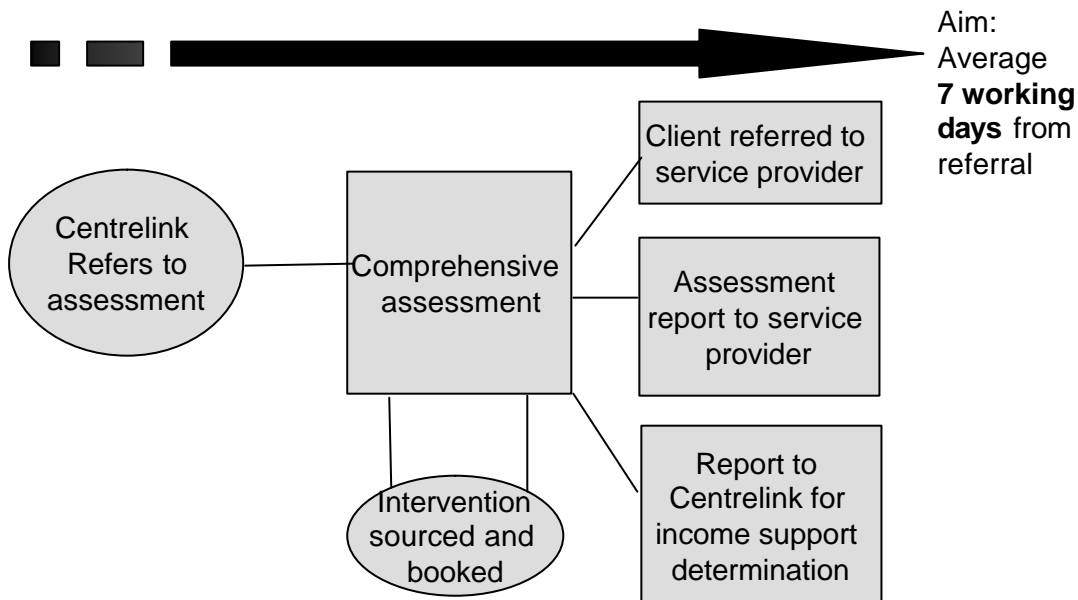
Pilot target groups

1. NSA/YA(o) new applicants for exemption from the activity test, extension to current exemption and reviews. All job seekers seeking an incapacity exemption will be referred for a comprehensive assessment unless;
 - their condition or injury is clearly expected to last for less than 13 weeks; and

- the individual's work capacity is less than 8 hours per week; and
 - it is the first claim for the current condition.
2. DSP new claimants and review.
 - All DSP claimants (except those clearly manifest DSP) and DSP recipients identified for review were referred for a comprehensive assessment. Please note that legally blind clearly manifest was NOT excluded.
 3. A sample of job seekers in Pilot sites who triggered a JSA was referred for a comprehensive assessment.

Pilot process

The Pilot commenced on the 11 April 2005. All assessments were completed by 30 June 2005 and 1807 job seekers had been assessed.



The Pilot focused on assessment and referral processes for job seekers who were part of the Pilot's target population within selected sites. During the Pilot, job seekers who fell into the target population were referred to an allocated assessor for a comprehensive assessment. In the Pilot sites, these comprehensive assessments replaced existing specialist assessment categories used under the Better Assessment measure (Medical, Work Capacity, Centrelink Disability Officer and Psychologist Assessments) to inform DSP claims and claims for exemptions from the activity test due to a temporary illness, injury or disability. The comprehensive assessments also replaced the JSCI Supplementary Assessments (JSA) for a small sample of job seekers.

Following the completion of the assessment the assessor made a decision on the most appropriate form of assistance and directly referred the job seeker to an appropriate service with places available.

Currently this referral process is completed by Centrelink. A copy of the assessment report was sent to Centrelink to enable them to complete the decision on whether to grant payment or an exemption from the Activity Test. Information on any referrals made by the assessor was forwarded to Centrelink. A summary of the assessment was forwarded to the service provider that the job seeker was referred to by the assessor. As part of this summary the assessor may have recommended a short-term intervention that would assist the job seeker to move toward employment. These may have been purchased by a Job Network member or provided elsewhere in the community.

From 23 May 2005 a second iteration of the Pilot introduced a new reporting form for JSA assessments and included a stipulation that each assessment organisation would undertake at least 20 JSA assessments using the new form.

Pilot implementation

Pilot sites

The CSC proposed Pilot sites were selected using the following criteria:

- NSA/YA(o) Incapacity as a proportion of total NSA/YA(o) population
- DSP population
- Referral for specialist assessment monthly flow rates (including JSAs)
- Representative of 'average' CSC nationally
- Availability of potential referral places i.e. Open Employment, CRS, Job Network (including specialist services) and PSP
- Exposure to pilots (both current and in the past)
- Inclusion of representative regional/rural area

Centrelink, DEWR State Offices and assessment organisations were consulted in determining the final Pilot sites. Each of the assessment organisations was allocated either 3 or 4 Centrelink Service Centres (CSC). The total number of comprehensive assessments conducted by any one assessment organisation was tallied across the CSCs allocated to that organisation. It was envisaged that this would minimise the potential commercial impact of the Pilot on currently contracted assessors and resource/administrative impacts on Centrelink. The Pilot CSCs were:

Victoria

- Broadmeadows – Centrelink
- Epping/Greensborough - CRS
- Windsor/South Melbourne – HSA

Queensland

- Southport/Biggera Waters – APM
- Innala/Browns Plain - HSA

Western Australia

- Spearwood /Fremantle – CRS
- Victoria Park –APM
- Bunbury/Mandurah - Centrelink

Centrelink and assessor organisation involvement and stakeholder engagement

During the development phase of the Pilot Centrelink and Assessment organisations were consulted about operational issues with a view to ensuring consistency in Pilot operation across Pilot CSCs. Neither referral from Centrelink to assessor or from assessor to service provider had system support, therefore manageable manual workarounds had to be developed. Such workarounds were critical to support direct referral by assessors and collection of data for evaluation purposes.

Guidelines were developed for Pilot CSC staff, assessment organisations and Job Network. Briefings were undertaken at each of the Pilot CSCs locations for CSC staff, allocated assessors, DEWR State Office staff and DEWR funded services including Job Network, Disability Employment Assistance, PSP and JPET. Information was also posted to the internet and intranet.

Overview of assessment processes

The following four organisations participated in the Pilot:

- Health Services Australia (HSA)
- CRS Australia
- Centrelink
- Advanced Personnel Management (APM).

Each of these providers submitted a proposal to the Department detailing the proposed cost and structure of the assessment they would use during the Pilot prior to implementation.

The proposals were largely based on experience gained from provision of assessment services by the providers under the AWT Better Assessment measure. As would be expected, the proposals were similar.

Key features required for all providers included:

- comprehensive assessment (including liaison with treating doctor or other appropriate specialists);
- assessment interview within 48 hrs of receipt of referral from Centrelink;
- referral to appropriate service provider at time of interview;
- phone contact with service provider to organise referral appointment for job seeker;
- assessment report to Centrelink within 5 working days of completion of assessment; and
- service provider report available to provider at time of initial appointment.

Appendix B: Methodology

This report contains findings from both qualitative and quantitative elements of the evaluation of the Early Intervention and Engagement Pilot. This includes:

- Qualitative interviews of assessors, service providers and Centrelink staff (conducted in May and June 2005);
- Analysis of Centrelink administrative data relating to Pilot participants;
- Analysis of data collected on all assessed participants by assessors; and
- Findings of the quality audits conducted on 67 assessment reports by Better Assessment quality assurance auditors.

Assessments were completed for around 1800 Pilot participants. Data from these assessments were collected by assessors, including information on referral destinations, demographics and reasons for non-referral.

Data provided by assessment providers were matched against Centrelink administrative data on Pilot participants, which included information such as income support determinations, payment history, work capacity ratings and medical conditions. By combining the two sets of data, it was possible to determine the overall elapsed time between each participant's application and the corresponding income support determination.

The views of Centrelink staff, service providers and assessment organisations were canvassed through two waves of qualitative interviews, held in May and June 2005. These in depth interviews, generally lasting about an hour, covered a broad range of topics relating to the assessment process, how well it functioned, obstacles to providing quality or timeliness in the assessment, perceived job seeker attitudes and the quality of assessment outputs. While not every Pilot site was visited, care was taken to ensure that Centrelink Offices and Service Providers serviced by each of the four assessment organisations were included. Also, the selection of sites visited was chosen to cover all states participating in the Pilot and to cover a good mix of urban and rural/remote locations.