

Collaborative practices in employment services



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Introduction

In its final report, the House of Representatives Select Committee on Workforce Australia Employment Services noted that “excessive competition and a lack of collaboration and sharing of best practice has been a critical issue for employment services since outsourcing of service delivery and the adoption of a quasi-market model” (House of Representatives Select Committee on WAES 2023: 260). The issue of collaboration was seen as critical to the sector’s capacity to develop and sustain a culture of learning and innovation, with service providers, employers, advocacy groups and academics calling for changes that would enable greater sharing of best practice (House of Representatives Select Committee on WAES 2023: 255).

While the Select Committee’s work focused on ‘mainstream’ employment services, its discussion about collaboration is equally relevant to Disability Employment Services, now known as Inclusive Employment Australia (IEA). Some IEA agencies also deliver Workforce Australia Employment Services, and the competitive funding and performance management frameworks, which were identified as a constraint on collaborative practices, have also been used in the disability employment sector for the last 20 years.

In thinking about how best to develop an evidence base around collaboration, I decided it would be helpful to carry out a small exploratory study to find out:

- what sort of collaborative practices are happening in the sector;
- the drivers of current collaborative practices; and
- the barriers to collaboration.

Five DES providers agreed to talk about their experiences of collaboration. All of these providers have been working in the sector for many years and have a combined presence in metropolitan and regional areas of Queensland, New South Wales, Victoria, South Australia, Western Australia and the Australian Capital Territory. Each of the providers deliver a number of different types of employment supports, such as DES, WAES, SLES,

TTW, as well as an supported employment in social enterprises and an ADE. The relatively unstructured, free-flowing conversations provided a wealth of information about current practices, drivers and barriers.

Types of collaborative practices

When I first started thinking about DES and collaborative practices, I thought it would be easier to find examples of internal collaboration; that is, collaboration between different teams within the one organisation. However, I quickly discovered that this assumption was incorrect. A lot of collaboration is happening externally, as well as internally.

Perhaps the most common form of external collaboration is the links DES agencies have established with complimentary service providers such as psychologists, housing providers, youth services, vocational training providers, or refugee and settlement services where “each site or area has links with people that they think their particular cohort will need.”

In lots of areas we have great existing relationships with NDIS providers that are community embedded, so there is no point in us coming in [and duplicating those services]...[For example], we operate capacity building supports through Early Start Australia which does early intervention autism specific supports for families and young people.

We get referrals from Autism Queensland or the Blind Society [and] we do a lot of cross-referrals within the community, not just to us, but to other organisations. Because we have been doing this for so long, we are deeply ingrained in a lot of communities.

However, external collaboration is not confined to collaboration between non-government or not-for-profit agencies. For example, one provider I spoke with noted that they had just

“signed an MOU [with a for-profit provider] and are now meeting to talk about if we are successful with DES in the same locations, how do we better deliver that service for participants and employers, and do we have to be in the same space to do that?” Another provider agreed that “there is much more common ground between for-profits and not-for-profit organisations than there used to be, especially the rhetoric”.

Some providers have developed collaborative relationships with State government departments as another way of providing more holistic, wrap around supports, or as a way of meeting emerging needs. For example,

[w]e have programs where our staff actually work in the [State government] mental health buildings and we work with their case managers doing that holistic [servicing], drug and alcohol and housing, all of that.

The same provider also explained how they are trying to develop different programs for more mature clients, those aged over 55 and over 60, who are becoming a big cohort within DES and are asking for programs which meet their needs, especially programs to do with technology. The provider has been able to provide technology programs for DES clients and other clients in the community by accessing State government funding.

Establishing a collaborative relationship with Centrelink was seen as desirable because “sometimes the streaming process doesn’t work as well as it should and if you have a good relationship with Centrelink they have a better idea about the sort of participant we are best placed to support.”

While collaboration with complimentary service providers or State/Territory government departments is focused on providing clients with a range of supports that will maximise their economic and social participation, some DES agencies have established collaborative relationships with other DES agencies which focus on sharing administrative functions. For

example, one of the people I spoke with reached out to another DES provider, about a year or 18 months ago, about the possibility of the two agencies working together.

We started with DES and our back office compliance teams, then we went DES front office as well...We now have four providers that are collaborating in that group and we are bringing in other programs - TTW and Workforce Australia.

In one sense all DES providers must establish some sort of collaborative relationship with employers in their local area as the majority of DES employers are small, community minded, local businesses.

What we find is that smaller employers within a local area are often connected in some way and you can end up with ten placements, rather than just one. If you do a good job with the first employer, the next one will say, 'OK, we would like to get an employee like that'.

For DES sites located in regional areas with poor public transport, client preferences often reinforce the emphasis on local employers.

I have had clients who live in [an outer suburb] and when looking for work say, 'I live here, I don't drive, so you have to find me work in [Lxxx Square] or in Coles because I don't want to catch the bus'.

While employer research often focuses on large organisations such as K-Mart, Coles or Woolworths, smaller employers face a different set of problems when employing DES clients to those faced by larger organisations.

If you have put someone through a traineeship and they are working as a joiner for a small organisation, then that organisation has problems if the individual can't turn up for work...But we never seem to address or talk much about those sort of differences.

Some DES agencies have moved beyond establishing good relationships with small, community minded businesses, to establish collaborative relationships with larger employers. For example, over the last eight years, one of the service providers I spoke with has established a very successful collaborative relationship with K-Mart.

We have placed around 600 people with K-Mart...[and] we have now moved on to putting people from supported employment into K-Mart with support workers as well. This suits some people better than DES because sometimes [K-Mart] only need someone for two or three hours and that is easier through supported employment than through DES.

The service provider noted that the K-mart program took about two or three years to really get going. Initially they provided training for K-Mart managers and K-Mart then asked the service provider to train other providers who had contracts with K-Mart.

Internal collaboration occurs when clients move from one program to another, for example, from supported employment to open employment, while staying with the one provider rather than being referred to a different organisation.

From an internal perspective we think about the journey to work for participants as exactly that – a journey – and we have different services and supports...to do that work...We try and think about how we can use someone's NDIS supports in a way that will allow them to take advantage of our DES services, which is really about that connection to employers.

Internal collaborative practices also include staff involved in different programs working more closely together.

We do a fair amount of collaboration in-house. I have had staff move from SLES to DES to supported employment. Even when we have our team meetings, our regional manager meetings, it's not just the open employment regional managers, it's the supported employment regional managers as well. We try not to treat the two programs as separate.

Drivers of collaboration

From my conversations with service providers, it is clear that the main driver behind all the different types of collaborative practices is the passion and commitment of people working in the sector to provide holistic, wrap-around supports for their clients.

When you think about a person's journey and the role of DES, it should absolutely be collaboration across a continuum [of different programs] that gives you the optimum outcome...Over the last ten to fifteen years we have seen more and more people falling through the cracks. So that is [why] you need to maximise fluidity in that pathway, [while] minimising the opportunities for falling off that pathway, or slipping through the cracks.

When providers talk about outcomes they are referring to optimal outcomes for clients, rather than outcomes which may provide a better financial return for their organisation. As one provider put it,

[w]e definitely do not see SLES as a feeder program. We focus on what support people need, not where we will get the most funding.

Perhaps the best example of what providers are aiming for when they talk about holistic, wrap-around supports is the journey of a client who came to a DES agency through their community engagement officer.

This person was struggling to engage generally with their community. They clearly had a disability, but did not have NDIS funding because they lacked proper assessment. So their association with us began with the health team who completed an autism assessment. And that then triggered some therapies, so the person continued working with our team of psychologists. We were able to introduce them into the NDIS employment program. The person has also started doing some capacity building work with our health team around social interaction. This continued for a period of time and the person progressed wonderfully to the point where they could move into DES. I think the last time I checked the person was completing a Cert II or Cert III through our training team.

Two secondary drivers also emerged from my conversations with DES providers. The first of these secondary drivers is co-location; that is, locating different teams within the one building. One of the providers I spoke with said:

[w]e collaborate really well where we have two programs co-locate. For example, Workforce Australia and DES. Because Workforce is so driven by employer engagement, they are sharing vacancies across both programs. But where the two programs are not co-located, staff don't have the time to get to know people in a different suburb, so there is no effort to collaborate, even though we use software which allows vacancies to be shared across all the different programs.

Another agency started expanding beyond their traditional DES focus to include health, training, and community services and "over time we realised that a physical manifestation of the model we were trying to build was really important. When [the different teams] work in isolation from each other, the collaboration we are looking for, doesn't show up". Staff in different teams who are now working within the one building, feel that they now know a lot more about what other teams do, "so when we are having conversations with clients we know where to go for advice, or where to refer someone to." For example,

I have one participant in DES who I am trying to move across to NDIS but there is a disconnect between his parents and us. His parents are either not engaging, or not understanding, and it is that sort of situation where I would bring [the NDIS staff person] in because she is a lot more knowledgeable about having conversations with parents.

A third provider also has different programs located in the same building.

In this building we've got open employment upstairs, the coffee cart which is supported employment, we've also got the Toy Library where we have a number of supported employment clients learning how to do warehousing and library work, using the computers etc. We have some people who did work experience in the Toy Library and

then went on to open employment. Because clients can go from one program to another program in the same building, they feel more comfortable about the process.

The other secondary driver of collaborative relationships is on-going support for those relationships. Providers noted that both external and internal collaborative practices need dedicated resources in order to keep relationships productive, particularly when the external policy environment changes. For example, external collaboration requires on-going discussions about “at what stage does this collaboration involve too many providers, too many programs? At what stage do we hive off, and what do we hive off, if we need to?” Internal collaboration requires agencies to develop and maintain a team culture that is inclusive rather than one built around individual programs. Front-line staff are used to working within a DES team or a Workforce Australia team and changing that mindset requires additional dedicated resources.

Staff are [saying], ‘my job is to get jobs for Workforce Australia clients, that is what I am focusing on. I am not going to facilitate jobs going to other programs because that is not my job’...So if you were able to bring staff together, you would probably get wins and overall operational costs would come down, [but] it is a resource issue because staff are pushed so hard and the finances are not such that we can put on a couple more staff to facilitate collaboration – that would be great, if we could do it.

For the service provider who brought together different teams to work in the same building, an important part of creating an environment that fosters internal collaboration was the appointment of a very experienced staff person to manage the process of cultural change – managing the meetings which involve staff from all the different teams, keeping track of the ideas that staff come up with about new ways of working, and putting those ideas into action. Even in its early stages, there were signs that cultural change was occurring.

We are starting to see [staff who work in the same building] develop a team identity. Normally staff identify their own profession as their identity. The psychologists see themselves as part of the health team. The ECs see themselves as part of the employment team. These guys are the Hub team, so they are starting to think in that collective way already.

Barriers to collaboration

The biggest barrier to both external and internal collaboration is the legacy of 20 years of agencies working in a highly competitive, uncertain environment. The impact of this highly competitive, uncertain environment is seen when agencies are happy to collaborate with complimentary agencies, or other employment-focused agencies working in different geographic locations, but are reluctant to share information and knowledge with direct competitors because of the fear of losing existing contracts.

I would absolutely love to be able to discuss everything with everyone. I would love to get up on stage and tell everyone what we have done and how we have done it. But it is hard to do that with people in your area...you just can't afford to.

The department is telling us we have to say how we are collaborating but they are not removing the barriers to collaboration. If there was a different environment, we would love to collaborate because we love to share knowledge.

While the providers I spoke with acknowledged that there is now less of an overt focus on competition, they are still working in an uncertain environment where "you want to maximise as many outcomes as you can get". This desire, or need, to maximise outcomes affects internal as well as external collaboration. For example, when staff working in one program believe they can get a particular participant an outcome, they are very reluctant to let that participant move to another program.

I have had a DES operations person ring me and say, 'this is our referral, but Workforce won't let them go'. This is all happening within the same company. But staff are all pushing for outcomes and wanting to meet their targets. So program design has a big impact on internal collaboration.

The providers I spoke with have all been working in the sector for many years and could identify a distinct change in their relationship with the department.

In years gone by you were always assigned a contract manager. They were people you felt were invested in us and wanted us to succeed. But it is not like that now. Now everything is done via email and issues are dealt with reference to aggregated data rather than the actual situation a participant finds themselves in.

A long time ago we had a three way collaboration with Centrelink, DEWR and us. We would all go into each other's operations and sit there for a week or so and make observations. We all had to report back and then we worked out how we could do quality improvements. It was a great process and there were some really good things that came from it. But they don't do that anymore.

The provider then went on to explain how after they privatised the Commonwealth Employment Service (CES), half of the CES staff went to work in service provider organisations and the other half went into the department. Consequently, there were people with relevant hands on experience on both sides. Now that almost all of the departmental people with relevant hands on experience have retired, the department is staffed with people who have come from university, or from working in other departments or other areas of the department and they do not understand disability or, more particularly, what is necessary to ensure all people with disability receive a high quality service (House of Representatives Select Committee on WAES 2023: 258). As one provider put it, "at some stage there has to be a better relationship with the department because right now it is master/slave. It's a big brother relationship."

Another provider went further saying,

if we approached caring for our staff in the way the department approach caring for service providers, we wouldn't have any staff and we would be accused of bullying...We are always being harangued and told off about not good enough results, rather than being celebrated for what we do get right.

While providers felt that there was room for improvement in their relationship with policy staff in Canberra, they also felt that there was significant room for improvement in their relationship with regional staff.

[I think] DSS senior bureaucrats are quite sincere in what they are saying, but that is not rolling out through the department's network – the contract managers and funding arrangement managers and other people down the line.¹

The service providers I spoke with felt that any change to the current dysfunctional relationship between the department and service providers, would have to start with a recognition of the useful knowledge and skills that staff who have been working in the sector for over 20 years have developed.

There are people in this sector with incredible wisdom...I would just like to get to a place where there is mutual respect and we are working together with the department for the same thing – how best to help people.

Another provider identified trust as well as mutual respect as the key to moving the relationship between service providers and the department away from the current focus on compliance aspects of the contract.

¹ When I presented initial findings at a DEA Leaders' Forum, a CEO attending the Forum commented that in the last couple of years his relationship with regional departmental staff has changed to a much more respectful and productive relationship. I need to follow up on the reasons behind this change.

Trust, collaboration and innovation

The issue of a perceived lack of trust between service providers and the funding department is not new. The history of government funding of welfare services in Australia is one of increasing government control over what services are delivered and how they are delivered. As services have moved from the traditional grant model where governments provide funds to particular organisations to support the work of the organisation as a whole, to contractual models where governments fund specific programs, the tension between the need to be accountable for the expenditure of tax payers' money and the need to provide a funding environment that does not stifle innovation and allows for a flexible response to individual need becomes more acute. The benefits of an individualised and flexible approach in the provision of employment services is recognised in the international literature (see, for example, Ishida & Brown 2011; Hirst et al. 2006; Meadows 2008; Walker & Greenberg 2005), but debate continues over the best way to manage the tension between public accountability and flexible service delivery.

The tendency of competitive, quasi-market arrangements to be subject to risk selection is also recognised in the international literature, as well as in Australian empirical research (Bredgaard & Larsen 2008; Struyven & Steurs 2005). When governments respond to evidence of risk selection by increasing controls over service provider behaviour, the introduction of new rules generates new forms of opportunistic or gaming behaviour, which reinforces the belief that it is too risky to trust service providers (Brown & Calnan 2010: 14). While the effects of high control/low trust relationships on the ability of service providers to deliver flexible, personalised services are well documented (Nevile 2016: 278; Nevile 2013; Nevile & Lohmann 2011; McDonald & Marston 2008), each iteration of reform to employment services has not addressed the structural factors that have the greatest potential to increase employment outcomes for people with disability.

In the latest version of DES, the government has addressed everything except the things that will make the biggest change. The government talked to people, but [in the end] they didn't address the changes that people said were needed. [Those changes] were

ignored or papered over. The government is more focused on the quality of the staff within DES. A lot of complaints from clients is not about the quality of the staff, it is about staff turnover which happens because we are working from contract to contract. Employers complain about benchmark hours which we have to adhere to...it is all about system issues that the government hasn't addressed...The current system breaks up the support people receive because of where the funding comes from. I want someone to be able to walk into our site and not have to worry about funding – that is up to us...People should be able to move programs when they have to. They don't even need to know they have moved from one program to another. If you do it right, they don't. They just need to know the support and the relationships are there.

The collaborative practices discussed in this report have been developed by DES agencies out of a desire to provide that sense of continuity of support – knowing that the support and the relationships are there and will be there in the future when needed – so that clients can be given every opportunity to maximise their economic and social participation. While the motivation for engaging in collaborative practices is consistent across all of the providers I spoke with, different agencies have made different decisions about the type of collaborative practices they engage in. These decisions reflect historical factors – the size of the organisation, what sites they operate in, the location of these sites, what services are provided at each site – as well as the particular skills and interests of senior managers and CEOs. For example, one provider's experience of collaboration is that internal collaboration is much harder than external collaboration.

I can go out and network quite easily and get providers to come to the table, but if we talk to our program managers, it is hard to get programs to work collaboratively.

For another provider, which has been a DES specialist for many decades, the CEO's passion to be leading an organisation "that is continually improving, innovating and learning from [its] mistakes" coincided with the Board's concern that so much of the organisation's business was tied to one particular program. The result, after an extensive strategic co-

design process, was to incorporate a range of complimentary services into the organisation and focus on building internal collaboration.

Governments, and academics, often try to identify a single 'best' practice model which can be scaled up and applied across the country. The two examples cited above are a reminder that while two agencies "may do things differently... both can achieve great results". The new Centre for Inclusive Employment provides an opportunity for information about different pathways to success – what works and the reasons why different pathways worked - to be shared so that CEOs and senior managers can combine that knowledge with an understanding of their organisation's particular strengths and weaknesses when formulating new approaches, pathways or strategic directions.

The House of Representatives Select Committee on Workforce Australia Employment Services (2023: 258) noted that "there is little diversity in the ways that providers deliver services to their clients". The providers that I spoke with described DES as a transactional program with providers and participants focused on compliance with little or no room to explore new ideas or different ways of operating. Consequently, providers have to try out new ideas outside of the DES program "because you don't have time to do it within the program, and it would mess up your performance so much that you can't catch up within six months and you are in danger of losing your contract."

Innovation will only flourish within an environment where agencies have sufficient autonomy to develop new ways of delivering services, and funding and performance management frameworks do not make it too risky for providers to implement innovative ideas around service delivery. The first step in the process of developing a learning culture, which values learning from what doesn't work as much as learning from success, is to increase the level of trust and mutual respect between service providers and the funding department. From the service provider perspective, this means the department has to "get

its head around the fact that we want to improve, and at what stage are we going to get any leverage in that conversation? How do we do that? Because everything we have done so far has not leveraged much at all". Perhaps a collaboration, or a series of collaborative projects between service providers and the department with the aim of reducing the transactional nature of the new IEA could be a place to start.

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