



THE UNIVERSITY OF
MELBOURNE

Improving Disability Employment Study (IDES)

Methods of data collection
and characteristics of
study sample

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Contact us

Improving Disability Employment
Study (IDES)

Disability and Health Unit, Centre for
Health Equity

Melbourne School of Population
and Global Health

The University of Melbourne Parkville
Victoria 3001

Email: ides-study@unimelb.edu.au

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Report Summary

The Improving Disability Employment Study (IDES) is the first longitudinal survey to investigate perspectives on barriers and facilitators to work of Australians with disability accessing the Disability Employment Services (DES) program. The aim of this report is to describe the survey development and data collection methods, as well as key learnings to improve future research.

What we did

Two surveys, conducted 12-months apart, covering socio-economic factors, employment, physical/mental health, and experiences of employment support, were used to collect information from 369 jobseekers with disability, recruited from nine government-funded DESs, across Australia. The surveys were developed with industry input, where possible used validated instruments, and cognitive and pilot testing were undertaken.

What we found

The IDES sample was close in composition to the broader Australian DES population. The most commonly reported primary disability was psychosocial disability (48.0%), followed by physical disability (33.1%), and most participants had worked at some stage in their lives (90%). Numerous challenges associated with recruitment were identified, such as conducting the survey during implementation of significant sector reform, and the limited reach to some cohorts.

What's next

The IDES study provides important data to assist in the analysis of vocational and non-vocational barriers and facilitators to work for Australians with disability accessing DES. Future studies in this area should seek to address the challenges in conducting such studies including:

- + ensuring representation of the broader job-seeker population
- + having the survey available in languages other than English
- + resourcing service provider support

Awareness and appropriate management of the challenges to inclusive and representative research is required to maximise the outcomes of disability research using partnerships with industry organisations.

Background

By international standards, participation in paid work for Australians with disability is low (1). The most recent Organisation for Economic Co-operation and Development (OECD) ranking placed Australia 21st out of the 29 OECD countries for employment participation of people with disability (1). Australian Bureau of Statistics (ABS) data in 2018 shows that of the 4.4 million Australians with disabilities (17.7% of total population), 2.1 million are of working age (15–64 years).

Just over half of people with disability in the working age population (53.4%) are in the labour force (looking for or in paid employment for at least one hour a week) (2). These data are little changed from the 2015 ABS findings, suggesting efforts to increase labour force participation for people with disabilities over this period have been ineffective. They also demonstrate a widening gap in employment outcomes when compared to people without disability, who have experienced a rise in labour force participation from 83.2 per cent in 2015, to 84.1 per cent in 2018 (2,3).

Not only are people with disability less likely to be in paid work (4), they are more likely to be over-educated for their jobs, have lower earnings and more likely to perceive their pay is unfair (5,6). Evidence also suggests those with disability tend to have less job satisfaction than people without disability (7,8). Other Australian research demonstrates that working-age people with disability experience significantly poorer psychosocial working conditions than people without disability (9).

There are significant impacts and consequences of poorer employment outcomes for people with disability. Employment for people in the general population has been demonstrated to have numerous social, health and economic benefits including: greater likelihood of secure housing; reduced poverty; social inclusion (10) as well as better physical and mental health (11–13).

These benefits of employment also extend to people with disability (14,15), with previous research demonstrating the mental health benefits of employment are greater for those with disability than those without (16). Furthermore, research shows that employment challenges facing people with disability or chronic illness differ by disability type. For example, people with multiple sclerosis face unique barriers to employment, as it is associated with a wide range of physical, cognitive, and emotional symptoms that appear episodically (17). Other examples are the perceived physical and structural barriers among people with spinal cord injury when it comes to employment and social participation (18). Therefore, providing adequate support to people with disability is further complicated by the unique challenges facing individual jobseekers.

There is a clear economic incentive to promoting labour market participation among those with disability, as exclusion from work has significant individual and societal costs (13). Various models estimate that improving employment outcomes for Australians with disability to rates comparable to New Zealand, would have contributed between 40-50 billion to the national gross domestic product over the last decade (19,20).

To achieve improved outcomes, policies and programs must address barriers to employment experienced by people with disability. Broadly speaking, these include barriers within the education and vocational-education systems (21); inaccessible geographical and transport environments; and workplace and societal discrimination (22,23). We also need a deeper understanding of the contextual factors that hinder and facilitate access to sustained employment for people with disability and how employment services can address them.

In Australia, the Disability Employment Services (DES) program is the federal government's main employment program for people whose disability is assessed as their primary barrier to gaining and maintaining employment (24). The DES program has undergone significant reform over the last few decades, transitioning from a publicly funded and government implemented program, to government contracting a mixture of for-profit and non-profit DES providers to support and monitor people with disability in receipt of income support (and a small number of voluntary participants) to 'actively' promote their employability and participation in work. Income support recipients who may have a disability but it is not considered their main barrier to work are instead referred to the mainstream employment program known as jobactive (25).

Previous research has highlighted challenges within the DES program that undermine its effectiveness. This includes the limited skills, expertise and resourcing of DES staff to adequately address barriers to employment for DES participants and support people into jobs that meet the needs of jobseekers and employers (26–28). There is a clear challenge for DES staff who are trying to develop good working relationships with participants when they are also required to monitor the mutual obligation requirements of their clients (29–31). DES staff also face significant pressure working to a rigid results-orientated and employment-outcome funded delivery model.

Few studies have attempted to explore the perspectives of employment program participants on factors influencing access to work, including the role of employment services. The Improving Disability Employment Study (IDES) aimed to address this gap in understanding through a study of jobseekers engaged with Australia's DES program. A key objective of IDES was to understand from the perspectives of jobseekers, how their broader socio-economic and health conditions influence their engagement with and expectations of DES and subsequent employment outcomes. To our knowledge, IDES is the first quantitative Australian study that documents DES participants' experiences with employment and their expectations and experiences of DES providers. This paper outlines the methods of IDES including survey development and testing, implementation of the two waves of data collection, and an overview of the demographics of the cohort and predictors of loss to follow-up. We then describe the limitations and strengths of our approach, discuss the potential contribution to future research, policy and program development, alongside the evidence-base on understanding how employment/unemployment contributes to the social and economic well-being of people with disability.



Methods



Research design

Partnership approach

IDES is led by researchers at The University of Melbourne, Australia, in partnership with researchers from Deakin University and The University of New South Wales. The study was co-designed with industry partners from the disability and employment sectors including disability advocacy organisations, the private sector, and peak bodies for disability and employment service providers. These formal partnerships ensured applicability and relevance of the research to the sector and jobseekers with disability and assistance with recruitment of participants. Constant consultation was undertaken with industry partners in the form of regular meetings and input into the Wave 1 and Wave 2 surveys.

Data collection overview

Eligible participants were jobseekers with disability, aged 18 years or older, who were accessing a DES provider. Wave 1 was implemented between January 2018 and January 2019 and Wave 2 was implemented between January 2019 and January 2020. Data collection was conducted by the Social Research Centre (SRC) and overseen by researchers at the University of Melbourne.

Survey development

The IDES survey was designed to capture data across multiple domains expected to influence employment outcomes. Wherever possible, we utilised or adapted survey items from existing population-based surveys. Table 1 provides an overview of the survey domains and instrument sources. The baseline survey (Appendix S1) covers six domains: (1) demographics and socio-economic factors; (2) disability and functioning; (3) employment services and training; (4) employment; (5) health and wellbeing; and (6) environmental factors including housing, transport options and financial situation. Domains were deemed by the research team as being indicative of the intersecting factors in barriers to employment for people with disability. Potential barriers and facilitators to employment are incorporated across each of these domains.

Table 1. IDES survey item sources and time points across domains.

Domain	Data item examples	Item sources	Wave	
			1	2
Demographics	Questions include gender, age, household composition, ethnicity, language, education	Adapted from SDAC (3) and HILDA (32)	✓	
Functioning & Disability	Main type of impairment/s identified (e.g., physical, psychosocial, intellectual)	IDES team developed	✓	
	Difficulties with functioning (e.g., vision, hearing, mobility, remembering, communication, self-care, pain, fatigue, affect (depression and anxiety)	Washington Group (WG) Short Set and Extended Set (33)	✓	✓
Employment Services	Referral into services, expectations of services, skills and aspirations, vocational and non-vocational barriers to work, reasons for wanting to work, experiences of discrimination, and social networks.	Adapted from LOS (34) and IDES team developed items	✓	
	Experiences of services, ongoing access of services, reasons for continuing/discontinuing access of services	IDES team developed		✓
Employment	Current and previous paid work history, roles, number of hours worked, duration, volunteering experience, reasons for leaving paid employment (if applicable)	Adapted from HILDA (32)	✓	
	(If applicable) Current employment, satisfaction with hours, contract type, job quality	Adapted from HILDA (32) and COPSOQ (35)		✓
Health & Well-being	Self-rated health	Selected items from the SF-36 (36)	✓	✓
	Mental health (self-ratings across symptoms of depression, anxiety, positive affect, general distress, behavioural control)	MHI-5 (37)	✓	✓
	Well-being (e.g., self-rating of satisfaction with standard of living, health, achieving in life, safety, relationships, community connectedness and future security)	PWI (38)	✓	✓
	Decision-making (e.g., how much choice do you have in how you spend your time)	IDES team developed items		✓
Housing	Type of housing, experiences of sleeping rough, number of times having to move due to disability/health condition, household access to internet	SDAC (3); HILDA (32); LOS (34); and, IDES team developed items	✓	✓
Transport	Access to transport, difficulties in using transport	SDAC (3); HILDA (32); LOS (34); and, IDES team developed items	✓	✓
Financial resources	Household income, source of income, welfare payments received, access to NDIS package, financial difficulties (e.g., difficulty paying bills due to shortage of money)	SDAC (3) and HILDA (32)	✓	✓

SDAC= Survey of Disability, Ageing and Carers. HILDA = Household, Income and Labour Dynamics in Australia. LOS = Life Opportunities Survey. COPSOQ = Copenhagen Psychosocial Questionnaire. SF-12 = Short-Form 12 Questionnaire. MHI-5 = Mental Health Inventory – 5 item. PWI = Personal Well-being Index.

Wave 1 survey

Demographic and socio-economic variables included age, gender, education, and ethnicity. Variables on employment, housing, transport and finances were adapted from the Australian Survey of Disability, Aging and Carers (SDAC) (2), the Life Opportunities Survey (34), and the Household, Income and Labour Dynamics in Australia Survey (HILDA) (32). Where existing instruments did not include items on areas of interest (e.g., experiences of DES), the research team worked with industry providers to develop additional questions (see Table 1). Participants were asked whether they received income support from the government or the *Disability Support Pension* (Australian-government financial assistance for people with a permanent physical, intellectual or psychiatric condition that impedes on their ability to work). Participants were also asked whether they were receiving an individualised funding package through Australia’s *National Disability Insurance Scheme* (NDIS) (39).

Type and extent of *disability* was ascertained through self-report and the Washington Group (WG) Short Set and selected items from the Extended Set (33), which was used to identify the type and extent of functional limitations experienced by participants. The WG sets of questions are designed to identify people with disability within large population-based surveys. The Short Set measures self-reported functioning/ difficulties across six core domains: seeing, hearing, walking, cognition, self-care, and communication. When more information is required, the Extended Set of questions is recommended, as this enables a deeper understanding across the six core domains, as well as on further domains including affect (anxiety & depression), upper body functioning, pain, fatigue, and the use of assistive devices. If a participant did not self-report a disability type, they were assigned to a type group if their main reported difficulties (i.e., no other or less difficulties in other domains) across the Washington Short and Extended sets reached the threshold for disability.

The threshold was reached if daily or weekly symptom levels were reported as ‘a lot’ or ‘somewhere in between a little and a lot’ (40,41). Participants were assigned a disability type of ‘Other’ where it was not possible to assign a primary disability type.

Self-rated health was measured on a five-point Likert scale using the first item from the Short Form-36 (SF-36): “In general, would you say your health is: Excellent, Very Good, Good, Fair, or Poor”(36). *Mental health* was measured using the five-item Mental Health Inventory (MHI-5)(37), a subscale of the SF-36 general health measure (36). *Subjective wellbeing* was measured using the validated seven-item Personal Wellbeing Index (PWI)(38).

A section on *employment* includes questions about characteristics of current and previous jobs, such as hours of work, occupation, and industry. Additionally, participants are asked about any *discrimination* they had experienced in the workplace and reasons for separation from previous jobs. Questions on engagement with *DES providers* were constructed by the research team including how participants were referred to their DES, and comprehensive questions about the characteristics of DES that participants valued and were potential factors in their decision to choose a DES. Finally, we asked about the kinds of supports participants were seeking from their DES, such as assistance with finding suitable work and support in confidence building.

Wave 2 survey

The follow-up survey (Appendix S2) included the same questions as Wave 1 with the exception of baseline demographic information (such as date of birth and country of birth) and previous work experience. This survey also asked about whether respondents:

- + had obtained a job since Wave 1
- + had lost a job since Wave 1 and the reasons for why they were no longer working in that job if that was the case;
- + any change in functioning and disability; mental health; and questions related to experiences of DES in the past 12-months.

For those participants that were in employment, *job quality* was assessed using the Copenhagen Psychosocial Questionnaire (COPSOQ)(35). This provides information on a broad range of domains including demands at work, work organisation and job tasks, interpersonal relations and leadership, work–individual interface, social capital and offensive behaviours. Where possible, the wording in the follow-up survey was identical to that used in the baseline survey. Both the baseline and follow-up surveys were compiled in English.



Cognitive testing and Pilot testing

Cognitive testing of the Wave 1 survey was undertaken to assess the extent to which the questions were understood by participants, identify whether and where there were issues related to cognitive understanding of the survey questions (such as structure, question block and response sets), and to broadly assess any sensitivities in subject matter. Participants were recruited through a service provider in regional Victoria, Australia, in June 2017. A total of 13 face-to-face interviews were conducted, with participants broadly distributed between those with physical, intellectual and psychosocial disabilities.

Pilot testing was then conducted to test all aspects of the intended survey process in a field setting. Pilot testing covered the recruitment process, staff training, call procedures, response maximisation and the distress escalation process. A total of 32 participants were recruited across two sites over a two-month period (September to December 2017). One of these interviews was self-completed online at the request of the respondent. The initial recruitment approach involved employment consultant discussing the study with prospective participants, ascertaining their capacity to provide consent (which involved a series of yes/no questions covering understanding of participation requirements), and entered contact details into an online enrolment form. The research team then contacted enrolled jobseekers to confirm capacity to provide consent to participate in the study and administer the interview or provide an online survey link as appropriate.

The in-scope population for the IDES pilot study was people with disability who were attending an employment service. Employment consultants confirmed participant disability type through information they had on record from the Job Seeker Classification Instrument (JSCI) which is generally conducted by the relevant Australian Government department or the employment service provider. The JSCI is a questionnaire assessing the difficulties an individual may face in getting and keeping a job and identifies the level of employment services support they may need (25). The participant information statement was made available to in-scope jobseekers by the employment consultants.

Due to pilot challenges in relying on face-to-face recruitment through employment consultants with large workloads, the decision was made at the conclusion of the pilot to broaden the recruitment approach to include an email survey option for the implementation of Wave 1. Further advertising of the survey was also undertaken with the use of email newsletters, social media posts and physical posters in employment service centres. After the completion of the Wave 1 survey, participants were asked if they consented to being contacted for Wave 2.

Implementation of the survey

Identification and Recruitment of Participants

Eligible participants were working age Australians with disability, aged 18 to 65 years, who were engaged with DES and spoke English. IDES survey respondents were recruited through nine DES partner organisations' frontline workers either face-to-face or via an email link sent to eligible consumers. As with the pilot study, disability status was confirmed via self-report and capacity to consent was assessed before proceeding with consent to participate. Capacity to consent was measured using an 8-item checklist ascertaining understanding of: what was involved in the study, that participation was voluntary and that they could withdraw at any time, and who they could contact regarding questions or concerns. If any of the 8-items were not ascertained, consent to participate was sought from a proxy. Participants completed the survey online or via Computer-Assisted Telephone Interview (CATI). DES partners were in various metropolitan and rural locations in Victoria, New South Wales, Queensland, South Australia and Western Australia; representative of most Australian States and Territories. Participants were recruited directly via employment consultants and also via email to all eligible participants.

Survey administration

The Wave 1 survey was administered between October 2017 and January 2019 via an online survey or CATI. The survey took approximately 30-45 minutes to complete and survey participants were invited to complete a follow-up survey approximately 12-months after they completed Wave 1. If participants consented to being contacted for the second survey, they provided their preferred method of contact and either an email address or phone number which they were contacted on at Wave 2. At Wave 2, participants were offered the option of completing the survey either via an online survey link or CATI.

Ethical Approval

Ethical approval for the study was provided by the University of Melbourne Human Research Ethics Committee (ethics ID: 154819). A combination of verbal consent and online consent was obtained from all participants. For Computer Assisted Telephone Interview (CATI) participants, verbal informed consent was obtained from all participants before the interview, and this was recorded on a form and signed and dated by the interviewer. For online surveys, information about the study was provided and participants were asked to tick a box consenting to their participation in the study. In all cases, capacity to consent was obtained by requiring participants to indicate their understanding of the specifics of their involvement in the study and how they could withdraw from the study if they chose to.

Analyses

Descriptive analyses were undertaken to describe the characteristics of the study samples in Wave 1 and Wave 2 for demographic variables, type of disability, and employment status and history. These are compared with the data from the Department of Education, Skills and Employment on the characteristics of the DES population across Australia (42). Descriptive analyses were undertaken to identify the predictors of loss to follow-up (i.e., Wave 1 respondents who did not respond to Wave 2 according to demographic variables, disability type and employment status at Wave 1).



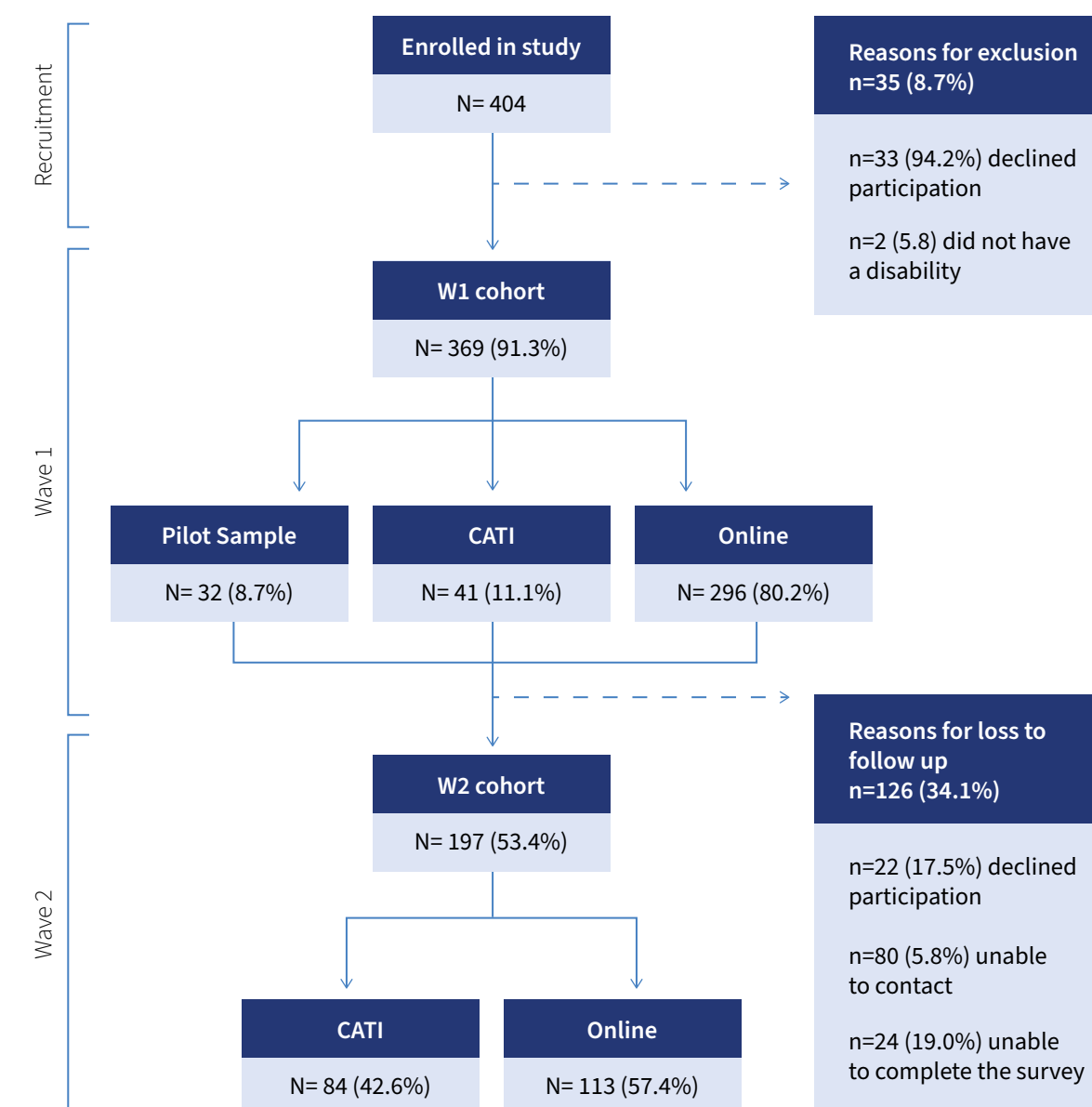
Findings

Response to Wave 1 and Wave 2 surveys

Responses to the Wave 1 and Wave 2 surveys are summarised in Fig 1. At Wave 1, a total of 404 jobseekers with disability were enrolled to participate in the IDES study: 64 via their employment consultant and the majority, 340, via the online survey link. Two participants were excluded from the overall enrolment sample due to not identifying as having a disability, and 33 declined to participate in the study when contacted

for Wave 1 (Fig 1). After exclusions, a total of 369 survey responses from jobseekers with disability were available for analysis, with between 13 and 177 in each disability group (sensory, physical, psychosocial, cognitive, other/multiple). Most surveys were completed online via email link (89%) and 11% surveys were completed via CATI. Several challenges to recruitment and retention of the sample were noted across both waves of the study.

Fig 1. Flow chart showing participant recruitment through to final IDES sample.



All proportions included in the Wave 1 and Wave 2 sample sections are based on a denominator of n=369.

With regards to sample retention, a total of 323 people agreed to participate in Wave 2, 197 of whom completed the survey, which was a 61.3% retention rate. As shown in Fig 1, 22 participants (6.5%) declined to participate when they were contacted again, and 104 (32.2%) were lost to follow-up either through bounced emails or non-response. As in Wave 1, most Wave 2 surveys were completed online via email link (57.4%) and 42.6% surveys were completed via CATI. The following results show participant and employment characteristics first at Wave 1, and then comparisons with Wave 2.

Participant Characteristics at Wave 1

Table 2 gives information about the demographic characteristics of participants and their employment history and outcomes. At Wave 1, the sample consisted of more females (57.4%) than males with a mean age across the sample of 41.5 years (SD=17.1). Participants were concentrated in Victoria (60.5%) and Queensland (19.6%), with smaller proportions of people located in New South Wales (7.1%), South Australia (7.4%), Tasmania (4.2%), the Northern Territory and the Australian Capital Territory (<1%), reflecting the geographic profile of DES providers who were involved in the study and assisting with recruitment. The majority (89.4%, n=330) had attended a mainstream school. Most participants (90.2%) had worked previously and almost a third were employed at the time of the survey. A large majority of participants (90.0%) were receiving government unemployment benefits and 21.1% were receiving the Disability Support Pension. Only 6% of participants were receiving NDIS funding (individualised funding) at the time of the research.

Table 2. Demographics of IDES survey respondents and current Disability Employment Services (DES) population.

		Wave 1 N=369 n (%)	Wave 2 N=197 n (%)	DES population N= 283,981 As at June 2020*	Lost to follow up N= 172
Gender	Male	154 (41.7)	88 (44.7)	150,923 (53.1)	66 (38.4)
	Female	212 (57.5)	107 (54.3)	133,058 (46.9)	105 (61.1)
	Non-binary	3 (0.8)	2 (1.0)	Not reported (NR)	1 (0.5)
Indigenous status	Indigenous	10 (2.7)	4 (2.0)	19,646 (6.9)	6 (3.5)
	Not Indigenous	359 (97.3)	191 (98.0)	NR	166 (96.5)
Age	18-24 years	45 (12.2)	25 (12.7)	40,721 (14.3)	20 (11.6)
	25-34 years	87 (23.6)	45 (22.8)	47,339 (16.7)	42 (24.4)
	35-49 years	106 (28.8)	54 (27.4)	77,965 (27.5)	52 (30.2)
	>=50 years	130 (35.3)	73 (37.1)	119,957 (41.4)	57 (33.1)
Year 12 completion	Completed	182 (49.6)	103 (52.6)	NR	79 (45.9)
	Didn't complete	185 (50.4)	93 (47.5)	NR	92 (53.5)
Country of birth	Australia	317 (85.9)	171 (86.8)	NR	146 (84.9)
	Elsewhere	52 (14.1)	26 (13.2)	52,705 (18.6)	26 (15.1)
Disability type	Physical	122 (33.1)	66 (33.5)	117,366 (41.4)	56 (32.6)
	Sensory	13 (3.5)	7 (3.6)	6,715 (2.3)	6 (3.5)
	Psychosocial	177 (48.0)	92 (46.7)	117,615 (41.4)	85 (49.4)
	Cognitive	36 (9.8)	20 (10.2)	31,620 (10.4)	16 (9.3)
	Other/multi	21 (5.7)	12 (6.1)	241 (0.1)	9 (5.2)
Employment history	Currently in paid work	97 (29.1)	77 (39.1)	NR	-
	Ever in paid work	333 (90.3)	181 (91.9)	NR	-
Wave 2 employment outcomes	Same job as Wave 1	-	26 (13.2)	-	-
	New job	-	51 (25.9)	-	-
	Had job since W1 but not currently employed	-	23 (11.7)	-	-
	Not had job since Wave 1	-	97 (49.2)	-	-

NR = data not reported
*Noting that depending on the time of various analysis and use of publicly available DES population data, numbers and reporting may differ. (43).

The most commonly reported primary disability in the IDES cohort was psychosocial disability (48.0%), followed by physical disability (33.1%), cognitive impairment/intellectual disability (9.8%) and sensory disability (3.5%). Participants coded as ‘Other’ typically reported multiple health conditions and impairments which could not be coded into one of the five disability categories (Table 2). If a person did not self-report a specific disability, they were assigned to a disability group depending on their main reported difficulties across the WG Extended Set i.e., people were assigned to the psychosocial disability group if their WG responses included daily or weekly anxiety or depression with the level reported as ‘a lot’ or ‘somewhere in between a little and a lot’, and their responses to the WG Short Set of questions indicated no other or less difficulties in other domains (e.g., vision, hearing, mobility, self-care, communication, remembering). The WG responses were also used to cross-check self-reported main type of disability. Participants also reported co-existing disabilities; 14.4% of participants reported a co-existing physical disability; psychological disability (25.5%); sensory disability (10.8%); cognitive/intellectual disability (6.0%); and communication disability (4.6%).

Representativeness of Wave 1 IDES sample compared to broader DES population.

Publicly available socio-economic information on DES participants was used to compare the IDES sample with the broader DES population (43). Table 2 compares demographic characteristics of IDES and DES participants, showing that Aboriginal and Torres Strait Islander Australians and Culturally and Linguistically Diverse (CALD) populations were under-represented among IDES participants. IDES has a higher proportion of 25-34-year-old participants and a slightly lower proportion of people aged 55 and older than the DES population. Females are over-represented in IDES (57.4%) compared to DES (46.6%). There was a slight over-representation of people with psychosocial disabilities and an under-representation of those with cognitive disabilities in IDES.

Employment status at Wave 1

Almost 90% of participants reported working in paid employment at some stage in their live. Of those participants not previously employed, they were predominately young (31.4% aged 18-25 years) and/or had a psychosocial disability (45.7%). Of those participants who were currently working, over a third of participants (44.3%) reported that they wanted to work more hours. There were slight differences between disability type with regards to a desire to work more hours. A majority of people with physical disability (60.9%) reported wanting about the same number of hours, whereas a majority of people with psychosocial and cognitive disability reported wanting more hours (48.2% and 69.2% respectively). Almost 50 per cent of all IDES participants were employed on a casual or temporary contract (48.5%). Results were similar between participants with different types of disability. Participants currently working or having previously worked, reported working in a wide range of industries, with the most common being in the construction sector. Construction jobs accounted for 65% of the jobs currently or previously held by participants. The next most common industry was the service sector, with 60% of jobs in this sector being in administration, and 42% being in community and personal service.

Participant characteristics and employment status at Wave 2

As in Wave 1, the Wave 2 sample consisted of more females (54.3%) than males (44.7%), with a mean age across the sample of 42.3 years (SD=17.3). There were no differences between participants at Wave 1 and Wave 2 in terms of disability type (Table 2).

A higher percentage of participants were in employment at Wave 2 (39.1%) compared with Wave 1 (29.1%). As shown in Table 2, a quarter of participants at Wave 2 had acquired a new job since Wave 1 and almost half (49.2%) had not had a job since Wave 1. Of those participants that were working at the time of the second survey, 40.3% indicated they wanted more hours than they were currently working. Fewer than a third (29.9%) worked in a permanent or ongoing role and almost half (49.4%) worked on a casual/temporary contract. The most common industries that participants worked in at the time of the second survey were construction (20.5%), community/ personal service work (20.5%) and clerical/ administration work (19.3%). Across the entire sample, a total of 83.7% were receiving some type of government benefit. The majority of those (60.9%) were receiving unemployment benefits and around a fifth were receiving the DSP (22.3%).

Predictors of loss to follow-up

As shown in Table 2, 46.6% of the sample were lost to follow-up. The participants lost to follow-up were similar to the overall sample on all demographic variables including gender, age and disability type. There was a slight exception for year 12 completion, whereby participants who were lost to follow-up were more likely to have not completed year 12 (53.5%) compared with the final analysis sample at Wave 2 (47.5%).

Reflections on key findings

The IDES study is the first Australian longitudinal quantitative survey that documents DES participants' experiences with employment and their expectations of DES providers. IDES was established to identify how characteristics of employment services, workplaces and jobseekers can contribute to successful employment outcomes. It also sought to identify how employment contributes to the social and economic wellbeing of people with disability attending employment services in Australia.

Study strengths

A particular strength of this study is the survey development and consultation process. Both the Wave 1 and Wave 2 surveys were developed through significant collaboration between the research team and industry partners. This has ensured the surveys provide information and participant perspectives that are relevant to partners and can be directly applied to improve their service delivery. The relevance of the study to the sector has been evidenced through two authors being invited to be expert witnesses at a hearing on employment of people with disability by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (44), industry conference presentations, and our plain language report on the study (45). The questions used in the Wave 1 and Wave 2 surveys were for the most part well-established, having been validated in previous studies (5,46). Where required, the research team developed questions that were

specifically relevant to exploring participant experiences with disability employment services. These questions have now been cognitively tested and can be utilised in future studies. Importantly, the IDES survey covers multiple domains across disability, socioeconomics, health and well-being, and employment related factors. This will enable us to examine how different factors interact to influence employment outcomes and, in turn, how employment may influence these domains.

Finally, the survey was offered to participants via an online survey or CATI, ensuring greater access to diverse participations. Some disability groups (especially people with intellectual disability and visual impairments) may have had difficulty in a written survey, while others may have preferred not to engage in a CATI interview (such as people with psychosocial disability and/or hearing difficulties).

Challenges and learnings

Recruiting respondents through DES providers was a challenge. The survey was implemented during a time of considerable uncertainty in the DES sector, resulting in a smaller than expected sample recruited into Wave 1 of the IDES survey, despite an extended recruitment period. Recruitment for this study was undertaken during 2018 when the DES sector was undergoing a major reform in Australia, which impacted staff and clients as they navigated the new rules and expectations (47). Although significant engagement with DES partners was undertaken, the workload and challenges facing the providers and employment consultants was an inevitable hurdle to recruitment. DES staff and providers are under increasing pressure to meet performance benchmarks so that services remain financially viable. This means that any additional time an employment consultant takes to recruit participants is likely foregone income for the provider. In addition to ensuring appropriate industry and research timelines, future research working with employment service providers can focus on how to resource providers and employment consultants to enable them to better support research implementation. This may include positioning research team members within partner organisations to more directly support engagement with staff, alongside earlier identification of issues that may be impacting on participant recruitment. Working alongside employment consultants would enable ongoing reflection and dissemination of emerging findings.

Online modalities (e.g., bulk email invitations to DES provider clients, social media) appear to be more effective in engaging this cohort and should be considered for future recruitment strategies. However, participants were still required to opt in, and the survey was only offered in English, which may have posed a barrier to participation for some DES clients. Therefore, this approach needs to be balanced with provision of face-to-face recruitment

to ensure participants that may be harder to reach through online methods, such as people with intellectual disability and those who speak English as a second language, have the opportunity to engage with the research. Furthermore, while organisations representing people with the lived experience of disability were included in our partner groups, proactively resourcing and involving DES participants in the design and implementation of the research, may have led to improved traction and recruitment of the target group.

There is significant movement of participants within the DES program, with people changing providers and moving in and out of the system. DES providers therefore do not always have an accurate database of the contact details of their active participants. Therefore, when compared to face-to-face recruitment, switching to bulk email recruitment made it more difficult to estimate the response rate for Wave 1. This makes it difficult to assess the extent of potential responder bias. Further, the opt in nature of the IDES survey may have resulted in fewer DES clients participating in the Wave 1 survey.

Overall, however, when compared to the broader DES population, the IDES cohort had an underrepresentation of Aboriginal and Torres Strait Islander (First Nations) Australians, Culturally and Linguistically Diverse (CALD) populations, and people over 55 years. Some of this underrepresentation may be attributed to the fact that – unlike some DES providers – our partners were not proactively engaged with First Nations people and communities. We also only offered the survey in English, which may have excluded some people from a CALD background who did not feel comfortable or able to complete a survey in English. Greater resources are required to enable these cohorts to participate with the support of interpreters and translation.

Conclusion

Although there were challenges in recruiting participants for IDES, this project is a unique resource as it is the first follow-up study of jobseekers using DES in Australia. IDES will provide new insight as to the barriers and facilitators of gaining and maintaining employment for jobseekers using DES. It will provide insight into how jobseekers experience seeking work, and how their workplace experiences influence their mental health and wellbeing. In addition, the learnings from IDES with respect to how to improve study design are important for future studies.

We are not sure why our sample contained fewer older participants when compared to the general DES population. Nonetheless, this means that generalisability of the findings from future analyses of IDES may be compromised. Further, as this survey only included DES participants, it may not represent the experiences of the broader population of jobseekers with disability that do not have access to DES.

Another potential limitation is the relatively smaller numbers of participants in some of the disability groups, such that those with sensory disability or cognitive disability. While our partners did include DES providers specifically supporting certain cohorts of people with disability, additional resourcing and support of these partners may have led to greater inclusion of less represented disability groups within the IDES survey. Similarly, alternative approaches to engaging with these cohorts – such as through qualitative interviewing or focus groups – should be considered in future research (48).

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Contact us

Improving Disability Employment Study (IDES)

Disability and Health Unit, Centre
for Health Equity Melbourne School
of Population and Global Health
The University of Melbourne Parkville
Victoria 3001

 ides-study@unimelb.edu.au