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Disability Employment AUSTRALIA

THE **DEA** PAPERS
03

When Choice and Control is Not Enough – Building the Architecture for Employment

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About the DEA Papers

The DEA Papers are a growing series of policy and thought-leadership papers exploring disability employment through the lens of systems, architecture, and economic participation. Each paper examines a specific issue, while contributing to a broader body of work that seeks to understand how Australia's disability employment ecosystem works and how it can be improved.

The papers are designed to build on one another. As the series grows, each paper adds to a developing understanding of the forces shaping disability employment and the reforms required to improve outcomes for people with disability.

Use of artificial intelligence

We used artificial intelligence tools throughout the development of this paper as research and analytical aids. They assisted with literature and source searches, data analysis, testing hypotheses and counterarguments, and drafting and editing. We did not accept AI outputs as evidence. We checked material findings against primary or other cited sources, and we used AI to challenge and develop the analysis rather than determine its conclusions. The judgements, interpretations, and policy positions expressed in this paper remain those of Disability Employment Australia.



Disability Employment Australia acknowledges the traditional owners of country throughout Australia and their continuing connection to land and community. We pay our respect to them, their cultures, and to their elders both past and present.



Disability Employment Australia is committed to fostering a culture of inclusivity, respect, and empowerment. Our aim is to celebrate differences and to create equal opportunities for all, irrespective of ability, background, or identity.

Foreword

As a rule, I am not a fan of going shopping. The overwhelming lights, blaring pop tunes, proximity to harried strangers, and constant attempts to extract my hard-earned cash tend to set me on edge. However, it is a necessary evil, and so I will joylessly engage in it from time to time. Under those circumstances, I want what I need with little friction and minimal time and money spent.

When I get to the menswear shop, I don't want to be confronted with a thousand barely differentiated choices, with scant information or advice on what will suit me within my price bracket. No, I want an experienced, well-informed person to ask what I want, size me up quickly, and offer a carefully chosen, flattering selection of options at a price that doesn't leave me considering refinancing my mortgage. I will make my selection—normally blue and never pinstripe—quietly part with my money and leave as quickly as possible.

While I want my agency respected and to remain the ultimate decision-maker, my experience improves with expert curation of well-suited options. Others may prefer to explore and contemplate the possibilities for longer. Either way, the best experience is tailored to the individual.

My analogy has perhaps become blindingly obvious, and it is, of course, about the NDIS. The right of people with disability to exercise choice and control should remain inviolable. We know that when people with disability do not have the ultimate say over their lives, abuses and denigration of humanity can and *do* take place. We do not wish to return to the bad old days.

But choice is not enough. Choice is a principle about who should decide. It does not, by itself, create good options, accessible and trusted information, or the support required to navigate them successfully. For choice to be real and empowering, it needs the right architecture.

This very much applies to employment. Currently, NDIS participants with employment funding in their plan are promised choice, but the funding architecture, by its very nature, weakens the quality and availability of the choices on offer. This paper considers the conundrum: how to preserve choice and control while building employment pathways that truly work.

Peter Bacon



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Glossary and abbreviations

Term	Definition used in this paper
Agency	A person's authority to make decisions about their own life. This includes authority over employment aspirations, individual supports, provider relationships, and decisions to change direction.
Choice and control	A foundational principle of the NDIS that gives people with disability greater authority over decisions and the supports they use.
Department of Employment and Workplace Relations (DEWR)	The Australian Government department responsible for mainstream employment and workplace policy and programs, including Workforce Australia and Transition to Work.
Department of Health, Disability and Ageing (DHDA)	The Australian Government department responsible for health, disability and ageing policy.
Department of Social Services (DSS)	The Australian Government department responsible for disability employment policy and Inclusive Employment Australia.
Disability Support Pension (DSP)	An Australian Government income-support payment for people whose physical, intellectual, or psychiatric condition prevents or limits their capacity to work, subject to eligibility requirements.
Finding and Keeping a Job (FKJ)	The NDIS capacity-building support category through which employment-related assistance may be funded.
Foundational supports	Supports intended to sit outside individual NDIS packages through broader Commonwealth and state or territory arrangements.
Inclusive Employment Australia (IEA)	The Australian Government's specialist disability employment service, administered by DSS. It replaced Disability Employment Services (DES) from 1 November 2025.

Term	Definition used in this paper
Individualised funding / participant-held funding	A financing arrangement in which funding is allocated at an individual level and the participant directs eligible purchases.
Local Area Coordinator (LAC)	An NDIS partner role that helps people understand and access the NDIS, develop and use their plans, and connect with community and mainstream supports.
Market stewardship	Public responsibility for monitoring, developing, and intervening in a service market so that supply, quality, capability, coverage, and performance support intended outcomes.
National Disability Insurance Agency (NDIA)	The independent Australian Government agency that administers the NDIS, including participant planning, funding, and market-related functions.
National Disability Insurance Scheme (NDIS)	Australia's national scheme for funding reasonable and necessary disability supports for eligible people with permanent and significant disability.
NDIS Employment Assistance for young people (EAYP)	The current term for NDIS employment assistance supporting young people to develop employment-related skills, experience, and pathways. This paper often uses EAYP/SLES to maintain continuity with earlier terminology and datasets.
Outcome payment	A payment linked to achievement of a defined result rather than solely to service activity or time delivered.
Provider	An individual or organisation that delivers supports or services.
School Leaver Employment Supports (SLES)	The former name commonly used for NDIS employment assistance for young people transitioning from school.
Supported decision-making	An approach that assists a person to understand information, express their will and preferences, and make their own decisions.

Term	Definition used in this paper
Supported Employment	In Australia, supported employment commonly refers to employment for people with disability in Australian Disability Enterprises. Internationally, Supported Employment describes evidence-based approaches designed to help people with significant support needs obtain and sustain ordinary paid employment, using practices including vocational profiling, job development and matching, workplace support, and continuing assistance. This paper uses the international meaning where discussing that evidence base and makes the Australian usage explicit where relevant.
Thin market	A market in which there are too few suitable providers, workers, participants, or opportunities to sustain reliable choice, competition, specialisation, or service coverage.
Utilisation	The proportion of funding allocated in participant plans that is used for delivered supports during the relevant reporting period. It measures expenditure against allocation, not the proportion of participants receiving support or the quality of that support.
Warm handover	A planned transfer between services or systems in which responsibility, relevant information, and relationships are actively carried across, with consent, rather than leaving the person to reconnect the pathway alone.

Executive Summary

The first two DEA Papers established the frame for this paper. *On the Importance of Architecture* argued that the full arrangement of institutions, incentives, funding, relationships, and accountability shapes outcomes. Paper 2, *Blended Transitions*, showed how that architecture is experienced in people's lives, with employment journeys crossing systems and changing over time — leaving individuals, families, and providers to stitch together a frayed tapestry of pathways and services divided by policy. [1, 2]

The current approach to NDIS Capacity Building Employment Assistance, particularly NDIS Employment Assistance for young people (EAYP) (previously known as School Leaver Employment Supports (SLES)), exemplifies many of the architectural issues highlighted in those first two papers. This makes it an ideal topic for DEA Paper 3.

As Paper 1 argued, this critique should not target the wrong level. Participants, providers, and public servants all influence outcomes, but none of them created the incentives, rules, and structures that produce the chances of success.

The transition from school to adult life is a critical period when aspirations develop, work experience is gained, and future employment trajectories begin to take shape. With the right conditions, opportunities are generated and pay dividends over a lifetime. Without them, disadvantage becomes entrenched. [3]

The NDIS correctly shifted power towards people with disability, with gains in satisfaction, flexibility, and self-efficacy that must be preserved.[4, 5] But choice and control determine who decides, including through the mechanism of individual purchasing. They do not, by themselves, determine whether that person can act on their decision successfully.[6–8]

In **Part 1**, DEA defines **architectural load** as a new concept. This encapsulates the combination and intensity of institutional functions required to achieve an outcome, including the number of actors involved, the complexity of their roles, and the extent to which their actions must connect and reinforce one another. Employment carries a high load because it depends on employers, specialist practitioners, schools, families, and opportunities that extend well beyond any single transaction.[9–13]

Whether an architectural load is being carried sufficiently well can be assessed through four tests: outcomes, participation, utilisation, and participant experience. In **Part 2**, we examine EAYP/SLES through those lenses, finding:

- Outcome reporting is not robust and therefore hard to trust, but where outcomes are reported, performance could at best be described as uneven.
- Participant experience data are limited and dated, and the available school-leaver survey presents a mixed picture: some participants found the support useful, but many wanted more individualised help and work experience opportunities.
- Participation is conditioned by utilisation, which is very low and has been declining in recent years, with only 33% of allocated NDIS funding used over the last year.

The utilisation rate is the most robust data and the clearest example of an architectural failure, given the obvious failure of supply to meet demand. We tested the obvious explanations for under-utilisation across 235 local government areas: unemployment, labour-force participation, remoteness, funded participant numbers, Disability Support Pension prevalence, and provider presence. Together they explained only 10.2 per cent of observed geographic variation across the 235 LGAs analysed.

Taken together, these measures point to an unusual market. Substantial purchasing power has been created, but it is not consistently translating into utilised support, visible quality, or employment outcomes.

This led us to conclude that the real issue is universal. Participant, provider, and market evidence points to limited visibility of provider information, weak navigation, a fragmented market, and a heavy coordinating load falling on young people and families.[3, 10, 14–17]

Better choice architecture could certainly improve utilisation. Accurate provider information, meaningful quality and performance data, specialist employment navigation, supported decision-making, and practical help matching a young person's aspirations to high-quality services could lighten the load on families, improve provider matching, and make employment funding easier to activate. DEA supports these reforms.

Making a market easier to navigate is not the same as making it capable of generating employment outcomes. **Part 3** examines whether improving choice architecture is sufficient. It is not, because it leaves four problems untouched:

- **The wider architecture**. Information and navigation are only two of the seven supporting functions the Productivity Commission envisaged. Elements of all

seven functions have emerged, but too many remain partial, weakly connected, or underdeveloped to bear their load.

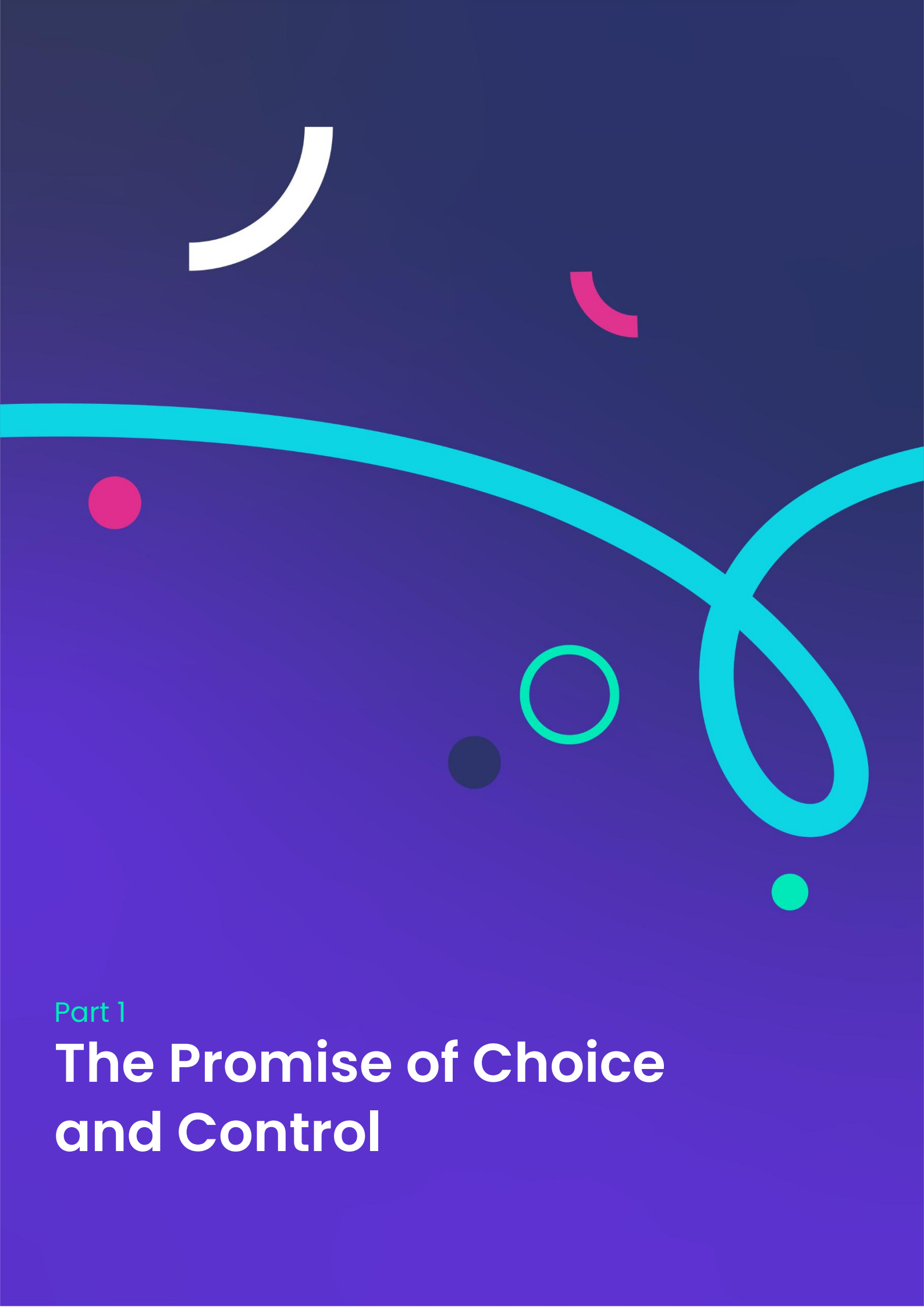
- **Collective functions purchased individually.** Employer networks, school relationships, specialist practitioner capability, and regional provision must be built for collective benefit and with premeditation. They cannot reliably be funded through individual purchasing, and revenue follows participant activity far more closely than outcome performance.
- **Provider confidence.** The problem runs in both directions: participants can hold purchasing power without capable supply being available, while providers can see substantial allocated funding without enough certainty that it will become enough demand to justify investing in that supply.
- **Eligibility.** Access to the most intensive disability-specific school-to-work support depends on holding an NDIS plan. A young person who needs specialist transition help but does not qualify never gets supported, no matter how good the choice architecture.[9]

Part 4 sets out three options: leave the architecture largely unchanged, fix the choice architecture, or reform the architecture itself. Fixing the choice architecture is worthwhile and should proceed. But at the scale this problem demands, repair becomes redesign, and redesign raises the question of whether the NDIS is the right home for it. Having tested the NDIA, DEWR, the Department of Health, Disability and Ageing, and DSS against the functions a steward must perform, we consider DSS the strongest available steward. It already holds specialist disability employment policy, Inclusive Employment Australia, commissioning machinery, and the closest existing set of provider and employer relationships, and it can fund shared capability and pay for outcomes.

There may be other ways to do this, and DEA is open to them. However, DEA is not open to leaving the architectural load on the shoulders of young people and their support networks, which produces patchy outcomes (at best) and low utilisation. Reform needs to be transformational while keeping the best of the existing system.

DEA and its members see too many people who could have had vastly different careers and lives if they had received higher-quality support earlier. It is imperative that we fix this.

The purpose is not to replace choice and control. It is to build the architecture that makes them consequential, so that aspiration can become genuine opportunity, capable providers have reason to invest, and government remains accountable for the conditions connecting the two.



Part 1

The Promise of Choice and Control

Part 1. The Promise of Choice and Control

The case for choice and control

Choice, control, and individualised purchasing were central to the NDIS model proposed by the Productivity Commission in 2011. They were intended to change the relationship between people with disability and the supports they use by replacing rationed and provider-directed arrangements with support shaped around the person, with authority shifting towards people with disability over decisions affecting their own lives.[6] That reform was necessary, and its principles remain essential.

The shift to individualised funding has produced genuine gains that should not be understated. In 2025–26 Q4, 82 per cent of NDIS participants aged 15–64 who had been in the Scheme for at least two years said the NDIS had helped them gain more choice and control, compared with 75 per cent at the 2021–22 Q2 baseline.[4] Put simply, many participants experience greater authority over their supports and provider relationships than under the arrangements the NDIS replaced.

The broader evidence on individualised funding is also substantially positive. A Campbell systematic review covering 73 studies and around 14,000 people found consistently positive effects on overall satisfaction, with some evidence of improved quality of life and security. Participants particularly valued flexibility, needs-led support, the freedom to choose who supported them, and the confidence that comes with greater self-direction.[5] Those gains are not incidental to the NDIS. They are central to its achievement and should be preserved.

The intended architecture behind the promise

The Productivity Commission did not, however, treat individual authority and individualised budgets as a complete system. It situated them within a much broader architecture.

The proposed model included:[6]

1. Local Area Coordinators and intermediary organisations to help people navigate options and exercise informed choice.
2. Public information about provider quality and performance.
3. National quality standards, auditing, complaints, and monitoring systems.

4. Workforce and provider capability development.
5. Data systems capable of monitoring outcomes and market performance.
6. Strong links between disability supports, education, employment, and other mainstream systems.
7. Targeted block funding and market intervention where thin or failing markets could not sustain services.

The Productivity Commission did not regard these functions as optional additions to choice and control, but rather as central bulwarks of a responsive and functioning system. As shown above, the Commission anticipated that greater individual choice would involve coordination costs, require active market stewardship, and depend on government action to support informed decision-making, workforce capability, and market development.[6]

These seven functions provide a practical benchmark for assessing what followed. Part 3 returns to them to examine how far the supporting architecture envisaged by the Productivity Commission was realised in EAYP/SLES.

The importance of architectural load

The line between choice and outcome is relatively direct where suitable options are visible, quality can be easily assessed, and a purchase can be reversed without significant disruption. For example, an assistive technology item is the same whether it is purchased in Hobart or Far North Queensland. Other outcomes depend on relationships, uncertain pathways, and institutions that interoperate and intersect over time. Different choices and outcomes therefore require different combinations of information, quality assurance, continuity, coordination, supply, and public stewardship.

DEA distinguishes these functions across three levels:[8]

1. **Agency** concerns who decides. It includes the person's will and preferences, supported decision-making, and control over the supports they use.
2. **Choice architecture** concerns whether a decision can be made meaningfully. It includes accessible information, comparison, navigation, trusted assistance, continuity, and a manageable decision environment.
3. **System architecture** concerns whether valuable options exist. It includes provider capability, workforce, regional coverage, employer relationships, quality standards, interfaces between programs, and public accountability.

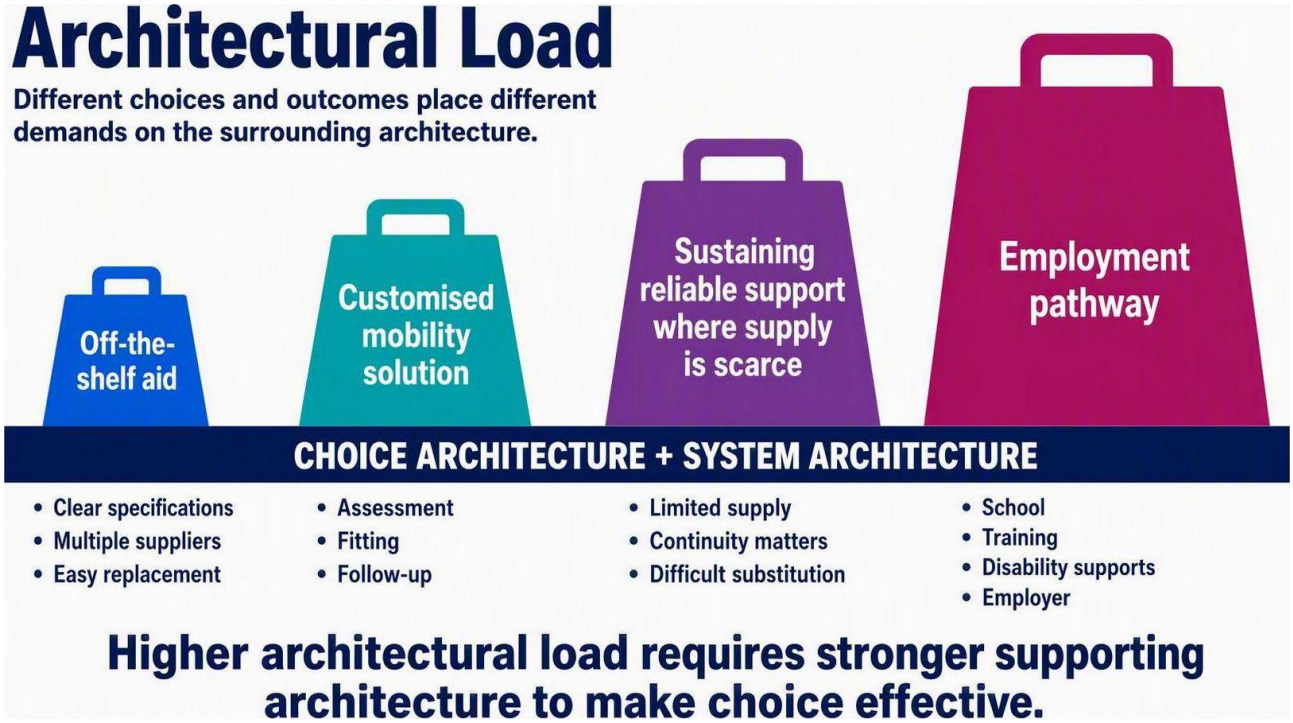
DEA has defined a new term—architectural load—to characterise the combined complexity and importance of functions across these three levels. High

architectural loads are present in highly complex, unpredictable, and ever-changing contexts, and they are low when things are simple, stable, predictable, and involve few actors.

The following dimensions describe the demands placed on choice and system architecture. Their importance varies with the circumstances, and they can reinforce one another:

Dimension	Lower-load conditions	Higher-load conditions
Quality observability	Quality can be assessed before purchase.	Quality emerges only through experience or remains difficult to judge.
Reversibility and switching	Changing an arrangement causes little disruption.	Switching risks losing continuity, relationships, accumulated knowledge, or opportunity.
Uncertainty and contractibility	Needs, performance, and terms can be specified in advance.	Needs and contingencies emerge over time and require adaptation.
Time and path dependence	The outcome is discrete and relatively immediate.	Outcomes accumulate over time and earlier experiences shape later opportunities.
Actor interdependence	One purchaser and provider can produce the outcome.	Several independent actors must act together or in sequence.
Relational co-production	Delivery requires limited continuing interaction.	Quality depends on trust, fit, continuity, repeated interaction, and participation by several parties.
Market thickness and supply	Suitable providers, workers, and opportunities are readily available.	Supply is thin, dispersed, specialised, or difficult to sustain.
Collective and cross-system infrastructure	Little shared infrastructure or cross-system coordination is needed.	Success depends on networks, information, relationships, or shared assets no purchaser can reasonably create alone.

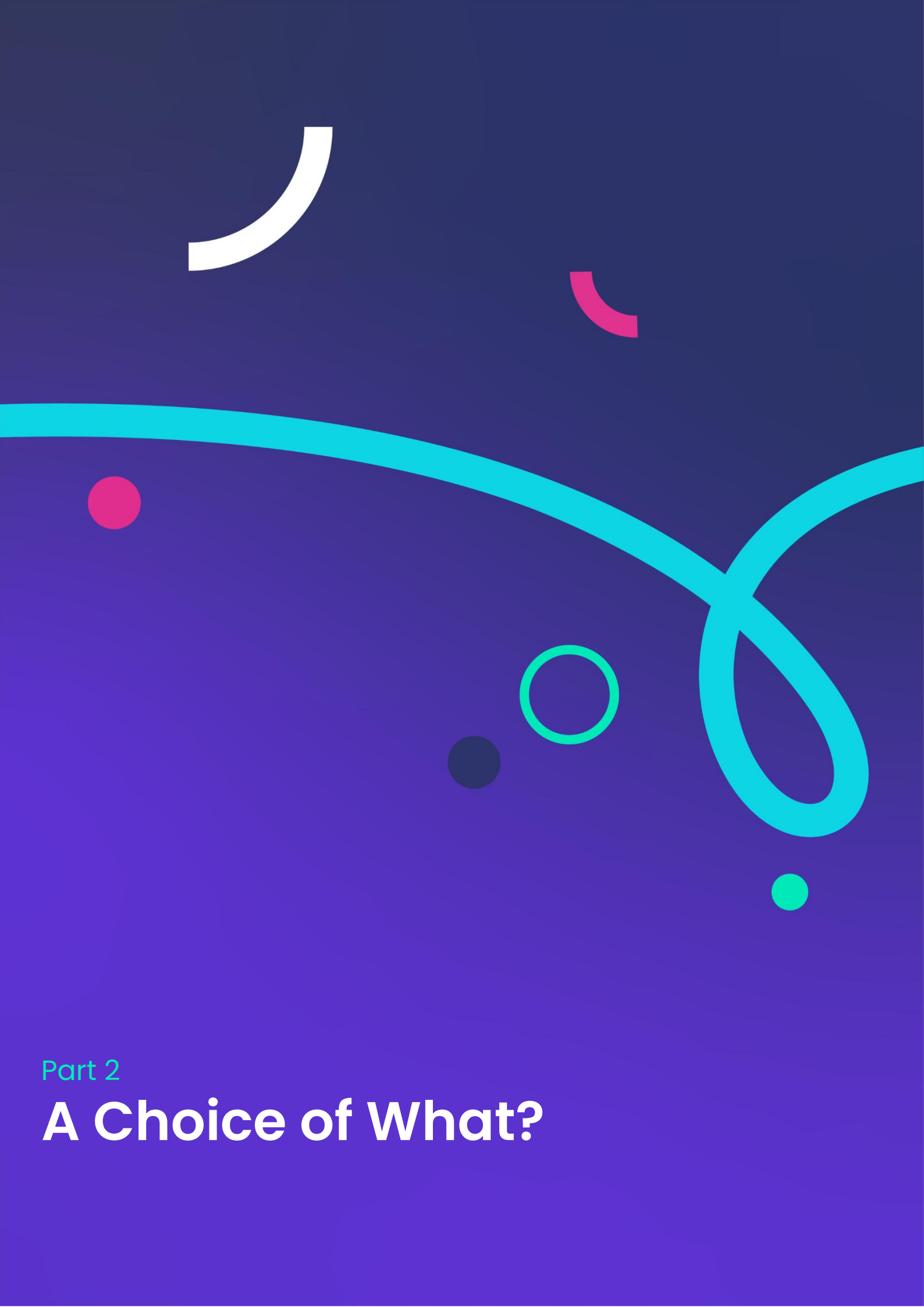
Future research could usefully map where different NDIS functions fall into lower or heavier architectural loads, but suffice to say DEA assesses employment to have a very high architectural load:



Higher architectural load does not create a stronger case for removing individual choice. It creates a stronger case for building the architecture required to make individual choice effective. Employment provides a demanding test because outcomes commonly develop through relationships, employer participation, and connected pathways over time on the ever-shifting sands of the labour market. Part 3 examines those demands in detail.

People with disability should retain authority over their employment goals, pathways, supports, and provider relationships. Government is therefore responsible for picking up the architectural slack of providing trusted information, arraying capable providers, connecting pathways, and stewarding functioning markets. Those functions should fulfil rather than reverse the promise of choice and control.

Choice and control therefore depend upon architecture. For NDIS employment, the question is whether that architecture is in place.



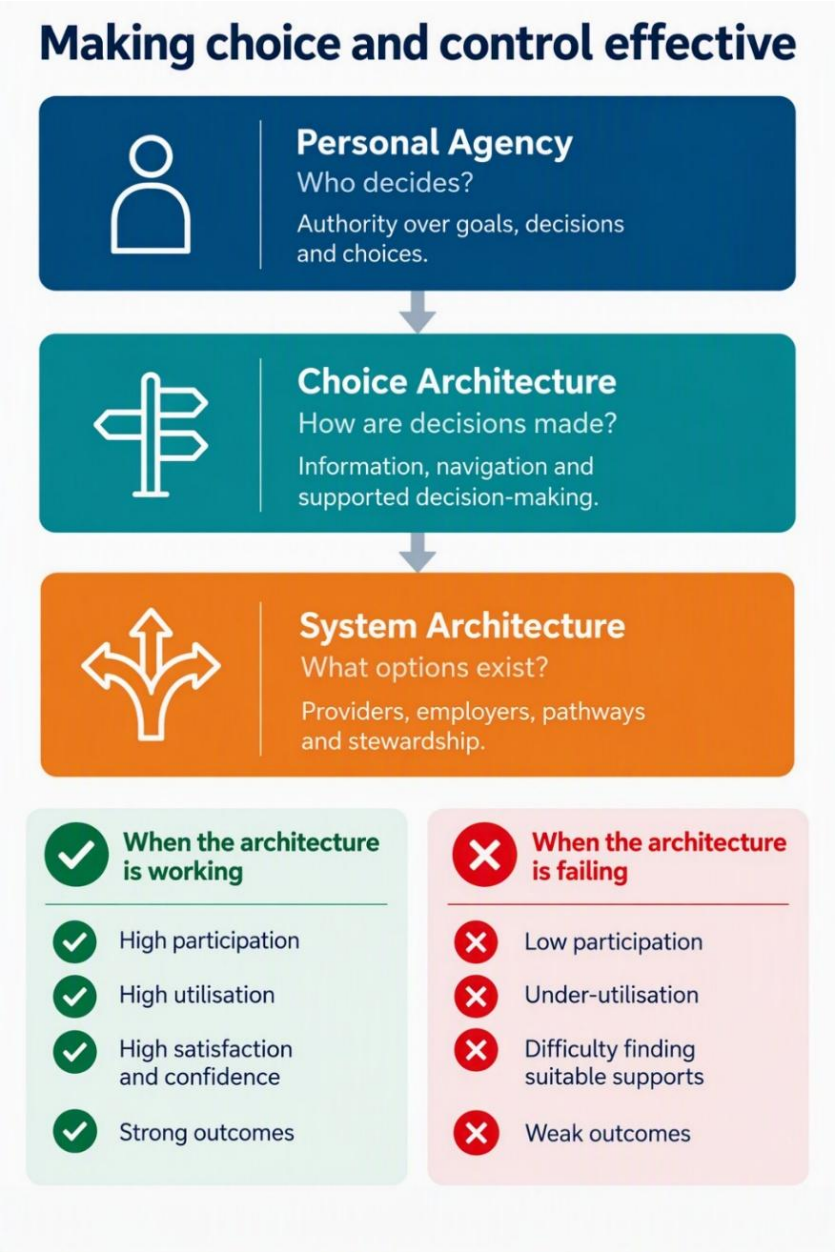
Part 2

A Choice of What?

Part 2. A Choice of What?

As Part 1 establishes, when it comes to employment support, personal agency is essential but not sufficient. Part 2 first tests how well the surrounding architecture is functioning, then examines readily measurable explanations for those findings. It considers what cannot be observed in the data, then asks whether worthwhile employment options exist and whether people can identify, understand, and act on them.

The below graphic depicts the different elements required to make choice and control effective:



This graphic shows how agency, choice architecture and system architecture work together. Architectural load describes the demands placed on the latter

two: the information, navigation, provider capability, and wider relationships needed to turn a person's decision into progress towards work.

2.1 How well is the architecture working?

As shown in the diagram above, four broad tests guide this assessment of architecture: outcomes, participation, utilisation, and participant experience. Each describes a different aspect of performance — none alone establishes how well the architecture is working.

We will deal with ***outcomes*** first. A quick methodological caveat: the open employment outcomes-recording system in EAYP/SLES is weak, so treat the analysis below with appropriate caution. EAYP/SLES outcome data are based on provider reporting and attestation when a participant exits rather than a validated evidentiary process. Providers record an open employment outcome, complete details such as employment status and weekly hours, and attest that the information is accurate. However, the reporting tool does not prescribe documentary evidence to substantiate the outcome, nor does it require employment to be sustained for a minimum period. This makes a reported SLES outcome materially less robust than an employment outcome under DES/IEA, which is tied to benchmark hours, defined duration (4/12/26 weeks), and verification requirements. In addition, DES/IEA outcomes are recorded through a custom-built IT platform as part of the normal course of business, whereas for EAYP/SLES providers this is an unfunded activity recorded on a spreadsheet.

That caveat reveals an important point. The SLES metric does not measure sustained employment. It records employment achievement without requiring it to persist for a specified period. The figures below should therefore not be read as evidence of sustained employment outcomes. But weak performance also cannot be readily explained by an unusually demanding outcome threshold, as the reported threshold is comparatively modest.

The most recent national provider-level data available for this analysis show 520 participants exiting NDIS Employment Assistance for Young People with a job in open employment between 1 January and 31 December 2025.[17] Separate expenditure data obtained through freedom of information show approximately $160 million in SLES claims in 2024–25. Using the closest available expenditure and outcome reporting periods, the calculation is approximately $160 million ÷ 520 = $307,692 per reported open-employment outcome. Because the expenditure and outcome reporting periods are not perfectly aligned, DEA does not present this as a precise estimate. We therefore describe this analysis more

conservatively, indicating more than $200,000 per reported open-employment outcome—more than five times the cost per most-equivalent outcome in DES/IEA.

This calculation deliberately measures the relationship between aggregate expenditure and aggregate reported open-employment outcomes. It is a system-level expenditure-to-reported-outcome measure, not a longitudinal calculation restricted to expenditure attributable to participants who achieved an outcome. Annual expenditure includes participants at different stages of their employment journey, while provider outcome reporting records outcomes when participants exit support. The calculation should be understood accordingly.

Only 17 of 225 providers receiving SLES funding in the reporting subset across Australia reported eight or more open employment outcomes, and those providers were responsible for more than half of all reported open employment outcomes nationally.[17]

That said, cost per employment outcome is not by itself a fair measure of performance. EAYP/SLES funds activities that precede employment, including work experience, travel training, and other capacity building. Some of its value may therefore arise before, or without, a recorded employment outcome (although you could of course also make this point for DES/IEA). A fairer test is whether providers operating within the same architecture produce materially different results, rather than imposing a fictitious benchmark for what every dollar of capacity-building support ought to produce.

They do. The most efficient providers achieved reported open-employment outcomes for less than $50,000 per outcome, while some exceeded $500,000.[17] Open employment outcome performance is highly concentrated among a small number of providers. Differences in participants, services, and local circumstances inevitably affect these comparisons, but variation at this scale is hard to dismiss as noise. This shows that the architecture can produce substantially better outcomes with some providers and in some places than in others. The question, then, is what explains that variation.

Positive signals appear in the broader NDIS employment data. The NDIA reports that the participant employment rate increased by 1.5 per cent in 2025–26, while the number of participants in open employment at full award wages increased by 5 per cent between Q2 2021–22 and Q2 2025–26.[18] Capacity-building employment funding included in participant plans has also increased by 71 per cent since July 2024.[18] These are welcome developments. However, they do not

measure EAYP/SLES effectiveness specifically. Increased funding in plans also coexists with the declining utilisation examined below. These broader indicators therefore do not resolve the questions this paper examines about EAYP/SLES utilisation, provider performance, and market architecture.

The data on ***participation and utilisation*** are the most robust of these measures and are in many ways the most troubling. Employment funding in participants' NDIS budgets nearly doubled between March 2022 and March 2026 (up 99%), while utilisation of Finding and Keeping a Job fell from 44% to 33%.[19]

DEA's LGA-level analysis of Finding and Keeping a Job (where EAYP/SLES is a major constituent part) shows that under-utilisation is widespread rather than confined to a few locations. Figure 1 shows median LGA utilisation at 32.1%, with many areas at 25% or lower and very few over 50%. These rates measure funding use, not the proportion of participants receiving support:

Figure 1. FKJ funding utilisation is low across most LGAs

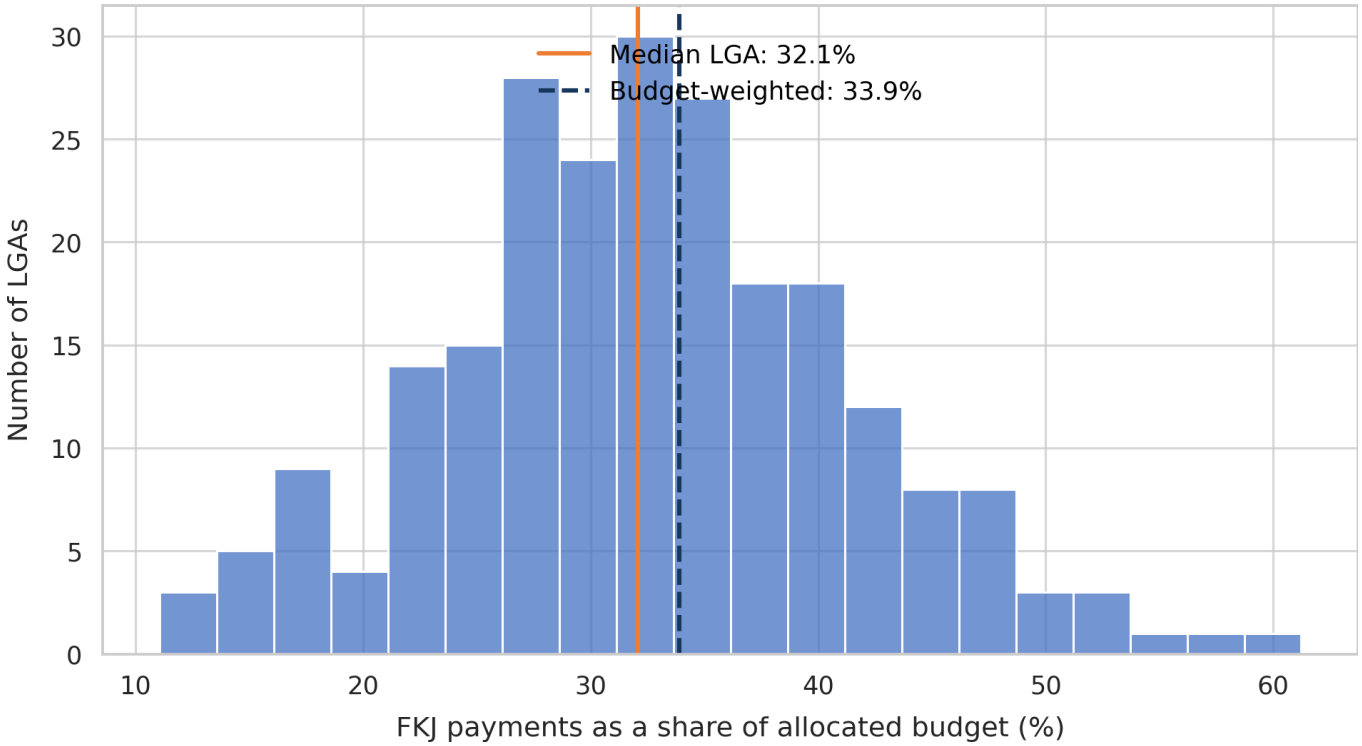


Figure 1. Distribution of FKJ utilisation across LGAs. Most LGAs utilise only a minority of allocated funding. The vertical lines show the median LGA and the budget-weighted utilisation rate.

Participant ***experience*** is the final test of the architecture. The NDIA's September 2022 school-leaver survey is somewhat dated and presents a mixed picture. Of 481 respondents who used their funding, 46 per cent said most or all of their supports helped them work towards their employment goals. Providers arranged work experience for 61 per cent, including experience in a role of

interest for 44 per cent. These findings show that participants recognised useful contributions from support, alongside substantial room for improvement.[16]

Respondents' desired improvements concerned the substance and personalisation of support. Fifty-seven per cent wanted providers to spend more time getting to know them and identifying their work goals, 52 per cent wanted more work experience, and 42 per cent wanted more skill-building opportunities. Among respondents who undertook work experience, 43 per cent said they needed more support or had received none. Therefore, access to a funded service did not consistently mean access to sufficiently personalised support or a well-supported work experience opportunity.[16]

2.2 What explains the under-utilisation?

Across the four tests of architecture set out above, the picture is not encouraging. Reported open employment outcomes are weak and not robust, participant experience is mixed, and the majority of allocated funding goes unused. Utilisation provides the clearest basis for further analysis because the data are the most usable and the pattern is widespread.

DEA therefore tested several plausible explanations for that variation using a statistical model of FKJ utilisation across 235 LGAs. The model examined seven local characteristics: unemployment, labour-force participation, remoteness, the number of FKJ-funded participants, estimated DSP prevalence, IEA provider presence, and EAYP/SLES provider presence. It estimated their associations with utilisation after accounting for the other measured factors, and their collective ability to explain differences between LGAs.

The analysis also tested each factor's unique contribution by examining the reduction in explanatory power when it was removed from the model. This indicates how much information each factor adds beyond the others, not how much under-utilisation it causes. Appendix 1 provides the data sources, methods, and full results.

A. Is it geography?

Under-utilisation is widespread, but its severity varies between places. Figure 2 shows lower utilisation in outer-regional areas, alongside substantial variation within remoteness categories. The question is how far geography, local labour markets, and provider supply account for those differences.

Figure 2. Utilisation varies by remoteness, with wide variation within each group

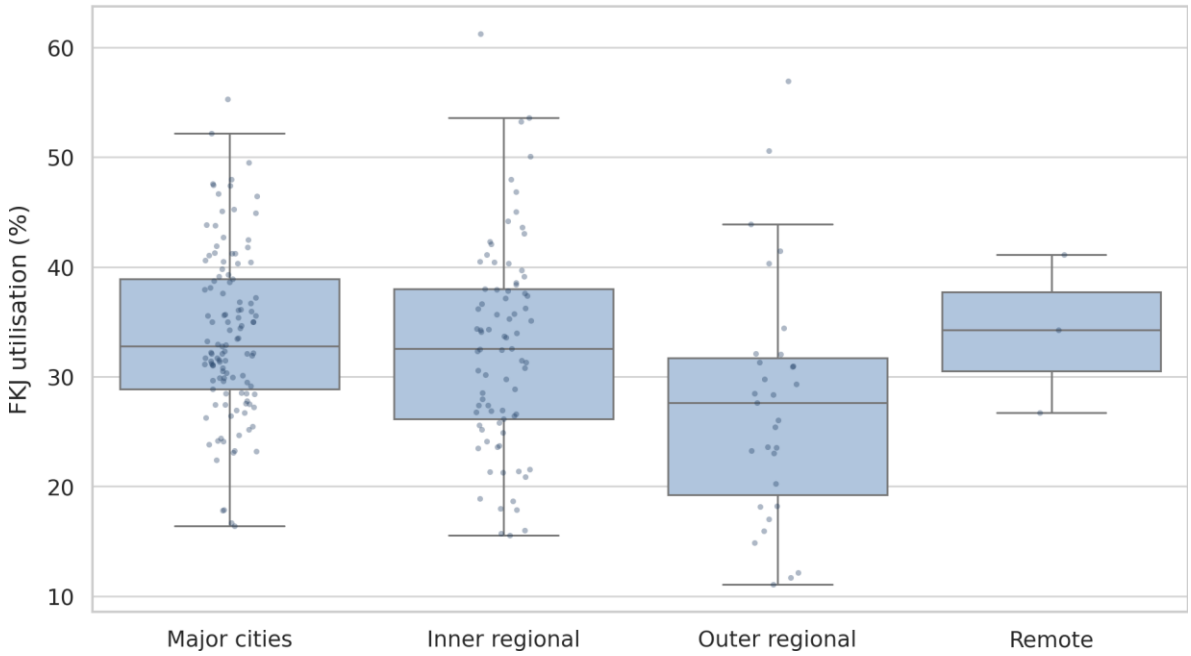


Figure 2. FKJ utilisation by remoteness category. Utilisation differs by remoteness, with wide variation within each geographic category.

Some regional LGAs perform comparatively well, while some metropolitan LGAs perform poorly. After accounting for the other local measures in Appendix 1's model, remoteness had a negative but statistically non-significant association with utilisation ($p = 0.389$), contributing 0.35 percentage points to explanatory power. Geography forms part of the context in which employment supports operate, but remoteness alone does not adequately explain under-utilisation.

B. Is it the local labour market?

Labour-force participation was the strongest labour market signal in the model, but it pointed in an unexpected direction. Higher participation was associated with lower utilisation ($p = 0.0038$), and removing it reduced explanatory power by 3.58 percentage points, the largest unique contribution of any measure. Unemployment contributed little ($p = 0.502$; 0.21 percentage points). Taken together, the results provide little support for the proposition that utilisation is simply a function of local labour market strength.

C. Is it the size or characteristics of the funded participant market?

The number of participants with FKJ funding in an LGA explained little of the variation in how much of that funding was used. Its association with utilisation was not statistically significant ($p = 0.470$), and removing it reduced the model's explanatory power by only 0.16 percentage points. Estimated DSP prevalence

was also not statistically significant (p = 0.123), although it contributed somewhat more explanatory power at 1.13 percentage points. In other words, places with more people holding FKJ funding did not reliably have higher utilisation rates. Simply concentrating more funded participants in a local market does not, by itself, ensure the funding is used. This does not tell us whether demand is sufficient to sustain individual services, but it weakens a simple explanation that low utilisation is primarily due to too few funded participants.

D. Is it provider supply?

To examine provider depth, DEA undertook a best-efforts mapping of organisations in the January–December 2025 EAYP/SLES reporting to the LGAs they served. The mapping included 99 organisations with reported caseloads of at fewest 20 participants, counting each organisation once per LGA served.

Provider depth appears to help explain the results. Both provider measures had positive estimated associations. IEA presence was statistically significant (p = 0.032) and contributed 1.81 percentage points to explanatory power. It is a reasonable proxy for the broader disability employment sector but is not related to current EAYP/SLES availability. EAYP/SLES presence, counting organisations supporting at least 20 participants during January–December 2025, contributed 1.08 percentage points, with a positive but less certain association (p = 0.084).

A separate analysis examined the depth of mapped FKJ/SLES provision, using a higher threshold: providers serving more than 50 participants. This tests a different question from the seven-variable model's count of providers supporting 20 or more participants. Mean utilisation was 31.1 per cent in LGAs with no mapped large provider, 32.1 per cent with one, 36.9 per cent with two or three, and 36.6 per cent with four or more. After controlling for remoteness and participant volume, two or three large providers were associated with approximately five percentage points higher utilisation. The observed gain flattened beyond that point.

Among LGAs in this analysis, 121 had no mapped provider serving more than 50 participants, 75 had one, 39 had two or three, and six had four or more. With 81 per cent having no more than one, the comparison was between thin and somewhat deeper markets, not abundant provision. Even in the six LGAs with four or more large FKJ/SLES providers, utilisation ranged from 30.6 to 42.7 per cent, all below half of allocated funding. The quantum of available supply makes an appreciable difference, but it does not come close to explaining the extent of under-utilisation.

2.3 What the data cannot explain

As above, our model identifies many of the most plausible explanatory factors for under-utilisation. None appears to have particularly strong explanatory power in the model. In fact, even when these seven factors are combined, the analysis explains 10.2 per cent of the observed geographic variation in utilisation (R-squared 0.1019; adjusted R-squared 0.0742). This means that the remaining 89.8 per cent of geographic variation in utilisation is not explained by these factors.

In practical terms, this means that a) under-utilisation is the predominant theme across the board and that b) there is no predictable or uniform pattern as to where utilisation might be high or low. A well-informed observer might expect notably higher utilisation in urban conurbations, with a high number of scaled providers, a large number of DSP recipients, and low economic participation levels. While these factors have an observable impact, the overall effect is not nearly as significant as DEA would have expected before undertaking the exercise.

Figure 3 provides further evidence of this point, by grouping LGAs by utilisation and the seven factors described above:

Figure 3. LGA typology: utilisation and local opportunity conditions

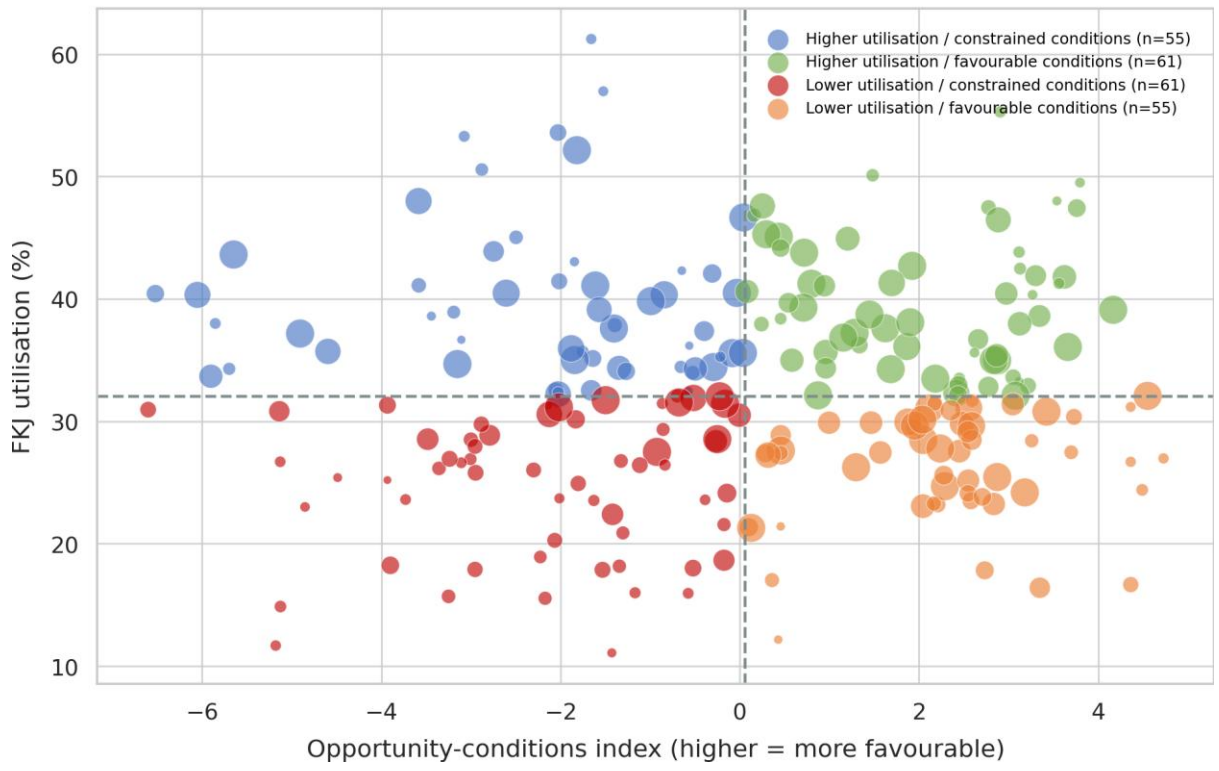
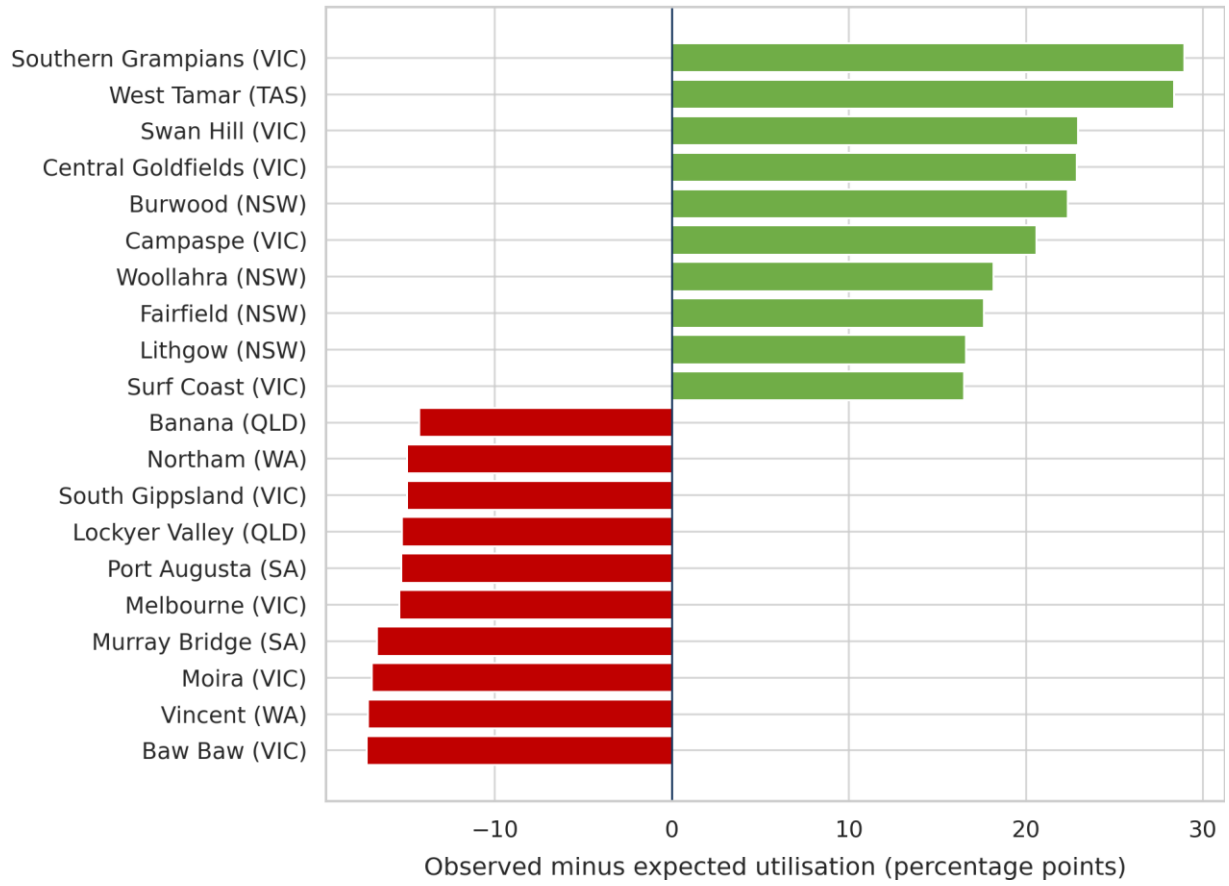


Figure 3. Exploratory typology comparing FKJ utilisation across LGAs with the local labour market, demographic, geographic, and provider indicators examined above.

As can be seen, the scatter is wide, with no obvious rhyme or reason, and therefore resists easy conclusions.

In some LGAs, low utilisation is predictable. But in others, low utilisation persists despite apparently more favourable conditions:

Figure 4. LGAs furthest below and above modelled utilisation



Melbourne's low utilisation and the Southern Grampians' high utilisation illustrate this point. These two LGAs have little in common, but one might assume utilisation would be higher in Melbourne, given its high geographical concentration of both providers and people. But Southern Grampians has a surprisingly high utilisation rate, while Melbourne is shockingly low.

The available data therefore take the analysis only so far. They describe where utilisation differs and test plausible explanations, but they cannot establish what happens between an allocation in a plan and a participant's use of support. Nor can they show whether unused funding reflects barriers to accessing support, funding that no longer fits the person's circumstances, or a decision to pursue something else.

One possibility is that employment funding carries forward in the plans that last multiple years without reassessment of whether it remains appropriate to the person's circumstances or timely for their goals. This could account for a

substantial share of under-utilisation, or very little; publicly available data do not allow DEA to determine its contribution. That uncertainty raises a separate stewardship concern. Understanding whether unused allocations reflect barriers to accessing support or funding that no longer fits the person's circumstances is necessary to judge how the market is functioning and what response is warranted. Without that information, effective oversight is limited, even though it does not explain why funding remains unused. Regardless, the failure to use allocated funding, so it becomes a legacy item on the plan, is another indication of architectural failure.

Participant and service evidence offers another perspective on the gap. Among school-leaver survey respondents who did not use their funding, a leading reason was that nobody had explained its purpose. Other reasons included unsuitable or poorly timed funding, health circumstances, COVID-related disruption, and choosing another activity. The survey also identifies reliance on families and schools in selecting providers.[16] DEA's co-design report and the NDIS Review document fragmented advice, uncertain referrals, and siloed cross-system boundaries.[10, 14, 15]

This evidence directs attention to two connected questions beyond the local characteristics tested in the model. The first concerns system architecture: do worthwhile employment options exist—a choice of what? The second concerns choice architecture: can people identify, understand and act upon those options—how does choice actually happen?

2.4 A choice of what?

On the face of it, the market looks crowded, but it is highly fragmented. In the October to December 2025 quarter, 1,960 providers claimed for EAYP/SLES. Of these, 1,848 supported ten or fewer participants, while only 28 supported more than 50.[17] A large number of very small providers does not necessarily amount to a deep market of established employment services with specialist workforces, employer relationships, and local infrastructure. That is why DEA's mapping below includes only the 99 organisations who had delivered to at fewest 20 participants in the reporting year. Fragmentation also limits what we can know about the market. Thirty-one per cent of participants receiving employment assistance in the latest quarter were not represented in provider reporting, and smaller providers submitted reports at much lower rates. The reporting blind spot is considerable and it is hard to think of other comparably important services where such a thing would be tolerated.[17]

Across DEA's coverage analysis, 285 of 470 LGAs (60.6 per cent) had no observed mapped provider meeting the 20-participant threshold. A further 85 had one and 57 had two; only 43 had three or more. Of the 99 qualifying organisations, 70 were fully mapped, 16 partially mapped, and 13 unresolved. A zero therefore means no observed mapped qualifying provider, not confirmed provider absence. Appendix 1 depicts the mapping and threshold.

We do not offer these numbers as definitive, and they should not be treated as such. It is the best effort of an unusually informed team at DEA. The difficulty of constructing this picture is itself relevant. Unlike the published IEA provider information used in our analysis, it is frankly extremely hard to find which providers offer EAYP/SLES and where they deliver it. DEA's mapping does its very best with the most visible public information (provider websites, NDIS registration etc.), but it also highlights the need for clearer public information about where employment support operates and what participants can access.

Incomplete market visibility is a wider NDIS issue. The Joint Committee of Public Accounts and Audit (JCPAA) separately identified incomplete visibility of the broader NDIS provider market as a weakness affecting effective market oversight.[20]

The best available mapping points to a thin market with few providers operating at scale, particularly compared with the much larger IEA service footprint. For participants, that means a limited range of options. Where only one or two services are available, choosing a provider may mean accepting what exists rather than finding support suited to a person's employment interests and circumstances.

Limited provision may also restrict specialisation. A small number of providers cannot be assumed to offer the expertise, industry connections, and approaches needed across a diverse population. The uneven outcomes and mixed participant experiences reported earlier add a further concern: the available option is not necessarily a good one.[16, 21] Provider numbers do not establish quality or otherwise, but few alternatives leave participants less room to seek a better fit.

Thin provision may also make employment a less visible and credible post-school option. Providers do more than deliver support after a referral: their relationships with schools, families, and employers can help people encounter employment possibilities in the first place and cut against prevailing narratives of low expectations that channel people into segregated settings - see Inclusion Australia's 'Polished Pathway'.[22] Where that local presence is weak, there may be

fewer opportunities to see pathways working, build those relationships, or make employment a routine part of transition planning. This may reinforce the effects of thin provision.

Why, then, might the market remain thin despite substantial allocated funding? One explanation is that allocated funding and a viable employment-support market are not the same thing. Providers must invest in skilled staff, employer relationships, and school connections before they can offer a credible pathway. Yet an allocation in a participant's plan does not guarantee the person will engage, when support will begin, or what it will involve. To build a viable caseload, that uncertainty is multiplied across participants. Under these circumstances, as DEA's co-design evidence demonstrates, it is risky for providers to invest in the required resourcing to operate at any sort of scale.[14] Part 3 returns to that question.

Thin, limited, and fragmented markets are one explanation, but as we have already demonstrated, they do not provide the underlying reason for this universal under-utilisation. For this, we must turn more fully to choice architecture.

2.5 How choice happens

Consider Alex, a hypothetical young person in Melbourne (postcode 3000). Alex is autistic and has significant support needs. He wants to work but is not yet sure what that might look like for him. He has valuable skills and interests; however, he has received no help turning them into a clear vocational direction. His family is highly involved, cares, and wants to support his ambitions, but they are not experts in disability employment. It's fair to say that this is a 'good case' scenario, where things should really work.

Alex is approaching the end of school. When developing his NDIS plan, he and his family explain that he wants to work but doesn't yet know what kind of work might suit him or what support he will need. The NDIA considers his circumstances, goals, support needs, and available evidence and decides to include funding for employment support in his plan. He has been empowered to find a provider of EAYP and start moving towards work.

What happens next? Who does he turn to? He does not have a Support Coordinator, and there seem to be fewer and fewer of them around anyway - and people with autism don't usually get that support. His Local Area Coordinator (LAC) can explain his plan and help him understand the supports

available, but cannot select a provider for him. In Alex and his family's experience, the LAC has mostly seemed concerned with getting the plan sorted out, rather than helping them navigate what comes next.

Alex talks to his family, and they google. The obvious place to start is the NDIS Provider Finder. To Alex's eyes, it doesn't seem the most accessible or user-friendly website around. Before Alex can even search for a provider, he has to translate "I want help to get a job" into provider-registration language. The Finder offers 38 registration groups. Two appear potentially relevant: Assistance to access and/or maintain employment and/or education and Specialised Supported Employment. He doesn't intuitively know which one is correct.

After a bit of trial and error, he selects Assistance to access and/or maintain employment and/or education. A search within five kilometres of Melbourne 3000 returns 227 results, ordered by distance. On its face, this looks like abundant choice.

But the Provider Finder is finding registered providers, not presenting Alex with 227 identifiable EAYP/SLES services. The distinction becomes apparent almost immediately. The search orders results by distance from his home postcode rather than suitability. Early results include multiple listings for the same organisation, labelled as apartments, recreation, respite, support coordination, positive behaviour support, and accommodation. Expanding a listing gives Alex an address, phone number, ABN, professional categories, whether it is an outlet or head office, and often a long list of registration groups. Inconveniently, it doesn't say what employment support is actually delivered there, what that support would involve, whether there is capacity, or anything about autism specialism. It provides no information about quality or outcome performance.

Alex perseveres, with his motivation challenged but unrelenting. An explicitly labelled employability program appears on the third page, but the listing does not make clear whether the program offers the kind of employment pathway Alex is seeking. By page four, he has scrutinised 36 records. In this exercise, the first provider readily recognisable as a plausible EAYP/SLES provider did not appear until page nine. Even then, DEA was able to make that determination because the provider is a member, but would Alex?

This does not show that EAYP support is unavailable in Melbourne. There are appropriate options there for Alex if he can discern the needle from the proverbial haystack. However, as he trawls through those search results, he scans past a plethora of supported employment and day/community-based services. They are much easier to identify as concrete things he could do.

At the kitchen table, that is significant. Alex may still want a job in open employment, but he and his family also have to answer an immediate, practical question: what will Alex do next Monday while the rest of us go to work? Does his family have to reduce their own working hours to support him?

This practical pressure is reflected in Australian research with young people with intellectual disability and their families. Dr Jenny Crosbie found that families could continue to hold aspirations for community-based employment while also needing to establish an immediate post-school routine. Structured disability programs could therefore become an initial or interim option because they provided somewhere to go, meaningful activity, and a predictable week. Choosing that pathway did not necessarily mean abandoning employment aspiration.[3]

The resulting decision cannot therefore be understood simply as an expression of preference. The options have not arrived at the point of choice on equal terms. Segregated options are right there in front of him, and even finding an EAYP provider seems hard enough, let alone an employer willing to give him a go.

This is how under-utilisation happens at the industrial scale described in Part 2. The data cannot easily explain it, but people's experiences can. The heavy architectural load described in Part 1 has landed squarely on Alex and his family. They are not experts in how to navigate this system or carry that load.

The work of joining the system together itself frequently falls on families. Dr Crosbie found families acting as de facto system navigators and service coordinators: locating opportunities, managing funding, coordinating providers, and trying to connect fragmented education, disability, and employment systems. That also creates inequity. Families with greater system knowledge, advocacy capacity, and social networks are better placed to construct opportunities that the formal architecture has failed to provide.[3]

Suppose, eventually, they succeed. They find the right provider. Alex walks through the door. He still does not know what job might suit him. There is no employer waiting, no role designed around his strengths, no work experience arranged, and no pathway connecting where he is now to where he wants to go.

Finding the provider was difficult enough. Now somebody has to build the pathway.



Part 3

The Architectural Load of Employment

Part 3. The Architectural Load of Employment

3.1 If we fixed choice architecture, would that be enough?

At the end of Part 2, Alex found a provider after an often painstaking, sometimes bewildering process. But that process needed neither bewilderment nor pain. It is eminently fixable and doesn't require a complete reform of NDIS employment.

The mechanics are not complicated. Information about which providers deliver EAYP/SLES, where, and with what specialisations could be gathered and validated, then published in a fit-for-purpose directory or portal, potentially built on an existing employment platform such as JobAccess. Routine updates would keep it current, so that people no longer rely on registrations, outdated websites, or their own ability to survey the market. Finding and comparing providers would become far easier. It should not require Magellan to navigate it.

Imagine that tomorrow Alex could see every active employment provider in his area, where they operate, who they support, their employment approach, and reliable information about their quality and performance. The search problem would be substantially reduced.

Better information would still only take Alex so far. A stronger choice architecture would also give him access to specialist employment navigation: someone who understands evidence-based disability employment practice, knows the local provider market, and is skilled in supported decision-making. Rather than simply explaining the plan or producing another list, they could spend time helping Alex explore his strengths, interests, and aspirations, understand what different forms of employment support might offer, and identify providers whose practice, specialisation, and employer relationships appear relevant to what he wants to pursue.

Combined with reliable provider information, this kind of specialist navigation and supported decision-making could remove a great deal of the load currently placed on Alex and his family.

So, for the purposes of the argument, assume these fixes are implemented and choice architecture substantially improves. It would clearly make a positive difference and could even make significant inroads into the utilisation issues described exhaustively in Part 2. The architectural load would lighten for Alex and his family, while granting Alex's choices much greater practical impact.

Alex logs onto this new portal, seamlessly finds the available providers in his area, clocks their specialisms, and chooses a couple to speak to before signing up. Much better. But is it enough?

Alex can now make a meaningful choice between the options available to him. But that still leaves another question: who made sure those options were there in the first place? Who is scrutinising how well they work and addressing any shortfalls in performance or quality? Who developed the workforce, built the employer relationships, connected the different systems, and maintained the other capabilities on which each provider depends?

3.2 The load-bearing walls

By structuring employment support around individual purchasing, Australia was doing something genuinely novel. While it felt natural under the NDIS, where this approach is foundational, we should not miss that this is uncommon and experimental.

DEA's international review found no directly comparable disability employment system operating through participant-held funding at anything approaching the NDIS's scale. The closest comparators either used individualised funding more narrowly, layered it onto organised employment services, or retained more of the employment architecture outside the individual transaction. Appendix 2 sets out the comparison and its limitations.

The Productivity Commission thought carefully about the architecture of individual purchasing that this novel approach would require. As Part 1 established, its model placed individual purchasing within seven supporting functions: navigation, brokerage, and intermediaries; provider quality and performance information; standards, auditing, complaints, and monitoring; workforce and provider development; data, research and outcome and market monitoring; connections with education, employment, and mainstream systems; and block funding or intervention where markets were thin or failing. These were, in effect, the load-bearing walls intended to make individual agency effective.[6]

So they drew up plans for these load-bearing walls, and a structure went up around individual purchasing. Some walls were raised; others went up only in part; and the finished structure did not necessarily match the drawings. For such an experimental approach, we might reasonably have expected an inspector to check whether each wall was built to plan, whether it was carrying

the expected load, and whether cracks appeared as the system settled under real weight. As Part 2 demonstrated, the information required to make such examinations remains surprisingly difficult to obtain, hence the exhaustive nature of this paper.

We can nevertheless make an assessment. The table below takes the seven functions identified by the Productivity Commission and asks two straightforward questions: what emerged, and how effectively is it performing the function originally envisaged?

This is an assessment of institutional architecture, not administrative effort. The NDIA and other agencies have undertaken substantial work within the responsibilities, powers, and funding mechanisms available to them. The question here is whether those arrangements, taken together, perform the functions that an individual purchasing model for employment requires.

Function envisaged	What emerged	Assessment
Navigation, brokerage, and intermediary support	LACs, Support Coordination, NDIA planning, and participant information provide different forms of planning, connection, and navigation support.[10, 15, 23, 24]	**Partially realised.** Navigation exists, but there is no consistently reliable route from an employment allocation to an appropriate employment pathway. The school-leaver evidence includes participants who did not understand what their funding was for, while families and schools played an important role in provider selection. Part 2 delved into the problems with choice architecture. The NDIS Review also identified navigation as requiring substantial reform.[10, 14–16]
Provider quality and performance information	The NDIA Provider Finder identifies registered providers, while employment provider reports publish provider-level activity and outcomes.[17, 21, 24]	**Limited and not robust.** Provider Finder does not tell a participant what employment service is actually available, its capacity, specialisation, or performance. Outcome reporting adds information but is provider-reported and does not require the sustained-employment and verification thresholds used in DES/IEA. [16, 17, 21, 24–26]
Quality standards, auditing, complaints, and monitoring	The NDIS has provider registration, quality and safeguarding arrangements, service agreements, and employment activity	**Some evidence at scheme level, but weakly developed as employment architecture.** Registration exists and there are avenues for complaints, with safeguarding processes in place. However, there are no objective practice standards or quality metrics. Providers do not undertake National Standards for Disability

Function envisaged	What emerged	Assessment
	and outcome reporting.[9, 17, 21, 24, 27]	Services audits. There is no visibility of service quality and sustained outcomes. Neither quality nor performance are closely monitored, published, or managed.[16, 17, 21, 27]
Workforce and provider capability development	There are no standards or qualifications for the workforce, apart from NDIS worker checks. Quality is not audited, monitored, or managed.	**Limited evidence of workforce or provider capability activity.** Providers may invest in workforce capability, but there are no specific qualifications for sector employees, and training uptake is likely low - there is, for example, little evidence of engagement with Centre for Inclusive Employment initiatives. Available evidence does not show that individual purchasing reliably creates or sustains capability across markets.
Data, research, and monitoring of outcomes and market performance	The NDIA publishes utilisation data, participant outcome reporting, employment strategies, and occasional targeted surveys.[16, 17, 21, 28, 29]	**Partially realised.** There is enough data to identify serious signals, including low utilisation and highly variable provider outcomes, but not enough to diagnose them reliably. Employment outcomes are provider-reported; sustained employment is not required for the EAYP/SLES measure examined here; provider coverage is difficult to establish; and available data cannot explain why particular allocations go unused. The system can observe symptoms much better than it can explain them.[16, 17, 21, 29]
Connections between disability supports, education, employment, and mainstream systems	NDIS employment support coexists with IEA, schools, JobAccess, and other systems, and NDIS and IEA providers are expected to coordinate where they support the same person.[2, 9, 25]	**Present institutionally, but not reliably integrated into pathways.** DEA's Blended Transitions research found clear and intentional transitions difficult to find. Successful pathways existed, but commonly relied on provider relationships, local goodwill, staff discretion, warm handovers, and organisations working across funding boundaries. The components exist; the connections between them are not consistently designed or owned.[2, 10, 14, 15]
Block funding and intervention where markets are thin or failing	Individual participant funding remains the only funding mechanism for EAYP/SLES delivery. The 2023 NDIS Review	**The least convincingly realised of the seven functions for employment.** DEA's best-efforts mapping found no observed provider serving at least 20 participants in 60.6 per cent of mapped LGAs, although incomplete mapping means this cannot be interpreted as confirmed

Function envisaged	What emerged	Assessment
	recommended stronger market monitoring, provider-of-last-resort arrangements, and alternative commissioning where ordinary markets fail.[9, 10, 15]	provider absence (see Part 2.4 and Appendix 1). Provider depth was positively associated with utilisation, yet the evidence also shows that allocated funding does not itself guarantee viable supply. The NDIA does not appear to regularly interrogate utilisation data at an LGA level to determine shortfalls in coverage. Consequently, thin markets appear not even to be detected, much less addressed. There is little available mechanism for remedial action regardless.[29]

The same concern about stewardship appears at scheme level. In October 2026, the JCPAA recommended that the NDIA develop an integrated approach to monitoring and mitigating the risks of market failure. The Committee also identified shortcomings in existing market oversight and noted work across government on a broader Market Stewardship Framework.[20] Although directed to the wider NDIS market, this reinforces the general proposition that a participant-directed market does not remove government's responsibility to understand, monitor, and steward it.

Elements of all seven functions emerged, but too many remained partial, weakly connected, or insufficiently developed to perform their intended load-bearing role. The walls are not strong enough to bear the architectural load. The consequences are not confined to participants trying to navigate the market. The same architecture shapes whether providers are willing to build the supply from which participants can choose. Consider the market from that side:



To invest or not to invest?

Imagine you are the CEO of a mid-sized not-for-profit disability organisation. You already run a small, capable EAYP/SLES service and are considering expanding into a neighbouring area where observable provision looks thin.

On its face, the case is strong. Substantial employment funding sits in participant plans. You look at the spreadsheet and see that low utilisation suggests significant unrealised demand in the LGAs you are considering. The social need is obvious. It's in line with your purpose, and you'd like to build your

revenue line up a bit. Your organisation can deliver, and you have a solid grasp of how to help young people with disability into work. Your Board are pressing you on this because it seems like a no-brainer. So you set your Executive Team to look into it and build the investment case.

Your Head of People and Culture points out that expansion means recruiting, training, and supervising skilled practitioners. The Head of BD considers the resources needed to build employer relationships, establish school and referral networks, and turn these relationships into concrete action. The COO thinks about opening offices, expanding the fleet, and extending best practice through a solid supervisory model. All of that must be paid for before reliable revenue appears.

What you get in return is potential demand. Funding in a participant's plan is not a contract with the provider. You cannot know how much of it will be used, when participants will come forward, whether they will find your service or choose it, how much support their plans will fund and for how long, or whether participant-by-participant purchases will cover the capability you built in advance. And you are making this investment in an environment of significant NDIS funding restraint. Sitting in the CEO's chair, you must factor that in. What will these supports look like after the next plan review, pricing decision, or round of reform? Will the demand you are investing to serve today still be funded on the same basis in a year or three years? You do not know.

Expansion should normally make some investments work harder. An employer relationship can open opportunities for several people. A relationship with a school can support successive cohorts. Local labour market knowledge accumulates, and specialist practitioners and organisational systems improve with repeated use. Yet these shared capabilities do not map neatly onto individual participant transactions. The very things in which you would want to invest to become a better employment provider do not necessarily generate corresponding economies of scale when they cannot be billed.

You also do the sums on the new hourly rate. It looks tight, particularly when you know billing for overheads and admin is not realistically modelled in the hourly rate and does not cover actuals, including the time spent completing the not very user-friendly spreadsheets through which employment outcomes are currently reported. Can you make it work?

There is a further problem, and it is an uncomfortable one. Your organisation exists to help people into work. Yet your revenue follows participant numbers and spinning the wheels of activity more directly than it follows successful

employment outcomes. This raises a question that no purpose-driven employment provider should have to ask: if we do this exceptionally well and people move into work more quickly and in greater numbers, is that actually better for our business model than continuing to spin those activity wheels for longer?

A disability employment organisation with that purpose may reasonably be uncomfortable expanding into a market where its commercial incentives do not align cleanly with the outcomes it exists to achieve.

For a responsible provider, "do not scale" may be an entirely rational conclusion. DEA knows many providers who have made that decision, alongside some who never entered the market in the first place (for those same reasons), and others who are currently winding down as the enforced move to hourly billing approaches in July 2027. EDGE Employment, a long-standing, highly regarded service, made that call just this week. Based on our conversations, they will not be the last.

Where those load-bearing walls are weak, the problem is not only that Alex struggles to find a good provider. A good provider may look at the same market and decide not to build the service Alex is looking for.

3.3 Building pathways one person at a time

The provider's dilemma points to a deeper problem than incomplete implementation of the seven load-bearing walls. Some of the capability on which individual employment support depends must be built collectively, and isn't straightforwardly compensated through individualised purchasing and hourly billing.

Individualised funding can readily finance support attributable to one participant: vocational discovery, individual skill development, travel training, workplace coaching, personal assistance, and other tailored disability-related employment assistance. It can support agency, flexibility, and personalisation. The question is whether participant-by-participant purchasing also provides a solid basis for the capability behind that support and the employment results it is intended to achieve.[9, 30]

What individualised billing can't cover

An established evidence base shows what high-quality employment support for this cohort requires. This includes the Supported Employment Quality Framework

(SEQF) and Customised Employment (CE). Both are designed for people who need more intensive and individualised employment support than standard job placement provides, particularly adults with intellectual disability and autism.[31–33] Their guidance highlights the following capabilities as crucial:

- Skilled, well-trained practitioners with specialist capability including vocational profiling/Discovery.[31, 32, 34]
- Strong employer engagement and job development capability: understanding employer needs, and identifying, negotiating, or designing employment opportunities.[32, 34, 35]
- Expertise in job analysis and job matching.[31, 34, 35]
- Effective in-work support: job coaching, workplace adjustments, natural supports, and ongoing support for both employee and employer.[32, 34, 35]
- Effective practice leadership, supervision, and continuing workforce development.[31, 32, 36]
- Strong local labour market knowledge and established relationships with employers, schools and transition services, referral partners, and community organisations.[31, 34–36]
- Organisational systems and infrastructure that enable practitioners to collaborate, share employer intelligence, maintain quality, and sustain capability over time.[34–36]

These capabilities cannot simply be switched on when an individual participant arrives. Practitioner expertise has to be recruited, trained, and supervised.[36] Trusted employer relationships take time and consistency to build, and the SEQF guidance expects newer providers to need support to embed in the local service ecosystem and establish referral pathways.[31] Local knowledge, networks, and organisational systems must likewise be developed and then maintained.[36] Regional expansion also requires a practical local presence. None of this is easily funded in the current model. Employment support is delivered individually, but much of the capability required to deliver it must be built collectively and/or in advance.[11, 12, 14]

Individual purchasing does not make collective investment impossible. Providers can pool revenue, cross-subsidise activity, use existing infrastructure, and draw on other funding. DEA Paper 2 shows providers assembling pathways through these resources and relationships: Riley's apprenticeship combined NDIS support, targeted employer engagement, and TPG's established

partnership and warm handover to STATUS, which was able to deploy IEA funding.[2, 14] The question is whether this provides a sufficiently reliable investment mechanism across providers, cohorts, and locations. Our discussions with EAYP/SLES providers suggest it does not.

Some of this work can, in theory, be claimed. The 2025–26 Pricing Arrangements allow participant-specific non-face-to-face activity, including relevant employer engagement or liaison, where the support item permits it, the work forms part of that participant's disability support, its value is explained, and claiming is agreed in advance under the service agreement. General administration and overheads are excluded.[37] Providers nonetheless report practical difficulty applying those rules to dynamic employment practice: employer opportunities emerge after supports and budgets have been agreed, participant consent to expend their funding like this and available funding are uncertain, and participant-specific job development is hard to separate from general business development.[2, 14]

The larger problem lies elsewhere. Negotiating one participant's job differs from maintaining employer relationships that may create opportunities for many participants. Liaising with an employer about one school leaver differs from building a school-to-employment pathway for successive cohorts. Some capability creates shared benefits, precedes participant engagement, or must remain available before the service is billable. Even perfect clarity about individual claiming would not resolve that. The unresolved question is therefore not only what an individual participant can purchase, but who can fund the activities that build opportunities for multiple participants.

Funding follows activity more readily than outcomes

Individualised NDIS funding pays for the supports that a participant purchases. Provider revenue accordingly follows participant demand and the activity delivered. Effective employment policy, however, ultimately seeks a result: suitable, sustained employment, which embodies the return on the investment made.

EAYP/SLES is often described as capacity building, through which participants can build the confidence and capacity to engage with IEA when ready. Support for young people with disability that does not treat sustained employment as its overriding objective sits uneasily with the evidence base above. That evidence points towards a place-then-train methodology rather than an extended train-then-place approach, punctuated by occasional exposure to employment.

From a purely ontological perspective, DEA questions whether a school-to-work approach should tolerate anything less than a laser-like focus on employment.

None of this suggests that Employment Assistance lacks an employment purpose within the formal NDIS architecture. The question examined here is whether the way that architecture operates in practice reliably converts individual funding and employment aspirations into employment pathways and outcomes at scale.

Accordingly, DEA's analysis finds a stronger correlation between provider funding and participant numbers, approximately 0.92, than between funding and the self-reported open-employment performance measure, approximately 0.41. That is consistent with the way the funding model is designed, where revenue follows participants and the support they purchase far more directly than it follows employment performance.

Helping a greater proportion of participants into sustained employment does not generate a commensurate reward, and successful support may reduce a participant's need for continuing intensive assistance without any corresponding reward for the provider that achieved that result. Entirely counter-intuitive. The problem is not provider motivation. The commercial signal and the policy objective point in opposite directions.

The correlation above shows the funding model rewards activity. The NDIA's own reporting documents how this translates into reality. The NDIA's own evidence points strongly towards the importance of employment-focused practice. Its predictive modelling of provider reporting for January to December 2025 identified progress in employer engagement and job customisation as the strongest provider-influenceable predictor of paid employment. Participants who made significant progress or fully achieved that milestone were twice as likely to find paid employment as those who made no or only some progress. Progress in work experience and work skills, together with the hours spent on both, was also among the strongest predictors.[17] However, the NDIA also found that this is not what providers are delivering. Rather, in 2025, 48 per cent of reported training time went to social, presentation, communication, and work skills, while only 13 per cent supported participants through on-the-job work experience.[17]

The Agency has correctly identified the issue: a mismatch between what is delivered and what works. But this understanding has not precipitated change, because the Agency does not have the levers to achieve it. It cannot take business away from providers that are not performing. It cannot defund an

organisation through a future commissioning process. It cannot demonstrate poor performance or quality shortfalls through choice architecture. It cannot mandate particular approaches through guidelines or quality audits. It cannot change the funding model to reward what works and disincentivise ineffective activities. What remains is guidance, encouragement, and the dissemination of better practice. The evidence above suggests that these softer stewardship tools are insufficient to shift the system.

The distinction between activity and effectiveness also appears in recent parliamentary scrutiny of the NDIS. The JCPAA report notes the risk that performance measures default to activity counts or service volumes rather than meaningful outcomes, which may give a misleading view of success.[20] Assessing the Fraud Fusion Taskforce's reported results, it concluded: "The numbers point to activity, not effectiveness."[20] Both observations arose in different NDIS contexts, but they support a general principle: measuring activity does not demonstrate effectiveness.

The architecture therefore pulls providers towards what is easiest to fund, rather than consistently towards what the evidence says is most likely to lead to work.

Incentives should reward the outcomes government wants to see, or at least not work against them. That is hard to remedy within an individual purchasing system, as the government has already found.

DSS, DHDA, and NDIA have already explored this problem

The Blended Payments initiative sought to test whether combining enrolment and outcome payments could better align provider incentives with participant needs. Employment Supports for School Leavers was one of three proposed trial areas, and 38 co-design workshops were held across the initiative between August and October 2024 with participants, providers, peak bodies, and Disability Representative and Carer Organisations.[38]

Employment co-design identified paid employment, work-related education, and work-related volunteering or experience as relevant outcomes and developed two blended-payment models. Attendees liked different features of each and did not agree on a preferred model. Making employment outcomes matter financially meant deciding which outcomes should count, what payment should reward, how much risk providers should carry, and how outcomes should reflect individual goals.[38] This highlighted the difficulty of melding these objectives and individualised purchasing. The proposal did not proceed to live trials. In its letter to DEA of 1 July 2026, the Department of Health,

Disability and Ageing explained that concurrent NDIS market reforms would change how some supports were funded or paid and needed time to be understood before outcome-based models could be trialled in real settings.[39]

Outcome funding does not fit neatly inside individual purchasing

Individualised funding gives a participant purchasing power to obtain support directed towards their own goals. Outcome funding rewards a provider for achieving a defined policy objective. That raises a basic question: if we were to introduce outcome funding here, who would pay it, and how?

The participant's budget is not an obvious source. They have already purchased the support. An additional performance payment should not reduce the reasonable and necessary funding available to them, nor should they have to determine whether a provider has earned a government-defined employment payment.

The NDIA could pay separately. The Independent Pricing Committee's 2025 report contemplated supplementary payments outside individual budgets, potentially through a shared fund that "would shadow participant budgets", with providers pre-qualified by the Agency and supplements linked to performance or outcomes. The Committee cautioned that outcomes-based pricing requires clear, attributable outcomes and may suit only a limited number of support categories.[40]

To repeat a now familiar refrain, such an approach — while laudable — would raise significant architectural questions. Once the outcome payment sits outside the participant budget, part of the employment funding architecture has already moved beyond individual purchasing. The NDIA would need to define outcomes, determine provider eligibility and attribution, establish evidence and payment rules, validate results, and manage performance. The Blended Payments work illustrates the demands of doing so.[38] Outcome payment is not simply a different price; it is a different approach with specific architectural requirements.

That also sits awkwardly with the planned move to hourly EAYP billing from July 2027. Hourly billing moves EAYP closer to ordinary NDIS pricing and makes revenue even more explicitly dependent on support delivered.[41] Two-thirds of DEA members delivering EAYP/SLES are concerned about this change.[42] If EAYP is being harmonised with ordinary NDIS hourly pricing on the grounds of wanting

to avoid exceptionalism, does it make sense to construct a separate employment-specific outcome-payment architecture around it?

Other features of the NDIS add complexity. The NDIA advised DEA in October 2026 that approximately 5 per cent of relevant plans are self-managed. How would this be dealt with?[43, 44] Employment outcome reporting also covers only part of the provider market and has weaker verification than DES/IEA.[17, 21, 25, 26] A common outcome-payment model would therefore require rules that can operate across different forms of plan management, broader provider identification and reporting, common evidence standards, validation, and payment administration.

Someone would have to build and operate it.

Taken together, the pattern is difficult to ignore. Funding employment support one participant at a time has not removed the need for collective architecture. Capability must exist before demand arrives; employer relationships and pathway infrastructure must be maintained across participants; thin markets require intervention; and aligning payment with employment outcomes requires the government to define, verify, and administer those outcomes. The closer the model is examined, the more collective architecture must be rebuilt around individual purchasing to make it function as an effective employment system.

3.4 The boundary of the pathway

There is one further limit. Better choice architecture and stronger system architecture can only help young people who are able to enter the pathway in the first place. Under the current model, access to the most intensive disability-specific school-to-work support depends on a young person first gaining access to the NDIS.[9] Yet needing specialist help to move from school into work is not the same thing as meeting the eligibility requirements for an individual NDIS package. A young person may be ineligible for the NDIS and still need substantial help to explore work, gain meaningful work experience, build employment skills, or connect with employers. For them, the problem arises before choice architecture even begins: they are denied entry at the first hurdle.

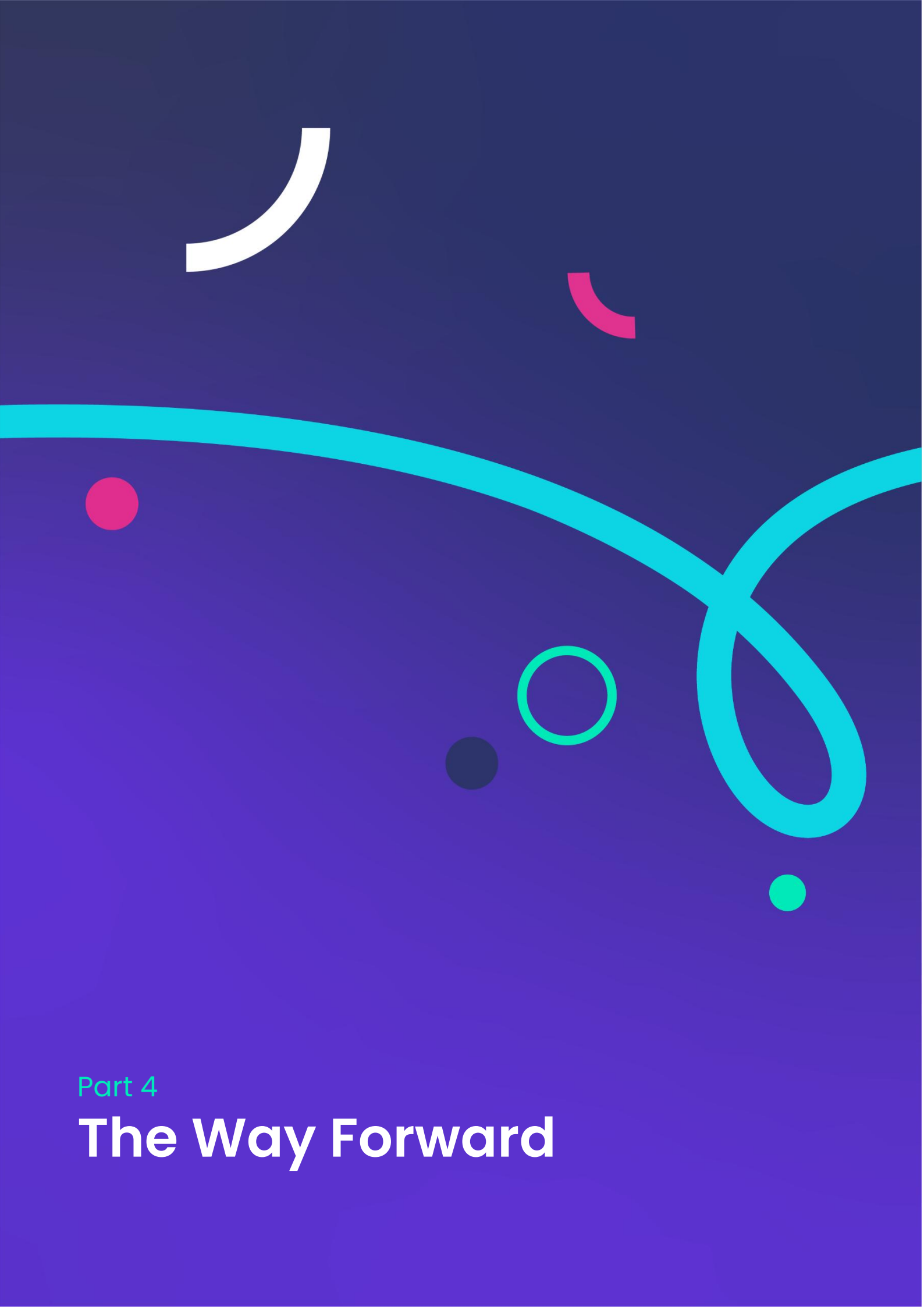
There may still be other routes into employment support, including through Inclusive Employment Australia. But those services are not necessarily funded to provide the intensity of school-to-work support some young people need, nor will every provider have specialist capability with this particular group. A young person can therefore have a genuine need for specialist transition support

without qualifying for the funding stream through which the most intensive disability-specific school-to-work support is currently available.

Better information, clearer provider differentiation, and stronger navigation cannot improve a choice that a young person has not been funded to access. The deeper architectural problem is that access to specialist school-to-work support is being determined in part by eligibility for an individual disability funding scheme, rather than by the young person's need for employment-transition support.

The question is therefore not only whether sufficient architecture can be built around individual purchasing. It is whether eligibility for an individual disability-support scheme should determine access to specialist school-to-work support at all. The collective issues highlighted in Part 3 take us far beyond mere repair of the existing model and towards the question of where this employment architecture should sit.

That is the question to which we now turn.



Part 4

The Way Forward

Part 4. The Way Forward

Parts 1–3 point to a larger conclusion. Employment support cannot be organised through individual purchasing alone. The architectural load is simply too high. Personal agency must be inviolable, but individual choice cannot create the architecture that turns agency into real opportunity and ensures young people's capability is realised early enough to shape the lives they go on to lead.

4.1 Three choices

DEA sees three broad choices ahead of us:

Option 1: Leave the architecture substantially unchanged. Individual purchasing would remain the principal mechanism for financing employment support, with incremental changes around pricing, guidance, and administration rather than fundamental architectural reform.

Strongest argument for this option: It avoids throwing the baby out with the bathwater. Some participants have supports and provider relationships that work well for them, and reform should not leave them materially worse off. Smaller providers may also be delivering excellent, highly individualised employment support that would struggle to transition easily into a more regulated or deliberately stewarded market. Reform itself creates risk.

Strongest argument against it: See Parts 1–3. The current architecture is not working well enough. Excellent practice may exist within the existing market. But if the strongest defence of the status quo relies on good work the system cannot reliably identify, measure, or demonstrate, that information failure is part of the problem.

DEA recommendation: Reject Option 1. Manage transition risks by protecting effective existing supports, not by preserving an inadequate architecture.

Option 2: Repair the existing model. Retain individual purchasing as the organising mechanism but substantially improve the architecture around it: provider information and performance, specialist employment navigation, supported decision-making, market stewardship, system interfaces, and provider capability.[2, 14, 45–47]

Strongest argument for this option: We have never really tested individual purchasing for employment with the surrounding architecture working properly. As section 3.1 shows, much better information, specialist employment navigation, supported decision-making, and provider transparency could make

choice far more meaningful, improve utilisation, and remove substantial load from participants and families. Rebuilding the funding model before making those repairs risks rejecting individual purchasing before giving it a fair test.

Strongest argument against it: Parts 1–3 also show where repair eventually leads. Better information and navigation can make the market easier to use. They cannot, by themselves, create specialist practitioner capability, employer relationships, regional provision, or other shared pathway infrastructure. Once repair also requires government to fund collective capability, intervene in thin markets, manage provider performance, and construct outcome-payment machinery outside individual budgets, repair becomes redesign without acknowledging that it is redesign. Also, if this kind of repair is obvious, why hasn't it been done?

DEA recommendation: Make the repairs, but don't mistake them for the solution. Better information, specialist navigation, supported decision-making, provider transparency, and clearer interfaces should proceed regardless. They should sit within a deliberately stewarded employment architecture. If government instead decides that the architecture should remain centred on individual NDIS purchasing, Parts 1–3 show what else would have to change: shared capability would need to be deliberately funded, markets actively stewarded, and funding more closely aligned with employment outcomes. DEA's preference for Option 3 does not make those reforms optional.

Option 3: Address the architectural problem directly. Accept that some employment functions must be organised collectively and assign clear responsibility for building and stewarding them, while preserving personal agency and individualised employment support.

Strongest argument for this option: It confronts the central finding of Parts 1–3: the current architecture makes successful employment support unnecessarily difficult from both directions. Participants and families struggle to find, assess, and navigate towards effective providers, while providers struggle to build and sustain the capability required to deliver effective employment pathways. Option 3 does not ask either side to compensate for those architectural weaknesses. It preserves individual agency and individualised support while assigning responsibility for the collective conditions that allow both to succeed. Option 3 assigns architectural functions coherently and deliberately rather than hoping they emerge from thousands of individual transactions.

Strongest argument against it: Collective stewardship can fail too. Commissioning can favour incumbents, squeeze out good smaller providers, reward compliance over quality, homogenise support, and disrupt relationships that already work. A badly designed Option 3 could replace one architectural problem with another.

DEA recommendation: Adopt Option 3. It is the only approach through which we can remedy all the significant issues highlighted in this paper. This does not predetermine the service model. Detailed design should be co-designed, with participant agency, individualised practice, provider diversity, continuity of effective existing supports, and protection against over-standardisation treated as design requirements. But DEA has reached a substantive conclusion, and not lightly. Across three papers, we have moved from arguing that architecture matters, to showing how fragmented architecture shapes people's pathways, to examining in detail what happens when employment is expected to emerge from individual transactions without sufficient collective machinery around them. Having followed that argument this far, it would be strange to stop short of its implication. The problems are architectural. The solution must be architectural too.

If Option 3 is the strongest course, two questions follow: what must the steward be able to do, and where should that responsibility sit?

4.2 Our tests of stewardship

Parts 1 to 3 establish what employment pathways require. Seven tests follow from that evidence. They define the steward's job before any institution is considered as the natural home for the architecture.

1. Agency must remain non-negotiable. The NDIS grew from a demand that people with disability should have greater control over their own lives, rather than have governments and services decide for them. The Disability Royal Commission has since reinforced the importance of autonomy, dignity, and supported decision-making.[48] People must retain authority over their employment aspirations and goals, pathway decisions, individual supports, provider relationships, and decisions to change direction.

2. Build capable employment provision. The steward must be able to develop, sustain, and improve specialist employment capability across providers and markets.

3. Fund collective functions. The steward must be able to invest beyond individual transactions, sustaining shared capability where participant-by-participant purchasing cannot.

4. Complete the load-bearing walls. The steward must have the authority and capability to make the seven functions identified in Parts 1 and 3 operate as a coherent system, rather than as disconnected or partial arrangements.

5. Align funding with outcomes. The steward must be able to make employment performance matter: defining and verifying outcomes, aligning incentives, managing performance, and intervening where results remain poor.

6. Fit logically within the Commonwealth's architecture. The steward should sit where these responsibilities most naturally belong within government. The test is not simply which institution could acquire the necessary capabilities, but which can integrate them with its existing responsibilities without creating another boundary for participants and providers to cross.

7. Carry public accountability. Someone must ultimately be answerable for whether the employment architecture works. The steward therefore needs the authority, information, and policy levers to identify failure and act on it.

The preferred steward should therefore be the institution best able to preserve participant agency while building, funding, and governing the collective employment architecture around it.

4.3 Which institution is best placed?

Four institutions are serious candidates for national stewardship: the NDIA, DSS, DEWR, and the Department of Health, Disability and Ageing (DHDA) through a new foundational support. Education systems, individual providers, lead-provider models, and cross-agency committees each have important roles in the architecture, but none substitutes for clear national ownership.

The table sets out DEA's assessment against the tests above:

Test	NDIA	DSS	DEWR	DHDA / foundational supports
Protection of participant agency	Strong. Built around individual choice and control.	Moderate. Choice exists within IEA but needs explicit safeguards around primacy.	Weaker. Mainstream program logic tends towards standardisation and market-driven allocation.	Potentially strong. Access could be separated from individual NDIS purchasing while preserving agency.
Specialist disability employment expertise	Partial. Funds employment supports, but employment practice is not its core business.	Strongest. Holds national specialist disability employment policy.	Mainstream expertise. Specialist disability knowledge is very limited.	Weak. Does not currently hold specialist disability employment expertise or provider relationships.
Capacity to build shared employment capability	Possible, but outside its individual-transaction model.	Strong fit. Can fund functions that do not map onto individual claims.	Possible, with weaker disability specialisation.	Potentially strong structurally, but would first need the specialist knowledge to decide what to build.
Commissioning and provider-market management	Not in place.	Long established, although commissioning could improve.	Mainstream-focused, also some known commissioning issues.	Developing. Thriving Kids shows emerging commissioning outside NDIS packages, but not for specialist employment.
Employer and labour market capability	Limited.	Available through IEA and partnerships.	Similar to DSS, but not specialist.	Weak.
Connections across NDIS, education, and employment	Strong NDIS connection. Weaker employment mandate.	Best bridging position between policy and employment.	Strong employment connection. Weaker NDIS role.	Mixed. Obvious bridge to NDIS, but not to employment.

Test	NDIA	DSS	DEWR	DHDA / foundational supports
Intervention in regional and thin markets	Possible, but has not been done for employment support.	Stands up providers across much of Australia including regional areas.	Similar to DSS through Workforce Australia.	Plausible, but employment-specific stewardship would have to be developed.
Outcome funding and performance management	Needs new employment-specific machinery.	Closest existing fit. IEA already pays on outcomes.	Strong capability, but less disability-specific.	Weak. Outcome and payment machinery would have to be created.
Fit with existing Commonwealth responsibilities	Logical home for individual disability supports.	Specialist disability employment already sits here.	Logical home for mainstream labour market programs.	Credible. Foundational supports are a precedent for Commonwealth–state support outside NDIS packages.
Demonstrated performance for people with disability	EAYP/SLES outcomes are weak and unevenly verified (Part 2).	DES recorded far higher outcome rates for people with disability than Workforce Australia. Substantial room to improve remains.	Very weak. 6.9% 26-week outcome rate for Workforce Australia participants with disability.	Not established.
Implementation burden	Moderate to high.	Lowest relative burden.	Moderate, already in reform space.	Substantial. Specialist capability, interfaces, and accountability would still have to be built.
Principal institutional risk	Nothing significant changes.	Program-centred design and distance from participants.	People with disability are pushed towards mainstream,	A small employment function within a very large portfolio.

Test	NDIA	DSS	DEWR	DHDA / foundational supports
			non-specialist provision.	

The NDIA

The NDIA is the natural home for individual disability supports, including those required to participate in employment. That role should remain. But Parts 1–3 have established why individual disability support and employment architecture are different paradigms. The institutional comparison above shows the consequence. The NDIA's strengths lie overwhelmingly on the individual-support side of the equation; many of the areas in which it is less well equipped are precisely the collective functions this paper has found employment requires.

This is not an argument about the NDIA's competence or good faith. Rather, it is about institutional purpose and fit. The Agency already carries an enormous and difficult responsibility for planning and funding individual disability supports. Making it responsible for the architecture proposed here would require it to become something substantially more: an employment-market steward able to build shared capability, shepherd provider markets, connect with employers, make performance consequential, and intervene where delivery fails. Those are not minor additions to its present role. This raises a more fundamental question about whether those functions properly belong within the NDIA at all.

There is a further problem with leaving the specialist school-to-work pathway inside the NDIS. The boundary of the NDIS is not necessarily the right boundary for an employment-transition system. Access should turn on whether a young person needs specialist employment support, not whether they have been assessed as eligible for NDIS funding. Where a young person requires NDIS-funded disability supports, those supports should continue to wrap around them. But an NDIS plan should not be the gateway to the employment pathway itself.

This point will only become more relevant. NDIA provider reporting for the October to December 2025 quarter shows that 63 per cent of young participants receiving NDIS employment assistance had autism as their primary disability, with a further 27 per cent having intellectual disability.[17] Thriving Kids,

which began rolling out in October 2026, is developing supports outside individual NDIS packages for children aged 8 and under with autism or developmental delay and low to moderate support needs.[53] Those children are not school leavers, and Thriving Kids does not determine who will later be eligible for the NDIS. But Australia must also consider what specialist employment pathway will be available to young people who approach working age without an individual NDIS package in the longer term. It should not address the problem of the NDIS becoming the only available "lifeboat" in childhood only to recreate that problem at the transition from school to work.[10]

DEWR

DEWR is the home for mainstream employment services. It already has Workforce Australia, Transition to Work, employment-service commissioning, labour market expertise, and (some) established connections with employers and training.[49] If the question were simply where employment policy belongs, DEWR would have a strong claim.

However, a strong evidence base shows that disability employment should be treated as a separate discipline. DEA is likely to return to this in greater depth in a future paper, but suffice to say three things:

1. Australia has already exhaustively investigated the appropriate approach to supporting people with disability through the Disability Royal Commission. Taking all its findings and recommendations into account, it is difficult to ignore the harms that have been caused by services that do not give real power and agency to people with disability. On employment, the Commission emphasised the importance of specialism and evidence-based practice, including through fidelity models. It also highlighted specialised workforce capability as critical.[48] We should not quickly throw away these important recommendations, which were based on the candid testimony of many people with disability.
2. The available international evidence is consistent with that conclusion: people with disability can achieve better employment outcomes through well-designed specialist or targeted employment interventions than through ordinary mainstream employment support. Specialist cohort-based approaches such as Individual Placement and Support and Customised Employment are among the most established models in the field. Likewise, in the UK, evaluations of specialist disability provision such as Work Choice found substantial and sustained employment impacts for participants with disability. Eight years after referral, participants in the earlier Work Choice

cohort had an employment rate 10.9 percentage points higher than a carefully matched comparison group and had spent an average of 337 additional days in employment.[50] This contrasts with the results of the mainstream Work Programme, which had a mixed caseload of people with and without disability, where earlier evaluation work identified problems in meeting the needs of people with disability.[51]

3. It is therefore entirely predictable that Workforce Australia has a poor track record of helping people with disability into sustained outcomes. Although people with disability account for more than 30 per cent of the caseload, there is little evidence of specialist capability in supporting them. In the most recent reporting, Workforce Australia recorded a 26-week employment outcome rate of 6.9 per cent for participants with disability, compared with 19.6 per cent in specialist disability employment services over a broadly aligned period.[52] This is despite the Workforce Australia caseload having been assessed as closer to work, with higher work capacities. Consultation with members informs us that this is partly because Workforce Australia has an undifferentiated service model and relatively uniform pricing model, leaving people with disability at the back of the queue for jobs. This is consistent with the findings of the DWP Work Programme evaluation.[51]

As a result, disability employment in DEWR would not be an administratively neutral consolidation. It would make mainstream employment architecture the organising environment for specialist disability employment. General labour market expertise does not substitute for specialist disability employment capability, and the available performance evidence provides no reason to assume mainstreaming would preserve that capability. DEWR should remain central to employers, labour market connections, youth services, and mainstream employment. That does not make it the right steward of specialist disability employment architecture, and the evidence cuts against this notion.

The Department of Health, Disability and Ageing and foundational supports

The foundational-support architecture under DHDA is a serious alternative. Thriving Kids provides an indicative form: nationally framed supports outside individual NDIS packages, with Commonwealth and state or territory responsibilities and delivery that reflects each jurisdiction's arrangements.[53]

This has several potential upsides:

- **Eligibility.** Access to specialist school-to-work support need not be restricted to those with NDIS packages.

- **Architectural coherence.** Many participants would have access to NDIS funding, so this would keep everything under the same ultimate funding department.
- **Cost and responsibility sharing.** If it followed the Thriving Kids model, this school-to-work foundational support would bring states and territories into the fold, possibly enabling stronger linkages with other state responsibilities such as education. It could also provide more robust ongoing funding.
- **Disability specialism.** It would exist in a department which should, at least in theory, be highly calibrated to working with people with disability.

The question is whether DHDA can carry the architectural load. The first weakness is employment-specific capability, linkages, and knowledge. A foundational-support architecture does not itself supply disability employment expertise, provider relationships, employer networks, commissioning capability, labour market knowledge, or outcome and performance machinery, and DHDA does not currently hold them. They would have to be built, transferred, or accessed from other institutions. In that sense, the architectural issues within the status quo could easily be replicated.

The second weakness is integration. A DHDA-stewarded pathway would still have to connect with education systems, the NDIA and NDIS, DSS and Inclusive Employment Australia, DEWR and mainstream employment services, employers, specialist providers, and state and territory delivery arrangements. Part 3 showed the limits of relying on coordination across institutional boundaries to carry architectural load. While other solutions also recreate this problem, a model intended to reduce fragmentation may in fact exacerbate it if it creates yet another institution with which others must integrate.

The third is institutional priority. Our preferred steward must develop the market, build provider and workforce capability, monitor supply and performance, generate evidence, intervene in thin markets, maintain employer engagement, and remain accountable for whether the pathway leads to employment. The task, therefore, is interventionist. Within DHDA's much larger health, aged care, and disability portfolio, a specialist school-to-work pathway would be a comparatively small responsibility, at risk of becoming institutionally peripheral precisely when sustained, active stewardship is required.

DSS

DSS already has control of much of the relevant architecture, including:

- a specific Disability Employment Branch, with experience of designing, commissioning, and managing disability employment services;
- Inclusive Employment Australia;
- Supported Employment Policy;
- DSP policy settings;
- JobAccess, the national disability employment information and employer-support hub;
- the Employment Assistance Fund, which funds workplace modifications, equipment, Auslan and other workplace assistance;
- the National Panel of Assessors, covering ongoing-support assessments, the Supported Wage System and workplace-modification assessments; and
- the Centre for Inclusive Employment, established to build and disseminate disability employment capability and best practice.

Taken together, this is not simply a collection of related programs or assets. It is much of the machinery from which a coherent disability employment architecture could be built, sitting within a dedicated disability employment function where designing, commissioning, and managing specialist disability employment services is already core business. Some of these elements are already well connected, and others require reform or stronger integration.

DSS therefore has a credible pathway to the coherent, robust architecture proposed in this paper. Foundational supports offer a credible architectural model, but no alternative institutional home currently shares the existing employment capability that would allow it to carry that architecture as DSS can.

As the table above shows, that starting point gives DSS considerable advantages over other agencies in carrying the architectural load of school-to-work transition. DSS can steward the market, ensure non-participant-facing work is funded, pay at least in part on outcomes, deal with thin provision, and roll significant programs out at scale.

DSS also carries risks: distance from participants, program-centred or provider-centred design, standardisation of individual support, weak connection with NDIA planning, another interface to manage, and the possibility that participant agency becomes secondary to program administration. Those risks call for safeguards, participant governance, formal NDIA and education participation,

and strong individual rights. They should be recognised and considered, but they do not negate the underlying institutional fit.

DSS leadership should not mean DSS acting alone. The NDIA remains essential to planning and the disability supports people need to participate in employment. Education systems are also central to school-to-work transition. Participants, families, providers, and employers must have meaningful roles in designing and operating the architecture.

DEA recognises that institutional location is a contestable policy judgement and that different parts of the sector may reach different conclusions. For that reason, the case for DSS should stand or fall on the functions, evidence, and institutional comparison set out above. If another institutional arrangement can perform those functions more effectively while preserving participant agency and specialist employment capability, it should be preferred.

4.4 Principles for co-design

The institutional home is only the starting point. Moving responsibility to DSS without changing the design would reproduce the same problems in a different portfolio. Parts 1–3 establish the principles any school-to-work design must satisfy, which the co-design process should further refine:

1. Agency must remain non-negotiable. People with disability retain authority over their employment aspirations and goals, pathway decisions, individual supports, provider relationships, and decisions to change direction.[45–48] Agency is not the same as participant-held funding. The reform should strengthen the impact of personal agency (including through better choice architecture), rather than replace it with institutional or provider decision-making.

2. Employment support must remain individualised. A stewarded pathway must not become a standardised program. Support should respond to each person's strengths, interests, aspirations, circumstances, work preferences, and disability-related support needs. Collective architecture should make individualised practice possible at scale, not narrow people into predetermined pathways.[30, 54]

3. Access should follow employment-support need, not NDIS eligibility. A young person should not need an individual NDIS package to access specialist support to move from school into employment. Eligibility for individual disability support and the need for employment-transition support are different

questions. The employment pathway should respond to the second, while NDIS-funded disability supports continue to wrap around people who require them.

4. Employment must be the organising outcome. The architecture should be organised around movement towards, entry into, retention in, and progression through meaningful paid employment.

5. Shared capability must be intentionally funded. Employer relationships, specialist practitioners, school connections, labour market knowledge, referral pathways, regional coverage, and organisational capability cannot reliably depend on individual purchasing.[11, 12, 14] These functions must be built into service delivery modelling and payment mechanisms.

6. Transitions must be owned. Movement between school, NDIS supports, specialist disability employment services, and employment should not depend on participants, families, or individual providers stitching systems together themselves.[2] The architecture needs explicit responsibility for continuity, handovers, information transfer with consent, and preventing people from falling between programs.

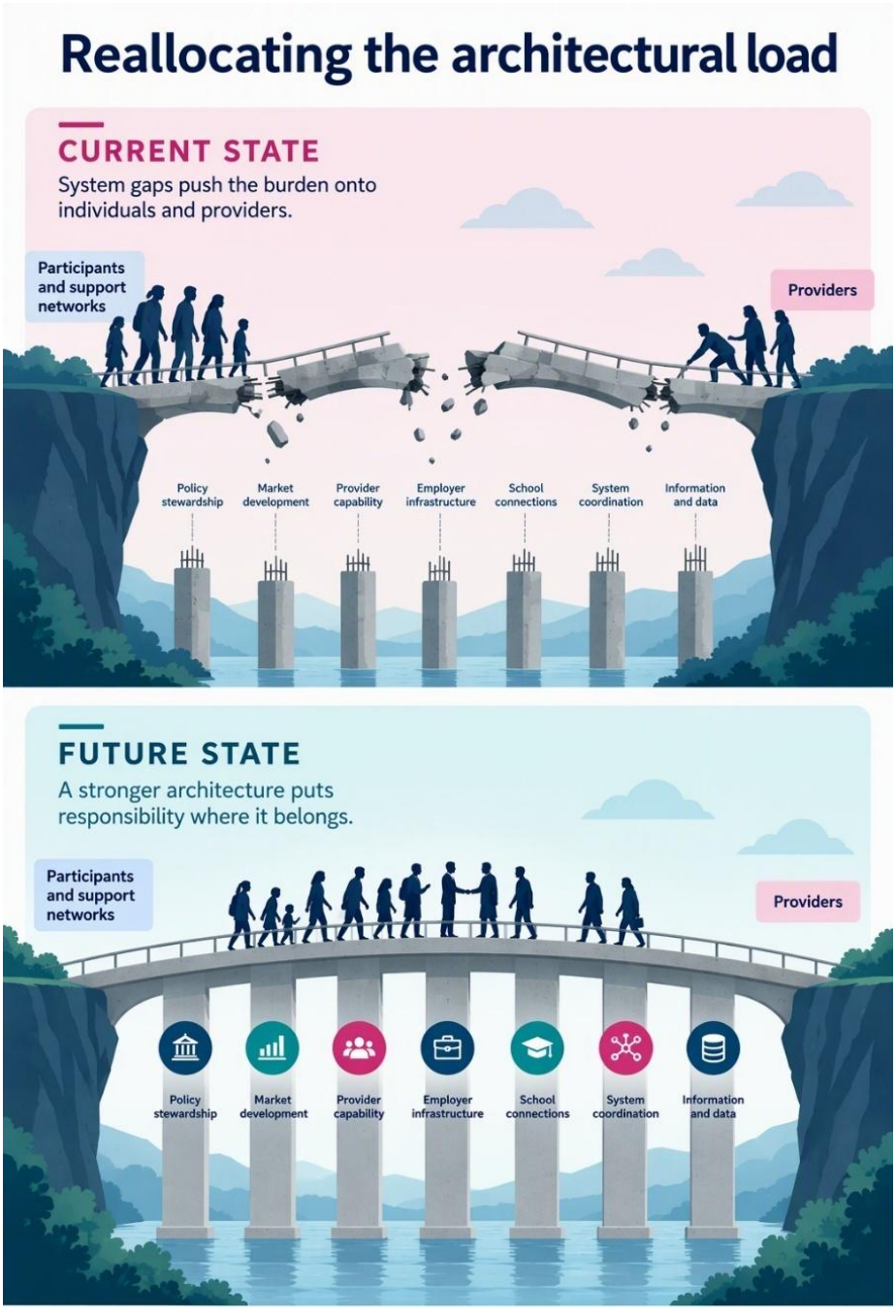
7. The market should remain contestable. Entry should depend on demonstrated specialist capability and quality, not incumbency or participation in an existing Commonwealth program. The future market should not be restricted to current IEA or EAYP/SLES providers. Capable new and specialist providers should have a credible route into the market, while commissioning and stewardship maintain quality, diversity, and regional coverage.

8. Quality, performance and learning must be consequential. Participants need credible, visible information about service quality and employment performance as part of a renewed choice architecture. The steward needs evidence that can identify strong practice, weak provision, market gaps, inequity, unintended incentives, and persistent underperformance, and that information must change decisions, funding, capability development, and market intervention.[6, 10] The architecture should revise its assumptions and instruments when evidence shows they are not working.[55]

These principles establish the brief for co-design. They do not determine the detailed service sequence, provider model, funding formula, contracting arrangements, or governance machinery.

4.5 Reallocating the architectural load

Rather than simply moving existing services from one department to another, the proposal reallocates responsibilities that currently fall on participants, families, and providers to the institution best able to carry them. The central design task is to place functions and responsibilities where they can realistically be carried out. Participants should retain authority over their lives. Providers should be responsible for high-quality, effective disability employment practice. Government should carry the architectural functions that keep the system knit together and operating effectively. The overall effect is to shift the architectural load as below:



The reform should therefore be judged partly by whether architectural load moves away from the people least able to carry it and towards the institution responsible for making the system work.

4.6 What this would change

For Alex, the difference should be tangible. Choice would no longer begin with a complicated filter of registration categories and an impenetrable list of organisations that he and his family must decipher. Credible employment options would be easier to find; it would be clearer what different providers were good at and how well they performed, and the connections between planning, employment support, and the wider employment system would be maintained.

Alex would still decide what kind of future he wants to pursue, which provider he trusts, and whether the support is working for him. But he and his family would no longer have to do so much of the work of making the system work.

For a provider considering whether to expand into an underserved community, the calculation would change too. At present, establishing a service can mean investing in staff, local relationships, and specialist capability before a provider knows whether enough participants will come through the door to pay for it. Under the proposed architecture, employer relationships, school connections, practitioner capability, regional provision, and other shared functions would have an identified owner and more predictable funding.

Providers would still carry normal business risk. They would still need to earn participants' trust and be accountable for the quality of their work and the outcomes they achieve. But investment in better employment services would be more predictable and depend less on whether every necessary part of the service can be funded through individual participants.

Providers would also know that they would be rewarded commensurately for employment results, rather than solely for continuing activity.

Consequently, Alex would have a better chance of finding a capable service because providers would have stronger reasons to invest in capability and local provision. Providers would have stronger reasons to invest because the system would no longer depend on Alex and participants like him turning individual funding decisions into a viable local market and a business model. With architectural load reallocated, the system would work better for everyone.

4.7 What happens next

This paper deliberately does not prescribe the detailed pathway. We have not designed all the next steps. In Parts 1–3, we have diagnosed the architectural faults in the system that must be addressed. The analysis in Part 4 establishes why the architecture must change, the key functions of a well-functioning system, why DSS is the strongest available steward, and the principles the future design must honour.

The next stage should be a structured co-design and policy-development process involving people with disability, families, providers, employers, education systems, government, and other stakeholders.[48]

That process should develop an explicit theory of change, allocate responsibilities, determine the appropriate funding instruments, model market and participant impacts, and establish outcome and evaluation measures appropriate to the resulting design.

This paper establishes the case and the design brief. The next project must build the model with the people who will use it, deliver it, and be accountable for it.

Conclusion

In our first two DEA papers, we established architecture not just as a useful conceptual tool or an interesting philosophical discussion, but as something that fundamentally affects people's lives.[1, 2] It is what can bring an ecosystem into coherence and help turn people's latent capability — so frequently underestimated for people with disability — into jobs and careers.

We have turned to school-to-work transition in DEA Paper 3 for three reasons. First, it provides a clear example of how weak and incoherent architecture can frustrate policy intent, no matter how noble. Second, we believe this architecture can be fixed and therefore have a duty to make the case for doing so. But third, and most importantly, it matters a great deal.

This is a critical age for young people. Dr Jenny Crosbie describes it as a formative stage in which young people develop skills, identity, independence, and an understanding of the lives they might lead. Her research found that young people with intellectual disability can instead encounter reduced opportunities for exploration precisely when their peers are accumulating experience, relationships, qualifications, and a sense of possible futures. Early movement into segregated or non-vocational pathways can therefore shape what becomes possible later.[3] A system that fails to convert aspiration into

meaningful economic participation may not simply delay employment. It can influence the trajectory from which adult life subsequently unfolds.

And these consequences do not stop with the individual. There is a multiplier effect. Every young person whose capability is underestimated represents a contribution that may never be realised, talent an employer may never deploy, and additional responsibility for families and support networks. Scaled across thousands of lives, this becomes an immeasurable loss to communities, workplaces, and the wider economy.

Employment changes both sides of the public ledger. People in work earn income, pay tax, and generate productivity while drawing less heavily on income support, disability support, and other public services. A 2021 Centre for International Economics analysis of people with moderate intellectual disability estimated annual NDIS and employment-support costs of $15,291 for a participant in open employment, compared with $32,285 for a participant outside open employment.[56]

The status quo is not the inexpensive option. It is costly in both human and economic terms.

To return to the analogy with which this paper began: too many young people with disability arrive at the shop only to find that they cannot get through the door because they do not have the right kind of funding. Those who do get inside can find themselves confronted by an array of apparently similar suits, with little useful information about which is well made, who made it, or whether it will fit. Others search the shelves and find remarkably little, leaving them and their families looking in the nooks and crannies for something that might work.

The problems with the shopfront are only part of the story. What appears on the shelves depends on what sits behind them. Have people invested in the specialist skills needed to tailor good suits? Are there enough customers with money in their pocket for someone to take the risk of stocking them? Who is checking that the shop isn't delivering bad suits for inflated prices?

That is the distinction between choice architecture and system architecture. Better signs, better information, and an easier way to find the right shelf would improve the experience of choosing. They cannot ensure there is something worth choosing, that someone has invested in making it well, or that it takes the young person where they want to go.

School-to-work transition is an architectural question worth solving. The objective is not simply to move more young people through a program,

generate more employment-support activity, or offer them a longer list of providers. It is to make it more likely that a young person who wants to work can find a credible pathway into employment; that access to that pathway depends on their need for employment support rather than whether they happen to qualify for an individual NDIS package; that providers have reason to build the capability and employer relationships needed to help them; and that government takes responsibility for the parts of the system that neither young people, their families, nor individual providers can reasonably be expected to construct for themselves.

Australia has much of what it needs to do this better. It has young people with ambition and capability. It has families and support networks investing enormous effort in their futures. It has specialist employment providers, schools, employers, and practitioners with willingness, knowledge, and experience that can be built upon. It has public institutions already carrying many of the pieces.

What it lacks is not another statement of aspiration.

It needs an architecture capable of turning that aspiration into opportunity.

That is the case this paper makes.

Questions this paper leaves open

Paper 3 answers some questions and raises others. These are not all questions for DEA to answer, but may warrant further research, policy development, or experimentation.

Where else does architectural load matter?
What other public-policy objectives carry a high architectural load, and what happens when their architecture is weak or incomplete?

Employment may be an unusually visible example rather than a unique one. Architectural load may help explain why some policies struggle even where funding, formal choice, services, and good intentions are present.

Does architectural weakness explain other persistent system problems?
How far might problems such as thin markets, poor quality visibility, weak investment, fragmentation, or fraud reflect architectural conditions rather than discrete failures of individuals, providers, or regulators?

Should architectural load be assessed before policy architecture is chosen?
Such an assessment might help determine what individual purchasing can reasonably organise, what must be built collectively, and when active stewardship, commissioning, or direct public provision is required.

Does individualised public funding behave like a conventional market?
How does purchasing behaviour change when people exercise genuine choice over money that is publicly provided, purpose-restricted, and cannot ordinarily be retained or redirected? Do conventional assumptions about price, comparison, substitution, and opportunity cost still hold? If not, what follows for the expectation that individual purchasing will discipline provider quality, supply, price, and performance?

If commissioning and stewardship are unavoidable, how does government become better at them?
What capabilities does government need to commission services, curate markets, and develop collective capability well?

Commissioning is not inherently superior to individual purchasing, even if it may better accommodate different architectural loads. Poor commissioning can produce rigidity, standardisation, weak provider relationships, and barriers to innovation. Better practice may require stronger market intelligence, skilled commissioners, participant and provider knowledge, relational contracting, continuous learning, and authority to adapt markets rather than merely procure services and monitor compliance.

Appendices and References

Appendix 1. Methodology: testing proposed explanations for geographic variation in FKJ utilisation

Purpose

This analysis examined whether a set of commonly proposed explanations for variation in NDIS Finding and Keeping a Job (FKJ) utilisation rates were supported by observed differences between Australian Local Government Areas (LGAs).

The analysis was undertaken in response to a practical policy question: why do some locations exhibit substantially higher utilisation of employment supports than others, despite participants having access to the same support category?

A range of explanations are frequently proposed, including labour market conditions, remoteness, disability prevalence, participant concentrations, and the structure of local employment-service markets. The purpose of the analysis was to test whether these factors were associated with utilisation rates and whether, collectively, they could explain observed geographic variation.

The objective was therefore to evaluate the explanatory contribution of a set of measurable local characteristics frequently proposed as drivers of employment-support utilisation.

Unit of analysis

The unit of analysis was the Local Government Area (LGA).

Each observation represented a single LGA and included:

- an FKJ utilisation rate; and
  - a corresponding set of labour market, demographic, geographic, and provider-market features.

The broader coverage analysis was undertaken across 470 LGAs represented within the final labour market, demographic, and provider datasets used in this study. This population reflects the intersection of the underlying

source datasets and should not be interpreted as a census of all Australian local government entities.

The regression analysis was estimated on a complete-case subset of 235 LGAs for which an FKJ utilisation measure was available; all explanatory variables could be assigned following geographic standardisation; and geographic matching could be completed successfully.

This complete-case sample formed the final estimation population for the regression analysis.

Dependent variable

FKJ utilisation

The dependent variable was the utilisation rate of NDIS Finding and Keeping a Job supports within each LGA.

Utilisation was measured using National Disability Insurance Agency (NDIA) participant and utilisation data for the March 2026 quarter (2025–26 Q3) and expressed as the proportion of allocated FKJ funding that was utilised during the reporting period.

LGAs with unavailable or suppressed utilisation estimates were excluded from the analysis.

Independent variables

1. Unemployment rate

Unemployment rates were sourced from Jobs and Skills Australia (JSA) Small Area Labour Markets (SALM).

Reference period: March 2026
Published geography: Statistical Area Level 4 (SA4)

The variable was expressed as the percentage of the labour force that was unemployed.

2. Labour-force participation rate

Labour-force participation rates were sourced from Jobs and Skills Australia (JSA) Small Area Labour Markets (SALM).

Reference period: March 2026
Published geography: Statistical Area Level 4 (SA4)

The variable was expressed as the proportion of the working-age population participating in the labour force.

3. Remoteness

Remoteness was derived from the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS) Remoteness Structure.

Reference geography: ASGS edition current at the time of analysis.

The variable was included as a measure of geographic accessibility.

4. Participant market size

Participant market size was measured as the number of NDIS participants within an LGA holding Finding and Keeping a Job funding.

Reference period: NDIA participant data for the March 2026 quarter.

The variable was expressed as a count of FKJ-funded participants.

5. Disability Support Pension prevalence

Disability Support Pension (DSP) prevalence was derived from Department of Social Services (DSS) Disability Support Pension recipient statistics.

Reference period: March 2026
Published geography: Statistical Area Level 3 (SA3)

The measure was calculated as:

DSP prevalence = (DSP recipients / working-age population) × 1,000

and is therefore expressed as DSP recipients per 1,000 working-age residents.

6. Inclusive Employment Australia provider presence

Inclusive Employment Australia (IEA) provider presence was measured as the number of organisations listed in publicly available Inclusive Employment Australia provider information as operating within, or servicing, an LGA.

Reference period: 2025–26.

The variable was expressed as a simple count of IEA providers associated with each LGA.

No minimum provider-size threshold was applied.

This measure captures the presence of organisations participating in the broader disability employment sector. It should not be interpreted as a measure of Finding and Keeping a Job provider availability or NDIS employment-service capacity.

7. EAYP/SLES provider presence

EAYP/SLES provider presence was derived from DEA's consolidated dataset of organisations delivering School Leaver Employment Supports (SLES) and NDIS Employment Assistance for young people (EAYP).

Reference period: January–December 2025.

The variable was expressed as the number of qualifying EAYP/SLES providers associated with an LGA.

To avoid overstating market depth, only organisations supporting 20 or more participants during the reporting period were included.

Providers supporting fewer than 20 participants were excluded from the count.

The resulting measure captured the number of observed providers operating at a meaningful scale within each local market.

Provider counts were constructed using DEA's provider-to-LGA mapping. Each provider was counted once per LGA serviced.

The threshold was applied consistently across all LGAs.

The resulting distribution was highly uneven. Of the 470 LGAs included in the coverage analysis:

- 285 LGAs (60.6 per cent) had no observed mapped provider meeting the threshold;
- 85 LGAs (18.1 per cent) had one qualifying provider;
- 57 LGAs (12.1 per cent) had two qualifying providers; and
- 43 LGAs (9.1 per cent) had three or more qualifying providers.

These figures reflect observed provider mappings. Some provider location information was incomplete, including partially mapped and unresolved providers. Consequently, a zero count should be interpreted as no observed mapped qualifying provider rather than confirmed provider absence.

Data sources

Variable	Source	Reference period	Published geography
FKJ utilisation	National Disability Insurance Agency	March 2026 quarter	LGA
FKJ participant count	National Disability Insurance Agency	March 2026 quarter	LGA
Unemployment rate	Jobs and Skills Australia Small Area Labour Markets	March 2026	SA4
Labour-force participation rate	Jobs and Skills Australia Small Area Labour Markets	March 2026	SA4
DSP prevalence	Department of Social Services	March 2026	SA3
Remoteness	ABS ASGS Remoteness Structure	Current ASGS edition used in analysis	ASGS geography
IEA provider presence	Published Inclusive Employment Australia provider information	2025–26	Provider service area
EAYP/SLES provider presence	DEA EAYP/SLES provider dataset	January–December 2025	Provider service area

The datasets were not perfectly contemporaneous. Each variable was derived from the most recent source available at the time of analysis.

Geographic standardisation

The dependent variable was available at LGA level.

Several explanatory variables were published at broader statistical geographies:

- unemployment and labour-force participation at SA4 level;
- DSP prevalence at SA3 level; and
- provider information through service-area coverage rather than statistical geographies.

To create a single analytical dataset, all explanatory variables were standardised to an LGA basis using Australian Statistical Geography Standard (ASGS) correspondence relationships.

The final dataset contained one observation per LGA.

Estimation sample

The analysis commenced with all LGAs for which FKJ utilisation data were available.

LGAs were excluded where:

- utilisation data were unavailable or suppressed;
- one or more explanatory variables could not be assigned following geographic standardisation; or
- geographic matching could not be completed reliably.

The final estimation sample comprised 235 LGAs.

Statistical model

An ordinary least squares (OLS) regression model was estimated:

FKJ Utilisation = β_0 + β_1(Unemployment Rate) + β_2(Labour Force Participation Rate) + β_3(Remoteness) + β_4(Participant Market Size) + β_5(DSP Prevalence) + β_6(IEA Provider Presence) + β_7(EAYP/SLES Provider Presence) + ε

where:

- β_0 is the intercept;
- β_1–β_7 are estimated coefficients; and
- ε is the disturbance term.

The model was estimated as an unweighted cross-sectional regression.

No interaction terms were included.

Diagnostic testing

Heteroskedasticity

Residual variance was assessed using the Breusch–Pagan test.

Evidence of heteroskedasticity was detected. Coefficient significance was therefore assessed using heteroskedasticity-consistent HC3 standard errors.

Multicollinearity

Variance Inflation Factors (VIFs) were used to assess collinearity between explanatory variables.

No evidence of problematic multicollinearity was identified, with all VIF values below 3.1.

Influential observations

Potentially influential observations were assessed using Cook's Distance.

Sensitivity testing indicated that the substantive conclusions were not materially altered by the exclusion of influential observations.

Regression results

Model performance

Statistic	Result
Number of LGAs	235
R-squared	0.1019
R-squared (%)	10.19%
Adjusted R-squared	0.0742
Adjusted R-squared (%)	7.42%
Overall model p-value	0.00087

The model explained 10.2 per cent of observed variation in FKJ utilisation across the estimation sample.

Coefficient estimates

Variable	Coefficient	Robust p-value
Unemployment rate	-0.00503	0.502
Labour-force participation rate	-0.00507	0.0038

Variable	Coefficient	Robust p-value
Remoteness	-0.01013	0.389
Participant market size	-0.000030	0.470
DSP prevalence	-0.000609	0.123
IEA provider presence	+0.00273	0.032
EAYP/SLES provider presence (20+ participants)	+0.00875	0.084

Robust p-values were calculated using HC3 heteroskedasticity-consistent standard errors.

Variable contributions to explained variance

The unique contribution of each variable was estimated using a drop-one-variable approach, measuring the reduction in model explanatory power when the variable was removed.

Variable	Contribution to R-squared (percentage points)
Labour-force participation rate	3.58
IEA provider presence	1.81
DSP prevalence	1.13
EAYP/SLES provider presence (20+ participants)	1.08
Remoteness	0.35
Unemployment rate	0.21
Participant market size	0.16

These contributions reflect unique explanatory information within the model and should not be interpreted as additive causal shares.

Interpretation

The analysis was designed to assess whether a set of commonly proposed explanations could account for geographic variation in FKJ utilisation.

Collectively, the variables included in the model explained 10.2 per cent of observed variation across LGAs. Approximately 89.8 per cent of variation remained unexplained by the labour market, demographic, geographic, and provider-market characteristics considered in the analysis.

The findings indicate that the variables tested provide only limited explanatory power at the LGA level.

However, the analysis does not establish that the included variables have no influence on utilisation, nor does it identify the causes of the remaining unexplained variation. Similarly, observed associations should not be interpreted as evidence of causal effects.

The results should therefore be interpreted as evidence regarding the explanatory contribution of the tested variables rather than proof of any specific causal mechanism.

Summary finding

The seven tested factors jointly explained 10.2 per cent of observed geographic variation in FKJ utilisation across the 235 LGAs analysed. Most variation therefore remained unexplained by the measurable demographic, labour market, geographic, and provider factors included in the model. The result supports further investigation of choice architecture and system architecture; it does not establish causation.

Appendix 2. International comparison of individualised funding and disability employment

Purpose

This appendix examines how unusual it is to use participant-held individualised funding as a principal mechanism for organising disability employment support. Four concepts must be distinguished. Personal agency and supported decision-making concern authority over goals and decisions. Individualised employment practice concerns how support responds to the person. Portable entitlements and provider choice concern selecting or changing services within an organised system. Participant-held funding concerns authority to allocate a budget among allowable purchases, even where an intermediary administers payments. A service can be highly individualised without the participant controlling the transaction; a personal budget does not establish that a pathway exists.[5, 6, 45–47]

Scope and method

The comparison brings together current and historical material on personal budgets, direct payments, self-direction, vouchers, vocational rehabilitation, disability employment, and cash-for-care arrangements. The available research documents Australian, European, and North American examples. The target was participant-held funding organising employment support, not solely assistance that enables someone to attend work.

- **True individual employment budgets:** a person controls or directs an allocated amount to purchase employment-related support.
    - **Voucher or consumer-directed models:** a person selects providers while government contracts, approves, or pays them under prescribed rules.
- **Hybrid arrangements:** individual purchases operate within or alongside commissioned or publicly organised employment infrastructure.
- **Ordinary provider choice:** a person chooses or changes providers within a managed program without holding the funding entitlement.

- **Employment-adjacent personal budgets:** care, assistance, or participation budgets may enable work without organising vocational support, job development, or placement.

This is a broad comparative review rather than a systematic review. International terminology and program architecture vary considerably, and the absence of an identified comparator should not be interpreted as proof that none exists. The classifications below are analytical descriptions, not claims that differently named programs are equivalent.

International examples and near-misses

Jurisdiction / program	Mechanism	Scale / coverage	Employment role	Classification
Australia – NDIS employment supports	Employment supports are funded through individual plans and directed through self-, plan-, or agency-managed arrangements within Scheme rules.[9]	National scheme; employment funding is held by a subset of participants.	Disability-specific preparation and workplace support. Other employment and disability systems exist alongside NDIS employment funding; the interfaces are part of the architecture examined in this paper.[2]	**System-scale participant-level employment funding.**
United States – Self-Directed Career Accounts	Participants direct a flexible account for employment-related goods and services while receiving Individual Placement and Support (IPS).	Small evaluation.	Supplements IPS job services. The budget supplemented an organised employment model; it did not replace one.	**True employment-focused budget, small-scale and layered onto organised employment support.**[57]
United States – mental-health self-directed care	Participants direct recovery-oriented personal budgets within existing	Small Florida and Texas studies.	Employment is one of several recovery outcomes;	**True personal budget, small-scale; employment not**

Jurisdiction / program	Mechanism	Scale / coverage	Employment role	Classification
	public mental-health systems, supported by planning, brokerage, or fiscal infrastructure.		budgets also address wider needs. Not a stand-alone disability employment system.	**the principal function.**[58]
United States – Ticket to Work	A beneficiary assigns a ticket to an Employment Network or vocational-rehabilitation agency; government sets the payment rules and pays providers for milestones and outcomes.	National.	Core employment program for eligible beneficiaries.	**National voucher-like provider-choice model, not participant-held funding.**[59]
England – Right to Control	Direct, managed, or mixed arrangements giving greater control over several funding streams, including employment-related streams.	Seven trailblazer areas; time-limited.	Employment-related streams within a broader initiative entered predominantly through social care.	**Genuine partial analogue, but time-limited and geographically bounded.**[60]
Germany – Persönliches Budget	Cash or vouchers can replace in-kind rehabilitation and participation services within a wider public system. Rehabilitation authorities retain assessment, budget calculation, quality, and	National legal entitlement; uptake dispersed.	Can include employment-related support.	**Genuine personal budget, but not Germany's principal disability employment architecture.**[61]

Jurisdiction / program	Mechanism	Scale / coverage	Employment role	Classification
	administrative roles.			
Germany – Budget für Arbeit	An ongoing wage subsidy paid to the employer, with funded workplace assistance, for people eligible for sheltered-workshop employment who move into ordinary employment.	National entitlement framework.	Supports movement from sheltered into ordinary employment. Despite its name, the participant does not control a general employment-support budget.	**Employment-specific near-miss: employer-facing subsidy and support, not participant-held employment funding.**[62]
Netherlands – persoonsgebonden budget (PGB)	Personal budget for home support, youth care, long-term care, nursing, and personal care. The person arranges approved care; a municipality, insurer, or care office authorises the budget.	National care system.	Finances care and support that may enable a person to work; not a vocational job-development or placement system.	**Employment-adjacent personal budget, not employment funding.**[63]
Flanders – PVB/PAB	Personal budget for care and personal assistance, directed by the person or family within a regulated disability-support system.	Regional (Flanders) disability-support system.	Assistance may support participation at work; not a participant-held vocational employment system.	**Employment-adjacent personal budget, not employment funding.**[64]
United Kingdom – Access to Work	Public funding for defined workplace support,	National.	Employment-specific support around	**Employment-specific support entitlement, not a general participant-held**

Jurisdiction / program	Mechanism	Scale / coverage	Employment role	Classification
	assistance, or adjustments.		a person's employment.	**employment budget.**[65]

The closest comparators

Right to Control

Right to Control is the strongest historical counterexample to an overbroad novelty claim. In seven trailblazer areas, people could use direct, managed, or mixed arrangements across several funding streams, including employment-related streams. It qualifies any claim that the NDIS was the first employment-related individual-funding experiment. It does not establish the mechanism as a national disability employment architecture: it was time-limited, operated only in those seven areas, and was not rolled out nationally. The evaluation found no significant employment or wellbeing impact.[60]

The relevant analytical lesson is that formal funding control does not guarantee meaningful choice. Implementation depended on information, advice, support planning, help with managing payments, and local provider markets, and meaningful provider choice was not consistently present. Employment was also embedded in a broader initiative, not its sole organising outcome.

Ticket to Work

Ticket to Work is large, national and employment-specific. Participants assign a ticket to an Employment Network or vocational-rehabilitation agency rather than control a cash-equivalent budget. Government retains payment rules and the surrounding program architecture. The narrow conclusion is that portability and provider choice can operate at scale without transferring control of the employment funding transaction. This distinction says nothing by itself about comparative program effectiveness.[59]

Self-directed mental-health funding and Career Accounts

Small Florida and Texas mental-health self-direction trials reported encouraging results across recovery and other outcomes, including employment in some studies. Participants retained public mental-health infrastructure, with planning, brokerage, administrative, and fiscal support.

Employment was one outcome among several, not necessarily the principal purpose of the budget. Career Accounts are more directly relevant: participants purchased additional goods and services for employment while already receiving IPS. Flexible purchasing supplemented an organised intervention rather than replacing it.[57, 58]

These examples support a useful but bounded proposition: personal purchasing can remove practical barriers and add flexibility within an employment pathway. They do not establish that individual purchases alone produce specialist practitioners, sustained employer relationships, opportunities, or the service infrastructure that makes the purchases effective.

Personal budgets are not the same as employment systems

The wider personal-budget evidence principally concerns satisfaction, flexibility, self-direction, care and support, with some evidence of improved quality of life.[5] It supports preserving authority and flexibility, but cannot substitute for evidence that budgets organise effective employment systems. IPS combines preference-led practice with employer development, integrated services, fidelity, and continuing support. Customised Employment individualises discovery, matching, and employer negotiation, although its evidence base is less rigorous; supported internships organise education, employers, and job coaching. Individualisation can therefore occur within deliberate service architecture.[11, 12, 30, 54, 66] Individualised employment practice does not require the participant to control the funding transaction.

Personal agency is an objective; individualised practice is a way of delivering support; participant-held funding is one possible financing mechanism. Evidence supporting the first two propositions should not automatically be treated as evidence for the third.

The original NDIS architecture

The Productivity Commission's 2011 proposal did not treat individual budgets and competition as a complete system. It combined tailored packages and provider choice with Local Area Coordination and intermediaries; brokerage and planning assistance; public provider information; quality standards, complaints, and review; workforce and provider capability; community capacity building; data and research; agreements with mainstream systems; and

intervention where ordinary markets would not sustain provision.[6] The original NDIS design itself assumed substantial collective architecture around individual purchasing.

What the review did not find

The review identified no other national disability employment system in which participant-held individualised funding operates as a principal mechanism at a scale comparable with the NDIS. Several partial analogues exist, but each differs materially in scale, purpose, population, or control of funds. The NDIS therefore appears to be an unusually large policy experiment in using individual purchasing to organise specialist employment support, although failure to locate a comparator cannot prove that none exists.

Conclusion

The international evidence strongly supports personal agency, supported decision-making, and individualised employment practice. It provides much less support for the proposition that these objectives require participant-held individual budgets.

The closest comparators generally preserve individual agency within organised employment, vocational-rehabilitation, brokerage, fiscal, or public-service infrastructure. Smaller personal-budget experiments exist, but they do not demonstrate that participant-held funding can replace the collective capability and stewardship required for employment pathways at scale.

Personal agency is the objective; individualised practice is a way of delivering support; participant-held funding is one possible financing mechanism.

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