# Welfare Review Submission Template

## Pillar One: Simpler and sustainable income support system

Changes to Australia’s income support system over time have resulted in unintended complexities, inconsistencies and disincentives for some people to work. Achieving a simpler and sustainable income support system should involve a simpler architecture, a fair rate structure, a common approach to adjusting payments, a new approach to support for families with children and young people, effective rent assistance, and rewards for work and targeting assistance to need.

### Simpler architecture

**Page 42 to 52** of the Interim Report considers the need for a simpler architecture for the income support system. The Reference Group proposes four primary payment types and fewer supplements. The primary payment types proposed are: a Disability Support Pension for people with a permanent impairment and no capacity to work; a tiered working age payment for people with some capacity to work now or in the future, including independent young people; a child payment for dependent children and young people; and an age pension for people above the age at which they are generally expected to work.

In shaping the future directions for a simpler architecture the Reference Group would like feedback on:

* What is the preferred architecture of the payment system?
* Should people with a permanent impairment and no capacity to work receive a separate payment from other working age recipients?
* How could supplements be simplified? What should they be?
* What are the incremental steps to a new architecture?

| The architecture of the income support system needs reform with respect to a need to optimize **incentives to vocational participation** (education, training and employment) and recovery, with a removal of the disincentives that are pervasive in the current income support system. For people with a serious and persistent mental illness (SMI) a main barrier is **income insecurity.**  The current criteria for a Disability Support Pension incentivizes people towards being defined as having a permanent disability in so far as it does not sufficiently provide for the vocational recovery of people with an SMI *and* a permanent income security safety net- a secure form of income support to fall back to during illness episodes.    In the main people with an SMI want to work in the competitive open employment market (and not in sheltered marginalised work places), and they want to have an opportunity to get out of poverty and to experience the valued status of being an employee or business person.  However the capacity of people living with a SMI to get and keep a job or run a business is characteristically jeopardised by episodes of debilitating illness, which usually include hospitalisation.  Many, as a consequence, lose their homes and/or become disconnected from natural supports (family and friends) and spend periods of time in transitional supported accommodation, crisis accommodation, and/or on the streets. Vocational pathways (education, training, apprenticeships etc.) are similarly disrupted, often during the most critical phase a person’s career development; that is, in the person’s late teens or in early adulthood - which is the time during which a serious mental illness usually has an onset.  The integration of vocational recovery plans into mental health service delivery will help to provide the medical evidence and clinical and psychosocial supports needed for a *timely* response, to assist a person to remain in employment, and/or to access a secure social security income so that the risk that the will lose a grip on life, their housing and their vocational journey is minimised and managed. In the current system, responses are not timely enough, nor are they always conducive to vocational recovery.  **It is recommended** that the Disability Support Pension be rebadged as *Permanent Income Security*, with:   * funding criteria for services to integrate vocational recovery into mental health and disability services (in line with the IPS fidelity measures); * income supplements (such as flexible funding integrated into individualized recovery plans, to pay for course fees for example) to facilitate the vocational recovery of people with an SMI; with * a permanent income security safety net, designed with the flexibility for people to transition from a social security payment as their employment income increases, but with a capacity to seamlessly reclaim a social security income during illness phases (pre-acute, acute and post acute) episodes.   If this approach were to be adopted, then an advantage may be that all people with persistently debilitating and/or permanent disabling conditions who are currently eligible for the Disability Support Pension would have the kind of income security that the DSP provides *and* flexible access to opportunities to engage in vocational pathways and employment.  Incremental steps to the new architecture would need to include:   1. The integration of vocational recovery into mental heath service delivery, in line with the IPS evidence-based model of employment service provision for people with a SMI. 2. The provision of flexible funding through mental health and disability services (such as is delivered currently in the Partners in Recovery program for example) to integrate vocational recovery into individual recovery plans for people with a SMI. 3. A re-badging of the DSP to a payment that would provide a permanent income security safety net for people whose income security would otherwise be in jeopardy due to a debilitating episodic mental illness or a permanently disabling condition. |
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### Fair rate structure

**Page 55 to 60** of the Interim Report considers changes that could be considered to rates of payment for different groups. In shaping the future directions for a fairer rate structure the Reference Group would like feedback on:

* How should rates be set, taking into account circumstances such as age, capacity to work, single/couple status, living arrangements and/or parental responsibilities?

| Rates should be set in accordance with due consideration to the additional costs incurred when a person with an SMI engages in a vocational pathway (education, training and getting and keeping a job) and the cost of disability accommodations (soft and hard infrastructure to allow for the adjustment of study and work arrangements to accommodate the effects of mental illness and its associated disabilities).  Payments should also reflect a rate that will pay for rental housing conducive to a person being able to study or keep a job. Mobility costs should also be covered in the payment rate, so that a person with a serious mental illness can travel to reconnect with, or maintain connections with, natural supports (family and friends), and so that he or she can get to and from places of study and work, and maintain good physical and mental health.  The payment rate should also ensure that a person has enough money to engage in physical illness prevention activities, such as a swimming and good nutrition. Remote and regional disadvantage (and in some cases, advantages) with respect to the above should also be considered. |
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### Common approach to adjusting payments

**Page 60 to 64** of the Interim Report considers a common approach to adjusting payments to ensure a more coherent social support system over time. In shaping the future directions for a common approach to maintaining adequacy the Reference Group would like feedback on:

* What might be the basis for a common approach to adjusting payments for changes in costs of living and community living standards?

| A common approach, and one that could significantly reduce red tape and lead to a more effective and efficient social security system, could have for following features:   1. **Individualised plans integrated with vocational recovery plans - with flexible funding**, provided by services closest to the person with a serious mental illness and his or her natural supports; 2. A **common national baseline payment**, annually adjusted to CPI; and 3. **Regionally tailored payments** to accommodate marked differences in the cost of living in areas defined by average market rents, access to jobs and the availability of services that are conducive to vocational recovery. |
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### Support for families with children and young people

**Page 65 to 68** of the Interim Report considers how the payments could be changed to improve support to families with children and young people. In shaping the future directions for support for families with children and young people the Reference Group would like feedback on:

* How can we better support families with the costs of children and young people to ensure they complete their education and transition to work?
* In what circumstances should young people be able to access income support in their own right?

| The children of parents with a serious and persistent mental illness are themselves highly vulnerable to a disruption to their vocational pathways in school, and in their post school vocational and tertiary education and training pathways to employment.  These children also have a high risk of developing a mental illness. The introduction of family support plans, in the new Community Mental Health DSS initiative, provide an opportunity for child centred tailored flexible funding - for a tailored approach to the provision of support to families, to pay for the cost of education and transition to work costs.  Young people should have access to income support in their own right when they have demonstrated or can demonstrate a capacity to be responsible in this regard. |
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### Effective rent assistance

**Page 68 to 71** of the Interim Report considers Rent Assistance and suggests a review to determine the appropriate level of assistance and the best mechanism for adjusting assistance levels over time. In shaping the future directions for Rent Assistance the Reference Group would like feedback on:

* How could Rent Assistance be better targeted to meet the needs of people in public or private rental housing?

| The amount of rental assistance provided to those most in need has lagged significantly behind the increase in rental costs and many Australian’s now also find themselves in the position where home ownership is unrealistic and not achievable for them at any stage of their life. Rental assistance needs to provide individuals with some choice regarding where they live and what style of accommodation they rent. Currently, many individuals relying on the Government for rental assistance only have the option of renting an individual room in a share house, as this is all they can afford. This rental arrangement doesn’t afford them the rights of tenants who have signed formal tenant agreements as these arrangements are usually informal.  Rental assistance needs to increase at the same rate of rental prices, not in line with CPI, as we know these two figures do not necessarily correlate. Rental assistance also needs to better recognise the differing needs of family versus individuals, and also recognise the stage of life of individuals. Those seeking housing for a family will need a bigger increase in their rental assistance as family homes are now relatively unaffordable for those relying on Government assistance.  Many public housing and rental affordability schemes also focus on assisting those who rent to purchase their own home, and policies often rely on the assumption that renting is a pathway into home ownership. Unfortunately this is not the case these days and Government policy needs to recognise that for many Australians home ownership will never be realised, and that policies need to support long term rentals, and housing policy needs to also ensure that sufficient stock is available to support the social housing needs. |
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### Rewards for work and targeting assistance to need

**Page 72 to 78** of the Interim Report considers changes to means testing for improved targeting to need and better integration of the administration of the tax and transfers systems to improve incentives to work. In shaping the future directions for rewards for work and targeting assistance to need the Reference Group would like feedback on:

* How should means testing be designed to allow an appropriate reward for work?
* At what income should income support cease?
* What would be a simpler, more consistent approach to means testing income and assets?

| Means testing should be implemented alongside programs that incentivize marginalised people to get and keep a job, and so that they can build financial literacy competencies. |
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## Pillar Two: Strengthening individual and family capability

Reforms are needed to improve lifetime wellbeing by equipping people with skills for employment and increasing their self-reliance. To strengthen individual and family capability changes are proposed in the areas of mutual obligation, early intervention, education and training, improving individual and family functioning and evaluating outcomes.

### Mutual obligation

**Page 80 to 85** of the Interim Report considers more tailored and broadening of mutual obligation and the role of income management. In shaping the future directions for mutual obligation the Reference Group would like feedback on:

* How should participation requirements be better matched to individual circumstances?
* How can carers be better supported to maintain labour market attachment and access employment?
* What is the best way of ensuring that people on income support meet their obligations?
* In what circumstances should income management be applied?

| Income management should only be applied on a voluntary basis; otherwise through a public trustee and guardianship arrangement. In vivo incentivising (in life with tangible returns/rewards) and evidence-based programs to help marginalised people develop financial literacy competency for themselves should be further developed and implemented. |
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### Early intervention

**Page 85 to 88** of the Interim Report considers risked based analysis to target early intervention and investment and targeting policies and programmes to children at risk. In shaping the future directions for early intervention the Reference Group would like feedback on:

* How can programmes similar to the New Zealand investment model be adapted and implemented in Australia?
* How can the social support system better deliver early intervention for children at risk?

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### Education and Training

**Page 89 to 90** of the Interim Report considers the need for a stronger focus on foundation skills in both schools and vocational education and training, and on transitions from school to work. In shaping the future directions for education and training the Reference Group would like feedback on:

* What can be done to improve access to literacy, numeracy and job relevant training for young people at risk of unemployment?
* How can early intervention and prevention programmes more effectively improve skills for young people?
* How can a focus on ‘earn or learn’ for young Australians be enhanced?

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### Improving individual and family functioning

**Page 90 to 93** of the Interim Report considers cost effective approaches that support employment outcomes by improving family functioning and the provision of services especially to people with mental health conditions to assist them to stabilise their lives and engage in education, work and social activities. In shaping the future directions for improving individual and family functioning, the Reference Group would like feedback on:

* How can services enhance family functioning to improve employment outcomes?
* How can services be improved to achieve employment and social participation for people with complex needs?

| Services to enhance the functioning of families with a lived experience of a SMI are as follows: 1) the provision of respite and support services to enable carers to keep their jobs, or to return to the workforce at times when the care of the person being cared for, with an SMI, would not be compromised. 2) the provision of child centred whole of family support services for families where one or both parents has a serious mental illness; and 3) the provision of community development activities with hard to reach and disengaged groups, particularly Aboriginal people, to help build trust and engagement. 3) the integration of vocational recovery plans into family focussed, child centred, plans and service delivery (in accordance with the IPS fidelity measures).  An adaptation of the IPS model into existing services for people with complex needs, such as the Partners in Recovery program, and the People with Exceptionally Complex Needs projects, and a capacity for flexible funding, would improve the capacity of services to contribute to the employment and social participation of people with complex needs. |
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### Evaluating outcomes

**Page 93** of the Interim Report considers improved monitoring and evaluation of programmes aimed at increasing individual and family capability to focus on whether outcomes are being achieved for the most disadvantaged. In shaping the future directions for evaluating outcomes the Reference Group would like feedback on:

* How can government funding of programmes developing individual and family capabilities be more effectively evaluated to determine outcomes?

| To be effective, an evaluation framework with respect to outcomes about the development of individual and family capabilities needs to include the following main elements:  1) A capacity to compare and contrast different service models and approaches – this includes the design and development of a base line minimum data set (one with a capacity to be augmented to accommodate program or population specific variables for example);  2) A comparable set of individual and family focussed capability development planning and outcome measurement tools (such as the Outcome Star, for example);  3) Formative and summative data collection tools and strategies to measure the collective impact of programs developing family and individual capabilities, with an identification of systemic barriers and enabling factors. |
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## Pillar Three: Engaging with employers

Employers play a key role in improving outcomes for people on income support by providing jobs. Reforms are needed to ensure that the social support system effectively engages with employers and has an employment focus. These reforms include making jobs available, improving pathways to employment and supporting employers.

### Employment focus – making jobs available

**Page 95 to 100** of the Interim Report considers what initiatives result in businesses employing more disadvantaged job seekers. In shaping the future directions for making jobs available the Reference Group would like feedback on:

* How can business-led covenants be developed to generate employment for people with disability and mental health conditions?
* How can successful demand-led employment initiatives be replicated, such as those of social enterprises?

| Business-led covenants led through local small business owners and local Chambers of Commerce could be further developed, as the majority of people with SMI are employed in local/small businesses, and a minority are micro-business owners.  Social enterprise and micro-businesses initiated for or by people with a lived experience of mental illness should not be only replicated, as each initiative should be premised on sound business planning. Government funding should be provided so that not for profit organisations and access funding for business plan, business development, research and project design/innovation, and for scaling up (planning and implementation). |
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### Improving pathways to employment

**Page 101 to 107** of the Interim Report considers the different pathways to employment for disadvantaged job seekers such as vocational education and training and mental health support models. In shaping the future directions for improving pathways to employment the Reference Group would like feedback on:

* How can transition pathways for disadvantaged job seekers, including young people, be enhanced?
* How can vocational education and training into real jobs be better targeted?
* How can approaches like Individual Placement and Support that combine vocational rehabilitation and personal support for people with mental health conditions be adapted and expanded?

| Vocational education and training into real jobs for people with a serious and persistent mental illness (SMI) could be better targeted as follows:   1. **The integration of vocational recovery planning into the personal recovery plans** developed in mental health services (public and/or not for profits services) by people with an SMI. A key element of this approach is, as indicated in the IPS approach, is for the person to be asked about his her employment status or vocational goals prior to an acute phase of illness, or in the post or sub-acute phase of an illness episode, so that steps can be taken to preserve a job in jeopardy, and/or to encourage the person to be motivated. Even asking the question brings hope – it suggests that there may be timely steps that can be taken help keep the person’s job, or that a vocational pathway towards a chosen career can be developed. The efficacy of an integrated approach, where with recovery plans are integrated with vocational recovery plans is demonstrated in the evidence-based IPS model of employment. **It is recommended that** vocational recovery plans are integrated into recovery plans in mental health. 2. **Building on the momentum of motivation** – Real jobs are more likely to result from an engagement in vocational education and training consistent with the employment goals of a person. This suggests that the focus of service delivery needs to be on enabling a person’s capacity for voluntary choices and motivation; and on the minimization of systemic and inter-personal barriers to motivation. This includes the removal of concerns that people with an SMI have that they will lose their DSP income security safety net if they do obtain a real job, one with hours that may exceed the incapacity requirements for DSP eligibility. Financial planning with advice about the implications of a real job in income safety net and taxation terms is needed (as demonstrated in IPS studies) to redress this significant demotivating factor, as is the need for a permanent income security safety net for people with a SMI (so such people have an secure income to fall back to if/when they experience an illness episodes). **It is recommended that** programs are designed to optimize motivation and its momentum, rather than on funding incentives to services to maximize the number of courses a person attends. 3. **Targeted evidence-based disability accommodations** –In Western Australia education and training providers, Tafes and Universities, offer disability support services. While their role is to provide services for all people with disabilities, including those living with a SMI, their main focus in practice is mainly on the participation and success people with sensory, physical and developmental disabilities. **It is recommended that** a program to equip disability officers in post school vocational and tertiary education with the provide evidence based services to support the participation and success of people living with an SMI be developed and implemented.   Approaches like Individual Placement and Support that combine vocational rehabilitation and personal support for people with mental health conditions could be adapted and expanded to:   * **In mental health** – the IPS could be adapted to be provided not only by pubic mental health services, but also by non-government services which themselves work in a care-coordination partnership with public mental health (clinical treatment) services, suchas supported accommodation providers, and care-coordination providers for people with a SMI, such as Partners in Recovery. * **In education and training** – the IPS could be adapted to support the access, participation and success of people with an SMI in education and training. * **For people with complex needs** – the IPS could also be adapted to support the vocational pathways and employment participation of people with complex needs, particularly those with co-existing alcohol and drug issues, people with a forensic history, and people with an SMI and more than one disability, including people with acquired brain injury. * **In micro-enterprise** – the IPS could be adapted to support the development of micro-enterprise initiatives for people with a SMI. |
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### Supporting employers

**Page 108 to 110** of the Interim Report considers what can be done to support employers employ more people that are on income support including better job matching, wage subsidies and less red tape. In shaping the future directions for supporting employers the Reference Group would like feedback on:

* How can an employment focus be embedded across all employment and support services?
* How can the job services system be improved to enhance job matching and effective assessment of income support recipients?
* How can the administrative burden on employers and job service providers be reduced?

| Three main strategies are needed to support employers to employ and retain more people with an SMI who are on income support, as follows:   1. **Anti stigma and anti discrimination** programs (nationally delivered) that promote the capacities and strengths that people with a lived experience of mental illness offer in the job market, with success stories, and information/resources for employers so that they know where to go to recruit staff with a lived experience, and how to tap into national resources/information and local support services for employers. 2. The provision of **support and advice to employers at a local level by** non-government mental health support service providers. Employers find the complexity of the programs available confusing, and small businesses do not tend to have the time are resources needed to ascertain the best way to go about recruiting and retaining staff. Non-government mental health services that deliver in line with the fidelity measures of the IPS model are not only locally positioned to support local small business sector employers in a one to one, relationship building manner, they could also have a capacity to support an employee who may have his or her job in jeopardy due to the onset of an illness episode.      1. **Address barriers** A main barrier to the assessment of income support recipients and job matching can be the difficulty employment providers have in navigating the complexities of the mental health system to obtain the medical evidence needed for an assessment, and as there are too many (often competing) employment providers in a region for mental health services to have a capacity to partner or care-coordinate (for conjoined vocational recovery and recovery planning). The job services system needs reform, so that there is a capacity for non-government mental health providers to deliver IPS models of service in partnership with clinical (public, statutory) mental health services. An approach such as this has a potential to significantly reduce red tape, and reduce the considerable administrative and coordination inefficiencies which are in part due to the complexity of having multiple and very different service sectors (i.e. mental health and the employment sector) involved with the vocational recovery of individuals with a SMI. |
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## Pillar Four: Building community capacity

Vibrant communities create employment and social participation for individuals, families and groups. Investments by government, business and civil society play an important role in strengthening communities. Also, access to technology and community resilience helps communities build capacity. Building community capacity is an effective force for positive change, especially for disadvantaged communities.

### Role of civil society

**Page 112 to 116** of the Interim Report considers the role of civil society in building community capacity. In shaping the future directions for the role of civil society the Reference Group would like feedback on:

* How can the expertise and resources of corporates and philanthropic investors drive innovative solutions for disadvantaged communities?
* How can the Community Business Partnership be leveraged to increase the rate of philanthropic giving of individuals and corporates?
* How can disadvantaged job seekers be encouraged to participate in their community to improve their employment outcomes?

| The rate of philanthropic giving by individuals and corporates could increase by Community Business Partnership leverage through a comprehensive regional partnerships, where all of the businesses in a region, and state and government funding bodies, and a panel representing the grass roots interests of the diversity of disadvantaged people in the region, are engaged in a collaborative planning, communication, funding and evaluation approach. This model could also be intersected by a community business partnership networks for specific groups, such as Indigenous populations, people with an SMI, etc.  Disadvantaged job seekers with an SMI are in the main (unintentionally) discouraged to participate due to:  1) Stigma and discrimination, including comments from service providers that there is no hope of vocational recovery from a SMI (this is a common problem);  2) A concern that they will lose a DSP income security safety net;  3) the lack of coordination of employment, financial advisory, and mental health services, and the complexity the service systems from the point of view of users;  4) the cost of participation in education and training;  6) a lack of private transport and the lack of suitable public transport options in WA;  7) the debilitating nature of a episodic and SMI;  8) A lack of suitable accommodation, and/or homelessness;  9) A lack of understanding on the part of most employment services, and disability officers in the post school education and training system, about how to support the participation and success of people with a SMI; and the poor physical health of the majority of people with a SMI.  If these factors, those that discourage people with an SMI to participate in their community to improve their employment outcomes, could be minimised, then such people are more likely to be motivated to participate. |
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### Role of government

**Page 116 to 120** of the Interim Report considers the role of government in building community capacity. In shaping the future directions for the role of government the Reference Group would like feedback on:

* How can community capacity building initiatives be evaluated to ensure they achieve desired outcomes?
* How can the income management model be developed to build community capacity?

| To ensure desired outcomes are met, community capacity building initiative need to be designed and evaluated as follows:  1) A pre-design phase is needed where the community stakeholders have an opportunity to participate in the design of capacity building initiatives, so that the initiative has goals and strategies that are consistent with the needs and goals of the participants, and that they have a sense of ownership and involvement.  2) The domains for the measurement of success should be considered in individuals/families, organisational and systemic (or institutional) terms.  3) Formative, participatory action learning methods could also be used, to ensure that there is a capacity to continuously improve the initiative.  4) The participants should be involved in a co-production of what counts as success, and they should also be engaged in the evaluation of the initiative.  5) The evaluation measures should consider including provision for a collinearity with other comparative initiatives, as a contribution to a body of evidence about what works well, and for whom. |
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### Role of local business

**Page 121 to 123** of the Interim Report considers the role of local business in building community capacity. In shaping the future directions for the role of local business the Reference Group would like feedback on:

* How can communities generate opportunities for micro business to drive employment outcomes?
* How can mutuals and co-operatives assist in improving the outcomes for disadvantaged communities?

| Opportunities for micro businesses to drive employment outcomes in communities could be created and supported by:  1) **Building professional capacity** The initiation of microfinance and microenterprise units of study into tertiary social work, community development and business courses, so that over time a mainstream body of professional and practice expertise is a part of core business, in the Australian human service and business sectors.  2) **Community engagement** That local public talks and other co-learning opportunities are provided to people living on income support to build an understanding of, and an awareness about, this capacity building approach. Australian success stories, such as The Big Issue micro-enterprise could, for example, be demonstrated at the talks.  3) **Business planning services**, which in line with the IPS model, could be integrated as part of the recovery planning and support services provided by mental health services.  Mutuals and cooperatives could assist disadvantaged communities through the provision of microfinance and micro-enterprise initiatives, tailored to address local problems.  An in depth analysis in each case would need to undertaken to ensure that sound commercial business principles and practices are applied, and that alternative but secure forms of collateral (such as the social obligation collateral used by a number of successful microfinance banks overseas) to secure loans for start up businesses are identified using bone fide indicators to ensure business start up and development loan repayments are met.  In each of the above cases, there would need to be a capacity to deliver ongoing mentoring, training and support to the micro-entrepreneurs. |
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### Access to technology

**Page 124 to 125** of the Interim Report considers access to affordable technology and its role in building community capacity. In shaping the future directions for access to technology the Reference Group would like feedback on:

* How can disadvantaged job seekers’ access to information and communication technology be improved?

| An improvement in job seeker access to information and communication technologies could be improved by an enhancement of affordable loans for recycled computer hard ware and software of the kind currently provided in WA by various not for profit organisations; and the delivery of computer literacy programs such as First Click.  People with an SMI also seem to be anxious about the privacy of information shared by email and social media, and so it would be useful to also offer training on privacy protection on the internet, and how to protect their children from internet bullying and exposure to inappropriate content and exploitation.  Applications to augment recovery plans for people with a SMI are also needed, with content also tailored for Indigenous and other high risk of mental illness and suicide populations. |
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### Community Resilience

**Page 125 to 126** of the Interim Report considers how community resilience can play a role in helping disadvantaged communities. In shaping the future directions for community resilience the Reference Group would like feedback on:

* What strategies help build community resilience, particularly in disadvantaged communities?
* How can innovative community models create incentives for self-sufficiency and employment?

| The is a considerable body of evidence that strategies to help build community resilience need to be designed from the ground up, in accordance with the principles and practices of the participatory action learning approach.  This approach promotes the co-production of community goals and strategies, and their evaluation, to build resilience and reducing disadvantage. Innovative models to create self-sufficiency and employment are likely to be successful, and sustainable, if they are to be developed in accordance with co-production and participatory action learning methods.  This process also includes the community engagement domains of  1) information about the direction to establish the initiative etc.,  2) education – educating community groups about what works, where and how;  3) involving people in a co-production of the innovative initiative;  4) partnerships; and  5) empowerment (so in the end the participants sustain and grow the initiative). |
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