**WELFARE REVIEW SUBMISSION**

**Pillar One: Simpler and sustainable income support system**

Although the overall objective of developing a simpler income support system implies a more streamlined and cost affective administrative structure, simplicity in itself should not necessarily be the main goal of reform in this area. Simplicity should not replace adequacy in the welfare system.

**The preferred architecture of the payment system**

Rather than the four types of payment types suggested by Reference Group the following payment types would be preferable:

* A tiered Disability Support Pension for people with permanent and non-permanent disabilities, with payments tiered in-line with the extent to which the disability impacts on the individual’s ability to participate in the work-force, for example whether they are able to work part-time or whether they are unable to work at all.
* An Unemployment Benefit for all unemployed people of any working age not suffering from a disability.
* A tiered Supporting Parent’s Benefit for people of working age who have dependent children. Payments should be tiered according to whether the person is supporting very young children, for example, under school age, and it should also be tiered to reflect the demands of large families, for example with four or more children to be cared for.
* An Age Pension for people above the age at which they are generally expected to work.

**Permanent impairment as a criteria to receive a separate payment from other working age recipients.**

Permanent or non-permanent impairment should not be used as the criteria by which people receive a Disability Support Pension. Someone may have a permanent physical impairment, for example, be a paraplegic, yet be able to work full or part-time, for example as a data processor. Another person may have a non-permanent impairment, for example, a fractured spine from which they are expected to eventually recover, yet be unable to work at all for a prolonged period of time. Permanent or non-permanent impairment is even more problematic as a criteria where the impairment is the result of mental health issues. Mental health conditions such as schizophrenia and bi-polar are life-long conditions once they have emerged, yet their impact on a person’s capacity to work may be episodic.

What is needed is a structure whereby people with physical, mental and neurological impairments can move between Disability Support, Unemployment Support and work-force participation according to their current capacity and suitable work opportunities. This would involve the fine-tuning of current medical reporting requirements, interviews and job placement assistance. It is important however that people already under stress from medical and psychiatric conditions are not put under further stress by the welfare system. Better case work provision by DSS and more opportunities for carer participation in the reporting process would facilitate minimise anxiety levels with reporting requirements.

**Simplification of supplements**

Carer supplements should be provided to carers of people with any form of disability that require support from family members. Carer supplements should be tiered according to the level of care that their family member requires, for example, full-time or part-time. Where the care of a loved one prevents the carer for working then their supplement should be at least equivalent to the Unemployment Benefit.

**Incremental steps to a new architecture**

It benefits both the individual and the nation for people to be self-supporting where they are able. At the same time the government must accept responsibility for providing adequate support for those unable to work through parenting and carer responsibilities, age limitations and disabilities of any kind.

Simplification of the welfare system should start by eliminating any benefits that are not means tested. The era of “middle-class” welfare should be abandoned in favour of prioritizing help for the most vulnerable.

Under no circumstances should “middle-class” welfare entitlements, for example the proposed paid parental leave scheme be implemented while ever welfare payments to very vulnerable groups are under threat.

Savings on non-means tested benefits and bonuses should be replaced by the provision of a Special Benefits Allowance that can be applied for where people find themselves in dire circumstances. It should be a discretionary benefit to address emergency contingencies.

All individual education bonuses should be scrapped and replaced by funding for programmes that address the needs of school children in disadvantaged regions or situations. Schools with significant numbers of children from disadvantaged backgrounds should be funded for lunch programmes, free or subsidized before and after school care, uniform subsidies etc.

Changes to the pension age should be reversed at the moment. A better long-term solution to the issue of an aging workforce retiring from the workforce would be to establish a compulsory pension fund and/or better superannuation schemes.

Changes to the administration of the Disability Support Pension should only be gradually introduced after a thorough review of current procedures and ways in which reporting, case work management and carer participation in reporting and management is undertaken. The onus should be on the government, not the disabled, to improve access to employment opportunities or services to facilitate recovery and workplace integration.

**Support for families with children and young people**

Supporting parents should be given a pension that enables them to provide adequate food, clothing, shelter and recreational opportunities, e.g. sport participation, for their families. However, rather than provide all assistance as payment in hand, families on support should be provided with a “support card” that enables them to access a range of assistance through other agencies, particularly schools and pre-schools;

Adequate child-care rebates should be available for pre-school children in low-income families, even if the parent is not working. This can assist such children to develop the early literacy, numeracy and social skills that provide a firm foundation for school achievement.

Funding should be provided for before and after school care for children from disadvantaged backgrounds. Government funding for programmes should be on the proviso that the before and after school centres provide homework assistance, enriched learning opportunities and nutritional snacks.

Funding should be provided through schools for children to be provided with adequate uniform, excursion and equipment needs where their families are unable to do so. Children should not be marginalized or “punished” by their school because of family circumstances or attitudes.

Such funding initiatives moves welfare payments away from general distributions to the community (where in many cases it is unwarranted) to those families where assistance is needed to enable better educational and future employment outcomes for children.

Children should be able to access income support in their own right only where it is established by a case worker that they must live independently of any family member, for example, due to abuse, or because the family members that they live with are not providing adequately for the child with their allowance.

**Pillar Two: Strengthening individual and family capability**

**Mutual obligation**

**How should participation requirements be better matched to individual circumstances?**

More case workers are needed to work with people with disabilities.

The onus of transitioning where possible from welfare dependency to independence through workplace participation needs to be shared between the DSS and the welfare client. Instead of a punitive attitude the department needs to work in partnership with their clients, employment agencies and social work agencies. Although this would require more staff interaction and higher administrative costs on one hand it would, over time and where possible, help to overcome the psychological identification with welfare dependency that can emerge from long-term alienation from the work-force.

**How can carers be better supported to maintain labour market attachment and access employment?**

Carers looking after profoundly disabled or mentally ill family members can only engage in the labour market if there is adequate day care and respite care provided for their loved ones either in an institutional setting or by having a trained care service available as necessary.

Carers whose loved ones are not so profoundly incapacitated would benefit if they could take flexible “carers leave” from their jobs where a crisis situation arises or they need to assist their loved ones to attend a medical or other form of appointment. Once again, greater provision of day care services or training programmes run at local centres or the provision of professional carers would help.

Funding for “Caring for Carer” programmes, for example those providing by Uniting Care, should continue to be funded and promoted as they provide significant help for carers to envisage and build productive lives for themselves at the same time they have a caring role for their loved ones.

**What is the best way of ensuring that people on income support meet their obligations?**

In cases where someone has a disability the system should be continued where another person is nominated as a contact person for the department. Regular checks should be made with that person by phone and/or mail.

A protocol should be instituted whereby state agencies, for example, DOCS or public hospitals, notify the department if they become aware that a drug, alcohol or other serious problem might be affecting the client’s ability to meet their obligations. The purpose of this would not be to “punish” the welfare recipient but to facilitate a meeting with a case worker that could put in place income management strategies if necessary.

Income management strategies should be put in place in all situations where there is a serious drug, alcohol or gambling problem. It should also be put in place where the client has a limited capacity to manage their own affairs and management of their finances is out of their carer’s control. For example, a carer might be intimidated by their schizophrenic loved one if they tried to unofficially take control of their finances.

**Early intervention**

Early intervention requires funding for regular assessment programmes at pre-school and school levels. Assessments should be made according to physical, intellectual, behavioural and social benchmarks.

Where a problem is identified the child should be referred an appropriate medical practitioner or service from a pool of accredited professionals in the local area.

If the parent/s fail to follow-up on the referral then the matter should be referred to the relevant state authority, e.g. DOCS and to the DSS where action may be taken to instigate an income management and compliance plan that stipulates medical care.

The social support system can better deliver early intervention for children at risk by funding assessment strategies to target individual problems and also by eliminating the costs of “middle-class” welfare payments, such as school bonuses, in order to channel such funds into school-based programmes for children at risk, for example, homework centres and meal programmes.

**Education and Training**

In high school years welfare payments to carers should be linked to their child’s school or training course attendance.

If the child refuses to attend school or a training course due to mental health or profound behavioural issues then the DSS should have the discretion to continue payments with, perhaps, an income management plan, case worker and review process put in place.

High school and TAFE colleges should be better integrated to provide skills based training for those students more suited to vocational than academic careers.

Early intervention and prevention programmes should stress the need for regular school attendance.

There should be more emphasis on a return to testing as a means of ensuring that all students are meeting benchmarks for basic skills and where that is not the case the child needs to be referred for assessment.

Schools need to develop programmes relevant to their demographic school population where necessary to address chronic underachievement.

There needs to be a shift in secondary school culture towards overtly preparing students either for the workforce or for tertiary study. This can be done by reintroducing a more focused approach to academic achievement, through opportunities to learn about different trades, and by vocational testing and guidance from Years 9-12. Education and training should be promoted as a privilege, a valuable opportunity and an expectation.

**Improving individual and family functioning**

The DSS needs to be more active in the community by providing appropriately accredited officers to work out of local centres on a regular basis to connect with the community.

In doing this they can provide a weekly, fortnightly, or monthly service at, for example, local community centres where they can meet with families and individuals that have been referred to them, or are seeking assistance and to link with other NGO services that can enhance community functionality. Meetings held at local centres can facilitate the participation of other services in workshops and forums more easily than would be the case if the event was held at DSS offices.

Interfacing the DSS with other services and the community reinforces a paradigm where the DSS and its clients are working together to find a solution that best improves community functionality and a reduction in welfare dependence. This differs from the current discourse that appears to take a punitive approach towards clients that only underlines and psychologically reinforces their marginality.

Where people have complex needs it is important that the client understands that their best outcome may be gained from inviting other stakeholders into the conversation. Hence carers should be routinely invited to participate in interviews etc. or, for example, where a family is struggling with issues that affect their functionality, e.g. drug, alcohol and gambling addictions there must also be input from a counsellor or other party involved with their rehabilitation plan.

In both cases the individualistic model of welfare delivery needs to be modified so that, on one hand, the DSS becomes more embedded in local community support systems to organize delivery of appropriate programmes to clients and, on the other hand, the individual client’s right to privacy is modified where necessary by the inclusion of those individuals and agencies that can best support the functioning of vulnerable families and individuals.

**Evaluating outcomes**

Government funding of programmes can be evaluated by client satisfaction surveys, long term longitudinal studies which follow a sample clientele over, say two or more years, or through reports to the department made by NGO and intergovernmental partners. Evaluation should not be based merely on getting people off the welfare system in the short-term, but on long-term changes to individual levels of independent functioning and changes to the rates of inter-generational welfare dependency. Some of these long-term evaluations would best be undertaken by funding university research programmes.

**Pillars Three: Engaging with employers**

Business-led covenants can be developed to generate employment for people with disability and mental health conditions by a coalition of industry leaders, the DSS, disability service professionals and, perhaps university researchers, to identify industries and occupations in which people with disabilities could work, to develop employment protocols for their employment, e.g. greater flexibility for sick leave or medical appointments, and financial incentives to industry to employ such people.

Possibly several employment schemes should be trialled and evaluated before any universal scheme is rolled out.

**Pillar Four**

No submission is made regarding this section.