RichmondPRA's Response to the McClure Report: *A New System for Better Employment and Social Outcomes*

August 2014

RichmondPRA
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Overview

Participation of people with lived experience of mental health issues in the workforce is an important part of their mental health recovery and sense of social inclusion. However, the barriers to their employment, both from a personal and employer perspective, need to be addressed in any sustainable response.

The interim report makes a very important point when it states "people who are homeless, who experience poor health or mental health conditions, suffer from drug and/or alcohol problems, or who have very low literacy and numeracy levels may have very deep needs and can face extreme difficulties finding and maintaining employment". The system's reform must be focussed on individual needs, in all their diversity. It must be a joined up, whole of government, whole of life, intergenerational approach, not focussing solely on how many jobs a person applies for and penalties.

A major theme from our Focus Group Participants was the need to address the stigma and discrimination associated with mental health issues - a major barrier to participation. Failure to do this will limit the ability of people to obtain and sustain education, training and workforce participation. The focus should be on potential educators, employers and work colleagues if job opportunities are to be successful.

Wise Employment's research in this area[1] is instructive. They found:

- *32 per cent of employers would consider hiring a person with a known mental illness[2], a third are non-committal and just over a third are unlikely.*

- *74 per cent of Small to Medium Enterprises (SMEs) surveyed had employed someone with a lived experience of mental illness and described the experience as positive or very positive. The main benefits of employing some with a mental illness cited by 32 per cent of employers was that they can do the job and be good for the company*

- *The strongest predictor for an employer hiring someone with a known mental illness is whether or not they have done it in the past.*

- *Mental illness was seen as a bigger barrier to employment than having a physical disability. 32 per cent of employers would consider employing someone with a mental illness whilst close to one in two (46%) would consider employing someone with a physical disability.*

[1] Wise Employment, 2012, *Empowermental Research Snapshot: SMEs attitudes to employing people who have a mental illness* viewed 21/10/13 at http://www.wiseemployment.com.au/uploads/publications/Empowermental-McNair_Research.pdf

[2] This is the terminology used in the report. We prefer the term " lived experience of mental health issues".

- *68 per cent of employers who have employed someone with a mental illness still do.*

- *45 per cent of hiring managers have a friend, family member, or someone close to them with mental illness.*

- *32 per cent of employers felt that people with a mental illness wouldn't be suited to the type of work their organisation does.*

- *Just under a quarter were not aware of the supports available to them if they chose to employ someone.*

- *SMEs successfully employed people with depression (73%), bi-polar disorder (52%), anxiety (45%) and schizophrenia (14%).*

These results may reflect the stigma associated with mental illness. Some people have opinions such as people with lived experience of mental health issues can not do the job, won't fit in, will be unreliable, unsafe or unpredictable. In our experience, people with lived experience of mental health issues are no more prone to these behaviours than any one else.

A focus on individual circumstances and addressing individual barriers need to be a priority. Improving the system's capacity to identify people early and more effectively assist them is an important focus; as is taking into account the impact of decision making (notably decisions around penalties) on the family unit, particularly the welfare of children.

Wrap around services are essential to help people "stabilise their lives and engage in education, work and social activities." These are an important part of a more holistic approach. We support more personalisation in the mutual obligation arrangements, in order to identify people's strengths, build their skills and confidence. The idea that local service providers could set requirements and consider exemptions, based on local circumstances and job seeker characteristics, is supported. This would help provide the more personalised and nuanced approach called for by Focus Group participants.

Overall, the Focus Group participants felt that the system needed to be made more person friendly.

Participants stated that Centrelink staff needed to be more empathetic to the needs of disadvantaged people in the community. Some thought that workers who came to people in the community would also be of benefit. One suggestion was that employing people with a lived experience of mental health issues would ensure better access for understanding of how the person's mental health issues can impact on job seeking, filling out forms and attending crowded Centrelink offices for appointments.

Participants also said that they would like to have training in how to use and access computers so that they could attend to their Centrelink issues on-line.

Participants talked about social enterprises in remote towns and how they would build the capacity of the community whilst offering much needed employment opportunities. This requires more government investment and leadership.

People from rural and remote communities noted isolation and transport options were a specific barrier to participation. They have little to no access to public transport of any kind, including community transport. Some live several hours from the larger towns, which offer medical, and specialist care.

A doctor's appointment can mean the cost of overnight accommodation as they live too far away to make the trip in one day and most people on the DSP are unable to afford this extra cost and so ongoing primary health care is not the priority it should be and is often overlooked. This of course, has its own consequences for the person, their family, the social security system and the health care system.

We share the concerns expressed by others about the current rates of payments particularly for Newstart Allowance. We hope that as a result of this review the issue of a fair and just rate of payment is addressed to ensure people are able to meet their basic living expenses. In that light it may, as others have suggested, be useful to have the rates of any new payment developed and recommended to government by an independent body.

Finally, communication of proposed changes and actual changes is a significant issue, with anecdotal reports suggesting that proposals had already been taken by some people as accepted policy and legislation.

Pillar 1

A simpler and more sustainable payments system

Overall, the Focus Group participants felt that the system needed to be made more person friendly. The expectation that people make a contribution through employment where they are able was supported.

Participants agreed that the system is not empathetic (fails to understand personal circumstances sufficiently) and needs to be simplified. They spoke about the length of forms needed to claim a benefit and also the limited access to Centrelink in rural and remote areas.

People referred to the need to make the paper work simpler:

"not so many forms"

"cut the red tape"

"make information easier to understand".

People wanted the documentation to have clearer language and interactions with Centrelink Staff to be less "judgemental":

"destigmatisation (of mental health issues) with Centrelink staff".

The latter issue was emphasised by many people suggesting Centrelink Staff need training about mental health issues and their impact on people; and greater emphasis on face to face meetings, not access on the telephone. There should be an:

"increased understanding of and respect for the limitations, capabilities and disabilities".

One suggestion made was that Centrelink should employ mental health peer workers who understand the challenges people face in gaining employment and dealing with Centrelink. They could help people negotiate the service maze[3].

Many commented that the current Centrelink phone service is not cost effective for them due to most people having mobile phones as their only means of contact; they can be on hold for long periods of time with large cost involved. This in turn can lead to a deterioration of their mental health.

People felt that the income amounts and supplements should take into account the location of the person and their access to doctors, specialists, with no transport options (buses trains etc.).

[3] See RichmondPRA's publication, *Embracing Inclusion: Employment of people with lived experience of mental health issues*: https://www.richmondpra.org.au/embracing-inclusion-lived-experience

There was strong support for the concept of:

"fair work for fair pay".

Some had experiences of being paid minimal amounts for work and not being able to return to work after a period of being unwell. People felt very concerned about gaining employment and what would happen if they lost their DSP because they were employed but then entered another period of mental ill health and had to either leave work, were sacked or were not able to work to the capacity hoped for. The paperwork to recommence a payment for them was daunting:

"People should not be worse off financially if they work".

Many participants would like to have the ability to return easily to the DSP for up to five years from the commencement of employment. They also hoped their Health Care Card and housing arrangements could stay in place in order that employment would not reduce their living standard below that which they are at the present moment. They were accepting of this being reviewed should their income increase considerably.

Some suggested that the rate of income support could change according to age.

Communication about the proposed changes and actual changes is a significant issue, with anecdotal reports suggesting that the proposals had already been taken by some people as accepted policy and legislation. People felt that whatever changes were to take place with social services as a result of this review should not take too long, nor be too quick. One suggestion was somewhere between 6-12 months would help reduce the confusion and anxiety experienced. This was especially important for people with mental health issues.

Some thought the disability payments should be the first to be looked at while others were concerned that people on unemployment benefits were extremely disadvantaged.

In terms of people of working age receiving the same payment the overwhelming response was that the payments system should be able to take into account individual needs, physical and medical conditions, including alcohol and other drug issues:

"People's needs are different"

"(We) need varying payments to suit people's circumstances".

Amalgamating similar types of payments was thought to be one way of making the payments simpler. Some noted that the rate of payment should be sufficient to cover rent, heating, cooling, electricity, healthy food, basic health, clothing and medication"

and others added “transport”:

“People in regional towns need a supplement to meet cost of transport if in employment. Also lack of public transport is an issue”.

Others said they would not be able to afford to look for work because of the cost of travel to apply for positions.

More staffing for Centrelink and support services was one way people believed navigating the system could be made easier and simpler.

People agreed that there is a need to support carers better to enable them to get into part time work. This included opportunities to access respite arrangements and flexible work options that support carer responsibilities.

Costs of living should be dealt with based on some form of national index, some suggesting the consumer price index:

“when costs of things go up people should have an increase of pension (and benefits)”

“benefits should be adjusted in time with inflation”.

People generally thought that there should not be any differences in the way rent assistance is provided to people in public and private housing. In other words, people should be able to access assistance to live in private housing.

“Assistance should be based on individual persons and hardships not on classification of housing”

“payment should be more equal between private or public housing”

There was varied support for how one might identify an amount someone should earn before their income support payments stopped. One suggestion was that it should be linked to hours of work, e.g. 30+ hours per week over an extended period such as 6 months. Others placed an arbitrary dollar amount.

In terms of the mechanics of checking assets and income people thought the current processes worked well at present (including data matching with the ATO), though some suggested payroll officers in business could do so. Whether this was feasible for businesses is another matter.

There was confusion however about what was defined as an asset. A number of people suggested more in person checking of assets and not relying simply on people to tell Centrelink. The overwhelming view was that the system:

“should set people up to win rather than fear accessing the system and ask for help”.

Being paid at an Award rate seemed to sum up people's view about how people should be rewarded for working:

"Some people may be happy enough to have a paid job".

However, some thought that flexibility in working arrangements and assistance with concession arrangements for greater than 12 months, preferably five years, may encourage people to move off Health Care Card arrangements more readily.

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Pillar 2

Strengthening families and individuals

Focus Group participants spoke about a need to make it easier to return to DSP if unable to continue working full time due to crisis or becoming unwell. Allowing flexibility for workers to attend doctor's appointments, as necessary, and educating potential employers about mental health issues would help greatly.

Rather than offering mainstream training and courses that are irrelevant to the community, the need for cost effective flexible training, which is relevant to the work available within the areas that people live was suggested.

Encouragement to work has to be based on understanding and respecting the personal circumstances of the person. This includes their family situation (including children and caring responsibilities), living arrangements, the impact of poor health and any disability, and their own aspirations.

People want to work. They said it helps counter the stigma experienced and helps educate employers about people's abilities, skills, strengths and resilience.

The big challenges are finding employers that are willing to provide the opportunity to work; using flexible work practices that enable people's confidence to work, to learn, to grow and to contribute to society; countering the stigma associated with mental health issues. An increased focus on corporate social responsiblity for companies to hire people with mental health issues and disability was another suggestion.

One group noted:

"employment for people with disabilities: Increase supported employment, job matching, job training, incentives for employers to hire those with a mental health issues and disability, provide a national list/register of jobs and organisations with vacancies for people with mental health issues and disabilities".

Encouragement of training opportunities such as apprenticehsips, traineeships, mentoring was supported. Some thought this might include "free TAFE courses" or if not free "affordable". Importantly, this training needs to relate specifically to local job opportunities or in locations that the person is prepared to move to and settle in.

The proposal to enable the mutual obligation arrangements to include things such as parenting skills, money management, addressing alcohol and other drug issues was supported.

Digital literacy was another issue raised. There were suggestions that there is ready access to public computers and computer literacy training to facilitate digital inclusion and development of job skills and social connectedness. It was suggested that this might be done in libraries, job support agencies and Centrelink offices.

In terms of supporting carers the feeling was that appropriate support and training needed to be provided. This might include alternative care arrangements e.g. easier access to respit and care support services. Respite availability for carers was raised as a barrier to employment in most areas as was access to and cost of childcare.

Adolescents and children as carers was also raised as there were examples of children who had left school early to take care of their parents with mental health issues and disabilities.

The amount of effort people put into looking for work was commented upon. One person noted:

"When I look for work I may approach 10 employers before I get to leave my resume, then knockback after knockback. That affects my self esteem and can discourage people from continuing to look for work".

This is an important issue, taking into account the stigma associated with mental health issues and the social exclusion already experienced by many people. This can be amplified in smaller communities where someone's personal history is widely known.

Income management raised various responses. Some said:

"we are not interested in income management. (It) takes away independence and choice".

Others did not reject it outright, though it was seen as something to be used:

"in extreme circumstances only".

People agreed that it could be used if the person requested it (the person needs to be well informed about what it was) or when someone was vulnerable to exploitation:

"when a person is on drugs (illegal), persons addicted to alcohol/gambling/shopping".

Some thought that rent and utilities could be mandated to be taken directly from payments to ensure these were paid as a priority, whilst others suggested it remain an option for people to select. Another suggestion was that income management could be seen as the consequence of a failure to learn financial management skills of demonstrate a capacity to manage personal finances.

To support children better people suggested mandating parenting courses for those receiving social security payments (who had children):

"train parents of what is a functional family, e.g. budgeting/how to looking after children".

More community awareness was required with more community responsibility for ensuring children are safe. This could be facilitated through adequately funded community organisations that provide family support services.

In terms of young people an improvement in educational outcomes was seen as the priority – improved literacy and numeracy outcomes, facilitated through more early intervention as necessary:

"extra tuition for academically challenged".

Additionally, it was noted that children of people with mental health issues may themselves have mental health concerns that affect their learning so they may need counselling and mindfulness training.

Having vocational programs throughout high school was supported as one way of helping young people looking for work, this could include, mentoring, support at/for interviews and more general training.

Additionally, vocational training opportunities throughout high school would assist in the transition into the workforce with the required skills.

It was thought that more emphasis on Centrelink being a referral hub would assist in better supporting indidivuals and families to access timely supports. What is required are services that deal with families as a whole:

"more accessible affordable, flexible and relevant suport services".

Participants thought that people with mental health issues needs included:

- Information about where they can work
- Incentives beyond pay
- More opportunities for supported employment
- Employers understanding that some days they have limited function
- Flexibility
- Mental health training for employers and work colleagues
- Support from work employment agencies in the workplace
- Introduce free discounted courses
- Get them to participate in social activities with other that have mental health issues
- Introduce carer counselling
- Time off to see doctor
- More training of GPs in mental health

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Pillar 3

Engaging with Employers

Focus Group participants discussed that support was needed to encourage employers to hire people with a mental health issue. Their responses focused on education in the workplace - for all staff, including senior management. The education programs to focus on raising awareness to mental health issues; ensuring all staff that people with a lived experience of mental health issues are productive in the workplace. They added, employers need to be flexible with work hours and continued support through periods of un-wellness whilst the person is employed.

One participant spoke of losing employment because of periods of time off from the workplace due to hospitalisation. She has now been on Newstart payments for many months, and has had distressing interactions with Centrelink staff. She is now required to report employment search efforts fortnightly, which is difficult in her small town as most employers know she has a lived experience of mental illness and that she has long periods off work when unwell.

Participants spoke about providing incentives to employers and small business and to also create social enterprises that are sustainable in rural and remote areas.

The training needs to be affordable, accessible and relevant to the workforce structure of local communities. What is required is tailored individual learning plans, providing mentors to people from the commencement of employment and training throughout the programs.

Identifying jobs was seen as a priority:

"jobs need to be created or found somehow before we can be employed in them".

Addressing issues of mental health stigma and discrimination was seen as critical. Training for employers and workplace staff in undertanding mental health may help dispel common myths and promote more mental healthy workplaces. That said, the point was made that:

"people have a right not to disclose their lived experience of mental illness to potential employers".

Incentives for employers to hire people with mental health issues and disability was supported, along with support on the job for employers through consultants and case managers to help them provide the flexible supports required.

Some thought that there could be economic incentives e.g. tax benefits for employers.

Targets for public sector agencies re employment of people with disability were highlighted as one way of increasing the number of jobs available. Some suggested this should be a legislated target. Some suggested employment targets for the NGO, private, and public sectors could be documented in an Employment Covenant for people with lived experience of mental health issues.

Increasing opportunities for people to volunteer and learn skills that make them more employable was another suggestion. Emphasising the benefits of employing some with a mental health issue was higlighted –

"committed, creative capable, intelligent, focussed, insightful, motivated, appreciative employees".

In terms of how can we support people with mental health conditions, an emphasis on flexibility and understanding was a common theme. A focus on what things can help people stay healthy in the workplace, including education of work colleagues, placing supports around the person early and not over-generalising what living with a mental health issue means. Extension of sick leave entitlements may also be one way of flexibly supporting someone.

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Pillar 4

Building strong communities

Participants thought the major focus should be on reducing mental health stigma and prejudice, building empathy and tolerance within communities. Education remained the key to changing people's perceptions of mental health issues and some thought that this should start at a school level.

Building capacity within communities they thought would allow more networking and increased chances of employment opportunities. They believed that supporting small business would build communities and also provide more chances for employment in smaller, remote towns.

Access to computers and internet in rural and remote communities is limited, and impacts on people's capacity to apply for work. Broadband in smaller towns is expensive and often not reliable. **Many reported not having access to computers in the locations they live, and spoke about the need for training in the use of computers to allow them to be able to apply for work.**

Engaging businesses in supporting not for profits, with local media highlighting community mental health services and contact between the broader community and mental health services would help to destigmatise mental illness.

The role of community spaces for people to meet safely, participate in recreational and cultural events, learn new skills and access technology was highlighted as important community building infrastructure.

The system should promomte social inclusion and cohesion, not division and blame. This includes people from culturally and linguistically diverse communities and people with Aboriginal and Torres Strait Islander heritage.

The focus should be on strengths, and what a person can do, not what they cannot.

People thought jobseekers will take part in communities if they have jobs that give them purpose and are worthwhile.

Case management system can assist in building community strength by promoting financial resilience, focussing on individual needs and supports.

The use of social enterprises to create sustainable employment opportunities in smaller locations was supported – both for the sustainability of those towns as well as creating employment opportunities.

Some suggested having mental health education in schools in order to reduce/eliminate stigma and prejudice and build tolerance and empathy. This would require leadership and communities working together.

Other comments

Participants offered a number of other comments and questions:

- Suggest the government subsidise all medications especially for mental health even if working full time.
- If the government takes the money from welfare reforms will the money go back into the system to employ more people to overcome the problems or to support the people in the workplace?
- How will applicants be assessed for disability/impairments?
- What criteria will need to be met?
- Concerns of increased health/mental workload.
- How will current and/or future work/employment capacities be determined?
- Physical/psychological assessments/examinations.
- What work capacity criteria will be required e.g. manual handling.
- With prior payment combinations will be 'special circumstances' 'disabilities' 'impairments' being acknowledged e.g. inequalities, inequities.
- How will employment opportunities be available for all individuals requiring employment for payment eligibility?
- Current workforce vs. future workforce opportunities required.
- How will payment receivers be monitored for employment participation/compliance?
- How will income management strategies be implemented? Internally, externally? How will strategies be monitored enforced?
- Why/ what circumstances would income management be enforced? Will income management be across the board?
- Will employment options match/factor in disability capabilities/limitations e.g. physically demanding work, labour intensive work.

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Appendix A

Responses from focus groups of people who access our services

Between 15 July 2014 and 28 July we ran 12 focus groups to gain feedback from people who access our services. We used the easy read summary version of the report to develop a presentation.

A total of 135 people participated, the vast majority of who are recipients of social security payments.

The focus groups were held in and covered the following sites:

- Blacktown, NSW - 30 participants
- Broken Hill, NSW – 68 participants
- Taree, NSW – 4 participants
- Armidale, NSW – 7 participants
- Surry Hills, NSW –13 participants
- Sydney Olympic Park, NSW –13 participants

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