**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

If employers are to successfully employ more people with a history of mental illness, they need to have practical knowledge and skills in how best to support these employees if their mental health worsens. We believe that Mental Health First Aid training would be useful for this purpose. Mental Health First Aid is an Australian-­‐developed training program for the public which gives them basic knowledge and skills in how to support a person who is developing a mental health problem or in a mental health crisis situation (including feeling suicidal, self-­‐injurying, becoming acutely psychotic, having a panic attack, or being acutely affected by substances). Mental Health First Aid is analogous in its aim to conventional first aid training for physical health emergencies.

Extensive research has been carried out on the effects of Mental Health First Aid training. A recent meta-­‐ analysis of trials found that it increased knowledge of how to help, reduced stigma and increased helping behaviour. Mental Health First Aid has been including in the US Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-­‐based Programs and Practices.

Mental Health First Aid training has been rolled out across Australia. There are 1300 instructors offering courses across Australia and over 220,000 Australians have been trained (around 1% of the population). The course has spread from Australia to more than 20 other countries.

Mental Health First Aid training of employers would allow them to recognize early if a problem is developing, to support the person in their place of employment, and to recommend appropriate professional help. Mental Health First Aid training has been tailored to suit the specific needs of workplaces and is available in face-­‐to-­‐ face and blended e-­‐learning modes.

Reference

Jorm, A.F. & Kitchener, B.A. (2011). Noting a landmark achievement: Mental Health First Aid training reaches

1% of Australian adults. Australian and New Zealand Journal of Psychiatry, 45, 808-­‐813.

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

*NO COMMENT TO MAKE*

**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?

We believe that Mental Health First Aid training of the public is an important means of building a community’s capacity to care for its members with mental health problems.

Mental Health First Aid is an Australian-­‐developed training program for the public which gives them basic knowledge and skills in how to support a person who is developing a mental health problem or in a mental health crisis situation (including feeling suicidal, self-­‐injurying, becoming acutely psychotic, having a panic attack, or being acutely affected by substances). Mental Health First Aid is analogous in its aim to conventional first aid training for physical health emergencies. Mental Health First Aid is based on the concept that all members of the community have a role to play in supporting people with mental health problems, and that this cannot be left solely to mental health services. The prevalence of mental disorders is so high (around 1 in 5 adults a year affected) that it is not possible for these services to support all the people affected.

Extensive research has been carried out on the effects of Mental Health First Aid training. A recent meta-­‐ analysis of trials found that it increased knowledge of how to help, reduced stigma and increased helping behaviour. Mental Health First Aid has been including in the US Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-­‐based Programs and Practices.

Mental Health First Aid training has been rolled out across Australia. There are 1300 instructors offering courses across Australia and over 220,000 Australians have been trained (around 1% of the population). The course has spread from Australia to more than 20 other countries. The uptake of Mental Health First Aid training has been particularly strong in rural areas. The reasons for this appear to be that people in rural areas are aware that they have less access to formal health services than people in cities and are willing to compensate for this. There also seems to be a greater feeling of mutual responsibility in rural areas. Another factor is that Mental Health First Aid Instructors are embedded in local communities. They are usually

employed by government health or welfare services, NGOs or are private practitioners. They do local marketing and respond to local needs.

There is also an Aboriginal and Torres Strait Islander Mental Health First Aid course. There are around 120

Aboriginal Instructors and they have trained 15,000 people. Similarly, the Vietnamese and Chinese communities have culturally-­‐adapted versions of Mental Health First Aid, with training delivered by Instructors from those communities in their own languages. Evaluations of these courses have found that they are acceptable and effective for these communities. There is considerable demand from other culturally diverse groups (e.g. people from Horn of Africa) for adapted Mental Health First Aid training and it is only lack of resources that has prevented this from occurring to date.

Mental Health First Aid training in run by Mental Health First Aid Australia, a not-­‐for-­‐profit company limited by guarantee. It does not employ Instructors, but rather trains them for a fee and provides them with on-­‐going support. Instructors are responsible for their own funding and generally offer training on a fee-­‐for-­‐service basis, with varying fees depending on the resources of the individuals or organizations being trained. The aim of Mental Health First Aid Australia is to establish a national scheme of training that is self-­‐sustaining, although government assistance is often required to prime the activity in a new community. The model of dissemination and funding of Mental Health First Aid training has been recognized internationally for its innovation. In 2010, a report from NESTA in the UK chose the Mental Health First Aid program as one of 10 case studies of ‘Radical efficiency’ in action across the world. ‘Radical efficiency’ is about different, better and lower cost public

services – innovation that delivers much better public outcomes for much lower cost. In 2012, Mental Health First Aid was listed as one of “Ten Aussie Social Innovations to Change the World” at the First Australian Social Changemakers’ Festival.

We believe that it possible to extend Mental Health First Aid training much more widely to build the capacity of Australian’s to support each other better when mental health problems develop. Currently, 12% of Australians have a current physical first aid certificate and it is a feasible aim to achieve this same rate of current certification for Mental Health First Aid. The result will be a country where the knowledge and skills to support people with mental health problems are widespread and extend far beyond conventional mental health services.

Reference

Gillinson S, Horne M, Baeck P. Radical efficiency: Different, better, lower cost public services. NESTA, 2010.