

# **Love the pillars.....**

**..... but for structural and functional integrity, strong foundations and containing shelter will be needed to keep people safe and well, at work and in welfare.**

## **FOUNDATIONAL ISSUES.**

- **Explicit identification of models and assumptions used in the Interim Report.**
- **A multidisciplinary, systems based, social-biological model of human functioning and change.**

## **CONTAINING SHELTER.**

- **Integration: The linkage of differentiated parts.**
- **Efficient interfaces for a diverse group of citizens, in very different circumstances.**
  - **Services for citizens with mental illness.**
  - **Services for citizens in crisis situations.**

# FOUNDATIONAL ISSUES.

- **Explicit identification of models and assumptions.**
- **A multidisciplinary, systems based, social-biological model of human functioning and change.**

## Explicit identification of models and assumptions.

Too much theory is counter-productive. However, I would like to see a very brief, but explicit, identification of the models and assumptions used to formulate the Interim Report. These will have profound effects on the answers identified. A coherent model would provide some foundational agreements, and a basic set of guidelines and references points for consideration of problems that may develop over time. It would also provide a basic vocabulary and conceptual repertoire to facilitate meaningful communication, and basic ideas about outcome measures for delivery benchmarks, time frames, and fundamental research.

### **Models of Change.**

No explicit model of either general change, or individual human change, is identified.

\* **Systems Theory is a suitable general model of change.** Non-linear complex systems dynamics are relevant to the open systems of both Centrelink and citizens (individually and in groups). Linear, cause and effect models of change are less relevant in these complex systems. Whole system change can occur abruptly due to the interaction specific parts of sub-systems; small changes to starting conditions or inputs can have disproportionately large positive or negative effects on outputs; and in some situations, long periods of iteration (repetition) may be required for a qualitative and quantitative development to occur in a whole system (eg for change in a person). Synergistic effects, in which the whole is greater than the sum of the parts, are seen.

### **Implications for Centrelink:**

As **small differences in initial conditions or in inputs** can have large effects on outcomes, it is important to avoid small factors that can cause large unwanted effects; and to take advantage of any factors that can cause disproportionately large favourable effects. For example, access difficulties can have large negative effects on outcomes; or timely, accurate, supportive interfaces can promote faster stabilisation.

It is important to look at the ways all the components of the **Centrelink and human systems interact**, rather than consider them in isolation. Cause and effect will often not be obvious. Contextual issues may be potent in creating positive change. Synergistic positive effects can produce powerful outcomes more efficiently.

**Understanding human systems** will be a pre-requisite for the design of efficient Centrelink structure and human service delivery.

\* **Interpersonal Neurobiology (see below) presents a model of human behavioural change that is highly relevant to Centrelink services.** It provides evidence-based strategies that describe the most efficient pathways to enhanced human functioning,

learning and behavioural change. Detail is presented later in the text, after introductory material is presented. Implications for Centrelink are identified.

### **Economic Models and Assumptions.**

There is a lot of economic data, but I do not see much explicit identification of economic models and assumptions. I note the 'Investment Model', and that seems very useful. However, there is no mention of other models to consider, or why this model is better.

### **Models of Human Functioning.**

There are many competing models of human functioning, and different assumptions about what it is to be human, the nature of our individual and social functioning, and the ways we change for 'better' or 'worse'. I do not see any explicit identification of these foundational issues.

A social-biological model of human functioning and change is suitable. I would like to suggest a model of human functioning and change that would provide a solid foundation on which to build reforms that would result in 'better employment and social outcomes'. The model is known as **Interpersonal Neurobiology**, and it can be seen as a paradigm shift in our understanding of what it is to be 'human among humans', and adapt to changing conditions.

## **A multidisciplinary, systems based, social-biological model of human functioning and change.**

### **Implications for Centrelink are straightforward.**

**Interpersonal Neurobiology** is a multi-disciplinary, systems based, social-biological model of human functioning. It is based on robust, consistent research findings from human biology, medicine, psychology, neuroscience, psychiatry, social sciences, human evolution, education, and related disciplines. The brain is understood as a 'social organ', with mechanisms directly linking human behavior to social contexts.

**Human behavior is extremely context dependent;** therefore attention to physical and social contexts can help to shape constructive human outcomes. This model not only provides basic insights into human experience and behavior, but provides guidelines for the most efficient pathways to manage human change, the circumstances necessary for change, and the nature of limitations to change.

**Paradoxically, detailed interdisciplinary scientific research has provided clear, straightforward guidelines that are highly implementable and robust in general human contexts.** A full description of Interpersonal Neurobiology is beyond the scope of this document. Relevant issues are highlighted. The issue of biological literacy is acknowledged. However, the meaning and implications of the model for every day use are generally found to be quite accessible, understandable, and straightforward. The model addresses common human experience, and makes understandable many experiences that all people struggle with in everyday life. Insights into structural and functional Centrelink issues are provided. Welfare and work, for both recipients and providers, are relevant in this model. Some initial expert consultancy may be required to identify key operational principles, but day-to-day management and service delivery would be uncomplicated and straightforward. The 'fit' would be appropriate, and would be experienced that way by clients, staff and management.

**The application of mechanistic models of engagement with embodied human beings is inefficient.** The model of engagement should 'fit' with a human paradigm for maximizing efficiency. Embracing a model of human functioning, in which the rational mind is uniquely important, but not always at the centre of a bigger and more explanatory model, will be more efficient. This does not lead to arguments for irrationality, infantilising practices, or the indulgence of all felt needs; but to rational approaches that are built around the positive capacities and human limitations of embodiment.

Human **evolutionary and individual success is largely due to complex and enduring social bonds.** Centrelink should be valued as one of the important carriers of this heritage! Collective responsibility for human welfare is essential to the human condition. This hard-wired evolutionary basis of human social behavior, means that the biological mechanisms described by Interpersonal Neurobiology are not 'nice add ons', but are at the very centre of human biological functioning. These are the mechanisms that are both explicitly and implicitly, involved in Centrelink structural and functional integrity. Such mechanisms are not changed by short term political or administrative posturing. They are the landmarks around which all human endeavours must survive and adapt.

**Historically, models of human functioning were highly contested** (eg humanistic, behaviourist, psychoanalytic, biological, social). Interpersonal Neurobiology, using interdisciplinary and new technical and research practices, can not only account for the most of the well supported factors involved in separate previous models, but also for their weaknesses. Interpersonal Neurobiology has reached a point of maturity whereby it can provide coherent, evidence based, predictive models for understanding human behavior, and behavioural change, in social contexts such as Centrelink.

**A multi-disciplinary, social-biological approach to Centrelink reform would:-**

- **contribute to Centrelink efficiency via better economic and human outcomes,**
  - accelerate citizen re/integration into financial independence and social stability,
  - reduce the cost of harm, inefficiencies, appeals, legal issues, and complaints,
  - avoid inter-sectorial cost shifting (expensive adverse health or criminal outcomes),
- **more efficiently, and appropriately provide service to vulnerable citizens,**
  - address human rights to timely service delivery that recognises human capacities,
  - facilitate growth in citizen capacities for rational behaviour in Centrelink contexts,
  - avoid practices that exacerbate human dysfunction or inhibit positive development,
- **make understandable citizen difficulties negotiating Centrelink service interfaces,**
  - respond effectively and humanely to client difficulties and administrative concerns,
- **more productively inform staffing for effective, efficient, humane service delivery,**
  - facilitate more effective staff service, organisation and development priorities,
  - reduce staff injury, burnout, mistakes and stress; and increase job satisfaction,
  - make significant contributions to realistic positive cultural change,
- **provide coherent theory for policy, administrative, research, and service reviews,**
  - inform evidence based service policy directives that are implementable in practice,
  - facilitate compliance with more meaningful service procedures and interfaces,
  - ensure appropriate citizen / service 'fit' for technical and human service interfaces,
  - facilitate enhanced outcomes in other sectors (eg education, health, jobs, justice).

## **Some relevant parts of the Interpersonal Neurobiology model.**

### **\* Human Neurobiological Action Systems.**

Human neurobiological action (motivational) systems generally operate automatically outside conscious awareness or control. Action systems are functional, organisational systems that have evolved to meet common survival and adaptive challenges through behavioural action. They are relatively inflexible patterns of behaviour that involve innate (biological) propensities to act in a particular goal directed manner in a particular context. The attachment and defence action systems are of special concern in the Centrelink context.

#### **Implications for Centrelink:**

**Centrelink practices should aim to minimise the negative impacts of triggering biological action systems.** When humans are in extremis (especially regarding matters of perceived survival), action systems can be triggered. Once triggered, the neuro-chemical changes initiated, are very slow to normalise. Behaviour can be relatively inflexible, especially in the short term. Higher cognitive capacities may be relatively unavailable to a person in such circumstances.

### **\* The critical importance of the attachment and help-seeking action system.**

The existence of the neurobiological attachment and help-seeking system is one of the most important drivers of human evolutionary success. The survival of all humans depends on attachment. Attachment is not optional, nor can it be delayed. Attachment and help-seeking bonds are complex and enduring. There are biological drives to gain proximity, to maintain a secure base, and to move towards interpersonal protection in situations of threat.

**Help-seeking behaviour** is part of the attachment system repertoire. Patterns of attachment and help-seeking are biologically established in infancy but continue into adulthood. Attachment patterns develop in the context of the reliability and responsiveness of the specific caregiver to the infant / child. Human attachment can be classified as secure, insecure (avoidant or preoccupied) or disorganised. These patterns are biological and behavioural in nature, operate outside awareness, and are relatively impervious to short term, conscious, verbally mediated change strategies.

#### **Implications for Centrelink:**

**Centrelink is a focus for help-seeking, and therefore evokes powerful procedural attachment behavioural repertoires.** These must be managed wisely to avoid dysfunctional enactments in the Centrelink context.

**It is necessary to design human / Centrelink interfaces that recognise the centrality of attachment and help-seeking behaviour to all individual and community human systems.** Attachment and help-seeking occupy a central place in human systems, especially regarding social problems and social interventions. Clustering of intergenerational or multi-problem groups can often be traced to attachment issues. Intervening in the attachment system will produce long-term economies and efficiencies; combined with personal and interpersonal stability.

**Understanding, and working with (not against) the biological attachment and help-seeking system** will produce the most efficient Centrelink outcomes for both government and citizens. Attachment and help-seeking are so central to human functioning that attempts to thwart them will be ineffective and provoke expensive backlash.

**Prioritising secure early childhood development.** As identified in the Interim Report provision of human and financial resources to support early childhood establishment of secure attachment will provide short and long-term benefits for citizens and governments.

**'Front end' Centrelink strategies to manage neurobiological variations in help-seeking behaviour are essential.** Attachment patterns form the biological basis of human help seeking behaviours. Securely attached individuals will have the easiest interface with welfare systems. The insecurely attached will have some problems and an anxious interface. The disorganised will generally present the most difficult, extreme, and intractable problems in the Centrelink context (see below).

**\* Affect Regulation: Lifelong Individual Capacity to Regulate Internal Psycho-Biological States.** The human brain is very immature at birth. Most of its growth occurs in early infancy and childhood. Growth is genetically programmed, but experience dependent. The characteristics of the attachment environment will be hardwired into the developing brain, with relatively enduring consequences for the capacity of the individual to regulate internal psycho-biological states, and hence behaviour.

This regulatory capacity is central to effective coping in the social world. Deficits in regulatory hardwiring can result in drug and alcohol problems, smoking, obesity, and gambling. Dysregulated states, that are the result of neurobiological hardwiring deficits, are often subjectively described as unendurable; and may result in behavior that is disruptive. Vicious cycles of cross system and intergenerational patterns can emerge.

#### **Implications for Centrelink:**

**Centrelink 'front end' interfaces that are designed to minimise challenges to affect regulation will be most effective and efficient.** Excessive challenges (eg long waiting times, or unresponsive communications) to citizens can result in disruptive behavior. This can be linked to long lasting biological systems that were formed in circumstances over which the individual had no control. Even where rational insight is present, such systems will operate on an embodied level (eg causing anxiety or rage), and will be resistant to short-term change.

**Inter-sectorial cost shifting when dysregulated individuals are unable to endure Centrelink practices that are subjectively challenging.** For individuals with poorly developed biological affect regulation capacities, even small challenges may result in 'giving up' or 'acting out' behaviours. Strategies that they then resort to are not generally constructive. These are the very individuals for whom perverse attempts at affect regulation (eg sickness, substance abuse, violence or gambling) will incur substantial costs in other sectors (eg hospitals and prisons).

#### **\* The Consequences of the Structure of the Human Defense Action Systems.**

Neurobiologically, humans can only exist in one of three states: a) they are in safety; b) they are in danger with some hope of defence; or c) they are in a situation of inescapable life threat. These polyvagal defensive strategies are evolutionary adaptations. Unconscious physiological systems assess the physical and interpersonal environment, and (outside awareness) the body is configured in the physiological and psychological state appropriate to the situation. Where unconsciously assessed as necessary, the defensive action systems are invoked. The defensive action systems are of two types: a) mobilising (fight, flight) in danger, and b) immobilising (collapse, dissociate) in life threat. Psychological indications of these states are most commonly seen in everyday situations (eg verbal fighting and dissociative distancing).

Once physiologically triggered, these relatively inflexible action systems, will take some time to resolve physiologically (ie for neuro-chemical effects to normalise).

**It is only in safety that humans can function optimally** (ie calmly, rationally, with attention, and accessible to collaborative human interactions). Safety is the most recently evolved state, and hence most vulnerable to disintegration. **The social engagement system will only operate if neither of the defensive action systems is activated.** Because humans are dependent on other humans, social risk assessment is of critical importance. Perception of real or symbolic danger from, or rejection by, other humans, is biologically classified as dangerous or life threatening, and will invoke the appropriate physiological defensive states discussed above.

Neurobiological **social risk assessment has deep evolutionary physiological roots.** It is mostly unconscious, non-verbal, rapid, and generally very accurate. It is linked to the facial muscles and the interpersonal resonance system. Vocalisation, movement detection, hands, posture, and prosody are also relevant. The assessment of interpersonal intent is an important part of risk assessment, and occurs in the mirror neurons of the interpersonal resonance system in the brain. There is a quality of inter-corporeality and inter-subjectivity implicit in this biological system. It is very dependent on physical presence, and face-to-face or verbal contact. Lack of contact can be neurobiologically interpreted as rejection or abandonment. It must be emphasised that these are physiological unconscious strategies that connect to the defensive action systems below rational awareness.

#### **Implications for Centrelink:**

**Centrelink provision of easily accessible face-to-face and verbal communication** is essential for the facilitation of optimal functioning in clients (especially in crisis situations).

**Promotion of strategies that explicitly and implicitly communicate physical and interpersonal safety** will be most helpful in maintaining rational, calm, and co-operative states in clients and staff.

**Small non-verbal, contextual triggers** (eg facial expressions, disrespectful attitudes, or long waiting times) can evoke disproportionately powerful negative responses that are destabilising to client and staff functioning. These are easily avoided by informed practices, which would result in more efficient management of services.

**Triggering of defensive systems will be unhelpful** to clients in the Centrelink context, and may be dangerous to staff. Defensive states will be difficult to manage and take time to resolve. Until safety is regained, optimal human communication is impossible, and problem solving is compromised.

**Denial of help, or threats of cessation of services by Centrelink, can be subjectively, physiologically processed as social abandonment (ie refusal of attachment), and therefore dangerous or life threatening,** or as an invalidation of one's humanity. This will severely (and often suddenly) destabilise a client. This will not involve isolated islands of dysfunction behaviour, but abrupt changes to 'whole person' functioning. Communication with the client may become difficult or impossible after this challenge.

#### **\* Consequences of Incompatible Action Systems: Disorganised Attachment.**

The human and economic costs of a disrupted relationship between the human attachment and defense action systems are seen in disorganised attachment. When the relational environment activates both the attachment and defence systems simultaneously, a disorganised attachment

pattern develops. Whilst the origins of this pattern of interaction are in childhood, the pattern persists into adult interactions and communications (eg with Centrelink staff). Disorganised attachment occurs when the 'caregivers' are frightened or frightening. The assumed source of safety is also the source of fear. This generally occurs in the context of familial physical, emotional, or sexual abuse. The child is left in an unsolvable approach / avoidance state, which is impossible to solve, represent or integrate. This is especially deleterious if it occurs at an early age where the nervous system is undeveloped, or over a long period of time. As no escape or resolution is possible, rigid and inflexible patterns of behaviour are developed to adapt for long-term survival. These patterns will not be changed by demand, but require long-term treatment / management. **This pattern affects all aspects of 'whole person' functioning, and persists into adulthood.** Disorganised attachment is particularly relevant to Centrelink, as attachment and help-seeking systems are activated in Centrelink contexts.

**Disorganised attachment accounts for disproportionately large costs to all social services.** It is estimated that less than 20% of people have a disorganised attachment pattern; however they represent at least 80% of people with mental illness. Medical problems are also much more prevalent in people with disorganised attachment patterns. They have the least well integrated psycho-biological functioning, worst affect regulation, combined with the most vulnerability to physical, mental and social dysfunction.

**People with disorganised attachment patterns highlight the artificial nature of any attempt to separate physical and mental illness.** Humans function as one whole system; if one part is dysfunctional, the whole will generally be dysfunctional to some extent. The disorganised carry large physical and psychological burdens of chronic stress. For example, the effects of the chronic presence of stress hormones (eg cortisol) has deleterious effects on the immune system, and can be implicated in the development of many acute and chronic disease entities. The complex relationship between the mind and the body is further played out in both the physical effects of mental illness, and the psychological effects of physical illness. Systems dynamics are implicated. These people will be over represented in Centrelink clients, and will experience a disproportionate burden of multiple disability.

**The disorganised are the most fragile,** often lack insight, and present with many inter-related problems to the social service interface. As the attachment and defence systems are intertwined developmentally, they can present with often perplexing or perverse issues (eg self mutilation, or strong attachment to violent partners or parents) that are confronting or confusing to staff. Many well intentioned interventions have little impact on this course of physical or mental problems related to disorganised attachment patterns.

#### **Implications for Centrelink:**

**Disorganised individuals are likely to be over represented in Centrelink clients.** However, assessment and identification of these people will present practical and ethical issues.

**The development of Centrelink interfaces that can provide safe and calming communication** to people with disorganised attachment issues will produce the most effective outcomes.

**Staff training** around the particular needs of the disorganised is indicated.

**Staff stress and burnout** are likely to be associated with excessive exposure to people with disorganised attachment.

**\* The Need for Centrelink Access and Assessment Practices to be Trauma Informed.**



Trauma definitions are debated, but most include exposure to events, which the subject experienced with intense fear, helplessness or horror. Trauma can also include witnessing such situations. Complex trauma generally occurs over an extended period of time. Attachment trauma can be severe (eg disorganised attachment). Trauma can be associated with Post Traumatic Stress Disorder (PTSD).

**Intrusive memories** are often associated with PTSD. Memory systems are complex and fragmentary. Not all memory states are explicitly experienced as such; some are subtle and are experienced as happening in the present when triggered by current events or aspects of the current physical or interpersonal environment. Behaviour is extremely context dependent. People may lack rational insight into the nature of these experiences. People can be returned to defensive action systems quickly, and physiological memories can be relived outside awareness. Their psycho-physiological state will be out of the safe social engagement category. They will be physically and psychologically affected. Rational thinking, communication, and decision making are compromised. Whilst these states sound dramatic and easy to recognise, this is not necessarily the case. For example, subtle service provider non-verbal indications of rejection or invalidation can arouse even life threat responses if the person has early physiological memories of helplessness in the context of abusive care giving. The current presentation of the life threat response may be dissociative and this may only be evidenced by vagueness and cognitive compromise. The person may be compliant, but insightful, and not able to communicate or process information rationally. This can have adverse consequences for the client and for Centrelink efficiency. Victim blaming demands for behavior that is beyond current competence are likely to be futile, inefficient and cause increased Centrelink costs.

#### **Implications for Centrelink:**

##### **Centrelink access, assessment, and referral practices should be trauma informed.**

People with a history of trauma will be over represented in Centrelink clientele, so optimal conditions to prevent dysfunction should be ensured. Identification of these people presents ethical and practical issues. Once triggered, dysfunctional states may be difficult to recognise, hard to manage, and slow to resolve.

**Triggering dysfunctional states can leave such people in danger of further problems on leaving the Centrelink environment** (eg suicide attempts, domestic confrontation, or substance abuse). Such states will often be associated with inter-sectorial, or inter-generational cost shifting (eg criminal outcomes, less capacity for work, substance abuse, gambling).

##### **\* Integration of Different Parts of the Individual and Social Neurobiological Systems.**

Integration is the linkage of differentiated parts of a system. Different physiological and social structures have evolved separately, but must be integrated within the individual, family and community to function most effectively. Social integration influences, and is influenced by, individual integration. The aspects of biology that have been described are only a few of the sub-systems that must be integrated. Co-ordination is complex. Integration is a work in progress. There are many opportunities for problems to occur with integration. The most recently developed and linked parts of the total system are the most vulnerable. Chaos or rigidity result when social-biological systems are not integrated.

#### **Implications for Centrelink:**

**Neurobiological system integration can be vulnerable to disruption.** Under stress or challenge, the most recently evolved and integrated capacities of the system (ie rational thinking and behaving) will dis-integrate first.

**It is necessary for 'front end' Centrelink services to be organised in ways that will preserve integrative processes.** Citizens under stress or in crisis will generally have existing challenges to integrative capacities. Challenging these further with the implicit indifference of long waiting and assessment times is unlikely to produce positive outcomes. The need for extra time to be allocated for people in crisis to communicate and process information is obvious. Integrative capacity is critical to the recovery of autonomy.

**\* The Impact of Superimposed Issues in Special Populations.**

All the neurobiological issues discussed to this point are features of 'normal' physiological functioning. For people with additional neurobiologically based conditions such as mental / psychiatric illness (eg schizophrenia, bipolar disorder, depression, anxiety disorders, personality disorders), physical illness (eg neurological disorders), developmental intellectual disorders, the recently bereaved, and those recently having given birth, additional stress on communication and information processing will be evident.

Mental illness has been given an important place in the current Centrelink review. It is important to **differentiate universal human (often crisis related, or attachment related) functional issues from mental illness per se.** The basic human needs and responses of citizens from marginalised groups (eg the mentally ill, the disabled, the culturally diverse) are often discounted, or dismissed as part of their illness or circumstances. This is unhelpful.

Additionally, as previously stated, the **artificial separation of physical and mental employment and welfare issues is problematic.** The bi-directional nature of the relationship between mind and body must be recognised in both the employment and welfare provisions. Depressive disorders in physical illness are extremely relevant here, but not the only manifestation of this relationship.

**Implications for Centrelink:**

**Centrelink services must have the generic capacity to cater for all people.** Meeting basic human needs with dignity and attention is necessary to the well being of all citizens, and to community resilience.

The **special needs** of people with mental illness (or other issues) should be met appropriately. This will be discussed later in the document.

**Physical and mental health issues will both be important** for all Centrelink clients, and especially important for the reintegration of those with chronic illness of any type.

**\*\* This section is relevant to "Models of Human Change",  
presented earlier in the document.**

**\* Interpersonal Neurobiology presents a model of human behavioural change that is highly relevant to Centrelink services.** It provides evidence-based strategies that describe the most efficient pathways to enhanced human functioning, learning and behavioural change. The potential for change in the brain and nervous system (and hence behavior) has been described and demonstrated. The most plastic times for the brain and nervous system are in infancy and childhood development. Some plastic potential exists in adult years. The emerging field of epigenetics, also draws attention to the variable expression of the same genetic material, depending on environmental (physical or interpersonal) conditions. This too, can lead to positive changes to

functioning. Basic aspects of reasonable nutrition, activity, housing, and social conditions are essential to behavioural change. When realistic human needs are met, stabilisation and development occur.

**In order for positive behaviour change to occur**, new behaviours must be practiced at the edge of competence, and be voluntarily and purposefully engaged in. Ideally practice occurs over a number of contexts. This is generally a long-term process; 'quick fixes' will not result in lasting change. Threats will be counter-productive, as physiologically, learning can only take place in conditions of physical, social and psychological safety (see below). The presence of a supportive social environment is vital to the process of change. Supportive, trauma informed, interpersonal management will have a disproportionately large positive effect on short and long-term behavioural outcomes.

**Positive behavioural change occurs** via the development of new skills, rather than any 'magical' stopping of old behaviours. Old, unhelpful behaviours often result from attempts to manage anxiety at an earlier stage of development. In order to change, anxiety must be managed in the change context. As new skills are practiced, new biological pathways are strengthened, and old skills are rendered less relevant. It is only as these new skills are developed, that they replace old ways. Threats, or fear of retribution, will have little impact on the development of new skills or capacities, other than increasing anxiety and fear related behaviours. Anxiety and fear reduce the capacity to concentrate and learn.

**Positive behavioural change may occur** after many iterations (practice) of successively more accurate approximations of the desired behavior, until an abrupt change occurs (explained by systems theory). Behavioural change can also be started and facilitated in crisis situations. These are turning points. Small changes in sub-systems or inputs can also be critical in producing new 'whole system' changes.

#### **Implications for Centrelink:**

**Childhood is a time of most possibility for positive development.** This supports emphasis on early years, and support of families, in the Interim Report.

**Positive learning and behaviour change only occurs in conditions of safety.** Threats have no place in the management of people on Centrelink benefits, and will generally be counter-productive, inefficient, and expensive.

**The human / Centrelink interface should be structured to avoid the active practicing of dysfunctional states and behaviours.** All the experiences people have, are important in either consolidating or changing neurobiology at the physical level. First "do no harm". The avoidance of traumatic or defense system re-enactments, or circumstances and communications that threaten or invalidate, is important. It is important to recognise the effects of implicit and subtle non-verbal communications. These can be very potent in triggering dysfunctional 'whole person' states that may be difficult for Centrelink staff to understand and manage.

**The human / Centrelink interface should be structured to provide experiences that contribute to the practice of positive behavior.** It is only by providing safe opportunities to practice positive behaviour that positive neurobiological change and learning will occur.

**The Centrelink access, assessment, and referral interface is critical to the possibility of positive processes.** The early opportunities for engaging in positive adaptive behavior are fragile and require safety and support. Crises are a time of both danger and opportunity, and can be a turning point. Small investments in Centrelink inputs (eg efficient access) can have large positive effects on outcomes.

**Internal and external intervention programmes used by Centrelink should be modeled on sound neurobiological learning principles.** Short term, superficial, quick fixes will be counter-productive and wasteful of resources. These will entrench anxiety, and undesired behavior, and provide only practice of failure.

**Behavioural change occurs much more efficiently when** specific behaviours are assessed, realistic plans made, and the conditions for practice are facilitated. This requires skilled intervention and follow-up, which must be budgeted for. Training of staff, and wise planning of programmes will be critical to success. Use of skilled social support will be essential. Support of staff in long-term models of change will be required.

**A functional, but not biologically detailed, understanding of Interpersonal Neurobiology** will be critical to staff working most efficiently with Centrelink clients in the context of positive behavior change.

# CONTAINING SHELTER.

- **Integration: The linkage of differentiated parts.**
- **Efficient interfaces for a diverse group of citizens, in very different circumstances.**
  - **Services for citizens with mental illness.**
  - **Services for citizens in crisis situations.**

## **Integration: The linkage of differentiated parts.**

Integration (the linkage of differentiated parts) is a key concept in both Systems Theory and Interpersonal Neurobiology. The pillars of reform appear to be well conceptualised, and detailed information is presented (ie the differentiation of parts appears to be well underway). However, less emphasis appears to be placed on the linkage of these differentiated parts.

**'Slipping through the cracks'** is an architectural metaphor with particular relevance in this context. The integration and linkage issues are very important. Work and welfare contexts are very different. Generally, the disadvantaged cannot make their own links very effectively. They have less social capital, less resources, less education, less skills, and more complex problems. The efficiency of Centrelink 'front end' access, information, assessment, and referral service interfaces are of particular importance. I would like to see some more information about how these will be made user friendly and appropriate. The emphasis on a computer interface has some advantages for some citizens; but is a considerable barrier to others (especially the more disadvantaged for whom access issues are critical; and for those in crisis for whom face to face contact is often most efficient).

## **Efficient interfaces for a diverse group of citizens, in very different circumstances.**

As described by the Ombudsman's 2014 "Investigation Into Service Delivery Complaints About Centrelink", **service delivery is a critical issue**. Service delivery has effects far beyond just distribution mechanisms. Many of these aspects are often misguidedly dismissed as not material to outcomes. This is unhelpful, and can lead to inefficiencies. The implicit issues involved in service delivery often relate to embodied experiences of human value. For example, long phone waiting times or repeated mistakes and misunderstandings will implicitly be processed as invalidating. The experience of value or invalidation in humans is processed biologically in evolutionarily developed (but unconscious) behavior. This behavior has big effects on rational communication and behavioural presentations at Centrelink. It is an issue that should be addressed as an integral part of any review into Centrelink issues. The main focus of the Interim Report is structural issues. However, some more consideration of delivery issues is imperative.

**The efficiency of service interfaces is critical to the effectiveness of the whole system.** Investments in staffing for reasonable access to phone enquiries would produce many efficiencies (eg many calls are for information which will result in less costs due to double processing of applications; people who do not have a Centrelink number, so cannot be 'called-

back', often just require information that could be quickly supplied, and save long term service costs). The simplistic 'tick list' assessment mentality for some payments results in much more processing for appeals than if they had been examined rationally the first time. Long delays to the assessment of benefits are unreasonable for people in vulnerable situations. Computer based service delivery is helpful for many people, but inappropriate for other groups. Access to computer and internet services is too expensive and / or inaccessible in many areas. Computer literacy is likely to be poorest in those most vulnerable.

**\* Services for citizens with mental illness.**

Integration and service delivery issues for people with mental illness are important. The mentally ill have been singled out in the Interim Report.

**Implications for Centrelink:**

All Centrelink services should **meet human rights to welfare and employment services that are designed to be within the limits of basic human capacities**. Many of the problems mentally ill people have interacting with Centrelink, are to do with the Centrelink interface, not to do with mental illness per se.

**The specific needs of citizens with mental illness should be met effectively and humanely.** These will be in addition to universal needs.

The balance between people getting **the benefits of employment** (rightly identified in the Interim Report), and the **need for stability and security of circumstances**, must be addressed. Where employment is only possible episodically, the pressure of constant change and new demands can be very destabilising. This may be counter-productive in the long term. Employment and transitional programmes should be mindful of the stresses of starting and stopping employment, and the social and psychological consequences of these cycles. Poor linkage may lead to worse, not better, employment and social outcomes. The issue of continuity, especially social continuity, is critical to all humans, and should be explicitly addressed in realistic expectations of the mentally ill.

**Individualised employment and transitional programmes require dedicated, long-term funding and staff training about mental illness.** This must be seen as a long-term commitment, not a 'quick fix'. Even where people with mental illness are employed by supportive organisations, they may require long-term appropriate Centrelink inputs.

**Appropriate services are needed to address youth mental health issues.** Most mental health problems arise before the age of 25. It is particularly important that Centrelink transitional and linking services (education, training, employment) are managed effectively, for the long-term benefit of people and sustainable welfare outcomes.

**Issues of stigma are still very much part of our society.** The de-stigmatisation of mental illness is very slow. People with mental illness face many issues that are superimposed on their functional disabilities. Centrelink services and programmes should be mindful of the long-term corrosive effects of these society wide attitudes.

**Appropriate services are needed for the chronically mentally ill.** Acceptance of the fact that some people may have difficulties with even sheltered employment will be necessary. Programmes that provide for people in this situation, and can offer meaningful social roles, will be important. These should not involve the 'ghetto-ising' of this very vulnerable group.

### **\* Services for citizens in crisis situations.**

In July 2014 the following paper was sent to Kevin Andrews' office (via Andrew Wilkie, Dennison MP) regarding Centrelink responses to people in crisis:-

### **Costly Centrelink Inefficiencies: More Productive Management of Citizens in Crisis.**

#### **Pervasive Centrelink service problems: Outmoded models of human functioning.**

Service interfaces, rather than Centrelink benefits, are addressed here. Complaints highlight pervasive service problems at Centrelink. Urgent reform is required due to the scale, complexity and costs involved. Citizen engagement is espoused in policy, but access control strategies prevail in practice. Human rights are violated by interfaces that ignore basic human capacities. Centrelink services are based on outmoded models of human functioning.

#### **Paradigm shift: Rationalising Centrelink service interfaces.**

Problems interacting with Centrelink are made understandable by knowledge from Interpersonal Neurobiology (a multi-disciplinary, systems based, model of social-biological functioning from biology, psychology, neuroscience, psychiatry, and social sciences). The brain is understood as a 'social organ', with mechanisms directly linking human behavior to social contexts. This model can inform rational reform of human / Centrelink interfaces, especially for citizens in crisis.

#### **Crisis intervention is core Centrelink business: A systems approach.**

Crisis is a time of abrupt systemic change. Many, but not all, Centrelink clients are in crisis. Efficiencies in crisis management (via access, information, assessment and referral) are uniquely placed to produce disproportionately large positive effects on economic and human outcomes, for both Centrelink and citizens. Quicker re/integration reduces total welfare costs.

#### **Citizens in crisis are neuro-biologically compromised.**

All humans, whatever their normal functioning or intelligence, are biologically compromised by crisis (eg pervasive communication deficits, inefficient cognitive processing and reduced bio-emotional regulation). These are not small islands of dysfunction, but abrupt alterations to 'whole person' functioning, explained by non-linear complex systems dynamics. Once neuro-chemically triggered, without intervention, such states only normalise very slowly. Medical, psychiatric, developmental, or cultural issues, are superimposed on these universal deficits.

#### **Unnecessary costs of inefficient Centrelink management of citizens in crisis.**

Ill informed management of people in crisis, results in added costs caused by delays to processing and citizen re/integration, short and long-term harm, mistakes, poor communication, compliance difficulties, complaints, and staff injury or burnout. Victim blaming demands for behaviour that is beyond competence, only increase long term costs. Biological crisis related, help seeking, survival attachment and protest, are not abolished by administrative directives.

#### **Crises as turning points: The benefits of prioritising citizen functioning in crises.**

Human behaviour is context dependent. Crisis related behavioural deficits respond to straight-forward, cost effective interventions. These will have disproportionately large positive effects. New positive behaviours can emerge, be practiced, and established in crises (neuroplasticity). When basic needs are met, positive change will be fastest, most efficient, and longest lasting. When needs are not met, the turning point is in the more costly direction of chronic dysfunction.

#### **Communicating with citizens in crisis is core Centrelink business.**

Biologically, communication will only be efficient where citizens in crisis experience physical and social safety, and reasonable responsiveness in an appropriate time frame. Most assessment of these factors occurs rapidly, non-verbally, through the senses, beyond conscious awareness.

**\*Humans can only communicate normally when socially safe.** In crises they become subjectively socially unsafe very easily. They will mobilise in danger with 'fight / flight' states (eg limited capacities for focused attention or 'big picture' thinking; or reduced verbal capacities). They will immobilise in life threat with 'collapse / dissociate' states (eg be withdrawn or 'spaced out'; re-experience traumatic memory states; or become regressed or suicidal when fear of rejection by Centrelink is processed as life threat).

**\*The hard-wired biological need for social responsiveness in crises,** leads to vehement verbal or physical protests when ignored, invalidated, or met by non-human or in-humane interfaces. Communication and behaviour become incoherent. However, people will settle, and become more rational, when responded to appropriately.

**\*A biological sense of urgency** is experienced in crises. Unreasonable delays will be destabilising, leading to incoherent behaviour and communication, (eg causing memory lapses re the purpose of a call; or counter productive 'walking out', that is likely to cause increased inter-sectorial costs rather than any real economies for Centrelink).

### **Recognition of legitimate basic service expectations will be efficient.**

Ignoring social biology, by failing to meet minimal social-biological needs for civil treatment in crisis, is disproportionately expensive. Adequate basic services would include timely, accurate responses to personal, telephone, and internet enquiries regarding general and personal information, and reasonable time frames for correct benefit assessment, processing, adjustment and delivery. Efficient crisis services would be trauma, disability and culturally informed, with the capacity to recognise and appropriately (explicitly and implicitly) manage crisis related distress.

### **Social-biology is complex: Implications for Centrelink services are straight-forward.**

Welfare is rightly considered in rational terms. However, the rational mind and the embodied self, are two faces of one system. In a coherent model of evolved social survival, rational thinking is uniquely important, but not exclusively at the centre, of a bigger, more explanatory system. This does not lead to arguments for indulgence of all felt needs, but to efficient Centrelink services that are rationally planned, around the universal limits of human capacities.

### **A multi-disciplinary, social-biological approach to Centrelink service reform would:-**

- **contribute to Centrelink efficiency via better economic and human outcomes,**
  - accelerate citizen re/integration into financial independence and social stability,
  - reduce the cost of harm, inefficiencies, appeals, legal issues, and complaints,
  - avoid inter-sectorial cost shifting (expensive adverse health or criminal outcomes),
- **more efficiently, and appropriately provide service to vulnerable citizens in crisis,**
  - address human rights to timely service delivery that recognises human capacities,
  - facilitate growth in citizen capacities for rational behaviour in Centrelink contexts,
  - avoid practices that exacerbate human dysfunction or inhibit positive development,
- **make understandable citizen difficulties negotiating Centrelink service interfaces,**
  - respond effectively and humanely to client difficulties and administrative concerns,
- **more productively inform staffing for effective, efficient, humane service delivery,**
  - facilitate more effective staff service, organisation and development priorities,
  - reduce staff injury, burnout, mistakes and stress; and increase job satisfaction,
  - make significant contributions to realistic positive cultural change,
- **provide coherent theory for policy, administrative, research, and service reviews,**



- inform evidence based service policy directives that are implementable in practice,
- facilitate compliance with more meaningful service procedures and interfaces,
- ensure appropriate citizen / service 'fit' for technical and human service interfaces,
- facilitate enhanced outcomes in other sectors (eg education, health, jobs, justice).

### **References.**

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**These are basic references, and more detailed material can be supplied if required.**

