JESUIT SOCIAL SERVICES
RESEARCH POLICY AND ADVOCACY UNIT

SUBMISSION

Victorian Government Parliamentary Inquiry into Workforce Participation by People with Mental Illness.
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Introduction

Jesuit Social Services welcomes the opportunity to make a submission to the Victorian Government Inquiry into Workforce Participation by People with Mental Illness.

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and well-being of disadvantaged young people, families and the community.

Our organisation has been working with young people with multiple and complex needs including mental illness for the over 35 years through our youth justice and community programs. In 1996 Jesuit Social Services established Victoria's first dual diagnosis program for young people experiencing mental illness and substance abuse – the Connexions counselling and outreach program. In 2002 we established the Gateway pre-employment training program for young people with complex needs and the work from this project continues on today through our Jesuit Community College. It is through this grounded experience that we believe we have developed the knowledge and evidence base to make a contribution to this inquiry.

Who we are and what we do

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged people, families and communities. Our service has its origins in work with disadvantaged young people involved with the youth and adult justice systems in Victoria.

We do this by intervening directly to address disadvantage and by influencing hearts and minds for social change. We strengthen and build respectful, constructive relationships for:

- Effective services - by partnering with people most in need and those who support them to address disadvantage
- Education – by providing access to life-long learning and development
- Capacity building – by refining and evaluating our practice and sharing and partnering for greater impact
- Advocacy – by building awareness of injustice and advocating for social change based on grounded experience and research.
- Leadership development – by partnering across sectors to build expertise and commitment for justice

Jesuit Social Services values every person and seeks to engage with them in a respectful way, that acknowledges their experiences and skills and gives them the opportunity to harness their full potential. Jesuit Social Services works where the need is greatest and where it has the capacity, experience and skills to make the most difference.

We have developed expertise and provide services in the following focus areas working with people, families and communities to remove barriers to participation and inclusion:
• **Justice and crime prevention** – people involved with the justice system
• **Mental health and wellbeing** – people with multiple and complex needs and those affected by suicide, trauma and complex bereavement
• **Settlement and community building** – recently arrived immigrants and refugees and disadvantaged communities.

Across all this activity we promote education, lifelong learning and capacity building with a focus on those people with barriers to sustainable education and employment.

Currently our direct services and volunteer programs are located in: Victoria, New South Wales and Northern Territory. Services include:

• **Connexions**: delivering intensive support and counselling for young people with co-occurring mental health, substance and alcohol misuse problems.
• **Artful Dodgers Studios**: providing pathways to education, training and employment for young people with multiple and complex needs associated with mental health, substance abuse and homelessness.
• **Support After Suicide**: supporting people bereaved by suicide, including children and young people.
• **The Outdoor Experience**: offering an alternative treatment service through a range of outdoor intervention programs for young people aged 15 – 25 years, who have or have had issues with alcohol and/or other drugs.
• **Community Detention Services**: delivering case management support to unaccompanied asylum seeking minors in community detention.

• **Jesuit Community College**: increasing opportunities for people constrained by social and economic disadvantage to participate in education, work and community life and reach their full potential.
• **Brosnan Youth Services**: supporting young people and adults in the justice system, and assisting them to make a successful transition from custody back into the community. Brosnan Youth Services includes: the Konnect program which provides pre-release assessment and planning, and post release support to Aboriginal men and women; and the African mentoring program providing support to men from African backgrounds who have been imprisoned in Victoria.
• **Community Programs**: Working with people, including the African Australian and Vietnamese communities, on public housing estates across metropolitan Melbourne.
• **Community development**: delivering social enterprise and other activities in the area of Mount Druitt, Western Sydney.
• **Capacity building** activities in Alice Springs.

**Aboriginal Acknowledgement**

Jesuit Social Services recognises the well documented over representation of Aboriginal people across a broad range of health, community and socioeconomic indicators compared with non-Indigenous young people. For example, Indigenous young people are:

Jesuit Social Services
Inquiry into Workforce Participation by People with Mental Illness
twice as likely to be unemployed or on income support
• twice as likely to die from all causes (6 times as likely from assault and 4 times from suicide)
• 6–7 times as likely to be in the child protection system
• 15 times as likely to be in juvenile justice supervision or in prison


All recommendations in this submission apply equally, and more so, to the needs of the Aboriginal community given this over-representation and in recognition of their unique culture, and historical and continuing experience of disadvantage.

**Key Priorities and Recommendations:**

• **Early intervention** is required to support young people with mental illness to ensure they don’t get locked into becoming *unemployable* due to their health problems and lack of work experience.

• **More** needs to be done to educate and support employers to provide ongoing employment opportunities to people with mental illness through: financial incentives, training programs, support services and mentoring programs.

• **A community education campaign** that emphasises the importance of social inclusion is required to address discrimination in the workplace.

• **Any interventions** in relation to greater workforce participation must emphasise the rights of people with mental illness: people with mental illness should be encouraged and supported without cutting back on benefits.

• **Training and education programs** must be funded sufficiently to employ welfare and vocational support staff who can address the health and wellbeing needs of people with mental illness as well as their vocational needs. Reliance on third-party support is inadequate.

• **The social firm model** could be further supported by the State government to assist people with mental health problems to develop their work skills and/or to transition back into employment after a period of illness, however it needs to be adequately funded with realistic targets for projects given the fluctuating work capacity of the employee target groups.

• **Funding needs to be provided** through Skills Victoria to allow RTO’s to deliver more flexible training (including the delivery of single units of competency) to disadvantaged
learners and the high support needs of these learners should be recognized and allowed for within the funding allocation.

Response to Terms of Reference

Barriers that people with mental illness experience in gaining and retaining employment.

Many of the young people we engage with across our programs have diagnosed mental illnesses and/or report experiencing multiple symptoms of mental illness. In most cases, they are early school leavers who have poor literacy and oral language competence. They struggle to obtain and maintain employment. They lack the family and social support systems and stable housing that provide the basis to establish a work routine. The only employment available to them is casual low paid work. If they manage to obtain employment, the lack of stability in their lives and fluctuations in their mental health often result in absenteeism and then job losses. They are constantly churning from unemployment to low paid casual work positions and most are trapped in a cycle of recurrent poverty.

The stigma associated with having a mental illness is a further significant barrier to obtaining and maintaining work. Most young people we work with do not feel they can disclose to employers their mental health status for fear of being discriminated against. Once in the workplace they are ignorant of their rights under the Fair Work Act and have little to no understanding of what constitutes unlawful workplace discrimination.

These young people need the opportunity to work in supportive environments where reasonable adjustments are made to work conditions to allow for fluctuations in their health and wellbeing. They need wrap-around support services, to support and maintain them in employment, that address their health and wellbeing needs as well as their skill development needs. Early intervention is required to ensure they don’t get locked into becoming unemployable due to their health problems and lack of work experience.

For those people engaged in our programs who have a greater capacity for work, a further disincentive to engaging in employment is that the jobs available offer little in the way of interest or skill development. We know from research that advancement based around career progression, skill development and increasing responsibility is just as important to disadvantaged job seekers including those with mental health problems as others. Perkins et al surveyed 1250 disadvantaged job-seekers (two-thirds of whom had mental health concerns) and examined their career aspirations. They found career advancement was very important to disadvantaged job seekers in lower skilled occupations, suggesting that the so called middle-class view of advancement is equally applicable to those at the lower end of the labour market in Australia.¹

Yet the only jobs available to most young people with mental health problems are low skilled casual positions where there is no prospect of any upward employment trajectory.

More needs to be done to educate employers about supporting employees with mental illness in relation to their health and their career. Financial incentives, training programs, support services and mentoring programs for employers and greater community education are all required to address this important issue.

It is imperative that programs or models aimed at increasing workforce participation are based on sound principles such as those outlined by the European Foundation for the Improvement of Living and Working Conditions in their analysis of the role and contribution of employment and intervention strategies in combating the social exclusion of vulnerable groups:

2 European Foundation for the Improvement of Living and Working Conditions, Employment and labour market insertion strategies as a tool for social inclusion Conference summary, Toledo, 17–18 June, 2003

Jesuit Social Services
Inquiry into Workforce Participation by People with Mental Illness

- There must be quality employment opportunities that provide sufficient income and the opportunity for career development; temporary, poorly-paid jobs will not ensure sustainable inclusion.

- Flexibility must be understood from the point of view of the interest of workers, not just employers.

- There must be emphasis on the rights and responsibilities of people in unstable situations: people must be motivated without cutting back on benefits;

- For certain more vulnerable groups, policies should be developed that provide financial incentives to work: ‘negative taxation’ or other alternatives

- The inclusion of certain groups in the labour market may entail accepting a lower level of productivity in certain jobs, but this must not mean lower pay or turning them into devalued jobs.

- Continuous, life-long training as a strategy for prevention of social exclusion, but it must be adapted to the needs of those involved.

- Training and services linked to empowerment of individuals and promotion of social inclusion rather than used as a means to cut welfare dependency and force people into poor-quality jobs.

- Coordination and networking of all relevant agencies and actors to provide a coherent range of easily accessible services.

- Monitoring and support for both employees and employers throughout the integration process through mechanisms such as mentoring, tutoring, and personal support.
Effective Programs that aim to improve the workforce participation of people with mental illness, including best practice model:

Pre-Employment training programs
The Jesuit Social Services Gateway program ran from 2003 to 2009 engaging at risk young people in a range of intensive and co-ordinated programs that focused on vocational training and employment, education and personal development.

The identification of the need for more flexible pathways into employment, education and training for this target group came from the organization’s thirty years’ experience working with young people struggling with mental illness, drug problems, poverty and homelessness. Jesuit Social Services sought funding to explore and address the issue of the social and economic exclusion of marginalised young people in the belief that a holistic response was required to assist them to access mainstream education, training and employment opportunities.

Over 350 participants were engaged in the program. A high percentage of the participants had a diagnosed mental illness, as well as histories of substance abuse. Their social and economic problems included: no stable income, unstable housing, and an absence of significant family and social supports. The majority of Gateway participants left school at Year 10.

An evaluation of the Gateway program which included 100 participants was completed in 2007. It found that participation in the program resulted in improved health and wellbeing for young people across a number of domains including mental health. In relation to employment and education, the program had some limited success in assisting participants to access ongoing employment but 48% of the 100 participants interviewed became involved in some form of accredited education and training following their entry into the program.

One of the key learning’s from the program was that much work needed to be done in addressing the health, wellbeing, housing and low education levels of the cohort before pathways to employment could even be considered. This finding is supported by other studies that have also identified that young unemployed people with mental health and other complex needs are often some way from job readiness and suffer from multiple and interacting barriers that require intensive support not directly connected to work preparation (Kemp & Neale 2005 in Perkins)3.

Programs that aim to improve the workforce participation of this cohort therefore need to address both vocational and non-vocational barriers to participation. Once in employment support then needs to be available to both the employer and employee as required.

Social Firms

Jesuit Social Services
Inquiry into Workforce Participation by People with Mental Illness
The social firm model is one that could be further supported by the State government to assist people with mental health problems to develop their work skills and/or to transition back into employment after a period of illness. A social firm is a not-for-profit social enterprise with the specific mission of creating employment for people excluded from the labour market as a result of mental illness, disability or other disadvantage. A social firm is a supportive work environment that:

- has a not-for-profit legal status;
- maintains an integrated workplace employing between 25-50% of employees with a disability or disadvantage;
- generates the majority of its income through the commercial activity of the business;
- pays all workers at award/productivity-based rates;
- provides the same work opportunities, rights and obligations to all employees; and
- builds the modifications required for employees in need of support into the design and practices of the workplace.

(http://www.socialtraders.com.au/)

From 2004 to 2009 Jesuit Social Services ran the Abbottsford Biscuit social enterprise program. The program aimed to:

- Build a sustainable place-based social enterprise
- Provide work placements, accredited training and pathways into jobs for deeply disadvantaged job seekers in inner Melbourne and
- Develop industry links in the hospitality and marketing fields to increase post-placement employment opportunities for Abbotsford Biscuits employees.

Some key learning’s from this project were the need for:

- Realistic targets/contracts that take into account the skill base and capacity of the participants.
- Clarity about the target group and careful monitoring of employment of sufficient percentages of higher and lower skilled employees to meet targets and commitments.
- Staffing and skill gaps can intensify the challenges associated with balancing production, training, support and employment transition requirements. In particular, reliance on third party welfare and vocational support workers to assist with health and wellbeing issues, can contribute to the challenges staff have in supporting, and managing employees, particularly in times of crisis.

Our learning’s from both the Gateway project and the Abbotsford Biscuit social enterprise highlight the importance of both pre-employment training programs and social firms being adequately funded to employ welfare and vocational support staff who are skilled and experienced in dealing with both the non-vocational and vocational needs of participants/employees. Reliance on third-party welfare and vocational support staff, who are

Jesuit Social Services
Inquiry into Workforce Participation by People with Mental Illness
often not available in times of crisis or who are not adequately trained themselves to address issues of mental illness and other complex needs, places too much pressure on management staff and supervisors and then in turn on the participants/employees. The current JSA service model fails to address the specialised welfare and education support needs of people with mental illness.

In the Gateway program the employment of two Pathway Support Workers was integral to the program’s success in achieving significant health, wellbeing and training outcomes. The Pathway Support Workers had direct input with program participants’ at the most critical stages of their participation – entry, vocational planning, health and wellbeing planning, crisis intervention, and a supported exit. The continuity of their relationship with the program participants was key to the achievement of outcomes.

**Opportunities for tailoring education and vocational training for the needs of people with mental illness**

*Flexible Training Models*

As noted above, most of the young people we work with at Jesuit Social Services have had interrupted schooling. In general, those with poor past experiences of education lack confidence and are intimidated or deterred by traditional education approaches and settings. If they do enrol in TAFE they often struggle to maintain regular attendance, lose interest quickly in the training offered, find it hard to navigate services, lose touch with people who are familiar with their needs and issues and drop out at key stress points. Most have more success acquiring new skills through applied and informal learning than through instruction or classroom based learning.

Many of the young people we work with have no clear idea where they want to head in terms of work. They enrol in formal training to fulfil obligations for income support or involvement in a program and won’t enrol in training if it requires money and/or significant time or effort to participate. Their decisions about training are influenced by employment service providers, community workers, case managers and friends.

One of the key learning’s from the Gateway program was that young people with mental illness need a gradual and highly supported reintroduction to learning via a flexible and informal learning environment. However the current post-school education system in Victoria is complex and difficult to navigate. Despite the rhetoric about delivery of flexible training systems, Skills Victoria only funds full courses and the drop-out rate for young people with mental illness and other complex needs from these courses is high.

RTO’s are providing many more contact hours than they are funded to, in order to try and help these young people complete a full course. Skills Victoria does not fund completion of single units of competency. Yet this is what is needed to facilitate a gradual re-introduction back into training for many young people who have a mental illness.

Community based RTO’s, are often best placed to deliver training to this target group - particularly those operated by non-government welfare organizations that deliver both training and health and welfare services, like Jesuit Community College. A wrap-around service

Jesuit Social Services
Inquiry into Workforce Participation by People with Mental Illness
delivery model better meets the training and welfare support needs of people with serious mental health issues.