

## **MULTIPLE SCLEROSIS AUSTRALIA**

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# Submission to the Review of the Welfare System Interim Report, *A New System for Better Employment and Social Outcomes*

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## **About Multiple Sclerosis Australia**

MS Australia (MSA) is the national peak body for people living with multiple sclerosis (MS) in Australia. Our role is to work on behalf of all state and territory based member organisations to provide a voice for people living with multiple sclerosis across the country to support the development of:

- Research
- Advocacy and Awareness
- Communication and Information
- Services provided by our member organisations
- International Collaboration

MSA advocates across all stakeholders, governments and communities, on behalf of our members, to represent people who are diagnosed with the disease, their carers and the broader MS community.

### **Our Vision**

Is consistent with the vision of the Multiple Sclerosis International Federation – **‘A world without MS’**

### **Our Mission**

MSA will support our members and work towards meeting the needs of people with MS, their families and carers. We will facilitate a national comprehensive representation of the Member organisations through advocacy and communication.

### **Our Purpose**

On behalf of our members and people with MS, our purpose is to develop:

- **Research:**  
Supporting ongoing research to pursue further knowledge in targeting prevention, improving treatment, enhancing quality of life and ultimately, to find a cure.
- **Advocacy and Awareness:**  
Although MS impacts people differently, there are common, fundamental issues for people affected by the disease. We are steadfastly committed to giving these people a voice and remain willing and able to work with government and the Australian society to champion issues in a dynamic policy environment to bring about change to the lives of people living with this disease.
- **Communication and Information:**  
Utilising traditional, contemporary and innovative channels to source information and share it with people with MS, our member organisations and our key stakeholders.
- **Support for our member organisations:**  
As MS specialists providing and facilitating high quality services that span the life-time needs of people affected by MS and other degenerative neurological conditions, their families and carers – from the point of early symptoms and pre-diagnosis, that addresses their changing needs.
- **International Collaboration:**  
Representing the MS cause and promoting collaboration with our domestic and international partners.

## Introduction

MS Australia is pleased to make a submission to the Australian Government's Review of the Welfare System Interim Report, *A New System for Better Employment and Social Services*.

The focus of the comments, suggestions and recommendations provided in this submission is on key areas that will impact on people affected by MS.

The submission is set out in accordance with the template for submissions provided on the Department of Social Security website. In addition, some background material is provided below regarding multiple sclerosis to provide some context for the responses provided in the submission.

## Background

Multiple Sclerosis (MS) is a disease of the central nervous system. There are currently more than 23,000 people living with MS across the country with an additional 1000 diagnoses every year. It is the most common chronic neurological condition affecting young adults. The average age of diagnosis is between 20 and 40, and 75% of people diagnosed are women.

MS can be a particularly debilitating disease with an unpredictable disease course that affects people in different ways. Symptoms can include severe pain, walking difficulties, debilitating fatigue, partial blindness or thinking and memory problems. For some people MS is a disease of differing severity with periods of unpredictable relapse and remission. For others it is a progressive decline over time. For all, it is life changing.

Confirming an MS diagnosis can be difficult. There is no laboratory test, symptom, or physical finding which, when present or positive, always means a person has MS. In addition, some of the symptoms of MS could also be caused by other diseases, therefore a diagnosis of MS must be made through a careful process which usually commences with a visit to a GP, and is often followed by visits with a neurologist and other health professionals. There is no known cure.

An Economic Impact study of MS conducted by A. Palmer in 2011 stated that, "*the typical course of MS is initially relapsing-remitting, with symptoms partially or completely disappearing during remissions. However, after approximately 10 years, the majority of people enter a secondary progressive phase and disability gradually accumulates. For a smaller group, the disease course is primary progressive, with ongoing worsening of the initial presentation. Many of these people with MS develop other chronic conditions in the course of the disease.*"<sup>1</sup>

MS Australia is pleased to have an opportunity to comment on the draft McClure Review report. We particularly welcome the focus on better employment and social outcomes. We are also encouraged by the inclusion of early intervention as a key component. The unpredictable nature and limitations of MS can be mitigated if people are able to access holistic support early, to limit the impact of the disease and to continue to live life to the fullest. MS Australia believes this is pivotal to the implementation of any welfare reform.

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<sup>1</sup> Palmer A., *Economic Impact of MS in 2010 Australian MS Longitudinal Study*, September 2011, page 7.

## **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?

#### **MS Australia response:**

MSA welcomes the suggestion of a simpler income support system provided the mechanisms currently in place are enhanced by any new architecture, not diminished.

Multiple Sclerosis is a complex disease, no two cases of MS are the same and the progress of the disease is unpredictable. As such, MS Australia is supportive of a welfare system that is flexible and that adapts to the needs of people with MS.

Work in the form of paid employment, volunteering, or vocational activity, contributes significantly to an individual's identity and their ability to participate socially, achieve and maintain independence, and to contribute economically to society. As with the broader society, people with MS who are able to work, wish to do so.

However in some cases as people's symptoms progress, maintaining employment in line with the status-quo becomes increasingly difficult and people with MS may seek to adopt flexible working conditions or part-time arrangements with their employer. Consistent with this change, there may be a need to engage with the welfare system for support to manage this transition.

A review of the operational framework outlined in the report would suggest the tiered working age payment would assist people with MS in this regard and MS Australia is supportive of this, provided early intervention principles are at the forefront of this support and people are able to access benefits that will protect them from the unpredictable nature of MS.

People with MS who are able to put in place supports before their disease progresses have the ability to maintain employment longer, to maintain social relationships and continue lifestyle patterns like exercise.

While these elements may not seem particularly significant, together they give a person with MS the purpose, focus, independence and drive to contribute to maintaining a high quality of life and staying on top of their symptoms. More broadly, it can also result in reduced requirement for medical assistance, meaning less strain on valuable health and disability resources, a lower cost for at home modifications and support, and prolonged employment, which helps to reduce economic impact, both on the individual and society.

MS Australia also places high importance on the continued provision of the Disability Support Pension (DSP) to people with MS no longer able to maintain employment. The unpredictable and harsh nature of MS means that many people living with the condition cannot maintain significant employment. We know that already up to 80% of people with MS are unable to maintain employment beyond 10 years of diagnosis. Treatments and medications and innovative employment policies are assisting in extending this period but it is a tough reality facing people with the condition.

Where MS Australia is concerned with the 'simpler architecture' is its application. In the last few weeks many members of the MS community have written to MS Australia directly to voice their concerns that their supports, which they rely upon, will be removed in favour of a more flexible system.

MS Australia strongly believes that no person currently receiving welfare benefits should be worse off under the new reforms.

Furthermore we strongly object to any retrospective application of the simpler architecture that includes reassessment of people with MS.

As we have outlined an MS diagnosis is a long and complicated process and it requires specialist opinions. We believe once a person has received a diagnosis of MS and it has been determined they are unable to work and hence qualify for the DSP, that it is paramount this support is protected and maintained at the same standard.

In May 2014, MS Australia wrote to Prime Minister Abbott, the Minister for Social Services and every Member of Parliament seeking an exemption for people with MS from periodic assessment of their capacity to work.

MS Australia believes that a process of periodic reassessment would add considerable stress to people with MS which could in turn exacerbate certain MS symptoms.

As such, although MS Australia believes the introduction of a tiered working payment can help bridge the gap and ease the transition from full time employment to welfare assistance for people with MS, much more work is needed to clarify the operational framework and application of the new 'simpler architecture'.

MS Australia would appreciate an ongoing dialogue with Government, industry leaders and the business community in this regard to ensure that no person with MS currently accessing welfare support is worse off under the new tiered system.

## **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?

### **MS Australia response:**

MSA supports the intention to review the rates of payment for different groups and agrees that age, capacity to work, family status, and living arrangements should all be taken into account.

MSA agrees, with the stated position in the Report, “that single allowance recipients with disability and a partial capacity to work may face reduced prospects of finding work, are not expected to work full-time and may not be able to earn enough to leave income support even if they fully meet participation requirements. As a result, they are more likely to rely on income support over the longer-term.”

MS Australia would support consideration of a higher rate being applied to this group. These circumstances closely align with the prognosis for a person with MS currently in receipt of the DSP. As outlined, the unpredictable and changing nature of MS places moving obstacles in front of people with MS trying their hardest to work and maintain employment.

In relation to ‘capacity to work’, MS Australia does not support retrospective assessments of people with MS currently accessing the welfare system. Instead we believe people with MS, already diagnosed and accessing supports should be exempt from further mandatory reassessment unless they voluntarily pursue one.

There is merit in a tiered system that embraces early intervention to assist people with chronic conditions such as MS to transition gradually out of the workforce in-line with their choice.

MS Australia would welcome the opportunity to work directly with the Government to determine guidelines and clearly defined information for MS that will assist with the initial assessment of newly diagnosed people with MS or people accessing supports for the first time.

By following principles of early intervention there is a greater chance people with MS will be able to access supports that will enable them to stay in the workplace for longer, easing the economic burden of the condition on the rest of the community and providing these people with MS with purpose, enjoyment and social inclusion.

## **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?

**MS Australia response:**

MS Australia suggests that the approach to adjusting payments to ensure costs of living and community living standards are maintained and, as previous reviews have recommended, the automatic indexation of pensions and a two-part approach of benchmarking and indexation should continue. It is vital to continue to provide a safety net for well-being and financial security in a new system for better employment and social outcomes.

Overall payments should be based on need, no group should be worse off and any participation requirements must be reasonable and relevant, supported by opportunities for appropriate employment.

MSA also suggest a whole of Government approach is needed as strong infrastructure is imperative for systems to adequately function.

Strong coordination and shared objectives between Employment, Disability, Health, Education and Housing Portfolios need to be clearly identified to provide support for the Welfare system to achieve better employment and social outcomes.

The multiple support systems the Welfare system interacts with need to be taken into account when referencing adjusting payments to each individual and there individual circumstances.

**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?

**MS Australia response:**

The majority of people with MS are diagnosed between the ages of 25 and 40. However diagnosis later in life or as a child or adolescent also occurs.

MS Australia would view any case of paediatric MS, as 'circumstances under which families should receive assistance for dependent young people' and would welcome the opportunity to work with Government to determine guidelines for access to such supports for families.

Additionally, we would also greatly encourage continuation of supports for young carers of people with MS. The member organisations of MS Australia work with some clients who, due to their MS, can no longer work. The result may be that their partner or spouse works to provide an income and in some cases the carer responsibilities are fulfilled by their children.

MS Australia would view any situation such as this as suitable for welfare support as caring requirements may limit the ability of young people, particularly adolescents, to complete their education or find part time or casual work.

Overall MS Australia supports the notion that 'a clearer policy framework should be developed for when children and young people can access income support in their own right. This needs to ensure sufficient incentives for education and transition to work.'

MS Australia would encourage this policy framework to follow principles of early intervention so that a whole of life, person centred approach that accounts for changing needs can be developed.

### **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?

### **MS Australia response:**

MS Australia suggests that a review of Rent Assistance should include consideration of the diversity of the MS disease progress and the impact on required levels of assistance to provide as much choice as possible.

MSA is also keen to ensure targeted mechanisms exist to keep young people with MS out of nursing homes, preferably living independently or if this is not possible in age appropriate accommodation.

Furthermore at this time of review, working with the Housing sector is essential to ensure continued availability of appropriate housing stock. In a supported system, an increased level of rent assistance could be provided and an incentive based scheme could be considered to provide necessary housing stock in targeted areas.

### **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?

### **MS Australia Response:**

MS Australia agrees in principle with the simplification of taxation and income tax arrangements, although, as stated earlier, no person should be disadvantaged in transitioning to a new system. All people want the confidence of knowing that, as their ability to work diminishes, there are appropriate mechanisms in place including financial support.

MS Australia would encourage incentives to be considered, similar to those applied to engage older workers in the workforce. This is a valuable tool to engage the community regarding employment and specifically the retention of people living with a disability.

With people being encouraged to work longer the incidence of people working with chronic illness will increase. Keeping people employed requires a collaborative approach including legislative reform, employer sector engagement, improvements to labour market programs and better data on employment trends.



## **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.

### **Early intervention**

**Page 85 to 88** of the Interim Report considers risk 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?

### **MS Australia Response:**

A discussion paper produced this year by the National Services Leadership Group of MS Australia stresses the importance of early intervention as a vital support mechanism for people affected by MS.

The paper outlines that the impact of the disease on individuals, their families and the community, can undermine the resilience that is needed for people to remain purposeful and in control of their lives. The characteristics of the disease can threaten the sustainability of employment, friendships, social interactions and partnerships and many relationships fail; thus causing further isolation, depression and an increased reliance on social services.

Following diagnosis, identification and understanding of disease progress will allow people with MS to access appropriate and early supports that will be responsive to their specific needs. This will enable people to continue to live life to the fullest, to sustain employment, maintain mobility and socialising with family and friends.

Whilst these individual elements may not seem significant, their synergy can give a person with MS the purpose, focus, independence and drive to maintain a high quality of life and improved symptom management. This in turn can result in the broader gains of reduced impact on the health system, a lower cost for at home modifications and support, and prolonged employment, which helps to reduce the economic burden of MS.

### **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

**MS Australia Response:**

A Research study, conducted in 2012, provided a comprehensive Needs Analysis for people living with MS in Australia (2). This report identified that approximately three quarters of participants had experienced depression and anxiety in relationship to their MS. Irrespective of the disease course, people with MS have been shown to be at an elevated risk for severe depression when compared with the general population. Overall the report identified a large unmet need for more psychological services for people with MS as well as their carers and children. About two thirds of participants indicated that they required counselling services, but many of the participants indicated that such services were either not available or only sometimes available.

The findings of the Needs Analysis suggest that there is a need for more variety of peer support and psychological support to meet different needs. Incentives to expand peer support networks would be valuable as would opportunities to include psychological support/counselling to people living with chronic disease.

Publicising signature programs that are supported by both peak bodies and people with a disability, for example, in local communities would establish confidence in programs by those directly affected.

**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?

**MS Australia Response:**

Evaluation of outcomes should be multi-faceted, conducted at the levels of service provider, employer, health sector and also at the “client” level to determine effectiveness for those directly impacted.

It may also be possible to tap into peak body evaluations and studies such as the Australian MS longitudinal study managed by MS Research Australia from which the Needs Analysis (2) was drawn.

Independent, expert driven reviews and reports may be necessary during the implementation of the new scheme, as has been commissioned for the continued rollout of the National Disability Scheme, assessing the performance and operational effectiveness of various trial sites.

<sup>2</sup> McCabe, M., Ebacioni, K., Simmons, R., McDonald, E., Melton, L. *A Needs Analysis of Australians living with MS, November 2012.*

### **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?

#### **MS Australia Response:**

MS Australia agrees with the interim report where it states:

*“Progressive businesses recognise the importance of meeting social responsibilities through a diversified workforce. They understand that it is good for a company’s reputation and brand, enhances recruitment of talented staff and makes a difference in the communities where the company operates.”*

Moreover, demonstrating a responsible, sensitive and productive approach to a person with MS, as well people with other medical conditions, in the workplace can help to create and maintain a positive image of organisations in the eyes of both employees and clients.

Keeping people affected by MS engaged in work requires a collaborative approach including legislative reform, employer sector engagement, improvements to labour market programs and better data on employment trends. Government, employers, unions and the health and disability sectors need to work together to improve workforce participation rates.

The setting of targets and reporting of outcomes for any employment generation scheme will be important. As will incentives for employers to embrace a diversified workforce.

The provision of targeted government incentives to employ people with a disability (as currently occurs with new employees over the age of 55), should be considered, especially to encourage employers to create part time, flexible jobs and job sharing arrangements.

All levels of government should be required to develop signature projects, together with targeted quotas with the possible inclusion of incentives that showcase employment practices and systems to demonstrate the benefits of employing and retaining employees with chronic illnesses such as MS.

Overall it is also evident that there is a lack of understanding about the current capacity of people with MS and more broadly with a disability have to work. Educational materials or awareness campaigns for employers could also assist in promoting diversity policies or the creation of new jobs and positions for people with a disability.

## **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?

### **MS Australia Response:**

People diagnosed with MS through advances in treatments and medications, are able to stay in the workforce for longer. However in some occupational fields, MS symptoms can pose barriers to productivity and even safety.

Programs that assist people with MS to transition into part time/flexible work or to assist them to re-skill in areas that are more suitable to their changed circumstances would be extremely beneficial.

Working with organisations to promote the development and dissemination of policies and procedures to assist during such situations will lead to several positive outcomes and case studies.

Employer attitudinal training should also be considered as part of this Review together with incentives to assist organisations adopt a proactive Diversity Policy.

### **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?

### **MS Australia Response:**

Whilst some people with MS do not experience chronic debilitating symptoms that impact on their ability to work, many do. A study of the Australian cohort of people with MS reported that disease related factors and difficultly managing symptoms in the workplace contributed to loss of employment more than work related factors such as discrimination and being asked to leave, a finding consistent with international studies.

Advances in the management of MS have diminished this issue but it remains that relapses can lead to unpredictable time off work, creating difficulties in the workplace.

Upon returning to work, invisible symptoms such as fatigue, anxiety and concerns about cognitive ability and continence may be dominant.

The inclusion of a program of employer support that will facilitate a range of practical strategies to support people with MS to effectively manage their symptoms in an employed environment would be welcomed. This would enable the person with MS to continue to make a significant contribution to employers and workplaces which in turn assists their daily well-being, confidence, and quality of life while assisting in reducing the economic burden of MS on the community.

All levels of government should be required to develop signature projects, together with targeted quotas with the possible inclusion of incentives that showcase employment practices and systems to demonstrate the benefits of employing and retaining employees with chronic illnesses such as MS.

## **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 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?

### **MS Australia Response:**

Government can be at the centre of driving forward a number of initiatives in the welfare sector. Governments have the ability to collaborate and coordinate policies and discussions across the community, engaging a number of various sectors including interest groups, industry leaders and experts.

This level of consultation is appropriate in developing the finer details of the scheme. MS Australia would encourage the exploration of policy round tables to work through the direct impact of the welfare system changes.

MS Australia as the national peak body representing our state member organisations would welcome any opportunity to work collaboratively with Government to raise awareness of and cater to the needs of people with MS in the welfare system.

As previously mentioned, Government incentive programs can be utilised to help encourage community based employers to embrace a diversified workforce and to have necessary policies in place to assist people with a disability maintain employment.

### **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?

### **MS Australia Response:**

Local Businesses are an integral part of the employment matrix, both in terms of direct employment and contributing to the growth of community capacity. In return, these businesses rely on the community for their success. This symbiotic relationship may provide some options for improved employment outcomes.

Consistent with previously mentioned initiatives, mutually agreed targets can be set to employ more people with a disability, provide part time, flexible jobs and job sharing

arrangements. This can be widely publicised including reporting on outcomes, creating an enhanced profile for the business.

### **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?

### **MS Australia Response:**

Any reform to the welfare system is an opportunity to ensure local communities are well informed about the contribution made by people with a disability to society.

MSA suggests exploring mechanisms that “normalise” people with disabilities living in local communities. Multi-faceted awareness campaigns that may include public speaking opportunities will help to improve people’s understandings of living with a disability and help promote empathy towards the issues facing people with a chronic condition like MS.

Having an educated and empathetic local community can make the world of difference to people living with a chronic illness and can also help promote better practices in the workplace and social settings. It will also help to keep key issues for people with a disability at the forefront of the minds of other members of the community.