Policy Document

Unemployment and Health

Position Statement

AMSA believes that:

1. Meaningful employment is strongly protective of physical and mental health;
2. Unemployment is a risk factor for physical and mental illness;
3. Physical and mental illness are risk factors for unemployment;
4. People who are unemployed should be supported to maintain their physical and mental health, and to re-enter the workforce;
5. Unemployment supports should be sufficient for people to live a healthy and fulfilling life;
6. Increasing casualisation of the workforce is compromising physical and mental health
7. Vulnerable populations that face a higher level of unemployment should be offered extra support, particularly as they are already at high risk of poor mental and physical health.

Policy

AMSA calls upon:

1. The Commonwealth Government of Australia to:
    a. Reduce reliance on casual and insecure work, by:
        i. Reporting data on meaningful work and insecure work, not merely unemployment, such as through the census;
        ii. Creating more extensive initiatives to address underutilisation, meaningful work and insecure work in the labour market;
        iii. Investing in initiatives to create permanent, stable and meaningful jobs;
        iv. Reconsidering the statutory definition of casual work;
        v. Reducing barriers for converting from casual to permanent employment;
    b. Improve health outcomes for all unemployed people, by:
        i. Permanently raising the JobSeeker, AusStudy and Youth Allowance payments to above the poverty line;
        ii. Generalising a 'Housing First' approach that sees permanent housing as a fundamental need, rather than a contingent one;
        iii. Providing free access to a broader range of preventative medicine programs for those who are unemployed, such as influenza vaccinations;
        iv. Ensuring there is no gap in health literacy between those who are employed and unemployed;
        v. Committing to maintain the benefits of the low-income healthcare card;
            1. Investigate the feasibility of subsidies or reimbursements for transport and parking costs incurred while seeking medical care;
        vi. Ceasing planned or ongoing trials into the cashless debit card and drug testing of welfare recipients;

AUSTRALIAN MEDICAL STUDENTS' ASSOCIATION

Head Office
42 Macquarie Street,
Barton ACT 2600

Postal Address
PO Box 6099
Kingston ACT 2604

ABN 67 079 544 513

Email info@amsa.org.au
Web www.amsa.org.au
Twitter @yourAMSA

c. Improve employment prospects and health outcomes for groups at high-risk of unemployment, including
    i. Aboriginal and Torres Strait Islander people, by:
        1. Funding measures and/or initiatives to ensure Aboriginal and Torres Strait Islander peoples employment outcomes achieve or exceed targets outlined by the National Agreement on Closing the Gap Strategy 2020;
        2. Extending support for improving year 12 completion rates for Aboriginal and Torres Strait Islander peoples;
        3. Extend support for employment services targeting Indigenous Australians with a Certificate II or lower education qualification;
        4. Funding additional research into the factors that contribute to unemployment, particularly in high-risk areas such as remote Aboriginal and Torres Strait Islander communities, beyond education
    ii. Individuals with disabilities, by;
        1. Developing new initiatives and programs to support at-home duties for individuals with disabilities;
        2. Strengthen inclusion and anti-discrimination measures to maximise workforce participation;
        3. Continue to improve and streamline processes to access welfare supports;
    iii. Refugees, by
        1. Introducing employment supports equivalent to JobSeeker for refugees who have arrived in Australia in the last 24 months;
        2. Developing and streamlining processes to recognise and certify qualifications and skills acquired overseas;
    iv. Culturally and linguistically diverse groups, by
        1. Ensuring employment service providers offer help in languages other than English;
        2. Supporting people with English as a second language to learn and strengthen their English skills, if desired;
    v. People living in regional Australia, by
        1. Increasing investment in employment service providers and education opportunities outside major cities;
        2. Incentivizing business to invest and expand to regional and remote areas;
    vi. People identifying as LGBTQI+, by
        1. Strengthening workplace antidiscrimination measures;
        2. Ensuring employment support agencies are inclusive of and welcoming towards people of diverse genders and sexualities;
        3. Conduct further research into employment prospects for members of the LGBTQI+ community;
d. Improve measures to help people re-enter the workforce, by
    i. Funding research for trials to identify the most effective strategies of helping people re-enter the workforce
    ii. Increasing regulation of employment service providers, with an independent government body to oversee their performance;
        1. Provide safe channels for reporting malpractice of employment service providers;
        2. Re-evaluate government support for any employment service provider that receives consistently poor star ratings;
        3. Provide increased incentives for outcome achievements in stream C (those who face significant barriers to employment);

4. Consider future plans for the de-privatization of employment services.
5. Consider future plans for removal of mutual obligations;

e. Reinvest the financial savings resulting from digitising employment service providers towards improving services elsewhere.

2. The Australian State and Territory Governments to:
    a. Pursue initiatives that create jobs, including
        i. Increasing investment in social housing;
        ii. Improving and increasing practical supports for jobseekers, beyond those offered by private employment service providers;
    b. Generalising a 'Housing First' approach that sees permanent housing as a fundamental need, rather than a contingent one;
    c. Institute government-subsidised school-based programs to tackle food insecurity;
    d. Extend support for improving year 12 completion rates for Aboriginal and Torres Strait Islander peoples.

3. Australian Healthcare Professionals to:
    a. Recognise unemployment, underemployment and insecure work as risk factors for physical and mental ill-health;
        i. Optimise preventative healthcare for people who are unemployed or at high risk of unemployment;
    b. Offer and/or communicate the availability of bulk-billed medical services for people who are unemployed or on a low-income;
    c. Ensure equal access to care is available for people who are unemployed, underemployed or at risk of unemployment;
    d. Prioritise early identification of and intervention for mental illness for people who are unemployed, underemployed or in insecure work:
        i. Ensure people who are unemployed, or at high-risk for unemployment, are aware of the accessibility of the mental health care plan.

4. Australian Medical schools to:
    a. Improve and increase teaching surrounding the social determinants of health;
    b. Include information in the medical school syllabus on barriers to employment faced by unemployed people;
    c. Incorporate a greater focus on the health consequences of unemployment, underemployment and insecure work into curricula;
    d. Provide a greater focus on the role of medical students and doctors in improving population health literacy;
    e. Further education on Medicare, the Pharmaceutical Benefits Scheme and healthcare concession cards.

5. Health and Research Institutions to:
    a. Undertake further research into the health effects of unemployment, underemployment and insecure work;
    b. Commence research programs into evaluating the most effective strategies to help people re-enter the workforce;
    c. Trial and evaluate approaches to supporting and improving the health and well-being of people who are unemployed, underemployed or subject to insecure work.

6. Private employers to:
    a. Align employee and employer values to create meaningful work environments;
    b. Provide access to paid sick, annual and carers' leave to all people with fixed, on-going, predictable schedules;

c. Ensure stable and predictable hours and pay;
d. Reduce reliance on fixed-term contracts and instead offer permanent full-time positions;
e. When making employees redundant, offer greater physical and mental health support and future employment opportunities.

7. Employment Service Providers to:
    a. Reform employment initiatives to be more accessible and relevant to groups at high-risk of unemployment;
    b. Dedicate greater employment support resources to regional Australia;
    c. Provide information on bulk-billing medical practices in the area;
    d. Integrate education about accessing mental health care with Job Plans
    e. When there are ambiguous situations regarding meeting of mutual obligations, give clients the benefit-of-the doubt;
    f. Increase the time allowed for clients explain non-fulfillment of mutual obligations from the current 48 hours to 7 days.

Background

Introduction

Work and Health: A Global Perspective

"Work is an organized human activity leading to the creation of products and services needed by the society, [and] to the acquisition of funds needed for development and improvement of living standards" [1]. Work contributes to social identity, a sense of purpose, and financial security, making it an integral part of human life [2].

Definitions

Unemployment refers to any individual 15 years or over who is actively seeking work, is currently available for work, and is not employed for one or more hours per week [3]. Underemployment refers to workers who are part-time and wish to work more hours; or are full-time but worked fewer hours in the time period where data were captured, due to insufficient work being available or due to being stood down [4]. Insecure work is defined as "uncertainty over the length of a job" [5]. This is characterised by inferior job entitlements: limited or no access to paid leave; irregular or unpredictable working hours; working hours that are too long or too few; and unpredictable pay.

Meaningful Employment

Work that is meaningful - that which provides personal value and contributing to a greater good [6] - yields benefits to both employee health and employer success. Working in meaningful jobs is associated with lower rates of burnout, low self-esteem, depression and anxiety for employees [6]. Meaningful employment has been portrayed as a middle-class pursuit. Yet, ensuring meaningful employment should not be a luxury, especially when it allows for more secure employment. Job dissatisfaction has been associated with underemployment in those with part-time [7] and full-time work [8]. Meaningful work translates to improved job retention, leading to more secure employment [9]. Viewing meaningful work as inaccessible for those in lower socioeconomic standings denies these groups the chance of a secure and satisfying career. For instance, people from refugee backgrounds are typically overrepresented in underemployment data due to their struggle to find meaningful and secure work [10].

Employment in Australia

The Current Picture

Australia's unemployment rate stands at 5.8% in March 2021. The nation has persistently failed to reach 'full employment' – the lowest rate of unemployment that can be sustained with stable inflation – estimated by the Reserve Bank of Australia (RBA) to be at 4.5% [11]. The underemployment rate stands at 8.5% in December 2020, resulting in an underutilisation rate - the sum of under- and unemployment - of 15.1% [3], the highest it has been in the last two decades.

An ever-growing proportion of people have jobs that are insecure. While 12.9 million Australians are employed [3], less than half are in permanent full-time jobs with leave entitlements [12]. Part-time employment made up 32.3% of the workforce in 2020, compared to 11.3% of the workforce in 1997 [3, 14].

Reasons for the rise in insecure work include a shift to a service-oriented economy; with 80% of the economy employed in jobs like health, tourism, education and hospitality [13]; a preponderance of short-term contracts, rather than secured as a fixed, permanent position [5]; a decline in trade union membership and thus influence [16]; and a mismatch of worker supply and demand, meaning employers can increasingly offer lower-quality jobs [12].

Groups at High Risk of Unemployment

Groups that are susceptible to employment instability include Aboriginal and Torres Strait Islander people; Culturally and Linguistically Diverse (CALD) groups, including refugees; people with a disability; people living in regional, rural and remote Australia; and people who identify as LGBTQI+ [17]. Discrimination in employment is common, affecting 12% of Aboriginal and Torres Strait Islander people, 21% of people from CALD backgrounds, 41% of those with a disability [17], and 33.5% of those who identify as LGBTQI+ (ii).

Aboriginal and Torres Strait Islander Populations

In 2016, Aboriginal and Torres Strait Islander people aged 15–64 were nearly twice as likely as non-Indigenous Australians to be unemployed [18], highlighting that Closing the Gap targets to halve disparities in unemployment between 2008-2018 were not met [19, 20]. There are many contributors to this disparity in employment, including education, employment and training opportunities, and discrimination. The employment gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians narrows as education levels increase [18]. In 2016, there was effectively no gap in employment between Indigenous and non-Indigenous Australians with a bachelor's degree or above. However, among those with a Certificate Level I or II qualification, there was a gap of 17 percentage points—employment rates of 32% and 49% respectively [18]. High school completion improves employment rates for Aboriginal and Torres Strait Islander peoples between 1.5 and threefold, depending on gender and remoteness locations [21]. Aboriginal and Torres Strait Islander peoples are also far more likely than non-Indigenous Australians to live in regional and remote Australia, where both training and employment opportunities are more sparse [22].

These barriers to stable employment contribute to the health and economic inequities faced by Aboriginal and Torres Strait Islander peoples. This is a significant driver in their higher burden of disease, including higher rates of mental illness, substance use disorders, suicide, cardiovascular disease, cancer and respiratory disease [23].

Culturally and Linguistically Diverse Groups

CALD populations include people born overseas, have a parent born overseas or speak a variety of languages, and are defined by the ABS by country of birth, language spoken at home, English proficiency, parents' country of birth and religious

affiliation, and other characteristics including year of arrival in Australia [8, 24]. 45% of Australians are CALD [25].

Refugees face up to 71% unemployment rate six months after their arrival [26], which only falls to 43% 18 months after arrival [26]. Overseas qualifications and experience are often not recognised, and a study found that up to 49.3% of refugees in their sample were employed in occupations below their skill level [27]. Discrimination against migrants and refugees is common [28].

Higher unemployment may affect healthcare accessibility for CALD groups [29] and contribute to a higher prevalence of health issues. Disparities in health for migrant groups often take years to surface – known as the 'healthy migrant effect' [29] - but this effect can disappear, with migrants from non-English speaking countries having more mental health issues and lower self-assessed health than Australian-born individuals after 10 years in the country [30].

People with Disability

People with disabilities are defined as individuals having at least one limitation, restriction or impairment, which has lasted, or is likely to last, for at least 6 months, and restricts everyday activities [31]. These individuals are more likely to experience unemployment and are more vulnerable to its physical and mental harms.
In 2018, unemployment amongst people with a disability was significantly higher (10%) than those without disability (4.6%) [32], and increased from 8% to 10% between 2003-2018. In one sample, 22% of working-age people with disability were unemployed for at least one year, compared to only 14% of those without disability [17]. Furthermore, 26% of unemployed working-age people with disability have home duties or caring for others as their main activity after becoming unemployed [17], highlighting the need to focus support on home-caring duties amongst disabled individuals.

Unemployment is a contributor to the increased health burden faced by people with a disability. Some 32% of adults with disability, compared with 8% of those without disability, experience high or very high psychological distress; and just 24% report very good or excellent health, compared to 65% of adults without disability [33].
People Identifying as LGBTQI+

There are additional barriers to employment for members of the LGBTI+ community. Same-sex couples have higher participation and employment rates than the general Australian population [34]. Data on transgender people is sparse, but there are reports they have lower employment rates and disproportionate representation in crisis housing centres [35]. Discrimination remains a pressing issue [36], including verbal abuse and physical violence [37].

Members of the LGBTQI+ community are more likely to suffer consequences of a loss of employment, including homelessness - and are less likely to gain support from people outside their household or have family and friends living outside their household to seek help than heterosexual individuals [36].

Rural, Regional, and Remote Australia

Employment opportunities are more scarce outside major cities. The highest rate of unemployment for the working-age population (15-64) years in outer regional areas at 6.8% in 2018 compared to Inner regional areas in 2013 at 6.1% [3]. For people aged 15-24 the highest unemployment rate was in outer regional areas (15.8%) compared to 2013 where it was in remote and very remote areas (11.7%) [3].
The shortage of education and employment opportunities in rural and remote Australia has been implicated as contributing to the greater disease burden in these areas, including higher rates of smoking, overweight and obesity; lower levels of

physical activity, and higher rates of a range of outcomes from non-communicable diseases to mental illness and domestic violence [38].

Health Effects of Unemployment

Risk Factors for Increased Health Burden Posed by Unemployment

Housing

The loss of employment can precipitate homelessness [39, 40]. Homelessness poses a barrier to stable employment through a range of factors, from exposure to violence and victimisation, to an increased risk of substance abuse. Insecure housing can also exacerbate the health impacts associated with unemployment.

The cost to the health system of those that experience homelessness is significant [41]. Meeting basic physical needs such as food, water, and a place to sleep can be the most important day-to-day priority for people experiencing homelessness, and subsequently health needs are often not considered until an emergency arises [42]. Unstable housing situation also impedes medical care, creating barriers to referrals and follow-up care [42], and in turn is prohibitive for employment.

A 'housing first' approach - i.e., that people experiencing homelessness need housing first and foremost, rather than 'getting better' or moving through a range of transitional short-term housing before they have long-term housing - improves outcomes for homelessness [43]. Broadening and generalising a housing first approach in Australia has been proposed as a mechanism to improve the health and employment outcomes of those experiencing homelessness [43].

Food and Nutrition

Food security is crucial to wellbeing and health [44] - especially in preventing non-communicable diseases [45] - and can be exacerbated by disparities in employment. Food insecurity affects 23% of unemployed individuals and 20% of low-income earners [44]. Food takes up 40% of the disposable income of welfare-dependent families, where 33% is already considered economically challenging [46]. Even middle-income families who experience a drop in income (i.e. through job loss) have reported food insecurity due to lack of money [47]. Unemployment is one of the key characteristics which make families more vulnerable to food insecurity [46].

Access to Healthcare

There is a disparity in healthcare access between people with and without employment. The 2016-17 Australian National Patient Experience Survey found unemployed people were 3.6 times more likely than those with employment to not go to the hospital at least once when they needed to [48]. Unemployed people commonly avoid hospital visits due to a dislike or fear of service and due to the cost [48]. Unemployed people currently do not access healthcare enough to meet their needs [49].

Other barriers to healthcare access are less obvious. An increasing number of businesses provide influenza vaccines for their employees, through workplace clinics. For those without access to these clinics and who do not fall into a high-risk category, an influenza vaccination can cost between $10 and $25 [50].

Physical Health Effects of Unemployment

Unemployment has a direct effect on health beyond the effects of socioeconomic status, poverty, risk factors, or prior ill-health [51]. Compared to employed people,

those who are unemployed have higher rates of overall mortality and death due to cardiovascular disease and its risk factors, including high serum cholesterol levels and high blood pressure [3, 52].

As with unemployment, job insecurity causes high levels of stress over time that can render individuals more susceptible to unhealthy behaviours – poor nutrition, smoking, heavy alcohol consumption and a sedentary lifestyle [54]. People reliant on insecure work are more likely to attend work when actively suffering an illness, or when a dependent is acutely in need of care [55]. There are links between job insecurity and a host of outcomes, including lower self-reported health status, increased psychosomatic complaints, and increased rates of cardiovascular disease [53].

Mental Health Effects of Unemployment

Psychiatric symptoms of somatisation, depression, and anxiety are more common in the unemployed than the employed, particularly when efforts to find work are unsuccessful over a long period of time [57].

Psychosocial impacts of unemployment include loss of a sense of identity; lowered self-esteem; marginalisation and alienation from society; reduced social contact and support; loss of networks; and social stigma [51]. Both physical and psychological effects of unemployment lead to increased strain on healthcare providers because of more frequent medical appointments and hospital admissions, as well as greater need for medications [3, 51].

Underemployment and insecure work also carry implications for mental health, associated with feelings of a lack of control over one's future [57], and threats to an individual's sense of self [54]. Day-to-day uncertainty may impair capacity to engage in effective coping mechanisms, like seeking in social support [59]. Job insecurity is linked to depression, anxiety, and emotional exhaustion [5-7], and jeopardises social and financial supports [53].

Societal Effects of Unemployment

Unemployment does not just affect the person without a job. It contributes to an increased likelihood of domestic violence and creates a barrier to victims seeking support or trying to leave the relationship; a higher risk of separation and divorce; unwanted pregnancies, increased perinatal and infant mortality; poorer infant health; and increased health service use [51].

Higher levels of unemployment are associated with increased inequality, which correlates with a host of societal issues: poorer child wellbeing, mental health, life expectancy, infant mortality, high-school completion; higher levels of teenage pregnancy, violent crimes including homicides, and incarceration [59].

Links have been posed between job insecurity and political extremism - arising from stress and loss of identity [58]. Insecure work, and its associated lack of paid sick leave, was proposed as a driver of Victoria's 2020 Coronavirus Outbreak [60].

The Selection Mechanism: How Does Poor Health Influence Employment?

Besides the direct effect of unemployment on health, there is a simultaneous 'health selection' mechanism at play, where those with mental or physical health issues are at higher risk of becoming unemployed, and, once unemployed, have a lower likelihood of re-employment [61].

Employees with poor health conditions face a higher risk of losing their job [58]. Mental problems or physical restrictions might reduce an employee's job performance

or reliability and increase their sick days [61,63]. Poor health also interferes with re-employment [64]. The recent Australian Government Productivity Commission Inquiry Report into Mental Health reported several barriers that poor mental health poses to employment [65]. Mental health conditions can inhibit people's ability to work, both via the affliction itself, as well as its management.

This 'selection' mechanism is modified by numerous factors, including age, education, sex, and marital status, as well as social and labour market policies. Welfare generosity and active labour support systems are correlated with improved odds of re-employment [66]. Selection and causation mechanisms are mutually reinforcing processes that shape people's employment and health trajectories over time. It is therefore important to target policy to address both mechanisms.

Supports for the Unemployed

Supporting unemployed people falls into two main areas:

1. Improving employment to improve health, and;
2. Improving the health of those who are unemployed

<u>Improving employment</u>

Australia's long-term unemployment ratio is ranked 12th out of the 35 countries in the Organisation for Economic Co-operation and Development [67]. The OECD also reports that Australia spends less than the average on employment services [68].

Three programs aim to help unemployed Australians back into a job: JobActive, for most unemployed people; Parents Next, targeted at parents, particularly single mothers; and Disability Employment Services, for people with a disability [69].

Australia's efforts to move those on welfare into the labour market is a system based on mutual obligations – to receive payments, unemployed people must undertake certain tasks [66]. These differ based on which program people are in.

JobActive

To receive welfare payments, individuals in the JobActive program are required to undertake a Job Plan. This includes one or more of the following:

- Attend appointments with an employment service provider;
- Complete job searches, including looking for work and applying for jobs;
- Doing Work for the Dole;
- Other approved activities such as study, training, paid or voluntary work [70].

Failure to meet these requirements may result in demerits, financial penalties, and suspension of payments [67]. Currently, individuals who have failed to uphold mutual obligations have 48 hours to discuss the situation with their consultant (e.g. why they missed an appointment) until they receive demerits/payment suspension [71].

Parents Next

Parents-next is targeted at individuals receiving parents' payments. This program is specifically intended to:

1. Break the cycle of intergenerational welfare dependency
2. Increase female labour force participation
3. Help Close the Gap in indigenous employment [72]

It too has mutual obligations for people selected for it. These include:

- Attend initial and three-monthly appointments
- Negotiate and agree to a participation plan

- Participate in and report on having done activities they agreed to do [72]

Participation plans which may include required work hours, meetings with ParentsNext providers and possibly compulsory activities for their children [73]. Similar to the JobActive system, failure to comply with the participation plan could result in monetary punishments and demerits. Mandatory participation is required for parents in certain areas who satisfy all relevant criteria [72].

Disability Employment Services (DES)

The last program aimed at improving employability is Disability Employment Services. The DES aims to help individuals with disability, illness or injury find and keep a job [70]. It also requires its participants to meet mutual obligations, including a Job Plan, as discussed above.

Criticisms

There are widespread criticisms of each of the unemployment programs.

Privatisation

Mutual obligations are undertaken in consultation with private employment service providers (ESPs). These companies receive government payments according to the number of booked interviews and the number of jobs they assist people to get [75]. Consequently, many attempt to maximise profits by finding multiple insufficient jobs for one individual, or by finding short-term work that will soon leave the individual unemployed [76]. Notably, ESPs receive 'star ratings' in an attempt to reflect their efficacy.

There are minimal incentives for ESPs to find work for those with barriers to employment. Individuals on welfare are assigned as Stream A, B or C, based on how difficult finding a job is likely to be [75, 76]. Stream A individuals have mostly been unemployed for a minimal period and face few barriers to employment. People in Stream C are those who face significant barriers to employment e.g. addiction, homelessness, abuse. Because of the rewards-based system, service providers have been accused of focusing on those who are more 'job-ready' (Stream A) and neglecting those in Stream C [74-76].

As a response to this criticism, the Australian government has planned to move the most job-ready individuals on to a government-run digital program – the New Employment Service Model (NESM), the Targeted Compliance Framework, and the Digital Dashboard. Moving those who are the most job-ready to online programs would allow in-person services to orientate their efforts onto those with complex cases [79]. However, the outcome-based reward system has largely stayed the same.

As people in stream A provide the majority of income for ESPs, the providers will now have less money to support and invest in those in streams B and C. This restructure, according to the budget state papers, is "estimated to result in savings of $1.4 [billion] over four years" [80]. This comes at a time where the number of job seekers has doubled.

Concerns have also been highlighted regarding the digital program itself. Service providers have warned that many vulnerable job seekers have been wrongly referred to the platform; as such, the Australian Unemployed Workers Union (AUWU) has warned people are being left without support [78].

The move away from in-person services has led to significant issues. The Robodebt scheme issued automated and frequently incorrect debt notices to nearly 470,000 Australians and has been implicated in a spate of suicides [81].

Privatisation leaves ParentsNext with similar issues. Employment services providers are paid $600 for each recipient they take on [82]. There have been reports that employees have been pressured to keep vulnerable clients in the program in order to gain the service fee given keeping participants in the program [73]. Other reports claim employees have been pressured to omit information to clients that would exempt the individuals from program participation [82]. Vulnerable parents are at risk of payment suspensions as well; a senate report stated that "it is estimated that one in five participants in ParentsNext have been subject to a payment suspension since the introduction of the [Targeted compliance framework]" [83].

Poor efficacy

Research has disputed the efficacy of mutual obligations in finding work. In the 12 months preceding March 2018, 21% of participants who gained a job had become unemployed again, and 16% had left the labour force entirely [69]. For all individuals who exited or remained in the JobActive program in the same period, 34% were unemployed and 17% had left the labour force [69].

The DES's efficacy is even lower than JobActive: in 2017–18, after three-months involved in the program, only 32% of participants were in employment [69]. Reports have questioned whether the DES workforce may not have the required skills to fully meet the needs of the populations they serve [83]. Ultimately, many have called for greater consideration of chronic condition self-management support, education and training as core required skills for the DES workforce; greater integration of their practice with other healthcare providers; and further involvement and inclusion of chronic mental health problems [83].

Improving Health in Unemployment

<u>Income</u>

Australians who are unemployed are eligible for welfare support payments. This includes the JobSeeker payment, for those who are looking for work full-time, and AusStudy and Youth Allowance for people who are studying, among others. The JobSeeker payment offers $570.80 per fortnight, with a legislated increase to $620.80 per fortnight to occur in April 2021 [84]. The JobSeeker payment was, in early 2021, 30% below the poverty line, which has been estimated at $816 per fortnight [85]. While in 1990, unemployment support was 23% of average full-time earnings, the current level – which has not increased in real terms in 25 years – is now just 17% of average full-time wage [86]. Payments to students are even more meagre.

Adequate welfare support is crucial for the health of individuals and of populations. Adequate welfare payments tackle many of the upstream issues that predispose the unemployed to poor health, including healthcare access, housing and food insecurity. Among wealthy countries, increased welfare spending also improves health outcomes on a population level [88].

<u>Cashless Debit Card</u>

The Cashless Debit Card (CDC) trial commenced in March 2016 and was extended for another two years in December 2020 [89, 90]. 80% of an unemployed person's welfare payments are sequestered on a card that cannot be used for alcohol or gambling.

Government evaluations have found it is ineffective [92]. It has not reduced health issues such as drug, alcohol, or gambling abuse. Some report respondents were concerned that "criminal activity had increased" since its introduction, particularly "financial abuse, fraud and exploitation" [91].

Drug testing

Another proposed trial involves 5000 JobSeeker recipients randomly drug tested over two years, with those that testing positive receiving a cashless debit card [92]. This approach is not evidence based. The Australian National Council on Drugs states that "there is no evidence that drug testing welfare beneficiaries will have any positive effects on those individuals or for society, and some evidence indicating such a practice could have high social and economic costs…there would be serious ethical and legal problems in implementing such a program". It could also stigmatise vulnerable groups and discourage people from seeking assistance, thus enacting barriers to accessing healthcare [92].

Housing

Social housing - rental properties leased by the government or not-for-profit organisations - is the most cost-effective means of preventing homelessness [93]. However, the development of new social housing has in recent years lagged - while between 1996 and 2016 the number of houses in Australia increased by 30%, social housing increased by just 4% [94]. Due to a lack of investment from state and federal governments, there is a significant backlog of people seeking social housing.

Food security

Improving food security includes short-, medium- and long-term measures. Short-term solutions can include direct assistant through food parcels, food vouchers and/or meals [44]. Medium and long-term strategies include education, resources and referrals, and government policy. Nutritional education is often poor amongst disadvantaged populations [46], and may be needed in languages other than English for CALD groups. Services such as community gardens, school breakfast clubs or financial services can vastly improve access to healthy food [43], particularly for low socioeconomic status groups, but these are constrained by resource limitations in Australia [45].

Healthcare access

People with a low income are eligible for a low-income healthcare card [95]. The threshold is $571 a week for a single person without children. The healthcare card offers two benefits.

Firstly, it reduces the Medicare Safety Net threshold. Once a person has spent more than $481.20 on gap payments in a calendar year, they will receive 100% of the schedule fee for out of hospital services back [92]. There is also an Extended Medicare Safety Net, set at $2184.30 per year, after which one receives 80% of their out of pocket costs back [95]. With a low-income healthcare card, this latter threshold is reduced to $697.00 [95].

Secondly, it makes medications cheaper. A person with a low-income healthcare card needs to pay no more than $6.60 for any medication, compared to up to $41.30 for those without the card [95]. It also reduces the safety net threshold, so after spending $316.80 or more on medications for the year, further prescriptions are free [95]. For those without the card, the threshold is $1497.20, and further medications are discounted to $6.60 [95].

References

1. Hajder K. Korelacje poziomu bezrobocia i wyników wyborów do Sejmu Rzeczypospolitej Polskiej. Środkowoeuropejskie Studia Polityczne. 2012;(4):93.
2. Górny M. The importance of work in human life and development. The consequences of unemployment. Poznań; 2018.
3. Australian Bureau of Statistics (ABS). Labour Force, Australia, December 2020 [Internet]. 2021 [cited 2021 Feb 17]. Available from: https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release
4. Hussmanns R. Measurement of employment, unemployment and underemployment–Current international standards and issues in their application. Bulletin of Labour Statistics. 2007;1.
5. Alexander L. Understanding Insecure Work in Australia. The McKell Institute. 2018.
6. Steger M F, Dik B J, Duffy R D. Measuring meaningful work: The work and meaning inventory (WAMI). Journal of career Assessment. 2012;20(3):322-337.
7. Kifle T, Kler P, Shankar S. The underemployment-job satisfaction nexus: A study of part-time employment in Australia. Social Indicators Research. 2019 May;143(1):233-49.
8. Maynard DC, Joseph TA, Maynard AM. Underemployment, job attitudes, and turnover intentions. Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior. 2006 Jun;27(4):509-36.
9. Scroggins WA. The relationship between employee fit perceptions, job performance, and retention: Implications of perceived fit. Employee Responsibilities and Rights Journal. 2008 Mar;20(1):57-71.
10. T O'Donovan & M Sheikh (2014) Welfare reforms and the Refugee Resettlement Strategy: an opportunity to achieve meaningful employment outcomes for New Zealanders from refugee backgrounds?, Kotuitui: New Zealand Journal of Social Sciences Online, 9:2, 82-88, DOI: 10.1080/1177083X.2014.944193
11. Reserve Bank of Australia. The Labour Market and Spare Capacity. Adelaide: Reserve Bank of Australia; 2019.
12. Carney T, Stanford J. The dimensions of insecure work: a factbook [Internet]. Centre for Future Work. 2018 May [cited 2021 Feb 2]. Available from: https://apo.org.au/node/173836.
13. Cassidy N, Parsons S. The Rising Share of Part-time Employment. Reserve Bank of Australia, Canberra. 2017.
14. Australian Bureau of Statistics (ABS). Labour Force, Australia, February 1997 [Internet]. 2021 [cited 2021 Feb 17]. Available from: https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release.
15. Gilfillan G. Characteristics and use of casual employees in Australia. Parliament of Australia. 2018:15.
16. Trade union membership, August 2020 | Australian Bureau of Statistics [Internet]. 2020 [cited 2021 Feb 17]. Available from: https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/trade-union-membership/latest-release.
17. Davidson P, Defteros P, Dorsch P. Faces of Unemployment 2020 [Internet]. Australian Council of Social Service. 2021 [cited 20 February 2021]. Available from: https://www.acoss.org.au/faces-of-unemployment-2020/.
18. Indigenous employment [Internet]. Australian Institute of Health and Welfare (AIHW). 2019 [cited 20 February 2021]. Available from: https://www.aihw.gov.au/reports/australias-welfare/indigenous-employment.
19. Closing the Gap Prime Minister's Report 2018. PM&C (Department of the Prime Minister and Cabinet), Canberra. 2018.
20. Closing the Gap Prime Minister's Report 2019. PM&C (Department of the Prime Minister and Cabinet), Canberra. 2019.

21. Venn, D. Indigenous youth employment and the school-to-work transition. Centre for Aboriginal Economic Policy Research, ANU. 2018;6.
22. Educational opportunity in Australia 2015. Centre for International Research on Education Systems, Victoria University. 2015.
23. Indigenous health and wellbeing. Australian Institute of Health and Welfare (AIHW). 2020 [cited 20 March 2021]. Available from: https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing
24. Australia's health series number 16 AUS 221. Australian Institute of Health and Welfare (AIHW). 2018. Available from: https://www.aihw.gov.au/getmedia/f3ba8e92-afb3-46d6-b64c-ebfc9c1f945d/aihw-aus-221-chapter-5-3.pdf.aspx
25. Australian Bureau of Statistics (ABS). THE 2016 CENSUS OF POPULATION AND HOUSING. Canberra: ABS; 2017.
26. Queensland Council of Social Service. QCOSS Social Policy Forum Report 2009. Brisbane: QCOSS; 2009.
27. Colic-Peisker V, Tilbury F. Refugees and employment: the effect of visible difference on discrimination – final report. 2008. Available from www.cscr.murdoch.edu.au).
28. Booth A, Leigh A, Varganova E. Does racial and ethnic discrimination vary across minority groups? Evidence from three experiments. 2009. Available from www.econrsss.anu.edu.au.
29. Kennedy S, Kidd M P, McDonald J T, Biddle N. The healthy immigrant effect: patterns and evidence from four countries. Journal of International Migration and Integration. 2014;16(2):317–32.
30. Jatrana S, Richardson K, Samba SRA. Investigating the dynamics of migration and health in Australia: a longitudinal study. European Journal of Population. 2017.
31. Australian Bureau of Statistics (ABS). Disability, Ageing and Carers, Australia: Summary of Findings. Canberra: ABS; 2017.
32. Australian Bureau of Statistics (ABS). Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS; 2019.
33. People with disability in Australia [Internet]. Australian Institute of Health and Welfare (AIHW). 2020 [cited 20 February 2021]. Available from: https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/employment/unemployment.
34. Australian Bureau of Statistics (ABS). Same-sex couples in Australia, 2016. Canberra: ABS; 2018.
35. Sainty L, Transgender Women Are Falling Through Cracks In Australia's Homeless System [Internet]. Australia, 2015. Available from: https://www.buzzfeed.com/lanesainty/transgender-women-are-falling-through-cracks-in-australias-h?utm_term=.xaBMg0De9#.viBl7Kyw2
36. Ong, T. Workplace discrimination: Half of LGBTI Australians hide sexuality at work, report finds [Internet]. Australia, 2015. Available from: https://www.abc.net.au/news/2016-09-28/lgbti-australians-hide-identity-at-work-ethnic-discrimination/7884752
37. Australian Bureau of Statistics (ABS). General Social Survey: Summary Results, Australia. Canberra: ABS; 2019.
38. Australian Burden of Disease Study. Impact and causes of illness and death in Australia. Australian Institute of Health and Welfare [AIHW]. 2015.
39. Johnson G, Scutella R, Tseng Y and Wood G. (2019), How do housing and labour markets affect individual homelessness?. Housing Studies, 34:7, 1089-1116, DOI: 10.1080/02673037.2018.1520819
40. Swami N. The Effect of Homelessness on Employment Entry and Exits: Evidence from the Journeys Home Survey. Melbourne: Melbourne Institute; 2021.
41. Steen, A. (2018), The many costs of homelessness. Medical Journal of Australia, 208: 167-168. https://doi.org/10.5694/mja17.01197

42. Davies, A. and Wood, L.J. (2018), Homeless health care: meeting the challenges of providing primary care. Medical Journal of Australia, 209: 230-234. https://doi.org/10.5694/mja17.01264
43. Kertesz S and Johnson G. (2017), Housing First: Lessons from the United States and Challenges for Australia. Australian Economic Review, 50(2):220-228.
44. Rosier K. Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it? [Internet]. Child Family Community Australia. 2011 [cited 20 February 2021]. Available from: https://aifs.gov.au/cfca/publications/food-insecurity-australia-what-it-who-experiences-it-and-how-can-child
45. Turrell G, Kavanagh A. Socio-economic pathways to diet: modelling the association between socio-economic position and food purchasing behaviour. Public Health Nutrition. 2006;9(3):375-383.
46. Kettings C, Sinclair A, Voevodin M. A healthy diet consistent with Australian health recommendations is too expensive for welfare-dependent families. Aust NZJ Public Health 2009;33:566–72.
47. Burns C. A review of the literature describing the link between poverty, food insecurity and obesity with specific reference to Australia. Melbourne: VicHealth, 2004.
48. Australian Institute of Health and Welfare. Patient experiences in Australia in 2016–17 [Internet]. Canberra: Australian Institute of Health and Welfare, 2018 [cited 2021 Mar. 18]. Available from: https://www.aihw.gov.au/reports/primary-health-care/patient-experiences-in-australia-in-2016-17
49. Harris, E. and Harris, M.F. (2009), Reducing the impact of unemployment on health: revisiting the agenda for primary health care. Medical Journal of Australia, 191: 119-122. https://doi.org/10.5694/j.1326-5377.2009.tb02709.x
50. Flu (influenza) immunisation service [Internet]. Australian Government Department of Health. 2021 [cited 18 February 2021]. Available from: https://www.health.gov.au/health-topics/immunisation/immunisation-services/flu-influenza-immunisation-service-0
51. Mathers C, Schofield D. The health consequences of unemployment: the evidence. Medical Journal Of Australia. 1998;168(4):178-182.
52. Ross C, Mirowsky J. Does Employment Affect Health?. Journal Of Health And Social Behavior. 1995;36(3):230.
53. De Witte H, Pienaar J, De Cuyper N. Review of 30 Years of Longitudinal Studies on the Association Between Job Insecurity and Health and Well-Being: Is There Causal Evidence? Australian Psychologist. 2016 Feb 1;51:18–31.
54. Kim M-S, Hong Y-C, Yook J-H, Kang M-Y. Effects of perceived job insecurity on depression, suicide ideation, and decline in self-rated health in Korea: a population-based panel study. Int Arch Occup Environ Health. 2017 Oct;90(7):663–71.
55. Virtanen M, Kivimäki M, Elovainio M, Vahtera J, Cooper CL. Contingent employment, health and sickness absence. Scand J Work Environ Health. 2001 Dec;27(6):365–72.
56. Linn, M., Sandifer, R., & Stein, S. (1985). Effects of unemployment on mental and physical health. American Journal Of Public Health, 75(5), 502-506. doi: 10.2105/ajph.75.5.502
57. Kim TJ, von dem Knesebeck O. Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment. BMC Public Health. 2015 Sep 29;15:985.
58. Selenko E, Mäkikangas A, Stride CB. Does job insecurity threaten who you are? Introducing a social identity perspective to explain well-being and performance consequences of job insecurity. Journal of Organizational Behavior. 2017;38(6):856–75.
59. Pickett K, Wilkinson R. Income inequality and health: A causal review. Social Science & Medicine. 2015;128:316-326.
60. Butler B, Taylor J. Calls for paid pandemic leave grow as Victorian premier links Covid-19 surge to insecure work [Internet]. the Guardian. 2020 [cited 2021 Feb

17]. Available from: http://www.theguardian.com/australia-news/2020/jul/23/calls-for-paid-pandemic-leave-grow-as-victorian-premier-links-covid-19-surge-to-insecure-work.
61. Stauder J. (2019). Unemployment, unemployment duration, and health: selection or causation?. The European journal of health economics : HEPAC : health economics in prevention and care, 20(1), 59–73. https://doi.org/10.1007/s10198-018-0982-2
62. Burdorf A., Schuring M. (2015) Poor Health as Cause and Consequence of Prolonged Unemployment: Mechanisms, Interventions, and Policy Recommendations. In: Vuori J., Blonk R., Price R. (eds) Sustainable Working Lives. Aligning Perspectives on Health, Safety and Well-Being. Springer, Dordrecht. https://doi.org/10.1007/978-94-017-9798-6_12
63. Breton, M. C., Guénette, L., Amiche, M. A., Kayibanda, J. F., Grégoire, J. P., and Moisan, J. (2013). Burden of diabetes on the ability to work: a systematic review. Diabetes care, 36(3), 740–749. https://doi.org/10.2337/dc12-0354
64. Alex Burdorf (2014) The Impact of Health on Labour Participation: Mechanisms, Interventions and Policy Recommendations, Regions Magazine, 294:1, 14-15, DOI: 10.1080/13673882.2014.10850496
65. Australian Government Productivity Commission. Mental Health Inquiry Report. Canberra: Productivity Commission; 2020:ch.17.
66. van der Wel, K. A., Dahl, E., and Thielen, K. (2011). Social inequalities in 'sickness': European welfare states and non-employment among the chronically ill. Social science & medicine (1982), 73(11), 1608–1617. https://doi.org/10.1016/j.socscimed.2011.09.012
67. Institute of Health and Welfare [Internet]. Australian Institute of Health and Welfare. 2021 [cited 18 February 2021]. Available from: https://www.aihw.gov.au/reports/australias-welfare/international-comparisons-of-welfare-data
68. Taylor D. Budget 2019/20 will see Australia still spends less than ½ the OECD average spent on employment services - Jobs Australia [Internet]. 2019 [cited 18 February 2021]. Available from: https://www.ja.com.au/news/budget-201920-will-see-australia-still-spends-less-oecd-average-spent-employment-services#:~:text=Jobs%20Australia's%20Pre%20Budget%2DSubmission,the%20OECD%20average%20of%200.53%25
69. Employment services - Australian Institute of Health and Welfare [Internet]. Australian Institute of Health and Welfare. 2021 [cited 18 February 2021]. Available from: https://www.aihw.gov.au/reports/australias-welfare/employment-services.
70. JobSeeker Payment [Internet]. Services Australia. 2021 [cited 18 February 2021]. Available from: https://www.servicesaustralia.gov.au/individuals/services/centrelink/jobseeker-payment/what-your-commitments-are
71. Henriques-Gomes L. Welfare suspended 500,000 times since August but new policy making a difference [Internet]. The Guardian. 2020 [cited 18 February 2021]. Available from: https://www.theguardian.com/australia-news/2020/dec/21/welfare-suspended-500000-times-since-august-but-new-policy-making-a-difference
72. ParentsNext [Internet]. Australian Government Services Australia. 2021 [cited 18 February 2021]. Available from: https://www.servicesaustralia.gov.au/individuals/services/centrelink/parentsnext.
73. Hermant N. Parents slapped with 'demerit points' if children miss swimming lessons under welfare rules [Internet]. Abc.net.au. 2019 [cited 18 February 2021]. Available from: https://www.abc.net.au/news/2019-02-01/centrelink-payment-parentsnext-under-fire/10763732
74. Disability Employment Services [Internet]. Dss.gov.au. 2021 [cited 18 February 2021]. Available from: https://www.dss.gov.au/our-responsibilities/disability-and-carers/programmes-services/disability-employment-services.
75. Hermant N. JobSeeker and JobActive are meant to move people off welfare and into work, but COVID-19 has changed things [Internet]. Abc.net.au. 2020 [cited

18 February 2021]. Available from: https://www.abc.net.au/news/2020-08-28/coronavirus-jobseeker-system-relies-on-there-being-jobs-to-get/12601294.
76. Kurmelovs R. Jobactive workers speak out: 'How the hell did I end up doing this to these people?' [Internet]. The Guardian. 2019 [cited 18 February 2021]. Available from: https://www.theguardian.com/australia-news/2019/oct/24/jobactive-workers-speak-out-how-the-hell-did-i-end-up-doing-this-to-these-people.
77. Parliament of Australia. Jobactive: failing those it intended to serve. Canberra: Committee Secreteriat; 2019.
78. Casey S, Lewis A. Redesigning Employment Services After Covid-19 [Internet]. Percapita.org.au. 2020 [cited 18 February 2021]. Available from: https://percapita.org.au/wp-content/uploads/2020/04/Redesigning-employment-services-after-COVID-19_FINAL.pdf.
79. New Employment Services Model [Internet]. Australian Government Department of Skill, Education and Employment. 2020 [cited 18 February 2021]. Available from: https://www.employment.gov.au/new-employment-services-model.
80. Henriques-Gomes L. Coalition criticised for saving nearly $1bn on job services as unemployment soars [Internet]. The Guardian. 2020 [cited 18 February 2021]. Available from: https://www.theguardian.com/australia-news/2020/oct/08/coalition-criticised-for-saving-nearly-1bn-on-job-services-as-unemployment-soars.
81. Henriques-Gomes L. Robodebt: government to refund 470,000 unlawful Centrelink debts worth $721m [Internet]. The Guardian. 2020 [cited 20 February 2021]. Available from: https://www.theguardian.com/australia-news/2020/may/29/robodebt-government-to-repay-470000-unlawful-centrelink-debts-worth-721m
82. Burns A. Whistleblowers say some employment service providers are exploiting the ParentsNext welfare scheme [Internet]. Abc.net.au. 2019 [cited 18 February 2021]. Available from: https://www.abc.net.au/news/2019-08-02/whistleblowers-criticise-parentsnext/11363874.
83. Byrnes C, Lawn S. Disability Employment Services in Australia: a brief primer [Internet]. Hdl.handle.net. 2013 [cited 18 February 2021]. Available from: http://hdl.handle.net/2328/26795.
84. Mutual obligation requirements [Internet]. Services Australia. 2021 [cited 20 February 2021]. Available from: https://www.servicesaustralia.gov.au/individuals/topics/mutual-obligation-requirements/29751
85. Phillips B, Gray M, Biddle N. COVID-19 JobKeeper and JobSeeker impacts on poverty and housing stress under current and alternative economic and policy scenarios [Internet]. ANU Centre for Social Research & Methods. 2020 [cited 20 February 2021]. Available from: https://csrm.cass.anu.edu.au/research/publications/covid-19-jobkeeper-and-jobseeker-impacts-poverty-and-housing-stress-under.
86. Jericho G. Philip Lowe is right. Raising jobseeker is not just about good economics, it's about fairness [Internet]. The Guardian. 2021 [cited 20 February 2021]. Available from: https://www.theguardian.com/business/commentisfree/2021/feb/07/philip-lowe-is-right-raising-jobseeker-is-not-just-about-good-economics-its-about-fairness.
87. Henriques-Gomes L. Australia's jobless benefits will be among worst in OECD after Covid supplement cut [Internet]. The Guardian. 2020 [cited 20 February 2021]. Available from: https://www.theguardian.com/business/2020/sep/08/australias-jobless-benefits-will-be-among-worst-in-oecd-after-covid-supplement-cut.
88. Stuckler D, Basu S, McKee M. Budget crises, health, and social welfare programmes. BMJ. 2010;340(jun24 1):c3311-c3311.
89. Langton M. The Cashless Debit Card Trial is working and it is vital – here's why [Internet]. The Conversation. 2017 [cited 20 February 2021]. Available from: https://theconversation.com/the-cashless-debit-card-trial-is-working-and-it-is-vital-heres-why-76951.

90. Barry H, Moussalli I, Leckie E. A trial of the controversial cashless welfare card will run for two more years. Here's what people think [Internet]. ABC News. 2020 [cited 20 February 2021]. Available from: https://www.abc.net.au/news/2020-12-10/mixed-response-to-cashless-debit-card-extension/12971626
91. Henriques-Gomes L. Cashless debit card: government's own research finds underwhelming support [Internet]. The Guardian. 2020 [cited 20 February 2021]. Available from: https://www.theguardian.com/australia-news/2020/dec/07/cashless-debit-card-governments-own-research-finds-underwhelming-support.
92. Drug Testing Trial [Internet]. Australian Government Department of Social Services. 2020 [cited 20 February 2021]. Available from: https://www.dss.gov.au/benefits-payments/drug-testing-trial.
93. Pleace N, Bretherton J. The cost effectiveness of Housing First in England. White Rose. 2019
94. Lawson J. Australia's social housing policy needs stronger leadership and an investment overhaul [Internet]. The Conversation. 2019 [cited 20 February 2021]. Available from: https://theconversation.com/australias-social-housing-policy-needs-stronger-leadership-and-an-investment-overhaul-119097.
95. Low Income Health Care Card [Internet]. Services Australia. 2020 [cited 20 February 2021]. Available from: https://www.servicesaustralia.gov.au/individuals/services/centrelink/low-income-health-care-card.

Policy Details

Name: Unemployment and Health

Category: F – Public Health in Australia

History:
Reviewed, Council 1, 2021
Michael Tanner, Dennis Shen, Jeremy Hunt, Aiden Jabur, YuKim Do, Jacqueline Bredhauer, Claire Carkeet, Sally Boardman (Global Health Policy Officer)
Reviewed, Council 3, 2017
T. Tan, J. San Juan, H. Lee, I. Schwartz, A. Lieschke, P. Macintosh-Evans (National Policy Officer)
Adopted, Council 3, 2015
M. Dravid, M. Howcroft, D. Grose, W. Boneham