

The Senate

Community Affairs References
Committee

Purpose, intent and adequacy of the
Disability Support Pension

February 2022

© Commonwealth of Australia 2022

ISBN 978-1-76093-349-4

This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License.



<https://creativecommons.org/licenses/by-nc-nd/4.0/>.

Printed by the Senate Printing Unit, Parliament House, Canberra

Committee Membership

Chair

Senator Rachel Siewert AG, WA
(until 6 September 2021)

Senator Janet Rice AG, VIC
(From 7 September 2021)

Deputy Chair

Senator Wendy Askew LP, TAS

Members

Senator Catryna Bilyk ALP, TAS

Senator Nita Green ALP, QLD

Senator Hollie Hughes LP, NSW

Senator Anne Urquhart ALP, TAS

Substitute Members

Senator Tim Ayers ALP, WA
(for Senator Green on 1 September 2021)

Participating Members

Senator Murray Watt ALP, QLD

Secretariat

Apolline Kohen, Acting Committee Secretary

Pothida Youhorn, Committee Secretary

Sina Hutton, Principal Research Officer

James Strickland, Principal Research Officer

Christopher Dyer, Senior Research Officer

Carol Stewart, Administrative Officer

Claire Holden, Administrative Officer

PO Box 6100

Parliament House

Canberra ACT 2600

Phone: 02 6277 3515

Fax: 02 6277 5829

E-mail: community.affairs.sen@aph.gov.au

Internet: www.aph.gov.au/senate_ca

Table of Contents

Committee Membership	iii
Terms of Reference	xi
Abbreviations	xiii
List of Recommendations	xv
Chapter 1—Introduction	1
Structure of this report	2
Overview of the Disability Support Pension	2
Recipients of the Disability Support Pension	3
Workforce participation and the Disability Support Pension	3
Eligibility for the Disability Support Pension	4
The claim, assessment, and appeal processes	6
A brief history of policy changes	8
Welfare to work reforms (2005)	8
Reforms to test future work capacity (from September 2011)	9
Revised Impairment Tables (2012)	9
Revised medical assessment process (2015)	10
Impact of policy changes	10
Conduct of the inquiry	12
Acknowledgement	12
Notes on references	13
Chapter 2—Barriers to accessing the Disability Support Pension	15
Eligibility criteria	15
Conditions which are fully diagnosed, treated, and stabilised	15
Impairment tables	20
Program of support requirement	24
Continuing inability to work	28
Claims process and evidence requirements	28
Availability of health professionals	29
Qualification period to provide evidence	29
Restrictions on who can provide evidence	30

First Nations people and cultural safety	30
Role of health professionals.....	31
Time costs involved in the collection of evidence.....	32
Financial costs of gathering medical evidence	33
Ongoing evidence requirements.....	34
The assessment of claims	34
Job capacity assessments.....	34
Disability medical assessments.....	35
Removal of the treating doctor’s report.....	35
Committee view and recommendations.....	38
Fully diagnosed, treated, and stabilised conditions	38
Impairment severity and the impairment tables.....	39
Program of support requirement.....	39
Shortage of health professionals.....	40
Restrictions on professionals who can provide medical evidence	40
A culturally safe process for First Nations people.....	41
Lack of knowledge and understanding regarding the eligibility criteria.....	41
The treating doctor’s report.....	41
Time and financial costs obtaining medical evidence	42
Chapter 3—Impacts on people living with disability.....	43
Experience of claiming the Disability Support Pension	43
Dealing with complexity.....	43
Forms and guidance material.....	46
Seeking assistance from Services Australia.....	47
Support from advocates	49
Wait times	50
Understanding why a claim was rejected	50
Appeals process	51
Experience of people with disability living on JobSeeker.....	52
Partial capacity to work	53
Mutual obligation requirements.....	53
Difficulties moving from JobSeeker to the Disability Support Pension.....	54

Harm caused by existing policies and administrative arrangements	55
Harm caused by the Disability Support Pension’s claims process.....	55
Harm caused by the ongoing requirements of the Disability Support Pension	58
Harm caused by the deficiencies of the JobSeeker Payment	58
Disproportionate impacts on vulnerable communities and people	59
Regional, rural, and remote communities.....	59
First Nations people	60
People in custody.....	61
Carers.....	62
Victims of trauma, family, and domestic violence.....	63
Committee view and recommendations.....	64
Claiming the Disability Support Pension.....	65
Forms and guidance material accessibility	65
Claim rejection transparency	66
Auslan services for deaf and hearing-impaired people	66
Support for advocates and community legal services.....	67
Harm caused by JobSeeker requirements for Disability Support Pension claimants...	67
Support for First Nations people.....	68
People in custody.....	68
Carers.....	68
Victims of trauma, family, and domestic violence.....	69
Chapter 4 – Employment and the Disability Support Pension	71
The Disability Support Pension and employment capacity.....	71
Disability and workforce participation.....	72
Rates of employment for people with disability	73
Unemployment and underemployment for people with disability	73
Trends and international comparisons for people with disability	73
Disability Support Pension recipients in the workforce.....	74
Barriers to workforce participation	74
Labour market conditions	74
Discrimination.....	75
Inflexible, unsupportive, and inappropriate work	76

Barriers to workforce participation created by the Disability Support Pension	77
Income thresholds.....	77
Limitation on hours	78
Fear of losing the Disability Support Pension	79
Program of support requirement.....	79
Poor outcomes.....	81
JobSeeker and mutual obligation requirements.....	82
Pausing participation in a program of support.....	82
Exemptions from the program of support requirement	83
Effectiveness of employment services	83
Alternative approaches of employment support	86
Individual placement and support model	86
The provision of peer support workers.....	87
Work experience and school-to-work programs.....	87
Committee view and recommendations.....	88
Rates of employment and discrimination	88
Barriers to workforce participation	88
The program of support requirement.....	89
The effectiveness of employment services	90
Alternative approaches	91
Chapter 5—Adequacy and broader reforms	93
Rate of the Disability Support Pension	93
Indexation arrangements.....	94
Comments on the adequacy of the Disability Support Pension.....	94
Comparing the Disability Support Pension and JobSeeker	98
A discussion on other support payments and schemes	100
The National Disability Insurance Scheme	100
Commonwealth Rent Assistance.....	101
Carer Payment.....	102
Financial security and living with disability.....	103
The additional costs of living with disability	103
Access to affordable housing	103

Access to nutritional food.....	104
Alternative approaches and future reforms.....	104
Social model of disability.....	105
Australia’s Disability Strategy 2021–2031	105
Committee view and recommendations.....	106
Adequacy of financial supports.....	106
Coordination and integration of Australia’s support system.....	107
Social model of disability and the Government’s disability strategy.....	108
Government senators' additional comments	109
Appendix 1— Submissions and Additional Information.....	113
Appendix 2— Public Hearings	119

Terms of Reference

The purpose, intent and adequacy of the Disability Support Pension (DSP), with specific reference to:

- (a) the purpose of the DSP;
- (b) the DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal;
- (c) the impact of geography, age and other characteristics on the number of people receiving the DSP;
- (d) the impact of the DSP on a disabled person's ability to find long term, sustainable and appropriate, employment within the open labour market;
- (e) the capacity of the DSP to support persons with disabilities, chronic conditions and ill health, including its capacity to facilitate and support labour market participation where appropriate;
- (f) discrimination within the labour market and its impact on employment, unemployment and underemployment of persons with disabilities and their support networks;
- (g) the adequacy of the DSP and whether it allows people to maintain an acceptable standard of living in line with community expectations;
- (h) the appropriateness of current arrangements for supporting disabled people experiencing insecure employment, inconsistent employment, precarious hours in the workforce; and inequitable workplace practices;
- (i) the economic benefits of improved income support payments and supports for persons with disabilities, their immediate households and broader support services and networks;
- (j) the relative merits of alternative investments in other programs to improve the standard of living of persons with disabilities; and
- (k) any related matters.

Abbreviations

AAT	Administrative Appeals Tribunal
Aboriginal Congress	Central Australian Aboriginal Congress
ACOSS	Australian Council of Social Service
ACTCOSS	Australian Capital Territory Council of Social Service
ADE	Australian Disability Enterprises
AFDO	Australian Federation of Disability Organisations
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APS	Australian Psychological Society
ARO	Authorised Review Officer
Auslan	Australian Sign Language
CITW	Continuing Inability To Work
CPI	Consumer Price Index
CRA	Commonwealth Rent Assistance
CYDA	Children and Young People with Disability Australia
DCLS	Darwin Community Legal Service
DES	Disability Employment Services
DESE	Department of Education, Skills and Employment
Disability Royal Commission	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
DMA	Disability Medical Assessment
DSP	Disability Support Pension
DSS	Department of Social Services
EJA	Economic Justice Australia
GP	General Practitioner
Impairment tables	Tables to assess the level of functional impairment caused by a person's conditions, contained within the Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011
IPA	Individual Placement and Support
JCA	Job Capacity Assessment
ME/CFS	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
MTAWE	Male Total Average Weekly Earnings
NACCHO	National Aboriginal Community Controlled Health Organisation
NDIA	National Disability Insurance Agency

NDIS	National Disability Insurance Scheme
OECD	Organisation for Economic Cooperation and Development
PBLCI	Pensioner and Beneficiary Living Cost Index
POS	Program of Support
PWDA	People with Disability Australia
SME	Subject Matter Expert
Social Security Act	<i>Social Security Act 1991</i>
SSRV	Social Security Rights Victoria
Strategy	Australia's Disability Strategy 2021–31
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
WWDA	Women with Disabilities Australia

List of Recommendations

Recommendation 1

2.112 The committee recommends that the Australian Government investigates how the requirement that a condition be ‘fully diagnosed, treated and stabilised’ is preventing people with conditions that are complex, fluctuating, or deteriorate over time, from accessing the Disability Support Pension, and could be modified to ensure people get the support they need.

Recommendation 2

2.117 The committee recommends that the Australian Government considers reforming the approach taken to determine whether a claimant has a ‘severe impairment’, so as to allow the accumulation of 20 points across any number of impairment tables to meet the definition of a severe impairment.

Recommendation 3

2.118 The committee recommends that the Australian Government undertake an in-depth, clinical review of the impairment tables in totality, that recognises comorbidity and draws on the lived experience of people with disability; with a view to working towards a social model of disability.

Recommendation 4

2.123 The committee recommends that the Australian Government introduces a discretion which would allow for Disability Support Pension claims to be approved if medical eligibility is established after the existing 13-week qualification period.

Recommendation 5

2.127 The committee recommends that the Australian Government considers revising the evidentiary requirements to allow evidence provided by registered psychologists.

Recommendation 6

2.129 The committee recommends that the Department of Social Services and Services Australia work with Aboriginal community controlled health organisations to review the claims process and evidentiary requirements for First Nations claimants to ensure that the process is culturally safe.

Recommendation 7

2.134 The committee recommends that the Australian Government consider reintroducing the treating doctors report, with wide consultation on how best to provide targeted resources to support general practitioners, specialists, and psychologists to identify, compile, and summarise evidence relevant to a patient's Disability Support Pension claim or appeal.

Recommendation 8

2.135 The committee recommends that the Australian Government considers ensuring that the Medicare Benefits Schedule allows health practitioners to claim payment for providing evidence in support of Disability Support Pension claims.

Recommendation 9

2.138 The committee recommends that the Australian Government reviews the medical evidentiary requirements for claimants of the Disability Support Pension, to ensure that the application is fully accessible. The committee envisages that such a review would consider the specific challenges faced by individuals located in regional, rural, and remote Australia; recipients of JobSeeker and Youth Allowance; recent migrants; and First Nations people.

Recommendation 10

3.106 The committee recommends that Services Australia, in consultation with key stakeholders, reviews all guidance material, publicly available information, and the claim form, with the aim of making them simpler, clearer, and genuinely accessible for claimants and those who support them.

Recommendation 11

3.108 The committee recommends that Services Australia improves the level of information provided to Disability Support Pension claimants when it rejects their claims.

The committee envisages that such information would, amongst other things, clearly and comprehensively explain why a claim was rejected and, if relevant, provide guidance on specific evidentiary requirements, as well as detailed information on the review process.

Recommendation 12

3.111 The committee recommends that Services Australia ensures all of its clients who are deaf or hearing-impaired have the option of accessing an Auslan interpreter, either in-person or remotely, to make sure the application process is accessible.

Recommendation 13

3.112 The committee recommends that Services Australia enhances the visual and/or tactile cues available in its service centres to assist people who are deaf or hearing-impaired.

Recommendation 14

3.113 The committee recommends that the Australian Government undertakes a review of all Services Australia service centres to ensure genuine accessibility.

Recommendation 15

3.116 The committee recommends that the Australian Government provides additional funding to advocacy groups and community legal services to support Disability Support Pension claimants.

Recommendation 16

3.119 The committee recommends that the Australian Government remove JobSeeker mutual obligation requirements for Disability Support Pension claimants while their claims are being assessed.

Recommendation 17

3.122 The committee recommends that the Australian Government increases funding for First Nation's advocacy services and Aboriginal community controlled health organisations to allow these organisations to better support their clients through the Disability Support Pension claims process.

Recommendation 18

3.123 The committee recommends that the Australian Government ensures the recommendations of the Commonwealth Ombudsman's 2016 report on access to the DSP are implemented in full.

Recommendation 19

3.125 The committee recommends that the Department of Social Services no longer cancels the Disability Support Pension for recipients who are in custody for more than two years.

Recommendation 20

3.128 The committee recommends that Services Australia consults with carers and representative organisations in order to provide additional support for carers with disability who are claiming the Disability Support Pension.

Recommendation 21

3.131 The committee recommends that the Department of Social Services and Services Australia, in consultation with key stakeholders, reform the Disability Support Pension to ensure that it is responsive to claimants who are experiencing, or are at risk of experiencing, family and domestic violence, and that it meets their specific needs and requirements.

Recommendation 22

4.92 The committee recommends that the Australian Government considers reforming the income test for recipients of the Disability Support Pension to better support individuals facing structural barriers to participating in the workforce, and to better recognise the fluctuating nature of a person's ability to participate in paid employment due to their impairment.

The committee envisages that such reforms could, amongst other things, raise the income thresholds at which the Disability Support Pension payment is reduced, and lower the rate which it is reduced once this threshold is reached.

Recommendation 23

4.100 The committee recommends that the Department of Social Services reviews the program of support requirement and considers making participation in an employment services program voluntary for all Disability Support Pension claimants.

Recommendation 24

4.102 The committee recommends that the Department of Social Services and Services Australia improve the visibility of, and information on, the program of support requirement for all claimants. Amongst other things, such improvements would ensure that relevant information is provided to all claimants at the beginning of the claims process.

Recommendation 25

4.106 The committee recommends that the Australian Government abandon punitive compliance measures and ensures that the employment services system provides genuine support to disabled job seekers with complex needs, including focussing on providing personalised support and skills development as well as effectively engaging prospective employers.

Recommendation 26

4.109 The committee recommends that the Australian Government continues to extend across Australia approaches that are voluntary and provide appropriate support, such as the Individual Placement and Support Model.

The Government should also consider the feasibility and effectiveness of other approaches, such as providing peer support workers, work experience opportunities, and school-to-work programs, in improving employment outcomes for people with disability by providing well-supported, voluntary programs.

Recommendation 27

5.61 The committee recommends that the Australian Government investigates ways to better support people on the Disability Support Pension who are at risk of poverty—particularly those in the private rental market—and ensures people can participate in their communities and cover their living costs.

Recommendation 28

5.63 The committee recommends that the Australian Government, in consultation with state and territory governments, improves the coordination and integration of support payments, programs, and schemes for people with disability across all levels of government.

Recommendation 29

5.66 The committee recommends that the Australian Government undertakes consultation and evaluation of the Disability Support Pension to align it more closely with the social model of disability.

Recommendation 30

5.67 The committee recommends that the Australian Government establishes principles in the administration of social security, including:

- proactively assisting people to access support for which they are eligible;
- treating people with respect; and
- making adjustments to service delivery on an individual basis to meet people's needs and ensure equal access to social security for all.

Chapter 1

Introduction

- 1.1 The Disability Support Pension (DSP) is the Australian Government's primary income support payment for people with a permanent physical, intellectual or psychiatric impairment that prevents them from fully engaging in employment.
- 1.2 Major policy changes to the DSP since 2011 have tightened the eligibility criteria for the payment, reducing the number and rate of successful applications. At the same time, the number of people who receive unemployment payments from the Government, who have a 'partial capacity to work' due to disability or illness, has increased.
- 1.3 The medical and non-medical requirements make the DSP inaccessible for many applicants. The evidence required to make a claim for the DSP can be difficult to obtain and cost-prohibitive, and the process for applying is long, complex, and not well understood by applicants or treating health professionals. The committee heard that the challenges for people with disability navigating this system are varied, and can be exacerbated by their condition, and personal and financial circumstances.
- 1.4 Some claimants will need to demonstrate that they have undertaken a program of support (POS), aimed at getting them into employment, before they are eligible for the DSP. This involves training or job search activities whilst on an unemployment payment—either JobSeeker or Youth Allowance. Meeting these obligations through a Disability Employment Service or mainstream employment service, therefore, is a key and challenging aspect of the process of applying for the DSP. People with disability also face workplace discrimination and structural barriers to participating in employment.
- 1.5 For those on the DSP, the rate of payment is affected by a range of factors, including a person's age, marital status, and the amount of income they earn. People with disability and chronic illness can incur significant medical costs, in addition to the day-to-day expenses and housing costs experienced by people without disability. These pressures impact on DSP recipients' health, quality of life, and ability to participate in the workforce.
- 1.6 All of these issues have come to light during this inquiry, and the evidence received by the committee points to serious flaws with the DSP, its underlying policy framework, the way that it is administered, and how applicants are able to access it.

Structure of this report

- 1.7 This report consists of five chapters, including this introductory chapter:
- Chapter 1 (this chapter) provides an overview of the DSP, the eligibility requirements and claims process, as well as the history of changes to DSP policies.
 - Chapter 2 outlines the significant barriers to accessing the DSP created by the eligibility requirements and claims process.
 - Chapter 3 discusses how the DSP and its processes detrimentally impact people with disability and chronic illness, including the disproportionate impact on some vulnerable groups.
 - Chapter 4 explores employment participation and the DSP, including the way the DSP is intended to engage people in the workforce, and the challenges experienced by people with disability obtaining appropriate employment and dealing with employment service providers.
 - Chapter 5 discusses the adequacy of the rate of the DSP, how the payment interacts with other government payments and supplements, and opportunities for broader reform.

Overview of the Disability Support Pension

- 1.8 The DSP was introduced in 1991 to replace the Invalid Pension, with the aim of improving rehabilitation and labour market engagement of recipients.¹
- 1.9 The DSP is the third largest social security payment, after the Age Pension and Family Tax Benefit,² and in 2020–21 Australian Government expenditure on the payment was \$18.37 billion.³
- 1.10 The rate of payment for the DSP is dependent on the recipient's circumstances, including their assessable income and assets, and whether they are single or partnered. For single DSP recipients without children, the maximum payment is \$967.50 per fortnight⁴—significantly below the national minimum wage of \$1545.20. Of those on the DSP, 86 per cent receive the full rate of payment.⁵

¹ Parliamentary Library, [Social security payments for the aged, people with disabilities and carers 1901 to 2010](#), (accessed 24 November 2021).

² Australian Government, [Portfolio budget statements 2021–22: Budget Related Paper No. 1.12: Social Services Portfolio](#), p. 40 (accessed 24 November 2021). The Age Pension represents around 8.7 per cent of government expenses; and Parliamentary Library, [Budget Review 2021-22 – Social Security](#) (accessed 15 September 2021).

³ Department of Social Services, Services Australia, and the National Disability Insurance Agency (DSS), *Annual Report 2020–21*, p. 51.

⁴ Please note this amount includes the maximum Pension Supplement and Energy Supplement.

⁵ Services Australia, [Payment rates](#) (accessed 24 November 2021).

1.11 Most DSP recipients will have spent more than 10 years on some form of income support (71 per cent), with 62 per cent of recipients having received the DSP for more than 10 years.⁶ Of those who cease to be on the DSP payment, approximately half transition directly onto the Age Pension.⁷ Only a small proportion of DSP recipients exit the income support system entirely, and only three per cent leave the payment to return to the workforce.⁸

Recipients of the Disability Support Pension

1.12 Of the approximately 752 000 people in receipt of the DSP, almost half (48 per cent) are over the age of 55. While men make up the majority of recipients (53 per cent), the proportion of women on the DSP has increased over time.⁹

1.13 The most common primary medical conditions of DSP recipients include psychological or psychiatric conditions (36 per cent) and musculoskeletal or connective tissue conditions (19 per cent).¹⁰

Workforce participation and the Disability Support Pension

1.14 DSP recipients can engage in paid employment for up to 30 hours per week without suspension or cancellation of their pension, subject to other eligibility criteria. Those who receive income may receive a part-pension dependant on the level of income earned.¹¹

1.15 A single person can earn up to \$180 a fortnight without their income affecting their DSP rate of payment. For couples, the combined income threshold is \$320 per fortnight. After that, a person's pension will be reduced by 50 cents for every dollar earned over the threshold.¹²

1.16 The percentage of DSP recipients reporting income from employment has declined in recent years, from 8 per cent in 2017–18 to 6.9 per cent in 2019–20.¹³

⁶ DSS, [Payment Demographic Data](#), June 2021 (accessed 29 November 2021); and Parliamentary Budget Office (PBO), *Report No. 01/2018: Disability Support Pension – Historical and projected Trends*, p. 11.

⁷ PBO, *Report No. 01/2018: Disability Support Pension – Historical and projected Trends*, p. 8.

⁸ PBO, *Report No. 01/2018: Disability Support Pension – Historical and projected Trends*, pp. 19–20.

⁹ DSS, [Payment Demographic Data](#), June 2021 (accessed 29 November 2021).

¹⁰ DSS, [Payment Demographic Data](#), June 2021 (accessed 1 September 2021). The medical condition with the highest impairment rating determines which primary medical condition a recipient is recorded under.

¹¹ DSS, [Working and receiving Disability Support Pension](#) (accessed 29 November 2021).

¹² DSS, [Income tests for pensions](#) (accessed 29 November 2021).

¹³ DSS, *Annual Report 2019-20*, p. 30.

Eligibility for the Disability Support Pension

1.17 Eligibility for the DSP is largely set out in the *Social Security Act 1991* (the Social Security Act). To be eligible for the DSP, a person must:

- be over 16 years of age;
- satisfy specific residency requirements;¹⁴
- meet income and assets tests;
- have a physical, intellectual or psychiatric impairment and a total impairment rating of 20 points or more in the impairment tables; and
- have a continuing inability to work.¹⁵

1.18 To maintain eligibility, a recipient of the DSP may be subject to further reviews by Services Australia to assess their level of impairment and continuing inability to work. If they are under the age of 35, they may also have ongoing participation requirements.¹⁶

Impairment requirement

1.19 A person's condition and functional impairment must be 'fully diagnosed, treated and stabilised' in order for them to be eligible for the DSP.¹⁷

1.20 Diagnosis must be by a qualified health professional, and some conditions have specific diagnosis requirements.¹⁸ Whether a condition is fully treated and stabilised depends on an assessment of a person's condition and if it might improve with treatment or rehabilitation in the two years following a DSP claim being made.¹⁹

1.21 In addition, a person must be able to demonstrate that they have a physical, intellectual or psychiatric impairment with a total impairment rating of 20 points or more as assessed under the DSP impairment tables. A person must score 20 points or more in a single impairment table for their impairment to be

¹⁴ To be eligible, an applicant must have been resident for at least ten years with five years continuous residency, or have been a resident at the time of continuing inability to work (CITW) or permanent blindness. See DSS, [Social Security Guide: 3.6.1.12 Qualification for DSP - 15 hour rule](#) (accessed 29 November 2021).

¹⁵ DSS, *Submission 29*, p. 3. See section 94 of the *Social Security Act 1991* (the Act); DSS, [Social Security Guide: 3.6.1.12 Qualification for DSP - 15 hour rule](#) (accessed 29 November 2021). Different rules apply for people started on the DSP before 2005.

¹⁶ Services Australia, [Reviews](#) (accessed 29 November 2021); and Services Australia, [Participation Requirements](#) (accessed 29 November 2021).

¹⁷ Services Australia, [Fully diagnosed, treated and stabilised](#) (accessed 29 November 2021).

¹⁸ For example, for mental health conditions diagnostic evidence is required from a psychiatrist or clinical psychologist. See: Services Australia, [How we assess your claim](#) (accessed 29 November 2021).

¹⁹ Services Australia, [Fully diagnosed, treated and stabilised](#) (accessed 29 November 2021).

considered 'severe'.²⁰ A person who attracts twenty points across multiple tables, but not on any single table, is not considered to have a severe impairment for this purpose and must complete a 'program of support', as discussed below.

- 1.22 The impairment tables are contained in the Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011. There are 15 impairment tables intended to assess impairment in relation to work. Ratings are given depending on the level of impairment on function as it relates to work performance.²¹

Continuing inability to work requirement

- 1.23 A person must also be able to show they have a continuing inability to work (CITW)—that is, they are unable to work at least 15 hours a week in the next two years. The person must also have the inability to:

- work independently of a program of support within the next two years because of their impairment;²² and
- undertake a training activity to prepare for such work within the next two years because of their impairment; or
- such an activity is unlikely, because of their impairment/s, to enable the person to work independently of a program of support within the next two years.²³

Program of support requirement

- 1.24 To meet the continuing inability to work requirement, a person whose impairment is not 'severe' must actively participate in a program of support (POS). As discussed above, a person's impairment is not considered to be severe if it does not score 20 points or more in a single impairment table.²⁴
- 1.25 The POS is not a support program itself, but rather an eligibility requirement for the DSP that is intended to help a person prepare for, find, or maintain

²⁰ DSS, *Social Security Guide: 3.6.1.12 Qualification for DSP - 15 hour rule* (accessed 29 November 2021).

²¹ DSS, *Social Security Guide: 1.1.1.10 Impairment Tables (DSP)* (accessed 29 November 2021).

²² Please note that working independently of a program of support is different to the definition of a Program of Support (POS) that a person may be required to actively participate in prior to claiming the DSP. Specifically, to have a CITW a person must be unable to work reliably for 15 or more hours per week in the open labour market on wages that are at or above the relevant minimum wage without requiring regular and ongoing assistance that is significant, either in hours or intensity, to maintain the employment. See: DSS, *Submission 29*, p. 7.

²³ DSS, *Submission 29*, p. 7.

²⁴ DSS, *Social Security Guide: 3.6.1.12 Qualification for DSP - 15 hour rule* (accessed 29 November 2021).

employment.²⁵ A POS can be completed with a mainstream and disability employment service, or a community development program provider.²⁶

- 1.26 A person must either complete a POS undertaken for 18 months over three years, or be considered unable to complete it due to their impairment. Any time that is not spent completing the POS, including when a person is unwell, results in a pause to the 18-month period.²⁷ As discussed further in Chapter 2, many claimants rely on the lower paid JobSeeker Payment while completing the POS requirement to become eligible for the DSP.
- 1.27 A person does not need to complete a POS and is immediately eligible for the DSP if they have a manifest impairment or if their impairment is ‘severe’ and they cannot work more than 15 hours a week.²⁸ A person has a ‘manifest impairment’ if they:
- have an IQ under 70;
 - have category 4 HIV/AIDS;
 - are terminally ill;
 - are permanently blind; or
 - require nursing home level care.²⁹
- 1.28 A person who has been on the JobSeeker Payment, and actively participating in the activities in their job plan, may meet the POS requirement when they submit a claim for the DSP.³⁰
- 1.29 The committee received significant evidence concerning the POS requirement. As described by one submitter, the POS is ‘unfair, unnecessary, unsuccessful, and holds us back when we are seeking genuine support, both financial and with finding suitable work’.³¹ These issues will be discussed further in proceeding chapters.

The claim, assessment, and appeal processes

- 1.30 The claims and assessment process for the DSP is managed through Services Australia. Claims must be supported by medical and non-medical

²⁵ Mr Troy Sloan, Group Manager, Pensions, Housing and Homelessness Group, DSS, *Committee Hansard*, 11 October 2021, p. 56.

²⁶ Services Australia, [Program of support](#) (accessed 29 November 2021).

²⁷ DSS, [Social Security Guide: 1.1.A.30 Active participation in a program of support \(DSP\)](#) (accessed 29 November 2021).

²⁸ See definition of ‘work’ in section 94(5) of the Act.

²⁹ Services Australia, [Manifest medical rules](#) (accessed 29 November 2021).

³⁰ DSS, *Submission 29*, p. 9.

³¹ People with Disability Australia, *Submission 116*, pp 55–56.

evidence. Responsibility for providing the supporting medical evidence for a claim rests with the person making the claim.³²

- 1.31 DSP claims are initially assessed by a medical assessment team, who identify and ‘fast-track’ claims that involve manifest impairments, such as those made by people with a terminal illness. All other claimants, who do not have a manifest impairment, are required to undertake a job capacity assessment (JCA).³³

Job capacity assessments

- 1.32 A JCA is an assessment of how a person’s condition affects their ability to work, any assistance they may need to get a job, and if they are medically eligible for DSP.³⁴
- 1.33 Services Australia assessors are responsible for providing a rating under the impairment tables. They consider a person’s medical condition, barriers to work, rehabilitation, as well as prior participation with an employment services provider and employment history. They can (but are not required to) consult a person’s treating health professionals to confirm medical evidence, or seek expert opinion from a Health Professional Advisory Unit within Services Australia.³⁵
- 1.34 Following a JCA, assessors will identify claims that are likely to be medically eligible and refer them for further assessment by a Government-contracted doctor (see disability medical assessments below). Claims that are rejected without further assessment can include a recommendation about a claimant’s work capacity and a referral to an employment service.³⁶

Disability medical assessments

- 1.35 Disability medical assessments (DMAs) are conducted by Government-contracted doctors. DMAs involve an independent review of the medical evidence supporting a claim to confirm the person’s conditions are fully diagnosed, treated, and stabilised. DMAs also review the ratings under the impairment tables for these conditions. Government-contracted doctors may also contact a claimant’s treating health professionals to clarify medical evidence, but are not required to.³⁷

³² DSS, *Submission 29*, p. 4.

³³ DSS, *Submission 29*, p. 4.

³⁴ DSS, *Submission 29*, p. 8.

³⁵ DSS, *Submission 29*, pp. 8–10. The Health Professional Advisory Unit (HPAU) is a team of health professionals employed by Services Australia, including medical practitioners. The HPAU can be consulted at any stage of the DSP claim assessment process, or a review of decision process.

³⁶ DSS, *Submission 29*, p. 8.

³⁷ DSS, *Submission 29*, p. 10.

Appeals

1.36 People who have their claim for the DSP rejected, or whose payment is cancelled following a review, can seek a review of that decision. There are several levels of review available:

- initial review by a Subject Matter Expert (SME) within Services Australia who can change the decision if it is found to be incorrect;
- review by an Authorised Review Officer (ARO) within Services Australia;
- if a person does not agree with the SME or ARO decision, they can appeal to the Administrative Appeals Tribunal (Level 1 and Level 2); and
- review by the Federal Court (only for errors of law).³⁸

A brief history of policy changes

1.37 Since its introduction, the DSP has undergone several key policy changes that have tightened the eligibility criteria. These are summarised in Table 1.1 and discussed in more detail below.

Table 1.1 Summary of key policy changes

Year	Change
2006	Eligibility restricted to people who can work less than 15 hours per week (reduced from 30 hours per week).
2011–12	Revised impairment tables introduced. POS introduced. Increase in allowable work hours to 30 hours per week. Participation requirement for recipients under 35 introduced.
2014–15	Treating doctor's report removed. Disability medical assessments by Government-contracted doctors introduced.

Source: Department of Social Services, Submission 29, p. 4.

Welfare to work reforms (2005)

1.38 In 2005, the work capacity assessment level was reduced for people applying for the DSP from 30 to 15 hours per week. Applicants who could work between 15 and 29 hours per week were classified as having a partial capacity to work. Those with a partial capacity to work:

- were not eligible for the DSP, but could apply for an unemployment payment (previously Newstart, now JobSeeker) and have reduced mutual obligation requirements; and

³⁸ DSS, *Submission 29*, pp. 10–11. A person can also make a complaint to the Office of the Commonwealth Ombudsman about the process.

- could reapply for the DSP after two years if they could demonstrate they had not been able to work more than 15 hours a week over this period.³⁹

1.39 The changes were designed to incentivise people to work where they had some capacity to do so, as well as to reduce the number of people who would receive the higher payment.⁴⁰

Reforms to test future work capacity (from September 2011)

1.40 The 2010–11 Budget announced changes to the way work capacity would be assessed for various income support programs, including the DSP. The changes included a new requirement for those applying for the DSP, who could not provide sufficient evidence of a future work capacity of less than 15 hours a week, to:

- be referred to alternative income support payments (for example, Newstart Allowance, now Jobseeker); and
- offered employment assistance through Job Services Australia or Disability Employment Services.

1.41 The Social Security Act was subsequently amended to require people to test their future work capacity by participating in training or work-related activities in order to qualify for the DSP. The amendments introduced:

- a new requirement for DSP applicants to have ‘actively participated’ in a POS; and
- a new definition of ‘severe impairment’ (a person who scores at least 20 points or more under a single impairment table). Those with a ‘severe impairment’ were not required to undertake a POS.⁴¹

Revised Impairment Tables (2012)

1.42 In January 2012, revised impairment tables came into effect. The previous tables were removed from the Social Security Act, and new tables were introduced by legislative instrument.⁴²

1.43 This followed a 2009–10 Budget initiative which set up a review overseen by an advisory committee to provide expert advice. The advisory committee

³⁹ Dale Daniels and Peter Yeend, *Employment and Workplace Relations Legislation Amendment (Welfare to Work and Other Measures) Bill 2005*, *Bills Digest No. 70*, 2005–06, Parliamentary Library, Canberra, 2005.

⁴⁰ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, 2021, p. 11.

⁴¹ Dale Daniels, John Garden, Luke Buckmaster, and Peter Yeend, *Family Assistance and Other Legislation Amendment Bill 2011*, *Bills Digest No. 145*, 2010–11, Parliamentary Library, Canberra, 2011.

⁴² See: Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011.

found that the existing impairment tables were no longer consistent with contemporary medical and rehabilitation practice and recommended revised tables.⁴³

- 1.44 The Government stated that the revised impairment tables had a greater focus on functional ability and concentrated on what a person was able to do, rather than what they cannot do, and were consistent with medical and rehabilitation practice at the time.⁴⁴

Revised medical assessment process (2015)

- 1.45 The 2014–15 Mid-Year Economic and Fiscal Outlook introduced a measure whereby Government-contracted doctors would undertake the medical assessments component of DSP eligibility assessments. This effectively gave government-contracted doctors the responsibility for establishing an applicant's level of functional impairment, rather than the claimant's treating doctor.⁴⁵

Impact of policy changes

- 1.46 The reforms to the DSP have been broadly aimed at shifting people with disability with functional capacity into paid work. Similar approaches have been taken overseas and endorsed by the Organisation for Economic Cooperation and Development (OECD).⁴⁶
- 1.47 Despite this aim, the level of engagement in the workforce for people on the DSP remains low. As noted above, DSP recipients reporting income from employment has declined in recent years, and comprised only 6.9 per cent of all recipients in 2019–20.⁴⁷
- 1.48 Research from the School of Public Health and Preventive Medicine at Monash University noted that the various reforms have also been aimed at limiting Government expenditure on the DSP:

Since its enactment in 1991 from the prior Invalid Pension, the DSP program has been periodically reformed in ways that have increased

⁴³ DSS, [Review of the Tables for the Assessment of Work-related Impairment for Disability Support Pension](#) (accessed 19 January 2022).

⁴⁴ DSS, [Review of the Tables for the Assessment of Work-related Impairment for Disability Support Pension](#) (accessed 19 January 2022).

⁴⁵ Australian Government, *Mid-Year Economic and Fiscal Outlook 2014-15*, December 2014, p. 194.

⁴⁶ See: The Whitlam Institute, *Newstart, Poverty, Disability and the National Disability Insurance Scheme*, February 2020, p. 4.

⁴⁷ DSS, *Annual Report 2019–20*, p. 30.

conditionality, tightened eligibility and sought to limit growth in expenditure.⁴⁸

1.49 Another recently published research paper submitted that the total number of people receiving the DSP has fallen substantially from 815 251 in April 2011 to 752 274 in April 2021, and the success rate also fell from 63 per cent to 41 per cent during this time.⁴⁹

1.50 Notwithstanding the above, the Department of Social Services (DSS) reported that, overall, the number of people on the DSP has been relatively stable over the past five years. According to DSS, the reason for this is:

In recent years, the proportion of claims granted has increased. This, coupled with the increasing pension age, has contributed to a slowdown in exits, which has resulted in total recipient numbers being relatively stable over the past five years.⁵⁰

1.51 In 2020–21, approximately 96 000 people applied for the DSP; 59.4 per cent (57 000) were rejected and only 40.6 per cent (39 000) were granted the payment.⁵¹

Interaction with unemployment payments

1.52 As a result of the tightened DSP eligibility requirements, including the POS requirement, people with disability or chronic illness who are unable to get onto the DSP are forced to apply for other income support payments, such as the JobSeeker Payment (or Youth Allowance for people aged between 21 and 24). These payments are for jobseekers and people who are unable to work for a short time due to sickness or injury.⁵²

1.53 People on JobSeeker receive a lower rate of payment than people on the DSP. A single person with no children receives a maximum of \$629.50 a fortnight on JobSeeker, compared to \$967.50 per fortnight on the DSP.⁵³ In addition, recipients on JobSeeker have mutual obligation requirements which require ongoing reporting and can incur demerits and financial penalties if not met.⁵⁴

1.54 In June 2021, there were 374 367 Jobseeker recipients assessed as having a ‘partial capacity to work’, which is 36.4 per cent of the total number of people

⁴⁸ Alex Collie, Luke R Sheehan, and Tyler J Lane, *Changes in Access to Australian Disability Support Benefits During a Period of Social Welfare Reform*, *Journal of Social Policy*, February 2021, p. 2.

⁴⁹ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends – how our social security system is failing people with partial capacity to work*, 2021, p. 6.

⁵⁰ DSS, *Annual Report 2020–21*, p. 51.

⁵¹ DSS, answers to questions on notice, 1 November 2021 (received 16 December 2021).

⁵² Services Australia, [Other payments if you can't get DSP](#) (accessed 29 November 2021).

⁵³ Services Australia, [How much you get](#) (accessed 30 November 2021).

⁵⁴ Services Australia, [Mutual obligations requirements](#) (accessed 30 November 2021).

receiving JobKeeper. A person with a physical, intellectual or psychiatric impairment has a partial capacity to work if their impairment prevents them from working at least 30 hours per week, independent of a POS, within the next two years.⁵⁵

- 1.55 The majority of people on JobSeeker with a partial capacity to work (72 per cent) have the capacity to work between 15 to 22 hours per week. Only 16 per cent of those with a partial capacity to work reported earnings from employment.⁵⁶
- 1.56 In addition, only 17 per cent of those with partial capacity to work have been granted exemptions from mutual obligations.⁵⁷ For some people with disability on JobSeeker, the expectations placed on them by Services Australia have exacerbated their illness and/or created secondary impairments. This issue is further explored in chapter 3.

Conduct of the inquiry

- 1.57 On 13 May 2021, the Senate referred the inquiry into the purpose, intent and adequacy of the Disability Support Pension to the Senate Community Affairs References Committee for inquiry and report by 30 November 2021. On 21 October 2021, the Senate agreed to extend the reporting date to the first sitting week of February 2022.
- 1.58 The inquiry was advertised on the committee's website and the committee wrote to stakeholders inviting them to make submissions, to be lodged by 9 July 2021. Submissions continued to be accepted after this date. The committee received 134 submissions which are listed in Appendix 1.
- 1.59 The committee held four public hearings in Canberra on 6 September 2021; 11 October 2021; 1 November 2021; and 16 November 2021.
- 1.60 A list of witnesses who gave evidence at the hearings is available in Appendix 2.

Acknowledgement

- 1.61 The committee thanks all of the individuals and organisations who submitted to the inquiry and appeared as witnesses.

⁵⁵ DSS, [Payment Demographic Data](#), June 2021 (accessed 1 September 2021).

⁵⁶ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends – how our social security system is failing people with partial capacity to work*, 2021.

⁵⁷ Senate Community Affairs Legislation Committee, answer to questions on notice no. SQ19-000307, Supplementary Budget Estimates, 24 October 2019, Social Services Portfolio.

Notes on references

1.62 References to Committee Hansard in this report are to the proof transcripts. Please be aware that page numbers may vary between proof and official transcripts.

Chapter 2

Barriers to accessing the Disability Support Pension

... the reports I submitted aren't good enough because they don't properly address the Disability Support Pension criteria ... It's an impossible ask and I feel like I'm getting nowhere. My GP is fed up. And I'm fed up too... I'm just a file number. No one has seen how I suffer every day.¹

- 2.1 At the heart of this inquiry is the inaccessibility of the Disability Support Pension (DSP). People have difficulty demonstrating that their disability, or chronic illness, is permanent and sufficiently severe, and that they have a continuing inability to work. For those unable to demonstrate that their level of impairment is 'severe', the program of support (POS) requirement can also be an insurmountable hurdle.
- 2.2 This chapter outlines the key barriers to accessing the DSP resulting from the claims process, including the challenges experienced by people trying to gather the medical evidence required to support their DSP claim. The next chapter explores the detrimental impacts of the claims process and restrictive eligibility criteria, including for those who have not been able to access the payment and who rely on other forms of income support, such as the JobSeeker Payment.

Eligibility criteria

Conditions which are fully diagnosed, treated, and stabilised

- 2.3 The requirement that a condition be fully diagnosed, treated, and stabilised is a significant barrier to accessing the DSP. If a person's condition has been determined to be fully diagnosed, treated, and stabilised, it is accepted as being permanent. However, if their condition is not considered permanent, then it cannot be assessed under the impairment tables and they will not receive DSP.²
- 2.4 The Department of Social Services (the DSS) submitted that the DSP is potentially a lifelong pension payment, and the requirement that a condition be fully diagnosed, treated, and stabilised is longstanding policy.³

¹ Victoria Legal Aid, *Submission 93*, p. 29.

² Department of Social Services, Services Australia, and the National Disability Insurance Agency (DSS), *Submission 29*, p. 5.

³ DSS, *Submission 29*, p. 5.

Episodic, fluctuating, and complex conditions

2.5 The committee heard that the word ‘fully’ in the ‘fully diagnosed, treated, and stabilised’ requirement creates an unreasonable and unnecessary barrier to accessing the DSP.⁴ Inquiry participants also noted that some applicants experience episodic conditions and illness; rapid onset of disease; or injury from accidents, and argued that the requirement that a condition be ‘fully’ diagnosed, treated, and stabilised fails to cater to these circumstances.⁵ According to Anglicare Australia:

It is reasonable to expect that there should be a diagnosis, and that a person might be undertaking reasonable treatments, however the use of the qualifier “fully”, and the implicit assumption that some conditions can ever be stabilised, fails to recognise the lived experience of people who cannot work because of an illness or disability, or that their conditions may not be static.⁶

2.6 One individual, Mr Peter Sutton, articulated his experience for the committee:

Most of us who are on the DSP or applying for it have multiple conditions. We are vulnerable people dealing with a number of stressors as it is, which do compound things. When I first lodged a disability support pension application it was initially declined. It took them just two weeks. I got the decision saying it was declined. I was advised that my injuries hadn't stabilised, that I hadn't exhausted treatment options and that the conditions had not been properly diagnosed. This is despite the fact that over the years there was a lot of evidence, including MRIs, CTs, ultrasounds, x-rays, nerve conduction studies, concentric muscle examinations, and treatments had included physiotherapy, pilates, hydrotherapy and nerve-root injections.⁷

2.7 Dr Roslyn Russell from Good Shepherd Australia New Zealand told the committee that, due to the DSP’s eligibility barriers, one in five women her organisation sees are not receiving the payment when they should be. She contended that this indicated Australia was ‘failing to uphold the human rights of people with disability’.⁸

2.8 Mental Health Australia outlined how people with psychosocial disability, who may experience episodic mental illness, are particularly disadvantaged.⁹ Inquiry participants also noted that people experiencing episodic mental

⁴ Victoria Legal Aid, *Submission 93*, p. 15.

⁵ For example, see: Catholic Social Services Victoria, *Submission 27*, p. 2; and Catholic Social Services Australia, *Submission 6*, p. 6.

⁶ Anglicare Australia, *Submission 13*, p. 7.

⁷ Mr Peter Sutton, *Committee Hansard*, 6 September 2021, p. 3.

⁸ Dr Roslyn Russell, Director, Research and System Impact, Good Shepherd Australia New Zealand, *Committee Hansard*, 1 November 2021, pp. 1–2.

⁹ Mental Health Australia, *Submission 23*, pp. 2–3.

illness can struggle to provide sufficient evidence that their condition has stabilised and that, for some individuals, stabilising an illness can take an extended period of time and the right combination of medication and living conditions.¹⁰

- 2.9 According to one claimant who was unsuccessful in their claim for the DSP due to the fluctuating and episodic nature of their condition:

I did try to get on the DSP, however, it requires your condition to be diagnosed, treated and stabilised. But mental health is never stabilised – it's always up and down, which means ultimately if you have any sort of episodic condition you're out of luck.¹¹

- 2.10 In addition, people experiencing episodic mental illness may struggle to maintain engagement with treating health practitioners, treatment plans, and supports. Therefore, they may not have a definitive diagnosis or may have multiple inconsistent diagnoses.¹²

- 2.11 The committee also heard that people with degenerative diseases, such as Alzheimer's disease, have difficulty showing their condition has stabilised as it continues to deteriorate.¹³ People with fluctuating illnesses, such as Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) also struggle with this requirement.¹⁴

- 2.12 Cancer Council Australia and Oncology Social Work Australia and New Zealand told the committee that people diagnosed with cancer face specific challenges with this aspect of the eligibility criteria due to the sometimes lengthy and uncertain path to recovery, where long-term side effects can keep people out of work.¹⁵ In her evidence to the committee, the Director of Cancer Control Policy at Cancer Council Australia, Ms Megan Varlow, said:

Most cancer survivors describe long-term symptoms and side effects which impact their ability to work over a long period, and research identifies that the risk of becoming unemployed is 37 per cent higher in cancer survivors compared to others. Further, the prognosis for someone with cancer can be uncertain, and people commonly switch treatment over time, depending on their progress. This means that they do not usually meet the eligibility criteria for the disability support pension—that is, that

¹⁰ Disability Council NSW, *Submission 24*, [p. 1].

¹¹ ACT Council of Social Service (ACTCOSS), *Submission 56*, p. 17.

¹² Australian Federation of Disability Organisations (AFDO), *Submission 118*, p. 56.

¹³ Anglicare Australia, *Submission 13*, p. 7.

¹⁴ ME Advocacy Network Australia, *Submission 63*, p. 5.

¹⁵ Cancer Council Australia and Oncology Social Work Australia and New Zealand, *Submission 65*, p. 3.

their condition is permanent, fully diagnosed and fully stabilised. For some people with cancer, this is never the case, even in their final months.¹⁶

2.13 Given these issues, a number of submitters and witnesses advocated for the removal of the term 'fully' from the 'diagnosed, treated and stabilised' requirement in recognition of episodic and complex disability that may never fully stabilise.¹⁷ For example, Ms Linda Forbes from Economic Justice Australia (EJA) strongly argued for its removal, stating to the committee that '[t]hese 'fully' qualifiers are, in our view, irrational and create considerable confusion and distress'.¹⁸

2.14 Responding to questions regarding whether consideration has been given to the proposal to remove the word 'fully' from the requirement, the Deputy Secretary of Social Security within the DSS, Mr Matt Flavel, said the following:

Not specific consideration. Obviously that forms a pretty core part of the law and supporting architecture around the disability support pension. Given that it's an act agreed by parliament, there have been no government initiated attempts to look at changing the way that that definition currently works.¹⁹

2.15 The committee notes that the *Social Security Act 1991* does not include any requirement that a condition is fully diagnosed, treated and stabilised. These terms are defined in a determination that is intended to guide the assessment of whether the condition causing a person's impairment is permanent. Section 6(3)(a) of Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 states that '[a]n impairment rating can only be assigned to an impairment if the person's condition causing that impairment is permanent'.

2.16 Mr Troy Sloan, the Group Manager of Pensions, Housing, and Homelessness within the DSS, articulated this further. He argued that the term has a specific definition and, as currently defined, does cater for people with episodic conditions:

I think it's important to recognise that 'fully' is defined. Quite often, general meanings are applied; but it's defined in the instrument, which talks about a person 'having undertaken reasonable treatment for the condition and any further reasonable treatment is unlikely to result in a

¹⁶ Ms Megan Varlow, Director, Cancer Control Policy, Cancer Council Australia, *Committee Hansard*, 6 September 2021, p. 36.

¹⁷ For example, see: ACTCOSS, *Submission 56*, p. 7; St Vincent de Paul Society, *Submission 62*, p. 6; and Australian Council of Social Service (ACOSS), *Submission 68*, p. 6.

¹⁸ Ms Linda Forbes, Law Reform, Policy and Communications Officer, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 14.

¹⁹ Mr Matt Flavel, Deputy Secretary, Social Security, Department of Social Services, *Committee Hansard*, 11 October 2021, p. 53.

significant functional improvement to a level enabling the person to undertake work in the next two years'. Within that, there is certainly allowance for an episodic fluctuating condition to be fully treated, recognising that it will fluctuate from time to time. In this case, 'fully treated' means the person in question has had reasonable treatment. We are looking at whether, with that treatment, their condition will impact on their ability to work in the next two years. In that case 'episodic' can fit within that definition as defined by the legislation. But, quite often, people get caught up on the ordinary meaning.²⁰

2.17 Despite this explanation, and as noted earlier in this chapter, this has not been the lived experience of people who have applied for the DSP. This issue was further articulated by the Australian Medical Association (AMA):

The DSP requirement for the disability or medical condition to be fully diagnosed, fully treated and fully stabilised can also be an issue for the following reasons:

- defining “stabilised” is problematic when the patient may experience impairment that is progressive, episodic or fluctuating;
- the patient may have a degenerative disease that is progressively impacting on their functionality and thus not clinically considered stabilised; and
- defining a condition as treated is difficult when emerging treatments can be on the medical horizon.²¹

Treatment

2.18 The DSS submitted that, where reasonable treatment may improve a person’s functional impairment, it should be explored before they are granted payment.²² Victoria Legal Aid, however, argued that requiring that a condition be ‘fully treated’ creates an unreasonably high hurdle in relation to the exploration of reasonable treatment options.²³

2.19 It was also suggested that ongoing treatment requirements can be interpreted by DSS assessors as evidence that a person’s condition is not fully treated or stabilised. According to the Australian Council of Social Service (ACOSS):

People with conditions like cancer or psychiatric illness are at particular risk of this occurring because the complexity of their illness does not align with ‘fully diagnosed, fully treated and fully stabilised’ and can be sporadic in nature.²⁴

²⁰ Mr Troy Sloan, Group Manager, Pensions, Housing and Homelessness Group, Department of Social Services, *Committee Hansard*, 11 October 2021, p. 53.

²¹ Australian Medical Association (AMA), *Submission 133*, p. 3.

²² DSS, *Submission 29*, p. 5.

²³ Victoria Legal Aid, *Submission 93*, p. 15.

²⁴ ACOSS, *Submission 68*, p. 6.

- 2.20 A concern was raised during the inquiry that an individual's autonomy and agency over their medical decisions has been impacted by the treatment requirement. Although it was noted that a person may decide not to undertake a treatment due to the serious risk of unavoidable and significant side effects, inquiry participants submitted that what was considered a 'significant' side effect was a subjective decision made by Services Australia.²⁵
- 2.21 The case of a 26-year-old woman who declined to trial a drug that would put her into medical menopause was provided as an example. The Australian Federation of Disability Organisations (AFDO) told the committee that:
- In her AAT appeal, Centrelink [now Services Australia] argued that her condition was not fully treated because she refused to trial the drug... Thankfully, a Tribunal member recognised it was unreasonable to compel a young woman to undergo treatment that would prevent her from ever having children.²⁶
- 2.22 Children and Young People with Disability Australia (CYDA) also gave evidence that young people have felt influenced to take medications or receive treatments in order to 'prove' their disability.²⁷
- 2.23 The Chair of ME/CFS Australia, Mr Geoffrey Hallman, argued that, on the basis that a therapy may lessen an applicant's disability, these individuals are frequently required to undergo therapies which actually worsen their impairments.²⁸

Impairment tables

- 2.24 Inquiry participants told the committee that the impairment tables create specific barriers to accessing the DSP. The main issue raised was the requirement for 20 points in a single table to demonstrate a 'severe impairment'. Other criticisms were levelled at the rigid application of the tables, and their irrelevance to a person's capacity to work.

Rating for a 'severe impairment'

- 2.25 A person is afforded a rating under the impairment tables only once their condition is determined to be fully diagnosed, treated, and stabilised.²⁹
- 2.26 As discussed in Chapter 1, people claiming the DSP who are assessed as having 20 points or more in a single table are considered to have a 'severe impairment'. If a person scores 20 points or more across multiple impairment

²⁵ For example, see: Australian Federation of Disability Organisations (AFDO), *Submission 118*, p. 55.

²⁶ AFDO, *Submission 118*, p. 55. See also discussion in Victoria Legal Aid, *Submission 93*, p. 15.

²⁷ Children and Young People with Disability Australia (CYDA), *Submission 96*, p. 16.

²⁸ Mr Geoffrey Hallman, Chair, ME/CFS Australia, *Committee Hansard*, 1 November 2021, p. 11.

²⁹ DSS, *Submission 29*, p. 5.

tables, they must demonstrate they have tried to improve their work capacity by completing a POS.³⁰

2.27 Inquiry participants commonly argued that the requirement for 20 points or more in a single impairment table for a 'severe impairment' fails to recognise the cumulative impact of multiple disabilities and comorbidities.³¹

2.28 It was suggested to the committee that there is no rational explanation for the requirement for a person to demonstrate 20 points in one impairment table.³² As AFDO explained:

... it is illogical to presume that people with impairments across multiple areas of function would have more capacity to find work.³³

2.29 Social Security Rights Victoria (SSRV) noted that the requirement assumes that a person with multiple, but individually less severe impairments, will be more able to participate in meaningful employment:

While this may be the case for some people, it is not universal. In SSRV's experience people with multiple impairments are less able to participate in employment, especially when considering comorbidities and interactions between conditions.³⁴

2.30 ACOSS submitted that an individual's overall incapacity should be understood through the claims process, and not 'hampered by relatively arbitrary rules within the assessment tables themselves'.³⁵

2.31 The Chief Executive of Cystic Fibrosis Community Care, Ms Karin Knoester, noted that this was particularly an issue for Australians with cystic fibrosis. She told the committee the following:

We believe that access to the DSP is particularly difficult for people with CF due to the methodology used to assess eligibility, and while a person with CF may have more than 20 points, for example, across the assessment tables, they will be across a range of tables, not on one single table. For a person with CF to have 20 points in one table would mean they are so seriously unwell that they're actually at the end of life. The assessment criteria fail to take into account the cumulative effect upon functional impairment.³⁶

³⁰ DSS, *Submission 29*, p. 7.

³¹ For example, see: AFDO, *Submission 118*, p. 54; and Catholic Social Services Australia, *Submission 6*, p. 2.

³² Council on the Ageing, *Submission 21*, p. 2; AFDO, *Submission 118*, p. 54; St Vincent de Paul Society, *Submission 62*, p. 3.

³³ AFDO, *Submission 118*, p. 52.

³⁴ Social Security Rights Victoria, *Submission 90*, p. 13.

³⁵ ACOSS, *Submission 68*, p. 8.

³⁶ Ms Karin Knoester, Chief Executive, Cystic Fibrosis Community Care, *Committee Hansard*, 1 November 2021, p. 9.

2.32 Given the above deficiencies, several inquiry participants recommended that people with disability should be able to access the DSP where they do not meet 20 points under one impairment table, but where they meet this threshold across multiple impairment tables.³⁷

Rigid and not related to a person's ability to work

2.33 The impairment tables were criticised for not taking into account fluctuating conditions and episodic illness, and failed to recognise the range of circumstances that impact on a person's ability to find and maintain work.³⁸

2.34 Victoria Legal Aid argued that the impairment tables dissect impairments, preventing decision-makers from taking a holistic approach to the functional impact of certain conditions and leading to artificial ratings that do not reflect the reality of a person's capacity to work.³⁹

2.35 Evidence demonstrating the disconnect between a person's capacity to work, and how they might be assessed under the impairment tables, was presented to the committee. For example, a client of Victoria Legal Aid, Jack, was assessed under the musculoskeletal tables and explained the poor outcome in his case:

My right-hand injury was not considered severe enough to justify 20 points under Impairment Table 2 because I still have use of my left hand. The only thing I can do with my left hand is hold a telephone. I struggle to use a computer mouse with my left. The right hand is clawed; I cannot write or use cutlery; I have no strength or feeling in it and drop things. I cannot wash dishes ... my doctor says that if I work, I'd likely ... hurt myself or somebody else.⁴⁰

2.36 The Albany Community Legal Centre submitted that it was unrealistic to base a person's capacity for employment on a rating in the impairment tables as they are 'based purely on activities of daily living'.⁴¹

2.37 According to Cancer Council Australia and Oncology Social Work Australia and New Zealand, the impairment tables have limited relevance for people affected by cancer:

... they may still be able to do activities of daily living such as use public transport or go shopping for food without assistance, which is different to having the ability to actively seek a job and work. It may only be after

³⁷ For example, see: ACOSS, *Submission 68*, p. 8; and Catholic Social Services Australia, *Submission 6*, p. 2.

³⁸ For example, see: Victoria Legal Aid, *Submission 93*, p. 17; CYDA, *Submission 96*, p. 17; ME Advocacy Network Australia, *Submission 63*, p. 2; ME/CFS and Lyme Association of WA, *Submission 64*, p. 3.

³⁹ Victoria Legal Aid, *Submission 93*, p. 18.

⁴⁰ Victoria Legal Aid, *Submission 93*, p. 14.

⁴¹ Albany Community Legal Centre, *Submission 70*, p. 3.

months or years following the initial diagnosis that the medical evidence is available to qualify for the DSP ...⁴²

Review of the impairment tables

2.38 The existing impairment tables are due to expire in April 2022 and are currently being reviewed by the Government. In an issues paper released by the DSS, it was noted that the review will not be on the same scale as the one undertaken in 2011, as the tables appear to be 'functioning as expected'.⁴³ The issues paper articulated the focus of the review as follows:

The current structure of the Impairment Tables focuses on the ability of someone to engage in the labour market, rather than a condition they may have. This review will focus on the functioning of the current Impairment Tables, in particular, consistency and relevant advances in medical technology and assessments and will include external consultation with stakeholders (stakeholders will include advocacy and welfare groups, disability peak bodies and individuals).

The review will primarily focus on the Impairment Tables used for assessing medical eligibility to DSP. Any other concerns or issues raised will be noted and considered in future policy work subject to Government decisions.⁴⁴

2.39 A number of inquiry participants were critical of the consultation process being undertaken by the Government. For example, the National Manager of Advocacy and Research at AFDO, Mr Patrick McGee, outlined a number of flaws in the consultation process:

The last thing I'd like to point to is the inadequacy of the current review of the impairment tables. The current review of the impairment tables is limited to what the department are calling a functional review. This functional review has been led by DSS. There have been general consultation meetings, which have lacked any type of structure. They've written an issues paper which we believe includes data that's been cherry-picked. Our request for a fourth stream of consultation, which has just been acknowledged by the department, has been complicated and difficult. That fourth stream was to seek the views of people with lived experience of the DSP who have a disability. This takes us back, full circle, to the absence of the social model of disability, which allows or perpetuates this situation where the direct users of the program are not being consulted with.⁴⁵

2.40 EJA told the committee that it had to 'push' its way into the review process, and that only after a lot of advocacy work undertaken by AFDO and People

⁴² Cancer Council Australia and Oncology Social Work Australia and New Zealand, *Submission 65*, p. 5.

⁴³ DSS, *Impairment Tables Review Issues Paper*, p. 4.

⁴⁴ DSS, *Impairment Tables Review Issues Paper*, p. 4.

⁴⁵ Mr Patrick McGee, National Manager, Advocacy and Research, Australian Federation of Disability Organisations, *Committee Hansard*, 6 September 2021, p. 24.

with Disability Australia (PWDA) had the consultation process improved and broadened. Highlighting this lack of notification, Ms Linda Forbes from EJA said the following:

But I must say we weren't even aware initially, or made aware, of the fact that the impairment tables were under review, because we weren't informed. We just gradually became aware through our sister peak organisations ...⁴⁶

Program of support requirement

- 2.41 Inquiry participants argued that the POS requirement significantly reduces the accessibility of the DSP. For some participants the POS is considered the biggest barrier to accessing the DSP.⁴⁷
- 2.42 Under this requirement, a person must complete a POS for 18 months over a three-year period. This involves demonstrating that a person has tried to improve their work capacity by participating in an employment services program, generally through a mainstream employment service (JobActive) or Disability Employment Services.⁴⁸
- 2.43 A person may also meet the POS requirement if they:
- finish an appropriate employment assistance program, which is shorter than 18 months (such as the 12-month Transition to Work program); or
 - are participating in an appropriate employment assistance program at the date of claim and it is determined that their impairment prevents them from further increasing their work capacity through continued participation.⁴⁹
- 2.44 Multiple submitters stated that 18 months is a long time to participate in an employment services program while remaining on the lower-paid JobSeeker Payment, with its mutual obligation requirements.⁵⁰ In addition, there was clear evidence to the committee that the requirement to complete a POS, in

⁴⁶ Ms Linda Forbes, Law Reform, Policy and Communications Officer, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 16.

⁴⁷ For example, see: CYDA, *Submission 96*, pp. 17–18; and Social Security Rights Victoria, *Submission 90*, p. 13.

⁴⁸ DSS, *Submission 29*, p. 8.

⁴⁹ DSS, *Submission 29*, p. 8.

⁵⁰ For example, see: Anglicare Australia, *Submission 13*, pp. 10–11; Queensland Council of Social Service, *Submission 19*, pp. 1–2; COTA Australia, *Submission 21*, p. 2; Council of Single Mothers and their Children, *Submission 55*, p. 9; Women with Disability Australia, *Submission 74*, [pp. 7–8]; Social Security Rights Victoria, *Submission 90*, p. 14; Dr Darren O'Donovan, La Trobe Law School, *Submission 114*, [pp. 4–5].

order to be eligible for the DSP, is unrealistic for many people with disabilities, chronic health conditions, and/or ongoing caring responsibilities.⁵¹

2.45 Responding to questions regarding the POS requirement, the DSS argued that there are effectively three different categories of eligible claimants: individuals who are manifestly eligible; individuals who are severely impaired, with 20 points accumulated on a single impairment table; and individuals with 20 points accumulated across multiple impairment tables, but not on any single table.⁵² DSS stated that only claimants in the last category are required to undertake a POS, which represents approximately three per cent of all claimants.

2.46 Cystic Fibrosis Community Care highlighted the challenges the POS causes those people within the community suffering from cystic fibrosis:

The 18-month program of support requirement for individuals with complex conditions is particularly challenging for people with cystic fibrosis. Firstly, a person living with CF will often require several hospital admissions of two or three weeks duration every year, and this would draw the program of support process to well over two years, and that's provided an individual with CF can find a sympathetic employer in their geographic region who is able to accommodate the ongoing absences and the limitations to what work can be done. So consideration also needs to be taken into account as to the progressiveness of the condition and the imperative upon the individual to work hard to maintain a level of reasonable wellness and mental health.⁵³

2.47 Victoria Legal Aid noted that, on average, over half of all people claiming the DSP who are required to undertake a POS are rejected for failing to meet that aspect of the eligibility criteria.⁵⁴

Medical exemptions

2.48 The committee heard that the POS requirement results in situations whereby clearly incapacitated people are required to engage with employment services beyond their capacity.⁵⁵ As a result, many people are too unwell to 'actively' participate in a POS and require a medical exemption, which delays their

⁵¹ For example, see: Good Shepard Australia and New Zealand, *Submission 86*, [p. 12]; and Women with Disabilities Australia, *Submission 74*, [p. 8].

⁵² Mr Troy Sloan, Group Manager, Pensions, Housing and Homelessness Group, Department of Social Services, *Committee Hansard*, 11 October 2021, p. 55.

⁵³ Ms Karin Knoester, Chief Executive, Cystic Fibrosis Community Care, *Committee Hansard*, 1 November 2021, p. 9.

⁵⁴ Victoria Legal Aid, *Submission 93*, p. 24.

⁵⁵ For example, see: Queenslanders with Disability Network, *Submission 87*, [p. 3].

eligibility for the DSP as these periods do not count towards their 'active participation period'.⁵⁶

- 2.49 Inquiry participants noted that, because of medical conditions and requirements for exemptions, some people are never able to complete a POS.⁵⁷ Further, the Rights Information and Advocacy Centre submitted that some Disability Employment Services (DES) providers are failing to inform claimants about the implications of obtaining medical exemptions, such as delaying their eligibility for the DSP.⁵⁸
- 2.50 It was argued that completing a POS is particularly challenging for people with fluctuating illnesses. For example, MS Australia told the committee that people with multiple sclerosis, who commonly live with unpredictable and episodic changes to their symptoms and functional capacity, can require medical exemptions for POS activities, causing delays in the claim process.⁵⁹
- 2.51 The committee heard that, although the guidelines provide for circumstances where a person may be fully exempted from the POS requirement, in practice this rarely occurs.⁶⁰
- 2.52 According to one advocacy organisation which commonly makes exemption requests to DES providers on behalf of its clients with severe physical and/or mental health issues:

The response consistently received is that the provider "does not do this" and that the client needs to continue in the program. This creates a vicious cycle for the client, as they are not immediately eligible for the DSP under the 'severe' impairment pathway but are too unwell to participate in their POS and are unable to be exempted from the program.⁶¹

A 'hidden' criterion

- 2.53 A number of inquiry participants submitted that the POS requirement is not well understood by DSP claimants.⁶² In its submission, AFDO highlighted that in one study 83 per cent of respondents had not heard of the POS requirement when they submitted their DSP application.⁶³

⁵⁶ Rights Information and Advocacy Centre, *Submission 89*, [p. 6].

⁵⁷ Rights Information and Advocacy Centre, *Submission 89*, [p. 6].

⁵⁸ Rights Information and Advocacy Centre, *Submission 89*, [p. 11].

⁵⁹ MS Australia, *Submission 83*, p. 11.

⁶⁰ For example, see: Rights Information and Advocacy Centre, *Submission 89*, [p. 11]; Social Security Rights Victoria, *Submission 90*, p. 14; and Victoria Legal Aid, *Submission 93*, pp. 21–22.

⁶¹ Rights Information and Advocacy Centre, *Submission 89*, [p. 7].

⁶² For example, see: Financial Counselling Victoria, *Submission 77*, p. 3. AFDO, *Submission 118*, pp. 65–65; and Victoria Legal Aid, *Submission 93*, pp. 14 and 23.

⁶³ AFDO, *Submission 118*, p. 66.

2.54 Several submitters told the committee that the POS requirement only became known at the point of appealing a decision to refuse the DSP.⁶⁴ For example, according to one unsuccessful claimant:

The Tribunal eventually explained that I was not eligible because I had not participated in a Program of Support before making the claim. This was the first time I heard about the Program of Support. When I went into Centrelink to discuss the “support program,” they did not know what I was talking about. I felt like an idiot.⁶⁵

Reforming the program of support requirement

2.55 The committee heard overwhelming evidence in support of removing the POS requirement from the DSP eligibility criteria.⁶⁶ For example, the Chief Executive Officer of CYDA, Ms Mary Sayers, stated unequivocally that her organisation would like the POS ‘completely scrapped’. She contended that it is unfair and forces many young people with only partial capacity to work onto either JobSeeker or Youth Allowance.⁶⁷

2.56 There were also suggestions that, if not abolished, POS exemptions should be more readily available or that participation be made voluntary.⁶⁸ On this issue, Ms Linda Forbes from EJA stated:

What really needs to happen is that, rather than the person having to put up their hand and seek to exit, they are exempt from it. That would also mean that you could exempt people before the requirement were actually applied to them. It's not like having a requirement that's never going to work and then getting the person to exit; it's getting someone to think it through and exercise discretion to say, 'This particular person, in the circumstances of their case, should not be required to engage in the program of support.'⁶⁹

2.57 Evidence before the committee suggested the POS requirement has a detrimental impact on individuals’ health, and social and economic wellbeing. In addition, there is very little evidence as to the effectiveness of the POS requirement in assisting people into employment. These issues are further discussed in Chapter 4.

⁶⁴ For example, see: Victoria Legal Aid, *Submission 93*, p. 14; and AFDO, *Submission 118*, p. 42.

⁶⁵ Victoria Legal Aid, *Submission 93*, p. 14.

⁶⁶ For example, see: MS Australia, *Submission 83*, p. 11; Good Shepard Australia and New Zealand, *Submission 86*, p. 6; Rights Information and Advocacy Centre, *Submission 89*, [p. 11]; and Social Security Rights Victoria, *Submission 90*, p. 3.

⁶⁷ Ms Mary Sayers, Chief Executive Officer, CYDA, *Committee Hansard*, 6 September 2021, p. 29.

⁶⁸ For example, see: Good Shepard Australia and New Zealand, *Submission 86*, p. 12; and Rights Information and Advocacy Centre, *Submission 89*, [p. 1].

⁶⁹ Ms Linda Forbes, Law Reform, Policy and Communications Officer, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 20.

Continuing inability to work

2.58 The flaws requiring a person to demonstrate that they have a continuing inability to work were also criticised during the inquiry. A person will meet this requirement if they have medical evidence to show that they are unable to work at least 15 hours a week within the next two years because of their impairment.⁷⁰

2.59 MS Australia argued that this requirement is unfair:

For the purpose of assessment, 'work' includes at least 15 hours per week at or above the minimum wage and if the work exists in Australia, "even if not within the person's locally accessible labour market" - 15 hours work per week is a sentence to poverty!⁷¹

2.60 The Chief Executive of Cystic Fibrosis Community Care, Ms Karin Knoester, highlighted for the committee that cystic fibrosis does not affect people uniformly, and that its impact on a person's ability to work can vary. She also noted that, although a person may be able to work 15 hours per week, doing so could have significant negative impacts on other parts of their life:

In relation to employment, for example, one person may be able to work 15 hours a week, but in doing so it would leave them significantly exhausted and unable to manage their self-care needs, such as their intensive physiotherapy treatments and their social connections, which are so important to their good mental health. That's aside from the clinic appointments they need to have with their CF team and their physios and OTs and physicians. Without taking into account the various other debilitating factors associated with cystic fibrosis, an assessment that a person is able to work 15 hours per week and therefore is not eligible for the DSP is actually erroneous.⁷²

2.61 As discussed in further detail in Chapter 4, the limit placed on the number of hours a person can work in order to be eligible for the DSP was also criticised for limiting a person's ability to engage in the workforce.

Claims process and evidence requirements

2.62 The committee heard that the evidentiary requirements to qualify for the DSP places a heavy burden on individuals.⁷³ Further, some applicants do not have access to comprehensive medical records and may need to gather evidence for their DSP claim from multiple sources. This often results in the need to seek further evidence.⁷⁴

⁷⁰ DSS, *Submission 29*, p. 7.

⁷¹ MS Australia, *Submission 83*, p. 12.

⁷² Ms Karin Knoester, Chief Executive, Cystic Fibrosis Community Care, *Committee Hansard*, 1 November 2021, p. 9.

⁷³ AFDO, *Submission 118*, p. 43.

⁷⁴ AFDO, *Submission 118*, p. 46.

2.63 The nature of some disabilities also makes it difficult for some to acquire the necessary evidence to support their DSP claim. Mental Health Australia submitted that the functional impacts of psychosocial disability make it problematic for people to engage with the complexity of the evidence gathering and application processes.⁷⁵

Availability of health professionals

2.64 The committee heard that there is a shortage of specialist health professionals across a range of areas, which has led to long wait times and high costs for appointments.⁷⁶ This shortage of specialists has led to a number of applicants being forced to approach multiple medical professionals to find appropriate support for their DSP claim.⁷⁷

2.65 Financial Counselling Victoria noted that the impacts of COVID-19 and lockdowns in Victoria have resulted in some medical treatments being unavailable for months, and that many waiting lists for specialists have 'blown out' to years in duration.⁷⁸

2.66 The committee also heard that this is particularly acute in rural, regional, and remote areas, with people in these communities facing particular difficulties in accessing specialists. According to one person living in a rural town:

People who need access to therapy, or counselling, it's just not there. It took 16 months to get an appointment with a psychologist. I was given 37 referrals to different psychologists but there was no availability.⁷⁹

Qualification period to provide evidence

2.67 Another issue raised in evidence is the 13-week qualification period, from the date of the DSP claim, to provide evidence. This requires a claimant to satisfy the eligibility criteria for the DSP in the 13-week period commencing on the date the claim is lodged.⁸⁰

2.68 Victoria Legal Aid explained that the qualification period can unfairly prevent people from accessing the DSP, particularly those who have difficulty obtaining relevant medical evidence. It submitted that medical evidence

⁷⁵ Mental Health Australia, *Submission 23*, p. 3.

⁷⁶ Women with Disabilities Australia, *Submission 74*, [p. 3]; and ME/CFS and Lyme Association of WA, *Submission 64*, p. 19.

⁷⁷ Spinal Cord Injuries Australia, *Submission 30*, p. 8.

⁷⁸ Financial Counselling Victoria, *Submission 77*, p. 3.

⁷⁹ Victoria Legal Aid, *Submission 93*, pp. 16–17.

⁸⁰ Victoria Legal Aid, *Submission 93*, p. 20.

supporting a person's application often becomes available several months, or even years, after being lodged.⁸¹

- 2.69 It noted that, where this happens during the review process, a new claim must be lodged.⁸² To remove the need to commence the process again, Victoria Legal Aid recommended introducing discretion to approve DSP claims when eligibility is established after the 13-week qualification period.⁸³

Restrictions on who can provide evidence

- 2.70 The committee heard that restrictions on who can provide evidence in support of a DSP claim is also creating barriers for some applicants.⁸⁴ For example, only reports from a psychiatrist or clinical psychologist will be accepted as evidence of a diagnosed mental health condition for the purpose of the impairment tables.⁸⁵

- 2.71 The Australian Association of Psychologists noted that this restriction has inhibited some applicants from accessing the DSP, as there is limited availability of clinical psychologists, neuropsychologists, and psychiatrists in many regions, particularly in rural and remote parts of Australia. In addition, the higher fees charged by these clinicians, compared to registered psychologists, is cost prohibitive.⁸⁶

- 2.72 Inquiry participants expressed concerns that the restrictions are unduly limiting and are causing significant stress to people applying for the DSP. For example, according to the Whitlam Institute:

By prescribing which medical professions can provide evidence for conditions, it could disadvantage or impact upon relationships built with other professionals whom applicants may have a rapport with or who may understand the person's condition better such as, a general practitioner (GP), but who may be unable to write evidence which will be accepted by Centrelink.⁸⁷

First Nations people and cultural safety

- 2.73 The National Aboriginal Community Controlled Health Organisation (NACHHO) submitted that the claims process for the DSP is not culturally safe

⁸¹ Victoria Legal Aid, *Submission 93*, p. 20.

⁸² Victoria Legal Aid, *Submission 93*, p. 20.

⁸³ Victoria Legal Aid, *Submission 93*, p. 21.

⁸⁴ Advocacy Law Alliance, *Submission 75*, pp. 7–8; and Financial Counselling Victoria, *Submission 77*, p. 3.

⁸⁵ Advocacy Law Alliance, *Submission 75*, pp. 7–8; and Ethic Disability Advocacy Centre, *Submission 71*, p. 4.

⁸⁶ Australian Association of Psychologists, *Submission 1*, [p. 3].

⁸⁷ The Whitlam Institute, *Submission 26*, p. 10.

and fails to consider the additional barriers that First Nations people with disability face.⁸⁸ For example, the organisation noted that many Aboriginal and Torres Strait Islander people, particularly in remote locations, commonly lack the identification documents required by Services Australia, such as a birth certificate.⁸⁹

- 2.74 Recognising these issues, a number of inquiry participants called for reforms to the DSP.⁹⁰ For example, Victoria Legal Aid recommended that Services Australia employs Aboriginal and Torres Strait Islander people to ensure culturally competent service delivery; and that it accepts medical evidence from Aboriginal health services, rather than requiring further evidence from mainstream providers which may not be culturally safe for the applicant.⁹¹

Role of health professionals

- 2.75 The committee heard that health professionals have varying levels of knowledge about the DSP's eligibility requirements, impairment tables, and types of reports needed to support a claim.⁹² According to Dr Darren O'Donovan from La Trobe Law School:

Individual's application outcomes too often reflect the familiarity of doctors with the tables, the ability of the person to advocate and navigate the layers of evidence and appeals. Where a doctor is unaware of the very specific information required to established eligibility, applicants are left with medical evidence which do not expressly address the requirements of the impairment tables.⁹³

- 2.76 As an example of this issue, a health professional may report that a person needs additional treatment but fail to comment on the impact this treatment may have on the person's function.⁹⁴ Further, some health professionals are reluctant to say that a person's impairment is permanent or that their function will not improve. The committee heard that this issue disproportionately impacts young people with disability.⁹⁵
- 2.77 Inquiry participants also noted a gap in the language that medical professionals use in their reports and the language required by Services

⁸⁸ National Aboriginal Community Controlled Health Organisation (NACHHO), *Submission 84*, p. 8.

⁸⁹ NACHHO, *Submission 84*, p. 8.

⁹⁰ For example, see: ADFO, *Submission 118*, p. 36; Victoria Legal Aid, *Submission 93*, p. 6; Dr Adam Heaton, *Submission 54*, p. 1; and Centre for Aboriginal Congress, *Submission 79*, p. 12.

⁹¹ Victoria Legal Aid, *Submission 93*, p. 6.

⁹² Advocacy Law Alliance, *Submission 75*, p. 7; and Spinal Cord Injuries Australia, *Submission 30*, p. 8.

⁹³ Dr Darren O'Donovan, *Submission 114*, [p. 2].

⁹⁴ AFDO, *Submission 118*, p. 45.

⁹⁵ AFDO, *Submission 118*, p. 45.

Australia to assess a DSP claim.⁹⁶ As one submitter described it, the current DSP claims process is marred by a ‘magic’ words dynamic.⁹⁷

- 2.78 The committee heard that the strongest asset a person applying for the DSP can have is a doctor who understands the DSP’s eligibility criteria, the impairment tables, and how to provide evidence in the way the assessors are looking for. According to CYDA:

This creates unfair divisions between people who have choice between medical professionals and those with limited options, such as those in remote and regional areas or those reliant on the public health care system.⁹⁸

- 2.79 Inquiry participants noted that for some conditions, such as ME/CFS, there is the added challenge of a lack of understanding of their symptoms, which makes it difficult for DSS assessors to accurately assess an individual’s level of impairment.⁹⁹
- 2.80 Given these issues, it was suggested that there needs to be further support for health professionals, including training, to better understand the DSP’s requirements and the impairment tables.¹⁰⁰

Time costs involved in the collection of evidence

- 2.81 The committee heard that health practitioners are time poor and, therefore, can be unwilling, or unable, to engage in the evidence requirements for a DSP claim.¹⁰¹
- 2.82 AFDO noted that the time required to write a comprehensive report that sufficiently addresses all the criteria is significant, and is not something all medical professionals are able or willing to commit to.¹⁰²
- 2.83 The Darwin Community Legal Service (DCLS) has estimated that the time and cost burden on the health system of a single application is at least eight hours of clinical review and treatment. Their submission noted that:

Eight hours per application across 100,000 applications a year is a cost the health care system cannot and should not bear. Add to that any follow up with the treating team, or need for more evidence, more appointments or

⁹⁶ For example, see: Financial Counselling Victoria, *Submission 77*, p. 4.

⁹⁷ Dr Darren O’Donovan, *Submission 114*, [p. 1].

⁹⁸ CYDA, *Submission 96*, p. 16.

⁹⁹ ME Advocacy Network Australia, *Submission 63*, p. 5.

¹⁰⁰ For example, see: Spinal Cord Injuries Australia, *Submission 30*, p. 8.

¹⁰¹ Advocacy Law Alliance, *Submission 75*, p. 7; Whitlam Institute, *Submission 26*, p. 11; and AFDO, *Submission 118*, p. 45.

¹⁰² AFDO, *Submission 118*, p. 45.

tribunal appeals that can blow out hours spent on an application from these average figures.¹⁰³

- 2.84 According to the Aboriginal Medical Services Alliance Northern Territory (AMSANT), among some First Nations medical services, practitioners have reported feeling over-burdened and reluctant to engage in a DSP claim:

There is a strong feeling among medical practitioners that Centrelink is wasting their time. Centrelink requires that they spend inordinate amounts of time getting to understand the impairment tables, then testing and documenting their clients' disability, only to find that Centrelink then rejects the application for reasons which are not apparent. Some Medical Officers will not assist with DSP applications for this reason.¹⁰⁴

- 2.85 A representative of Kin Disability Advocacy, Dr Siyat Abdi, highlighted that many disabled migrants experience unique challenges in both sourcing evidence of their disability from their home countries, and then having it recognised in Australia:

[M]igrants may not have evidence from their home countries about their disability. When they come here we find they don't have evidence to show that they have a disability, or they may not have been assessed, or the recognised assessment which they come from home with is not even recognised here in Australia. The experiences are unique difficulties in accessing health services on top of existing barriers, such as extensive wait times and financial cost. When they go and do the assessment, we find that culturally and linguistically diverse people, because they don't have the finances, cannot go to private assessments, therefore they have to wait for the public assessment. That really gives them a lot of challenge.¹⁰⁵

Financial costs of gathering medical evidence

- 2.86 The committee heard that there can be significant financial costs involved in gathering evidence for a DSP claim.¹⁰⁶ This issue is especially pronounced for residents of remote communities, as these individuals commonly incur significant out-of-pocket expenses for travel and accommodation when appointments cannot be held locally in their communities or via telehealth.¹⁰⁷
- 2.87 Women with Disabilities Australia (WWDA) noted that to meet the evidentiary requirements, many women are having to book multiple

¹⁰³ Darwin Community Legal Service (DCLS), *Submission 127*, pp. 13–14.

¹⁰⁴ Aboriginal Medical Services Alliance Northern Territory (AMSANT), *Submission 73*, p. 4.

¹⁰⁵ Dr Siyat Abdi, Systemic Advocacy Officer, Kin Disability Advocacy, *Committee Hansard*, 1 November 2021, p. 22.

¹⁰⁶ For example, see: The Whitlam Institute, *Submission 26*, p. 11.

¹⁰⁷ DCLS, *Submission 127*, p. 16.

appointments with multiple specialists, and that this places additional financial pressure on them when they are already facing financial insecurity.¹⁰⁸

- 2.88 The Whitlam Institute highlighted that although a certain number of psychologist appointments can be claimed through Medicare, a gap or upfront payment may be required. Further, once a patient exhausts their quota each year, they are forced to absorb the entire costs themselves.¹⁰⁹
- 2.89 According to Spinal Cord Injuries Australia, significant out of pocket expenses can be incurred by people seeking appropriate reports and the additional burden of rectifying reports or seeking supporting documentation from other health professionals with an understanding of the DSP.¹¹⁰
- 2.90 The committee heard that, for many people without financial means, including those on lower income support payments, the cost of medical evidence is out of reach. For example, CYDA submitted that those who are surviving on JobSeeker or Youth Allowance payments, and experiencing job insecurity in the labour market, are effectively 'costed out' of accessing the DSP.¹¹¹

Ongoing evidence requirements

- 2.91 Several submissions raised concerns about ongoing requirements to provide evidence to maintain their eligibility for the DSP, arguing that the lifelong nature of some disabilities should negate the need for continued review. On this point, Inclusion Australia said the following:

Government needs to acknowledge the lifelong nature of intellectual disability and re-design the DSP, and other systems so they work in ways that reduce the need for unnecessary reviews and new supporting evidence of disability.¹¹²

The assessment of claims

Job capacity assessments

- 2.92 The committee heard that Services Australia officers undertaking job capacity assessments are frequently asked to make findings outside their professional expertise. Legal Aid NSW expressed its concern that a lack of medical expertise in original decision-making is resulting in adverse outcomes for claimants.¹¹³

¹⁰⁸ Women with Disabilities Australia, *Submission 74*, [p. 3].

¹⁰⁹ The Whitlam Institute, *Submission 26*, p. 13.

¹¹⁰ Spinal Cord Injuries Australia, *Submission 30*, p. 8.

¹¹¹ CYDA, *Submission 96*, p. 16.

¹¹² Inclusion Australia, *Submission 94*, p. 6.

¹¹³ Legal Aid NSW, *Submission 11*, p. 11.

2.93 In addition, it was argued that assessing claimants based on the number of hours they are assumed to be able to work is increasingly an 'anachronism', and that this method of assessment no longer reflects the nature and organisation of work in contemporary Australia.¹¹⁴ The Whitlam Institute submitted that the assessment criteria for work capacity should be based on an objective assessment and individual need:

The assessed capacity of hours per work does not reflect the nature and incidence of the disabilities that people live with. There are a wide range of globally accepted assessment tools that represent a fairer and more scientific means of assessing individual impairment.¹¹⁵

Disability medical assessments

2.94 Specific concerns were raised about disability medical assessments being conducted by Government-contracted doctors, and their ability to build a complete and accurate understanding of a person's functional ability when the assessor was unfamiliar with a claimant's specific situation.¹¹⁶

2.95 Carers Australia also told the committee that a person's capacity in real life is not completely revealed by a diagnosis, a dossier of medical tests, or a single conversation with a professional:

It is best determined by an appropriate health professional who has had ongoing contact with the applicant and ideally in consultation with their carer who understands the impact of their disability on day to day living and their employment prospects.¹¹⁷

Removal of the treating doctor's report

2.96 The committee heard concerns about the removal of treating doctors' reports from the DSP application process.¹¹⁸ According to one submission:

The removal of the Treating Doctor Reports (TDR) as part of the claim process in 2014/15 has made it more difficult for applicants and doctors to understand what information should ideally be provided to support a claim for the DSP.¹¹⁹

2.97 Currently, treating doctors assist their patients to gather the evidence they need by utilising a medical evidence checklist provided by Services Australia and available via their website. This checklist provides guidance to doctors on

¹¹⁴ The Whitlam Institute, *Submission 26*, p. 16.

¹¹⁵ The Whitlam Institute, *Submission 26*, p. 16.

¹¹⁶ Carers Australia, *Submission 91*, p. 4.

¹¹⁷ Carers Australia, *Submission 91*, p. 4.

¹¹⁸ For example, see: AFDO, *Submission 118*, p. 26.

¹¹⁹ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 11].

whether the evidence collected by their patients includes relevant information about their condition to assist Services Australia assess their DSP claim.¹²⁰

2.98 In his evidence to the committee, the General Manager of Working Age Programs at Services Australia, Mr Brendan Moon, explained the current assessment process and under what circumstances Services Australia would contact the treating doctor:

... the structure of the way the assessments operate, as it stands, is that we collect the raw medical evidence from the claimant, which comes from the treating doctor, and then that raw medical evidence is assessed in line with the policy and the impairment tables to come to the conclusion. We may reach out to the treating doctor where there are extenuating circumstances, but that's not normal process or normal practice.¹²¹

2.99 Previously, applicants were given a medical report form to be completed by their treating health professional. This included a range of questions about their diagnosis, treatment, clinical history and the functional impact of their medical condition. Treating health professionals were also able to include other medical evidence relevant to their claim.¹²²

2.100 Notwithstanding the current checklist, submitters told the inquiry that the treating doctor's report was a source of guidance and support for both claimants and doctors about the information needed to determine DSP eligibility.¹²³ EJA told the committee that:

The TDR [treating doctor's report] placed claimants on an equal playing field in terms of the information they could put forward to the decision-makers. Without the TDR, claimants and treating doctors are generally ill-informed regarding the evidence to provide at the time of claim.¹²⁴

2.101 According to one submission, the removal of the treating doctors report has meant that worthy claimants often miss out on DSP simply because they are unaware of the exact information they need to obtain from their doctors:

Treating doctors may have ample specialist reports on record that would establish their patient's eligibility for DSP but they are often only informed

¹²⁰ For further information, see: Services Australia, [How to help with your patient's claim](https://www.servicesaustralia.gov.au/disability-support-pension-claim-information-for-health-professionals?context=44231) (accessed 18 January 2021)<https://www.servicesaustralia.gov.au/disability-support-pension-claim-information-for-health-professionals?context=44231>; and Services Australia, [Claim for Disability Support Pension Medical Evidence Checklist for treating health professionals form](#) (accessed 18 January 2021).

¹²¹ Mr Brendan Moon, General Manager, Working Age Programs, Services Australia, *Committee Hansard*, 16 November 2021, p. 33.

¹²² AFDO, *Submission 118*, p. 26.

¹²³ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 11].

¹²⁴ Economic Justice Australia, *Submission 92*, [p. 25].

of the relevance of these reports once their patient has been refused DSP...¹²⁵

2.102 A number of inquiry participants argued that treating doctor reports should be re-instated as a mandatory requirement for GPs and made billable under Medicare.¹²⁶ On this issue, EJA said the following:

[B]ring back the treating doctor's report. Without a standard report to complete, claimants and their doctors have no guidance about what evidence to provide in support of a DSP claim, nor indeed in support of an appeal to an authorised review officer or the Administrative Appeals Tribunal. Claimants can miss out on DSP simply because the evidence provided does not address relevant impairment tables...¹²⁷

2.103 EJA elaborated further:

[C]laimants and their doctors are absolutely flying blind when they try to provide evidence to put in a DSP claim. It used to be that doctors were required to complete a treating doctor's report as part of the DSP claim package. If they didn't complete it and the person had ongoing issues with getting their doctor to complete it, they'd contact old DSS or Centrelink, and the doctor would be issued with a notice requiring them to. We need to get back to that because now doctors don't know what to address. Many doctors don't know of the existence of the impairment tables, and, even if they do, they don't have the time to do the research to figure it out...¹²⁸

2.104 In contrast, the AMA submitted that it had received 'largely positive feedback from GPs', following the removal of the treating doctors report and commented that the changes have 'streamlined the administrative requirement for practitioners...'¹²⁹

2.105 The Central Australian Aboriginal Congress agreed that removing the treating doctor's report requirement had simplified what doctors have to do, while reflecting on the impact this had on patients:

...we now just have to write a letter. When that came in, we thought, 'Great; it's easier for us, as GPs.' The trouble is where you don't write that letter right or you don't refer to the functional tables in the right way. You might write a really great letter, but, if you don't know how to play the game, so to speak—if you don't know that you've got to quote exactly the

¹²⁵ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 12].

¹²⁶ For example, see: Mental Health Australia, *Submission 23*, p. 3; ACOSS, *Submission 68*, p. 5; and ACTCOSS, *Submission 56*, p. 56.

¹²⁷ Ms Linda Forbes, Law Reform, Policy and Communications Officer, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 14.

¹²⁸ Ms Linda Forbes, Law Reform, Policy and Communications Officer, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 15.

¹²⁹ AMA, *Submission 133*, p. 1.

right parts of the functional tables for the right person—the letter gets rejected.¹³⁰

2.106 The AMA also noted that a GP’s ability to bulk-bill a DSP applicant under the Medicare Benefits Schedule for administrative tasks such as report writing is limited. It explained that the current Medicare Benefits Schedule item structure makes it unviable for GPs to spend significant time with patients and to review records as part of the preparation of a treating doctors report.¹³¹

2.107 Instead of a return to treating doctors reports, the AMA suggested that:

[w]hat is needed is clearer and better funding mechanisms to support GPs in compiling/and or summarising the medical evidence to support a patients claim.¹³²

Committee view and recommendations

Fully diagnosed, treated, and stabilised conditions

2.108 The committee is of the strong view that the requirement for an applicant’s condition be fully diagnosed, treated, and stabilised is a significant barrier for people trying to access the DSP. Although acknowledging that the DSP is a potentially life-long payment and, hence, applicants should be appropriately diagnosed with an ongoing condition, the committee considers that the current definition is too onerous, causes significant harm, and results in material hardship for many individuals.

2.109 The committee agrees with inquiry participants that to require a disability be ‘fully’ diagnosed, treated, and stabilised is unnecessary, and fails to adequately account for people who experience episodic, fluctuating, non-stable and complex conditions. For example, the committee recognises that people with psychosocial disabilities may experience episodic illness, and that it may be difficult for them to demonstrate that their condition has fully stabilised.

2.110 The committee notes the specific challenges faced by people diagnosed with cancer, and that their path to recovery can be long and uncertain. The committee also recognises that commonly applied cancer therapies can have significant detrimental impacts on the ability of these individuals to maintain ongoing work. Based on the evidence provided during the inquiry, the committee considers that the current DSP does not adequately account for these conditions and, hence, fails these individuals.

¹³⁰ Dr John Boffa, Chief Medical Officer - Public Health, Central Australian Aboriginal Congress, *Committee Hansard*, 11 October 2021, p. 13.

¹³¹ AMA, *Submission 133*, p. 1.

¹³² AMA, *Submission 133*, p. 2.

2.111 Given these significant issues, the committee strongly supports reform to improve the accessibility and flexibility of the DSP to ensure that those who have complex and evolving needs are not excluded from receiving the DSP.

Recommendation 1

2.112 The committee recommends that the Australian Government investigates how the requirement that a condition be ‘fully diagnosed, treated and stabilised’ is preventing people with conditions that are complex, fluctuating, or deteriorate over time, from accessing the Disability Support Pension, and could be modified to ensure people get the support they need.

Impairment severity and the impairment tables

2.113 The committee is concerned that the DSP’s impairment tables create unsurmountable barriers for many applicants—particularly the requirement for 20 points in a single table to demonstrate a severe impairment.

2.114 The committee agrees that the current application of the tables fails to recognise the cumulative impact that multiple disabilities and comorbidities may have, and strongly disagrees with the assumption that individuals with impairments across multiple areas of function have more capacity to work compared to individuals with impairments in a single area of function.

2.115 Based on evidence provided, the committee is concerned that the current review of the impairment tables being undertaken by DSS is too limited in scope and will fail to address the key issues raised during this inquiry.

2.116 A more holistic approach is needed to assess an individual’s overall level of capacity. Hence, the committee is supportive of suggestions that people with disability should be able to access the DSP through an accessible mechanism that recognises the full extent of disability.

Recommendation 2

2.117 The committee recommends that the Australian Government considers reforming the approach taken to determine whether a claimant has a ‘severe impairment’, so as to allow the accumulation of 20 points across any number of impairment tables to meet the definition of a severe impairment.

Recommendation 3

2.118 The committee recommends that the Australian Government undertake an in-depth, clinical review of the impairment tables in totality, that recognises comorbidity and draws on the lived experience of people with disability; with a view to working towards a social model of disability.

Program of support requirement

- 2.119 The committee recognises that the POS requirement can be the biggest barrier to accessing the DSP for a number of applicants. Based on evidence provided during the inquiry, the committee considers that this requirement is unrealistic for many people who have disabilities, chronic health conditions, or ongoing carer responsibilities.
- 2.120 Evidence suggests that the POS requirement also results in poor employment outcomes, is inequitable, and can deny people with significant disability the DSP for an extended period of time—requiring them to live on the lower JobSeeker Payment during that period. This issue is discussed further in Chapter 4, along with the committee’s view and recommendations.

Shortage of health professionals

- 2.121 The committee is concerned with evidence indicating that there are shortages of health professionals across numerous areas, and that this has commonly led to extended wait times for appointments—negatively impacting on people’s ability to promptly claim the DSP. It was highlighted during the inquiry that these wait times can exceed a year and that treatments can be unavailable for months.
- 2.122 The committee is concerned that, as a result of these extended wait times, the current qualification period of 13 weeks can unfairly prevent people from accessing the DSP. Given this, the committee agrees with suggestions that a discretion should be introduced to approve DSP claims after the 13-week qualification period.

Recommendation 4

- 2.123 The committee recommends that the Australian Government introduces a discretion which would allow for Disability Support Pension claims to be approved if medical eligibility is established after the existing 13-week qualification period.**

Restrictions on professionals who can provide medical evidence

- 2.124 The committee notes that restrictions placed on the categories of professionals able to support a DSP claim are also compounding delays and creating barriers for a number of applicants.
- 2.125 Evidence indicated that this is particularly problematic for applicants who are unable to utilise evidence provided by registered psychologists, and instead have to rely on clinical psychologists, neuropsychologists, and psychiatrists, who commonly have limited availability and charge higher fees for appointments.

2.126 The committee is of the view that these restrictions are unduly limiting and are resulting in claimants experiencing significant stress. Hence, the committee recommends these restrictions be amended.

Recommendation 5

2.127 The committee recommends that the Australian Government considers revising the evidentiary requirements to allow evidence provided by registered psychologists.

A culturally safe process for First Nations people

2.128 The committee acknowledges that First Nations people face additional barriers when applying for the DSP and that mainstream health service providers may not be culturally safe for First Nations people. The committee is of the view that DSS and Services Australia should review the application process and supports available for First Nations people to ensure that the process is culturally safe. Amongst other issues, the review should consider accepting evidence from Aboriginal community controlled health services.

Recommendation 6

2.129 The committee recommends that the Department of Social Services and Services Australia work with Aboriginal community controlled health organisations to review the claims process and evidentiary requirements for First Nations claimants to ensure that the process is culturally safe.

Lack of knowledge and understanding regarding the eligibility criteria

2.130 The committee notes that health professionals have varying levels of understanding regarding the DSP claims process in general, and the eligibility and evidentiary requirements in particular. Evidence indicated that there is also a mismatch between the language utilised by these professionals and that required by Services Australia to assess a claim.

2.131 Suggestions to improve guidance material and publicly available information are provided in Chapter 3.

The treating doctor's report

2.132 The committee considers that the removal of the treating doctor's report has made it more difficult for claimants, and their medical professionals, to understand what information is required to effectively support a DSP claim. Evidence indicated that this report was a source of essential information for these individuals, and that its removal has resulted in people 'flying blind'.

2.133 Inquiry participants submitted that this not only negatively impacts on a claimant's initial ability to successfully claim the DSP, but also hinders any subsequent review and appeal process, as these individuals are unsure about

the evidentiary requirements to effectively support their objection. The committee is of the view that there is a need to ensure doctors are better supported to understand how DSP applications are assessed. Further, that doctors are appropriately funded through the Medicare Benefits Schedule to support their patients in making claims.

Recommendation 7

2.134 The committee recommends that the Australian Government consider reintroducing the treating doctors report, with wide consultation on how best to provide targeted resources to support general practitioners, specialists, and psychologists to identify, compile, and summarise evidence relevant to a patient's Disability Support Pension claim or appeal.

Recommendation 8

2.135 The committee recommends that the Australian Government considers ensuring that the Medicare Benefits Schedule allows health practitioners to claim payment for providing evidence in support of Disability Support Pension claims.

Time and financial costs obtaining medical evidence

2.136 Evidence requirements for applicants to prove their disability status is placing a heavy burden on DSP applicants. Further, the committee heard that the nature of some disabilities makes it hard to acquire the necessary evidence, and that information is sometimes sought from multiple sources.

2.137 Given these issues, the committee recommends that the Government reviews the evidentiary requirements for claimants of the DSP, with the aim of streamlining the process and reducing the negative impacts and costs incurred by these individuals.

Recommendation 9

2.138 The committee recommends that the Australian Government reviews the medical evidentiary requirements for claimants of the Disability Support Pension, to ensure that the application is fully accessible. The committee envisages that such a review would consider the specific challenges faced by individuals located in regional, rural, and remote Australia; recipients of JobSeeker and Youth Allowance; recent migrants; and First Nations people.

Chapter 3

Impacts on people living with disability

I am relying on Jobseeker while I challenge the decision to refuse my Disability Support Pension. It has been two years since I lodged the claim. I rely on welfare organisations for support. I cannot afford necessities. My income affects everything; from the way I eat to the way I dress; what I can do, where I can go, to where I live, and this is the tip of the iceberg. The process has been hell for me.¹

- 3.1 The process of applying for the Disability Support Pension (DSP) is complex, time consuming, and costly. For some, it takes years and several failed attempts to access the payment. For others, the barriers are too great, deterring them from continuing with the process or applying in the first place. Those unable to access the DSP often end up on an unemployment payment with mutual obligation requirements.
- 3.2 This chapter discusses the detrimental impact of applying for the DSP on people's health, financial security, and employment prospects. It also discusses the impact of being denied the DSP, and the experience of people living with disability, injury, and chronic illness on the JobSeeker and Youth Allowance payments. Finally, it discusses how the barriers to accessing the DSP disproportionately impact some groups.

Experience of claiming the Disability Support Pension

Dealing with complexity

- 3.3 The process of applying for the DSP is complex and not well understood by people making a claim, those supporting them, or their treating health professionals. The Australian Federation of Disability Organisations (AFDO) told the committee:

[T]he qualification criteria for DSP is contained in three legislative instruments totalling 88 pages long. The layers of rules are complex and nuanced, and unless they are well understood a person cannot ensure that they have all the evidence required to demonstrate their eligibility.²

- 3.4 The Australian Council of Social Service (ACOSS) also highlighted issues with the process. In its evidence to the committee, it said:

So many are put into impossible situations as part of the claims process. They must see multiple specialists to get proof of their disability, but they cannot afford to do so whilst trying to get the \$44-a-day JobSeeker payment. Others are told that they must do a program of support which

¹ Victoria Legal Aid, *Submission 93*, pp. 14–15.

² Australian Federation of Disability Organisations (AFDO), *Submission 118*, p. 42.

because of their disability they are unable to do. We also hear from people who are told by someone at Services Australia who they've never met that their condition is not fully treated or stabilised, even though their health professional has done all they could to treat and stabilise the condition.³

- 3.5 Many applicants rely heavily on formal and informal advocates, including family members, to navigate the claims process.⁴ According to the Salvation Army Australia:

The difficulty and complexity associated with the DSP application process means that it is almost impossible for people with disability to access the payment without additional support.⁵

- 3.6 The committee also heard that people can be deterred from commencing or continuing an application because of the view that the DSP is 'impossible to get'.⁶

- 3.7 The committee heard clear evidence about how an individual's circumstances, including their disability and literacy levels, impact on their ability to navigate the DSP's complex application process.⁷ According to Children and Young People with Disability Australia (CYDA), the complexity and the heavy administrative burden of the DSP process creates inequity in access:

Those equipped with more personal resources, such as money, literacy, English skills and access to medical professionals and people to support them, are more likely to succeed.⁸

- 3.8 Economic Justice Australia (EJA) called for a 'major overhaul' of the DSP's legislation, arguing that the:

... complexity of the DSP eligibility criteria has created an iniquitous culling effect, whereby people with severe disability can be excluded from accessing DSP purely because they cannot meet the rigours of the processes involved in claiming and appealing.⁹

- 3.9 One witness, Mr Peter Sutton, contended that the application process is 'very stressful and you feel like you are alone'. He stated that there is nobody to guide you through it, and that the process is very bureaucratic and difficult.¹⁰

³ Ms Charmaine Crowe, Senior Advisor, Social Security, Australian Council of Social Service (ACOSS) *Committee Hansard*, 6 September 2021, p. 11.

⁴ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 9].

⁵ The Salvation Army Australia, *Submission 4*, p. 7.

⁶ Brotherhood of St Laurence, *Submission 80*, p. 6.

⁷ Advocacy Law Alliance, *Submission 75*, p. 13.

⁸ Ms Mary Sayers, Chief Executive Officer, Children and Young People with Disability Australia (CYDA) *Committee Hansard*, 6 September 2021, p. 26.

⁹ Ms Linda Forbes, Law Reform, Policy and Communications Officer, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 14.

¹⁰ Mr Peter Sutton, *Committee Hansard*, 6 September 2021, p. 7.

3.10 Similarly, the Disability Discrimination Commissioner at the Australian Human Rights Commission, Dr Ben Gauntlett, stated the following:

The disability support pension application procedures are onerous for people with disability, and the ability to have a decision reviewed and appealed is challenging, especially for individuals experiencing structural disadvantage.¹¹

3.11 Ms Kath Sutherland recounted her experience in claiming the DSP to the committee. Her evidence is provided in Box 3.1, below, and vividly highlights the significant challenges she faced during the process.

Box 3.1 The lived experience of Ms Kath Sutherland

On 2 July 2016, life changed forever. I had a fall in my bathroom and broke my neck. The neurosurgeon advised me that they don't usually see my injury in someone who is still breathing or not already a quadriplegic. I had fusion surgery, which was, luckily, successful. I am left with an unprotected airway, so choking is a risk. My jaw was locked closed, so everything [I ate] was through a straw. Forget about brushing your teeth. I have no movement in my neck, so any turn that I do is done at core level. Just imagine crossing a road; it takes awhile. I live with chronic pain.

I had four surgeries between July 2016 and May 2017. I was in a collar and a brace for almost eight months. I attended hospital three times per week to shower and have nurses change the brace. I had weekly appointments with neurosurgeons, a speech pathologist and a dietitian. During this time I was also applying for the disability support payment—a gruelling process where my health was so precarious—and I was coming to terms with my life never being the same again. I was extremely vulnerable.

I was placed on Newstart and received \$662 per fortnight. My rent was \$800 per fortnight. I was always behind. I survived for two years on this level of income. My landlord would allow me to get into arrears, and I withdrew superannuation under the financial hardship provision. I was lucky I hadn't consolidated all my super accounts, as you can only withdraw once every 12 months. That is how I survived during the lengthy process of applying for the DSP. I have very little super left.

I was assigned to a job network provider. I was supplying a three-monthly medical certificate for the mutual obligation exemption. It would sometimes be rejected, as the doctor would tick the permanent box, which was obviously correct but did not meet Services Australia's guidelines. The job network provider would regularly make appointments that I could not attend. I was yelled at and was threatened that my payment would be cancelled. I was complying. I was extremely depressed and under pressure in every area of my life. Traumatic injury or illness permeates every part of your life. I called the DSP line twice each week for updates on the progress of my application. I was

¹¹ Dr Ben Gauntlett, Disability Discrimination Commissioner, Australian Human Rights Commission, *Committee Hansard*, 1 November 2021, p. 17.

receiving different information each time. During one call I was told that they couldn't understand what I was saying. My jaw was locked almost closed, so, yes, I was learning to talk again. I was hung up on by a supervisor, who claimed it was an accident.

The online system only allows for a certain amount of information to be uploaded. I went to a Centrelink office with my evidence. I asked for it to be photocopied as it was all originals. The officer said that they would not copy that amount of documentation and I would need to get it copied myself. I explained that I could not afford to do this, so the officer reluctantly agreed.

In May 2017 I had another surgery, but my application had still not been assessed. When it finally was assessed, I explained that treatment had been finalised. The assessor chose to do a file assessment, and my application was rejected as it was deemed that treatment had not been finalised. By this stage I was wishing I had died in the initial accident.

I found a psychologist who bulk billed, so I could work on the level of depression I was in and learn some techniques for managing chronic pain without pharmaceuticals. Eventually, I gained the strength to appeal. I then continued my twice weekly phone calls. Not once did I ever receive a call, nor was I offered the support of a social worker. By this stage I had learnt to call straight through to the complaints line. As they can deal with all areas of the system, they could answer questions as to what stage my application was up to and whether my appeal had been assessed. Eventually, I attended an appointment with an assessor. She advised me that a lot of people make up stories to get on the DSP. I was shocked. Really? I chose to break my neck and live with a permanent disability?

In May of 2018, I checked my bank account to see what bills I couldn't pay, and there was money in my account—back pay. My application had been reviewed and approved. I would have thought that that's the kind of good news phone call that someone from Services Australia would like to make.¹²

Forms and guidance material

3.12 The committee heard that the DSP claims form uses complex concepts and terminology which are not adequately explained by Services Australia's guidance material.¹³ In addition, inquiry participants said Services Australia's website does not communicate information in an accessible way.¹⁴

3.13 According to Ms Taraeta Nicholls, it was easier to find information about the claims process through advocacy organisations and social media:

The Services Australia website is very difficult to navigate. On the medical side, it was easier to navigate a guide written by people who had

¹² Ms Kath Sutherland, *Committee Hansard*, 6 September 2021, pp. 12–13.

¹³ AFDO, *Submission 118*, p. 60.

¹⁴ For example, see: Mr Dermott Williams, Community Lawyer, Social Security Rights Victoria, *Committee Hansard*, 6 September 2021, p. 19.

published it on social media. The references and information that they provided were able to help me understand the terminology, such as what a 'program of support' was, what 'fully treated and stabilised' was and what and where the guides were.¹⁵

- 3.14 Mr Dermott Williams from EJA was also critical of the Services Australia website, noting the different approach his organisation was taking to provide accessible information via its DSP Help website.¹⁶ He said the following in his evidence to the committee:

The website that Services Australia has, in my opinion, is flawed. It does not communicate information in an accessible way. That's one of the cruxes of the problem we're trying to solve here—human centred design, putting the people that we're assisting first.¹⁷

Seeking assistance from Services Australia

- 3.15 The challenges experienced with the DSP forms and guidance material are further compounded by the inability to seek assistance from a Services Australia staff member. For example, AFDO stated that staff have a lack of understanding about disability and the DSP and that, in some cases, people seeking help are 'brushed off' and told to locate the information online.¹⁸
- 3.16 The committee heard that the shift away from face-to-face services, to online and phone communication, also isolates many participants. This includes older Australians; people living in rural and regional Australia; and people on low incomes who may face technological barriers.¹⁹
- 3.17 An advocate at Spinal Cord Injuries Australia, Ms Diana Pedersoli, submitted that her clients are often distressed by staff providing unclear and/or conflicting information. Given this, she advocated for additional training for these staff members to improve their capability to assist people with disability—especially those with mental health conditions.²⁰
- 3.18 The Salvation Army Australia noted that people who transition to the Age Pension, by comparison, receive better assistance through Services Australia's

¹⁵ Ms Taraeta Nicholls, *Committee Hansard*, 6 September 2021, p. 7.

¹⁶ For further information on DSP Help, visit www.dsphelp.org.au.

¹⁷ Mr Dermott Williams, Community Lawyer, Social Security Rights Victoria, *Committee Hansard*, 6 September 2021, p. 19.

¹⁸ AFDO, *Submission 118*, p. 60.

¹⁹ The Salvation Army Australia, *Submission 4*, p. 7.

²⁰ Ms Diana Pedersoli, Advocate, Spinal Cord Injuries Australia, *Committee Hansard*, 16 November 2021, p. 22.

Financial Information Service, which provides support for people preparing for retirement.²¹

- 3.19 Inquiry participants stressed the need for improved access to in-person and over the phone assistance from Services Australia.²² It was also noted that the wait times to speak to Services Australia are high, and that its telephone system needs to be better resourced.²³
- 3.20 In 2020-21, Services Australia reported that the ‘average speed of answer’ for calls relating to disability, sickness and carers payments averaged 6 minutes, 47 seconds. This compared to an average speed of answer of 22 minutes, 54 seconds in 2019-20 and 26 minutes, 0 seconds in 2018-19.²⁴ However, the report also notes that customer satisfaction for telephone services ‘has been on a downward trend since November 2020, with the main driver being time to receive service.’²⁵

Support for deaf and hearing-impaired people

- 3.21 Inquiry participants raised concerns about the shortage of accredited interpreters, with only 257 for a population of 30 000 deaf Auslan users across Australia. The committee heard this has direct negative consequence for deaf people regarding sustaining their DSP.²⁶
- 3.22 Evidence from deaf First Nations witnesses highlighted their challenging experiences in dealing with Services Australia, and also indicated a lack of available interpreting services. For example, Mr Lesley Footscray told the committee:

There has been no Auslan interpreter provided to me since I've been going there, through 2021. It's important that I have an Auslan interpreter and a deaf interpreter at Centrelink to support me to properly understand what's being asked of me.²⁷

²¹ The Salvation Army Australia, *Submission 4*, p. 7.

²² Spinal Cord Injuries Australia, *Submission 30*, p. 7.

²³ For example, see: Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation, *Submission 117*, p. 2; AFDO, *Submission 118*, p. 15; Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 16]; Inclusion Australia, *Submission 94*, p. 19; and ACOSS, *Submission 68*, pp. 8–9.

²⁴ Services Australia, *Annual Report 2020-21*, p. 103. The report notes that ‘Calls transferred internally between queues are counted as separate calls with separate wait times and are included in this calculation’ and that ‘Customer terminated calls are not included in the calculation as the calculation measures how long customers have waited to be answered only.’

²⁵ Services Australia, *Annual Report 2021-21*, p. 94.

²⁶ AFDO, *Submission 118*, pp. 49–50.

²⁷ Mr Lesley Footscray, *Committee Hansard*, 11 October 2021, p. 35.

- 3.23 A representative of AFDO, Mr Patrick McGee, noted the pragmatic approach taken by a number of First Nations claimants to mitigate this issue, but submitted that it sets a dangerous precedent:

The First Nations Australians who are deaf are telling us that they have begun to use their NDIS plan funds to provide for Auslan interpreters so that they can take their Auslan interpreters to their interactions with Centrelink about the DSP. There's a very pragmatic outcome there for people who are deaf, but it sets a dangerous precedent when accessibility is the responsibility of government.²⁸

- 3.24 Although conceding that, in some instances, the availability of interpreter and translator services across Australia can be less than that demanded, a representative of Services Australia, Mr Brendan Moon, submitted that the agency is 'continually working to make sure that our services are meeting the expectation of both government and citizens'. Notwithstanding this, Mr Moon argued that some things are 'simply outside of our control', and that 'if there are no translators available to contract, we can't contract them'.²⁹

- 3.25 The committee also heard that requests from a deaf DSP recipient for an interpreter were denied. Mrs Alma Smith told the committee that her request for an Auslan interpreter using video platforms was denied on the basis that 'the interpreters were too busy and that [she] could lip-read, and that would be good enough'.³⁰

- 3.26 Mrs Smith provided the inquiry with three practical suggestions to improve the experience for people who are deaf or hearing impaired:

The first is that, upon entry, there be a machine issuing numbered tickets; I could a ticket, sit down and wait for the number to be displayed on a light-up board. The second is that perhaps I could arrive with a card saying that I'm a deaf person and that I need an interpreter. I could then be presented with something similar to a restaurant pager, so that, when my name is called to say it's my turn, this device would light up and vibrate and I could let staff know that I'm there. My third suggestion would be that a tablet is issued, with which staff have pre-organised interpreters via video remote, and that, when they were ready and the staff were ready, they could wave to me and let me know. I'm a deaf person; I rely on visual cues.³¹

²⁸ Mr Patrick McGee, National Manager, Advocacy and Research, AFDO, *Committee Hansard*, 6 September 2021, p. 35.

²⁹ Mr Brendan Moon, General Manager, Working Age Programs, Services Australia, *Committee Hansard*, 11 October 2021, pp. 60–61.

³⁰ Mrs Alma Smith, *Committee Hansard*, 11 October 2021, p. 35.

³¹ Mrs Alma Smith, *Committee Hansard*, 11 October 2021, p. 35.

Support from advocates

- 3.27 People navigating the DSP claims process benefit greatly from support from advocates and community legal services specialising in social security. Research from the University of New South Wales shows that reading and writing assistance during the application process ‘substantially increases’ the probability of being granted the payment.³²
- 3.28 Anglicare Australia told the committee that DSP claimants and recipients alike benefit from assistance with navigating the Services Australia website; making phone calls; interpreting communications; and providing evidence, information, emotional support, and reassurance.³³
- 3.29 The committee heard that advocacy groups and community legal services have been overwhelmed by requests for assistance with the DSP, and that further funding and additional services are needed to meet the demand.³⁴

Wait times

- 3.30 The committee heard that the wait times for DSP claims to be assessed are unacceptably long.³⁵ Further, inquiry participants noted that any delay in processing a DSP claim is in addition to an already long application process, which can include a lengthy period of time completing a program of support (POS).³⁶ For many people, the process of applying for the DSP takes years.³⁷
- 3.31 Even applicants with a terminal illness, who have submitted fast-tracked applications, are waiting four weeks or more for the outcome of their DSP claim. Financial counsellors have reported clients dying before their application were approved under the terminal illness provisions.³⁸

Understanding why a claim was rejected

- 3.32 It was submitted that insufficient information is provided about why claims are rejected. For example, AFDO argued that decision letters do not provide individualised information about why a person’s application was rejected, and do not outline that a person can request an explanation of the decision.³⁹

³² Anglicare Australia, *Submission 13*, p. 8.

³³ Anglicare Australia, *Submission 13*, p. 8.

³⁴ Anglicare Australia, *Submission 13*, p. 8.

³⁵ For example, see: Anglicare Australia, *Submission 13*, p. 7.

³⁶ Anglicare Australia, *Submission 13*, p. 7.

³⁷ CYDA, *Submission 96*, p. 15.

³⁸ Financial Counselling Victoria, *Submission 77*, p. 4.

³⁹ AFDO, *Submission 118*, p. 69.

- 3.33 Even at the point of review, inquiry participants noted that the level of explanation about the outcome of the review decision is variable, with some decisions merely citing a 'lack of evidence'.⁴⁰
- 3.34 The committee heard that some reviews stop as soon as one eligibility criteria is not met—for example, if a person does not have 20 points in the impairment tables. This leaves the applicant with no understanding of what evidence is required to support an increased impairment rating or to satisfy criteria regarding work capacity.⁴¹
- 3.35 The committee also heard of instances where a person only learnt about a key aspect of the eligibility criteria late in the claims process, or at the point of making an appeal to the Administrative Appeals Tribunal (AAT).⁴² According to AFDO:
- A person may proceed all the way through to the AAT before they are directly given any substantial information as to what gaps are in their application.⁴³
- 3.36 For many people, legal advice has been the only source of meaningful information concerning the DSP eligibility criteria and assessment processes.⁴⁴
- 3.37 The Acting Deputy Ombudsman at the Office of the Commonwealth Ombudsman, Ms Louise Macleod, said the following:

[S]ome complainants raise concerns about insufficient information being provided in the initial DSP rejection letter they receive. In particular, sometimes it's that there is only one reason for which their claim has been rejected. When they go through the review process and have an ARO [Authorised Review Officer] review, they're then getting a lot more reasons for why their claim has been rejected, which means it makes it difficult for a complainant or applicant, when they're going through a merits review process, to engage with the issues and understand what they need to address to successfully get their claim processed or appealed.⁴⁵

Appeals process

- 3.38 According to inquiry participants, the process to appeal a decision is complicated, stressful, and inaccessible, and often resulting in negative health impacts.⁴⁶ ACOSS said:

⁴⁰ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 13].

⁴¹ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 13].

⁴² AFDO, *Submission 118*, p. 42; and Victoria Legal Aid, *Submission 93*, p. 14.

⁴³ AFDO, *Submission 118*, p. 60.

⁴⁴ Legal Aid Queensland, *Submission 82*, p. 5.

⁴⁵ Ms Louise Macleod, Acting Deputy Ombudsman, Office of the Commonwealth Ombudsman, *Committee Hansard*, 1 November 2021, p. 20.

⁴⁶ For example, see: AFDO, *Submission 118*, pp. 69–70.

People are being put through the wringer just to get essential income support so they can eat and keep a roof over their heads. So many people applying for DSP are forced to go through the appeals process to have their claims granted, not only wasting precious resources for the individual, legal services supporting them, and Services Australia, but also causing huge turmoil for the person applying.⁴⁷

3.39 The committee also heard concerns about the adversarial approach of the review process and the lack of available legal representation. For example, Dr Natalie Wade told the committee:

There is insufficient legal support for people with disability to press their case before the AAT, noting that the secretary has legal representation before the AAT at all stages. The approach taken is contrary to the objects of the AAT Act and Australia's obligations under international law.⁴⁸

3.40 Given that there are two and a half times more DSP appeals than National Disability Insurance Scheme (NDIS) appeals lodged in the AAT, it was suggested that there should be specific advocacy or legal assistance funding for people who wish to appeal a DSP decision (as there is with the NDIS).⁴⁹

Experience of people with disability living on JobSeeker

3.41 The committee heard that the tightened DSP eligibility requirements have resulted in a new class of social security recipients living with disability and chronic health conditions on JobSeeker.⁵⁰

3.42 Inquiry participants told the committee that the lower rates of payment and mutual obligations for those on JobSeeker has detrimental impacts on health, economic, social, and employment outcomes for people with disability.⁵¹

3.43 This group of people has difficulty meeting ongoing mutual obligation requirements and, due to the lower rate of the JobSeeker Payment, are unable to afford basic necessities, medications, and treatments. This also impacts on their ability to collect evidence and navigate the complex DSP claims process.⁵²

⁴⁷ Ms Charmaine Crowe, Senior Advisor, Social Security, ACOSS, *Committee Hansard*, 6 September 2021, p. 11.

⁴⁸ Dr Natalie Wade, Expert Adviser, AFDO, *Committee Hansard*, 6 September 2021, pp. 24–25.

⁴⁹ AFDO, *Submission 118*, p. 73.

⁵⁰ Public Interest Advocacy Centre, *Submission 88*, p. 12. See also: Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, 2021, p. 6.

⁵¹ For example, see: AFDO, *Submission 118*, p. 35 and 65; Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 14]; and the Salvation Army Australia, *Submission 4*, p. 19.

⁵² For example, see: Legal Aid Queensland, *Submission 82*, p. 2; NACCHO, *Submission 84*, p. 8; Rights Information and Advocacy Centre, *Submission 89*, [p. 2]; and Social Security Rights Victoria, *Submission 90*, p. 6.

Partial capacity to work

- 3.44 A significant number of people on the JobSeeker Payment have a partial capacity to work. For example, in March 2021 there were an estimated 376 287 JobSeeker recipients assessed as having a 'partial capacity to work', which is 36.4 per cent of the total number of people on JobSeeker. This definition captures people with a physical, intellectual, or psychiatric impairment who have a partial capacity to work because their impairment prevents them from working at least 30 hours per week, independent of a POS, within the next two years.⁵³
- 3.45 The majority (72 per cent) have the capacity to work between 15 and 22 hours per week; however, just because an individual is deemed to have a partial capacity to work does not mean that are able to find suitable work. Evidence indicated that only 16 per cent of people assessed with a partial capacity to work actually have earnings from employment.⁵⁴
- 3.46 Ms Linda Forbes of EJA told the committee that there is no real distinction between people on the DSP and people with a partial capacity to work on the JobSeeker Payment:

... there is an understanding on the part of some people that people with disability who have partial capacity for work are best placed on JobSeeker or other activity-tested payments, where people with actual disability go onto DSP. But that's a false dichotomy, because most people on DSP in fact do have partial capacity for work ... For people that don't have advocacy and for people in vulnerable groups, it's luck of the draw where they land.⁵⁵

Mutual obligation requirements

- 3.47 Depending on their assessed capacity to work, a person may have mutual obligations around job search and training. Only 17 per cent of those with partial capacity to work have exemptions from these mutual obligations.⁵⁶
- 3.48 Mature-aged people with a partial capacity to work are frequently granted repeated short-term exemptions, in tacit recognition that they are unable to find suitable employment.⁵⁷

⁵³ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, 2021, pp. 4 and 6.

⁵⁴ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, 2021, pp. 6 and 15.

⁵⁵ Ms Linda Forbes, Law Reform, Policy and Communications Officer, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 18.

⁵⁶ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, 2021, p. 6; and Senate Community Affairs Legislation Committee, Answer to questions on notice, Supplementary Budget Estimates, 24 October 2019, Social Services Portfolio, Question no. SQ19-000307.

3.49 Victoria Legal Aid submitted that people on JobSeeker, who are waiting for their DSP application to progress, are required to comply with job-search obligations, even if it is contrary to medical advice.⁵⁸

3.50 Research by the Whitlam Institute found that people trying to apply for the DSP face significant barriers completing mutual obligation requirements for the JobSeeker Payment.⁵⁹ The research found that this group felt that their mutual obligations were unrealistic, and that their impairments were exacerbated, or second impairments were acquired, due to being on the payment.⁶⁰

3.51 The Chief Executive of Anglicare Australia, Ms Kasy Chambers, told the committee the following:

We believe that if people cannot work because of a disability they should not be forced to look for work or participate in compulsory mutual obligation activities that do not help them and, in fact, worse, can lead to psychological harm. These people should receive an income support payment that suits their circumstances.⁶¹

3.52 In their submission, the WA Association for Mental Health also noted that welfare conditionality is causing mental ill-health:

There is clear evidence from [Australia] and overseas that conditionality attached to income support payments, including the DSP, are experienced as punitive, undermine social citizenship, contribute to mental ill-health, are ineffective in moving people into work, and damage many people's mental health.⁶²

Difficulties moving from JobSeeker to the Disability Support Pension

3.53 The committee heard that people on JobSeeker with a partial capacity to work have trouble applying for the DSP.⁶³ As discussed in Chapter 2, the costs associated in gathering medical evidence in support of a DSP claim commonly

⁵⁷ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, 2021, p. 6.

⁵⁸ Victoria Legal Aid, *Submission 93*, p. 13.

⁵⁹ The Whitlam Institute, *Newstart, Poverty, Disability and the National Disability Insurance Scheme*, February 2020, p. 3.

⁶⁰ The Whitlam Institute, *Newstart, Poverty, Disability and the National Disability Insurance Scheme*, February 2020, p. 9.

⁶¹ Ms Kasy Chambers, Executive Director, Anglicare Australia, *Committee Hansard*, 6 September 2021, p. 13.

⁶² Western Australian Association for Mental Health, *Submission 58*, [p. 2].

⁶³ See: The Whitlam Institute, *Newstart, Poverty, Disability and the National Disability Insurance Scheme*, February 2020, p. 9.

means that people on the lower JobSeeker Payment are effectively 'costed out' of the DSP.⁶⁴

- 3.54 In addition, time and energy spent on mutual obligation requirements affects a person's ability to engage in the DSP claims process. A carer for a person with end-stage pancreatic cancer explained:

He was getting Newstart (now JobSeeker), but you know every two weeks, he had to turn up at Centrelink. It was just ridiculous. He couldn't get the DSP even though he couldn't get out of bed. In the end, he just didn't bother because he was too sick.⁶⁵

- 3.55 In its submission to the inquiry, the Darwin Community Legal Service articulated the issue as follows:

Due to the current DSP claim application process, a person who may have a chronic illness, or a complex health or disability situation and does not meet the 'fully treated' test gets stuck between JobSeeker and DSP. Such a person who is unable to work due to long term health issues are not able to move forward onto a social security payment which treats them with dignity. Instead of qualifying for a payment which will assist, they are often subject to expectations and conditions which are unresponsive to their circumstance. Effectively, this person gets stuck on JobSeeker with medical exemptions for their mutual obligations, instead of receiving DSP.⁶⁶

Harm caused by existing policies and administrative arrangements

Harm caused by the Disability Support Pension's claims process

- 3.56 The committee heard that the DSP claims process and restricted eligibility criteria are causing significant harm to people with disability and chronic illness trying to get onto the payment. For example, the Systemic Advocacy and Projects Manager at People with Disabilities Western Australia, Ms Brianna Lee, told the committee that the failure of the Government to provide accessible support represents a 'wilful deprivation' and constitutes 'institutional abuse and neglect' for the following reasons:

... the scope and scale of harm which is experienced by a large cohort of people with disabilities over a sustained period of time; the lack of procedural fairness and the arbitrariness of decision-making, which leaves individuals feeling powerless and erodes the right to natural justice; and the negative psychological, emotional and physical effects of the process,

⁶⁴ See: Chapter 2 and CYDA, *Submission 96*, p. 16.

⁶⁵ Cancer Council Australia and Oncology Social Work Australia and New Zealand, *Submission 65*, p. 3.

⁶⁶ Darwin Community Legal Service (DCLS), *Submission 127*, p. 20.

which are then coupled with the negative social, cultural and economic consequences of being deemed ineligible.⁶⁷

3.57 Research by Monash University shows that reforms to the DSP over the past decade (including eligibility reviews, proof of participation in job seeking and introduction of impairment tables) are linked to a range of adverse health and employment outcomes for claimants.⁶⁸

3.58 The Acting Commonwealth Ombudsman, Ms Penny McKay, noted that about 15 per cent of all complaints her office receives each year regarding Services Australia are about the DSP:

In 2020-21 we received about 854 complaints about the DSP. Usually they're about the claims process, the review process, the payment rate, long wait times and complexity of process, and the number of tests that people are required to undergo to maintain eligibility for the DSP. More recently, we've been seeing complaints about the difficulty in providing evidence to make claims, poor or non-personalised information in letters of communications with claimants and long wait times for processing claims and reviews.⁶⁹

3.59 In her evidence to the inquiry, Ms Megan Bingham of Spinal Cord Injuries Australia noted the myriad negative impacts caused by the application process:

[T]here are several administrative hurdles embedded within the present process, as well as in the culture of Centrelink staff, that can result in lengthy delays, traumatising application experiences and eligible recipients resorting to withdrawing their applications altogether or compromising by applying for JobSeeker and receiving a lower rate of payment. These effects not only impact the financial security of people with disability but also affect several other interrelated domains of their lives, including family relationships, housing stability, confidence in taking next steps towards finding employment that matches their career aspirations and compromising on their continuity of care from their treating medical professionals.⁷⁰

3.60 The Senior Manager of Policy at People with Disability Australia, Mx Giancarlo de Vera, stated that the application process is humiliating and traumatic:

⁶⁷ Ms Brianna Lee, Systemic Advocacy and Projects Manager, People With Disabilities WA, *Committee Hansard*, 6 September 2021, p. 24.

⁶⁸ See: Alex Collie, Luke R Sheehan and Tyler J Lane, *Changes in Access to Australian Disability Support Benefits During a Period of Social Welfare Reform*, *Journal of Social Policy*, February 2021, pp. 1–2.

⁶⁹ Ms Penny McKay, Acting Commonwealth Ombudsman, Office of the Commonwealth Ombudsman, *Committee Hansard*, 1 November 2021, p. 20.

⁷⁰ Ms Megan Bingham, Policy and Advocacy Officer, Spinal Cord Injuries Australia, *Committee Hansard*, 16 November 2021, p. 21.

Accessing the DSP can be summed up as trial by humiliation, whether by meeting disability performance indicators to satisfy the dehumanising dependent tables or by proving how unemployable we are through the program of support. The application process is traumatic for those who are able to complete it.⁷¹

Adverse health outcomes

3.61 Advocates and community legal services provided the committee with many examples of the adverse impact of the DSP claims process on their clients' health and wellbeing. For example, Darwin Community Legal Service told the committee:

Our clients often experience adverse health consequences from the assessment process, including the nature and length of the process, the criteria and how they are treated. People can experience increased anxiety, depression, desperation, loss of self-confidence and other effects which also exacerbate other health conditions.⁷²

3.62 The administrative burden of the DSP, including gathering complex medical information, puts some people at particular risk of adverse health outcomes due to the nature of their disability. According to the AFDO:

For people whose disability impacts upon their capacity to plan and organise, the system seems to purposely set them up to fail. This includes people with intellectual disabilities, psychosocial disabilities, those who are neurodiverse, and those living with chronic pain or fatigue.⁷³

3.63 A Monash University study of 500 DSP applicants and recipients found that the experience was onerous and had a high, or very high, psychological cost for the vast majority.⁷⁴

Adverse economic and employment outcomes

3.64 The committee heard that the process of applying for the DSP also has detrimental economic impacts on claimants. For example, as discussed in Chapter 2, people can experience financial stress pursuing the necessary medical evidence to support their DSP claim. Even if a DSP claim is successful, delays in payments can also lead to a loss of income and housing, further debt stresses, and worsening health.⁷⁵

⁷¹ Mx Giancarlo de Vera, Senior Manager of Policy, People with Disability Australia, *Committee Hansard*, 6 September 2021, p. 27.

⁷² DCLS, *Submission 127*, p. 14. See also: Sam's story in ACT Council of Social Service (ACTCOSS), *Submission 56*, pp. 18–19; Aaron's story in St Vincent de Paul Society, *Submission 62*, p. 4; and Meredith's story in Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 14].

⁷³ AFDO, *Submission 118*, p. 47.

⁷⁴ Professor Alex Collie, Director, Insurance Work and Health Group, School of Public Health and Preventive Medicine, Monash University, *Committee Hansard*, 11 October 2021, p. 21.

⁷⁵ DCLS, *Submission 127*, p. 19.

- 3.65 Having a DSP claim rejected has a significant impact on a person's financial situation and ability to engage in employment. According to one claimant, the rejection of their DSP claim triggered a deterioration in their health and impacted their ability to work:

After being rejected four years ago my health has deteriorated extensively and have found it hard to work and get by. With no extra money for anything that may crop up I am barely scraping by, too unwell often to do the basic things and after bills, barely affording to eat or maintain where I reside.⁷⁶

Harm caused by the ongoing requirements of the Disability Support Pension

- 3.66 People living on the DSP also reported negative impacts on their health because of the required ongoing interactions with Services Australia and the fear that their payment will be taken away.⁷⁷

- 3.67 Research by Anglicare Tasmania found that the processes and demands for information by Services Australia negatively impacts people with disability and, when combined with the need to survive on low incomes, has a profound effect on their health and wellbeing. Anglicare Australia's submission noted that:

Difficulties with Centrelink occurred on top of other adverse circumstances in their lives and were for many the 'tipping point' into anxiety and depression.⁷⁸

- 3.68 As discussed further in Chapter 5, the inadequacy of the rate of the DSP also places pressure on a person's health, social, and economic wellbeing.

Harm caused by the deficiencies of the JobSeeker Payment

- 3.69 It was submitted that people living on JobSeeker, who are unable to access the DSP, experience particularly severe social, economic, and health impacts.⁷⁹ Further, the committee heard that the distress associated with the DSP claims process, combined with the economic insecurity and welfare conditionality experienced on the JobSeeker Payment, can cause secondary impairments.⁸⁰

⁷⁶ Grampians disAbility Advocacy, *Submission 17*, p. 4.

⁷⁷ Western Australian Association for Mental Health, *Submission 58*, [p. 3].

⁷⁸ Anglicare Australia, *Submission 13*, p. 7.

⁷⁹ Associate Professor Karen Soldatic, Western Sydney University, *Committee Hansard*, 11 October 2021, p. 31

⁸⁰ See: AFDO, *Submission 118*, p. 31; Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 14]; and Professor Karen Soldatic, Western Sydney University, *Committee Hansard*, 11 October 2021, p. 31.

- 3.70 For those with existing mental health conditions, the mutual obligations and risk of sanctions can leave them demoralized, with poorer mental health and a greater risk of suicidal behaviour.⁸¹
- 3.71 The committee also heard that people on JobSeeker experience food insecurity and are using high-risk loans to pay for basic necessities. Professor Karen Soldatic of Western Sydney University told the committee:
- ... participants of our research were often only eating a single meal per day, which often only consisted of bread and spreads. On many occasions they found themselves pawning personal items to pay for basic necessities including electricity. Many of the financial counsellors we interviewed as part of our research also witnessed more of their clients accessing high-risk financial products, including payday lenders...⁸²
- 3.72 According to the Public Interest Advocacy Centre, any payment suspension related to a failure to meet mutual obligation requirement can lead to rent arrears, eviction, and/or severe hardship. For people experiencing secondary or tertiary homelessness, it can also result in rough sleeping.⁸³

Disproportionate impacts on vulnerable communities and people

- 3.73 The challenges experienced with the DSP claims process and eligibility criteria have a disproportionate impact on several vulnerable groups. This is explored further below.

Regional, rural, and remote communities

- 3.74 As discussed in Chapter 2, the DSP application process requires substantial medical evidence to support a claim. This can prove challenging for most claimants, but particularly for those in regional, rural, and remote areas of Australia where access to healthcare is poor.⁸⁴
- 3.75 Associate Professor Karen Soldatic, Michelle Fitts, Liam Magee, and Gerard Thomas explained how the lack of access especially affects people with psycho-social and cognitive impairments:

This is especially so for people with psycho-social impairments and many people living with cognitive impairments, and particularly within rural and remote households where supports are limited, involve costly transport and/or time off work for family members and support networks to take applicants to relevant appointments for the accrual of required evidence and assessments.⁸⁵

⁸¹ Western Australian Association for Mental Health, *Submission 58*, [p. 3].

⁸² Professor Karen Soldatic, Western Sydney University, *Committee Hansard*, 11 October 2021, p. 31.

⁸³ Public Interest Advocacy Centre, *Submission 88*, p. 12.

⁸⁴ For further information, see: Chapter 2 and ACOSS, *Submission 68*, p. 11.

⁸⁵ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 14].

3.76 South East Community Links told the committee that accessing specialists in remote, rural, and regional areas is also a challenge for people with mental illness:

For many people living with mental illness, access to a psychiatrist or clinical psychologist is limited by financial hardship, availability and wait times, or both – particularly for people living in remote, rural or regional areas.⁸⁶

3.77 ACOSS noted that people in rural, remote, and regional areas face additional travel costs to access treatment and gather evidence for the DSP:

... the cost of travel and accommodation to visit health professionals is often prohibitive as people claiming DSP have limited financial capacity to cover these costs, as well as the cost of specialists.⁸⁷

3.78 In her evidence to the committee, the Chief Executive Officer of ACOSS, Dr Cassandra Goldie, spoke about remote access and the reduction in service delivery:

On the issue of remote access, I think it would be very important to establish from Services Australia and Centrelink the question about the cuts to those kinds of on-the-road, face-to-face support services from Services Australia. Historically, there used to be a much higher level of service. It's through direct contact and ongoing, repeat support that people do get access to the kinds of Centrelink supports that they need, and I think it's very important to interrogate that, because my understanding is that that's been severely cut back and it's almost token in the way in which it is covered.⁸⁸

3.79 EJA told the committee that, due to the complexity of the claims process, people in remote communities are completely reliant on Services Australia's remote servicing teams and from the outreach efforts of various organisations, such as Darwin Community Legal Service. Without these services EJA said these individuals 'can't get started'.⁸⁹

First Nations people

3.80 Approximately 53 000 First Nations people with disability receive the DSP. In addition, 14 per cent of the First Nations population aged 18 to 64 is either on the DSP or Carer Payment, compared with 5.6 per cent of other Australians.⁹⁰

⁸⁶ South East Community Links, *Submission 12*, p. 3.

⁸⁷ ACOSS, *Submission 68*, p. 11.

⁸⁸ Dr Cassandra Goldie, Chief Executive Officer, ACOSS, *Committee Hansard*, 6 September 2021, p. 20.

⁸⁹ Ms Linda Forbes, Economic Justice Australia, *Committee Hansard*, 6 September 2021, p. 19.

⁹⁰ First Peoples Disability Network Australia, *Submission 57*, pp. 2–3.

- 3.81 Inquiry participants submitted that a significant number of First Nations people with disability and chronic illness are unable to access the DSP when they should be eligible.⁹¹
- 3.82 According to the National Aboriginal Community Controlled Health Organisation (NACCHO), systemic barriers in the DSP disproportionately impact First Nations people due to existing systemic barriers to health, social, and government services.⁹²
- 3.83 The Central Australian Aboriginal Congress (the Aboriginal Congress) noted that disability for First Nations people does not occur in isolation for an individual or community, and is interrelated to intergenerational trauma, chronic and communicable disease, and complex and vulnerable family life.⁹³
- 3.84 According to the Aboriginal Congress, because the concept of disability is foreign to many Aboriginal people, its identification and prevalence is often misunderstood, under-represented and hidden.⁹⁴ In addition, the Darwin Community Legal Service noted that the term 'disability' has negative connotations for indigenous populations which may dissuade people from applying for the DSP.⁹⁵
- 3.85 Several inquiry participants raised specific concerns around the requirement to provide medical evidence in support of a DSP claim for First Nations people. This requirement can force First Nations people to engage with mainstream services where there is limited availability of culturally safe services.⁹⁶
- 3.86 It was also suggested to the committee that there needs to be greater investment in Government-funded positions with First Nations advocacy services and Aboriginal Community Controlled Health Organisations to support clients and services through the DSP application process.⁹⁷
- 3.87 These issues are further discussed in Chapter 2, along with the committee's view and recommendations.

⁹¹ For example, see: First Peoples Disability Network Australia, *Submission 57*, p. 6; Northern Australian Aboriginal Justice Agency, *Submission 60*, p. 4; Aboriginal Medical Services Alliance Northern Territory, *Submission 73*, p. 1; and Danila Dilba Health Service, *Submission 25*, [p. 2].

⁹² NACCHO, *Submission 84*, p. 6.

⁹³ Central Australian Aboriginal Congress, *Submission 79*, p. 3.

⁹⁴ Central Australian Aboriginal Congress, *Submission 79*, p. 3.

⁹⁵ DCLS, *Submission 127*, p. 17.

⁹⁶ NACCHO, *Submission 84*, p. 6; and Danila Dilba Health Service, *Submission 25*, [p. 5].

⁹⁷ First Peoples Disability Network Australia, *Submission 57*, p. 5; Central Australian Aboriginal Congress, *Submission 79*, p. 3; and NACCHO, *Submission 84*, p. 3.

People in custody

- 3.88 Concerns were raised around the impacts of the suspension and cancellation of DSP payments for people in custody. DSP payments are suspended when a person enters custody and, if the person is in custody for more than two years, their payment is cancelled and they will need to reapply on release.⁹⁸
- 3.89 Darwin Community Legal Service commented on the risks of this approach to a person's health and chance of recidivism after their release, and noted that the permanency of a person's impairment is not affected by their time in custody.⁹⁹
- 3.90 According to the Aboriginal and Torres Strait Islander Legal Service, the policy reason for cancelling the DSP is unclear, noting that few people leave prison in an improved state of health. It contended that these people are set up to fail on their release because they need to reapply for the DSP and commonly have insufficient funds to re-establish themselves:

By the very nature of their disability with the compounding effects of dislocation from previous supports pre-jail and difficulties with post-jail conditions (such as poorer accommodation options and transport difficulties) they are not the best equipped to navigate their way through this process again and often find it overwhelming.¹⁰⁰

Carers

- 3.91 It was noted during the inquiry that many carers receive the DSP as their primary source of income, and that these individuals commonly experience greater hardship. For example, the 2020 National Carer Survey found that carers receiving the DSP are more likely to experience financial strain than other carers, as they incur additional costs related to their own care and support.¹⁰¹
- 3.92 The committee also heard that many First Nations carers living with their own disabilities often did not pursue a DSP claim, as the significant time spent undertaking the claim process would take time away from their ability to provide care to family members, children, and extended kin.¹⁰²
- 3.93 Carers NSW told the committee its members have reported experiencing significant financial and psychological stress when supporting persons they care for to obtain the assessments and reports needed to apply for the DSP.¹⁰³

⁹⁸ DCLS, *Submission 127*, p. 18.

⁹⁹ DCLS, *Submission 127*, p. 18.

¹⁰⁰ Aboriginal and Torres Strait Islander Legal Service QLD, *Submission 8*, p. 4.

¹⁰¹ Carers NSW, *Submission 61*, p. 4.

¹⁰² Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 12].

¹⁰³ Carers NSW, *Submission 61*, p. 3.

3.94 On this point, Professor Soldatic of Western Sydney University told the committee:

Often families and carers had to draw upon broader household resources to fund DSP assessments, such as the Medicare gap for medical or specialist services and travel to and from appointments. That's because people being placed on JobSeeker don't have access to the same level of entitlements that occur for someone on the DSP. Carer and support networks were often required also to take time off work to provide the support required to attend assessment and Centrelink appointments, which clearly results in greater household economic insecurity beyond the person with a disability inappropriately placed on JobSeeker—on the broader household and their network.¹⁰⁴

Victims of trauma, family, and domestic violence

3.95 Research confirms that women with disability have a higher risk of experiencing family violence. Good Shepherd Australia New Zealand stated that over the last 18 months, when various state-based COVID-19 restrictions were in place, there was a doubling in the proportion of women on the DSP presenting to the organisation who were experiencing family violence. It submitted that the needs of women living with disability need to be considered when reviewing the purpose, intent, and adequacy of the DSP.¹⁰⁵

3.96 In her evidence to the inquiry, Dr Roslyn Russell said the following:

Financial hardship is a major reason women are unable to leave a violent relationship and is why so many return. Recovery for women who have experienced family violence is not linear, and with a disability it is even more complex. Trauma impacts one's abilities to navigate and process information. The daunting and often inappropriate requirements to access DSP present a huge barrier to women with disability who've experienced violence.¹⁰⁶

3.97 Reflecting on her own personal story, Ms Fiona Cox highlighted the challenges she experienced during the claims process as a survivor of domestic violence. Her story is provided in Box 3.2 below.

Box 3.2 The lived experience of Ms Fiona Cox

[I]n regard to the DSP process, I found it very, very difficult. Actually, I think the word that comes up for me is that I still felt shamed. I felt shamed in the process.

¹⁰⁴ Associate Professor Karen Soldatic, Western Sydney University, *Committee Hansard*, 11 October 2021, p. 31.

¹⁰⁵ Dr Roslyn Russell, Research and System Impact, Good Shepherd Australia New Zealand, *Committee Hansard*, 1 November 2021, p. 2.

¹⁰⁶ Dr Roslyn Russell, Research and System Impact, Good Shepherd Australia New Zealand, *Committee Hansard*, 1 November 2021, p. 2.

I did not feel validated. I felt that my history of domestic violence was not acknowledged and had no relevance in the administrative assessment process.¹⁰⁷

I pray for an early death because I know that I cannot sustain my medical costs, even with the help of the NDIS. With the other costs that are not covered, I will not be able to sustain my medical needs on the current payment. This is not my fault, yet I am made to feel through shame through systems, through continual abuse by the perpetrator, through systemic abuse in particular. No matter how hard I fight, I can never ever escape it. I am reminded every single day of what I had escaped. They say, 'Why didn't she leave?' I'm one of these women that left, and look where I ended up? That is really the sad truth here, and I think there needs to be a nexus drawn; there need to be special considerations for women in particular ...¹⁰⁸

- 3.98 The Chief Executive Officer of the National Council of Single Mothers and their Children, Ms Terese Edwards, stated that domestic violence is hidden within Australia's social security system. In her evidence to the committee, she said the following:

When they [Services Australia] look at job capacity, there is no looking at the trauma about the task of staying safe. There is no taking into consideration court appearances. In families where children have been affected by domestic violence, for them to participate or to even go to school, sometimes they need mum really close by, and she will talk to the school about doing some volunteer work. Again, none of that is taken into consideration. So it's not just the interface between domestic violence and the DSP; it's actually the complete absence of understanding domestic violence—how it pops up at different times and the workload that it takes to keep your family safe. It's completely invisible to the system. There is no surprise that women affected by DV will be denied the DSP, because it remains invisible within our scheme.¹⁰⁹

- 3.99 It was noted that Services Australia currently provides a one-off Crisis Payment to certain individuals experiencing extreme circumstances, such as family and domestic violence. To be eligible, the applicant must also be in severe financial hardship and get, or be eligible for, an income support payment or ABSTUDY Living Allowance. The Crisis Payment is equal to a week's pay at the maximum basic rate of the applicant's income support payment.¹¹⁰

¹⁰⁷ Ms Fiona Cox, *Committee Hansard*, 6 September 2021, p. 2.

¹⁰⁸ Ms Fiona Cox, *Committee Hansard*, 6 September 2021, p. 4.

¹⁰⁹ Ms Terese Edwards, Chief Executive Officer, National Council of Single Mothers and their Children, *Committee Hansard*, 1 November 2021, p. 4.

¹¹⁰ For further information, see: Services Australia, [How much you can get](#) (accessed 19 January 2022); and Services Australia, [Crisis Payment](#) (accessed 19 January 2022).

Committee view and recommendations

Claiming the Disability Support Pension

3.100 As discussed in Chapter 2, evidence strongly indicates that the DSP claims process is overly complex, difficult to navigate, and results in inequitable outcomes. The committee is concerned that vulnerable people living with disability are being put in impossible situations whereby they have to attend numerous specialist appointments to gather the required evidence, while also undertaking a POS and trying to make ends meet on the lower JobSeeker Payment.

3.101 The committee is concerned with evidence suggesting that a person's literacy levels, and access to personal financial resources, directly impacts upon their ability to successfully claim the DSP. This should not be the case.

3.102 The committee has made a number of recommendations in Chapter 2 aimed at to reducing the negative impacts of the claims process by:

- reforming the eligibility criteria;
- reducing restrictions on professionals who can provide evidence;
- improving cultural safety for First Nations people;
- considering reintroducing the treating doctor's report; and
- reviewing the evidence requirements.

Forms and guidance material accessibility

3.103 Evidence indicated that the claims form is complex and inaccessible. The form uses overly complex concepts and terminology which are inadequately explained by Services Australia's guidance material. The committee is concerned that this results in people having to source information elsewhere, such as through unofficial guides published on social media platforms.

3.104 As discussed in Chapter 2, inquiry participants also noted that health professionals have varying degrees of understanding of the DSP claims process and there is commonly a mismatch between the language utilised by these individuals and that required by Services Australia.

3.105 Given these issues, the committee suggests that Services Australia engages key stakeholders with the aim of making all guidance material, publicly available information, and the claim form simpler and clearer.

Recommendation 10

3.106 The committee recommends that Services Australia, in consultation with key stakeholders, reviews all guidance material, publicly available information, and the claim form, with the aim of making them simpler, clearer, and genuinely accessible for claimants and those who support them.

Claim rejection transparency

3.107 During the inquiry it was suggested that insufficient information is currently being provided to claimants who have their claims rejected by Services Australia. The committee is concerned about this lack of individualised information, feedback, and guidance contained within the existing rejection letter, and that claimants are only learning about key aspects of the eligibility criteria upon seeking an internal or external review. The committee is of the view that applicants should be provided with all the reasons why their DSP application was rejected.

Recommendation 11

3.108 The committee recommends that Services Australia improves the level of information provided to Disability Support Pension claimants when it rejects their claims.

The committee envisages that such information would, amongst other things, clearly and comprehensively explain why a claim was rejected and, if relevant, provide guidance on specific evidentiary requirements, as well as detailed information on the review process.

Auslan services for deaf and hearing-impaired people

3.109 The committee recognises that there is currently a shortage of accredited Auslan interpreters within Australia, and that this is hindering claimants' abilities to communicate and understand what is being asked of them to successfully claim the DSP.

3.110 Of particular concern to the committee are reports that deaf and hearing-impaired people have unreasonably been denied access to interpreters on the grounds that interpreters were 'too busy' or that the claimant could lip read. The committee is supportive of the common-sense suggestions raised during the inquiry, such as a ticketing system linked with a visual display board at service centres; vibrating and illuminating pagers for deaf and hearing-impaired people to alert them to when they are being called; and the provision of digital tablets for remote access to Auslan interpreters during appointments.

Recommendation 12

3.111 The committee recommends that Services Australia ensures all of its clients who are deaf or hearing-impaired have the option of accessing an Auslan interpreter, either in-person or remotely, to make sure the application process is accessible.

Recommendation 13

3.112 The committee recommends that Services Australia enhances the visual and/or tactile cues available in its service centres to assist people who are deaf or hearing-impaired.

Recommendation 14

3.113 The committee recommends that the Australian Government undertakes a review of all Services Australia service centres to ensure genuine accessibility.

Support for advocates and community legal services

3.114 The committee strongly supports a well-funded advocacy and community legal services sector, as claimants rely on these services to navigate online websites; make telephone calls; interpret communications; provide evidence; and offer emotional support and reassurance through the commonly prolonged claims process.

3.115 It is clear that these service providers are being overwhelmed by requests for assistance and that additional funding is required to meet this elevated demand.

Recommendation 15

3.116 The committee recommends that the Australian Government provides additional funding to advocacy groups and community legal services to support Disability Support Pension claimants.

Harm caused by JobSeeker requirements for Disability Support Pension claimants

3.117 The committee notes that a significant number of people receiving JobSeeker have a partial capacity to work due to their physical, intellectual, or psychiatric impairment. The committee is concerned with evidence indicating that individuals are required to comply, sometimes contrary to medical advice, with various mutual obligations, such as job search requirements, while their DSP claim is being progressed.

3.118 The committee notes evidence suggesting that mutual obligations are commonly unrealistic, and can exacerbate or lead to further impairments. The committee considers that if a person cannot work because of their disability, they should not be forced to do so via compulsory mutual obligations, and that they should be provided with financial support suitable for their particular circumstances.

Recommendation 16

3.119 The committee recommends that the Australian Government remove JobSeeker mutual obligation requirements for Disability Support Pension claimants while their claims are being assessed.

Support for First Nations people

3.120 The committee is concerned by evidence indicating that a significant number of First Nations people with disability are unable to access the DSP due to systemic barriers. To mitigate this, the committee endorses greater investment in Government-funded positions with First Nations advocacy services and Aboriginal community controlled health organisations to support their clients through the DSP application process.

3.121 Further, as stated in Chapter 2, the committee is of the view that DSS and Services Australia should review the application process and supports available for First Nations people to ensure that the process is culturally safe.

Recommendation 17

3.122 The committee recommends that the Australian Government increases funding for First Nation's advocacy services and Aboriginal community controlled health organisations to allow these organisations to better support their clients through the Disability Support Pension claims process.

Recommendation 18

3.123 The committee recommends that the Australian Government ensures the recommendations of the Commonwealth Ombudsman's 2016 report on access to the DSP are implemented in full.

People in custody

3.124 The rationale for cancelling DSP payments for individuals held in custody for more than two years is unclear to the committee, as evidence suggests that few people leave prison in an improved state of health. Further, the committee agrees with inquiry participants that removing financial support promotes recidivism upon release. Consequently, the committee considers that this policy be reviewed.

Recommendation 19

3.125 The committee recommends that the Department of Social Services no longer cancels the Disability Support Pension for recipients who are in custody for more than two years.

Carers

3.126 The committee recognises that carers are an integral part of Australia's health system, and that they effectively support, encourage, and enable, the most vulnerable people in our community to reach their goals and aspirations.

3.127 The committee heard that carers managing their own personal disability are commonly experiencing hardship and financial strain due to the additional costs incurred for their own care and support. The committee is of the view that additional support be provided for carers living with disability who are applying for the DSP in their own right.

Recommendation 20

3.128 The committee recommends that Services Australia consults with carers and representative organisations in order to provide additional support for carers with disability who are claiming the Disability Support Pension.

Victims of trauma, family, and domestic violence

3.129 Family and domestic violence is a scourge within our community. The committee recognises that women with disability have a higher risk of experiencing this form of violence and intimidation, and that these risks have been exacerbated by the onset of the COVID-19 pandemic.

3.130 The committee is very concerned by evidence indicating that family and domestic violence is not adequately taken into consideration, or even acknowledged, through the claims process, and that individuals are left feeling 'ashamed'. The committee considers that the process for applying for a one-off Crisis Payment is too cumbersome for individuals trying to escape violence. Given this, the committee strongly supports reforms to ensure the DSP meets the needs of these claimants.

Recommendation 21

3.131 The committee recommends that the Department of Social Services and Services Australia, in consultation with key stakeholders, reform the Disability Support Pension to ensure that it is responsive to claimants who are experiencing, or are at risk of experiencing, family and domestic violence, and that it meets their specific needs and requirements.

Chapter 4

Employment and the Disability Support Pension

I reckon I've probably applied for at least 300 jobs and I have not heard back from a single one. I think maybe one in every 50 I've been forced to apply for is something I could actually do.¹

- 4.1 People with disability face significant barriers to participate in paid employment and commonly encounter discrimination in the workplace. Evidence suggests there is little recognition of these issues in the way the Disability Support Pension (DSP) is designed—creating unrealistic expectations about DSP applicants and recipients' abilities to engage in the workforce. It was also contended that people are not well supported by employment service providers, or government programs and policies, and that there are other aspects of the DSP that create further barriers and disincentives for people wanting to work.
- 4.2 This chapter explores the reality of employment participation for people applying for, or living on, the DSP. It also examines the barriers to employment in the current labour market, and the additional barriers created by the DSP. This includes issues with the program of support (POS) requirement and effectiveness of employment services, particularly Disability Employment Services. Finally, it explores alternative models to improve employment engagement and outcomes for people with disability and chronic illness.

The Disability Support Pension and employment capacity

- 4.3 The Department of Social Services (the DSS) told the committee that the DSP is potentially a life-long pension payment and, therefore, any possibility that a person can support themselves through employment must be explored.²
- 4.4 As discussed in Chapter 2, a person's capacity for employment is a central consideration in the DSP eligibility criteria, and requires a person to show that, due to their level of functional impairment, they have a continuing inability to work.³
- 4.5 In addition, unless a person has a 'severe impairment', they must undertake a POS for an 18-month period in order to be eligible for the DSP. This usually

¹ People with Disability Australia, *Submission 116*, p. 88.

² Department of Social Services, Services Australia, and the National Disability Insurance Agency (DSS), *Submission 29*, p. 5.

³ DSS, *Submission 29*, p. 3.

involves participation in an employment services program whilst on the JobSeeker Payment.⁴

- 4.6 As discussed below, there are low levels of workforce participation amongst people with disability and chronic or terminal illnesses, and a range of barriers to employment which are not acknowledged or addressed by the DSP.

Disability and workforce participation

- 4.7 It is commonly accepted that there are broad ranging benefits for people with disability to participate in the workforce. For example, for people with disability workforce participation can support independence, offer improved quality of life and mental health, and protect against vulnerability.⁵
- 4.8 Employment of people with disability also benefits employers and society more broadly, through increased diversity and inclusion in the workplace and by challenging stereotypes about people with disability, and offers the potential to prevent future declines in the labour force.⁶
- 4.9 Inquiry participants told the committee that people with disability overwhelmingly want to work; however, they experience significant barriers to workforce participation and, as a result, experience higher rates of unemployment and underemployment than people without disability.⁷
- 4.10 The Chief Executive Officer of Children and Young People with Disability Australia, Ms Mary Sayers, said that young people in the community are 'hungry, ready and excited to find and have a job'. Supporting this statement, she provided the inquiry with a comment from one participant at the 2020 National Youth Disability Summit:

[Having a job means to me] independence. ... [A]t the moment I'm on the DSP, which I am grateful for, but at the same time its something that ... I'm worried that it's like not infinite. So, being able to work and have an income that I sort of have control over and it's also something that, if I'm allowed to say, in something that I love doing, that would be fantastic. It would be catering to social needs, financial needs, yeah, it's pretty important I think.⁸

⁴ DSS, *Submission 29*, p. 8. See also discussion in Chapter 2.

⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Issues Paper: Overview of responses to Employment Issues paper*, March 2021, p. 3.

⁶ Inclusion Australia, *Submission 94*, p. 7.

⁷ For example, see: Children and Young People with Disability, *Submission 96*, p. 6; Ms Mary Sayers, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 6 September 2021, p. 25; and The Whitlam Institute, *Submission 26*, p. 5.

⁸ Ms Mary Sayers, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 6 September 2021, p. 25.

Rates of employment for people with disability

- 4.11 The employment rate of working-age people with disability is significantly lower than those without disability, with workforce participation decreasing as the severity of disability increases.⁹
- 4.12 According to the Australian Institute of Health and Welfare (AIHW), 53 per cent of working-age people with disability are in the labour force compared with 84 per cent of those without disability.¹⁰ Of those not in the labour force, over half (59 per cent) are permanently unable to work.¹¹
- 4.13 Those with a disability who live in major cities are more likely to be in the labour force compared with those who live in inner regional areas.¹²

Unemployment and underemployment for people with disability

- 4.14 The AIHW reported that people with disability are twice as likely to be unemployed than those without disability.¹³ Further, one in ten people of working age with disability are underemployed, with a quarter of employed people wanting to work more hours.¹⁴
- 4.15 Importantly, between 2003 and 2020 the unemployment rate for people with disability rose from 8 per cent to 10, whilst the rate of unemployment for people without disability remained steady.¹⁵

Trends and international comparisons for people with disability

- 4.16 In comparison to other Organisation for Economic Cooperation and Development (OECD) countries, Australia has historically had a relatively low employment rate for people with disability, ranking 21 out of 29 OECD countries on this metric in the late 2000s.¹⁶
- 4.17 The OECD noted that, despite increased efforts to develop and expand employment measures, levels of employment for people with disability did not improve during the decade following the turn of the century. It stated that in

⁹ Australian Institute of Health and Welfare (AIHW), *People with Disability in Australia 2020*, 2020, p. 258.

¹⁰ AIHW, *People with Disability in Australia 2020*, p. 258. Working age refers to people aged between 15 and 64.

¹¹ AIHW, *People with Disability in Australia 2020*, p. 258.

¹² Australian Bureau of Statistics, [Disability and the labour force](#) (accessed 21 May 2021).

¹³ AIHW, *People with Disability in Australia 2020*, p. 255.

¹⁴ AIHW, *People with Disability in Australia 2020*, p. 255.

¹⁵ AIHW, *People with Disability in Australia 2020*, p. 255.

¹⁶ Organisation for Economic Cooperation and Development (OECD), *Sickness, Disability and Work: Breaking the Barriers*, 2010, p. 51.

the late 2000s employment rates, on average, were just over 40 per cent for people with disability. This was in stark contrast to the 75 per cent employment rates, on average, for their non-disabled peers.¹⁷

Disability Support Pension recipients in the workforce

4.18 People on the DSP can engage in paid employment for less than 30 hours per week without suspension or cancellation of their pension, subject to other eligibility criteria. Those who earn income may receive a part-pension dependant on their level of income.¹⁸ In 2021, 6.9 per cent of people in receipt of the DSP reported earnings from income, down from 10.2 per cent in 2006.¹⁹

Barriers to workforce participation

4.19 A range of barriers to workforce participation exist for people with disability and chronic illness. Inquiry participants argued that these barriers, and the difficulty finding and retaining suitable employment, are not adequately acknowledged, or addressed, in the design of the DSP.²⁰

Labour market conditions

4.20 Inquiry participants commented on the challenges experienced by people with disability due to current labour market conditions. It was suggested that the DSP is not designed for the current and future labour market, which is increasingly casualised and insecure.²¹

4.21 The committee heard that there are poor general and public sector employment rates for people with disability in the context of broader economic shifts to casual and precarious employment and increasing employment volatility caused by the COVID-19 pandemic.²²

4.22 Finding and maintaining suitable employment in this context, therefore, can be a significant challenge for people with disability and chronic illness. As a result, many are forced into insecure and precarious employment. Springvale Monash Legal Service noted that:

By and large for the clients we see, opting for insecure or precarious employment is not a matter of choice but often as a result of having no

¹⁷ OECD, *Sickness, Disability and Work: Breaking the Barriers*, 2010, p. 50.

¹⁸ DSS, [Working while you're getting Disability Support Pension](#) (accessed 14 January 2022).

¹⁹ DSS, [Payment Demographic Data for June 2021](#) (accessed 23 September 2021).

²⁰ For example, see: ACTCOSS, *Submission 56*, p. 9; and AFDO, *Submission 118*, p. 75.

²¹ For example, see: Name withheld, *Submission 36*, [p. 7]; and Inclusion Australia, *Submission 94*, p. 7.

²² For example, see: Brotherhood of St Laurence, *Submission 80*, p. 2; Legal Aid Queensland, *Submission 82*, p. 9; and ACTCOSS, *Submission 56*, p. 9.

other alternatives. This may be especially so for clients living with a disability.²³

- 4.23 Inclusion Australia added that people with disability, especially with intellectual disability, do not generally work in long-term, permanent jobs with secure incomes:

Increased casualisation of the workforce and the growing gig economy means there will be more people with occasional employment and income. The current DSP (and other income support) systems are not designed or resourced to deal with these, especially on a large scale.²⁴

- 4.24 According to Children and Young People with Disability Australia, young people with disability are commonly hired in roles with fewer hours, and in precarious and seasonal employment. In addition:

... young people with disability are more likely to take jobs that do not fully use their skills. Research indicates that young people who take these 'low quality' jobs have higher chances of longer-term unemployment and reduced future wage growth.²⁵

Discrimination

- 4.25 Discrimination by employers and work colleagues was cited as a significant barrier to workforce participation for people with disability. The committee heard broad ranging and concerning accounts of workplace discrimination based on disability and a range of other intersecting factors, including age and First Nations status.²⁶

- 4.26 The committee heard that young people with disability rely on income support at a disproportionate rate because of the discrimination and challenges they experience as they are preparing for, and transitioning into, the workforce. Children and Young People with Disability told the committee that '[t]he discrimination that young people face in the workforce needs to be considered when we're thinking about the DSP'.²⁷

- 4.27 Carers receiving the DSP can also experience discrimination due to their own disability, as well as challenges associated with balancing the demands of their caring role with their employment. Carers NSW stated:

²³ Springvale Monash Legal Service, *Submission 78*, [p. 7].

²⁴ Inclusion Australia, *Submission 94*, p. 7.

²⁵ Children and Young People with Disability, *Submission 96*, p. 8.

²⁶ For example, see: Catholic Social Services Australia, *Submission 6*, p. 4; Children and Young People with Disability, *Submission 96*, p. 8; and First People's Disability Network Australia, *Submission 57*, p. 1.

²⁷ Ms Mary Sayers, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 6 September 2021, p. 25. Ms Sayers also told the committee nearly half of young people with disability aged 15 to 24 rely on income support payments, compared to 14 per cent without disability.

Many carers report to Carers NSW that they cannot access employment that provides adequate flexibility that enables them to balance both their employment and their caring role. Where carers are discriminated against due to their caring role, or are unable to find suitable, flexible employment, this often results in unemployment or underemployment for carers.²⁸

4.28 Inquiry participants told the committee that the discrimination experienced by people with disability, which restricts their ability to engage in the workforce, must be recognised through improved access to the DSP.²⁹

4.29 The Chief Executive Officer of Queensland Advocacy Inc, Ms Matilda Alexander, noted that ‘endemic discrimination’ against people with disability in the labour market is a factor that drives the demand and need for the DSP. Notwithstanding this, she said:

... the Disability Support Pension in its current form has lost its purpose and is unreasonable in its eligibility criteria. It fails to account for discrimination within the labour market, is inadequate in monetary value and it fails to acknowledge the economic benefits of improved income support payments for people with disability.³⁰

4.30 It was also suggested that there is a need for stronger legislative protection for people with disabilities, including by strengthening the *Disability Discrimination Act 1992* (Cth) and regulatory responses of oversight bodies.³¹

Inflexible, unsupportive, and inappropriate work

4.31 Employment restrictions (such as restrictions on the types of jobs, hours able to work, accommodations, supports and assistance required to do a job) present an additional challenge to workforce participation.

4.32 The committee heard that many disabilities and conditions require workplaces that can provide flexible hours of work and accommodate planned and unplanned leave.³²

²⁸ Carers NSW, *Submission 61*, p. 3. See also Professor Karen Soldatic, Western Sydney University, *Committee Hansard*, 11 October 2021, p. 31.

²⁹ For example, see: Mx Giancarlo de Vera, Senior Manager of Policy, People with Disability Australia, *Committee Hansard*, 6 September 2021, p. 27; and Ms Mary Sayers, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 6 September 2021, p. 25.

³⁰ Ms Matilda Alexander, Chief Executive Officer, Queensland Advocacy, *Committee Hansard*, 16 November 2021, p. 15.

³¹ For example, see: Carers NSW, *Submission 61*, p. 3; and First Peoples’ Disability Network Australia, *Submission 57*, Attachment 1, p. 9.

³² Cystic Fibrosis Community Care, *Submission 5*, [p. 3].

- 4.33 People with fluctuating disabilities and conditions, in particular, struggle in the open employment market. According to ME/CFS Australia, these types of disabilities are rarely accommodated:

The unpredictable nature of severity fluctuations and PEM [Post-Exertional Malaise] in ME/CFS, as well as the various potential comorbidities, make the prospect of employment difficult for the majority.³³

- 4.34 The committee heard that employers need to take on greater responsibility for learning how to support people with disability in the workplace.³⁴ Inquiry participants commonly lamented the inability to find workplaces or employers who are able and willing to provide accessible employment.³⁵

- 4.35 It was noted that notions of productivity and efficiency which underpin the employment market are not recognised in the DSP policy and processes:

Without challenging and changing these notions, assessing the capacity of people with disability to work as part of the DSP claims process is ineffective because the wider structures are limiting.³⁶

Barriers to workforce participation created by the Disability Support Pension

Income thresholds

- 4.36 Concerns were raised with the income thresholds for the DSP, and the impact this has on a person's ability to meet the high costs of living with disability while participating in employment.³⁷
- 4.37 The income limit for the DSP varies depending on a person's living situation. For those on the single adult DSP rate, earning more than \$180 a fortnight means that their DSP payment will be reduced by 50 cents for every additional \$1 earned.³⁸
- 4.38 The committee heard that some people with fluctuating conditions are unable to maintain consistent patterns of works. It was noted that the income

³³ ME/CFS Australia, *Submission 95*, p. 26.

³⁴ Disability Council NSW, *Submission 24*, [p. 4].

³⁵ For example, see: Legal Aid Queensland, *Submission 82*, p. 7.

³⁶ The Whitlam Institute, *Submission 26*, p. 5.

³⁷ For example, see: Disability Council of NSW, *Submission 24*, pp. 2–3; ME/CFS Australia, *Submission 95*, p. 27; The Whitlam Institute, *Submission 26*, p. 16; Inclusion Australia, *Submission 94*, p. 19; and Public Interest Advocacy Centre, *Submission 88*, p. 5.

³⁸ DSS, *Submission 29*, p. 14.

thresholds fail to account for ‘boom’ periods where a person is able to work, and ‘bust’ periods where working is not possible due to poor health.³⁹

- 4.39 According to ME/CFS Australia, the thresholds act as a disincentive to working longer hours during ‘boom’ periods because it will reduce their DSP payment:

There is a need for a greater incentive to work more hours, by increasing the threshold. This will alleviate elements of the Boom/Bust income disparity and incentivise more hours where it is possible.⁴⁰

- 4.40 The Whitlam Institute argued that the reduction of benefits for individuals should be tapered as the hours and remuneration available to them in employment change. Their submission noted that:

People with disability should not be subject to the enforcement of specific arbitrary cut-off of benefits. When employment ceases or the number of hours worked is reduced then benefits according to circumstance can be reinstated over time.⁴¹

- 4.41 Disability Council NSW argued that because the cost of living often exceeds what the DSP rate covers, the income thresholds should be lifted substantially to ensure that DSP recipients are not living in poverty.⁴² It was also noted that people with disability incur higher living expenses compared to people without disability and that these additional costs commonly come in the form of healthcare, medication, equipment, specialised transport, and housing. This is further discussed in Chapter 5.

- 4.42 Ms Kristin O'Connell of the Antipoverty Centre explained the benefits of lifting the income thresholds:

It would allow those of us who do have episodic disability to move in and out of the workforce in ways that suit us without fear of losing our DSP—which is a huge fear that came across in our survey—and also not to be worried about how much time it might take to get our payment back if our paid employment income is cut off suddenly.⁴³

Limitation on hours

- 4.43 As discussed in Chapter 2, to be eligible for the DSP a person must be assessed as being unable to work at least 15 hours per week in the next two years. Disability Council NSW told the committee that this limits a person’s capacity

³⁹ ME/CFS Australia, *Submission 95*, p. 27.

⁴⁰ ME/CFS Australia, *Submission 95*, p. 27.

⁴¹ The Whitlam Institute, *Submission 26*, p. 16.

⁴² Disability Council NSW, *Submission 24*, [pp. 3–4].

⁴³ Ms Kristin O'Connell, Research and Policy, Antipoverty Centre, *Committee Hansard*, 6 September 2021, p. 33.

to find and maintain ongoing and sustainable work with the potential to move off the DSP eventually. Their submission noted that:

If a person has acquired a disability and has been undertaking rehabilitation in readiness to return to the workforce, they may need to start working on a part-time, limited hours basis and work up to more hours, potentially full time. If this is the case, there is no incentive or support for someone in this situation to work more than 15 hours ...⁴⁴

- 4.44 It was suggested that there should be recognition of a person's rehabilitation and training to return to work and which can enable them to gradually build up to longer working hours.⁴⁵

Fear of losing the Disability Support Pension

- 4.45 Inquiry participants highlighted the fear that exists amongst DSP recipients that, should they attempt to re-engage in the workforce, they will lose their pension and have to start the claims process again.

- 4.46 Legal Aid Queensland told the committee that the precarious nature of employment for people with disability has resulted in people not working and staying on income support:

The small number of clients living with disability who do have capacity to work feel that it is necessary for them to maintain their ongoing entitlement to income support payments as a safety net due to the precarious nature of their employment.⁴⁶

- 4.47 On this issue, the Chief Executive Officer of the Council of Single Mothers and their Children, Ms Jenny Davidson, said the following:

[T]hose on the DSP have no end in sight to this financial hardship unless the system alters to allow greater flexibility. As it is, there's a future of struggling to afford housing and basics, of poverty in older age and of rising risk of homelessness. The lack of flexibility in the DSP in relation to disability permanency and engaging in paid work is fundamental to this issue. Some recipients of the DSP are sporadically able or unable to work in a way that makes retaining a standard job impossible. These recipients dare not try to find flexible work that they can undertake when well enough, because too often we hear: if you lose the DSP, there is a high risk you cannot get it back. This leaves so much talent unavailable to our society from intellectual and capable women.⁴⁷

⁴⁴ Disability Council NSW, *Submission 24*, [p. 2].

⁴⁵ Disability Council NSW, *Submission 24*, [p. 3].

⁴⁶ Legal Aid Queensland, *Submission 82*, p. 9.

⁴⁷ Ms Jenny Davidson, Chief Executive Officer, Council of Single Mothers and their Children, *Committee Hansard*, 1 November 2021, p. 3.

Program of support requirement

- 4.48 The committee heard overwhelming criticism of the POS requirement as an eligibility criteria for the DSP. These criticisms referred to evidence of poor employment outcomes, the challenges of meeting mutual obligations associated with other payments, and the difficulties in obtaining exemptions.
- 4.49 The POS requirement was introduced in September 2011 and applies to claimants who attract 20 points under the impairment tables, but do not attract 20 points on any single table. To be eligible for the DSP, these individuals must demonstrate that they have tried to improve their work capacity by participating in an employment services program for a period of time.⁴⁸
- 4.50 Box 4.1 outlines one submitter's frustration with the POS requirement.

Box 4.1 The lived experience of a DSP applicant

I've spent years in these Programmes and found little support within them. Most of the Disability Employment Consultants I've had have had little or no training or experience working with disabled people or even in recruitment. I've had consultants not turn up for appointments with me. I've had DES consultants send me to workplaces that were physically inaccessible and call me to interviews only to tell me on arrival that due to the physical demands of the job, I wouldn't be interviewed. If they worked with us to identify opportunities and strategies to overcome barriers, that might be some help but it rarely happens. A PoS is not a programme of support. It's a programme of pointless activity that wastes jobseeker's time, increases their suffering, pushes them towards poverty, makes it harder for them to do what is needed to cope with their disability and intensifies their feelings of powerlessness and worthlessness.⁴⁹

- 4.51 The inequitable nature of the requirement was highlighted by Social Security Rights Victoria, which noted that two people with the same impairment rating can be treated very differently under the eligibility criteria:

A person with a spinal condition rated as 20 points under Table 4 is not required to have participated in a PoS, but a person with spinal, leg and arm conditions will be required if their impairment only reaches 20 points when considered under Tables 2, 3 and 4 together. These two people have the same level of impairment under the Impairment Tables, but the latter is subject to an extra requirement before they can receive the DSP.⁵⁰

- 4.52 Economic Justice Australia (EJA) submitted that people with significant disability, and little or no work capacity, are excluded from the DSP as a result of the POS requirement, and that they are consigned to serve a 'waiting period' on the lower JobSeeker Payment. It concluded:

⁴⁸ DSS, *Submission 29*, p. 8.

⁴⁹ Name withheld, *Submission 36*, [p. 3].

⁵⁰ Social Security Rights Victoria, *Submission 90*, p. 13.

In our view the POS requirement creates an unfair barrier to accessing DSP, particularly for older people with numerous chronic health conditions where it is the effect of the conditions combined that limits or precludes work, rather than any single condition assessed in isolation.⁵¹

- 4.53 In its submission to the inquiry, the Australian Federation of Disability Organisations (AFDO) told Peter's story. Peter experiences shaking, pain, muscle weakness, incontinence, and progressive deafness due to Multiple Sclerosis. His initial claim for the DSP was rejected, and he was forced to enter the review process and directed to undertake a POS:

... an entire year after applying for DSP, Peter was sent to a Disability Employment Services (DES) Provider and advised that he needed to complete a Program of Support. This would mean an 18-month delay before Peter would be able to access DSP, while he suffers from a degenerative condition and has supporting evidence from his medical team to say that he is unable to work at all. The DES Provider advised Peter that they had taken him off their system because of his inability to work, but refused to provide any documentation for Centrelink, insisting that it's up to Centrelink to officially exit him from the program.⁵²

Poor outcomes

- 4.54 People with Disability Australia argued that participation in a POS is neither a viable pathway to employment nor to accessing the DSP. Referencing data obtained through the budget estimates process, it submitted that in 2019–20 only 1423 people were granted the DSP through a POS. Given this, it concluded that the POS requirement is 'unfair, unnecessary, unsuccessful, and holds us back when we are seeking genuine support, both financial and with finding suitable work'.⁵³
- 4.55 The Australian Council of Social Service (ACOSS) called for the abolition of the POS requirement, noting that evidence showed that it fails to support people into paid employment, and that it 'merely serves to deny people DSP for 18 months or more'.⁵⁴
- 4.56 In 2020–21, 1006 DSP claims were rejected because the claimant did not meet the POS requirement. In the same year 1393 DSP claims were granted on the basis of a person fulfilling the POS requirement, equating to a 42 per cent rejection rate due to not fulfilling the POS.⁵⁵ Over a ten year period, these rejection rates reached 69 per cent in 2015–16.⁵⁶

⁵¹ Economic Justice Australia, *Submission 92*, [p. 20].

⁵² Australian Federation of Disability Organisations (AFDO), *Submission 118*, p. 61.

⁵³ People with Disability Australia, *Submission 116*, pp 55–56.

⁵⁴ Australian Council of Social Service (ACOSS), *Submission 68*, p. 7.

⁵⁵ DSS, answers to questions on notice, 1 November 2021 (received 16 December).

⁵⁶ DSS, answers to questions on notice, 1 November 2021 (received 16 December).

4.57 While acknowledging that the POS is an eligibility criteria, DSS explained that an aim of the POS is to assist people to return to the labour market. However, when questioned about whether any evaluation had been undertaken to assess if the aim of the POS was being met, DSS advised that no such evaluation had been undertaken.⁵⁷

JobSeeker and mutual obligation requirements

4.58 It was argued that the barriers to entry to the DSP, such as the POS requirement, commonly require Australians with disability to subsist on the JobSeeker Payment for extended periods of time. The Salvation Army Australia noted that:

The barriers of entry to the DSP ... mean many Australians with disability, particularly those with mental ill-health and other unseen conditions, are unable to access the DSP, which was designed to support them. Instead they must rely upon the much lower rate and meet the mutual obligations associated with the JobSeeker Payment.⁵⁸

4.59 A significant mutual obligation requirement is to apply for a certain number of jobs per fortnight. Failure to do so risks payments being suspended or cancelled. It was suggested that the emphasis of these mutual obligations is on quantity and not quality, which fails to recognise a person's limited capacity to work.⁵⁹

4.60 In addition, the pressure to meet mutual obligations has a significant and detrimental impact on a person's health and wellbeing. Mutual obligations require a person to prioritise job searching in order to maintain their payment, and constant rejections from prospective employers negatively impacts on a person's self-confidence.⁶⁰ This is further discussed in Chapter 3.

Pausing participation in a program of support

4.61 A person may obtain a medical exemption from completing a POS; however, such exemptions only 'stop the clock' on the 18-month time requirement.⁶¹ Noting that the time spent under an exemption does not count towards the time requirement, ACOSS submitted that people who are not well enough to participate are put in an impossible situation, and that this causes 'immense distress and frustration'.⁶²

⁵⁷ Mr Troy Sloan, Group Manager, Pensions, Housing and Homelessness Group, DSS, *Committee Hansard*, 11 October 2021, p. 56.

⁵⁸ The Salvation Army Australia, *Submission 4*, p. 11.

⁵⁹ The Whitlam Institute, *Submission 26*, p. 7.

⁶⁰ The Whitlam Institute, *Submission 26*, p. 7.

⁶¹ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 12].

⁶² ACOSS, *Submission 68*, pp. 7–8.

4.62 Inquiry participants noted that this also means that someone who has consistent medical exemptions, because of their impairment, chronic condition, or illness, may never qualify for the DSP. This is despite the fact that they are unable to work, as evidenced by their continued medical exemptions, and should therefore be eligible for the DSP.⁶³

Exemptions from the program of support requirement

4.63 The committee heard that, while there is a mechanism for a person to be exempted, or exited early, from the POS requirement, this is rarely utilised. It was suggested that it is not clear how exemptions are to be sought, and that the onus is on the person completing the POS to seek an exemption.⁶⁴ AFDO explained why this is problematic:

The criteria for exclusion or exit are complex, requiring an individual's permanent impairment to be the sole reason that they cannot complete the POS. It is difficult, bordering on impossible, to successfully argue this. Additionally, feedback from Disability Employment Service (DES) employees has been that management actively discourages the exiting of participants. In some cases, participants are specifically told by their case worker that, while they know there is nothing a POS can do for them, and they recognise the person's disability will prevent them from achieving employment, they still will not exit them. There is a clear conflict of interest present here for the DES, as exiting a person causes them a financial loss.⁶⁵

4.64 Although the committee heard overwhelming evidence in support of completely removing the POS requirement, it was suggested that if the POS is not abolished exemptions should be made before the POS requirement is actually applied.⁶⁶

Effectiveness of employment services

4.65 The Government provides a number of employment programs and services aimed at supporting people with disability into the workforce; however, inquiry participants were generally very critical of the quality and effectiveness of these offerings. For example, Sacred Heart Mission stated that an impersonal, harsh, and compliance driven employment services system was a significant barrier for people with disability wanting to engage in employment.⁶⁷

⁶³ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 12].

⁶⁴ AFDO, *Submission 118*, p. 66.

⁶⁵ AFDO, *Submission 118*, p. 66.

⁶⁶ For example, see: Ms Linda Forbes, Economic Justice Australia, *Committee Hansard*, 6 September 2021, pp. 20–21.

⁶⁷ Sacred Heart Mission, *Submission 67*, [p. 6].

- 4.66 The committee also heard that the overwhelming majority of people required to participate in employment services do not find employment. For example, Victoria Legal Aid submitted that for each month in 2019, on average only 1.72 per cent of people in the Disability Employment Services caseload obtained employment for at least six months.⁶⁸
- 4.67 Victoria Legal Aid also highlighted that the cost of the disability employment system is approaching \$40 000 per long-term job placement. The likelihood of a participant finding employment through these programs has declined despite Government reforms in 2018 to provide increased revenue to providers.⁶⁹
- 4.68 The Brotherhood of St Laurence argued that the employment services system was preoccupied with compliance, and that it is too often under resourced to effectively provide the support, training, and engagement with employers required to overcome the barriers to employment for people with disability.⁷⁰
- 4.69 Good Shepherd Australia New Zealand noted that employment service providers were commonly identified as ‘problematic’, and that they made it difficult for people with disability on JobSeeker, Youth Allowance, and the Parenting Payment to meet their mutual obligations, while also failing to provide support into meaningful employment.⁷¹
- 4.70 Numerous witnesses submitted that employment services providers were incentivised to get people back into work, regardless of how unsustainable or inappropriate that work might be for the specific individual.⁷² For example, the Whitlam Institute explained:
- DES and Jobactive providers can perpetuate ableist notions by recommending that people with disability on JobSeeker Payment[s] apply for jobs which are inappropriate or do not recognise the impact of their impairment on their functional capacity.⁷³
- 4.71 The committee also heard that the generic employment approaches utilised were inappropriate and ineffective, and that there needed to be a more personalised and individualised approach for people with disability on income support. It was argued that such an approach must recognise and support an individual’s goals, desires, and aspirations for economic participation.⁷⁴

⁶⁸ Victoria Legal Aid, *Submission 93*, p. 25.

⁶⁹ Victoria Legal Aid, *Submission 93*, p. 25.

⁷⁰ Brotherhood of St. Laurence, *Submission 80*, p. 2.

⁷¹ Good Shepherd Australia New Zealand, *Submission 86*, p. 12.

⁷² Council of Single Mothers and their Children, *Submission 55*, p. 11. The Council of Single Mothers and their Children submission notes that 71 per cent of its members surveyed said that they did not find employment programs really helpful for people on the DSP.

⁷³ The Whitlam Institute, *Submission 26*, p. 6.

⁷⁴ The Whitlam Institute, *Submission 26*, p. 7.

Disability Employment Services Program

4.72 The Disability Employment Services (DES) Program aims to employ a market-based approach to provide employment outcomes for people with a disability, chronic illness, or injury. Specifically, the DES Program focuses on matching individuals and job opportunities, and also provides pre-employment and post-employment support. As at March 2020, over 100 service providers supported nearly 280 000 registered participants in searching for a job, in the workplace, and in education.⁷⁵

4.73 In 2020, the Government commissioned Boston Consulting Group to undertake a mid-term review of the DES Program. In the review's report, six 'primary challenges' with the DES Program were identified:

- mixed quality service;
- insufficient flexibility to allow innovation;
- excessive complexity and lack of clarity;
- ineffective market mechanisms;
- poor alignment with adjacent programs; and
- growth in cost-per-outcome.⁷⁶

4.74 Recognising that more could be done to improve employment outcomes for people with disability, the Government is currently designing a new Disability Employment Support Model to replace the DES Program in 2023. The Government notes that the new model will be informed by the knowledge gained through the Australian Disability Strategy; Disability Employment Strategy; Disability Royal Commission; and the National Disability Insurance Scheme.⁷⁷

4.75 The Government states that the new model will be part of a broader suite of reforms to Government-funded employment services, including the New Employment Services Model being developed by the Department of Education, Skills and Employment (DESE), and the New Remote Engagement Program being developed by the National Indigenous Australians Agency.⁷⁸

4.76 In her evidence to the committee, Ms Benedikte Jensen, First Assistant Secretary at DESE, provided further information on the New Employment Services Model being developed by her department:

Going forward to July 2022, we'll be bringing in the New Employment Services Model. A key motivation and objective of that model is to do an

⁷⁵ DSS and Boston Consulting Group, *Mid-term Review of the Disability Employment Services (DES) Program*, August 2020, p. 5.

⁷⁶ DSS and Boston Consulting Group, *Mid-term Review of the Disability Employment Services (DES) Program*, August 2020, pp. 5–6.

⁷⁷ DSS, [New Disability Employment Support Model](#) (accessed 6 January 2022).

⁷⁸ DSS, [New Disability Employment Support Model](#) (accessed 6 January 2022).

even better job of supporting disadvantaged jobseekers. From there, we'll be rolling out the enhanced services, which have been tested over the last couple of years to make sure that they've really been fine-tuned, with the user at the centre, to get a higher level of servicing and much more personalised support and, again, to do an even better job of the upfront investment in people, whether it's training or other support and then, once they're in a job, to provide that postplacement mentoring and ongoing support.⁷⁹

Segregated employment and Australian Disability Enterprises

4.77 Concerns were raised about segregated employment for people with disability through Australian Disability Enterprises (ADE). For example, Inclusion Australia submitted that ADEs perpetuate societal beliefs about people with intellectual disability.⁸⁰ The Chief Executive Officer of Inclusion Australia, Ms Catherine McAlpine, told the committee that:

People who are manifestly eligible for the DSP are only offered employment support via an Australian disability enterprise. Another more recent change is that Centrelink reporting requirements are lower for people who work in ADEs than they are for people working in open employment. Inclusion Australia recommends a complete overhaul of the system—with an emphasis on how income support and employment systems operate together to support people, not punish them for having a disability.⁸¹

4.78 First People's Disability Network Australia submitted that there needs to be a pathway to mainstream employment for all people with disability who want to work, and a transition plan for people with disability currently working in ADEs.⁸²

Alternative approaches of employment support

4.79 It is recognised that people on the DSP have a desire to work, and that there is an ongoing need for structured, personalised, and culturally safe programs to support people to join the workforce and gain employment. A number of alternatives proposed during the inquiry, and via other processes such as the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission), are discussed below:

⁷⁹ Ms Benedikte Jensen, First Assistant Secretary, Labour Market and Workforce Policy Division, Department of Education, Skills and Employment, *Committee Hansard*, 11 October 2021, p. 46.

⁸⁰ Inclusion Australia, *Submission 94*, p. 15. ADEs are generally not-for-profit organisations that provide supported employment opportunities to people with moderate to severe disability across Australia. For further information, see: DSS, [Supported Employment](#) (accessed 24 January 2022).

⁸¹ Ms Catherine McAlpine, Chief Executive Officer, Inclusion Australia, *Committee Hansard*, 6 September 2021, p. 38.

⁸² First People's Disability Network Australia. *Submission 57*, Attachment 1, p. 23.

Individual placement and support model

- 4.80 A number of inquiry participants discussed the merits of the individual placement and support (IPS) model in assisting people obtain employment. This model is an evidence-driven approach which involves the colocation of vocational specialists with mental health clinical teams, with the aim of working collaboratively to support people with mental illness either enter the workforce or study.⁸³
- 4.81 It was argued that IPS is the most effective way of assisting people with mental health conditions into the workforce and that, where it has been implemented and successfully managed, employment outcomes for people with a lived experience of mental illness have been as high as 54 per cent, compared to traditional methods achieving only 24 per cent.⁸⁴
- 4.82 The Government decided to trial IPS services and initially allocated funding to 14 headspace sites. Following a positive evaluation, funding was expanded to 24 sites and, in the 2020–21 Budget, further resourcing was provided to expand the concept to a further 26 sites. From 2021, a total of 50 headspace centres will deliver IPS.⁸⁵
- 4.83 The Productivity Commission also recognised the benefits of IPS, and has proposed, as a priority reform, that all governments extend IPS beyond its current limited application, through a staged rollout, to community ambulatory mental health services.⁸⁶

The provision of peer support workers

- 4.84 Providing peer support was suggested by some respondents to the Disability Royal Commission issues paper on people with disability in employment as a way to help people with disability find and maintain employment. For example, in its response Mission Australia said that peer support workers could offer ‘authentic empathy and validation’, particularly with mental illness. Another two organisations, the NSW Public Service Commission and Aspergers Victoria, believed that these roles could also create training and employment opportunities for people living with disability.⁸⁷

⁸³ Orygen, *Submission 38*, p. 2.

⁸⁴ Western Australian Association for Mental Health, *Submission 58*, [p. 3–4].

⁸⁵ Orygen, *Submission 38*, Attachment 1, p. 1.

⁸⁶ Productivity Commission, *Mental Health: Productivity Commission Inquiry Report Volume 1*, No. 95, 30 June 2020, p. 78.

⁸⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Issues Paper: Overview of responses to the Employment Issues paper*, March 2021, p. 13.

Work experience and school-to-work programs

- 4.85 For many people with disability, the transition from school to work can be difficult, and these individuals commonly encounter numerous barriers. For example, these can include inaccessible or unavailable work experience; a lack of accessible and affordable internships and work placements; and few options for accessing mainstream employment. This is particularly prevalent for people with intellectual or cognitive disability.⁸⁸
- 4.86 A number of participants to the Disability Royal Commission stated that internships and work experience can help create pathways to employment, and that it is important to engage young people with disability in work before they leave school. For example, the Centre of Research Excellence in Disability and Health stated that:

... work experience can be a practical way to counteract negative attitudes and misconceptions about the capabilities of people with disability, and is an opportunity for employers to learn how to support staff with disability and provide reasonable adjustments.⁸⁹

Committee view and recommendations

Rates of employment and discrimination

- 4.87 The committee recognises that people with disability face significant challenges engaging in the workforce. Those that have entered the workforce are commonly forced into insecure and precarious employment arrangements. Discrimination within the workforce is also another key barrier and day-to-day challenge for people living with disability. The committee was alarmed to hear how widespread and 'endemic' this problem has become.
- 4.88 The committee agrees with inquiry participants who argued that the DSP's eligibility criteria fail to recognise the challenges faced by claimants as a result of discrimination.

Barriers to workforce participation

- 4.89 Evidence suggests that the current income test for the DSP provides a strong disincentive for people with disability to participate in paid employment, as income over \$180 per fortnight results in a reduction in the DSP of 50 cents per additional dollar earned. The committee is concerned that this threshold is completely inadequate for a person living with disability to afford the ever-increasing costs of living and, hence, consigns people to live in chronic poverty.

⁸⁸ First Peoples Disability Network Australia, *Submission 57*, Attachment 1, p. 12.

⁸⁹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Issues Paper: Overview of responses to the Employment Issues paper*, March 2021, pp. 13–14.

- 4.90 The committee also considers that the existing framework fails to recognise people with fluctuating conditions who are unable to participate in paid employment on a frequent and regular basis due to the sporadic nature of their impairment. The current test fails to cater for these conditions and for recipients who would like to maximise their employment and income when they are able to do so, to offset those potentially lengthy periods where they are unable to work.
- 4.91 It is unclear if the threshold and reduction rate have recently been reviewed to determine whether they appropriately encourage people to enter the workforce or act as deterrents.

Recommendation 22

- 4.92 The committee recommends that the Australian Government considers reforming the income test for recipients of the Disability Support Pension to better support individuals facing structural barriers to participating in the workforce, and to better recognise the fluctuating nature of a person's ability to participate in paid employment due to their impairment.**

The committee envisages that such reforms could, amongst other things, raise the income thresholds at which the Disability Support Pension payment is reduced, and lower the rate which it is reduced once this threshold is reached.

The program of support requirement

- 4.93 As discussed above, and previously mentioned in Chapter 2, the POS is an eligibility criterion with the aim of assisting DSP claimants find employment. As a criterion, the POS restricts the number of people who qualify for the DSP. In 2020–21, 42 per cent of people who undertook the POS were rejected for the DSP for failing to meet the POS requirement. This rejection rate reached 69 per cent in 2015–16.
- 4.94 For those who were able to fulfil the POS requirements and qualify for the DSP, this delayed their access to the DSP for a minimum of 18 months.
- 4.95 In support of the POS, DSS advised that its aim is to assist people to return to the labour market, which has clear benefits for the individual. However, no evaluation has been undertaken to assess if the aim of the POS is being met.
- 4.96 The committee agrees that the benefits for people, including those with a disability, who participate in the workforce are numerous and wide-reaching and therefore supports programs that genuinely achieve this aim. However, the outcomes of these programs must be measurable and quantifiable.
- 4.97 DSS also argued that only three per cent of applicants are required to undergo the POS and, therefore, this requirement effects only a small number of applicants. In 2020–21, this amounted to 2399 individuals.

- 4.98 Overwhelmingly, the committee heard that the POS results in poor employment outcomes, incurs high costs, is inequitable, and can deny people with significant disability the DSP for an extended period of time.
- 4.99 The committee notes that a number of inquiry participants called for the abolition of the POS requirement and that participation in an employment services program be made voluntary. In light of the evidence, the committee cannot see any benefit in retaining the POS requirement and agrees with the suggestion to make participation in an employment services program voluntary for all claimants.

Recommendation 23

- 4.100 The committee recommends that the Department of Social Services reviews the program of support requirement and considers making participation in an employment services program voluntary for all Disability Support Pension claimants.**
- 4.101 The committee is also concerned by reports that the POS requirement is not well understood by claimants at the time a claim is made, and that many are unaware of it until they reach the point of review after being rejected. If the Government does not support recommendation 19, above, the committee recommends that the visibility of the POS requirement be vastly improved to ensure that all relevant information is provided to every claimant at the beginning of the claims process.

Recommendation 24

- 4.102 The committee recommends that the Department of Social Services and Services Australia improve the visibility of, and information on, the program of support requirement for all claimants. Amongst other things, such improvements would ensure that relevant information is provided to all claimants at the beginning of the claims process.**

The effectiveness of employment services

- 4.103 Based on evidence received during the inquiry, the committee is concerned that the employment programs and services for people with disability are ineffective; under resourced; and preoccupied with compliance, rather than meaningful outcomes. Worryingly, evidence also suggested that providers are incentivised to place people into work regardless of how sustainable or appropriate that work may be for the specific individual and their particular disability.
- 4.104 The committee is cautiously optimistic about the Government's proposed reforms to government-funded employment services to be introduced over the next two years. This includes the New Employment Services Model being

developed by DESE for introduction next year and the Disability Employment Services Model, to replace the DES Program, in 2023.

- 4.105 Notwithstanding these proposed reforms, the committee remains supportive of suggestions to develop a more personalised and individualised approach to meet the needs of disabled job seekers with complex needs.

Recommendation 25

- 4.106 The committee recommends that the Australian Government abandon punitive compliance measures and ensures that the employment services system provides genuine support to disabled job seekers with complex needs, including focussing on providing personalised support and skills development as well as effectively engaging prospective employers.**

Alternative approaches

- 4.107 The committee recognises the importance of ensuring that individuals with a desire to work have access to structured, personalised, and culturally safe options of support to help them gain ongoing employment.
- 4.108 The committee notes that a number of alternative approaches of employment support were proposed during the current inquiry, as well as through other processes such as the Disability Royal Commission. The committee is supportive of these suggestions and agrees that IPS services should be extended and that the feasibility and effectiveness of other approaches, such as peer support workers, should be thoroughly assessed.

Recommendation 26

- 4.109 The committee recommends that the Australian Government continues to extend across Australia approaches that are voluntary and provide appropriate support, such as the Individual Placement and Support Model.**

The Government should also consider the feasibility and effectiveness of other approaches, such as providing peer support workers, work experience opportunities, and school-to-work programs, in improving employment outcomes for people with disability by providing well-supported, voluntary programs.

Chapter 5

Adequacy and broader reforms

... I live on the DSP. It's still a financial struggle every day. I cannot afford physio. I have to ration sessions with a psychologist as that's not within my budget ... Living in poverty is a constant struggle. Bills are always juggled. Waste is not an option. Luxuries don't happen. Luxury is having enough milk in the fridge to make a cup of tea. I am grateful to be alive, but surviving instead of thriving is not a dignified life.¹

- 5.1 This chapter provides an overview of the rates payable under the Disability Support Pension (DSP) as well as a discussion on other supports available to people living with disability in Australia. It also highlights the additional costs incurred by these individuals, and how they can impact on housing affordability and food security. Before concluding with the committee's view and recommendations, the chapter also discusses the social model of disability and the recently published disability strategy which will inform Government decision making for the next decade.

Rate of the Disability Support Pension

- 5.2 The DSP provides several rates of payment depending on a person's individual circumstances, such as whether they are single or partnered, dependent or independent, and their age.²
- 5.3 For singles 21 years and older, the fortnightly maximum payment rate for the DSP, including the Pension Supplement and the Energy Supplement, is \$967.50. For couples, the fortnightly maximum payment rate for the DSP, including the two supplementary payments, is \$729.30 per individual.³ These payments are shown in Table 5.1, below.

Table 5.1 Disability Support Pension rates

Rates per fortnight	Single	Couple (each)
Maximum basic rate	\$882.20	\$665.00
Maximum Pension Supplement	\$71.20	\$53.70
Energy Supplement	\$14.10	\$10.60
Total	\$967.50	\$729.30

Source: Services Australia, [Payment rates](#) (accessed 6 January 2022).

¹ Ms Kath Sutherland, *Committee Hansard*, 6 September 2021, p. 13.

² Department of Social Services, Services Australia, and the National Disability Insurance Agency (DSS), *Submission 29*, p. 11.

³ Services Australia, [Payment rates](#) (accessed 6 January 2022).

- 5.4 For those individuals aged under 21 without dependent children in their care, the rate of payment depends on whether they are assessed as dependent or independent. Higher rates are paid to those people living away from home to recognise the additional costs they face.⁴ Table 5.2, below, shows the rates of payment.

Table 5.2 Youth Disability Support Pension rates

Situation	Maximum rate per fortnight
Single, younger than 18, dependent	\$450.30
Single, younger than 18, independent	\$666.90
Single, 18 to 20, dependent	\$503.50
Single, 18 to 20, independent	\$666.90
A couple, younger than 21	\$666.90

Source: Services Australia, [Payment rates](#) (accessed 6 January 2022).

Indexation arrangements

- 5.5 The adult DSP is indexed by the higher of the growth in the Consumer Price Index (CPI) and the Pensioner and Beneficiary Living Cost Index (PBLCI), and then benchmarked by the Male Total Average Weekly Earnings (MTAWE), whereas the youth DSP is indexed by changes in CPI alone.⁵
- 5.6 The Department of Social Services (DSS) submitted that pension rates have grown in real terms since 2000, with the single adult rate growing by 46 per cent; the partnered adult rate growing by 33 per cent; and the youth DSP rate, for recipients aged 18–20 living at home, growing by 20 per cent.⁶

Comments on the adequacy of the Disability Support Pension

- 5.7 Overwhelmingly, inquiry participants were very critical of the level of financial support provided by the DSP. Although noting that the rate is higher than the JobSeeker Payment, many witnesses noted the difficulty in making ends meet on the payment while also funding the additional costs associated with their disablement. The discussion below provides a survey of the comments and evidence received by the committee during the inquiry on the adequacy, or inadequacy, of the DSP.
- 5.8 The Policy and Advocacy Team Leader at Blind Citizens Australia, Ms Jane Britt, submitted that people with disability relying solely on the DSP

⁴ DSS, *Submission 29*, p. 12.

⁵ DSS, *Submission 29*, p. 13.

⁶ DSS, *Submission 29*, p. 13.

are living below the poverty line.⁷ Ricki Spencer spoke about their lived experience, highlighting for the committee how difficult it is to make ends meet while on the DSP:

I have a pituitary tumour as well as lower back injuries as well as mental health. I am trying my best. I do a lot of volunteer work, and I hope that helps pay back to the community. But it's just the added costs of medicine with creams. I have a lot of skin conditions that are not covered by the disability pension, like the PBS or the NDIS, so I try and scrape. As long as I have enough for my rent, my priority, and my medication, then it comes to my bills. Then if I'm lucky enough to have some money left over—normally about \$20—I'll buy myself some food.⁸

5.9 Similarly, Mr Peter Sutton argued that the amount of the DSP is 'very, very difficult to live on', and that with cost-of-living pressures it is a 'struggle'. Ms Kath Sutherland, a DSP recipient, noted that '[n]ot taking care of my health because I can't afford to is going to cost the health system a lot more in the long term'.⁹

5.10 The Council of Single Mothers and their Children stated that single-mother families are the most likely family structure to be living in poverty in Australia. It contended that women raising children on the DSP have insufficient income to fully cover their costs of living, including the purchase of healthy food; secure housing; and the basic essentials for their children.¹⁰ Ms Suzanne Baker provided her personal story on what it is like to live on the DSP as a single mother:

I'm a single mother with one child. We're wholly reliant on the disability pension and family tax. I have no savings and no superannuation, and we didn't get any coronavirus supplement. I'm constantly stressed financially because these payments are too low—lower than the basic cost of living. We live in a one-bedroom cottage. I sleep in the living room. I have to be extremely frugal with electricity, gas and food bills, and anything else we buy is second-hand. There's no money for socialising. We don't have a car. We can't pay school costs out of what we get from the government. I've also had to get the NBN, so that my daughter could do school at home for the last two years. There's no money for anything else.

The only way that we survive and that we're not homeless is by getting financial help from charities, family and friends. We just have to live day by day, week by week. We can't plan for the future. This stress has an

⁷ Ms Jane Britt, Policy and Advocacy Team Leader, Blind Citizens Australia, *Committee Hansard*, 16 November 2021, p. 20.

⁸ Ricki Spencer, *Committee Hansard*, 16 November 2021, p. 2.

⁹ Ms Kath Sutherland, *Committee Hansard*, 6 September 2021, p. 13.

¹⁰ Ms Jenny Davidson, Chief Executive Officer, Council of Single Mothers and their Children, *Committee Hansard*, 1 November 2021, p. 3.

adverse effect on my health and on my daughter's. She's started to become, in the last few years, quite stressed and anxious all the time.¹¹

- 5.11 Ms Fiona Cox submitted that she can no longer afford the specialist appointments she requires to treat her illness, and that she will not be able to sustain herself into the future:

It's going to be very dire for me. I do have a significant illness and, like I said, I pray for an early death, because I will not be able to sustain myself—certainly not after a five-year limit, if that. If it was 10 years, there's no hope. I'd be homeless; I'd be living in poverty. There would be nothing for me; there would be nothing left, because I can't earn my way out of this.¹²

- 5.12 The National Ethnic Disability Alliance argued that the majority of people on the DSP are living below the Henderson poverty line.¹³ Reflecting on the impacts of this, the organisation's Chief Executive, Mr Dwayne Cranfield, said the following:

... there are two cohorts of people who generally don't have much say in where they live, and that's people who live on the disability support pension and people who are incarcerated. It's a very sad state of affairs when the only reason people have no say in where they live is their financial status and the fact that they have a disability.¹⁴

- 5.13 Noting evidence showing that the current DSP rate does not cover the costs that people with disability face, the Australian Council of Social Service (ACOSS) called for a 'disability and illness supplement' of at least \$50 per week.¹⁵

Rejection rates and cost shifting

- 5.14 In evidence to the committee, the DSS noted that the grant rate for the DSP declined from 48.5 per cent in 2011–12 to 40.6 per cent in 2020–21. In that final year, only 39 000 claims out of 96 000 were approved, with 57 000 claims being rejected.¹⁶

¹¹ Ms Suzanne Baker, Delegate, Council of Single Mothers and their Children Inc, *Committee Hansard*, 1 November 2021, p. 3.

¹² Ms Fiona Cox, *Committee Hansard*, 6 September 2020, pp. 9–10.

¹³ For further information on the Henderson poverty line, see: Melbourne Institute, [Henderson Poverty Line](#) (accessed 25 January 2022).

¹⁴ Mr Dwayne Cranfield, Chief Executive Officer, National Ethnic Disability Alliance, *Committee Hansard*, 1 November 2021, p. 24.

¹⁵ Ms Charmaine Crowe, Senior Advisor, Social Security, Australian Council of Social Service (ACOSS), *Committee Hansard*, 6 September 2021, pp. 11–12.

¹⁶ DSS, answers to questions taken on notice, 1 November 2021 (received 16 December 2021).

5.15 The data also shows that the grant rate fell every year from 2011–12 to 2015–16, when only 25.5 per cent of claimants were granted the DSP, before increasing again.¹⁷

5.16 When queried about these high rejection rates and whether there is a target rate of approval, a representative of the DSS, Mr Troy Sloan, said the following:

Our position is that those people who are eligible should get on, and those who are not eligible should be rejected. I don't think we have a target rate.

... at the end of the day, we have a legislative framework, which Services Australia administers, and people who apply and are being rejected under that framework aren't meeting the requirements.¹⁸

5.17 Although subsequently being approved for the DSP, Ricki Spencer highlighted for the committee the severe impact that the initial rejection had on their life:

... I just broke down. I remember that I attempted suicide because I thought, 'There's no way out. How am I going to pay for my home? How am I going to feed my animals? How am I going to live?' I was so angry.¹⁹

5.18 Darwin Community Legal Services argued that the Government was containing costs through the DSP by, amongst other things, warehousing people with permanent disabilities on lower paid social security payments; forcing other services, sectors, and programs to fill the gap; and cost shifting to individuals, families, and communities.²⁰

5.19 The committee heard many stories of how a person's inability to get onto the DSP resulted in a shift of costs onto others. For example, Aaron's story was provided to the inquiry:

Aaron lives in the NT and has worked all his life in low paying work. He is unable to work due to chronic health conditions. He is receiving JobSeeker with participation requirements suspended due to his health. He is gathering medical evidence to apply for DSP. Advocates estimate the DSP claim process will take between 6 to 12 months. If he is unsuccessful the first time, he would expect to remain on JobSeeker with mutual obligation requirements still suspended while his health deteriorates, and a further application is made for DSP. Aaron has received assistance from emergency relief programs and family members who have given him food and some funds. His partner is applying for Carer Payment, which she is likely to receive even though Aaron is receiving JobSeeker rather than DSP at this stage.²¹

¹⁷ DSS, answers to questions taken on notice, 1 November 2021 (received 16 December 2021).

¹⁸ Mr Troy Sloan, Group Manager, Pensions, Housing and Homelessness, DSS, *Committee Hansard*, 16 November 2021, p. 29.

¹⁹ Ricki Spencer, *Committee Hansard*, 16 November 2021, p. 2.

²⁰ Darwin Community Legal Services (DCLS), *Submission 127*, p. 13.

²¹ DCLS, *Submission 127*, p. 13.

5.20 The National Manager for Advocacy and Research at the Australian Federation of Disability Organisations (AFDO), Mr Patrick McGee, spoke about the increasing number of people who have ‘been taken off’ the DSP and placed onto JobSeeker due to their partial capacity to work. He submitted that 347 000 people were in this category and noted the ‘illogical nature’ of the approach, stating that:

People are placed onto the DSP because they have a partial capacity to work related to [their] impairment, and now they are taking people off the DSP because of a partial capacity to work.²²

Comparing the Disability Support Pension and JobSeeker

5.21 During 2020–21, just over 1 million people received the JobSeeker Payment at a cost of \$27.4 billion. This compared to approximately 753 000 individuals receiving the DSP during the same period at a cost of \$18.4 billion.²³

5.22 Whereas the DSP is intended to support working age people with a permanent physical, intellectual, or psychiatric impairment that prevents them from working, the JobSeeker Payment is aimed to assist unemployed people and those who cannot work or study due to a temporary sickness or injury.²⁴

5.23 The rate of payment, eligibility and compliance criteria differs between the DSP and the JobSeeker Payment. The DSP has a higher payment rate and more generous taper rates, income and asset tests, and no job search requirements for people aged over 35 years.²⁵

5.24 These differences reflect the underlying policy view that people with a permanent impairment require more financial support and experience greater barriers to employment than those with a full capacity to work who experience unemployment for shorter periods.²⁶

5.25 The Whitlam Institute submitted that the structure of the DSP actually undermines the economic aspirations and goals of recipients—forcing them to emphasise their incapacities and inabilities—in order to gain access and benefit from the higher rate of the DSP:

It is important to recognise that along with the barriers to employment ... recognising capacity does not necessarily translate into employment

²² Mr Patrick McGee, National Manager, Advocacy and Research, Australian Federation of Disability Organisations, *Committee Hansard*, 6 September 2021, pp. 23–24.

²³ DSS, *Annual Report 2020–21*, pp. 51 and 57.

²⁴ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, September 2021, p. 10.

²⁵ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, September 2021, p. 10.

²⁶ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, September 2021, p. 10.

outcomes. It is also important to recognise how the DSP application and rejection process - and the rates of pay- can result in people not aspiring or envisioning economic participation.²⁷

5.26 According to the General Manager for Policy and Advocacy at the Salvation Army Australia, Ms Jennifer Kirkaldy:

... people are faced with a very stark choice: either they catastrophise their situation and try and get onto the DSP, which has a whole number of barriers to actually getting into employment; or they soldier through on the JobSeeker payment, which in our experience, does lead to that deterioration of health and wellbeing.²⁸

5.27 ACOSS argued that, although the DSP is not enough to fully account for the cost of disability, it is 'much better' than the JobSeeker Payment of \$44 per day. A representative of the council also noted:

Sadly, more and more people with disability end up on JobSeeker. Receipt of DSP has declined dramatically in the past 10 years in both absolute and relative terms, reflecting the tightening of eligibility criteria. Conversely, we've seen a sharp increase in the number of people with stability or illness receiving JobSeeker, which is \$161 per week less than the pension. Right now, 36 per cent of people currently receiving JobSeeker, many of whom are locked down, cannot work for more than 30 hours per week, because of illness or disability. This figure was closer to 50 per cent before the pandemic. In 2020, just four in every 10 claims for DSP were granted.²⁹

We must change the system so that people who have a disability or chronic health condition that stops them from securing or attaining sufficient employment can get the DSP. People with disability should not be thrown onto JobSeeker payment and into deep poverty.³⁰

5.28 The Chief Executive Officer of Children and Young People with Disability Australia, Ms Mary Sayers, argued that the DSP has become 'increasingly rigid' in its access requirements over the last decade. She contended that this has resulted in a divide between young people with disability who are considered 'deserving' of the DSP and those who are not, causing many young people with a partial capacity to work to be placed on the lower paid payments of JobSeeker or Youth Allowance. She articulated the scale of this problem and its associated impacts for the committee:

[T]he number of youth allowance participants under 19 years old with partial capacity to work has increased by 174.9 per cent from 2009 to 2020,

²⁷ The Whitlam Institute, *Submission 26*, pp. 14–15.

²⁸ Ms Jennifer Kirkaldy, General Manager, Policy and Advocacy, Salvation Army Australia *Committee Hansard*, 11 October 2021, p. 23.

²⁹ Ms Charmaine Crowe, Senior Advisor, Social Security, ACOSS, *Committee Hansard*, 6 September 2021, p. 11.

³⁰ Ms Charmaine Crowe, Senior Advisor, Social Security, ACOSS, *Committee Hansard*, 6 September 2021, p. 11.

while the number of DSP recipients under 19 years old has decreased by 20 per cent in the same period. This has flow-on impacts on young people's lives, with many telling us DSP eligibility is often used as an access criterion for other supports, including community programs, supports in tertiary education and disability housing support. Like gatekeeping, lack of access to the DSP leads to age gating of payments. This continues to leave people with disability between the ages of 16 and 21 dependent on informal supports and entrenches further poverty. This links strongly to the ability for young people to transition to independence in things like the property market.³¹

A discussion on other support payments and schemes

The National Disability Insurance Scheme

- 5.29 The National Disability Insurance Scheme (NDIS) was legislated in 2013 with the aim of supporting Australians with permanent and significant disability to participate in the social and economic life of their communities.³² Amongst other things, under the NDIS participants are funded for various supports to assist with daily living, such as self-care and community access; capacity building, such as therapeutic supports and physiotherapy; and access to assistance technologies, such as mobility equipment and home modifications.³³
- 5.30 As at May 2021, the NDIS supported approximately 450 000 people living with disability at an annual cost expected to exceed \$23 billion. Of these participants, 73 per cent were also in receipt of the DSP.³⁴
- 5.31 A number of inquiry participants criticised the lack of coordination across Commonwealth programs and payments, such as the NDIS and the DSP, as well as various state and territory concessions available for people with disability. St Vincent de Paul Society argued that this results in people 'continuing to fall through the gaps' and called for improved cross-jurisdictional coordination to achieve better outcomes for people living with disability.³⁵
- 5.32 In their evidence to the inquiry, Blind Citizens Australia highlighted that the NDIS only partly alleviates living costs and many people with disability do not access it:

In terms of living cost, the NDIS has only partly alleviated living costs, with many other costs either not covered by the NDIS or people with

³¹ Ms Mary Sayers, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 6 September 2021, p. 25.

³² DSS, *Submission 29*, p. 19.

³³ DSS, *Submission 29*, p. 19.

³⁴ DSS, *Submission 29*, p. 19.

³⁵ St Vincent de Paul Society, *Submission 62*, p. 4.

disabilities not getting budget funding to cover these costs. There are 4.4 million Australians with disabilities, yet approximately only 340,000 people have an NDIS plan. We are already talking about a substantial amount of people with disability without access to the scheme.³⁶

Difference between the NDIS and the DSP

- 5.33 There are significant differences in the eligibility requirements, as well as the claims and assessment processes, for the NDIS and the DSP. The Government submitted that this was due to each having a different purpose, with the DSP providing income support for those who cannot work due to their disability; and the NDIS providing individualised support, or life planning, to help people with disability achieve their goals.³⁷
- 5.34 Given these differences, it was highlighted that being an NDIS participant does not automatically make a person eligible for the DSP, and vice versa.³⁸ Separate claims and assessments are necessary, resulting in a duplication of information having to be provided to government entities.
- 5.35 Spinal Cord Injuries Australia argued that Services Australia, DSS, and the National Disability Insurance Agency (NDIA) needed to ‘better enhance’ people’s understanding of the various schemes and payments that provide support for people with disability and that they needed to raise awareness about the differences in their eligibility criteria. In addition, it said:

Definitions of disability and medical understandings of permanence of condition and disability need to be more consistent across different programs and legislative frameworks reviewed in order to ensure that policy is evidence based and in line with the World Health Organisation’s International Classification for Functioning, Disability and Health and the social model of disability underpinning the United Nations’ Convention on the Rights of Persons with Disability (UN CRPD) ...³⁹

Commonwealth Rent Assistance

- 5.36 Commonwealth Rent Assistance (CRA) is an income supplement, payable with income support, for eligible Australian individuals and families renting in the private rental market or community housing. In 2021–22 it is expected this payment will assist 1.6 million individuals and families. As at April 2021, 268 335 CRA recipient households received DSP as their primary payment.⁴⁰

³⁶ Ms Jane Britt, Policy and Advocacy Team Leader, Blind Citizens Australia, *Committee Hansard*, 16 November 2021, p. 20.

³⁷ DSS, *Submission 29*, p. 19.

³⁸ DSS, *Submission 29*, p. 19.

³⁹ Spinal Cord Injuries Australia, *Submission 30*, pp. 6–7.

⁴⁰ DSS, *Submission 29*, p. 29.

- 5.37 Although recognising the crucial assistance that CRA provides tenants in the private rental market, numerous inquiry participants called for the payment to be raised. For example, People with Disability Australia (PWDA) called for an ‘immediate increase’ to assist people in housing stress and the Australian Psychological Society (APS) highlighted that the DSP has failed to increase at a comparable rate to housing costs.⁴¹
- 5.38 Another submission argued that many income support recipients are currently experiencing ‘extreme housing stress’, and that in the middle of 2019, 80 000 people on the DSP paid over 30 per cent of their income on rent and over 16 000 paid over half their income on rent.⁴²
- 5.39 One inquiry participant said that the original purpose of CRA was to ‘smooth out’ the difference between public and low-end private rentals and, thereby, provide support for low-income people to rent in the private sector. Notwithstanding this original intention, the submitter contended that the amount today is ‘almost insignificant and it does not fulfil this purpose’, and that this has a number of destructive impacts:

Rents have skyrocketed over the past decades, leaving people on welfare entrenched in poverty. This is destructive, for it affects their physical and mental health, and thus over time it is more expensive than if adequate support was given to them. Low payments rates destroy relationships, marriages, and damage the next generation.⁴³

Carer Payment

- 5.40 The Carer Payment aims to assist people who provide constant care for a person with a disability or severe medical condition and, due to the care they provide, are unable to support themselves through paid employment. The payment is means tested through income and asset tests, and as at 30 April 2021, there were approximately 252 000 adult carer recipients of the payment. Of these recipients, over 120 000, or approximately 48 per cent, were also receiving the DSP.⁴⁴
- 5.41 Inclusion Australia noted that recipients of the Carer Payment and DSP did not receive the Coronavirus Supplement in 2020, and that this led to further social and financial disadvantage for this vulnerable group of people. It argued that these individuals experienced the same cost pressures as others and lost the few hours of casual employment that were essential to keep their ‘heads above water’. Given this, the organisation called for governments to promptly

⁴¹ People with Disability Australia, *Submission 116*, p. 118; and Australian Psychological Society (APS), *Submission 28*, p. 8.

⁴² Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 5].

⁴³ Name withheld, *Submission 107*, [p. 2].

⁴⁴ DSS, *Submission 29*, p. 31.

address the ongoing challenge of social and financial disadvantage for people with disability before even more people are marginalised.⁴⁵

Financial security and living with disability

The additional costs of living with disability

5.42 People with disability incur higher living expenses compared to people without disability. These additional costs commonly come in the form of healthcare, medication, equipment, specialised transport, and housing. It was submitted during the inquiry that research showed that a single person living with a disability required an additional \$50 per week to achieve the same standard of living as someone without a disability receiving a pension. This research suggested that by lifting the DSP by this amount, poverty amongst its recipients would be halved.⁴⁶

5.43 The Chief Executive Officer of the Physical Disability Council of NSW, Ms Serena Ovens, also commented on the monetary cost of disability. She submitted that, on average, a person with a mild or moderate disability incurs costs \$87 per week higher than they otherwise would, and that this increases to \$173 per week for someone with a profound or severe disability. She concluded:

This means a person with disability already starts with a deficit that brings them close to or, if not, under the OECD poverty line of 60 per cent of median household income measure.⁴⁷

People on the DSP can't afford meals, pay for medications or buy clothes. They struggle to pay their rent or their utilities; therefore, they can't heat or cool their homes.⁴⁸

Access to affordable housing

5.44 As noted above, submitters stated that income support recipients are experiencing significant housing stress, with many paying over 30 per cent—and in some cases 50 per cent—of their income on rent.⁴⁹

5.45 Anglicare Australia's 2021 Rental Affordability Survey found that only 1.2 per cent of private rentals were affordable for a single person living on the minimum wage, and that this figure dropped to 0.3 per cent for a single person

⁴⁵ Inclusion Australia, *Submission 94*, p. 7.

⁴⁶ ACOSS, *Submission 68*, p. 10.

⁴⁷ Ms Serena Ovens, Chief Executive Officer, Physical Disability Council of NSW, *Committee Hansard*, 16 November 2021, p. 22.

⁴⁸ Ms Serena Ovens, Chief Executive Officer, Physical Disability Council of NSW, *Committee Hansard*, 16 November 2021, p. 22.

⁴⁹ Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas, *Submission 42*, [p. 5].

living on the DSP.⁵⁰ It was also noted that research indicated that, even amongst those receiving CRA, 31 per cent of households with at least one resident receiving the DSP were living in 'financial stress'.⁵¹

- 5.46 The National Aboriginal Community Controlled Health Organisation (NACCHO) highlighted the significant housing challenges faced by Aboriginal and Torres Strait Islander people with end-stage kidney disease who need to relocate to Darwin or Alice Springs to receive treatment. The organisation noted that Anglicare Australia found there were no private rental properties in these areas that were affordable for DSP recipients, and that this required them to rely on hostel accommodation. NACCHO reported that this resulted in these individuals feeling they were left with 'limited control over their lives'.⁵²

Access to nutritional food

- 5.47 It was contended during the inquiry that the DSP's current rate was 'manifestly inadequate' to ensure people could meet their nutritional requirements and to live a life with dignity.⁵³ The APS submitted that this reinforced the cycle of poverty and limited the ability to afford healthy foods; hence, restricting choices to cheaper foods which were commonly higher in fats, sugars, and carbohydrates.⁵⁴
- 5.48 An inquiry witness, Ricki Spencer, vividly highlighted for the committee the challenges they face on a day-to-day basis and how they manage to feed themselves:

A lot of markets have mark-downs, so you go to the mark-down section. I am lucky now that I can use my sticks to walk to places. But when I was immobile, when everything seized up, that is when I really struggled. When COVID happened and you could only get food online, that was a nightmare. Many places, like Woolies, don't deliver under a certain amount. If you wanted delivery of under a certain amount, you had to pay \$80. Who can afford to pay \$80 ahead of time? So you either go without, or you have to have a network of friends who can help you buy that sort of food, processed food, or food that has been really marked down. You go to the vegetable places where maybe the vegetable is half good and half not so good; you cut out the bits that aren't damaged and just eat them. You try to make do.⁵⁵

⁵⁰ An affordable rental is one defined as costing 30 per cent, or less, of overall income.

⁵¹ ME Advocacy Network Australia, *Submission 63*, p. 9.

⁵² National Aboriginal Community Controlled Health Organisation (NACCHO), *Submission 84*, p. 9.

⁵³ For example, see APS, *Submission 28*, p. 7.

⁵⁴ APS, *Submission 28*, p. 7.

⁵⁵ Ricki Spencer, *Committee Hansard*, 16 November 2021, p. 5.

Alternative approaches and future reforms

Social model of disability

5.49 There was criticism throughout the inquiry regarding the medical-based approach taken by the DSP. For example, the Chief Executive Officer of First Peoples Disability Network Australia, Mr Damian Griffis, said the following:

We seem to have gone a long way away from the principles within that convention [UN Convention on the Rights of Persons with Disabilities], and I'd argue that this increasingly medicalised approach, requiring medical certificates and all these other medicalised approaches, is not consistent with the tenets of the UN CRPD and a social model of disability.⁵⁶

5.50 The social model of disability emerged in the 1970s and is the model adopted within UN conventions outlining the rights of people with disability. It aims to change the focus from a person's impairment to the physical, social, and economic environments that create barriers. It is argued that this approach allows for a better examination of the changes required socially, politically, and physically to 'enable equity' for people with disability.⁵⁷

5.51 To align its approach with Australia's obligations under United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), the adoption of the social model of disability by DSS and Services Australia was a key recommendation of a 2021 research paper published by the Brotherhood of St Laurence.⁵⁸

5.52 Recognising the importance of the social model of disability, the Government recently released a 10-year disability strategy based upon it. This strategy is further discussed below.

Australia's Disability Strategy 2021–2031

5.53 On 3 December 2021, the Government launched Australia's Disability Strategy 2021–31 (Strategy). The Government submitted that the Strategy will 'drive change over the next decade to uphold the rights, inclusion and participation of people with disability in all areas of Australian life'.⁵⁹

⁵⁶ Mr Damian Griffis, Chief Executive Officer, First Peoples Disability Network Australia, *Committee Hansard*, 11 October 2021, p. 15.

⁵⁷ AFDO, *Submission 118*, p. 34; and Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, September 2021, p. 9.

⁵⁸ Karen Soldatic, Dina Bowman, Maria Mupanemunda and Patrick McGee, *Dead ends: how our social security system is failing people with partial capacity to work*, September 2021, p. 28.

⁵⁹ DSS, [A new National Disability Strategy](#) (accessed 17 January 2022).

- 5.54 The Strategy aims to build upon, and expand, the original National Disability Strategy 2010–2020 by adding new features to ‘drive more action and accountability’. Importantly, the Strategy is based on the social model of disability and states that it recognises that attitudes, practices, and structures can be disabling, and that they can act as barriers preventing people from fulfilling their potential and exercising their rights as equal members of the community.⁶⁰
- 5.55 The Strategy also states that it aligns with the UN CRPD and will help protect, promote, and realise the human rights of people with disability.⁶¹
- 5.56 The Strategy’s vision is for ‘an inclusive Australian society that ensure people with disability can fulfil their potential, as equal members of the community’. In order to achieve this vision, the Government has developed seven key outcome areas which represent those matters which people with disability said needed improvement:
- employment and financial security;
 - inclusive homes and communities;
 - safety, right, and justice;
 - personal and community support;
 - education and learning;
 - health and wellbeing; and
 - community attitudes.⁶²
- 5.57 With specific relevance to this inquiry, in relation to strengthening the financial independence of people with disability, the Strategy notes that the:
- ... income support system provides an important safety net for people with disability who are unable to work or cannot find employment. Ensuring income support, tax and the industrial relations systems work together to avoid creating barriers and disincentives is critical to supporting people with disability to gain employment and increase the number of hours they work.⁶³

Committee view and recommendations

Adequacy of financial supports

- 5.58 The committee is concerned with the overwhelming evidence that the DSP is inadequate and that people relying solely on this payment are too often living in poverty. Witnesses spoke about their inability to cover basic living costs, such as the purchase of healthy food; secure housing; and essentials for their

⁶⁰ Australian Government, *Australia’s Disability Strategy 2021–2031*, p. 5.

⁶¹ Australian Government, *Australia’s Disability Strategy 2021–2031*, p. 5.

⁶² Australian Government, *Australia’s Disability Strategy 2021–2031*, p. 6.

⁶³ Australian Government, *Australia’s Disability Strategy 2021–2031*, p. 8.

children. Further, some individuals noted that they were unable to attend medical appointments due to a lack of financial resources. As one witness articulated, failing to attend to a person's ill-health will result in greater costs to the health system in the long-term.

- 5.59 The committee also recognises that people with disability incur higher living costs in the form of healthcare, medication, and specialised equipment, transport and housing. The committee notes research showing that a single person living with disability requires an additional \$50 per week to achieve the same standard of living as someone without disability.
- 5.60 The committee is also concerned that CRA is completely inadequate and that it does not reflect contemporary housing costs in Australia. Evidence indicated that only 0.3 per cent of private rentals were affordable for a single person living on the DSP and that, even those households in receipt of CRA, almost one in three with at least one resident on the DSP were living in financial stress. The committee considers this to be an unacceptable situation that needs to be promptly rectified.

Recommendation 27

- 5.61 The committee recommends that the Australian Government investigates ways to better support people on the Disability Support Pension who are at risk of poverty – particularly those in the private rental market – and ensures people can participate in their communities and cover their living costs.**

Coordination and integration of Australia's support system

- 5.62 The committee notes the numerous programs, schemes, and payments available to people with disability across Australia and the evidence indicating that there is a lack of coordination across these supports, at both the federal level and across governments. The committee considers that a more integrated approach is necessary to support people living with disability in Australia, and that such an approach would result in streamlined processes and less duplication for claimants, consistent definitions across supports, and better outcomes for individuals.

Recommendation 28

- 5.63 The committee recommends that the Australian Government, in consultation with state and territory governments, improves the coordination and integration of support payments, programs, and schemes for people with disability across all levels of government.**

Social model of disability and the Government's disability strategy

- 5.64 The committee recognises the benefits of the social model of disability and its aim to change the focus away from a person's impairment to the physical, social, and economic environments that can create barriers. The committee notes that the Government's recently published 2021–31 Disability Strategy is based on the social model of disability and is supportive of the strategy's objectives of upholding the rights of people with disability across Australia and improving their inclusion and participation.
- 5.65 With specific relevance to this inquiry, the committee is especially supportive of the strategy's aim of strengthening the financial independence of people with disability and ensuring that the income support, tax, and industrial relations systems do not create barriers and disincentives to employment.

Recommendation 29

- 5.66 The committee recommends that the Australian Government undertakes consultation and evaluation of the Disability Support Pension to align it more closely with the social model of disability.**

Recommendation 30

- 5.67 The committee recommends that the Australian Government establishes principles in the administration of social security, including:**
- **proactively assisting people to access support for which they are eligible;**
 - **treating people with respect; and**
 - **making adjustments to service delivery on an individual basis to meet people's needs and ensure equal access to social security for all.**

Senator Janet Rice
Chair

Government senators' additional comments

- 1.1 Government senators support consideration of practical improvements to the Disability Support Pension (DSP) and its implementation. However, it is important to note the following:
- As mentioned in the majority report, the DSP is designed to support people who are permanently unable to work due to disability and paid at the same rate as the Age Pension, which is the highest rate within the social security system, with a total of \$18.37 billion in expenditure in 2020–21.
 - A series of reforms over the last decade by successive governments have changed key aspects of the DSP, including strengthening the claim assessment process, the assessment of medical conditions, and implementing revised impairment tables for the assessment of DSP eligibility.

DSP impairment reform

- 1.2 The Department of Social Services (the DSS) is currently undertaking a review of the DSP impairment tables, which were originally due to sunset on 1 April 2022. However, the COVID-19 pandemic significantly delayed the start of this review.
- 1.3 The Government made the decision to defer the sunset date by 12 months to 1 April 2023. To date, significant work has been undertaken in consultation with stakeholders and people with disability. It is important to note that the deferral will also provide the opportunity for this committee's report into the purpose, intent, and adequacy of the DSP to be considered in the impairment table review, where relevant.

Services Australia's communications

- 1.4 Work is currently underway on a variety of communication products to help customers better understand the DSP eligibility rules and why a claim may have been rejected.
- 1.5 DSP content on Services Australia's (the Agency) website is also being improved, and this includes the introduction of a DSP pre-claim guide that provides an early indication of a customer's likely eligibility for DSP.
- 1.6 The Agency's website also has medical evidence checklists available for customers and treating health professionals to assist with claiming the DSP. The DSP online claim helps customers to identify and select the medical evidence they will provide with their claim and helps them to upload the evidence.

- 1.7 The Agency has been involved in wide-ranging consultations with customers with disability, ranging in age from 16 to 65 years, from across New South Wales and Victoria, who have claimed the DSP within the previous 6 months.
- 1.8 The final DSP online claim design:
- includes a simplified language and layout;
 - includes a digital assistant offering extra information and question-specific context;
 - guides customers through the eligibility rules, including hyperlinks to the agency's web pages for more detailed information;
 - guides customers about specific medical evidence requirements for certain conditions, such as mental health and visual impairments;
 - supports customers who identify as vulnerable to submit their claim without all the required documentation;
 - includes the option to claim the JobSeeker Payment within the one claim process to simplify claiming an income support payment while the DSP claim is being assessed; and
 - achieves a AA rating aligned with the Web Content Accessibility Guidelines.

DSP financial sustainability

- 1.9 Ensuring the long-term sustainability of the social security and welfare system is a key focus. This is in the interest of the Australian public and individuals who engage with the income support system, for now and into the future.
- 1.10 Public expenditure on programs associated with social security and welfare, including the DSP, are set in the context of a need for fiscal sustainability and the impact of such programs on the budget. As a result, increases in the level of support provided by the Government would have to be funded through an increase in taxation revenue or a reduction in spending on other programs.
- 1.11 Government senators also highlight that the Government has provided unprecedented levels of support in response to the economic impact of COVID-19. Since the onset of the pandemic, the Commonwealth has provided \$337 billion worth of support to individuals, families, and businesses—equivalent to 16.3 per cent of GDP.

Accessibility

- 1.12 The Agency has a number of arrangements in place to provide Auslan/sign language interpreter services to all customers and has service provider contracts for on-site booked customer appointments in all states and territories. In addition, the Agency has direct contracts with 21 Auslan/sign language interpreters who form part of the internal interpreting and translating panel.
- 1.13 In 2020–21, the Agency answered 4 138 calls from deaf and hearing-impaired customers using teletypewriters (TTY). A TTY is a device that lets people who

are deaf or speech impaired use a telephone to communicate by allowing them to type text messages. A TTY is required at both ends of the conversation in order to communicate.

- 1.14 The Agency continues to explore video-chat technology as an alternate option for servicing deaf and hearing-impaired customers with positive feedback received from both customers and staff following a recently completed trial.

Australia's Disability Strategy 2021–2031

- 1.15 The Government launched the new national disability strategy—Australia's Disability Strategy 2021–2031 (the Strategy)—on International Day of People with Disability (3 December 2021).
- 1.16 The Strategy is a ten-year commitment by all governments to uphold the rights, participation, and inclusion of all Australians with disability.
- 1.17 The Strategy was developed in close consultation with people within the disability sector, spanning over a 2-year period. Extensive public consultation has been undertaken with more than 3 000 people, including those living with disability and their families, carers, and representatives.
- 1.18 A key focus of the strategy is improving employment opportunities and creating inclusive workplace cultures where people with disability thrive in their career. As part of the Strategy, an associated plan—Employ My Ability—was also created.
- 1.19 Employ My Ability was developed through significant stakeholder consultation over 18 months. It was guided by the Disability Employment Advisory Committee which was co-chaired by Dylan Alcott and Simon McKeon.

Disability Employment Services program reform

- 1.20 As mentioned in the majority report, the Government is currently designing a new Disability Employment Services (DES) program to replace the current model, which ends on 30 June 2023.
- 1.21 The DSS is consulting with people with disability, employers, and providers on the design and implementation of a new disability employment support model to ensure it supports both people with disability to find and maintain employment, and businesses who employ people with disability to ensure their employment is successful.
- 1.22 This year alone, the Government is investing nearly \$1.4 billion in DES to help people with disability, injury, or illness, find and keep a job.

Social workers

- 1.23 The Agency's social workers deliver face-to-face and telephone services to customers experiencing vulnerability. Customers requiring professional

assistance can contact the Agency, ask to speak to a social worker, and be referred.

- 1.24 In addition to direct customer service, social workers provide training and consultation to Agency staff to ensure they are adequately equipped to identify vulnerable customers, make referrals to social work and other services, and appropriately respond to those at risk of harm.
- 1.25 In closing, the Government is strongly committed to the integrity and sustainability of the income support system as a safety net for people who need it most.
- 1.26 Government senators thanks all of the individuals and organisations who submitted to the inquiry and appeared as witnesses.

Senator Wendy Askew
Deputy Chair

Senator Hollie Hughes

Appendix 1

Submissions and Additional Information

Submissions

- 1 Australian Association of Psychologists
- 2 Dementia Australia
- 3 Australian Physiotherapy Association
- 4 The Salvation Army Australia
- 5 Cystic Fibrosis Community Care
- 6 Catholic Social Services Australia
- 7 Physical Disability Council of NSW
- 8 Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd
- 9 Shop, Distributive & Allied Employees' Association
 - 9.1 Supplementary submission
- 10 National Union of Students
- 11 Legal Aid NSW
- 12 South East Community Links
- 13 Anglicare Australia
- 14 Legal Services Commission of South Australia
- 15 The Brisbane ME/CFS Support Group & The Fibromyalgia ME/CFS Gold Coast Support Group Inc.
- 16 LawRight
- 17 Grampians disAbility Advocacy
- 18 Centre for Excellence in Child and Family Welfare
- 19 Queensland Council of Social Services
- 20 Anti-Poverty Network South Australia
- 21 Council of the Ageing
- 22 Blind Citizens Australia
- 23 Mental Health Australia
- 24 Disability Council NSW
 - 24.1 Supplementary submission
- 25 Danila Dilba Health Service
- 26 The Whitlam Institute within Western Sydney University
- 27 Catholic Social Services Victoria
- 28 Australian Psychological Society
- 29 Department of Social Services
 - Attachment
- 30 Spinal Cord Injuries Australia
- 31 *Name Withheld*
- 32 *Name Withheld*

- 33 *Name Withheld*
- 34 *Name Withheld*
- 35 *Name Withheld*
- 36 *Name Withheld*
- 37 *Name Withheld*
- 38 Orygen
 - Attachment
- 39 Mr Colin Harte
- 40 Professor Alex Collie
- 41 Mr Ian Jones
- 42 Associate Professor Karen Soldatic, Michelle Fitts, Liam Magee, Gerard Thomas
- 43 Ms Claire Hutchison
- 44 *Confidential*
- 45 *Confidential*
- 46 *Confidential*
- 47 *Confidential*
- 48 *Confidential*
- 49 *Confidential*
- 50 *Confidential*
- 51 *Confidential*
- 52 Ms Eva Voszolyi
- 53 Mr Allan Wright
- 54 Dr Adam Heaton
- 55 Council of Single Mothers and their Children
- 56 ACT Council of Social Service
- 57 First Peoples Disability Network Australia
 - Attachment
- 58 Western Australian Association for Mental Health
- 59 National Council of Single Mothers and their Children
- 60 Northern Australian Aboriginal Justice Agency
- 61 Carers NSW
- 62 St Vincent de Paul Society
- 63 ME Advocacy Network Australia
- 64 ME/CFS and Lyme Association of WA
- 65 Cancer Council and Oncology Social Work Australia and New Zealand
- 66 Housing for the Aged Action Group Inc.
 - 66.1 Supplementary submission
- 67 Sacred Heart Mission
- 68 Australian Council of Social Service
- 69 Purple Orange
- 70 Albany Community Legal Centre

-
- 71 Ethnic Disability Advocacy Centre
72 National Ethnic Disability Alliance
73 Aboriginal Medical Services Alliance NT
74 Women with Disabilities Australia
75 Advocacy Law Alliance
76 Queensland Advocacy Inc.
77 Financial Counselling Victoria
78 Springvale Monash Legal Service Inc.
79 Central Australian Aboriginal Congress
80 Brotherhood of St Laurence
81 People With Disabilities (WA)
82 Legal Aid Queensland
83 MS Australia
84 National Aboriginal Community Controlled Health Organisation
85 Australian Public Guardians and Advocates
86 Good Shepherd Australia and New Zealand
87 Queenslanders with Disabilities Network
88 Public Interest Advocacy Centre
89 Rights Information and Advocacy Centre
90 Social Security Rights Victoria Inc.
• 90.1 Supplementary submission
- 91 Carers Australia
92 Economic Justice Australia
93 Victoria Legal Aid
94 Inclusion Australia
95 ME/CFS Australia Ltd
96 Children and Young People with Disability Australia
97 Advocacy for Information
98 *Confidential*
99 *Confidential*
100 *Confidential*
101 *Confidential*
102 *Name Withheld*
103 *Name Withheld*
104 *Name Withheld*
105 *Name Withheld*
106 *Name Withheld*
107 *Name Withheld*
108 *Name Withheld*
109 *Name Withheld*
110 Ms Amethyst DeWilde
111 Mr Peter Sutton
112 Ms Zoe Mithen

- 113 Mr Peter Sutherland
 - 5 Attachments
- 114 Dr Darren O'Donovan
- 115 Mrs Taraeta Nicholls
- 116 People with Disability Australia
- 117 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation
- 118 Australian Federation of Disability Organisations
 - Attachment
- 119 *Confidential*
- 120 *Confidential*
- 121 Raise the Rate for Good campaign
- 122 Ms Lee Farley
- 123 Miss Tracey Hoolachan
- 124 *Name Withheld*
- 125 *Name Withheld*
- 126 *Name Withheld*
- 127 Darwin Community Legal Service
- 128 *Confidential*
- 129 *Name Withheld*
- 130 Australian National Audit Office
- 131 National Disability Services
- 132 *Name Withheld*
- 133 Australian Medical Association
- 134 *Confidential*

Additional Information

- 1 A letter regarding the review of the impairment tables, sent from the Australian Federation of Disability Organisations to Minister of Families and Social Services, Senator the Hon. Anne Ruston, 6 September 2021
- 2 A joint letter, received from People with Disability Australia and Economic Justice Australia, 6 September 2021
- 3 A de-identified case study, submitted by People with Disability Australia and the Anti-Poverty Centre, 6 September 2021
- 4 Report on Barriers To Disability Support Pension Access For People With Psychiatric Impairments And Their Experiences On Jobseeker Payment, submitted by Economic Justice Australia, 6 September 2021
- 5 Submission to the review of the impairment tables, received from Economic Justice Australia, 6 September 2021
- 6 Research paper on Work Disability in Australia: An Overview of Prevalence, Expenditure, Support Systems and Services
- 7 Research paper on Changes in Access to Australian Disability Support Benefits During a Period of Social Welfare Reform

Answer to Question on Notice

- 1 Answer to question taken on notice during 6 September public hearing, received from Mr Peter Sutton, 6 September 2021
- 2 Answer to question taken on notice during 6 September public hearing, received from Australia Council of Social Services, 21 September 2021
- 3 Answer to question taken on notice during 11 October public hearing, received from Central Australian Aboriginal Congress, 12 October 2021.
- 4 Answer to question taken on notice during 11 October public hearing, received from Financial Counselling Victoria Inc, 21 October 2021.
- 5 Answer to question taken on notice during 11 October public hearing, received from Advocacy Law Alliance Inc, 22 October 2021.
- 6 Answer to question taken on notice during 11 October public hearing, received from Victoria Legal Aid, 25 October 2021.
- 7 Answer to question taken on notice during 11 October public hearing, received from the Department of Social Services, 29 October 2021
- 8 Answer to written question taken on notice, received from the Department of Social Services, 29 October 2021
- 9 Answer to question taken on notice during 11 October public hearing, received from Services Australia, 1 November 2021.
- 10 Answer to written question taken on notice, received from Services Australia, 1 November 2021.
- 11 Answer to question taken on notice during 11 October public hearing, received from the Department of Education, Skills and Employment, 1 November 2021.
- 12 Answer to question taken on notice during 11 October public hearing, received from the Salvation Army, 4 November 2021
- 13 Answer to question taken on notice during 1 November public hearing, received from the National Ethnic Disability Alliance, 16 November 2021
- 14 Answer to question taken on notice during 1 November public hearing, received from the Department of Social Services, 22 November 2021
- 15 Answers to questions taken on notice during 16 November 2021 public hearing, received from Services Australia, 8 December 2021
- 16 Answer to question taken on notice during 11 October public hearing, received from the Department of Social Services, 16 December 2021
- 17 Answer to question taken on notice during 1 November public hearing, received from the Department of Social Services, 16 December 2021
- 18 Answer to question taken on notice during 16 November public hearing, received from the Department of Social Services, 16 December 2021
- 19 Answer to question taken on notice during 16 November public hearing, received from the Services Australia, 17 December 2021
- 20 Answer to question taken on notice during 16 November public hearing, received from the Department of Social Services, 24 January 2022
- 21 Answer to written questions taken on notice, received by Department of Social Services, 4 February 2022

- 22** Answer to question taken on notice during 11 October public hearing, received from the Department of Social Services, 17 February 2022

Media Releases

- 1** Media Release - 17 May 2021 - Call for submissions

Appendix 2

Public Hearings

Monday, 6 September 2021

Committee room 2S1

Parliament House

Canberra

Panel of Individual Witnesses

- Ms Fiona Cox
- Ms Claire Hutchinson
- Ms Taraeta Nicholls
- Mr Peter Sutton

Australian Council of Social Services

- Ms Casandra Goldie, Chief Executive Officer
- Ms Charmaine Crowe, Senior Advisor, Social Security
- Ms Kath Sutherland, Lived Experience

Anglicare Australia

- Mr Eddy Bourke, National Policy and Research Advisor
- Ms Kasy Chambers, Executive Director

Economic Justice Australia

- Mr Dermott Williams, Community Lawyer, DSP Help Project
- Ms Linda Forbes, Law Reform, Policy and Communications Officer

Australian Federation of Disability Organisations

- Mr Patrick McGee, National Manager, Policy, Advocacy and Research
- Ms Natalie Wade, Chief Executive Officer (Equality Lawyers)
- Ms Brianna Lee, Systematic Advocacy and Projects Manager (PWdWA)

Children and Young People with Disability Australia

- Ms Mary Sayers, Chief Executive Officer

People with Disability Australia

- Mx Giancarlo de Vera, Senior Manager of Policy
- Mr Jay Coonan, Research and Policy, Antipoverty Centre
- Ms Kristin O'Connell, Research and Policy, Antipoverty Centre

Women with Disabilities Australia

- Ms Heidi La Paglia, Director of Policy and Programs
- Ms Vanamali Hermans, Policy and Project Officer

Cancer Council and Oncology Social Work Australia and New Zealand

- Ms Megan Varlow, Director, Cancer Control Policy at Cancer Council Australia
- Ms Kim Hobbs, Clinical Specialist Social Worker, Gynecological Cancer at Westmead Hospital

Council of the Ageing

- Mr Corey Irlam, Deputy Chief Executive

Inclusion Australia

- Ms Catherine McAlpine, Chief Executive Officer

Mental Health Australia

- Dr Leanne Beagley, Chief Executive Officer
- Ms Ingrid Hatfield, Senior Policy and Projects Officer

Australian Association of Psychologists

- Ms Tegan Carrison, Executive Director
- Ms Karen Donnelly, Vice-President
- Mrs Amanda Curran, Chief Services officer

Office of the Public Advocate, Queensland

- Dr John Chesterman, Public Advocate

Monday, 11 October 2021

Committee 2S3

Parliament House

Canberra

Advocacy Law Alliance

- Ms Kylie Hyde, Senior Solicitor, Disability, Mid North Coast Legal
- Ms Amanda Brickwood, Manager, Disability Advocacy

Financial Counselling Victoria

- Ms Jo Parkin
- Ms Elizabeth Stary, Senior Financial Counsellor
- Ms Georgia Robenstone, Campaigns and Advocacy Manager

Victoria Legal Aid

- Ms Rowan McRae, Executive Director, Civil Justice, Access and Equity
- Ms Alina Leikin, Managing Lawyer, Economic and Social Rights Program
- Mr Doug Reidy, Lived Experience

Central Australian Aboriginal Congress

- Dr John Boffa, Chief Medical Officer, Public Health
- Dr Colin Marchant, Deputy Medical Director

First Peoples Disability Network Australia

- Mr Damien Griffis, Chief Executive Officer
- Ms June Reimer, Deputy Chief Executive Officer

National Aboriginal Community Controlled Health Organisation

- Ms Patricia Turner, Chief Executive Officer
- Ms Jess Styles, Director - Programs

Professor Alex Collie

- Professor and Director of Insurance Work and Health Group, School of Public Health and Preventive Medicine, Monash University

The Salvation Army Australia

- Ms Jennifer Kirkaldy, General Manager of Policy and Advocacy
- Ms Kristen Hartnett, Regional Manager of Moneycare

Springvale Monash Legal Service Inc.

- Ms Ashleigh Newnham
- Ms Korina Leoncio, Managing Solicitor

Australian Federation of Disability Organisations

- Mr Patrick McGee, National Manager, Policy, Advocacy and Research
- Ms Jody Barney, AFDO First Nations Disability Consultant
- Ms Natasha Thomson, AFDO Social Security Consultant

Associate Professor Karen Soldatic

- Institute for Culture and Society, Western Sydney University

Brotherhood of St Laurence

- Dr Dina Bowman, Principal Research Fellow, Work and Economic Security

Deaf First Nations Experience

- Mr Lesley Footscray, Lived Experience
- Ms Sue Frank, Cultural Support to Lesley Footscray
- Mrs Alma Smith, Lived Experience
- Mr Peter Smith, Spousal support for Alma Smith/ Lived Experience
- Ms Jody Barney, ADFO Cultural Communications Consultant

Dr Darren O'Donovan

- Senior Lecturer, La Trobe University

The Whitlam Institute

- Mr John Della Bosca AM, Whitlam Institute Fellow

Department of Education, Skills and Employment

- Mr Kraig Lowes, Assistant Secretary, Job Seeker Participation and Compliance Branch
- Ms Miranda Lauman, Acting First Assistant, Employment Programs and Activation Division
- Ms Benedikte Jensen, First Assistant Secretary, Labour Market and Workforce Policy Division
- Ms Carmel O'Regan, Assistant Secretary, Labour Market Policy Branch

Department of Social Services

- Mr Matt Flavel, Deputy Secretary Social Security
- Mr Troy Sloan, Group Manager - Pensions, Housing, and Homelessness Group
- Mr Andrew Seebach, Branch Manager - Carer and Disability Payments
- Mr Tarja Saastamoinen, Acting Group Manager - Disability Employment and Carers

Services Australia

- Mr Brendan Moon, General Manager, Working Age Programmes
- Ms Catherine Stephenson, National Manager, Programme Management and Assurance Branch

National Disability Insurance Agency

- Ms Lisa Studdart, Deputy Chief Executive Officer, Markets, Governments and Engagement Group
- Ms Liz Neville, General Manager, Government Division

Monday, 1 November 2021

Committee Room 2S1

Parliament House

Canberra

Good Shepherd Australia and New Zealand

- Professor Roslyn Russell, Director, Research and System Impact

National Council of Single Mothers and their Children

- Ms Therese Edwards, Chief Executive Officer
- Ms Aradia Sayner, NCSMC Board Member and Founder of Women in Poverty
- Ms Sarah Saker, Lived experience

Council of Single Mothers and their Children

- Ms Jenny Davidson, Chief Executive Officer
- Ms Suzanne Baker, Delegate with lived experience

Carers Australia

- Ms Sue Elderton, Director, Aged Care Policy

Cystic Fibrosis Community Care

- Ms Karin Knoester, Chief Executive

MS Australia

- Mr Andrew Giles, National Policy Manager

ME/CFS Australia Ltd

- Mr Geoffrey Hallman, Chair
- Ms Penelope McMillan, Director and Chair of ME/CFS South Australia

Australian National Audit Office

- Ms Peta Martyn, Executive Director, Performance Audit Services Group
- Ms Carla Jago, Group Executive Director, Performance Audit Services Group

Australian Human Rights Commission

- Dr Ben Gauntlett, Disability Discrimination Commissioner

Office of Commonwealth Ombudsman

- Ms Penny McKay, Acting Commonwealth Ombudsman
- Ms Louise MacLeod, Acting Deputy Ombudsman
- Mr David Fintan, Senior Assistant Ombudsman
- Ms Emma Cotterill, Senior Assistant Ombudsman

South East Community Links

- Mr Peter McNamara, Chief Executive Officer
- Ms Kay Dilger, Manager, Community and Financial Wellbeing

Ethnic Disability Advocacy Centre

- Dr Siyat Abdi, Systemic Advocate
- Ms Christine Grace, Advocacy Services Manager

National Ethnic Disability Alliance

- Mr Dwayne Cranfield, Chief Executive Officer
- Ms Blanca Ramirez, Senior Research and Policy Officer

Department of Social Services

- Mr Matt Flavel, Deputy Secretary, Social Security
- Mr Troy Sloan, Group Manager, Pensions, Housing, and homelessness Group
- Ms Tarja Saastamoinen, Acting Group Manager, Disability Employment and Carers

- Mr Andrew Seebach, Branch Manager, Pensions, Housing and Homelessness

Services Australia

- Mr Brendan Moon, General Manager, Working Age Programmes
- Ms Catherine Stephenson, National Manager, Programme Management and Assurance Branch

Tuesday, 16 November 2021

Committee Room 2S3

Parliament House

Canberra

Lived Experience Panel

- Ricki Spencer, Lived Experience
- Mr Max Primmer, Lived Experience
- Ms Dini Liyanarachchi, Support and Advocacy Lead, Housing for Aged Action Group

Public Interest Advocacy Centre

- Mr Thomas Chailloux, Policy Officer

Housing for the Aged Action Group Inc.

- Ms Fiona York, Executive Officer
- Ms Dini Liyanarachchi, Advocacy Lead, Housing for the Aged Action Group

Darwin Community Legal Service

- Ms Judy Harrison, A/g Principal Solicitor

Legal Aid NSW

- Rachelle Johnston, Solicitor, NDIS and Social Security Team

Queensland Advocacy Inc.

- Ms Matilda Alexander, Chief Executive Officer
- Ms Sophie Wiggans, Systems Advocate

Blind Citizens Australia

- Ms Jane Britt, Policy and Advocacy Team Leader
- Ms Emma Bennison, Chief Executive Officer

Spinal Cord Injuries Australia

- Ms Megan Bingham, Policy and Advocacy Officer
- Ms Diana Pedersoli, Advocate

Physical Disability Council of NSW

- Ms Serena Ovens, Chief Executive Officer
- Ms Hayley Stone, Policy Manager

Department of Social Services

- Mr Matt Flavel, Deputy Secretary Social Security
- Mr Troy Sloan, Group Manager Pensions, Housing and Homelessness Group
- Ms Tarja Saastamoinen, A/g Group Manager, Disability Employment and Carers
- Mr Andrew Seebach, Branch Manager Carer and Disability Payments

Services Australia

- Mr Brendan Moon, General Manager Working Age Programmes
- Ms Catherine Stephenson, National Manager Programme Management and Assurance Branch