**Impairment Tables Impair Our Access to Supports**

AUG

2021

People with Disability Australia’s submission to the Department of Social Services’ Review of the Disability Support Pension Impairment Tables

About Us

About People with Disability Australia

People with Disability Australia (PWDA) is a leading disability rights, advocacy and representative organisation of and for all people with disability. We are the only national, cross-disability organisation—we represent the interests of people with all kinds of disability.

PWDA is a NSW and national peak organisation and founding member of Disabled People’s Organisations Australia (DPO Australia) along with Women With Disabilities Australia, First Peoples Disability Network Australia, and National Ethnic Disability Alliance. We are a non-profit, non-government organisation. We help individuals by advocating for their interests, and groups through our systemic advocacy efforts. We also encourage people to engage in self-advocacy.

We have a vision of a socially just, accessible, and inclusive community, in which the human rights, citizenship, contribution, potential and diversity of all people with disability are recognised, respected and celebrated.

About the Antipoverty Centre

The Antipoverty Centre is a new organisation established to counter problems with academics, think tanks and others in the political class making harmful decisions on behalf of people they purport to represent.

We are activists, advocates and researchers with lived experience of poverty and disadvantage. We defend and fight for the rights of people like ourselves who experience violence at the hands of an economic system designed to oppress us. It is our mission to shift how people speak about and respond to poverty in this country.

We work closely with peer support groups, activists and grassroots civil society organisations to complement their work. Our goal is to help ensure the voices and rights of people living in poverty are at the centre of social policy development and discourse. We believe there should be no decision made about us without us. The Antipoverty Centre is not politically aligned and does not accept funding that places political constraints on our work.

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# Copyright information

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Acknowledgement of Country

People with Disability Australia and the Antipoverty Centre acknowledge the original peoples of this unceded continent. They have been Custodians of Country for thousands of generations.

First Peoples have connections to place, land, water and community that have been unbroken for 120,000 years.[[1]](#footnote-2) We recognise Indigenous sovereignty and the cultural significance inherent in these connections, historical and contemporary.

We pay respect to Elders past and present and stand with First Peoples in the quest for self-determination, justice and truth-telling in the face of ongoing colonial violence, including that inflicted through racism in the social security system.

We recognise that significantly higher rates of disability among First Peoples is the direct result of colonisation.

Preamble

In preparing this submission, People with Disability Australia and the Antipoverty Centre surveyed people with disability about their experiences of the income support system.

Throughout this document and in the appendices we have included the voices of those whose lives are affected by your decisions. Where these quotes are included, grammar and syntax has not been edited.

We are proud to include a diversity of perspectives from hundreds of people with disability every day. We extend deep gratitude to every person who contributed to this submission by trusting us to share their opinions and experience.

Terminology

In this document, the term ‘unemployment payment’ refers to the two mainstream payments for unemployed people: JobSeeker (and its predecessor, Newstart) and Youth Allowance Other.

These payments are activity tested, meaning recipients must meet participation requirements each month to continue receiving their payment.

Parenting Payment, Disability Support Pension (DSP), Carer Payment, Youth Allowance Student and Apprentice and a number of other payments are only available to people below retirement age, and are included in the term ‘working age payment’. These are not unemployment payments, however some recipients are activity tested (eg single parents, DSP recipients under 35).

The term ‘income support payment’ refers to all government allowances, including all working age payments and the age pension.

# Introduction

The Disability Support Pension (DSP) impairment tables create a system of deserving and undeserving people with disability.

I didn't get enough points to qualify and I'm too scared of Centrelink to try   
again. – name withheld

The DSP must be a truly supportive safety net for people with disability that alleviates poverty, and an important step towards achieving this is to abolish the impairment tables.

However, as the Department of Social Services (DSS) has highlighted in its issues paper, the Government and the Department are largely content with how the impairment tables are operating and do not wish to see dramatic changes.

DSS has emphasised the opportunity to influence the impairment tables to improve them is highly limited in scope, and that the impairment tables will continue to be used regardless of the outcomes of these consultations.

This review has created a sense of trepidation within the disability community. We fear the Government will introduce yet another round of harmful changes that fail to reflect the outcomes of this consultation, as has happened so often in the past.

The introduction of impairment tables had seen the rate of successful DSP applications drop from 60% to 30% by 2018.[[2]](#footnote-3)

In their 2020 report into understanding the economic and policy trends affecting Commonwealth expenditure on JobSeeker, the Parliamentary Budget Office (PBO) noted that changes to the DSP, between 2012 and 2015, played a significant role in increasing the number of people receiving the JobSeeker payment.[[3]](#footnote-4)

This system is erratic and set up so that only those who have expensive help … can manage to jump the hoops. People who are in the most desperate need are the least able to get it. – Jade

There has been a dramatic increase in the number of people with disability who are trapped on unemployment payments,[[4]](#footnote-5) because, as the DSP is designed to recognise, many of us are prevented from fully participating in the workforce.

40% of people on JobSeeker are assessed as having a partial capacity to work, and nearly 1 in 2 people who get the payment are exempt from job searches because of this.[[5]](#footnote-6)

Between June 2011 and June 2015, the number of people with disability in mainstream employment services increased from 11% to 15%,[[6]](#footnote-7) and by June 2021 this had risen to nearly 25%.[[7]](#footnote-8) Over the same period the proportion of people in Disability Employment Services (DES) who were on the JobSeeker or Youth Allowance payment increased from 56% to 79%.[[8]](#footnote-9)

Many people with disability are forced into poverty as their capacity to work, and any hope of sustainable employment, is further decreased due to the punitive nature of the jobactive and DES programs.[[9]](#footnote-10)

I applied at 18/19, was rejected for not being "fully treated and stabilised" despite having been undergoing treatment since 16yo. Was on unemployment, first with Disability Employment Services (DES) and then sneakily transferred to jobactive until 26yo when I applied again, was rejected again (I believe I was told I didn't meet the tables criteria), sent back to DES, on appeal for two years. After two years of limbo everything suddenly got approved in about a month. – name withheld

The DSP application process alone is lengthy and stressful enough, and many applicants report a degrading impact on their health, particularly related to mental ill health.

# An opportunity for reform

The DSP should be a more supportive, accessible system that is universally available to people with disability who want the support it is supposed to provide. Impairment tables undermine this aim.

Overall, the impairment tables should be abolished. They are harmful and unnecessary. Impairment tables are a recent mechanism and they do not need to exist; we should not be dehumanised by having “points” assigned to us.

It is society that disables us, and impairment tables fly in the face of the social model of disability. They should be replaced with something better, a more straightforward mechanism that is easy for both people with disability and those who support us to understand.

People should qualify for the DSP based on their treating doctor’s assessment that they have a disability; other mechanisms like means testing already account for work capacity, and better accommodate the hundreds of thousands of people whose ability to do paid work is variable.

The recommendations below should be adopted on an interim basis until a plan is made for a transition to a system without impairment tables.

## Specific recommendations regarding the operation of the tables

The Department has explicitly ruled out accepting the advice of people with disability, advocates and policy experts to abolish the impairment tables.

Considering this, we make the below recommendations to improve the operation of the tables while they continue to exist.

The impairment tables must more adequately accommodate the diverse nature and complexity of disability, and the reality of how these complexities affect us.

### 

### Amend impairment tables to make the DSP easier to access

The impairment tables are confusing and present an immediate hurdle to anyone considering applying for the DSP.

Make the "Impairment Tables" easier to understand. Clearly outline   
which medical reports and by which Medical Professionals are required. – Timothy

Exclusion from the DSP exacerbates disability and makes it even harder to afford necessary treatments and supports.

The Government’s own data shows that, since changes have been made to the impairment tables, more and more people with disability are now on JobSeeker and Youth Allowance[[10]](#footnote-11) and are even further below the poverty line than the DSP. This should not be viewed as a success.

### Round points up, not down

The guidance on the choice of ratings within a table should be reversed. By default, any time a person’s impairment is deemed to fall between two rating levels on the points scale, the higher value should be assigned.

### Permit people who meet requirements across multiple tables to access the DSP

The current system of mandating that points exceed the minimum required on a single table is transparently a weapon used against people with disability to exclude us from support.

I didn't meet the points required. My psychological illness was considered & my chronic physical issues were disregarded. – Micaela Callan

It makes no sense to divide the “function-based” effects of our disability when their combined effect is the same. We encounter endless barriers to participation in society regardless of whether our experiences fit within one arbitrary box drawn by the Government, or multiple arbitrary boxes drawn by the Government.

If we must have points assigned to us, then all of them should be counted. To do otherwise is a perverse manipulation of the “scoring” system. Disability is not a competition to be won.

I received a conflicting job capacity assessment (20 points in one impairment category) and disability medical assessment (0 points). I went to the AAT. At this stage they referred my matter to the Health Professional Advisory Unit. A government clinical psych did a 30-page report revealing 10 points in one category, 10 points in another category. Because I didn’t satisfy program of support requirements, I needed to wait. – name withheld

This impairment tables are just another tool the Government uses to extract budget savings from those who can afford it least.[[11]](#footnote-12)

A bill digest prepared by the Parliamentary Library in relation to the 2011 reforms states:

The DSP reforms of this and previous governments also have their origins in the burgeoning number of people receiving DSP, which is the sole remaining payment to people of working age which is not activity tested.[[12]](#footnote-13)

Successive changes introduced by the Rudd and Gillard governments produced an 11% reduction in the number of applicants who were able to get on the DSP between 2010 and 2012. The Parliamentary Library describes the changes as ‘designed to reduce the flow on to the DSP’.[[13]](#footnote-14)

A 2018 report by the Parliamentary Budget Office notes:

From 2012–2013 growth in DSP expenditure slowed sharply … this has been driven by significant changes to assessment processes, particularly the introduction of new assessment tables[[14]](#footnote-15)

Chart

Description automatically generated with low confidence

The above chart, published in the 2018 PBO report, shows the dramatic decline in real expenditure growth following changes to the assessment tables, from an average of 8.7% in the years following the global financial crisis, to an average of 0.2% between 2013 and 2017.

#### Program of Support

Our submission to the Senate Community Affairs References Committee’s Inquiry into the Purpose, Intent and adequacy of the Disability Support Pension (DSP inquiry submission) also recommends abolishing the Program of Support (PoS).

The fact that a person has points assigned on multiple tables and must complete a PoS is an unconscionable effort from the Government to defer the inevitable, by forcing people they know should receive the DSP into a humiliating cycle of looking for work that is either unsuitable, doesn’t exist, or we have little to no chance of getting.

Prior applications were rejected because each condition was evaluated separately rather than looking at how the combination affected me. Prior to my last application being approved, I was told that I would not get approved until I had worked with a DES for 18 months, which worsened my condition significantly due to the requirements of attending appointments and the inability to afford the specialist care I need on Newstart. – Penelope

PoS negatively affects our wellbeing, and perversely, can reduce our capacity to work and find employment.

### Remove classification of the number of hours a person can work

The tables should not refer to a person’s capacity to work using a measurement of hours. Access to the DSP should be based on how a person’s impairment disables them, and not view people with disability as mere economic objects.

The impairment tables must move away from the notion that our value and needs are determined by how “competitive” we are in the labour market.

I was rejected twice and asked for an ARO Review and the reviewer judged that I have the capability to work up to 8hrs per week and I was rated at 30 points. It was a harrowing process and they expect you to give up. – name withheld

Employment is just one part of life affected by disability. The DSP should not be about deciding the earning potential of people with disability; it should provide a safety net that is there for us whether or not we are able to find suitable work.

A person’s ability to complete a certain number of work hours alone is not an adequate indicator of whether they need support. As noted above, means testing is sufficient to adjust payment amounts when people on the DSP can work.

Centrelink decided they knew better than medical professionals about my ability to work- they claim I can work at least 15hrs a week when I absolutely can't manage even half of that. – Bonnie

Work capacity should be used to assess how a person’s disability affects their life, but should not determine whether they qualify for the DSP. References to ‘hours of work’ should be removed from the tables.

### Remove the “fully treated, diagnosed, and stabilised” criteria

The use of this language actively discriminates against people with disability and creates another unfair barrier to access the DSP.

In response to being asked about their experience trying to access the DSP, one person who completed a survey PWDA did of our membership said:

Application 1. Rejected because I hadn’t had the condition for more than two years/not explored all avenues of treatment. Application 2. Still receiving treatment. Application 3. Needed more evidence of long term disability. Application 4. Successful. – name withheld

It has long been argued by many within the community that these criteria are unfair, and this has led to a year-on-year decrease in people – particularly younger people – accessing the payment, as per DSS data.[[15]](#footnote-16)

In a 2014 parliamentary submission, PWDA recommended an immediate review of then-recent impairment tables changes and Program of Support.[[16]](#footnote-17)

One story shared with PWDA shows the implications for young people. Theodore, who has been homeless and still relies on an income support payment that is half the poverty line, first applied soon after changes were implemented that made it harder for young people to access the DSP:

I literally applied the month after they made it essentially impossible for people under 36. There was the issue that my doctor had not written in my report that I was a complete write off. – Theodore White

As discussed elsewhere in this submission and our DSP inquiry submission, there are higher rates of poverty among people with disability.

About 250,000 people who are trapped on unemployment payments are in DES, with another 240,000 people with disability in the jobactive program.[[17]](#footnote-18) The Government itself identifies us as people with disability, but puts up barriers to accessing the DSP.

Nearly half a million people are being forced to participate in counterproductive activities[[18]](#footnote-19) that can further destabilise them, with the added strain of trying to survive on payments that are half the poverty line.

This means people are unable to access treatment and diagnosis for financial reasons, and are excluded purely on the basis that they do not have the means to become fully treated and diagnosed.

My condition **cannot** be fully "diagnosed, treated and stabilised" but still prevents me from being able to work more than about 8 hours a week.   
They wanted me to do graded exercise therapy and cognitive behavioural therapy which are known to be harmful / ineffective treatments for   
ME/CFS. – name withheld

Many conditions that people with disability have are inherently “unstable”, and the health and conditions people with disability have can deteriorate over time. Requiring a person to be stabilised discriminates against people with disability based on what their conditions are.

### 

### Introduce a new Medicare line item

The decreasing number of bulk billing doctors and healthcare that is only partially subsidised, presents a barrier to people with disability accessing the medical care we need. This also makes it harder to get documentation that supports a DSP application.

I have wanted to reapply as l have now 2 more conditions, but am scarred by the former experience and am thinking they will just deny me again. I feel l need help to do it and they make it so hard. – Liz Gehrig

Doctors and patients should be provided with this support so they can spend time discussing the patient’s needs and navigate the complex documentation requirements together.

It took me several attempts. It was easier when I applied [than it is now], but still difficult. I found getting as much evidence from as many people as possible was … tedious, long and expensive to do. – name withheld

The Government should introduce a Medicare line item that ensures doctors have adequate time to work through the DSP application with their patient. This new line item should be fully bulk billed to avoid excluding people who cannot afford to pay any upfront costs.

### Provide additional support for treating professionals

Provide financial and other support to doctors to have adequate time and capacity to help people with disability to understand and fulfil the requirements of impairment tables.

It was rejected at the first step because my GP and I did not understand the 'nuances'. I provided plenty of medical evidence, but it was not the 'right' kind of evidence. My conditions do not neatly fit onto a centrelink form, so my GP asked them to contact her, they didn't. – name withheld

The impairment tables can't be applied consistently or equitably while there remain major differences and gaps in understanding among doctors about how the impairment tables affect people's DSP application.

My current doctor supports me getting a pension but said, she doesn't like my chances as I can walk and talk my disabilities are not in the 20 point assessment or too hard to prove. – name withheld

The Government should equip doctors to understand how their decisions and inputs to an application for the DSP will affect their patient.

In responses to our survey for this submission, some people attributed the success of their DSP application to having a doctor who thoroughly understood the process and documentation required. This should not be left to chance.

I had a very proactive and determined GP with extensive experience with mental health and disadvantage/homelessness. He was my “golden ticket”. One of my psychiatrists paid more attention to my history. – Melanie

Doctors should be resourced with training, clear and simple guidelines, and materials, and be adequately equipped to assist people with disability who need income support.

### Allow for further revision of the tables before the next sunset clause

It was unreasonable to allow this review to coincide with the Senate inquiry into the purpose, intent and adequacy of the Disability Support Pension. This has limited the capacity of people with disability, our representative organisations such as PWDA, and advocates for change, to develop comprehensive recommendations about how the impairment tables should be improved.

Even without the concurrent Senate inquiry, the review timeframe is too short. There has not been enough time to allow for proper, widespread consultation with groups and people affected by the operation of the tables. The survey PWDA did of our membership for this submission only touched the surface.

People with disability have been included in consultations as an afterthought, and only after pressure from advocacy groups. These are the most important voices in any discussion of the policies that affect our access to support.

Findings of the concurrent DSP inquiry will have great significance for the impairment tables policy. It will assess the consequences of the 2011 changes in the context of other reviews and changes made to the DSP in the past decade.

PWDA endorses Anglicare’s position that the Government should extend the current legislative instrument by another year for proper consultation to take place and so that relevant findings from the DSP inquiry, which is due to report in November 2021 can be implemented.

This time should also be used for more meaningful consultation with people who have been excluded from the DSP by the current operation of the impairment tables, whose views have thus far largely been regrettably neglected in the Department’s approach to this review.

When introducing amendments to move impairment tables out of the Social Security Act and into regulation a decade ago, the Government argued this would ‘enable the Impairment Tables to be updated regularly in response to developments in medical or rehabilitation practice’.[[19]](#footnote-20)

Ten years on and not one improvement has been made.

Regardless of the outcome of this process, the Government should not allow another ten years to pass before the next review of the tables.

For individual advocacy support contact the **Wayfinder Hub** between 9 am and 5 pm (AEST/AEDT)

Monday to Friday via phone (toll free) on **1800 843 929** or via email at info@wayfinderhub.com.au

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