In Our Own Words

AUG

2021

People with Disability Australia’s submission to the Senate Community Affairs References Committee Inquiry   
into the purpose, intent and adequacy of the Disability Support Pension

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.[[2]](#footnote-3)

Preamble

This submission includes references to potentially triggering subjects such as suicide, self-harm and family violence.

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 we have included the voices of those whose lives are affected by your decisions. Where 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 experiences.

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.

The term **income control** refers to programs like the Cashless Debit Card and Basics Card, described by the Government as income management programs. These programs forcibly restrict the items that people subjected to them are able to purchase, and remove participants’ agency and control over how bills are paid and who they are paid to. Income control programs are racist and target First Nations communities in violation of their rights.

# Executive Summary

The number of people on the Disability Support Pension (DSP) has dropped dramatically in the past decade. No action has been taken to reverse the trend, despite people with disability and advocacy groups continually raising the alarm.

Rules and processes have evolved to gradually erode the safety net for people with disability. Either the Government's policies are working as intended to prevent people with disability from getting the support they need, or their negligence has left a system in place that harms us.

The primary purpose of the DSP must be to ensure that all people with disability in Australia have the financial capacity to meet our needs and be supported to fully participate in society on an equal basis; and to do so, to the greatest extent possible, in the way we choose. It must uphold our rights as people with disability.

This submission includes specific recommendations that should be adopted immediately to improve the lives and advance the rights of people with disability. But there is no quick fix to the inequalities, discrimination, and exclusion we currently face.

The Government must start a good faith process to work with us and our advocates on a longer-term vision for social security. We must create a more ambitious system built on a new understanding of how income support payments, in combination with other social and employment policies, can be reimagined to fully realise our rights under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). This submission makes a range of broad and aspirational recommendations that would substantively advance the rights of people with disability.

Processes to provide more holistic medium- and longer-term solutions must not be used to delay other measures that can be implemented immediately to meaningfully improve the adequacy of the DSP.

We are contributing to this inquiry in our own words as the people affected by your decisions. We ask that you hear, listen and act.

# Summary of Recommendations

## Priority recommendations

### Increase the rate of payments

1. That the Government immediately increase the DSP to the Henderson Poverty Line plus 25% to reduce financial hardship while more work is done to develop a new measure of poverty. The base rate of all working age payments should be lifted to at least the Henderson Poverty Line at the same time, and payments should be tied to the Henderson Poverty Line and increased annually until a better measure is established.
2. That the Government immediately abolish the couples rate and payment tiers that discriminate against young people with disability.
3. That the Government immediately increase the income free area to at least $600 per fortnight. This would allow for two full days of work per week at minimum wages before financial penalties kick in.
4. That the Government immediately return the taper rate for income earned that is above the income free area to its 2009 level of 40%. This is consistent with the current taper rate for people receiving the income support payment for single parents.
5. That the Government, in the absence of a significant increase to the DSP or improvement in access to social and affordable housing sufficient to eliminate housing poverty and housing stress, increase rent assistance to reflect market rates.

### Expand and improve access to the payment

1. That the Government redesign the DSP so that people with disability are guaranteed lifelong access to support if they meet other eligibility criteria, removing any requirement to re-establish qualification upon reclaiming. This includes removing the cap on hours that can be worked.
2. That the Government work towards abolishing impairment tables. This recommendation is discussed further in PWDA’s submission to the impairment tables review, reproduced in [Appendix C](#_Appendix_C:_PWDA).
3. That the Government abolish Program of Support requirements to improve access to the DSP.
4. That the Government create a new bulk-billed item on the Medicare Benefits Schedule to provide for free specialist appointments for people seeking to prove eligibility for the DSP, regardless of the outcome of their claim. This recommendation is discussed further in PWDA’s submission to the impairment tables review, reproduced in [Appendix C](#_Appendix_C:_PWDA).
5. That the Government fund independent advocacy to increase access to the DSP for First Nations people with disability through First Peoples Disability Network and Aboriginal community-controlled organisations. This should include specific programs to promote awareness of the DSP and support throughout the application process that prioritise the diversity of languages spoken by First Nations people in all resources.
6. That the Government immediately remove the partner income test and parental income test to restore financial independence for people who rely on the DSP and remove financial penalties based on relationship status that discriminate against people with disability who have a partner.
7. That the Government immediately remove the age of independence test to allow those of us under 21 to have access to a payment that belongs to us, to use when and if we need it.

### Abolish activity testing

1. That the Government immediately remove participation requirements for people with disability who receive any social security payment to prevent any and all financial penalties in the New Employment Services Model and the jobactive, DES and ParentsNEXT programs. PWDA notes that the Community Development Program has been discontinued and emphasise that it should not be replaced with any mandatory program. Participation requirements should also be removed for people without disability on any social security payment.
2. That the Government immediately remove perverse financial incentives for private employment services providers that lead to “parking and creaming”.

### End all discriminatory rules

1. That the Government abolish the Supported Wage System Award and all policies that allow employers to pay people with disability less than mainstream award rates for their work.
2. That the Government immediately abolish income control programs such as the Basics Card and Cashless Debit Card.
3. That the Government immediately remove all rules that arbitrarily apply to people with disability based on their age, including eligibility and participation requirements that discriminate against young people with disability.

## Supplementary recommendations

### Alleviate poverty

1. That the Government immediately initiate a process to transition people with disability who are on an unemployment payment to the DSP.
2. That the Government create new or expand existing items on the Medicare Benefits Schedule to provide free or very-low-cost healthcare to people with disability. This should include mental health and dental care.
3. That the Government provide funding to enable First Nations people and people from culturally and linguistically diverse backgrounds with disability to pay for travel, doctors and other costs associated with accessing culturally safe healthcare providers wherever possible.
4. That the Government incentivise state and territory governments to ensure all people eligible for an income support payment receive free access to public transport.
5. That the Government prioritise research into the cost of living and poverty line for people with disability. This should be through the National Disability Research and Development Agenda and National Disability Research Partnership and be complemented by work to develop a contemporary measure of poverty for people without disability.
6. That the Department of Social Services expand the National Disability Data Asset public policy test cases to include the efficacy of the DSP in alleviating poverty.

### Create employment and career opportunities

1. That the Government begin an immediate transition pathway out of Australian Disability Enterprises (ADEs) to models that offer alternatives to segregated employment. This should prioritise alternatives that offer security and inclusion, but where people with disability are able to collectively and/or individually determine the work model that suits their circumstances.
2. That the Government develop policies and strategies to support people with disability to self-determine their transition from ADEs into open employment, minimising paternalistic practices. This should prioritise providing people with what they need to plan for their future independently of supporters wherever possible.
3. That the Government develop and implement skills and education programs to equip people with disability to take up senior and executive positions and provide career development assistance for other people with disability in all industries, including the public service.
4. That the Government waive tuition fees at TAFE and public universities for everyone eligible for the DSP.
5. That the Government develop alternative mechanisms to hiring subsidies that have higher rates of success in supporting people with disability to gain sustainable employment, and are centred on the needs of the person who is seeking work.
6. That the Government reorient the New Employment Services Model so high quality online and face-to-face employment services are available through the public service for those who want assistance. This should include tailored services for people with disability.
7. That the Government ensure all people with disability have access to a range of employment services that provide meaningful support and assistance in getting a job, regardless of whether they get a social security payment.
8. That the Department of Employment, Skills and Education (DESE) prioritise the views and experiences of people using employment services when measuring quality and outcomes, people who are currently almost entirely excluded from the process of assessing provider performance.
9. That the Government develop a mechanism to monitor and report on the wage disparity between people with disability and those without disability.
10. That the Government substantially increase resourcing for the Fair Work Commission to investigate discrimination against people with disability in the labour market and workplace.
11. That the Government immediately amend the Disability Discrimination Act 1992 (DDA) to address concerns PWDA has previously raised[[3]](#footnote-4) regarding ramifications of the 2019 Federal Court case Sklavos vs Australian College of Dermatologists ruling regarding ‘reasonable adjustments’.
12. That the Government hold an inquiry into the efficacy of the DDA to ensure that the legislation is fit for modern conditions that will better protect people with disability from discrimination and ensure more people with disability have the opportunity to enter open employment.
13. That the Government conduct an inquiry into how the changing nature of the labour market, particularly the increasing precarity of work, has affected employment for people with disability.

### Remove barriers to accessing the payment

1. That the Government end the policy of cancelling the DSP for people with disability who are incarcerated.
2. That the Department of Social Services eliminate the process of ‘quick review’ that is designed to exclude applicants early in the assessment of DSP claim eligibility, the sole purpose of which is to save time and money at the expense of people with disability whose payment is delayed while they appeal.
3. That the Government ensure eligibility criteria and assessment processes account for people with disability’s lived experiences, and provide alternative pathways for people who have limited ability to access highly specialised doctors or diagnoses.
4. That the Government provide an allowance for DSP applicants in regional and remote areas to travel to obtain diagnoses and reports if relevant expertise is not available in their community.
5. That the Government increase funding to provide people applying for the DSP with consistent, correct and independent advice and self-advocacy throughout the application process.
6. That the Government provide resourcing for community-controlled organisations to deliver disability advocacy services and community legal centres to provide legal advocacy for First Nations people with disability, including to provide support through the DSP application process.
7. That the Government make the DSP available to everyone who needs it regardless of their visa status or residency period if other eligibility criteria are met.
8. That the Government extend the DSP waiting period waiver currently available to people with disability who hold permanent protection visas to those on temporary protection visas.
9. That the Government establish a program whereby an independent advocate contacts a DSP applicant whose claim has been rejected to advise them of their right to appeal, and to offer advocacy support. This program must be fully funded.

### Understand intersectional disadvantage

1. That the Government increase transparency by publishing data that provides information about the demographics of DSP applicants and all people with disability who receive a social security payment, including a breakdown by DSP claim outcome.
2. That the Government fund research and facilitate improved data collection about pathways into homelessness for people with disability, recognising the diversity of experiences, underlying conditions and needs of people with disability.
3. That the Departments of Social Services and Employment, Skills and Education consult with advocates and the community yearly to review the completeness of data and identify additional information to be reported on that will better inform policies and decisions that affect people with disability.
4. That the Government provide resourcing for the Department of Employment, Skills and Education, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics to build and maintain a comprehensive and ongoing public database of detailed information about people with disability including labour force participation and related data. This should include resourcing to increase the frequency of existing research and publications such as the ABS Disability, Ageing and Carers survey.

### End segregation

1. That the Government develop and implement a national, time-bound deinstitutionalisation and disability housing strategy aimed at ending congregate living arrangements for people with disability, including young people with disability in residential aged care. This is in line with recommendations of the 2020 Disabled People’s Organisations Australia Segregation is Discrimination position paper.
2. That the Government develop and implement a national, time-bound Action Plan for Inclusive Education aimed at establishing a nationally consistent legislative and policy framework that fully complies with the CRPD and phases out segregated education. This is in line with recommendations of the Segregation is Discrimination position paper.

### Build the foundation of a fairer and more inclusive society

1. That the Government make a commitment to providing all members of society with a social wage that enables us to live with dignity and fully participate socially and culturally, including guaranteed access to public goods, social services and liveable incomes.
2. That the Government fully incorporate the CRPD into all Australian domestic laws.
3. That the Government approach the provision of all public and social services affecting people with disability according to the principles laid out in the CRPD and other relevant international human rights instruments.
4. That the Government develop a national framework for renters rights which includes the right to make property modifications to improve accessibility and liveability, guarantees long-term security of tenure, and implements rent controls.
5. That the Government increase funding for social housing maintenance and retrofitting to a level sufficient to ensure all dwellings comply with Liveable Housing Design Guidelines (LHDG) gold standard, and ensure all new social housing dwellings comply with the LHDG gold standard.
6. That the Government fund an ongoing retrofitting program that ensures all existing private dwellings comply with LHDG gold standard.
7. That the Government incentivises all state and territory governments to incorporate in full the minimum accessibility standards in the National Construction Code for all new and extensively modified dwellings, to ensure consistency of accessibility standards nationally.
8. That the Government remove tax incentives for property investment and speculation and end other fiscal and monetary market interventions which drive up property prices to address housing affordability and asset-based inequality.
9. That the Government implement the proposals of the Everybody’s Home campaign, with a longer-term view to further the expansion of public and community-owned and controlled housing stock to eliminate waiting lists, reduce means testing for social housing, and make high-quality public housing a universally accessible alternative to renting in the private market.
10. That the Government improve its targeting of infrastructure spending to prioritise making all existing and new public transport infrastructure universally accessible over the forward estimates, including trains and trams.

# Endorsements

This submission is endorsed by the Australian Federation of Disability Organisations and Anglicare Australia.

### Key recommendations endorsed by PWDA and the Antipoverty Centre

PWDA and the Antipoverty Centre would like to highlight and endorse the below recommendations submitted to this inquiry from other organisations. This is not an exhaustive list of recommendations that PWDA and the Antipoverty Centre support, however, the committee should take note of these items in particular.

**Aboriginal and Torres Strait Islander Legal Service Queensland:**

* That DSP is suspended not cancelled for the those with psychosocial disability who become incarcerated.
* That an advance payment should not be a sum to be clawed back immediately against those who are in immediate post-prison release.

**Anglicare Australia:**

* Establish an independent Social Security Commission.
* Increase funding for specialist social security community legal centres.

**Economic Justice Australia:**

* That Services Australia develop targeted actions for implementation of the Indigenous Servicing Strategy.
* That additional funding be allocated to community legal centres.
* Reintroduce completion of a treating doctor report.

**First Peoples Disability Network:** That a wide-ranging review of income levels and cost of living for Aboriginal and Torres Strait Islander people with disability is conducted.

**Inclusion Australia:**

* Transition to children with disability to the DSP at age 16 rather than requiring them to apply.
* Create an Office for Disability to research, advise, implement and oversee all aspects of government, policy and programs related to people with disability.

**National Council of Single Mothers and Their Children:** Accept warm referrals for women victim-survivors of family and domestic violence.

**National Ethnic Disability Alliance:**

* Abolish the discriminatory ten-year qualifying period applied to migrants.
* Establish fairer DSP travel and portability criteria to ensure Australians with disability who have families overseas are not disadvantaged.

**Northern Australian Aboriginal Justice Agency:** Financial help for people with a disability should be because of the existence of the disability and as a right.

**Soldatic, Fitts, Magee and Thomas:** Implement a timeframe of 3 months maximum to determine DSP eligibility.

# Introduction

People with disability have long said the Disability Support Pension (DSP) is inadequate. The DSP does not provide for the needs of people with disability, neither for those of us who can access it, nor those who are locked out.

While trying to survive on payments that leave us in poverty, we are continually forced to defend against attacks on the hard-won programs that are supposed to support us, and to relentlessly push for our rights to be fully realised.

People with disability find it difficult to believe the situation we find ourselves in, bereft of adequate income and supports, is by mistake: over successive governments and year by year, the social security system has been changed for the worse. In the process, millions of people with disability have been harmed by governments choosing to implement social security policies that punish us for circumstances that are beyond our control.

Governments can choose to stop.

## In whose interest?

There is a gap between what people with disability need, what the community expects, and what the DSP delivers.

**We do not deserve a poverty trap**

The social security system, through both the rate of disability and unemployment payments and restrictive eligibility requirements, makes a significant contribution to the high levels of poverty experienced by people with disability.[[4]](#footnote-5)

People with disability are increasingly likely to be on unemployment payments struggling in deep poverty. Australia has the highest risk of relative poverty for people with disability among similar countries in the Organisation for Economic Cooperation and Development (OECD).[[5]](#footnote-6)

Those who have overcome the enormous administrative barriers of tightened DSP eligibility find themselves better off but not by much. The base payment is below the Henderson Poverty Line (HPL), which doesn’t account for the extra costs of disability. Those of us who have relied on the DSP long-term have been denied the opportunity to build the sense of security afforded to people without disability in steady work.

People with disability deserve to have our needs met.

**A job is not a safety net**

Since its inception, the DSP was intended to move people with disability into paid work.[[6]](#footnote-7)

When proposing changes to the DSP in recent decades, the Government’s motives have been clear. They use the payment, and the barriers to accessing it, as tools to coerce people with disability into a job, regardless of its suitability or our circumstances.

They do this in the name of budget savings and it has come at great cost to us. Our rights and quality of life are being undermined by our own Government, who have made it very difficult for us to access the DSP when we need it.

The hundreds of thousands of us who can’t find work are left to languish on payments that leave us in deep poverty. We struggle to pay for our basic living costs, let alone costs related to our disability.

**Support us and we will flourish**

The intent of the DSP should be to provide a strong safety net for people with disability. It should ensure that when we don’t have paid work, and when we do, we feel confident we can meet our needs and participate fully in society.

The DSP should:

* provide a strong foundation for people with disability to be included on an equal basis in all aspects of society
* enable us to determine the direction of our own lives to the greatest extent possible, and
* pursue educational and work opportunities that reflect our strengths and aspirations on our own terms.

**Part of a bigger picture**

When imagining better-designed income support for people with disability the Government must think beyond conventional notions of a pension. The Government must stop thinking of the DSP as a form of unemployment payment for people with disability.

A just social security payment is not a panacea. The DSP must be at the centre of a web of social supports that give people with disability assistance to overcome barriers in a range of areas of life.

The DSP interacts with legal and governance structures that perpetuate and entrench disadvantage for people with disability, which in turn contribute to our poverty. It must be redesigned and expanded to offer lifelong, easily accessed support to anyone who needs it, with necessary and complementary changes in related law to advance our rights.

## Policy with and for us

People with disability have long been othered in biomedical, cultural, social and economic terms. Perceptions of us and our full participation in society have centred on charity and pity. These historical conditions continue to play a role in how governments view and implement policies that affect us.

**We have fought and won**

The disability rights movement has been pivotal in challenging the structures that cause us harm through imposed disadvantage and marginalisation.

Major victories that advanced our rights include the Disability Discrimination Act 1992 (DDA), the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and the National Disability Insurance Scheme (NDIS).

**The Government must work with us to advance our rights**

The right to work enables us to advance our rights. It is not our responsibility to dismantle the structures that exclude us. The labour required must be done by society at large, with solutions devised by people with disability and our representative organisations.

While progress has been made on the backs of the tireless advocates and activists who came before us, the disability policy decisions of recent decades continue pervasive infantilising and paternalistic ideas, and derogatory attitudes that suggest those of us who need support are “bludgers” who don’t contribute to the community.

Many of the barriers to social participation faced by people with disability are the product of unequal structures that restrict, subjugate and exclude us. The creation of the NDIS was a recognition that the Government has a responsibility to work with us to remove barriers.

**Centre the social model of disability**

As a signatory to the CRPD, and under the National Disability Strategy, the Australian Government has committed to viewing policy that affects us through the social model of disability.

Despite this, the medical model of disability remains deeply ingrained in the design of the DSP and the people tasked with deciding who can access it.

This inquiry is an opportunity for the Government to reorient its attitude and policies to better reflect the social model of disability. To do this, it must first make changes to improve who can access the DSP and how we access it.

Making the DSP genuinely supportive is only a starting point. The next step is to take seriously the need for mainstream public policy that better provides for people with disability.

# Terms of Reference discussion

Currently the Disability Support Pension (DSP) is woefully inadequate. The rate of the payment does not meet our cost of living and nor does it meet our costs related to our disability.

The DSP is also incredibly difficult to access. The fact a person with disability must be ‘severely disabled’ to get it, or else undergo ‘program of support’ in a perverse performance of the barriers our conditions present, creates two classes of people with disability: deserving and undeserving.

## Poverty

The system should be designed so the Government does not force anyone who needs income support to live in poverty.

This section addresses:

* the purpose of the DSP;
* 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;
* the adequacy of the DSP and whether it allows people to maintain an acceptable standard of living in line with community expectations;
* the economic benefits of improved income support payments and supports for persons with disabilities, their immediate households and broader support services and networks; and
* related matters including poverty and its effects on people with disability, measuring poverty, people with disability who are excluded from the DSP and income control.

### It’s more expensive to be disabled

Many people with disability need things that other people don’t. There are many different types of costs associated with disability, and these vary depending on our individual needs. A recent study found:

“the average cost of disability in the long-run was higher at 63% of adult-equivalent disposable income … with the same level of income, the living standard is lower in households with people with a disability compared to households without members with a disability.”[[7]](#footnote-8)

Just some examples of extra expenses include mobility aids, medication, bandages, specialist medical treatment, care work and adaptations for our physical environments. The vision for the NDIS was to cover many of these costs, but only about 12% of working age people with disability have been able to access the scheme.[[8]](#footnote-9)

Case study #166: name withheld

I attempted three times to apply for NDIS but I have been declined with no proper reason, even though I am still suffering from aphasia. By November this year I will be 65, and they don't take people that age.

The goal posts are shifting for the lucky few who get support through the NDIS. We are being threatened with reviews and cuts to supports.

We also have needs that can make certain types of everyday items more expensive.

Case study #55: Sonia Marcon

There seems to be the belief that if a person with a disability is on the NDIS, then they don't need financial support even though NDIS doesn't pay for things like bills, rent, utilities, Medication, clothing, food, anything you need to live.

It has been argued that living costs for people with disability are adequately covered by the income support payments that keep us below the poverty line.

Case study #136: name withheld

We have medical expenses/conditions that are not covered by NDIS. We have dietary and sensory requirements that are also not covered by NDIS mainstream housing is very expensive. The pension rate hasn’t changed in over 20 years – yet living expenses increase all the time.

Managing our health can mean buying specific clothing or food. Some people need to travel by taxi, use noise cancelling headphones or have a dishwasher. It can be more important for people with disability to use heating and cooling in their home, making electricity and gas bills higher. These costs are not the result of preferences, they are necessary to ensure a basic standard of living.

Case study #128: name withheld

I would try to shake [politicians] smug, complacency and understand that when they talk about “everyday expenses” and “ordinary life” they have zero idea of how offensive it is. Not only are we barred from ever achieving “normal” we are judged and restricted … It’s dishonest and distressing to be told we are ok and have access to services and supports when we do not, however hard we try.

The high cost of living in Australia could be ameliorated by increasing investment in public goods. People with disability will always have extra costs, but our recommendations in [section 4.5](#_4.5__) provide several options that would ease financial strain for everyone and narrow the gap between us and those without disability.

1. Caught in the net

Higher living costs not only affect us, but also the people we care about and who support us. Primary carers aged between 15–64 whose main recipient of care is a person with disability received 45% of their income from wages or salary, while 39% had a government pension or allowance as their main source of income.

51% of families with a child who has a disability live within the mid-income range of $562 to $1,343 per week,[[9]](#footnote-10) but the cost of living for people with disability and our families is higher.

1. High cost of adequate healthcare

Most people with disability need to spend or benefit from spending more on healthcare, but doctors, allied health professionals and medication are expensive.

The leading two difficulties accessing healthcare services for people with disability are cost and waiting times.[[10]](#footnote-11) The PWDA survey asked whether it would be helpful to see a doctor or get other treatment more often. Of the 258 people who answered the question, 155 said yes.

Case study #259: name withheld

Being above the poverty line would sure help. I have to ration out doctors appointments to make sure I don't burn through my pension each week.

1 in 10 people with disability don’t go to the GP when we need to because of the cost, which is more than double the rate of the general population. 3 in 10 of us don’t go to the dentist because of cost. Not many people have access to public dental, but for those who do, only 2 in 10 people with disability waited less than a month to see a dentist in the public system.[[11]](#footnote-12)

Case study #44: Melanie

I’m incredibly grateful for the payment I receive, but the cost of rent bills food transport are so high, I cannot afford to access the treatment I desperately need to maintain my health (let alone try to improve my chances of being a functional member of society).

The limits my poverty place on me ensure I will not improve, let alone thrive

Expensive healthcare hurts those of us who can’t afford to pay for what we need because the DSP is too low. It also prevents people who should be on the DSP from gaining access to it, creating a self-perpetuating cycle of poverty for people with disability. This is discussed in section 5.2.4.

**Recommendation:** That the Government create new or expand existing items on the Medicare Benefits Schedule to provide free or very-low-cost healthcare to people with disability. This should include mental health and dental care.

### Disproportionate rates of poverty among people with disability

It costs more to be disabled, so it’s unsurprising there are more people with disability living in poverty than those without disability. We have high living costs, but it’s also more difficult to find a fairly paid job, or any job at all, compared to people without disability. And living in poverty is itself a barrier to employment that perpetuates the cycle.

Case study #259: name withheld

I'll be blunt: with all the barriers to accessing the DSP I'm not just lucky to be on it, I'm lucky to be alive at all. Being stuck on unemployment for seven years landed me in the emergency department more than once. I'd probably be healthier and more capable of working if I'd just been granted DSP in the first place. I would always have been disabled but I could've been a productive member of society. Now I can't even leave the house on my own.

A recent report about the experiences of people on income support who received the COVID supplement of $550 per fortnight states:

“…low payments and mutual obligations in current social security policy are functioning contrary to the outcomes government are trying to achieve by creating barriers to work.”[[12]](#footnote-13)

As First Peoples Disability Network (FPDN) highlighted in its submission to the National Disability Employment Strategy, the Government’s own consultation paper acknowledges that,

…it can be difficult to access support for employment when people with disability are also ‘trying to meet basic needs such as housing, food and health, and/or dealing with issues of violence and abuse.’[[13]](#footnote-14)

Case study #114: name withheld

I want to make enough money to live comfortably [as a researcher, for example, or from the DSP]. I struggle to afford to live beyond basics. In fact most of my problems could be solved with money. I suffer from disability when I can’t access the care or circumstances I need for money reasons.

According to a study by the Australian Council of Social Services (ACOSS), 37% of those who live below the relative poverty line (which they based on 50% of median income) are people with disability, even though we are only 18% of the population.[[14]](#footnote-15)

Case study #274: name withheld

Thanks to the poverty levels of welfare payments my mental health has been on a steady decline since graduating highschool.

multiple times I've worked jobs against medical advice because I could not survive on welfare alone. This resulted in multiple hospital stays and eventually a complete inability to work at all for 3 full years because my mental health was just too unstable. I ended up homeless and I'm only alive today because I'm lucky to have friends and family that literally took over my life to save me.

due to their help, I was able to do enough therapy to get back on my feet and I've found a job on a farm that I adore! But I will never be healthy. That ship has long sailed as my experiences with poverty have left me with Cptsd, and my mental health went untreated long enough some of my symptoms simply cannot be reversed. The low level of welfare literally crippled me and I will probably never be able to work full time or a 5 day week.

The worst part? Despite being acknowledged by the government as too disabled to work full-time... I will be kept below the poverty line like it's a punishment for not meeting their arbitrary standards of productiveness. If the rate isn't raised, I will remain in poverty despite working to the limits of my ability. And it's not my fault I'm this crippled, but the welfare systems.

### The DSP sentences us to poverty for life

The Productivity Commission found that the social security system makes a significant contribution to the higher rates of poverty experienced by people with disability.[[15]](#footnote-16) A high percentage of people with disability rely on the DSP as a sole income until they qualify for the age pension or die because of employment barriers and costs of living.[[16]](#footnote-17)

People with disability who rely on income support payments from their 20s, 30s or 40s and have little prospect of finding stable, fairly paid work are consigned to decades of poverty.

Case study #236: name withheld

When you're on DSP you know you're probably going to be on it forever, but that your circumstances will never improve.

Nearly 4 in 10 working age people with disability rely on an income support payment to live. About the same number have wages as our main source of income, which is close to half the rate for people without disability.[[17]](#footnote-18) Our low income means many of us are denied the chance to build up basic goods and assets over our lifetime that those in paid work consider essential.

Case study #193: name withheld

Thankyou for covid cash I I could get a fridge and it was lifechanging! Ta.

Case study #109: name withheld

[My goal is] to be financially independent so i would be able to live independently, be able to start my own family eventually

### Finding the poverty line

Currently no social security payment is near the poverty line, and this is an abject moral failure of consecutive governments, and all politicians who fail to challenge them.

1. Measuring poverty

There is no measure of poverty in Australia that is fit-for-purpose in the 21st century.

Commonly used international figures from the OECD ignore the high cost of housing in Australia. Relative poverty lines do not account for the fast-rising cost of meeting basic needs compared to the prices of common but optional consumer goods.

“Put simply, the things we need to buy to survive became a lot more expensive between 2005 and 2020 – 61.4% to be exact – than life's optional extras – 38.6%.”[[18]](#footnote-19)

This puts greater pressure on those who live on the lowest incomes, while the purchasing power of those who have more disposable income increases. If the cost of basic goods goes up while wages stagnate, the effect is amplified.

1. The Henderson Poverty Line

The Henderson Poverty Line (HPL) has been published for more than five decades. It is a relative measure of poverty, but based on an absolute measure calculated when it was established.

“The poverty lines are based on a benchmark income of $62.70 for the December quarter 1973 established by the Henderson poverty inquiry. The benchmark income was the disposable income required to support the basic needs of a family of two adults and two dependent children.”[[19]](#footnote-20)

Poverty is not academic to those of us who can’t afford the basics we need to live. The Henderson Poverty Line is imperfect but it is more sophisticated than the blunt instrument of measuring poverty purely in relation to the median income. Particularly because the median income calculation includes people who rely on a social security payment to live. More people surviving on poverty payments affects the median income, but doesn’t improve our ability to afford the basics.

Poverty lines calculated purely as a percentage of median income are even lower than the HPL, which was $573 per week in December 2020, or about $82 per day.[[20]](#footnote-21) Between April and September last year, while the COVID supplement was in place, people on the JobSeeker payment were living on the Henderson Poverty Line.

This person described their feelings about the impending rate cut as the supplement was taken away:

Case study #276: name withheld

right now I exist, I pay my bills, I barely afford food and that's it, it is so taxing on mental health to just exist and not be able to do anything, it's not a conducive environment for job searching if I'm barely surviving.

The experts in poverty are those who live it, and we can attest to the fact that the HPL comes closer to meeting our needs than any of the other inadequate measures available.

Case study #272: name withheld

For the first time in my life when jobseeker was 80 a day I felt like I could cope. During that time for the first time in 5 years I didn’t need an iron infusion or b12 injections I could eat properly and my physical and mental health improved. To take that away from me and once again make me skip meals and medications is unbelievably cruel poverty.

1. The need for our own poverty line

The poverty line is higher for people with disability and the DSP does not come close to it. Those that are most often used are not designed for us.

“Current poverty measures do not take into account disability, therefore, they fail to consider substantial differences in poverty rates between people with and without a disability.”[[21]](#footnote-22)

Despite a targeted disability research strategy that has been in place for more than a decade, there is no regularly published, detailed information about economic security and poverty for people with disability, nor specifically for those of us who are on income support.

Further research into the prevalence and nature of poverty among people with disability, DSP recipients and those on income support payments is needed. This should be facilitated through the National Disability Research Partnership (NDRP), which does not currently list poverty, inequality or social security as part of its research agenda planning.

**Recommendation:** That the Government prioritise research into the cost of living and poverty line for people with disability. This should be through the National Disability Research and Development Agenda and National Disability Research Partnership and be complemented by work to develop a contemporary measure of poverty for people without disability.

**Recommendation:** That the Department of Social Services expand the National Disability Data Asset public policy test cases to include the efficacy of the DSP in alleviating poverty.

### Lessons from COVID

When the COVID supplement lifted the JobSeeker payment to the HPL, the number of people on unemployment payments skipping meals and struggling to cover medical costs dropped. Even while the supplement was in place, 33% of people still regularly skipped meals for financial reasons and 41% had difficulty meeting medical costs.[[22]](#footnote-23)

ABS data also shows the supplement had a dramatic effect. Even with the millions of age pensioners, disability support pensioners and carers who make up the majority of income support recipients excluded from the payment, the number of people on social security payments who could not pay their bills halved:

“A lower proportion of households with government pensions and allowances as their main source of income reported not being able to pay gas, electricity, telephone or internet bill on time (20% to 9%).”[[23]](#footnote-24)

In households that received the supplement the number who said they could raise $2000 for something important reduced by 50,000 over the period in which the payment was cut from $557 to $407 per week; it has since been cut again to $310 per week.[[24]](#footnote-25)

### The payment is too low

The social security system in its current form makes a significant contribution to the higher rates of poverty experienced by people with disability.[[25]](#footnote-26)

Case study #109: name withheld

the system has made me feel hopeless and sidelined. it is not enough money to live on so i have cut down on meals, medicine, health appointments, social interactions - altered and downgraded most aspects of life to live within the dsp means. there needs to be a better system … so there would be less of a bleak future with an end in sight to graduate off dsp.

The Government knows the human cost of keeping people on payments at this level. The stories we share in this submission will come as no surprise; people with disability and our advocates have been telling them about how the system hurts us for years. It is unconscionable that they choose to force anyone to live below the poverty line, and particularly cruel to do so to those of us they have recognised as permanently disabled and unable to work more than 30 hours a week.

Case study #129: Kathy

I have been on and off homeless or couch surfing for a long time. So I got on DSP before I became homeless, though not on the first attempt to apply, and have became homeless anyway as the costs of my disability are high and finding suitable housing is nearly impossible. I am able to stay with a relative during lockdowns.

We know that poverty is prevalent among people with disability, and it’s undeniable that the DSP, which is supposed to be the safety net that protects us, keeps us in poverty. It is far too low for what it should achieve, and for what the community expects.

1. Reliance on others

The low DSP base rate makes us dependent on those around us, taking away our agency and making us feel like we are a burden on the people we care about.

Case study #135: name withheld

DSP is fantastic and I am grateful that I get it. However, it is hardly enough to pay the bills and keep food in the fridge. Without the support of my best friend I don't know how I would have managed life. I am terrified if she dies as she is much older, what will happen financially to me. Now, due to Covid, I lost even the extra income that helped me to manage life until now. It is now only DSP.

Case study #236: name withheld

You don't get enough to have an independent adult life in your own home. If you have a partner you're aware that if you ever want to live together they will end up supporting you financially, which makes it hard to date knowing that you would be subjecting them to that and yourself to being financially bound to someone.

1. The DSP exposes people with disability to violence

The dynamics of household poverty and financial dependency also contribute to conditions that lead to violence.[[26]](#footnote-27)

PWDA asked members about their goals. Some were aspirational, but most exposed the grim reality that the low payment imposes.

Case study #28: name withheld

Survival mostly. I also hope to make some friends once my health is more manageable. If it ever is. I don't have family or friends I can talk to or rely on. It's lonely and really tough to survive. Everyone expects me to have a carer, but its not possible for me. My parents are abusive and my siblings are too ill.

Case study #267: name withheld

Moving out of abusive household and living independently with support.

Case study #218: name withheld

I am my father's carer. My goals would be to get him more support, to finish my bachelor's degree, to get a home and get better mental health by escaping my childhood trauma and abuse. Maybe one day of like to get married and have kids. It's hard having never had a single relationship ever and also having to break all relationships with family due to abuse and trauma. It's deeply isolating.

1. The Government can act to alleviate poverty overnight for people on the DSP

The DSP is supposed to be a simple and direct way to support people with disability in their day-to-day lives. It should be set at a rate that allows us to have a good standard of living. At the barest minimum, the DSP should guarantee we can afford the necessities to survive and cover both expected and unexpected costs without financial stress.

Case study #236: name withheld

Things keep getting more expensive but the rate hasn't changed so you worry all the time about being able to afford things. You can't really afford big purchases so you worry about things like your fridge breaking down. It's a lot of extra stress, when really this payment should be making up for the fact that being disabled severely limits your life already so people with disabilities have an easier time participating in society.

The rate of payment needs to be at least the Henderson Poverty Line plus 25% and be adjusted for changes in the poverty line. This rate only partially accommodates the added cost of living for a person with disability, which, as discussed above, is far higher than a person living without a disability.[[27]](#footnote-28) It must remain at this level until a much more in-depth inquiry into the poverty of people with disability is developed, to help us understand the interactions of poverty and disability in Australia.

As COVID bore down upon us, the Government showed how easily they can increase payments and our standard of living, even in times of economic crisis. They can again.

**Recommendation:** That the Government immediately increase the DSP to the Henderson Poverty Line plus 25% to reduce financial hardship while more work is done to develop a new measure of poverty. The base rate of all working age payments should be lifted to at least the Henderson Poverty Line at the same time, and payments should be tied to the Henderson Poverty Line and increased annually until a better measure is established.

### People with disability living on unemployment payments

People with disability are increasingly likely to be on unemployment payments. The most common is JobSeeker, which is currently around half the Henderson poverty line of $82 per day.[[28]](#footnote-29) At this income level healthcare is an unaffordable luxury. About 8 in 10 people regularly skip meals.[[29]](#footnote-30)

Case study #208: Eve

The model is fundamentally flawed - how are undiagnosed people stuck on waitlists of several years expected to provide for themselves in the mean time?

The number of successful DSP claims has dropped from about 90,000 per year in 2010–11 to 31,000 in 2017–18. This corresponds with a drop in people who get the DSP, which fell from of 827,000 in 2011–12 to 757,000 in 2017–18.[[30]](#footnote-31)

At the same time, the number of recipients assessed as having a partial capacity to work due to illness or disability grew by 83% to nearly 200,000.[[31]](#footnote-32) This represents a growth rate of nearly 3.5 times faster than the growth in the total number of payment recipients over the same period (26%).[[32]](#footnote-33)

71 people with disability who rely on JobSeeker contributed to the survey of PWDA members and 7 of these are currently on the NDIS.

1. Frequency of reported disabilities among survey participants on JobSeeker

|  |  |  |
| --- | --- | --- |
| Disability[[33]](#footnote-34) | # | Comments |
| Acquired brain injury | 2 | Of 17 people on the DSP who reported acquired brain injury, 5 had previously had their application rejected. |
| Autism | 26 | 19 have been on income support for between 3 and 20 years. 11 have had a DSP application rejected. 5 have been or are homeless. |
| Circulatory system | 4 | All have been on income support for between 5 and 20 years. 3 have applied for DSP unsuccessfully. All cited administrative reasons, such as confusing paperwork or their doctor not understanding what was required. |
| Hearing | 5 | All reported 3 or more disabilities, including 2 with speech, 2 with vision and 3 with musculoskeletal / connective tissue conditions. Two are receiving NDIS support. |
| Intellectual | 2 | One is on the NDIS. Both have applied unsuccessfully for the DSP. One person, an Australian citizen, was excluded because they have not lived in Australia for 10 years. |
| Musculoskeletal / connective tissue | 23 | 10 have previously unsuccessfully applied for DSP. 17 of the 23 have been on income support for 3 years or longer. |
| Nervous system | 6 | 5 out of 6 reported at least one other disability. |
| Neurological | 14 | 10 of the 14 are under 35 years old. 4 people also reported a musculoskeletal / connective tissue condition. 2 of the 14 (14%) are cis men. 19 of the 60 people (32%) on the DSP who reported a neurological disability are cis men. |
| Psychosocial | 45 | 22 had not applied for the DSP. 21 had applied and been rejected. Of those on JobSeeker reporting psychosocial disability, 64% are under 35 years old. People under 35 make up 27.6% of people reporting psychosocial disability who are on the DSP. |
| Specific learning | 3 | None are receiving NDIS support. Two have applied for the DSP and been rejected. One who has not applied cited cost as a reason. |
| Speech | 2 | One person, a woman in her 60s, has been on a payment for 5–10 years and done Work for the Dole to meet jobactive requirements. |
| Vision | 3 | One person on NDIS who has had a DSP claim rejected. One has not applied and cited difficult paperwork and cost as the reason. Each person reported 4 or more disabilities. |

Responses like these were common:

Case study #233: name withheld

Deliberately excluding people with chronic and episodic conditions is cruel and an act of violence as far as I'm concerned. We can't live, let alone manage our illnesses on this level of income. Being told I'm not sick enough is completely invalidating considering my conditions make day to day living very hard and confusing for me.

The government should offer us euthanasia, because that would be kinder than denying our existence.

I really hope things can get better I'm so tired and I'm so unwell. On my current level of money I can't see a way out. I'm eating once every 2-3 days and I desperately need medication that I have no way of paying for, now or for the foreseeable future. Thank you for asking these questions. I feel invisible most of the time and it's really touching to be acknowledged.

Case study #208: Eve

My current pace of work is unsustainable, but also still barely covers my cost of living, let alone potential medical treatment. DSP would give me the security to not force myself into work far in excess of my doctor's recommendations, and use the extra time and energy to pursue my medical needs and a higher quality of life.

The onerous and unsafe participation requirements imposed on people who receive unemployment payments is covered in a later section dedicated to mutual obligations.

1. Identifying people with disability on unemployment payments

Partial Capacity to Work (PCTW) is a designation used by the Department of Social Services (DSS) to identify people who are subject to activity testing but are not expected to meet full participation requirements.

While DSS does not make data readily available about the number of people with disability on unemployment payments, disability is a leading reason for PCTW to be granted. In June 2021, about 365,000 people on the JobSeeker payment were deemed to have partial capacity to work.[[34]](#footnote-35) The Employment Services Assessment (ESAt) is used to determine a person’s capacity to work.

According to a Boston Consulting Group report prepared for DSS, 65% of people who complete an ESAt are found to have work capacity of fewer than 23 hours per week. People on the DSP are able to work up to 30 hours per week. 77% receive a recommendation to transfer to Disability Employment Services (DES).[[35]](#footnote-36)

1. ESAt outcomes

Chart, treemap chart

Description automatically generated

1. Increase in PCTW over time for people on unemployment payments

The percentage of people on the Newstart payment (now JobSeeker) with adjusted participation requirements more than doubled between 2012 and 2020.

Percentage of unemployment payment recipients with reduced or nil participation requirements[[36]](#footnote-37)

Chart, line chart

Description automatically generated

Note: DSS has published PCTW as a single figure since 2015. For earlier years, the figure combines designations for “incapacitated”, people known not to have participation requirements and those in Disability Management Services.

People on unemployment payments now make up 87% of those on the DES caseload who receive a social security payment. In the five years up to March 2020, the average time on income support for Newstart recipients increased from 4.6 to 5.6 years.[[37]](#footnote-38)

1. Increase in proportion of DES participants on unemployment payments[[38]](#footnote-39)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** |
| **DES caseload excl non allowees (00s)** | 1,238 | 1,256 | 1,294 | 1,432 | 1,555 | 1,660 | 1,705 | 1,804 | 2,202 | 2,690 | 2,842 |
| **# on unemployment payment (00s)** | 814 | 866 | 1,005 | 1,125 | 1,236 | 1,387 | 1,462 | 1,552 | 1,875 | 2,340 | 2,482 |
| **% on unemployment payment** | 65.75 | 68.92 | 77.63 | 78.55 | 79.47 | 83.51 | 85.73 | 86.04 | 85.15 | 86.99 | 87.33 |

**Recommendation:** That the Government immediately initiate a process to transition people with disability who are on an unemployment payment to the DSP.

1. Disproportionate number of First Nations people

The consequence of generations of dispossession and genocidal policies is that First Nations people are subject to structural inequalities and discrimination that work to exclude them from the workforce. First Nations people are over-represented on all working age payments. The disparity is greater for those who have a disability.

About 10% of people on an unemployment payment are First Nations people, but they make up only 7% of DSP recipients.[[39]](#footnote-40) This is despite the fact that First Nations people are 2 times as likely to have a disability than the rest of the population.[[40]](#footnote-41)

“Intersectional inequality is acute and pervasive across all supports for Aboriginal and Torres Strait Islander people with disability; including disability services, health, education, employment housing and transport.”[[41]](#footnote-42)

The proportion of First Nations people with disability in DES has grown more than any other cohort despite the fact that they are more likely to be on an unemployment payment than the DSP and experience higher rates of disability.

1. Change in proportion of people in DES who experience other forms of intersectional discrimination[[42]](#footnote-43)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **Change** |
| **% First Nations** | 5.42 | 5.85 | 5.32 | 5.39 | 5.48 | 5.84 | 6.25 | 6.36 | 7.42 | 7.40 | 7.66 | 141% |
| **% CALD** | 22.21 | 22.23 | 22.40 | 21.66 | 21.15 | 20.53 | 20.10 | 20.07 | 20.84 | 20.06 | 20.84 | 94% |
| **% homeless** | 7.30 | 7.09 | 7.04 | 6.89 | 6.91 | 7.01 | 7.28 | 7.31 | 8.37 | 8.18 | 8.09 | 111% |
| **% refugees** | 4.66 | 4.73 | 4.85 | 4.77 | 4.67 | 4.57 | 4.62 | 4.79 | 5.33 | 5.22 | 5.28 | 113% |
| **% ex incarcerated** | 6.63 | 7.21 | 7.42 | 7.46 | 7.63 | 7.79 | 8.10 | 8.19 | 9.03 | 8.98 | 8.84 | 133% |

Note: Figures are from July each year, except for 2021. June figures have been used as July 2021 data had not been published at the time of writing

Those seeking the most basic help are being denied. Northern Australian Aboriginal Justice Agency reported in their submission to this inquiry:

“Community also raise the issue of the Indigenous Contact Centre at Centrelink taking much longer than the general contact number and that the Indigenous Contact Centre may not be across the cultural and language nuances of the people of the Northern Territory. These reports are widespread and have been relayed for many years. It is not uncommon for a social security recipient to be on hold for four hours or more.” [[43]](#footnote-44)

The only reference to DSP in the Government’s targeted “strategy” for First Peoples with disability is about expanding access to Wi-Fi. There is a program to promote income support information more generally; the performance indicator used to determine whether this program is successful is to measure is whether materials have been distributed to the program staff, not beyond.[[44]](#footnote-45)

Governments have paid lip service to justice for First Nations people for decades, but have failed to provide more than tokenistic responses to assist people with disability in the social security system. It has been said ad nauseam by Indigenous leaders and we echo their call: community members and community-controlled organisations must be given the resources to self-determine social policy and programs, and be resourced to deliver them.

**Recommendation:** That the Government fund independent advocacy to increase access to the DSP for First Nations people with disability through First Peoples Disability Network and Aboriginal and Torres Strait Islander community-controlled organisations. This should include specific programs to promote awareness of the DSP and application process that prioritise the diversity of languages spoken by First Nations people in all resources.

**Recommendation:** That the Government provide funding to enable people from culturally and linguistically diverse backgrounds and First Nations people with disability to pay for travel, doctors and other costs associated with accessing culturally safe healthcare providers wherever possible.

### No control over meagre income

The Cashless Debit Card (CDC) and Basics Card are racist income control programs that target First Nations people. The Basics Card was first introduced as part of the Howard Government’s Northern Territory Intervention, which required suspension of the Racial Discrimination Act 1975 (Cth).[[45]](#footnote-46)

As noted above, First Nations people experience higher rates of disability than the general population, and thus, racially discriminatory policies disproportionately harm people with disability.

Income control limits a person’s legal capacity to manage their finances and transactions. It involves substitute decision-making that is imposed on people against their will, and third-party, paternalistic perspectives are substituted for the individual’s own.[[46]](#footnote-47) It is unreliable and subject to failure, and makes living in poverty even harder due to the inability to access second hand goods and low cost items that require cash payments.[[47]](#footnote-48)

There are 1,132 people on the CDC who receive the DSP across the Ceduna, East Kimberley and Goldfields “trial” sites. DSP recipients comprise 16% of the 7,133 people subject to the income control trial at these sites.[[48]](#footnote-49)

The proportion of Indigenous forced on to the CDC at each of these sites is: [[49]](#footnote-50)

* Ceduna, 75%
* East Kimberley, 82%
* Goldfields, 47%

The higher cost of living for people with disability, particularly for those in regional and remote areas targeted by the Government through income control programs, makes cashless welfare yet another impediment to the rights of people with disability. These programs are in direct contravention of the Government’s commitments under the CRPD and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP).

The results of cashless welfare trials and the control they exert indicate that it does not work,[[50]](#footnote-51) and the expansion and continuation is purely ideological, consistent with other government policies that punish people who do not have paid work.

Income control successfully imposes another barrier on people with disability, who are restricted in being able to access the goods and services they need and cannot choose how to prioritise their spending.

**Recommendation:** That the Government immediately abolish income control programs such as the Basics Card and Cashless Debit Card.

## Exclusion

A bedrock of the DSP in its current form is the variety of administrative, bureaucratic, and financial hurdles that prevent people with disability from accessing it. The system is suffused with moral false equivalence and a deep distrust that suggests anyone who asks for support is asking for too much.

If the Government wants to reduce red tape it should first and foremost reduce the red tape imposed on people with disability. The administrative and financial burdens of applying for the DSP are extraordinary.

About 1 in 2 people with disability are between 15 and 64 years old and considered to be “working age”. Out of the 2.1 million “working age” people with disability, only 746,000 get the DSP.[[51]](#footnote-52) As discussed in section 5.1, there are hundreds of thousands of people with disability who are long-term unemployed trying to survive on the JobSeeker payment. Many do not have the financial or emotional resources to pursue a DSP application.

This section addresses:

* the purpose of the DSP;
* the DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal;
* the impact of geography, age and other characteristics on the number of people receiving the DSP;
* 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;
* the adequacy of the DSP and whether it allows people to maintain an acceptable standard of living in line with community expectations;
* the appropriateness of current arrangements for supporting disabled people experiencing insecure employment, inconsistent employment, precarious hours in the workforce; and inequitable workplace practices;
* the economic benefits of improved income support payments and supports for persons with disabilities, their immediate households and broader support services and networks.

### Applying for the DSP should not be distressing

The Program of Support (PoS), along with demeaning points systems, assessments and reviews, force us to perform our disability to people who don’t understand the complexity of our lives.

Onerous and intimidating application requirements and the Program of Support imply that people with disability are guilty until proven innocent. The system seems to be stacked against us by design.

Case study #155: name withheld

At my third JSP I had a total breakdown. I had supplied medical evidence dating back to 1994 with my DSP application. Without that breakdown at the appointment, I likely would have been rejected.

Applying for the DSP is itself difficult, stressful, and acts as a deterrent to us trying to get support we’re entitled to. It contributes to inequity for people who have less access to technology and information, for people who find it more difficult to advocate and navigate the system for themselves due to educational background or disability, and for people who cannot engage with the system in the language they are most comfortable using.

Case study #245: name withheld

Many disabled people I know don't even bother trying to get on the DSP. Very successfully, the state has managed to demoralise a segment of the population so totally that they would prefer to avoid the traumatising, violent (every rejection or question feels like an assault on the self) experience of dealing with the government.

Case study #255: name withheld

From what I've heard it's rather difficult to get on DSP in the first place (especially with neurodivergant disabilities). While I haven't tried personally, that reputation has made it extremely daunting to even consider.

The DSP application process is complex and confusing for those who support us, too. For those of us who don’t have easy access to the correct specialists, and ones who are familiar with the system and the documentation required, the odds are even less in our favour. It is frustrating.

Case study #267: name withheld

Make it easier to get approved for dsp. Provide an official form for clueless doctors to fill out. The requirements exclude many sick and disabled people from gaining access.

Case study #18: name withheld

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.

The process is too long, and is exhausting – ending with people waiting an unacceptably long time before they discover their application has been accepted, or denied. Given how policy has evolved over time, this feels intentional to people with disability who cannot get the support we need. Prolonged application processes force us to spend our savings, if we are fortunate enough to have any.

Case study #211: Ricky Buchanan

I'm ancient - back when I did it I was on sickness benefits (in the 1990s) for so long they said "You should be on the DSP" and I don't remember it being too hard at all. It should be like that still

The current application process creates an immediate barrier, especially for those with psychosocial, intellectual or other disabilities that can make it difficult to deal with administrative tasks. It is so difficult and there are so many points where the path is automatically blocked that persisting with the application alone should be an indication that an applicant is likely to qualify.

1. Impairment tables

Many parts of the DSP application process that cause confusion and distress relate to the operation of impairment tables. Over time, changes to the tables have correlated with fewer people accessing the DSP, particularly younger people.

People with disability and our advocates are united in calling for the removal of the “fully diagnosed, treated and stabilised”, criteria. It is absurd to apply this test when, for a variety of reasons, so many people could never reasonably meet this standard despite having a lifelong disability. If our condition may deteriorate or unpredictably improve, or we are unable to access adequate diagnosis and treatment, this should not prevent us from accessing the DSP.

PWDA’s submission to the impairment tables review discusses how the tables discriminate against people on the basis of our disability to prevent us getting the DSP. The tables should be abolished, but while they remain, PWDA urges the Government to extend the review for at least one year so there is time for more meaningful consultation and the recommendations from this inquiry can be taken into account.

See [Appendix C](#_Appendix_D:_PWDA) for our submission to DSS that provides detailed discussion and recommendations regarding impairment tables.

**Recommendation:** That the Government work towards abolishing impairment tables. This recommendation is discussed further in PWDA’s submission to the impairment tables review, reproduced in [Appendix C](#_Appendix_C:_PWDA).

### Low rate of successful applications

Most DSP applicants are unsuccessful and are subjected to even more severe financial and health stressors than those of us “lucky” enough to live on the sub-poverty line pension.

The Government proudly announced in 2012 that changes to the DSP in 2010 had seen an 11% decrease in successful applications.[[52]](#footnote-53) This was in the lead up to the implementation of new impairment tables. Since then there has been a steady increase of people with disability being unable to access the payment.

Case study #15: Robin

Was on newstart for 3 yrs while dsp application was repeatedly rejected. Eventually got approved with very precise language from multiple specialists, with disability degenerating in the meantime.

In 2018 only 30% of DSP applications were successful. This dropped from 60% since the introduction of impairment tables.[[53]](#footnote-54) The Department has not made information accessible about how many rejected claims are overturned on appeal, or the basis on which original decisions were made. Anecdotal evidence suggests an alarming number of appeals are successful, meaning applicants needlessly experience additional financial hardship while their rightful claim outcome is delayed.

Case study #79: Andrew Aiden

I appealed after Centrelink initially tried to say Parkinsons was “temporary”

In 2018, 37.9% of people with disability aged 15–64 years said their main source of personal income was a government pension or allowance, down from 41.9% in 2015. However, there was a much smaller increase in wages or salary as the main source of income, which only increased by 1.1% over the same period.[[54]](#footnote-55) Work is needed to understand the changes in our income sources over time, and whether people are falling through holes in the safety, leaving them with no support at all.

1. Unreasonable, unfair and inconsistent

Our treating doctors know us best. The government’s attitude towards its responsibility to support people with disability has changed dramatically, and undermining doctors and eroding public servants’ ability to recognise and act when we need them to.

When asked how they were able to access the DSP, or why an application was rejected, survey responses like these were typical:

Case study #235: name withheld

they refused to accept a document saying it was too late to submit, after centerlink had lost the original document

Case study #222: Theodore White   
on JobSeeker, disabilities include autism, psychiatric / psychological, specific learning

There was the issue that my doctor had not written in my report that I was a complete write off.

Case study #191: name withheld   
on the DSP, disabilities include autism, intellectual, speech

Turned 16, forms filled out by my school

Case study #249: Jaiden   
on JobSeeker, disabilities include musculoskeletal/connective tissue, nervous system

A long process of doctors and centrelink visits to ensure that my very visible disability from a birth defect (amniotic band syndrome) was still there.

Case study #108: Tara Collyer   
on the DSP, disabilities include hearing, musculoskeletal/connective tissue, nervous system, neurological, vision

I applied. I went to my interview and they immediately declared me unable to work. My application went through quite quickly.

Case study #260: name withheld   
on the DSP, disability related to vision

I was told there was insufficient evidence to prove I was legally blind despite having an opthalmology report, oncology report and 16 years of medical history.

1. Program of support

Following an unsuccessful DSP application, we may be able to qualify for the DSP by undergoing a Program of Support (PoS). In effect this requires us to prove our unemployability by jumping through a series of humiliating hoops while surviving on half the poverty line for 18 months. It has been suggested that to deny a person with disability a small amount of extra income, this process may cost the Government more money than simply granting them the DSP in the first place.

The requirement to spend 18 months trying and failing to get work in order to “prove” a disability is degrading, discriminatory and puts our health at risk.[[55]](#footnote-56) The result of the PoS is only to withhold the support we need.

Case study #25: Penelope

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.

The program is particularly brutal to people who need to pause their activities because they are experiencing family and domestic violence. The paused period does not count towards the 18-month requirement, and many are unable to return due to the trauma they experience. This trauma can be compounded by PoS requirements.

Exit from the PoS is considered a “success”, implying that the person with disability has secured employment. This reporting is inaccurate and does do adequately measure the multitude of reasons an individual may choose to leave.

PoS is usually delivered through the jobactive or DESprograms,[[56]](#footnote-57) meaning we must stay on an unemployment payment for 18 months despite being assessed as having a disability, and the extremely low rate of success of employment services for people with disability. An overview of submissions to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability employment issues paper noted that,

“Many respondents said the DES system does not achieve what it was set up to do, especially with respect to long-term outcomes,”

and the practices of these agencies included,

“… ‘creaming’, which means focusing resources on participants more likely to get a job; ‘parking’, which means providing little assistance to more disadvantaged jobseekers; and ‘churning’, which means cycling participants through activities and providers without achieving long-term results.”[[57]](#footnote-58)

With one response adding “… such practices can place young people with disability at increased risk of violence and abuse and in some cases can drive exploitation, violence and abuse.”

The Program of Support is not a viable pathway to employment, and nor is it to accessing the DSP. Data obtained through the budget estimates process showed that in 2019–20 only 1,423 people were granted the DSP through the program.[[58]](#footnote-59)

In PoS, our DES provider plays a role in deciding whether we have met requirements.[[59]](#footnote-60) Employment service providers are not required to employ staff with relevant training, and the sector is renowned for high turnover.[[60]](#footnote-61) The main role of providers is policing unemployed people by enforcing ‘mutual obligations’ rather than assisting us to find a job, let alone to meet the standards required by PoS.

Program of Support is unfair, unnecessary, unsuccessful, and holds us back when we are seeking genuine support, both financial and with finding suitable work.

**Recommendation:** That the Government abolish Program of Support requirements to improve access to the DSP.

### Discrimination is baked into the DSP

Access support become stricter over time as payment options have been “streamlined”, and other tests and processes are used to either delay us from gaining access immediately or outright prevent us from getting support.

The rules in place unfairly target younger people and migrants, determine that some of us have a disability that makes us more or less “worthy” of support, and fail to ensure that DSS is proactively supporting people with disability to get DSP access.

This section covers DSP rules that explicitly codify discrimination. Disproportionate representation of First Nations people on unemployment payments compared to the DSP is discussed in section 5.17.

1. The rights of migrants and people with disability from culturally and linguistically diverse backgrounds

In addition to the administrative burden that effects those of us who meet the basic eligibility criteria, the Government excludes other people with disability on the basis of visa status in contravention of their rights.[[61]](#footnote-62)

Case study #166: name withheld

I was not an Australian citizen until after my surgery and stroke, so I had to use my own superannuation to live on until I got out of hospital. I want to go back to NZ, at least to visit the rest of my family, but I can't afford that. I only paid for one visit in the last 7 years - I had to go twice more, once for my son's wedding and again for a funeral but my sister and my daughter paid for those trips.

Case study #113: name withheld

Although I am an Australian citizen, I wasn't born in Australia and there is a residency requirement that says that a person must have lived in either Australia or NZ for 10 years from the age of 20 to be eligible for the DSP. I was only 23 when I applied and although I was assessed as being medically eligible, my application was rejected because of the residency requirement.

The complex application process presents an even higher barrier for people who do not speak English as a first language, or who are not used to dealing with the administrative processes of Services Australia and Centrelink.

**Recommendation:** That the Government make the DSP available to everyone who needs it regardless of their visa status or residency period if other eligibility criteria are met.

**Recommendation:** That the Government extend the DSP waiting period waiver currently available to people with disability who hold permanent protection visas to those on temporary protection visas.

1. Partner income tests

Partner income tests mean that those of us on the DSP are financially penalised for being in a relationship. This includes a couple where both people receive the DSP, and therefore each receive a lower amount than single people with disability who are on the payment.

Case study #127: name withheld

I would talk to [the committee] about the fact that my partner who is only a junior nurse working .8 is expected to pay for everything for me and its not fair. At the moment, I'm even having trouble getting a health care card which was cancelled by Centrelink recently so the cost of my medications has more than doubled. It's not fair to expect my partner to pay for rent, bills, food, etc as well as all my medications, medical appointments, specialist appointments, allied health appointments, treatments, braces and mobility devices, surgeries etc.

Case study #236: name withheld

You don't get enough to have an independent adult life in your own home. If you have a partner you're aware that if you ever want to live together they will end up supporting you financially, which makes it hard to date knowing that you would be subjecting them to that and yourself to being financially bound to someone. You have to worry about being reassessed with harsher conditions and if found ineligible because of them you'd lose half your income and suddenly be unable to meet your financial obligations.

Paternalistic policies that restrict our access to payments or reduce the amount we receive based on the income of other people in our household remove our agency, undermine our independence and can leave us trapped in unsafe homes or relationships.

Case study #66: Stuart Mawbey

I cant get married or have an equal relationship without losing my financial independence and becoming dependent on my partner.

Case study #151: Jax Jacki Brown

I would also like it not to be influenced by the fact that I have a partner and that she may take up part time work while caring for our child. When we moved in together a number of years ago now and she was working and I was on the DSP, my pension the significantly reduced and I quote a Centerlink staff member said “you are her problem now” When I objected to this framing of our relationship and said that I was a partner not a problem, and that I needed to have my own income which I was able to support myself and provide for medications and transport costs directly related to my disability, and having so little money myself and having to be financially now dependent on my partner put me in an unequal situation which could be dangerous if my partner was abusive, this was met with “oh well” by Centrelink staff.

Partner income tests create an unfair and unnecessary strain on household dynamics where individuals become reliant on their partner, or parents, to provide for them. The power imbalance can create a dynamic of dependency, which is infantilising and can open people up to the threat of abuse and violence.[[62]](#footnote-63) The low payment, and the mechanisms that make it lower or difficult to get for people in relationships, mean it is harder for people with disability to escape dangerous situations.

Case study #75: Iz

Living on the DSP was extremely hard for me. I experienced homelessness and a violent relationship because I couldn't afford to live on my own in private rental. Your meal allowances per week are way higher than the DSP, and it is insulting that Jobkeeper increased by $550 last year but pensioners were deliberately left out. I am glad I don't need it right now, but I am worried that if I need it in future I won't be able to get back on it again because the requirements are so obscenely high.

People with disability love and feel just as others do. We want the opportunity and freedom to enjoy our relationships, without feeling like a burden or giving up our independence.

Case study #107: Charlie

I spent years working and being taxed as an individual. Now that I'm unable to work due to chronic illness, I have been totally abandoned by the welfare system. I am ineligible for any payments or even discount cards. This is because I'm married and my partner is employed. I am expected to be 100% financially dependent on my partner. I have no income of my own.

This means that our money doesn't feel like mine. I am a financial burden on our household - my contribution is a huge pile of medical bills and additional costs of being sick and disabled. We are going backwards financially and had to consider if we can keep our home. If I wanted to leave my partner, I couldn't because I have no money. If they were abusive, I'd be stuck in that situation and it would be easy for them to control me. I fear what would happen to me if my partner died or left me. I don't know what I'd do for money.

It's causing stress, anxiety and depression - adding to my ill health.

Case study #91: Taylor R

I'd like to be able to choose to have a partner, live with a partner or marry a partner without it taking away or reducing my DSP income. As a woman living in a world with high domestic abuse rates, I'm terrified of becoming stuck in a relationship (abusive or not) solely because my DSP has been taken away or reduced, leaving me with no options.

**Recommendation:** That the Government immediately remove the partner income test and parental income test to restore financial independence for people who rely on the DSP and remove financial penalties based on relationship status that discriminate against people with disability who have a partner.

**Recommendation:** That the Government immediately abolish the couples rate and payment tiers that discriminate against young people with disability.

**Recommendation:** That the Government immediately remove the age of independence test to allow those of us under 21 to have access to a payment that belongs to us, to use when and if we need it.

1. Inequitable treatment of people with disability based on age

Younger people with disability are treated unfairly, with higher barriers to accessing the DSP and discriminatory participation requirements for people under 35 once we’re on it.

Adults who are 21 or younger are denied their independence because the payment can be cut or stopped completely based on our parents’ earnings. We also have less to begin with because until we are 21 we have to live on a lower amount – between 25% and 55% less than the full DSP, depending on our circumstances. It is not cheaper to live just because we are younger.

Since 2014 people with disability under 35 who are on the DSP have been forced to do pointless activities, policed by abusive job agencies in Disability Employment Services. This can even include having to do the most dangerous forced labour programs, like Work for the Dole.

Case study #138: Alex Paine

It’s so ridiculous that even if I was on the DSP I’d have to do ‘mutual’ obligations until I’m 35. When I found that out I went through a really bad depressive episode, because part of the reason why I’ve been fighting so hard to get on the DSP is that I never want to have to do ‘mutual’ obligations ever again in my life. 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.

Respondents to the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* reported that DES “does not achieve what it was set up to do”, with one person saying institutional practices in DES “increased risks of violence and abuse and in some cases can drive exploitation, violence and abuse.”[[63]](#footnote-64)

Under 35s on the DSP can do an Employment Services Assessment (ESAt)to reduce their requirements, which imposes another unnecessary and stressful process on people who have already jumped through enough hoops for the often-traumatic DSP application.[[64]](#footnote-65) ESAts present yet another bureaucratic hurdle for people who need support.

Case study #28: name withheld

I wish looking for work was optional so I can focus on getting my health managed before I try to get a job. When DES appointments were voluntary before it was so much easier. I could look after my health, study the things I needed to learn, and focus on finding a job that was actually something I could do. (Instead of being forced in to anything available that I often could not do.)

Trying to balance mutual obligations with medication changes, sickness and doctor appointments is so hard, and half the time Centrelink doesn't process my medical certificates in time for me to get the time off I need to deal with things. I asked for 3 months off last year to manage a major medication change, and by the time my medical certificate was approved, it was 2 weeks before it expired. Thats a common problem.

Also the fact I only have mutual obligations because I'm under 35 is ageist. Young people can get just as sick as anyone else, and its harder for us because we don't have any money saved up to get us through. Many of us don't have support systems in place either. I came from an abusive home, and because of that I have been alone through everything.

**Recommendation:** That the Government immediately remove all rules that arbitrarily apply to people with disability based on their age.

**Recommendation:** That the Government immediately remove the partner income test and parental income test to restore financial independence for people who rely on the DSP and remove financial penalties based on relationship status that discriminate against people with disability who have a partner.

**Recommendation:** That the Government immediately abolish the couples rate and payment tiers that discriminate against young people with disability.

**Recommendation:** That the Government immediately remove the age of independence test to allow those of us under 21 to have access to a payment that belongs to us, to use when and if we need it.

### Diagnosis and required documentation

As rules have changed, obtaining the right documentation has become harder and harder. Requirements are now so focused on administrivia that even the most straightforward information can be cast aside in a decision.

Case study #260: name withheld

I was told there was insufficient evidence to prove I was legally blind despite having an opthalmology report, oncology report and 16 years of medical history.

1. Availability of GPs and specialists with relevant expertise

Some diagnoses are hard to obtain because there are not enough doctors with relevant expertise in Australia, or there is limited awareness among GPs.

This often leads to misdiagnosis, or no diagnosis at all. It can result in superficial treatment of symptoms that fails to address underlying causes, or treatment that creates and exacerbates problems the patient is experiencing.

In particular, this is a challenge for people whose disability is rare, not yet well understood by the medical community at large, or is the subject of emerging research.

Case study #138: Alex Paine

There are only like 10 to 20 specialists in the whole of Australia that actually know about EDS and will treat it. The genetics clinics that are supposed to diagnose and treat you are turning people with hypermobile type away because there's no genetic testing. So I've had two or three referrals to genetics, and they just send you a letter back saying, ‘Oh, we don't treat people with hypermobile type’.

The barriers and lived experience of people with disability are not easier to manage simply because expertise does not exist to do a conventional diagnosis. The effects of pain and other symptoms must be fully recognised to ensure that we are not excluded from the DSP just because there is limited understanding of our condition.

In other cases, there are relevant specialists in Australia, but only located in urban centres. This significantly disadvantages people in rural, regional areas. As discussed above, this can expose people with disability to misdiagnosis, unhelpful or even harmful treatment.

**Recommendation:** That the Government ensure eligibility criteria and assessment processes account for people with disability’s lived experiences, and provide alternative pathways for people who have limited ability to access highly specialised doctors or diagnoses.

1. Lack of cultural safety

The healthcare system has an endemic problem with inappropriate and culturally unsafe practices towards First Nations people.[[65]](#footnote-66) Race and racism in the health system produce disparities.[[66]](#footnote-67) These present additional barriers for people from culturally and linguistically diverse backgrounds and First Nations people with disability seeking diagnosis and support when applying for the DSP.

“The experiences of community members applying for the DSP, their families and support networks, alongside the medical and non-medical service providers interviewed were largely consistent across the different regional sites. The assessment and medical evidence procedures did not take account of Indigenous cultural engagement with the body, the limitations on medical care and service availability, nor longstanding discriminatory processes that marginalized Aboriginal and Torres Strait Islander engagement.”[[67]](#footnote-68)

First Nations people must be supported to access culturally safe healthcare to the greatest extent possible, particularly the services they need to fulfil DSP application requirements.

Financial and other support should be provided to assist with accessing the most culturally safe providers available for the purpose of completing a DSP application. Cost and location proximity should not be the determinants of which providers are appropriate.

Section 5.1.7. (a) includes a recommendation regarding programs to promote awareness of the DSP and provide support during the application process for First Nations people.

**Recommendation:** That the Government provide funding to enable people from culturally and linguistically diverse backgrounds and First Nations people with disability to pay for travel, doctors and other costs associated with accessing culturally safe healthcare providers wherever possible.

1. Burdensome cost

As is covered extensively in section 5.1, the unemployment payments that hundreds of thousands of people with disability are forced to rely on are deeply inadequate to meet even the most basic needs.

Medical appointments and reports are beyond reach, and the system is stacked against even those who can scrape a few dollars from their fortnightly JobSeeker payment. Many people report that they can save a small sum, but never enough to pay for all the necessary reports within the 6-month timeframe required for a successful application.

Case study #222: Theodore White

Official diagnoses from psychiatrists are completely inaccessible to poor people.

Case study #6: Isabelle

I have been advised I don't qualify for the DSP, partly because I can't afford to get the medical attention I would need in order to prove that I qualify, so it's a moot point.

In the absence of universal healthcare, people should be able to be reimbursed for required reports and appointments necessary to complete their DSP application with the required standard of medical evidence.

Case study #39: Micaela Callan

My application was rejected, as my condition was not fully diagnosed, treated, and stabilized - because I had not accessed psychiatric treatment, due to prohibitive costs.

Many people with disability who participated in the survey that informed this submission reported the high cost of healthcare being a barrier to accessing the DSP and meeting the cost of general healthcare needs.

Case study #178: name withheld

Only because for a brief time in covid lockdown there was no centrelink penalty for quitting your job, so I was finally able to quit the work that was impossible for me to do without losing income, and only because I didn't have to work did I have enough energy to fill out the forms and collect evidence. – name withheld

One of those years during that process, I was homeless from lack of income. I spent more money that year on doctors than I did on food, and ate mostly out of supermarket bins. My disabilities worsened irreparably.

Case study #28: name withheld

It took me several attempts.It was easier when I applied, but still difficult. I found getting as much evidence from as many people as possible was the best method. This was tedious, long and expensive to do though. I was rejected from previous attempts due to not having sufficient evidence because I only had a specialist and doctor letter.

Case study #118: name withheld

Eventually I got back onto newstart (found out I was kicked off through no fault of my own for those 13mos), got a cheap rental, and continued my application process. I still didn’t have enough money for doctors, so it took another year and a half after that.

A 2018 report, ’At what cost?’ Indigenous Australians’ experiences of applying for disability income support,highlighted that cost is a significant barrier for Aboriginal and Torres Strait Islander people with disability when attempting to access medical specialists reports and recommended treatment options.[[68]](#footnote-69)

**Recommendation:** That the Government create a new bulk-billed item on the Medicare Benefits Schedule to provide for free specialist appointments for people seeking to prove eligibility for the DSP, regardless of the outcome of their claim. This recommendation is discussed further in PWDA’s submission to the impairment tables review, reproduced in [Appendix C](#_Appendix_C:_PWDA).

### Appeals and review of decisions

Many people with disability who apply for the DSP report that they have the impression their application was rejected by default, forcing them to appeal, and that this is an effort to reduce the number of people on the payment.

Understandably, many people trust Centrelink to make a fair decision, and do not appeal if they are rejected. Some feel confident the decision is unfair, but feel too discouraged to try and have it changed.

Case study #231: Liz Gehrig

They just said l wasn't accepted and put me on a system that they call the disability stream of jobseeker, which means l see a job network provider that deals with people who have disabilities. For a large part of my time on jobseeker l have been given a medical certificate by my GP which goes for a 3 month period. They have accepted most medical certificates. However once they denied a medical certificate from my GP as they said it was the same condition. l wanted to appeal my decision, but was beaten down with the system. I felt defeated. 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.

For those of us who appeal, many report the process arduous, but ultimately producing the outcome we understood we were entitled to all along.

Case study #13: name withheld

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, I'm a rather bloody minded individual who when I know I'm right I don't concede,but a lot of people who try don't have the ability to deal with the delays and their requests for information because they lost it and you have to submit it within 14 days of reciept of the request. Yet they will not give us any kind of time line as when they'll be done doing whatever they do, whether it be investigating a debt that's not owed or when your application will be processed.

Case study #109: name withheld

it took around six months to get on dsp or any welfare support. numerous applications were rejected for clerical errors that i disputed and eventually won. after working with the centrelink complaints line, doctors, therapists, physiotherapists, legal advice and the ombudsman i finally was accepted onto dsp

**Recommendation:** That the Department of Social Services eliminate the process of ‘quick review’ that is designed to exclude applicants early in the assessment of DSP claim eligibility, the sole purpose of which is to save time and money at the expense of people with disability whose payment is delayed while they appeal.

**Recommendation:** The Government establish a program whereby an independent advocate contacts a DSP applicant whose claim has been rejected to advise them of their right to appeal, and to offer advocacy support. This program must be fully funded.

1. People with disability experiencing problems in employment services

People who are forced to participate in DES must sign agreements that are binding under the Social Security Act. DES providers are not required to employ staff with specific qualifications in social work, or other relevant qualifications to assist or work with us.

As is common throughout the privatised employment services model, staff are overworked and have little time to help, and rarely implement the guidelines required of them. The Antipoverty Centre has received reports from former job agency staff that they were intentionally not informed of the rules, to create a financial benefit for the company, or that they were told to ignore specific rules or take unethical actions for the same reason.

Providers have complete power to cut off a payment without needing approval from the Department of Social Services. There is little to no mechanism for review or to appeal a suspension or penalty we receive, and the only Ombudsman we can turn to is the Commonwealth Ombudsman.

People with disability receive little support while we are in DES, and there is no access to independent advocacy. This opens us up to abuse.

### People with disability on unemployment payments

In June 2021 there were 4.63 times the people with disability on unemployment payments than there were in July 2011. Even before COVID the number had increased dramatically, with 3.69 times as many people in the period from July 2011 to January 2020.[[69]](#footnote-70)

Hundreds of thousands of people are deemed to have partial capacity to work (PCTW):

“A person with a physical, intellectual or psychiatric impairment has a partial capacity to work if the impairment prevents them from working at least 30 hours per week at the relevant minimum wage or above, independently of a program of support, within the next 2 years.”[[70]](#footnote-71)

As of September 2020, 372,000 people on JobSeeker reported a disability. Most of these had work capacity assessed at 15–29 hours. The most common reported disability was psychological/psychiatric, making up nearly 154,000 of those on JobSeeker with PCTW.[[71]](#footnote-72)

The range of pressures and settings experienced by people with disability described throughout this submission combine to give people little hope of being able to get more appropriate support through the DSP. Forcing us to remain on payments that are half the poverty line and participate in employment services is unsafe.

Case study #112: Jane Scott

The government refused me the DSP (which is too low to live on anyway) and put me on Jobseeker, which is even lower. You argue that Jobseeker is a temporary payment, even though you know that for a lot of people, especially disabled people, it becomes a long term payment. I've wasted years of my life applying for and being rejected for hundreds of jobs. At one point, I ended up in doctors office because I couldn't cope with the constant rejection.

Case study #39: Micaela Callan

It's inappropriate to keep repeatedly medically-exempted individuals on Jobseeker. It's ridiculous to be considered eligible for NDIS but not DSP. Non-medically trained officials should not be assessing someone's fitness for work.

DSP offers a security that Jobseeker does not. Recently I have been deemed fit for work at the end of July because I had reached an arbitrary limit of medical exemption certificates submitted. My medical specialists disagree.

The number of people in DES on unemployment payments has steadily increased since new impairment tables and other reforms that made it harder to access the DSP.

1. Increase in number of DES participants on unemployment payments[[72]](#footnote-73)

Chart, bar chart

Description automatically generated

Of groups that experience additional types of discrimination on top of their disability, the only cohort that has seen an overall decline in the DES caseload since 2011 are people from culturally and linguistically diverse backgrounds. The proportion of First Nations people has grown more than any other group, now 1.4 times higher than in 2011.[[73]](#footnote-74)

1. Proportion of people in DES subject to intersectional discrimination[[74]](#footnote-75)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **Change** |
| **% First Nations** | 5.42 | 5.85 | 5.32 | 5.39 | 5.48 | 5.84 | 6.25 | 6.36 | 7.42 | 7.40 | 7.66 | 141% |
| **% CALD** | 22.21 | 22.23 | 22.40 | 21.66 | 21.15 | 20.53 | 20.10 | 20.07 | 20.84 | 20.06 | 20.84 | 94% |
| **% homeless** | 7.30 | 7.09 | 7.04 | 6.89 | 6.91 | 7.01 | 7.28 | 7.31 | 8.37 | 8.18 | 8.09 | 111% |
| **% refugees** | 4.66 | 4.73 | 4.85 | 4.77 | 4.67 | 4.57 | 4.62 | 4.79 | 5.33 | 5.22 | 5.28 | 113% |
| **% ex incarcerated** | 6.63 | 7.21 | 7.42 | 7.46 | 7.63 | 7.79 | 8.10 | 8.19 | 9.03 | 8.98 | 8.84 | 133% |

Note: Figures are from July each year, except for 2021. June figures have been used as July 2021 data had not been published at the time of writing

At the same time as the number of people on unemployment payments in DES exploded, the number of people with disability in mainstream employment services also increased.

1. Increase in people with disability in mainstream employment services[[75]](#footnote-76)

Chart, bar chart

Description automatically generated

Note: DESE has not published data about the number of people with disability in the jobactive program between 2015 and 2018. DESE did not provide this information upon request.

1. Relative number of people with disability in employment services[[76]](#footnote-77)

Chart, bar chart

Description automatically generated

Note: DESE has not published data about the number of people with disability in the jobactive program between 2015 and 2018. DESE did not provide this information upon request.

By putting up roadblocks to accessing the DSP at every turn, the Government has exposed people with disability to unsafe homes, unsafe job agencies, unsafe participation requirements and unsafe workplaces. We have done nothing to deserve this. It is time to stop punishing us.

**Recommendation:** That the Government immediately initiate a process to transition people with disability who are on an unemployment payment to the DSP.

### It’s time for universality and easy access

Heavily restricting access to the DSP, forcing people to clear the bar of being deemed “severely disabled”, creates two classes of people with disability: the deserving and undeserving.

Every person with lifelong disability should be granted access to the DSP as a right. It should not be contingent on our work capacity. The payment must be designed to ensure that we can always have our needs met, in and out of work.

A universally accessible payment for people with disability will give us confidence and control over our lives. It would allow us to access the DSP easily when it’s necessary, and without the administrative burden and harm caused by the lengthy application process.

Everyone applying for the DSP should be offered a personal advocate, or access to an advocacy service, to assist us with the application.

This is a vast and wealthy country, with the resources to ensure that people with disability are able to get access to appropriate financial support wherever they live. The Government must take every step possible to enable people with disability to fulfil the requirements of their DSP application, whatever those requirements may be. This includes directly paying for people to see doctors, including travel costs where relevant.

**Recommendation:** That the Government increase funding to provide people applying for the DSP with consistent, correct and independent advice and self-advocacy throughout the application process.

**Recommendation:** That the Government establish a program whereby an independent advocate contacts a DSP applicant whose claim has been rejected to advise them of their right to appeal, and to offer advocacy support. This program must be fully funded.

**Recommendation:** That the Government end the policy of cancelling the DSP for people with disability who are incarcerated.

## Demographic factors

More work must be done to capture information that will give policymakers and advocates a more sophisticated understanding of the complexity of and relationships between the demographic characteristics of people with disability. Without this, it is not possible to properly understand how policy changes and legislation effect our lives.

Existing data published by the Australian Bureau of Statistics, Department of Social Services and other government bodies is insufficient, and in some cases is no longer reported or is reported less frequently. Despite diminishing transparency, available data shows a range of unacceptable outcomes and problematic trends.

This section addresses:

* the purpose of the DSP;
* the DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal;
* the impact of geography, age and other characteristics on the number of people receiving the DSP.

### Key figures

There has been a steady increase of DES recipients in receipt of the JobSeeker payment because of changes since 2011. The figures for these changes can be found in Section 5.2.6. Changes over the past decade have played a fundamental role in moving people off of the DSP and onto JobSeeker, and as a result, changed the characteristics of the recipient population.

49% of people who exited the DSP payment moved on to the aged pension and 24% died. The third largest category was ‘other’ at 19%, which includes people who lose their payment because they are incarcerated, exceed the assets limit or move overseas. Only 3% of people exit the DSP because of work.[[77]](#footnote-78)

41% of households in social housing include at least 1 person with disability, according to AIHW and,

“In 2018–19, about 290,300 clients used specialist homelessness services. Of SHS clients with known disability status, 8.3% (or 22,100) have disability. Around 1 in 3 (33% or 7,200) clients with disability have severe or profound disability (or 2.7% of all SHS clients with known disability status).”[[78]](#footnote-79)

**Recommendation:** That the Government provide resourcing for the Department of Employment, Skills and Education, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics to build and maintain a comprehensive and ongoing public database of detailed information about people with disability including labour force participation and related data. This should include resourcing to increase the frequency of existing research and publications such as the ABS Disability, Ageing and Carers survey.

### Locational disadvantage

The day-to-day costs of living for people who live in regional and remote areas is far higher than those who live in metropolitan areas, this is further exacerbated for people with disability, whose living costs are generally higher than those who without a disability.

When a person is applying for the DSP, the costs are then even higher as travel and specialists costs are then factored in, especially when multiple specialists are needed to be seen.

First Nations people with disability are overrepresented in locational disadvantage and general cost of living and household income.[[79]](#footnote-80) The Government needs to do more to ensure travel costs are free for people in these communities when applying for the DSP.

In 2018, the SDAC found that there were 581,400 Aboriginal and Torres Strait Islander people in Australia living in households (excluding those in very remote areas and discrete Aboriginal and Torres Strait Islander communities). Of these people, almost one-quarter (24.0% or 139,700 people) had disability, similar to 2015 (23.9% or 125,000 people).

**Recommendation:** That the Government provide an allowance for DSP applicants in regional and remote areas to travel to obtain diagnoses and reports if relevant expertise is not available in their community.

### Disproportionate representation of specific cohorts

77% of people with disability reported their main disability as physical, while 23% reported psychosocial or behavioural disability. The highest physical disability reported is musculoskeletal system and connective tissue (30%), such as back problems and arthritis, and for psychosocial and behavioural it is intellectual and developmental (6.5%), such as intellectual disability and autism.[[80]](#footnote-81)

The below analysis of DSS data indicates that people with psychosocial, intellectual and learning disability are attempting to access the DSP more (see Figure 1.6 below).

There has been a sharp decline in people with musculoskeletal conditions receiving the DSP due to reviews and unsuccessful applications,[[81]](#footnote-82) and the number of people with musculoskeletal conditions in PoS is higher than others.[[82]](#footnote-83) More data collection is needed to better understand this trend and its relationship to the 2012 impairment tables changes.

1. Change in disability type from 2011-2021[[83]](#footnote-84)

Chart, bar chart

Description automatically generated

Without accessible and regularly published data about successful and unsuccessful claims it is hard to paint a clear picture of how changes to DSP policy since 2010 have affected the community. Available data implies that people with physical disabilities are less likely to have a successful DSP claim, and that this trend has been constant since the introduction of new impairment tables.

**Recommendation:** That the Government increase transparency by publishing data that provides information about the demographics of DSP applicants and all people with disability who receive a social security payment, including a breakdown by DSP claim outcome.

**Recommendation:** That the Departments of Social Services and Employment, Skills and Education consult with advocates and the community yearly to review the completeness of data and identify additional information to be reported on that will better inform policies and decisions that affect people with disability.

### Local labour market conditions

Historically labour market conditions were taken into consideration when assessing a person’s eligibility for DSP, this was discontinued in 1991 under the Hawke Government. In 2006 the Howard Government discontinued using the labour market when assessing a person’s capacity to work.[[84]](#footnote-85)

Given the environmental factors that contribute to a person’s disability it is worth taking this into consideration when assessing applications. It would also be worth collecting this data for the demographics of DSP recipients and what labour markets we live in, and/or the travel that we undertake for employment and compare that to those who don’t live with a disability.

**Recommendation:** That the Government provide resourcing for the Department of Employment, Skills and Education, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics to build and maintain a comprehensive and ongoing public database of detailed information about people with disability including labour force participation and related data. This should include resourcing to increase the frequency of existing research and publications such as the ABS Disability, Ageing and Carers survey.

## Employment

Since its inception the DSP has been intended to move people with disability into work.[[85]](#footnote-86) This is a policy failure that approaches the matter of employment for people with disability from the wrong direction.

We have the right to work. The social security system and employment programs are contributing to workforce discrimination against people with disability. We need the Government to put the DSP at the centre of a web of supports that enable people with disability to fully participate in society on an equal basis as those without disability.

This section addresses:

* the purpose of the DSP;
* the impact of geography, age and other characteristics on the number of people receiving the DSP;
* the impact of the DSP on a disabled person’s ability to find long term, sustainable and appropriate, employment within the open labour market;
* 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;
* discrimination within the labour market and its impact on employment, unemployment and underemployment of persons with disabilities and their support networks;
* the appropriateness of current arrangements for supporting disabled people experiencing insecure employment, inconsistent employment, precarious hours in the workforce; and inequitable workplace practices;
* the relative merits of alternative investments in other programs to improve the standard of living of persons with disabilities; and
* any related matters: segregated employment, wage discrimination.

### Our work must be suitable for us

People with disability have varying degrees of capacity to work and our capacity can fluctuate throughout our life. When we can’t work, or can only work a small amount, we need fast access to income support that ensures we are not plunged into poverty.

Access to an adequate safety net means we can enter the workforce with confidence when our health allows, and facilitates our full participation in all aspects of society, including the workforce, on an equal basis as those without disability. The features of the social security system that exclude people with disability from accessing the DSP are not built on this premise.

The restrictive nature of the DSP is based on assumptions about our capacity that do not reflect our lived experience.

As discussed in section 5.1, people trapped on unemployment payments experience barriers to work as a result, and the extremely low payment level makes it harder to complete a successful DSP application. People with disability who rely on an unemployment payment are subject to systemic discrimination that blocks access to the more appropriate support we are entitled to, forcing us to live in even deeper poverty than those on the DSP.

The social security system further disables us, rather than supports us, and blocks us from employment in the process.

### The threat of losing access to the DSP

People with disability are discriminated against in the mainstream workforce, which means we are less likely to have a job, and when we get one, are more likely to lose it and have a lower income. This environment, combined with the high cost and low rate of successful DSP applications, means people on the DSP are fearful that we will not be able to get it again if we lose it, or that we will have to wait too long. It discourages us from pursuing opportunities that would enable us to increase our social participation and standard of living.

Applying for the DSP is onerous. People with disability fear being kicked off it because of changing rules or unfair reviews, and we fear not being able to access it again when we need to if we become ineligible during a period of stable employment.

Case study #151: Jax Jacki Brown

I am currently undertaking a small amount of freelance work, and have been recently unable to continue with part time ongoing work due to health conditions after having worked and supported my family for a number of years. I know that I may now be eligible once again for the DSP but the application process feels too overwhelming to undertake. I would like it to be easier and more accessible.

After new impairment tables were introduced in 2012, and other changes in 2014 and 2015 including job capacity assessments, requalifying for the DSP is significantly harder than in 2011.

Case study #99: Susan Rohde

I had the DSP for a number of years and worked my ass off to return to work, 2 violent workplace incidents have left me now with PTSD which after 2 years is likely to have life long consequences, I also now have other subsequent mental illnesses, for me but to return to getting the DSP it is very much begin the whole process from the beginning. It’s an exhausting, stressful and anxiety filled experience. I’m sure there could be augment that the first time I received the DSP was different diagnosis to now, but this one I don’t feel I will be able to come back from. I remember telling the lady the day of my interview at the first time for the DSP that I would work again. This time, I won’t even say these words.

There is a simple solution to remove any potential disincentive to work for people on the DSP: stop punishing us for it.

The Government should make the DSP a lifelong entitlement and genuine safety net for people with disability, similar to a Medicare card, that is there whenever needed and unused when it isn’t.

People who are permanently blind can already access the DSP without restrictions based on the number of hours they work. It is discriminatory to treat the rest of us differently.[[86]](#footnote-87)

The use of the existing taper rate mechanism could easily enable this, by reducing the payment to zero for whatever period of time we have work that exceeds the income limit. We must already prove lifelong disability to access the DSP, it makes no sense to waste our time and money jumping hurdles we have previously cleared.

There is also anecdotal evidence that people are fearful that if they take on work it may trigger a review and loss of their payment.

Distrust in the system is the natural response to rules changes that have ratcheted up the restrictive, punitive nature of the DSP and “dole bludger” rhetoric. Making the system more caring and supportive would help us to feel safe and confident that improving our lives will not later be used against us by the Government.

Case study #91: Taylor R

There needs to be security once you are accepted. I am terrified that it will be taken away at any moment, leaving me with nothing. I am terrified of being asked to "prove" my disability again. I have a severe debilitating illness that leaves me bedridden, I am not able to jump through these hoops again and again. If I don't have access to someone to do these sorts of things for me, then I have no choice but to go without.

1. Allowable income before DSP payment is reduced

The rules about how much we can work without losing our payment are confusing. This makes DSP recipients cautious about taking on work when our health allows.

Case study #193: name withheld

Reporting hours for work when working was so difficult and always got fines for doing it wrong, but workplacce never paid by the day centrelink wanted reporting so it was very hard to add up exact amounts and then the fines caused finacial stess and got behind in rent and it was really really hard to do. Then lost jobs cos of stress on reporting issues.

I need help to deal with doctor, they just put me in hospital all of the time and make me take meds that I dont like so I stopped going to doctors 5 years ago and fear the future. so maybe specific worker instead of always changing rules and assessments and requiring doctors for every single thing. Always so stressed to be reviewed so so stressed. Need less worry about being dumped off

Reporting requirements are not always easy to comply with. The technology we are required to use is unreliable and badly designed.

Case study #109: name withheld

the apps need to be improved and updated as they often aren’t functional which makes reporting difficult and can result in penalties like payments being cut.

The ‘income free area’ means a person can earn $180 a fortnight without their DSP being cut, however for each dollar of income over that amount the payment is reduced by 50 cents.[[87]](#footnote-88) The maximum base rate a person on the DSP can receive is $952.70 per fortnight.[[88]](#footnote-89) We are allowed to work about 4.5 hours a week in a minimum wage job before this amount starts to be cut.

Our cost of living is too high and the DSP is too low. The miniscule income free area of and substantial taper rate penalise us before we can even work our way out of poverty. The income free area needs to be generous enough that when we can find employment we can meaningfully increase our standard of living without sacrifice.

**Recommendation:** That the Government immediately increase the income free area to at least $600 per fortnight. This would allow for two full days of work per week before financial penalties kick in.

**Recommendation:** That the Government immediately return the taper rate for income earned that is above the income free area to its 2009 level of 40%. This is consistent with the current taper rate for people receiving the income support payment for single parents.

1. Period of time in employment before losing DSP

We lose eligibility for the DSP if we work for 2 years (after depleting any working credit). There are two ways this rule is triggered: by earning enough income to reduce the payment to zero for the 2-year period, or by working more than 30 hours a week in a job that pays at least the minimum wage.[[89]](#footnote-90) Our partner’s income may reduce our payment to zero. The working credit balance is also affected by partner income, and so may be depleted before we even have the chance to earn income of our own. [[90]](#footnote-91)

A person working 30 hours a week at minimum wage is only just over the Henderson Poverty Line, and would still be eligible to receive a DSP part payment under the income test if they took the same number of hours in a less secure job. We should not be incentivised to take insecure work over stable employment.

Case study #199: name withheld

I'm a qualified social worker, I have had a 3-month full time, then 9 months part time job with DSP being suspended during those periods. I want to be able to work part time 3-4 days a week/7 days a fortnight

Our conditions can be unpredictable, and we may not know how long we might be able to work before needing to fall back on the DSP. We also don’t know whether taking on work might have unexpected negative effects on our health, or whether we might be subject to workplace discrimination in the future. We should not be forced to weigh up the risks of losing access to the DSP and possible pitfalls at work against the potential benefits that might come from stable employment.

Trust us to know our capacity and limits, and enable us to make the right choices about employment based on our health needs.

**Recommendation:** That the Government redesign the DSP so that people with disability are guaranteed lifelong access to support if they meet other eligibility criteria, removing any requirement to requalify. This includes removing the cap on hours that can be worked and the 2-year nil payment time limit.

### Barriers to open employment

Case study #168: name withheld

[If there were no limits I would do] what I am doing but in a paid capacity not a volunteer capacity.

Conceiving the social security system as a key element in a web of supports that enable people with disability to fully participate in society on an equal basis as those without disability will go a long way in addressing the following barriers to employment that people with disability face.

1. The nature of the labour market

Changes to the impairment tables that were introduced in 2012 have seen a steady increase of more people with disability moving to Disability Employment Services (DES).

As of 2019/20, 86% of people in DES are classified as long-term unemployed, with 50% having been unemployed for 3 or more years.[[91]](#footnote-92) This means that there are hundreds of thousands who are locked out of work and entering and exiting employment service programs without any work experience or opportunities.

People with disability rely on JobSeeker or Youth Allowance payments as they’re not eligible for the DSP, yet their capacity to work is limited and being assessed as so through Centrelink’s Employment Services Assessment (ESAt).

According to a Boston Consulting Group report prepared for the Department of Social Services, 65% of people who complete and ESAt are found to have work capacity of fewer than 23 hours per week.

The impacts of COVID on the labour market and changes to industrial agreements mean that there are more people active and competing within the labour market, making it even harder for people with disability to find their way into open employment and secure and sustainable employment, particularly if there are more people of working age with less barriers to work.

This places a significant challenge for us, even without considering that Australia has among the lowest rates of employment of people with disability in the OECD,[[92]](#footnote-93) with only 1 in 2 people with disability working.[[93]](#footnote-94)

**Recommendation:** That the Government conduct an inquiry into how the changing nature of the labour market, particularly the increasing precarity of work, has affected employment for people with disability.

1. Workforce discrimination

The 2015 Willing *To Work* report shows that discrimination against people with disability in the workforce is a serious issue.[[94]](#footnote-95) Younger people with disability particularly experience higher rates of discrimination, and as a result are also experiencing increasing apprehension of discrimination, to the extent they are opting out of employment to prevent experiences of traumatising discrimination.[[95]](#footnote-96)

Case study #138: Alex Paine

I feel like one thing stopping me getting paid work is definitely that employers would rather hire someone able-bodied because then they don't have to make any accommodations. Like, even if you physically can work, employers just aren't hiring a lot of disabled people.

People with disability experience discrimination in open and segregated employment settings. Segregated employment is discussed further below. However, open employment settings are workplaces that anyone, regardless of capacity or disability, can apply for a job that is paid according to minimum wage standards set for that industry.

People with disability can participate in open employment settings, but there are several structural barriers to applying for work, particularly with small and medium enterprises (SME).

Case study #22: name withheld

I got a job in a nursing home within a few months [of transferring from a jobactive to DES provider]. Unfortunately the management referred to me as the special needs kid coming from the disability employment agency.

While a 2018 survey conducted by Council of Small Business Australia(COSBOA) found that half of those surveyed had hired a person with a disability and that 69% had a positive experience, people with disability continue to be locked out of SME jobs because:

* SMEs are unlikely to engage with the DES system, and
* SMEs are more likely to perceive providing reasonable adjustments for people with disability to be a cost to the business.[[96]](#footnote-97)

Case study #138: Alex Paine

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.

**Recommendation:** That the Government immediately amend the Disability Discrimination Act 1992 (DDA) to address concerns PWDA has previously raised regarding ramifications of the 2019 Federal Court case Sklavos vs Australian College of Dermatologists ruling regarding ‘reasonable adjustments’.[[97]](#footnote-98)

**Recommendation:** That the Government hold an inquiry into the efficacy of the DDA to ensure that the legislation is fit for modern conditions that will better protect people with disability from discrimination and ensure more people with disability have the opportunity to enter open employment.

1. Segregated employment programs

Segregated employment settings, also known as closed employment, sheltered workshops and Australian Disability Enterprises (ADEs), are workplaces only for people with disability.

However, unlike open employment settings, the pay conditions in segregated employment vary based on the “capacity” a person with disability is assessed as having. Capacity is assessed by a controversial range of assessment tools, and below minimum wage payments can be legally paid through a system known as the supported wage system.[[98]](#footnote-99)

People with disability need be paid on the equal basis as those without disability, and PWDA objects to the continued practice of segregated employment. In addition, a full bench majority of the Federal Court of Australia found that the use of the most popular assessment tool, known as the Business Services Wage Assessment Tool (BSWAT), to be discriminatory and in breach of the Disability Discrimination Act 1992 (DDA).[[99]](#footnote-100)

Therefore, segregated workplaces are not an employment option designed for people with disability and can significantly disable people with disability further. Segregated employment programs are exploitative because they are premised on ableist beliefs that employment is the sole pathway to improving one’s impairment, and that people in receipt of social security are inherently distrustful and need to prove their disability when receiving a payment.

It is our experience that segregated employment programs frames a person with disability as someone who needs to remedied or skilled in a certain way to “resolve” their impairment/s through employment, as a means of “improving” a person’s standard of living. However, people with disability are paid below minimum wage, and conduct work that perpetuates their continued reliance on segregated employment by not investing in our skills and capability beyond what is required to complete tasks.

In these segregated settings, people with disability are seen as:

* objects to be pitied
* who do not know what is best for ourselves
* must not be left idle and need to be activated in a way that justifies the expenditure on “resolving”/”improving” a person’s impairment/s.[[100]](#footnote-101)

In this sense, people with disability are subject to workshop conditions, and this why PWDA refers to these workplaces as sheltered workshops.

Alternative employment models must be explored to provide meaningful and fairly paid work for everyone who wants is. There needs to be better policy decision-making from Government and better funding options and pathways made available, to establish workplaces in open employment where people with disability have opportunities to develop the skill sets in careers they choose.

Case study: Café and gardening service in Nundah, Brisbane[[101]](#footnote-102)

An employer runs a café and gardening service where most worker-members are people with disability. The workers work independently and have a greater sense of autonomy over their work and skills, and engagement with the management is non-paternal, seeking to ensure independence and self-determination.

The member-workers speak of improved mental health and confidence in the ability to complete their tasks, as well as a stronger sense of community as they are working directly with the community and not segregated.

Most importantly most of the member-workers spoke about their relationships with each other and going out and socialising together.

When developing alternatives to ADEs and segregated workplaces, the Government and relevant departments should ensure there are a range of options available to people transitioning out of ADEs, rather than a single program to replace segregated workshops.

**Recommendation:** That the Government begin an immediate transition pathway out of Australian Disability Enterprises (ADEs) to models that offer alternatives to segregated employment. This should prioritise alternatives that offer security and inclusion, but where people with disability are able to collectively and/or individually determine the work model that suits their circumstances.

**Recommendation:** That the Government develop policies and strategies to support people with disability to self-determine their transition from ADEs into open employment, minimising paternalistic practices. This should prioritise providing people with what they need to plan for their future independently of supporters wherever possible.

1. Failures of legal and other protection mechanisms

The DDA is a key piece of legislation aimed at upholding the legal rights has been further eroded in the recent Sklavos vs Australasian College of Dermatologistscase, where the ruling has made it near on impossible to prove discrimination in the workplace.[[102]](#footnote-103)

The ruling found that certain policies that have a negative impact on a “person with a protected attribute” may not necessarily discriminatory[[103]](#footnote-104), and in this case found that it is possible for an employer to refuse to make necessary adjustments for employees with a disability.

Case study #166: name withheld

Before I had the stroke I had worked as an OHS adviser for a transport company for the last 7 years. In March 2013, after I found out about my brain aneurysm, I told my manager. I was fired within 2 months with no proper reason.

In 2017, CPL helped to get me a part-time disabled job with Stoddarts in Darra. I was working 10 hours a week because I could not do more than that. It was split over three days - 3.5, 3.5 and 3 hours. I would work in the morning and get very tired in the afternoon. I had to move rather than driving from Eagleby to Darra which cost me 3 tolls each way on the motorway. I only lasted at Stoddarts for 6 months until they made me redundant. I have not worked again. Thank you for allowing me to say about what I did, and how hard it is to live on DSP.

Dr Sklavos was arguing indirect discrimination under the DDA is where an “unreasonable “requirement of condition” imposed is the same for everyone, but has an unfair effect on a person with a disability.”[[104]](#footnote-105) In the case there was no indirect discrimination, as the requirement and condition was found to “reasonable” by the court.

People with disability have been failed by the legislation designed to protect us. PWDA, other groups and individuals have called on the Attorney-General to resolve this issue, and amend the act to address this loophole handed to employers.[[105]](#footnote-106)

An inquiry should be held into the DDA and necessary amendments must be made to allow for people with disability to be genuinely protected in workplace.

**Recommendation:** That the Government substantially increase resourcing for the Fair Work Commission to investigate discrimination against people with disability in the labour market and workplace.

**Recommendation:** That the Government hold an inquiry into the efficacy of the DDA to ensure that the legislation is fit for modern conditions that will better protect people with disability from discrimination and ensure more people with disability have the opportunity to enter open employment.

1. The rate of the DSP as a barrier to employment

As discussed above in [section 5.1](#_Poverty), the low rate of the DSP leaves vast numbers of people with disability living in poverty. Not only does this have negative effects on our overall wellbeing but makes it hard to meet basic costs associated with getting work.

Case study #275: name withheld

Even on the DSP i cant afford to care for my mental health to even try to get into the workforce,i cannot begin to imagine trying to survive on jobseeker and re enter the workforce.

Living in poverty means it is harder to afford technology, internet bills, clothes, transport, and other basics that are needed to get a job.

Case study #255: name withheld

[My goal is to] Move out of home and live with my partner, get my autism diagnosis and pay off the small amount of debt I've acquired so I can afford to get necessities like my phone fixed

Case study #193: name withheld

I dont have a phone connection cos its too expensive and was too hard to deal with iinet so if a phone was provided that would be good, not speccy but basic for emergencies/my gov/medicare etc

1. Digital divide

The Government is set to shift to online servicing for those within employment services as of 1 July 2022 under the New Employment Services Model (NESM). This will be the most dramatic change to employment services since the privatisation of the system in 1997.

The changes are purported to streamline the compliance for those in receipt of social security payments and is being targeted mainly at people within the jobactive, DES and ParentsNEXT programs.

The shift to digital compliance will drastically impact the way in which people with disability find employment. People with disability hold significant concerns about the capacity of Government to rollout digital employment programs for people with disability, particularly in light of the robodebt catastrophe and the well-documented failures of the current DES system.[[106]](#footnote-107)

PWDA notes the Government has begun a reform process to improve the effectiveness of the DES system. PWDA is worried that the current reform process could lead to the systematic curtailing of social security payments regardless of what employment program they are.

Given the high amount of people with disability captured in jobactive it should be necessary for the Government to plan for the eventuality that people with partial capacity to work in jobactive, and those in DES, are prepared and supported throughout the transition in a way that prevents automatic payment suspensions.

**Recommendation:** That the Government immediately remove participation requirements for people with disability who receive any social security payment to prevent any and all financial penalties in the New Employment Services Model and the jobactive, DES and ParentsNEXT programs. PWDA notes that the Community Development Program has been discontinued and it should not be replaced with any mandatory program. Participation requirements should also be removed for people without disability on any social security payment.

### Principles for removing barriers to open employment

A core role of the DSP and the social security system should be to provide a safety net. The social structures that keep us out of employment are beyond our control. People with disability should have the freedom to live independently and fully participate in society regardless of our employment status.

Welfare-to-work programs are demeaning and unduly punish all unemployed people, including people with disability. They are particularly ill-suited to create a pathway to employment for people with disability because for many of us our capacity to work fluctuates over time.

We have strengths just as people without disability do and this needs to recognised.

The Government should promote our independence by increasing community awareness of disability and discrimination, and create the conditions for us to have more employment options so we can determine our own futures.

1. Promote the independence of people with disability

The first immediate response that Government should look to is a transition pathway away from segregated employment.

This should be done through the development of alternatives to the current system that demonstrates what else is possible, rather than the well-grounded fear that the closure of segregated workplaces will leave people with disability without employment.

There should be a series of alternatives developed that allow for individual choice and determination and be tied to other supports that will allow people with disability to fully participate in society on an equal basis, such as housing and education supports.

Case study #70: Mark

I honestly do not know, as my disability affects just about everything I do in my life. The Support Network I would need, and have been asking for is just not there, or is just not allowing me to access any services.

We suggest and highly encourage that cooperative models be explored that intertwine housing and employment, where people with disability control the means of their labour and environment, which offers self-determination for the individual, while also allowing for changes in family relationships that promote the independence of people with disability.

**Recommendation:** That the Government develop and implement skills and education programs to equip people with disability to take up senior and executive positions and provide career development assistance for other people with disability in all industries, including the public service.

1. Shifting community attitudes

Allowing for more people with disability to enter open employment is going to be a challenge, requiring any government to make a concerted effort to address structural inequalities and inequities. This will require new laws, amendments to existing legislation, and adjustments to current spending, to create sustainable employment opportunities for people with disability.

****Case study #138: Alex Paine****

What’s funny is the thing that I would love to work in the most is one of the most physically demanding jobs. It would never be physically possible. I really love plants and I would love to work in horticulture, but there's so much heavy lifting involved, I definitely couldn’t do it.

There needs to be serious engagement with SMEs. Another finding from the 2018 COSBOA survey points to concerns that businesses have about hiring a person with a disability.[[107]](#footnote-108) Therefore there is a place for programs that support and educate employers, that improve employer confidence and ability to create inclusive workplaces.

There also needs to be serious commitment to shifting community attitudes. People without disability do not know how to be inclusive of people with disability, often leading to discriminatory behaviour. The Australian Human Rights Commission (AHRC) reported in 2020 that 78% of people the Commission surveyed did not know how to act around a person with a disability and 61% of respondents were likely to avoid a person with an intellectual disability.[[108]](#footnote-109)

This suggests a significant number of people without disability have attitudinal barriers that need to be shifted, for open employment to be inclusive and accessible to people with disability.

### ‘Mutual’ obligations

We are discriminated against in the labour market and programs intended to support us aren’t helping.

The largely coercive and punitive nature of Disability Employment Services (DES) has made what should be a genuinely helpful program an expensive failure,[[109]](#footnote-110) with only 1,848 people achieving a 52-week employment outcome in June 2021.[[110]](#footnote-111) Only 10 of these were DSP recipients, while 393 were receiving the JobSeeker payment. Of the roughly 315,000 people in DES in June, 254,000 were forced to participate as a condition of their social security payment,[[111]](#footnote-112) and an additional 239,000 people with disability were in the even-harsher jobactive program.[[112]](#footnote-113)

“… DES providers having high caseloads, being under-resourced and having high staff turnover rates. Responses also described the administration burden on service providers and punitive measures for participants who are considered ‘non-compliant’. Children and Young People with Disability Australia stated that punitive measures were used by employment services to ‘push’ young jobseekers with disability into unsuitable jobs.”[[113]](#footnote-114)

Case study #109: name withheld

improvements of the dsp could be focussed more on assistance instead of penalisation. since being on the dsp i have had over 5 different case workers who do not communicate with each other, other systems or myself as a client effectively. i have not been put forward for any role or offered any specialised assistance, even when i have asked and been distraught. it seems like the system isn’t engaged with clients and does not listen or try to understand, medical advice is not observed or is even ignored. the system has made me feel hopeless and sidelined.

In the past two decades, the Government has burdened people with disability with more and harsher requirements to keep their social security payment.

Case study #221: name withheld

It's so automated and inhuman. [During the COVID suspension] I stopped doing the activities completely. I felt less stressed and was more confident and did some coding. When I did I felt a whole lot happy.

A particularly harsh requirement was introduced in 2014, when a requirement was imposed on people with disability aged 35 years and younger, and with a capacity to work at least 8 hours a week, to complete compulsory work-focused activities.[[114]](#footnote-115)

This requirement was ideologically driven. Our age does not determine how disabled we are, but this new requirement made our conditions and impairments more disabling. This is in addition to previously introduced punitive requirements in the jobactive and DES programs.

Case study #221: name withheld

I did the PaTH education block, I thought “prepare” meant the education stuff. For the education maybe I'm slower than others learned, but a lot of the questions are extremely simple and don't help at all. [The job agencies] don't even tell the education providers that I have autism, and when I tell them I have it they tend to treat me like a child and it's very discouraging.

Instead of a social security system empowering us economically to participate fully in society when we have close to no capacity to work, people with disability were forced to participate in a system designed to keep us trapped.

1. ‘Mutual’ obligations are a barrier to employment

Extensive research has shown that ‘mutual’ obligations do not work. People subjected to these requirements take longer to find a job, and end up with worse jobs, than those in comparable circumstances who are not forced to participate in activities.[[115]](#footnote-116) A report into time use during COVID found:

“The Supplement and suspension of mutual obligations increased respondents’ engagement in labour market and other economic activities.”[[116]](#footnote-117)

The purpose of mutual obligations to “activate” individuals in response to personal and labour market conditions that are largely beyond their control is rooted in the Protestant work ethic and implies that our only value is the goods and services we can produce.

Case study #259: name withheld

I tried so, so hard to be a “doer” and a “lifter” and not a “leaner”. But in seven years I couldn't even get an interview, let alone a job. The rhetoric of the unemployed as lazy grifters was somehow worse than the day to day grind of it, as though it was somehow my fault that I was too disabled to work but not disabled enough.

Many people believe the activities they are required to do inhibit their ability to improve their skills and ability to find suitable work, and that they are pointless.[[117]](#footnote-118) New evidence shows that when mutual obligations were suspended during the COVID-19 pandemic it actually had positive mental health outcomes.[[118]](#footnote-119)

Case study #221: name withheld

[My job plan requires] 20 jobs a month, do the alffie study course, and the standard: got go to interviews etc. I feel [‘mutual obligations are] a waste of time, finding 20 jobs that are barely even there. I'm applying to 3-5 jobs that I qualify for, the rest I'm just throwing at just to fill my 20 job quota. Then I have to respond to them, which fills over real jobs. I get rejected for lack of experience or too many people applying or just automated responses. It's just a waste of time over trying to look for any real job.

As in every aspect of our lives, people with disability are even more severely affected by these requirements than the general population.

Case study #14: name withheld

The hardships I've suffered through the job active network, DES and employment agencies are a prime contributor to my decline in health.

The punitive measures and lack of respect given by almost every provider I've had, shows that the current state is not fit for purpose and should not exist.

The privatisation of people's lives and social security should have never been implemented. It is not a corporate body's responsibility to look after your citizens, it's the governments job and they've done a poor job of it.

Employment services are broken. They do not provide adequate assistance to anyone, and outcomes are drastically worse for people with disability.

As of February 2020, 1 in 2 people in DES had been unemployed for 3 years or longer. By June 2021 this had risen only slightly, to 50.4%.[[119]](#footnote-120)

1. Increase in number of DES participants on unemployment payments[[120]](#footnote-121)

Chart, bar chart

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DES and jobactive failures are not a result of anomalies related to COVID. In the 12 months to December 2020, just 7 out of every 100 people with disability in the jobactive program had attained full-time work.[[121]](#footnote-122) In 2019, this was only slightly higher, with 10 in 100 having full-time work.

These figures include people who found themselves a job without the help of their provider.

**Recommendation:** That the Government immediately remove participation requirements for people with disability who receive any social security payment to prevent any and all financial penalties in the New Employment Services Model and the jobactive, DES and ParentsNEXT programs. PWDA notes that the Community Development Program has been discontinued and it should not be replaced with any mandatory program. Participation requirements should also be removed for people without disability on any social security payment.

**Recommendation:** That the Government reorient the New Employment Services model to so that high quality online and face-to-face employment services are available through the public service for those who want assistance. This should include tailored services for people with disability.

**Recommendation:** That the Government ensure all people with disability have access to a range of employment services that provide meaningful support and assistance in getting a job, regardless of whether they get a social security payment.

**Recommendation:** That the Department of Social Services and the Department of Employment prioritise the views and experiences of people using employment services when measuring quality and outcomes, people who are currently almost entirely excluded from the process of assessing provider performance.

**Recommendation:** That the Government immediately remove all rules that arbitrarily apply to people with disability based on their age, including eligibility and participation requirements that discriminate against young people with disability.

1. People undertaking Program of Support

It has repeatedly been found that ‘mutual obligations’ inhibit people without disability from getting employment, [[122]](#footnote-123) and they can can create mental ill health, or exacerbate pre-existing issues.

In Senate estimates it was revealed that of 1,423 people who were granted a DSP payment through the PoS in 2019–20, 1,276 of those were on the JobSeeker payment. The majority of those had musculoskeletal and connective tissue conditions.[[123]](#footnote-124) As shown in **Error! Reference source not found.**people in this group are almost entirely bearing the cost of declining DSP recipient numbers since the introduction of new impairment tables.

1. Coercive practices in placing people with disability in unsuitable and dangerous employment

People with disability are being made to participate in dangerous forced labour programs like Work for the Dole, which killed Josh-Park Fing and has been found to fail basic safety requirements.[[124]](#footnote-125)

Wage subsidies, outcome payment structures and other government-mandated performance measures create perverse incentives for employment services providers to push people into jobs that are unsafe.

Case study #55: Sonia Marcon

I had actually seen four different DES people. None of them found me the suitable job that I wound up getting and then the last place tried to take credit for it. Before that, I got a [subsidised] job because I was going through DES. I’d never done that before, nothing was explained to me at all. I was just basically doing what I was told, so I was working in the office of the DES agency. And the work that I was doing was definitely not suited to me, it's what they wound up making me do.

I wound up having a grand mal seizure[[125]](#footnote-126) because of the stress. What makes it so infuriating is they asked me what all of my medical experiences were and I told them I was getting seizures from the MS. I also told them that I didn't like talking on the phone too much, I outlined the sort of things that I could do. And the job didn't start off as phone specific, it kind of went in that direction after a while. So, yeah, they asked me what my requirements were and shifted the goalposts to be in their favour and it put me into hospital.

Wage subsidies intended to encourage hiring of new staff are generally ineffective, and do not create jobs. Current hiring subsidy programs are failing.[[126]](#footnote-127) They primarily serve job agencies and employers who are willing to manipulate the system.

Case study #115: name withheld

If I had access to Individual Placement Support it might be easier to get a job after being unemployed for 11 years. I won't use any of the government services as I have been abused and treated unkindly. Just more trauma. They need to shut all the private services down. Wherever there is a profit motive people are open to being used and abused. They make people worse. The power inbalance is unfair.

Hiring subsidy programs that are currently in place do not require the employer to maintain employment beyond the subsidy running out, and there are no systems in place to prevent people being pushed into unsuitable work.

**Recommendation:** That the Government immediately remove perverse financial incentives for private employment services providers that lead to “parking and creaming”.

**Recommendation:** That the Government develop alternative mechanisms to hiring subsidies that have higher rates of success in supporting people with disability to gain sustainable employment, and are centred on the needs of the person who is seeking work.

### Wage justice

Relevant to Term of Reference items: (*d), (e), (f), (h), (j), (k)*

The rate of people with disability in employment is low across the board. Many of us do not qualify for the DSP and receive unemployment payments, but it is legal to pay us below the minimum wage.

This is blatantly discriminatory and forces us to rely on support from those around us even when we’re in employment. It also means that throughout our working lives we are receiving less and cannot prepare for our future.

A DSP that guarantees support to cover our higher cost of living is necessary while we seek sustainable employment. An equitable support payment is necessary while we are locked out of employment to ensure that we can have an equal and adequate standard of living.

1. Income disparity for people with disability

41% of people with disability have income from wages or salary and 44% of working aged people with disability have social security as their main source of income – compared to 8% of those without a disability. 53% of people on the DSP have received the payment for 10 or more years.[[127]](#footnote-128) The lack of earnings compared to the length of time we are on the DSP indicates that the payment is an income for us, because we are blocked from accessing equal pay.

Case study #167: Andrew Morton

The Netherlands pay 100% of the average wage to their disabled. And other countries are not that high, but you know, they still leave us in the dust. Shame. It's a national shame. Cos I want to work, but I can't work for the rest of my life. And, you know, it's just the pension is rated for retired people who've worked all their lives, and they've got their stuff built up, you know. But it's not designed for me, I need more money. Thank goodness for that disability royal commission, because it brought the whole thing into light.

The support of DSP is necessary as we are more likely to be unemployed and discriminated against in the hiring process. Open employment is hard enough to get into and ADEs discriminate through paying below the minimum wage.

38% of people with disability have income of less than $384 per week, compared to 28% of people without disability. For people with severe or profound disability this is 51% and younger people and women with disability are also more likely to be in this income bracket.[[128]](#footnote-129) $384 per week is about $190 below the Henderson Poverty Line.

Addressing wage disparity is not far enough, we must consider income disparity and how it affects us. According to one study, the average cost of disability was higher at 63% of adult-equivalent disposable income, with it ranging from 37% with no work-related limitations to 94% for people with severe limitations.[[129]](#footnote-130)

**Recommendation:** That the Government develop a mechanism to monitor and report on the wage disparity between people with disability and those without disability.

1. Workforce discrimination

The Supported Wage System (SWS) allows for employers to pay us based on our work capacity. The process for this application is to assesses our capacity to fulfil a role.

While the award rates available to people without disability meets minimum wage standards, the SWS permits for our work capacity to be assessed and our hourly rates reduced to below the minimum wage based on narrow productivity measures.[[130]](#footnote-131) This allows employer to pay an hourly rate as low as $2.54 per hour. The contributions to a person’s superannuation on this award means that the minimum contribution an employer has to make is $15 per week.

The effect of these programs that the Government says are designed to provide us with employment opportunities is to set us up for a lifetime of poverty, even in paid work.

**Recommendation:** That the Government abolish the Supported Wage System Award and all policies that allow employers to pay people with disability less than mainstream award rates for their work.

1. Failures of legal and other protection mechanisms

Discriminatory wage mechanisms have been challenged and found to be unfair. Despite this and the fact that the Government had to pay compensation in the successful Federal Court bid, the practice of underpaying us for our labour continues.

The Business Services Wage Assessment Tool (BSWAT) was first challenged in 2012 in the High Court, in the case of Nojin vs Commonwealth of Australia and Another. The full bench ruling found the practice of BSWAT to be discriminatory against people with an intellectual disability.[[131]](#footnote-132)

Despite the finding, the practice of ADEs and open workplaces to pay below the minimum wage through an award to unfairly pay us continues.

1. Segregated employment programs

By committing to workforce discrimination through sheltered workshops, like ADEs, the Government creates a barrier to prepare for the future for those of us who are locked out of open employment. There is a concern from supporters that closing ADEs will not give us the ability to contribute or have a safe place to be – however, this type of employment is damaging and discriminatory.

As the public aged care system in Australia is lacking, particularly for people with disability who are more likely to end up in a facility before retirement age, segregated employment and the acceptance of workforce discrimination perpetuates and prevents us from preparing for the future.

A study in British Colombia looked at the perspectives and complexities of future planning for people with intellectual disabilities.[[132]](#footnote-133) The largest concerns noted were financial security, social networks and advocacy for those of us who need support. It is important to note that families are the biggest advocates for ADE’s and their continuation, mainly due to anxieties that supporters have for our safety and our futures.

Taking note that the biggest advocates for the continuation of ADEs are supporters it is then necessary to understand why this is the case. It is obvious that these workplaces offer a form of respite for us and our supporters, whilst also offering skills and a form of social inclusion – but there is more to it than that.

A mixed-method study, that involved 129 open ended interviews of people with disability and their families in Italy, observed social cooperatives that offered disability services and the “impacts on” and how it brings meaning to the family.[[133]](#footnote-134) Using an analytical method to derive meaning from the use of language, observed,

“…how parents of adults with intellectual disability struggle to suspend their caring role, even into old age, and to accept the idea that their child might have a more independent life, whereas separation is emotionally related to abandonment.”[[134]](#footnote-135)

Arguably the community expectation of supporters is for these models to continue and the argument for and against ADEs is not helpful. It is time to discuss how to transition away from them – as they hold exploitative models yet bring a social good for supporters and those who work within the enterprises.

The inability of political parties and governments to move beyond the need for ADEs to provide a place where we have an equal wage and sustainable employment is unnecessarily feeding into the anxiety of the community, and it is necessary that alternative models be explored, developed, and implemented.

**Recommendation:** That the Government develop policies and strategies to support people with disability to self-determine their transition from ADEs into open employment, minimising paternalistic practices. This should prioritise providing people with what they need to plan for their future independently of supporters wherever possible.

1. Achieving wage justice

The path to wage justice for people with disability is through new and expanded employment models that create a safe and supportive environment. Providing opportunities for people to develop their skills will enabled those in segregated employment to move towards open workplaces gradually as barriers to employment decrease.

It is no longer viable to allow for legal wage mechanisms to pay below the minimum wage and for superannuation contributions to be so low, as this is a barrier for people once they reach retirement age and prevent them from planning for their retirement when their support networks decrease.

Other models of employment need to be developed with government assistance to offer community and social networks directly in the community, at the same time as affording a liveable wage for all people with disability. An increase and expansion of the DSP will provide people the comfort to be able to develop their skills with decreased work burdens as businesses learn and reorient to create capacity to accommodate people with disability in their workplaces.

There will only be so much open workplace opportunities for people over their lifespan and achieving anything close to full employment for people with disability is a significant challenge that no government has ever sort to take on as a task.

What needs to be addressed and resolved is the higher cost of living for people with disability and the role the DSP must play in achieving that balance, whether the person is or isn’t sustainable employment that pays an equitable rate.

## A social wage for all

The DSP should not be the sole solution to the disadvantage and harms described above. Social security payments should be part of a web of supports alongside other social and economic supports.

This section covers:

* the impact of geography, age and other characteristics on the number of people receiving the DSP;
* the impact of the DSP on a disabled person’s ability to find long term, sustainable and appropriate, employment within the open labour market;
* 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;
* the adequacy of the DSP and whether it allows people to maintain an acceptable standard of living in line with community expectations;
* the economic benefits of improved income support payments and supports for persons with disabilities, their immediate households and broader support services and networks;
* the relative merits of alternative investments in other programs to improve the standard of living of persons with disabilities; and
* any related matters.

The Government can benefit the whole community and advance the rights of people with disability through: universal access to education and training; general and specialist medical and mental healthcare; employment programs delivered through the public service that offer individual and cooperative supports; skills programs that encourage and support people with disability to enter sustainable open employment.

Improving the standard of living of people with disability (ToR item 10) requires not just access to liveable income support, but a genuine commitment by governments to upholding social, economic and cultural rights through the provision of universal access to public goods and supportive, non-coercive public and social services.

We need the decades-long bipartisan pursuit of marketisation and privatisation of the welfare state and shrinking role of government in social provisioning to end, and we need it to end urgently. Instead, PWDA advocates a rights-based approach to public policy and distribution of wealth and income that holds the reduction of poverty and inequality, full social, economic and cultural inclusion and participation for all, and community control and leadership and democratic decision-making at its heart.

This section makes recommendations that should be implemented alongside progressive reform of the DSP, many of which are outstanding recommendations of disability advocates and civil society which governments have dragged their feet on implementing, which would materially and immediately improve the lives of people with disability.

**Recommendation:** That the Government fully incorporate the CRPD into all Australian domestic laws.

**Recommendation:** That the Government approach the provision of all public and social services affecting people with disability according to the principles laid out in the CRPD and other relevant international human rights instruments.

### Taking a right-based approach to public policy

Variously reflected in the Harvester Judgement of 1907, the 1944 White Paper on Full Employment, Australia’s ratification of the Universal Declaration of Human Rights and Covenant on the Rights of People with Disabilities, and the claims of proponents of the Accords of the 1980s, the principles of entitlement to a living wage, social security and a social wage have been presented as fundamental features of the Australian social contract for much of the Federation’s history.

However, despite common claims of an Australian tradition of egalitarianism and fairness, access to these entitlements has not been universal by design.

The unique Australian model of the ‘wage owners welfare state’ developed along a pathway of wage and industrial regulation,[[135]](#footnote-136) in contrast to social democratic models of welfare states based on state expenditure on social services and principles of universalism and collective responsibility.

Successive governments’ reliance on homeownership as a proxy for economic security, particularly in retirement, has left people who are locked out of the property and labour markets and on low incomes vulnerable to sustained poverty and lifelong housing precarity.

1. The Australian welfare state

Australian society has become focused on the concerns of people in conventional jobs and those who own a home. This has divided people into two classes, with those of us who are forced to rely on the meagre “safety” net treated as second-class citizens. A system that provides for and protects everyone would enable social, economic and cultural inclusion and participation across society.

As things are now, people with disability and others who have limited or no capacity to maintain sustainable employment are excluded, while at the same time our governments claim to understand the many structural barriers we face through their commitments under instruments like the CRPD and the National Disability Strategy.

To uphold their obligations under international human rights instruments, governments need to prioritise wellbeing and community connectedness over blind faith in competition and markets.

1. End poverty

In developing, implementing and evaluating social, economic, fiscal and industrial policy, governments should prioritise the reduction of poverty and inequality and the promotion of human rights, wellbeing, social cohesion and ecological sustainability over bolstering rates of private profit, or real or confected anxiety on the part of public policymakers about taking on public debt for social provisioning.

In an advanced economy like Australia, poverty, precarity, increasing inequality and homelessness are active political and policy choices which damage people’s lives and social cohesion.

The Federal Government has a fundamental responsibility to prevent suffering and inequality caused by market failures and guarantee a social wage for everyone in society, including universal and unconditional access to liveable incomes, housing, support services, education, transport, health and justice, regardless of someone’s position in or outside the labour market.

**Recommendation:** That the Government make a commitment to providing all members of society with a social wage that enables us to live with dignity and fully participate socially and culturally, including guaranteed access to public goods, social services and liveable incomes.

### The National Disability Insurance Scheme

For the NDIS to fulfil its purpose of ensuring people with disability have choice and control over the supports they need and delivery of those supports, the scheme must be fully funded and implemented in close consultation with people with disability.

It’s vital that people with disability are centred in the planning and administration of the scheme and can use the expertise embodied in our lived experience to direct and codesign the NDIS as the scheme matures.

Federal, state and territory governments and the NDIA need to listen to and work with us to ensure the NDIS is fit for purpose. It’s crucial that First Nations communities are self-determined, directly consulted and engaged in genuine codesign of the NDIS.

The scheme must ensure people and communities receive culturally appropriate and safe support, including support for people who wish to live on Country, and that services providing support are Community Controlled.

### Affordable, safe, accessible, secure housing

Access to appropriate, secure, safe, affordable housing is a fundamental human right and important social determinant of health and wellbeing. Article 19 of the CRPD provides that people with disability have a right to live in a home they choose, with people they choose. Many of us currently don’t enjoy these basic rights.

Case study #166: name withheld

I have now been in 7 rental properties with my dog (who had lived with me since 2008 when I adopted her) in the last 7 years. The first one was dreadful, unclean and so old, so I left after the end of the 6-month lease. The second place was very nice, but I left there after 6 months because it became too expensive for me. The third was a short stay in a cheap small cabin in Noosa, where I stayed to try and help myself financially. The fourth was in 2016 when I moved to Bethany, close to Beenleigh, into what was supposed to be an older person's sort of "retirement home" (which its poster outside said that). My dog came in with me - they had signed her in to my lease. After 3 months I became so depressed because the property owners didn't want my dog to stay there and they were to kick me out. I attempted suicide and I spent one night in the Logan hospital. The property manager changed the locks on my unit before I got back and all my stuff was inside. I was left homeless for a week, with my dog and me staying with a person I knew. I moved out of Bethany and found a nice property in Eagleby, the fifth. I didn't have a driveway (I was in a converted garage), but when I contacted the council about a possible driveway they came and told me that the unit was illegal! I had to move out, and the landlord found me another unit, further over in Eagleby. That was another shocking unit - the sixth.

Approximately 17,000 people with disability live in group homes in Australia[[136]](#footnote-137) and at 1 July 2018 6,000 people with disability under 65 years of age were living in aged care facilities[[137]](#footnote-138). For further discussion the committee should review PWDA’s submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, ‘Realising our right to live independently in the community’.[[138]](#footnote-139)

A transition from congregate forms of living, led, implemented and monitored by people with disability is urgent. People with disability must be given what we need to live independently in the community, in homes of our choice, with supports where appropriate.

**Recommendation:** That the Government fund research and facilitate improved data collection about pathways into homelessness for people with disability, recognising the diversity of experiences, underlying conditions and needs of people with disability.

**Recommendation:** That the Government develop and implement a national, time-bound deinstitutionalisation and disability housing strategy aimed at ending congregate living arrangements for people with disability, including young people with disability in residential aged care. This is in line with recommendations of the 2020 Disabled People’s Organisations Australia Segregation is Discrimination position paper.

**Recommendation:** That the Government incentivises all state and territory governments to incorporate in full the minimum accessibility standards in the National Construction Code for all new and extensively modified dwellings, to ensure consistency of accessibility standards nationally

**Recommendation:** That the Government fund an ongoing retrofitting program that ensures all existing private dwellings comply with LHDG gold standard.

1. Home ownership

For many people with disability, home ownership is completely out of reach due to reduced earning capacity and disproportionate rates of poverty.

Case study #17: William

[The DSP] needs to include a Public Housing component and personal asset limits need to be reviewed. Community Housing isn't acceptable as they cherry pick ideal tenants. As it is, despite my exceptional budgeting skills persevering with bad but cheap share accomodation to save 10s of thousands over a decade, I cannot get a loan for even a studio apartment. I have been homeless, in insecure/dangerous housing for about 13 years. NDIS pretends housing isn't a disability issue in particular, yet the Rooming House I'm currently in around 75% of residents are disabled in some way. Including 4 out of 30 residents who have ASD vs 1/68 of the Australian Population.

While ABS datashows 64% of people with disability own their home (compared to 60% of people without disability), this data is skewed by age - the Australian Institute of Health and Welfare points out that homeownership is affected by age, level of disability and status as a dependent, and ‘considering that the likelihood of disability increases with age, some older people with disability who are homeowners may have bought their house before onset of disability’.[[139]](#footnote-140)

Disaggregating the data by age shows that only 55% of people with disability aged 25-64 own a home. 38.6% of people with disability aged 25-64 are renters, compared to 32.8% of people without disability.[[140]](#footnote-141)

Case study #128: name withheld

I want to be in safe housing, I want to be free to travel where I want, I want to contribute using my skills and have them recognised, I want to be safe from abuse, neglect and the impact of poverty.

The DSP is woefully inadequate given the dysfunction in other areas of life. As a lump sum it would be manageable if “free” public health was actually free, if social housing was available or rent assistance met the gap.

The pension is below the minimum wage yet because of disability needs and circumstances like decades of institutional abuse, I’m stuck with a substandard rental I cannot afford which is a much larger percentage of my total income than someone on a minimum wage May pay. The government sees us as less than human and as having no worth. Our pensions and welfare payment matches their view.

AIHW analysis of Household, Income and Labour Dynamics in Australia survey data found people with disability aged 25-64 were more likely to live in unaffordable housing than people without disability (11% compared to 7.6%), with this being higher for people with intellectual disability (19%) and psychosocial disability (17%).[[141]](#footnote-142)

1. Renting

People with disability are nearly twice as likely to be unable to pay rent (12% compared to 6.7%). Again, this was higher for people with a psychosocial disability (15%).

Anglicare Australia’s 2021 rental affordability snapshot found that just 3 properties across Australia were affordable for a person living on the Jobseeker payment, and just 0.5% of properties were affordable for a person living on the DSP.[[142]](#footnote-143)

Case study #33: Jade

I have enough on the dsp to pay for food and bills, and I used to have enough for rent, but it's starting to look like I'm going to get priced out of the rental market, and I've been unable to find social housing. If appliances or household goods break, I have to save sometimes for months to replace them. Every item I have is cheap, and it's also incredibly precious. There is very little leeway and I live as low profile as possible. I don't want to complain, I'm grateful. It's just tight. I redo my budget every other day, trying to keep it balanced. I worry all the time that something else will happen, despite my best efforts, and I won't be able to fix it in time despite what I've saved. I can't imagine a future.

With the median national house price reaching $955,927 and median national unit price reaching $601,482 in the June 2021 quarter,[[143]](#footnote-144) the chance of a person living on the DSP being able to save for a deposit is, to say the least, remote.

It is incumbent upon the Federal Government to act to act in a manner that ensures generations of younger people with disability aren’t consigned to a life of rental stress and housing poverty.

The recommendations in this submission include key actions governments should take now to advance housing justice for people with disability and improve standards of living and wellbeing for people on low incomes across the economy.

**Recommendation:** That the Government develop a national framework for renters’ rights which includes the right to make property modifications to improve accessibility and liveability, guarantees long-term security of tenure, and implements rent controls.

1. Housing affordability

Housing affordability is a crisis, but conditions for Government borrowing for investment in public assets have never been better. If the Federal Government chose to, it could leverage its financial power to directly invest in housing, increasing both public wealth and the supply of affordable housing.

The social benefits of homeownership, benefits which come largely as a result of security of tenure itself, should be enjoyed equally by renters, and that financial security in old age shouldn’t depend on whether someone rents or owns their home.

Governments have both a fundamental responsibility and the financial and political power to ensure that everyone has a secure, appropriate, accessible, high-quality home, and that people with disability are empowered with the resources and support we need to live independently in the community.

**Recommendation:** That the Government remove tax incentives for property investment and speculation and end other fiscal and monetary market interventions which drive up property prices to address housing affordability and asset-based inequality.

**Recommendation:** That the Government, in the absence of a significant increase to the DSP or improvement in access to social and affordable housing sufficient to eliminate housing poverty and housing stress, increase rent assistance to reflect market rates.

1. Strategy for housing

The Government must work with us to develop codesigned plans and strategies to address the specific needs of people with disability currently living in inappropriate and institutional housing situations and call for improved data collection on people’s experiences of homelessness. PWDA calls for an immediate increase to rent assistance to assist people currently in housing stress, while calling for more sustainable reforms to the housing system and across-the-board improvements to social housing dwellings.

State governments must recognise the DSP and use this as a pathway to fast track those on the DSP to gain access to public housing.

Governments must recognise and address the severe disadvantage and financial stress caused by housing unaffordability in Australia, particularly for those forced to live in poverty, by significantly investing in public and community housing, implementing high national standards for renters rights, and ending tax incentives and other market interventions that drive up property prices.

**Recommendation:** That the Government implement the proposals of the Everybody’s Home campaign, with a longer-term view to further the expansion of public and community-owned and controlled housing stock to eliminate waiting lists, reduce means testing for social housing, and make high-quality public housing a universally accessible alternative to renting in the private market.

**Recommendation:** That the Government increase funding for social housing maintenance and retrofitting to a level sufficient to ensure all dwellings comply with Liveable Housing Design Guidelines (LHDG) gold standard, and ensure all new social housing dwellings comply with the LHDG gold standard.

### Desegregated and accessible education

People with disability have the right to participate fully in accessible, high-quality, inclusive education, in accordance with Article 24 of the CPRD. People with disability must not be excluded from the mainstream education system.

Desegregating the Australian education system is essential to building a fair and inclusive society, and decades of evidence shows superior educational and socio-economic outcomes for children educated in inclusive settings, and that inclusive education benefits children with disability and children without disability.[[144]](#footnote-145)

While several state governments[[145]](#footnote-146)[[146]](#footnote-147)[[147]](#footnote-148) have made commitments to inclusive education policies, a national approach is required to ensure a fully inclusive education system.

**Recommendation:** That the Government develop and implement a national, time-bound Action Plan for Inclusive Education aimed at establishing a nationally consistent legislative and policy framework that fully complies with the CRPD and phases out segregated education. This is in line with recommendations of the Segregation is Discrimination position paper.

1. Universal education

Social, financial and physical barriers to higher education faced by people with disability must be removed. We should be encouraged to develop our skills and capacity and be given the opportunity to do so through free tuition at TAFEs and public universities.

Case study #166: name withheld

I chose to enrol in a university course in 2017 to help me towards my recovery, as I wasn't getting much help at all. That course was a Bachelor of Arts, with major in Journalism, which I finished earlier this year. I have another course which is about writing, which is what I want to be able to do if I have to make any money. I study alone from home which allows me to go and lie down when I get too tired - which still happens, 7 years after my stroke. I applied to Centrelink for a Pensioner Education Supplement, but I was declined, and I still don't have a letter which should tell me why.

17% of people with disability over the age of 20 hold a bachelors degree or higher, compared to 35% of people without disability[[148]](#footnote-149). As people with disability are more likely to face barriers to participation in the labour market, reducing barriers to participation in vocational and higher education should be a matter of priority.

Education is a public good and essential component of the social wage, and governments should encourage the pursuit of lifelong education as an end in itself.

**Recommendation:** Waive tuition fees at TAFE and public universities for everyone eligible for the DSP.

**Recommendation:** That the Government develop and implement skills and education programs to equip people with disability to take up senior and executive positions and provide career development assistance for other people with disability in all industries, including the public service.

### Health

Health inequalities experienced by people with disability are complex and beyond the scope of this submission, however the exclusion of dental from Medicare is directly relevant to discussion of a basic social wage.

Data from the AIHW tells us that in 2017-18, just 56% of people had seen a dentist or dental professional in the last 12 months[[149]](#footnote-150). About 72,000 hospitalisations for dental conditions may have been prevented with earlier treatment.[[150]](#footnote-151)

39% of adults put off visiting the dentist due to the cost. 49% of First Nations people reported putting off a visit due to cost.[[151]](#footnote-152)

1. Universal dental

While DSP recipients are generally eligible for state and territory public dental schemes, long waiting lists and the exclusion of routine oral healthcare from Medicare leave people on low incomes at risk of serious adverse oral health outcomes.

Greater investment in public dental, if not the long-overdue integration of universal dental healthcare into Medicare, is needed to reduce oral health inequalities experienced by people on low incomes, including people with disability who are currently locked out of eligibility for the DSP.

Our recommendation in section 5.1 includes the expansion of Medicare to provide free dental care to people with disability.

### Accessible public transport

Barriers to universal access to public transport remain across Australia. According to the Australian Bureau of Statistics’ most recent (2018) analysis of transport access for people with disability[[152]](#footnote-153), of the 4.1 million people aged 5 years and over with disability one in seven (14.3%) could not use any form of public transport, and 6.3% could use some but not all forms.

Among people with disability who reported a difficulty or inability to use public transport, the most common reasons reported were:

* issues getting in or out of the vehicle because of steps (42.4%)
* getting to stops or stations (30.6%)
* fear or anxiety (23.0%)
* lack of seating or difficulty standing (21.3%).

As the Department of Infrastructure notes, ‘access to public transport is critical for people with disability to participate fully in community life and the economy.’[[153]](#footnote-154)

**Recommendation:** The Federal Government incentivise state and territory governments to ensure all people eligible for an income support payment are granted free access to public transport.

**Recommendation:** The Federal Government improve its targeting of infrastructure spending to prioritise making all existing and new public transport infrastructure universally accessible over the forward estimates, including trains and trams.

1. Make transport accessible

Although the Transport Standards require public transport networks and associated infrastructure to be accessible by the end of 2022, trains and trams are explicitly exempt from this requirement, and under the current standards full accessibility across transport networks won’t be achieved until 2032.

We need the Government to end transport discrimination and ensure public transport networks are fully accessible.

Accessibility is not just about the built environment. People who rely on income support payments, including the DSP, should have free public transport.

**Recommendation:** That the Government improve its targeting of infrastructure spending to prioritise making all existing and new public transport infrastructure universally accessible over the forward estimates, including trains and trams.

**Recommendation:** That the Government incentivise state and territory governments to ensure all people eligible for an income support payment receive free access to public transport.

### Community services, justice reinvestment and eliminating violence

As a signatory to the CPRD Australia has signalled its acceptance of its responsibility to ensure equal access to justice and protection from discrimination, but people with disability face barriers to effective participation at all levels of the justice system, including when attempting to report to police, during investigations, and in court.

1. Barriers to justice

We experience barriers to fair treatment and justice as victim-survivors, as people who experience systemic discrimination, and as people disproportionately represented in carceral systems.

First Nations children, young people and adults with disability face intersectional discrimination and oppression, racist overpolicing in the criminal justice and child protection systems, ongoing colonisation and dispossession and intergenerational disadvantage and trauma.

Much of Australia’s community services sector is currently oriented towards crisis responses, and much greater investment is needed in primary prevention and early intervention services.

Rather than building prisons, governments should be building community strength by funding local services embedded in and accountable to the communities they exist to support.

Mainstream and specialist targeted early intervention services must be adequately funded to give individuals and families the support they need before issues escalate into crises.

First Nations people must be supported to self-determine responses to persistent disadvantage and the root causes of incarceration and family violence through a national, independent, First Nations-led Justice Reinvestment body to help facilitate community-led and -controlled, place-based initiatives.

The CRPD places the onus on State Parties to ensure people with disability enjoy legal capacity on an equal basis and receive any necessary support to exercise our legal capacity and effectively participate in legal proceedings.

Independent systemic and individual disability advocacy services and dedicated legal services are essential to the realisation and protection of our rights and are vital to ensuring compliance with Australia’s obligations under international law.

Federal, state and territory governments must adequately fund independent disability advocacy services and legal services to continue and expand their work in addressing inequality and injustice facing people with disability and people experiencing intersectional discrimination, with secure 5-year funding cycles.

# Conclusion

There has been a consistent and outright attack on social security in this country, and the DSP is not the sole casualty. The public and the Government must acknowledge and respond to the devastating human cost of these attacks. Nobody should accept that those in our community who need support are treated like second-class citizens, and are forced to live in poverty while the meagre assistance in place is constantly whittled away by governments past and present.

Case study #222: Theodore White

Disabled people are falling through the cracks of the welfare system, trapped on JobSeeker due to the inaccessibility of the DSP. This must change. The system as it stands now is killing people, destroying their health, and entrenching poverty.

This inquiry provides a rare opportunity to investigate opportunities for significant societal change, a shift away from models we know don’t work, and a rethink of how social policy is viewed and made. The value of a life should be more than a number, and the Government must do more to create a society that is equitable for people with disability.

Case study #24: Maddison

I am tired. Everyone I know is tired. The violence that is perpetrated on us, called austerity, must immediately cease. A welfare system that does not traffic in emotional violence, poverty, gaslighting, and compulsion should be designed, in careful collaboration with actual recipients, to replace it.

This submission highlights the huge shortcomings of the DSP, and how these are exacerbated by other policy failures. The scope of the recommendations above, while not all-encompassing, reflects this.

At a minimum, the purpose of the DSP must be to ensure every person with disability’s immediate day-to-day costs are met, and that our living standards are not eroded through a lifetime of living at or below the poverty line. The payment should be equitable, and available to everyone who lives with disability.

This inquiry should be principles-based, not technocratic. PWDA urges the committee to make recommendations that mean we are no longer forced to fight for the support we are entitled to, only to have the Government turn its back on us in the name of the manufactured fallacy of fiscal responsibility.

Case study #138: Alex Paine

I don't know what I would say to the committee if I had the chance. I feel like I would just ask them to really, actually listen, and think about what we've said. Because they can just go home and forget about it all. But for all of us, this is actual life that we live every single day. And we have no way out of it. They're the ones with the power and control to change it.

The time for making budget savings through endless cuts is over. Properly fund all programs that support people with disability, and ensure their purpose is for us to exercise our agency and have a liveable income. It is unacceptable to continue justifying a system that punishes us for needing income support.

Case study #112: Jane Scott

It should be enough to live on without poverty. It should be a safety net payment that disabled people can move on and off easily whenever we are out of work or less able to work. I could have died at birth. I didn't, because a lot of people worked hard to save me. They valued my life. Based on your responses to disabled people, I conclude that your government does not value my life and would have preferred that I had died at birth. You don't treat me like a human being - just a cost to society.

Substantive efforts to make changes that give us confidence and security are long overdue. We should not be required to constantly battle a society that fails to understand us or improve itself for the sake of meagre improvements.

We can and should have equitable access to education, employment and housing, and recognition that our cost of living is inevitably higher than those without disability.

This submission is long. It emphasises the complexity of conditions created by the DSP, and the complexity of our lives and circumstances. Had this submission been able to cover every way in which the DSP is failing us, it could have been twice as long; longer still if the voice of every one of the 271 people with disability who responded to the survey was included. PWDA and the Antipoverty Centre will be supplementing this submission with an additional document that includes all the survey responses so that you can hear directly from each person.

Like most investigations covered by parliamentary bodies it is likely our contribution and voices will be forgotten and our recommendations, along with others who have lived experience of disability, ignored.

But we will not stop fighting for our rights. The evidence for what we say is overwhelming. We again call upon you to hear our words, listen and act.

There must be higher ambition for what a genuinely supportive DSP would look like, to envision a generous system that allows us to flourish rather than subsist. We are asking committee, the Government and the parliament to get to work and join us in creating this future.

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# Appendices

## Appendix A: Position statement

## Disability Support Pension should be a gateway to greater supports

**Introduction**

The supports made available to people with disability in this country are bare and being stripped back. This does not have to be the case. It is a choice. Australia’s social security system should be designed to ensure that every person who relies on it is supported to advance their life. Currently, the Disability Support Pension (DSP) does not do this. Instead it is part of a structure that actively disables us further.

**Issues**

People with disability in this country experience extraordinary rates of poverty. 38% per cent of us have an income of less than $384 per week, which is about 33% below the poverty line. About 42% of working age people with disability rely on a government payment as our main source of income, compared to 8% of those without disability.[[154]](#footnote-155)

We are discriminated against in the labour market and programs intended to support us aren’t helping.

The largely coercive and punitive nature of Disability Employment Services (DES) has made what should be a genuinely helpful program an expensive failure,[[155]](#footnote-156) with only 1,848 people achieving a 52-week employment outcome in June 2021.[[156]](#footnote-157)

Only 274 of these were DSP recipients, while 743 were receiving the JobSeeker payment.

Of the roughly 315,000 people in DES in June, 254,000 were forced to participate as a condition of their social security payment, and an additional 239,000 people with disability were in the even harsher jobactive program.[[157]](#footnote-158)

Currently the DSP is inaccessible to many of the people who need it most, forcing us to rely on unemployment payments that leave us in deep poverty, despite the many barriers we face in finding and keeping secure and fairly paid work.

Those of us who are able to access the DSP feel constantly under threat of being pushed off it, while trying to survive on a payment below the poverty line and manage the extra day-to-day costs of being disabled.

The payment should act as a stable, liveable income floor, undergirding a range of public services and supports that work together to give people with disability the opportunity to determine the direction of our lives to the greatest extent possible. It should ensure that no person with disability is left to languish on an unemployment payment.[[158]](#footnote-159)

The DSP should be a gateway to greater supports

Like all social security payments, the DSP should guarantee that every person with disability is protected by a genuinely safe safety net, and not excluded or penalised. The system of income support payments needs to be part of a much broader ecosystem of supports to address the higher rates of poverty and social and economic exclusion we experience.

As a signatory to the Convention on the Rights of Persons with Disabilities, Australia has recognised the social model of disability as the appropriate way to understand the disadvantages and discrimination imposed on us.

The public care about our wellbeing and want people with disability to live with dignity. The DSP should not be the single form of support the government provides for people with disability. It should afford greater access to, and expansion of, social supports that do not end with Centrelink.

The DSP’s inadequacy must be viewed through the lens of the social model, and both access and payment levels should reflect this. Social security payments should be used as an essential tool in advancing and upholding our rights.

Recommendations to ensure the DSP is a gateway to greater support

Immediate changes can and must be made to improve the lives of people with disability who rely on income support:

* Link the DSP rate to the Henderson Poverty Line plus 25 per cent to provide a reasonable standard of living for people with disability who need income support.
* Amend eligibility and income test rules to ensure the DSP acts as a lifelong, instantly accessible safety net for people with disability when we are out of paid work.
* Use DSP recipient status to provide straightforward access to other programs and supports, such as free higher education and training, fully subsidised mental and dental healthcare, public and community housing and free or heavily discounted specialist care and medications.
* Address the severe disadvantage and financial stress caused by housing unaffordability in Australia, particularly for those of us forced to live on sub-poverty level income support payments, including by substantially increasing public and community housing stock.
* Make changes to the Medicare Benefits Schedule to provide for fully subsidised specialist appointments where the purpose of the appointment is diagnosis or documentation for the purpose of a DSP application.
* Provide adequate, ongoing funding for community groups and organisations to support people with disability and their families with resources and advocacy services.
* Complement the DSP with a strengthened NDIS that adheres to its founding principles by removing age limits, expanding access, retaining person-centred approaches and working with First Nations people to co-design culturally safe support and care programs.
* Protect people from exploitative workplaces by transitioning away from ADEs and guaranteeing that an array of models are developed to ensure people in sheltered workshops are granted appropriate opportunities and pathways to open employment, and supported to pursue self-directed paid work if desired

A well-designed social security payment is essential to enhance the wellbeing of every person with disability in Australia.

The immediate changes described above would not make the system of supports in place for us as strong and caring as it should be. They are a first, interim step to immediately improve our lives and substantially alleviate poverty.

The government must work with us, our carers and community organisations over the longer term to develop a comprehensive system of supports that provide a good quality of life and lay the foundation for dismantling the many structural forms of discrimination and disadvantage that disable us.

## Appendix B: Inquiry Terms of Reference

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

1. the purpose of the DSP;
2. the DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal;
3. the impact of geography, age and other characteristics on the number of people receiving the DSP;
4. the impact of the DSP on a disabled person’s ability to find long term, sustainable and appropriate, employment within the open labour market;
5. 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;
6. discrimination within the labour market and its impact on employment, unemployment and underemployment of persons with disabilities and their support networks;
7. the adequacy of the DSP and whether it allows people to maintain an acceptable standard of living in line with community expectations;
8. the appropriateness of current arrangements for supporting disabled people experiencing insecure employment, inconsistent employment, precarious hours in the workforce; and inequitable workplace practices;
9. the economic benefits of improved income support payments and supports for persons with disabilities, their immediate households and broader support services and networks;
10. the relative merits of alternative investments in other programs to improve the standard of living of persons with disabilities; and
11. any related matters.

The Terms of Reference are available via the inquiry home page: <https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/DisabilitySupportPensio>

## Appendix C: PWDA submission to the review of DSP impairment tables

Introduction

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

Case study #209: name withheld

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

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.[[159]](#footnote-160)

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.[[160]](#footnote-161)

Case study #33: Jade

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.

There has been a dramatic increase in the number of people with disability who are trapped on unemployment payments,[[161]](#footnote-162) because, as the DSP is supposed to recognise, many of us are prevented from fully participating in the conventional 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.[[162]](#footnote-163)

Between June 2011 and June 2015, the number of people with disability in mainstream employment services increased from 11% to 15%,[[163]](#footnote-164) and by June 2021 this had risen to nearly 25%.[[164]](#footnote-165) 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%.[[165]](#footnote-166)

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.[[166]](#footnote-167)

Case study #259: name withheld

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.

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.

Case study #215: Timothy

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

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[[167]](#footnote-168) 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.

Case study #47: Micaela Callan

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

It makes no sense to divide the “function-based” effects of our disabilities 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.

Case study #148: name withheld

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.

This impairment tables are just another tool the Government uses to extract budget savings from those who can afford it least.[[168]](#footnote-169) 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.[[169]](#footnote-170)

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’.[[170]](#footnote-171)

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[[171]](#footnote-172)

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) 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.

Case study #25: Penelope

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.

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.

Case study #13: name withheld

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.

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.

Case study #84: Bonnie

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.

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:

Case study #72: name withheld

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.

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.[[172]](#footnote-173)

In a 2014 parliamentary submission, PWDA recommended an immediate review of then-recent impairment tables changes and Program of Support.[[173]](#footnote-174)

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:

Case study #222: Theodore White

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.

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.[[174]](#footnote-175) The Government itself identifies us as people with disability, but also puts up barriers to accessing the DSP.

Nearly half a million people are being forced to participate in counterproductive activities[[175]](#footnote-176) 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.

Case study #201: name withheld

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.

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 the nature of their condition/s.

### 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.

Case study #231: Liz Gehrig

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.

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.

Case study #28: name withheld

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.

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.

Case study #18: name withheld

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.

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.

Case study #238: name withheld

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.

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.

Case study #44: Melanie

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.

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’.[[176]](#footnote-177)

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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