



Submission:

**Inquiry into the purpose, intent and
adequacy of the Disability Support Pension**

July 2021

About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and/or Torres Strait Islander peoples. We celebrate Aboriginal and/or Torres Strait Islander cultures and ongoing contributions to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) advocates for social justice in the ACT and represents not-for-profit community organisations.

ACTCOSS is a member of the nationwide COSS Network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS's vision is for Canberra to be a just, safe and sustainable community in which everyone has the opportunity for self-determination and a fair share of resources and services.

The membership of the Council includes the majority of community-based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

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Contact Details

Phone: 02 6202 7200
Address: Weston Community Hub, 1/6 Gritten St, Weston ACT 2611
Email: actcoss@actcoss.org.au
Web: actcoss.org.au
CEO: Dr Emma Campbell
Policy Officer: Craig Wallace

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Acronyms

ACOSS	Australian Council of Social Service
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service Inc.
ADACAS	ACT Disability, Aged and Carer Advocacy Service
COAG	Council of Australian Governments
CPI	Consumer Price Index
DPO	Disabled Peoples Organisation
DRO	Disability Representative Organisation
DSP	Disability Support Pension
GST	Goods and Services Tax
HILDA	Household, Income and Labour Dynamics in Australia Survey
MHCC ACT	Mental Health Community Coalition ACT
NATSEM	National Centre for Social and Economic Modelling
NDIS	National Disability Insurance Scheme
POS	Program of Support
PP	Parenting Payment
WWDACT	Women with Disabilities ACT

Introduction

The ACT Council of Social Service (ACTCOSS) welcomes this opportunity to make a submission to the Inquiry into the purpose, intent and adequacy of the Disability Support Pension.

Our submission focuses on the adequacy of payments in relation to cost of living pressures and the additional costs incurred by people with disability for ACT residents. It also examines interactions with Centrelink.

ACTCOSS supports the recommendations of the Australian Council of Social Service (ACOSS) which is that the Australian Government should introduce a Cost of Disability and Illness Supplement that recognises the additional costs faced by people with disability.

This supplement should be at least \$50 per week. We also support ACOSS recommendations which address eligibility and access issues.

These recommendations are in addition to ACOSS's long-standing call for broader access to the Disability Support Pension (DSP) to avoid people with disability ending up on JobSeeker Payment.

This submission is endorsed by the ACT Disability, Aged and Carer Advocacy Service (ADACAS), Women with Disabilities ACT (WWDACT) and the Mental Health Community Coalition ACT (MHCC ACT).

This submission should be read in conjunction with the ACOSS submission, the submission from Advocacy for Inclusion ACT and submissions from National Disabled Peoples Organisations.

Eligibility and access

Background

Attempts to limit eligibility for DSP have been made by successive federal governments. In 2006, the Australian Government introduced the Welfare to Work changes. The aims of Welfare to Work included reducing the numbers of parents, including sole parents, on Parenting Payment (PP) and the numbers accessing the Disability Support Pension (DSP). The initial changes reduced the age of the youngest child before a person lost qualification for PP (especially PP (single)) and changed definition of work from 30 to 15 hours a week for DSP.¹

¹ Australian Government, [Social Security Guide: Version 1.283 - Released 1 July 2021](#), Australian Government, 1 July 2021, accessed 7 July 2021.

In a further attempt to reduce the numbers on DSP, in 2010-11,² the government introduced significant changes to DSP eligibility. In addition to a wholesale review of the Impairment Tables (including moving them from a Schedule of the main Act, into an Instrument), the Program of Support (POS) requirements were introduced.

The POS requirements demand that a person have actively participated in the Program of Support prior to their claim, regardless of whether it will benefit them.

Coupled with the lack of awareness that many, if not most, DSP applicants seem to have about the POS requirement, it operates as an arbitrary and capricious limit on assessing eligibility for applicants for DSP. It is neither fair nor responsive to the needs of disadvantaged groups in the community.

The POS requirements, as well as changes to Impairment Tables, have progressively moved people onto Newstart – now JobSeeker – who manifestly should not be on a labour market transition payment as they are unlikely to be in a position to enter the labour market.

The experience of people with disability and advocates

People with disability interviewed by ACTCOSS in lived experience projects on income support, health access and the National Disability Insurance Scheme (NDIS) have also spoken about other access issues:

- Traumatic and negative experiences with doctors undertaking Centrelink assessments for DSP which have corroded trust and confidence in the medical system overall
- The experience of being moved onto Newstart from DSP and then being required to undertake job searches and other activities while experiencing pain and other consequences from their underlying impairment
- Being unable to access DSP due to a periodic mental illness not meeting medical criteria.

Advocates in the ACT are reporting increased numbers of clients seeking assistance to gain access to payments. In particular, clients are struggling with the complex work required to engage with and prepare medical records and other information that can meet Centrelink's access criteria for DSP.

Advocates also report to ACTCOSS that there is a disconnect between what Centrelink asks for and what can be realistically obtained from time-pressured medical professionals and that this results in people not receiving income supports that they need. To ensure medical professionals are able provide the

2 For a brief history see: L St Guillaume, [*The same but different: how people with a partial capacity to work are governed in recent policy changes to the Australian income support system governed in recent policy changes to the Australian income support system and the National Disability Insurance Scheme and the National Disability Insurance Scheme \[PDF\]*](#), The University of Notre Dame Australia, 2014, pp 34-36, accessed 9 July 2021.

necessary medical assessments and information required by clients to access DSP, advocates have suggested that a specific Medicare item be introduced.

People with disability who are denied DSP often wind up on JobSeeker. The JobSeeker Payment is already below the poverty line. People with disability have costs associated with their disability in addition to the standard costs of living. People with disability are overrepresented amongst those in receipt of JobSeeker. Analysis of the Department of Social Services' dataset from December 2020 shows that 29% of the people who receive JobSeeker (activity-tested recipients) had been assessed as having 'a physical, intellectual or psychiatric impairment, assessed in the last two years, which would prevent them from working 30 hours per week'.³

Given that this figure represents only those who had completed the assessment in the last two years – we would expect that the number of people with disability (whether physical, intellectual or those experiencing mental health related constraints on ability to work) in receipt of JobSeeker is significantly higher.

ACOSS recommendations on DSP access

ACTCOSS supports the position outlined by ACOSS which is that if someone has a disability or chronic ill-health that prevents them from gaining or maintaining sufficient paid work, they should have access to DSP. There is no basis for denying people access to DSP when their ability to seek, get, and maintain sufficient paid work is constrained by their condition.

To ensure people with disability have access to DSP, we refer the Committee to ACOSS's four key recommended changes to eligibility criteria:

1. Remove 'fully' from 'diagnosed, treated and stabilised', noting that episodic and complex disabilities may never be fully stabilised
2. Return Treating Doctor Reports so people's treating doctors have a clear understanding of the Impairment Tables relevant to their patient's DSP claim and can provide a report addressing those tables, together with appropriate evidence
3. Abolish the Program of Support requirement. This requirement has only served to deny or delay access to DSP for people who need it and has failed to improve employment outcomes for people with disability
4. Grant DSP to people who do not meet the 20-point requirement under one Impairment Table, but score at least 20 points, if not more, across tables. The eligibility criteria must recognise someone's incapacity if they have multiple disabilities or illnesses.

³ Australian Government, [DSS Demographics December 2020](#), data.gov.au, 26 February 2021, accessed 7 July 2021.

Recommendations: DSP access

- That DSP access be underpinned by the principle that that if someone has a disability or chronic ill-health that prevents them from gaining or maintaining sufficient paid work, they should have access to DSP.
- That, to this end, the four key access and eligibility changes recommended by ACOSS as noted above be implemented.
- That work be undertaken to ensure better alignment between Centrelink proof of eligibility requirements and the practical record keeping and capacity requirements of treating doctors.

Closure and quality of Centrelink shopfronts

Another access issue for people on Disability Support Pension in Canberra (and elsewhere) is the accessibility of Centrelink service centres.

ACTCOSS understands from media reports that the Centrelink service centre in Braddon may be set to close.

This means that around 8,128 people on income support living in the inner north of Canberra will no longer have a service centre. This area is proximate to a number of services supporting people who are homeless and have complex lives, including disability. It is also centrally located and easily accessed by public transport.

The nature of people's disabilities can mean that access to the Centrelink concierge service is both supportive and consequential to obtaining good outcomes. This can be the difference between retaining and losing independence, especially for people with cognitive and intellectual disability.

Difficulties interacting with Centrelink, including disability access issues to physical locations, phone contact or technology, can mean that people with disability do not receive the income support they are entitled to receive including being breached for non-compliance.

Purpose of the payment

Employment replacement

Many people with disability can and do participate in paid employment. However, the reality of systemic discrimination, barriers to employment, societal attitudes and the nature of people's health conditions means that some people with disability will always reasonably need a safety net to sustain their housing, health, nutrition and wellbeing.

ACTCOSS has canvassed the many barriers to employment participation in our submission to the ACT Legislative Assembly Standing Committee on Health, Ageing and Community Services Inquiry into the employment of people with disabilities.⁴ We highlighted poor general and public sector employment rates for people with disability and specific vulnerabilities experienced by people in the context of broader economic shifts to insecure, casual and precarious employment.

Issues covered in the submission include: consistently poor performance by Disability Employment Services in placing people into appropriate jobs; weak disability discrimination protections in the employment area; a lack of clear policy intent, targets and actions under the National Disability Strategy; poor engagement of employers; and the Australian Public Service's own poor performance as an employer of people with disability.

The Productivity Commission Dashboard on state/territory performance against Council of Australian Governments (COAG) commitments data for the ACT indicates that Australia has not met its labour market participation benchmarks for people with a disability and that the ACT has had no improvement.⁵

DSP is therefore a legitimate form of income substitution for people who will not, in the foreseeable future, obtain employment in the current open labour market.

It is therefore reasonable to expect that this payment would provide a sustainable ongoing standard of living, above the poverty line, for people who are unable to earn other forms of income, face multiple disadvantage, and bear the additional cost of disability in all areas of their lives (including those above and beyond the NDIS).

Recommendation: payment adequacy

- That access to DSP be broadened to prevent the harmful placement of people with disability onto JobSeeker where job search is not realistic or appropriate in the contemporary labour market.

4 ACT Council of Social Service (ACTCOSS), [Submission: Inquiry into the employment of people with disabilities](#), ACTCOSS, May 2017, accessed 7 July 2021.

5 Australian Government Productivity Commission, [Performance Reporting Dashboard](#) [ACT figures], Productivity Commission, 2021, accessed 7 July 2021.

Poverty levels amongst people with disability

ACOSS partnered with UNSW Sydney to undertake a five-year research and impact collaboration to sharpen the national focus on poverty and inequality in Australia.⁶ The partnership monitors trends in poverty and inequality over time, explores drivers, and develops solutions.⁷

This work found that people with disability, especially those with more significant limits in the core activities they can perform, face an above-average risk of poverty.⁸ It is likely that poverty is underestimated amongst people with disability, as the extra costs of a disability are not taken into account when assessing whether people are living below the poverty line, such as the costs of adjustments to home or workplace; care costs; additional transportation costs; and medical and pharmaceutical costs.

The same report also says that, overall, the rate of poverty among people with disability in Australia has risen:

- In 2015-16 the rate of poverty among adults with disability was 16.5% using the 50% median income poverty line and 29.4% using the 60% median income poverty line⁹
- In 2017-18 the rate of poverty among adults with disability was 17.2% using the 50% median income poverty line and 28.4% using the 60% median income poverty line¹⁰
- People with disability are also more likely to be in poverty than people without a disability. In 2015-16, 29.4% of people with disability were in poverty compared to 16.5% of people without disability and in 2017-18 28.4% of people were in poverty compared to 17.2% without¹¹.

The Australian Council of Social Service and UNSW Sydney have calculated that the poverty line for a single person household is \$457 per week.¹² At \$434.15 per week, the current base rate of DSP (single) is around \$23 per week below this poverty line, while the maximum rate of DSP (single) is slightly above the poverty line at \$476.35 per week.¹³

However, this does not take into account cost of disability, meaning that most people on DSP would be experiencing poverty and making compromises in spending due to low income.

6 ACOSS and UNSW, [Poverty in Australia 2020, Part 2: Who is Affected? \[PDF\]](#), ACOSS, May 2020, pp 48-49, accessed 7 July 2021.

8 ACOSS and UNSW, *Poverty in Australia 2020*, p 48.

9 ACOSS and UNSW, ['Rate of Poverty among adults with disability'](#), *Research and Insights into Poverty and Inequality in Australia*, n.d., accessed 8 July 2021.

10 ACOSS and UNSW, 'Rate of Poverty among adults with disability'.

11 ACOSS and UNSW, 'Rate of Poverty among adults with disability'.

12 ACOSS and UNSW, ['Poverty lines by family type'](#), *Research and Insights into Poverty and Inequality in Australia*, n.d., accessed 8 July 2021.

13 Australian Government Services Australia, [A guide to Australian Government payments: 1 July 2021 to 19 September 2021 \[PDF\]](#), Services Australia, n.d., accessed 9 July 2021.

The impacts of living on inadequate income support payments, whether DSP or JobSeeker, are resulting in poorer mental health for people with disability, including people who do not necessarily have an existing psycho-social disability.

In 2020 the *Australia and New Zealand Journal of Public Health* published a [longitudinal study](#), using data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey, on the impact on people's mental health when accessing DSP.¹⁴

Results suggest that accessing and being in receipt of the DSP can negatively impact the mental health of people with disabilities.

Cost of living pressures in the ACT

It is impossible to live in Canberra on DSP without compromising on housing, utilities, food, clothing, medical bills and the additional costs that come with having a disability.

The 2020 ACT Cost of Living Report tracks changes in the cost of living for low-income households in the Australian Capital Territory over the past 12 months and five years.¹⁵

Consistent with previous ACT Cost of Living Reports, changes in the cost of living over the past 12 months and five years have hit Canberra's low-income households the hardest.

Over the past five years, housing, health, and energy prices in Canberra have risen at rates that were higher than the national rate and above the overall Consumer Price Index (CPI).¹⁶

The ACT and region experience extremes of heat and cold and many people with disability incur extra costs in this area due to the need to regulate temperature to manage their underlying impairment and stay well. Over the last five years, electricity and gas prices in Canberra have risen by 25% and 31% respectively.¹⁷

The CPI for health in Canberra increased by 22% with medical and hospital services prices increasing by almost 28% and dental services increasing by over 11%.¹⁸

14 A Milner, A Kavanagh, A McAllister, Z Aitken, ['The impact of the disability support pension on mental health: evidence from 14 years of an Australian cohort'](#), *Australian and New Zealand Journal of Public Health*, 2020, 44(4).

15 ACTCOSS, [ACT Cost of Living Report: Tracking changes in the cost of living for low-income households in the Australian Capital Territory](#), ACTCOSS, September 2020, accessed 7 July 2021.

16 ACTCOSS, *ACT Cost of Living Report*, p 6.

17 ACTCOSS, *ACT Cost of Living Report*, p 6.

18 ACTCOSS, *ACT Cost of Living Report*, p 6.

Over the past five years, the CPI for housing in Canberra has increased by 15%.¹⁹

Housing is the most significant cost for low-income households, the majority of whom rent – around 9,500 out of 22,000 low-income rental households in the ACT (43%) are experiencing rental stress, paying over 30% of their household income on rent.²⁰

The latest Anglicare Australia Rental Affordability Snapshot, undertaken in March 2021, found that out of 74,266 private rentals advertised around Australia, only 236 properties or 0.3% of the market could be considered affordable for a single person aged over 21 on DSP.²¹

Even these figures do *not* tell the complete story as people with disability face dual barriers due to the lack of appropriate built form, meaning the true amount of housing which is affordable *and* available to a person on DSP is much smaller.

According to Domain, the median unit rental asking price in March 2021 was \$500 a week while the median house price was \$600 per week.²² That's over \$20 above the entire income of a person on DSP for a unit or \$120 a week for a house.

Costs of disability

A study using longitudinal data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey found that people with a disability need to increase their adult-equivalent disposable income by 50% (in the short-run) to achieve the same standard of living as those without a disability.²³ This figure varies considerably according to the severity of the disability, ranging from 19% for people without work-related limitations to 102% for people with severe limitations.²⁴

People with disability face many additional everyday costs and these include mainstream goods and services. Only some of these items are covered by the NDIS as they are not classified as specialist supports. As a result, these additional costs need to be absorbed by individuals within their household incomes.

People may need to buy expensive options because these are the only options available in accessible locations, or an individual cannot access cheap

19 ACTCOSS, *ACT Cost of Living Report*, p 6.

20 ACTCOSS, *ACT Cost of Living Report*, p 6.

21 Anglicare Australia, [Rental Affordability Snapshot: National Report / April 2021](#), Anglicare Australia, Canberra, 2021, p 7.

22 Domain, [Domain Rental Report: March 2021](#), Domain, March 2021, accessed 7 July 2021.

23 B Vu, R Khanam, M Rahman and S Nghiem, '[The costs of disability in Australia: a hybrid panel-data examination](#)', *Health Economics Review*, 2020, 10(6), accessed 7 July 2021.

24 Vu et al., 'The costs of disability in Australia'.

workarounds or may use more of certain types of high-cost services and products due to their disability. For instance, many people with disability:

- Face higher general health costs
- Use more of the things everyone uses – like using more heating and cooling to manage conditions arising from their impairments and stay well (like a lack of bodily thermal regulation)
- Are less likely to be able to use or access cheap options in core life areas. For example, housing in lower cost locations are not appropriate because of lack of access to transport, health services or shops. Housing must also be accessible
- Are more likely to use value-added goods and services, which are more expensive and also attract GST, such as prepared meals
- Are more likely to use taxis and other expensive transport modalities (due to public transport still being inaccessible)
- Have more wear and tear on clothes, furnishings and household goods
- Higher utility bills due to needing to maintain temperature control or run medical devices
- Are more likely to need to hire people for everyday repairs and other items that other people might undertake themselves
- Are less likely to be able to accommodate cheap workarounds (for instance, a person with a disability may need to catch a taxi if their car is being repaired rather than carpooling as another person might do. A person without a disability might stay at a friend's house while their house is being repainted, whereas a person who has a disability might need to stay at a hotel with accessibility features. These additional costs may seem minor but they can accumulate).

Recommendations: cost of disability

- That payment system responses recognise the additional costs of disability and that these costs are not all addressed within specialist service systems.
- That the Australian Government consult with Disabled Peoples Organisations (DPOs)/Disability Representative Organisations (DROs) and undertake work to fully understand and recognise these costs and address them.

Level of the payment

The maximum rate of the Disability Support Pension for a single person is \$952.70 a fortnight or \$476.35 a week, while for a couple combined it is \$1,436.20 per fortnight or \$718.10 a week.²⁵ The national poverty line for a single person is a minimum income of \$457 per week. Even before you account for the additional costs of disability, the DSP is barely above the poverty line.

The introduction of the \$550 per fortnight Coronavirus Supplement from 27 April to 24 September 2020 saw JobSeeker (formerly Newstart) rise above the poverty line by \$105 per week – finally becoming adequate to meet basic living costs for many recipients.

People on DSP did not receive this allowance and thus have remained just above the poverty line (not accounting for the additional costs of disability).

We note the submission from our colleagues at ACOSS highlights evidence which shows that people with disability are more likely to be in financial stress compared with people without a disability. A third of people receiving Rent Assistance and DSP live in households in rental stress, paying more than 30% of income on rent.²⁶ People with disability are more likely to experience financial insecurity compared with other households, and First Nations People with disability experience even higher levels of financial insecurity compared with other households.²⁷

Analysis by the National Centre for Social and Economic Modelling (NATSEM) to calculate this 'Standard of Living' gap shows that a single person with a disability receiving DSP needs an extra \$50 per week to achieve the same standard of living as someone without a disability receiving a pension.²⁸ NATSEM estimate that lifting payments by \$50 a week would halve poverty among people receiving DSP.²⁹

ACTCOSS supports proposals to introduce a Cost of Disability and Illness Supplement that recognises the additional costs faced by people with disability. This supplement should be at least \$50 per week.

Advocates have also pointed out the need for further investigation on ways to address specific costs including health costs and transportation.

This is in addition to ACOSS's long-standing call for broader access to the Disability Support Pension to avoid people with disability ending up on JobSeeker Payment.

25 Australian Government Services Australia, [Payment rates](#), Services Australia, 1 April 2021, accessed 7 July 2021.

26 Australian Institute of Health and Welfare (AIHW), [People with disability in Australia](#), AIHW, 2020, accessed 7 July 2021.

27 J Li, L Brown, HN La, R Miranti and Y Vidyattama, *Inequalities In Standards of Living: Evidence for Improved Income Support for People with Disability*, Report commissioned by the Australia Federation of Disability Organisations, National Centre for Social and Economic Modelling (NATSEM), Institute for Governance and Policy Analysis, University of Canberra., September 2019, pp.x-xi.

28 Li et al., *Inequalities In Standards of Living*, p xiii.

29 Li et al., *Inequalities In Standards of Living*, p xiii.

Payment adequacy

- That a Cost of Disability and Illness Supplement be introduced. This supplement should be at least \$50 a week.

Reporting and compliance requirements

ACTCOSS is concerned about the accounts we have received of heavy-handed implementation of income reporting requirements and their impacts on people with disability.

These can be difficult and complex for people in tenuous or casual jobs where the number of hours might change from week to week. Some people with disability also have their financial reporting managed by the trustee, which comes at a cost, or by informal carers.

This is particularly onerous when fairly small amounts of money are involved.

People with intellectual and cognitive disability have also told us they have experienced distress after being sent debt letters saying they owed amounts of money which were later waived or reduced because of the misreporting of their incomes by third parties and the complexity of reporting arrangements. These issues are compounded by difficulties interacting with Centrelink, extended wait times, and the closure of shopfronts.

Personal stories

Life on payments

In the course of collecting the stories of Canberrans receiving Commonwealth income support, we have heard from people on the DSP or trying to access the DSP. We have also sourced accounts from disability representative organisations.

Some of the quotes below are illustrative of peoples experiences and why we need reform of the payment.

From a man on DSP in homelessness and severe housing stress:

“I couldn’t get a ground floor flat [in public housing], so I lived on the streets all last year... Safe Shelter was a big help for six months of the year, but after 7 o’clock in the morning, you’re kicked out.

Now I'm on medication, but I couldn't afford it half the time, so half the time I just had to put up with the pain."³⁰

A Canberra community legal service on the cost of obtaining medical reports:

"What is not commonly discussed is how low socio-economic status affects one's ability to obtain an appropriate social security payment – and I'm talking about the Disability Support Pension. Currently, to be eligible for the Disability Support Pension, you need to show that your condition has been fully diagnosed, treated and stabilised. So clients must obtain medical evidence of [this]. But the standard cost of a report by a doctor can be between \$1000 and \$4000, and the average weekly pay of a Newstart recipient is less than \$300. It's ridiculous to expect them to be able to obtain those medical reports... To be able to demonstrate eligibility for the DSP, and in fact to be able to get off the Newstart payment and onto more appropriate social security, we're expecting people to find an income source that they simply do not have."³¹

A Canberra Newstart recipient on being rejected for DSP after a car accident and a spine injury:

"In 2014, I had a car accident, which led to a severe spine injury, so therefore I had all these medical bills. I applied for DSP, but unless it's a stabilised mental condition - which it wasn't at that stage - [I couldn't get DSP]. So I was put onto Newstart Allowance, but I was deemed unfit to work. So I was stuck... I applied for DSP three times within that year, and each and every time I got knocked back.

"I was living off about fifty dollars a week. [Even though] I was fortunate enough to be in public housing, by the time I paid my bills, a previous loan I had prior to the accident, and medical expenses, I was left with \$50 to feed myself."³²

A man with intellectual disability about dealing with doctors engaged by Centrelink:

"The Centrelink Doctor was the first medical person I disclosed (my disability) to and he was angry with me... that meeting with the doctor about my pension has stuck with me for a very long time."³³

Young woman on being rejected for DSP:

"When I got out of school, I went into a full time job, which was great until my mental health took a massive decline and I wasn't able to work anymore. I then had to go on Newstart, and when I first went on it, it took three months for them to assess me... and I was being constantly hounded to apply for ten jobs a fortnight.

30 ACTCOSS, *What we heard – a report from lived experience presentations to ACT Parliamentarians*, ACTCOSS, unpublished but available on request, 2018, accessed 7 July 2021.

31 ACTCOSS, *What we heard*.

32 ACTCOSS, *What we heard*.

33 ACTCOSS, *Imagining Better - Reflections on access, choice and control in ACT health services for people with disability*, ACTCOSS, September 2019, p 30, accessed 7 July 2021.

“I did try to get on the DSP, however, it requires your condition to be diagnosed, treated and stabilised. But mental health is never stabilised - it’s always up and down, which means ultimately if you have any sort of episodic condition you’re out of luck.”³⁴

Trying to access DSP

Charlie’s story – a client of a Canberra disability advocacy service on attempting to access DSP

This case study of a Canberra resident with disability was shared with us by a disability advocacy organisation and highlights issues including: barriers in accessing the payment; the complex interactions required with health services to obtain evidence to provide eligibility; and the consequences for individuals of prolonged efforts to obtain DSP.

Charlie* is in his 60s, and worked for many years in manual labour roles in the construction industry. He was injured in a car accident a few years ago, and has been unable to return to work since then. Whilst he is pursuing a financial settlement post the car accident, he has not yet received any funds from that process.

Charlie first applied for the Disability Support Pension (DSP) approximately a year after the accident, without success. He applied a second time recently, again unsuccessfully. Charlie is currently receiving Job Seeker. However, he is finding it very hard to make ends meet.

Charlie provided a lot of medical information with his DSP application but has been told he needs even more medical evidence. Charlie advised he has pursued all types of different treatments, via different doctors. Charlie explained he does not have one ongoing doctor because it is hard to find doctors who will bulk-bill, especially in Canberra. Charlie has advised that Centrelink has told him to go back to his doctor for the specific medical advice required, but that it has been challenging to find any doctor who is prepared to spend the time to go through all the medical evidence, liaise with the other doctors Charlie has seen, and then provide the summary of specific evidence that he needs to show he has completed all treatment and that his situation is permanent.

Charlie explained that he has physical health issues/disability as a result of the car accident, that he has had ongoing pain, but that over these last few years he has also developed mental ill health, and that the DSP process has been particularly stressful and upsetting.

Charlie explained he has experienced negative attitudes and statements from Centrelink staff, and that this, along with Centrelink processes, and the impact of his DSP applications being unsuccessful, has contributed to his mental ill health. Charlie advised that the mental health impact of engaging with Centrelink needs to be better

³⁴ ACTCOSS, *What we heard*.

understood, and the processes/experiences improved: that it is not OK to have processes intended to assist, but that actually contribute to people becoming unwell.

Charlie advised in his view: the DSP should be easily available to those that need it – but that it has not been easily available to him.³⁵

*Charlie's name has been changed for privacy purposes.

The experience of people with psychosocial disability

Economic Justice Australia published a set of [case studies](#) (15 in total) earlier this year regarding people with psychiatric impairments trying to access DSP.³⁶ They highlight the issues each person encountered and the policy changes required to ensure DSP can be accessed by the people who need it.

The current system is not set up to cater for the distinctive nature of mental health issues and the recovery journey of each individual. The participation criteria creates problems for people with mental health issues, given the variability of their condition.

The following case study illustrates the frustration created by the circularity of reports, bureaucracy and evidence required of people with psycho-social disability:

Laura's conditions were having a severe functional impact on her life. She lived by herself and could not leave the house without anxiety and fatigue setting in straight away. She received help from her adult sons but did not have other social relationships. When she tried to plan her activities or make decisions, she said her brain would go numb and she would become overwhelmed. She had been a housewife all her life and had not been in employment. Laura was receiving Newstart Allowance.

Laura's claim for the DSP had been rejected because she did not meet the required 20 points impairment rating under the Impairment Tables. When she expressed a desire to appeal the rejection, Centrelink told her she should obtain a report from a psychiatrist in addition to the existing report from her registered psychologist, which identified the diagnoses previously made by a psychiatrist and the severe functional impact on her activities. Laura had seen the psychiatrist in the previous year but he was retiring soon and refused to spend time filling in a report for Centrelink.³⁷

This case study speaks to the experience of severe hardship and destitution by a person with multiple disability and complex issues:

Sam had a number of physical and psychiatric conditions. He suffered from constant pain due to shoulder injuries and crushed vertebrae in his neck. He had seen several psychologists and psychiatrists for his mental health

35 Supplied by the ACT Aged and Disability Advocacy Service, July 2021.

36 Economic Justice Australia, '[Psychiatric Impairments and the Disability Support Pension](#)', *Social Security Rights Review*, 18 February 2021, accessed 7 July 2021.

37 Economic Justice Australia, '[Psychiatric Impairments and the Disability Support Pension](#)'.

issues, but did not agree with the diagnosis given to him by his psychiatrist. Sam had applied for the DSP 3 or 4 times and was waiting for the outcome of the most recent application. Sam had been receiving Newstart for 2 or 3 years. He had problems engaging with his employment service provider and had received medical exemptions from mutual obligations in the past.

Sam's mental health issues made it difficult for him to engage with Centrelink. His payments had been suspended many times. Sam contacted the Centrelink office a few months after his payment was cancelled due to not reporting his income. Sam did not appeal or respond to the letter informing him of the cancellation of his Newstart because he was severely distressed, depressed and unable to deal with Centrelink. He was reluctant to claim a Centrelink payment again due to the adverse impact engaging with Centrelink and employment services had on his mental health.

Sam had been without income for several months. He survived with help from his friends and the assistance of community service caseworkers.

Sam was advised to re-apply for Newstart Allowance and he successfully did so. The centre contacted Centrelink to obtain personalised service for Sam due to his support needs.³⁸

38 Economic Justice Australia, 'Psychiatric Impairments and the Disability Support Pension'.