

NSSRN Member Survey

Client experiences of claiming for Disability Support Pension

January 2018

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This paper has been a collaborative project. We thank the clients who contributed to this survey and our participating member centres:

- Basic Rights QLD Inc
- Canberra Community Law
- Fremantle Community Legal Centre
- Hobart Community Law
- Illawarra Legal Centre
- Launceston Community Legal Centre
- Sussex Street Community Law Centre
- Welfare Rights & Advocacy Service (WA)
- Welfare Rights Centre (NSW)

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NSSRN Survey – DSP Claim Experiences

1. Our Organisation

- 1.1 The National Social Security Rights Network (NSSRN) is a peak community organisation in the area of income support law, policy and administration. Our members are community legal centres (CLCs) across the country who provide free and independent legal assistance to current and former social security and family assistance claimants and recipients.
- 1.2 The NSSRN's research and policy positions are informed by our members' unique access to client-related experience. This allows us to make meaningful contributions to a range of policy and administration areas.

2. Executive Summary and Recommendations

- 2.1 Disability Support Pension (DSP) is a social security payment intended to provide financial help to people who have a permanent medical condition which stops them from working.
- 2.2 To be medically eligible to receive DSP, claimants must provide sufficient information to demonstrate that they meet the criteria. The medical assessment process for DSP was changed in 2015. We surveyed clients of our member centres, who provide free legal advice to people claiming social security payments, to find out about their experiences of claiming DSP since these changes to the medical assessment process were introduced. We also surveyed individuals who had claimed DSP after mid-2017 when improvements were made to the medical assessment process and a new streamlined process was piloted.
- 2.3 The results of our survey establish that the 2015 changes to the DSP medical assessment process have made it more difficult for claimants to obtain the information they need to demonstrate that they meet the criteria to medically qualify for DSP.
- 2.4 Some of the specific obstacles faced by those surveyed include:
 - Lack of guides or checklists available to claimants to give to their Treating Health Professionals (THP) about the DSP medical eligibility requirements. This means that THPs often rely on another source of information to enable them to understand those requirements and provide raw medical evidence which is relevant to the person's claim. Uncertainty about the required medical evidence may result in the provision of insufficient medical evidence. Claimants may be required to return to the THPs to seek further evidence, resulting in delays and additional expense to claimants (71% did not pass on any information to their doctors).
 - Difficulty and cost of obtaining medical evidence from THPs since the phasing out of the Treating Doctor's Report (TDR), which was a claimable Medicare item, in early 2015 (57% found it was difficult or very difficult to obtain medical evidence, 31% found it easy or very easy).

- Lack of understanding of the Program of Support (POS) requirements which is a compulsory DSP eligibility requirement for individuals who do not meet the definition of severely impaired under the legislation (83% had not heard of POS when they claimed for DSP).
- General complexity of the claims process:

“The key thing for anybody who is very ill is to understand what is required and the process. Being unwell and unable to absorb what is going medically with you...it is very hard to cope with anything else. Even the GP could not understand what was required for DSP.”¹

2.5 While we anticipated that a new questionnaire introduced with the new streamlined process in mid-2017 would address the obstacles listed above, the survey results show no significant change in claimants’ perception of ease or difficulty in obtaining medical evidence following the introduction of the streamlined process.

2.6 To address these obstacles, the NSSRN recommends that:

- i. The Department of Human Services provide the medical profession with detailed information on the eligibility requirements of DSP and the medical evidence required to support a claim. This will ensure that THPs can provide informed assistance to their patients.
- ii. THPs should be funded to provide reports and other evidence in support of DSP claims as they were with the TDRs. In circumstances where a client is unable to obtain some medical evidence, the Department of Human Services, which assess the claims, should assist with obtaining this evidence directly from the THP.
- iii. All income support recipients should be made aware of the POS requirements by improving the quality and availability of information, and the method of communicating this information to vulnerable claimants.
- iv. The Department of Human Services must ensure that claimants have a realistic expectation of the DSP assessment requirements and eligibility criteria. The method of communication, and the quality and availability of information on the DSP claims process must be improved. Processes must be put in place to recognise the specific vulnerability of this claimant group. Detailed information must be provided to rejected claimants on why their application was refused and whether gaps existed in their medical evidence.

¹ Quote from Survey respondent, Male, aged 63.

3. Background to project and methodology

- 3.1 The NSSRN currently conducts two member centre surveys per year. The purpose of these surveys is to elicit information from member centres about emerging trends or issues in income support policy or administration, or the profile of member centre clients.
- 3.2 Between Monday 16 October 2017 and Friday 27 October 2017, the NSSRN engaged our member and associate member centres to survey their advice and casework clients about their experiences of claiming for DSP.
- 3.3 The NSSRN chose to survey our member centre clients on their DSP claim experience to complement our other research project into DSP. In 2017, we undertook a casework snapshot analysis of DSP claims made between 1 July 2015 and 30 June 2017. That project sought to capture the impact of changes to the medical assessment process for DSP claims in 2015. The two key changes were:
 - the abolishment of the Treating Doctor’s Report (which elicited specific medical information from treating doctors relevant to DSP eligibility), and
 - the introduction of the Disability Medical Assessment referral (a second medical assessment by a government-contracted doctor).
- 3.4 Nine member centres participated in NSSRN’s survey. We captured 100 client responses. This survey was open to all clients who had claimed for DSP after changes were made to the medical assessment process in 2015.
- 3.5 Our survey also included clients who claimed for DSP after 1 June 2017. On that date, a streamlined claims pilot was announced for all new DSP claimants. This pilot introduced a new questionnaire that aimed to provide a guide on the type of evidence and supporting material required to support a claim. The pilot has also brought forward assessments of medical eligibility, so cases that clearly do not meet medical eligibility are identified early and rejected, prior to an assessment of other qualification criteria. Meritorious claims advance in the assessment process and are referred for a Job Capacity Assessment.
- 3.6 Our survey asked clients questions about how they were guided in making their claims, whether they provided their treating health professionals with DSP claim information, and whether they faced any obstacles in obtaining medical evidence.
- 3.7 The survey also sought to gauge client’s understanding of the Program of Support (POS), which is a Commonwealth funded program “designed to assist persons to prepare for, find or maintain work.”² Some DSP claimants, who do not have a severe impairment as defined by the legislation, must take part in a POS for at least 18 months in the 3 years before making their claim. Although POS requirements are only considered a ‘relevant

² See s94(5) Qualification for disability support pension, *Social Security Act 1991* (Cth).

factor' in determining a small number of overall DSP claims, our member centres assist many people in this category.³

- 3.8 Most survey responses were input directly into a questionnaire hosted on online survey software. The input was made by the assisting caseworker. Other responses were completed on a hard copy form and subsequently entered into the online survey.
- 3.9 Our survey was written in English, however the assisting caseworker could use an interpreter where needed.

4. Results of survey

4.1 Who were our participating member centre clients?

- 4.1.1 We had nine member CLCs participate in the survey. The following table represents the participation rate of our member centres and clients across the states and territories:

State/Territory	Number of respondents
ACT	5
NSW	43
QLD	8
TAS	8
WA	36
TOTAL	100

We did not have any responses from the Northern Territory, Victoria or South Australia.

4.2 Advice or casework clients?

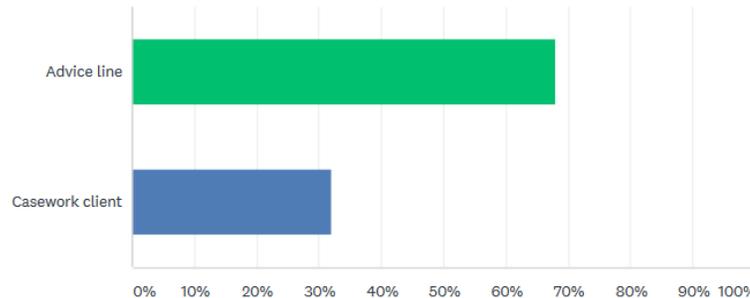
- 4.2.1 We surveyed both 'advice' and 'casework' clients. 'Advice line' clients refer to individuals who receive legal advice through the community legal centres' telephone or face-to-face advice service. This may involve only a one-off advice, or may include follow up contact. However, the service does not provide ongoing assistance to these clients.
- 4.2.2 Casework clients are those individuals who typically receive assistance until their legal issue resolves. Most CLCs have casework guidelines which stipulate the types of clients and legal matters which are appropriate for the CLC to assume carriage of. Casework guidelines vary from centre to centre, but usually the client's legal matter must have legal merits (i.e. they must have a strong case in their favour), the client must not be able to afford their own legal representation, and the client would be disadvantaged without the assistance of a lawyer.

³ For instance, in the period, 1 July 2014 to 19 June 2015, about 4.5% of claims were rejected due to Program of Support requirements not being met. (See Senate Community Affairs Legislation Committee, Budget Estimates – 3 June 2015, *Answer to Question on Notice, Question reference number: HS 49*).

4.2.3 The majority of our survey responses were obtained from advice clients (68).

Advice or Casework Client

Answered: 100 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Advice line	68.00%	68
▼ Casework client	32.00%	32
TOTAL		100

4.3 When were the DSP claims made?

- 4.3.1 Clients were asked for the date on which their DSP claims were lodged. This was to identify what assessment processes were relevant to their claim. The majority of respondents (79%) claimed between 2015 and mid-2017. These respondents were subject to the changes in the DSP medical assessment processes in 2015, as outlined in Paragraph 3.3.
- 4.3.2 A new streamlined process for new DSP claimants was announced on 1 June 2017.⁴ The NSSRN understands that this process was soon after applied across the board for all new DSP claimants. Our survey included 21 survey respondents who claimed for DSP after this date. These changes are set out in Paragraph 3.5.
- 4.3.3 We have attempted to identify some data trends for these two groups of claimants. However, as detailed later in this paper, there were very few differences in the experiences of these two groups.

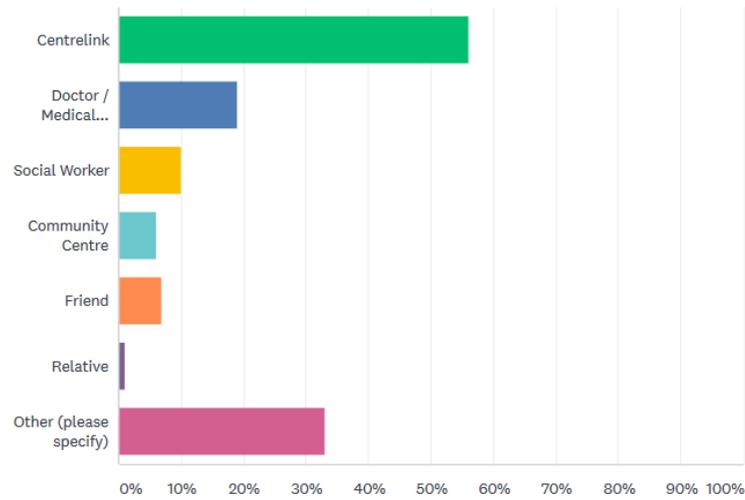
⁴ Alan Tudge, 'Media Release: New pilot to streamline Disability Support Pension claims' (1 June 2017) <<https://www.mhs.gov.au/media-releases/2017-06-01-new-pilot-streamline-disability-support-pension-claims>>

4.4 Sources of information

- 4.4.1 Our survey sought to identify where clients obtained information about making a claim for DSP. The responses establish that many clients received information about making a DSP claim from a variety of sources, including Centrelink.⁵

Where did you get your information about making a claim for disability support pension? (more than one response is ok)

Answered: 100 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Centrelink	56.00% 56
▼ Doctor / Medical Specialist	19.00% 19
▼ Social Worker	10.00% 10
▼ Community Centre	6.00% 6
▼ Friend	7.00% 7
▼ Relative	1.00% 1
▼ Other (please specify)	Responses 33.00% 33
Total Respondents: 100	

- 4.4.2 There were some overlaps in the 33 responses provided in the 'Other' category, which offered a text free area. Responses in that category included:
- Self (9 responses, including 6 who were stated that they were previously on DSP but had their payment cancelled)
 - Word of mouth (5)
 - Community Legal Centre (4)
 - Employment service provider (3)

⁵ Based on the responses in the 'Other' category, some clients may have interpreted this question as being about who recommended that they apply for DSP. For example, one respondent stated in the 'Other' category: "People in the street saw me in wheelchair and suggested I should be on DSP."

- Online information – not described (2)
- Social worker / advocate – specifically named (2)
- Financial Counsellor (1)
- Parole Officer (1)
- Financial Counsellor (1)
- Ombudsman (1)

One respondent also distinguished the ‘Centrelink social worker’ in this ‘Other’ category. Four respondents were unable to recall where they received their information.

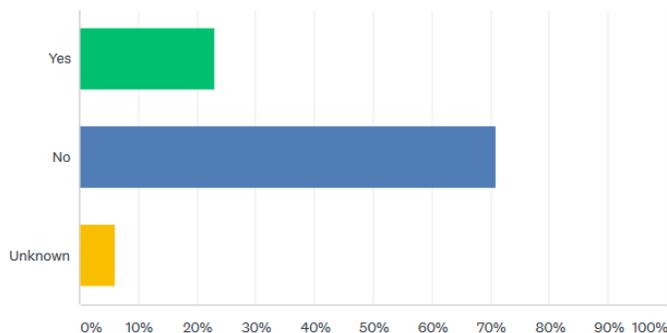
4.4.3 These responses demonstrate that this group of claimants were guided by a range of sources of information other than Centrelink.

4.5 Facilitating the provision of medical evidence

4.5.1 Our survey asked whether clients passed on any Centrelink information guides to their doctors. The answers revealed that most respondents (71%) did not pass on any information to their doctors.

Did you give any Centrelink information guides or checklists to your doctor/s when making your DSP claim?

Answered: 100 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	23.00% 23
No	71.00% 71
Unknown	6.00% 6
TOTAL	100

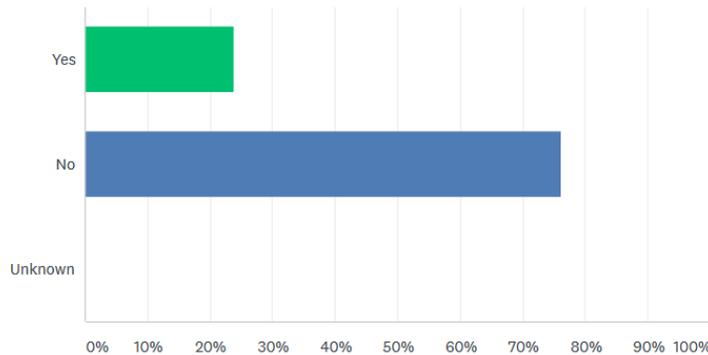
4.5.2 Centrelink phased out the Treating Doctor’s Report in the first half of 2015. This was a form for Treating Health Professionals (THPs) that covered off a number of issues relevant to a person’s medical eligibility for DSP. THPs were paid to complete this form through Medicare. After the TDR was removed from the assessment process, DSP medical eligibility was primarily assessed against raw medical evidence. Therefore, there was little information available for clients to pass on to their THP.

4.5.3 As noted above, in mid-2017, a new questionnaire was introduced. This questionnaire acts a guide on the type of evidence required to support a claim. We had 21 survey respondents make their DSP claim after the questionnaire was introduced. However most of these people (16 of 21, or 76.19%) stated that they did not provide any information guides or checklists to their doctors. This figure, as a percentage, is slightly higher than the overall percentage for the entire groups of respondents. We note that we have presumed that the streamlined pilot was introduced across the board for all new DSP claimants after 1 June 2017, however, it is possible that it has only been applied to some new claimants.

Post 1 June 2017:

Did you give any Centrelink information guides or checklists to your doctor/s when making your DSP claim?

Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	23.81%	5
▼ No	76.19%	16
▼ Unknown	0.00%	0
TOTAL		21

4.5.4 The responses to this question show that very few claimants provide information on DSP to their THPs.

Recommendation 1

The Department of Human Services provide the medical profession with detailed information on the eligibility requirements of DSP and the medical evidence required to support a claim. This will ensure that THPs can provide informed assistance to their patients.

4.6 Access to medical evidence

- 4.6.1 Our survey sought to gauge how easy or difficult it was to obtain medical evidence to support a claim for DSP. While some respondents (31%) found it easy or very easy to get medical evidence, the majority of respondents (57%) found this difficult or very difficult.

How difficult was it to get medical evidence from your doctor/s?

Answered: 100 Skipped: 0

	1. VERY EASY	2. EASY	3. NEITHER EASY OR DIFFICULT	4. DIFFICULT	5. VERY DIFFICULT	N/A	TOTAL	WEIGHTED AVERAGE
☆	9.00% 9	23.00% 23	8.00% 8	28.00% 28	29.00% 29	3.00% 3	100	3.46

The survey data shows that the weighted average of the responses was 3.46, sitting between 'Neither easy or difficult' and 'Difficult'.

- 4.6.2 Some of our member centres reported that since the TDR (a claimable Medicare item) was phased out in early 2015, clients faced additional hurdles obtaining medical evidence from their THP. Although, claimants were directed to only provide raw medical evidence, often that raw data did not sufficiently address all the assessment criteria. Therefore, clients pursued additional medical evidence, including written reports, to support their claims. Clients would often have to bear this expense.
- 4.6.3 The NSSRN anticipated that the new questionnaire introduced in mid-2017 would alleviate this additional burden on clients. However, our survey results show that there has been no significant change in the perception of the ease or difficulty in obtaining medical evidence after the streamlined process was introduced. Since these changes, the weight average of responses has dropped to 3.4.
- 4.6.4 We reiterate that we have made some presumptions about the new streamlined process, particularly that it has been applied across the board to all new DSP claimants. These figures suggest that further work needs to be done to ensure that claimants do not face unnecessary obstacles in obtaining the required evidence to support their DSP claims.

Recommendation 2

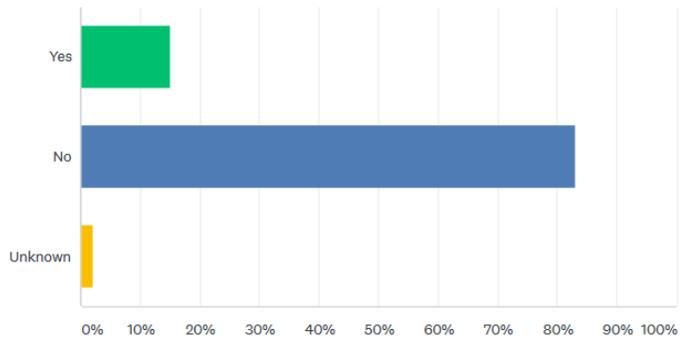
THPs should be funded to provide reports and other evidence in support of DSP claims as they were with the TDRs. In circumstances where a client is unable to obtain some medical evidence, the Department of Human Services, which assess the claims, should assist with obtaining this evidence directly from the THP.

4.7 Program of Support (POS)

- 4.7.1 The final two survey questions sought information about the client’s understanding or familiarity with the POS at the time of making their claim for DSP. A person may not be eligible for DSP until they complete a POS.
- 4.7.2 As discussed at Paragraph 3.7, the POS is a compulsory DSP eligibility requirement for individuals who do not meet the definition of severely impaired under the legislation. It is a program designed to assist people living with medical conditions to obtain employment.
- 4.7.3 The responses to our first POS question indicated that the majority of respondents (83%) had not heard of the POS when they claimed for DSP.

When you made your claim for DSP, had you heard of the Program of Support?

Answered: 100 Skipped: 0

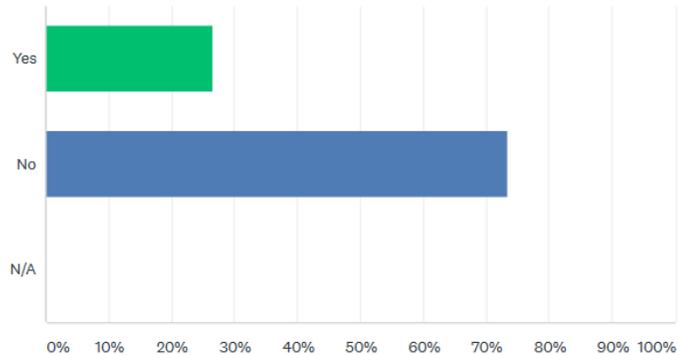


ANSWER CHOICES	RESPONSES
Yes	15.00% 15
No	83.00% 83
Unknown	2.00% 2
TOTAL	100

- 4.7.4 Of the 15 respondents who had heard of the POS, the majority (11 of 15, or 73.33%) were not aware of the requirements of the program.

If yes to previous question, did you know that you may have to complete a Program of Support for at least 18 months in the 3 years before claiming DSP (if you did not have enough points under a single impairment table)?

Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	26.67% 4
No	73.33% 11
N/A	0.00% 0
TOTAL	15

4.7.5 The POS is not relevant for a many number of DSP claimants. However, as noted above, our member CLCs assist a number of people whose DSP claims have been rejected because they failed to satisfy the POS requirements.

4.7.6 Our survey demonstrates that more communication on the POS is required. The NSSRN continues to advocate for improvements in communicating to potential DSP claimants about the program, the timeframes involved, and those who will be required to participate.

Recommendation 3

All income support recipients should be made aware of the POS requirements by improving the quality and availability of information, and the method of communicating this information to vulnerable claimants.

4.8 General comments

4.8.1 Our survey allowed for comments from respondents. These comments were entirely optional and open-ended for respondents. We captured a number of comments on a variety of issues relating to DSP claims and assessments:

- **Claims Process:** Several respondents commented that the claims process was difficult to understand. This experience was compounded by their illness and lack of support. Comments include:

"The key thing for anybody who is very ill is to understand what is required and the process. Being unwell and unable to absorb what is going medically with you...it is very hard to cope with anything else. Even the GP could not understand what was required for DSP."

"Getting the medical evidence time consuming... the claim process not straightforward... a nightmare for people without support."

"Long waits for Specialist appointments. The claim process is a very difficult one - having a nervous breakdown. Better explanation of requirement and why is rejected. Without the help of advocate it feels a lonely and lost process."

"Very difficult to understand with no English language and being very traumatised by PTSD."

- **Medical evidence:** Many respondents commented on the difficulty in obtaining medical evidence, particularly from specialists or hospitals. Many found this to be an unnecessarily time consuming exercise:

"No explanation about claim process & how long... Difficult to obtain medical evidence from Specialists, long waits for appointments."

"Doctors were good and made things easy. However, Centrelink didn't accept the paperwork. They kept sending me back to my doctor to reword the support letter that my doctor provided. It happened about six times and it was very frustrating. I've given up trying."

Client said it was very easy to get medical evidence from his GP. He stated that it was very difficult to obtain evidence from his specialist due to his old x-rays and test results being deemed invalid. He was required to gather new x-rays and other test results.

- **Program of Support:** Many respondents expressed their lack of understanding of the POS:

"Centrelink should tell you what you have to do. No explanation about the POS: was told did not have to attend with provider but now says must attend and health has deteriorated further... confusing... 30 combined pts."

"Not enough information of what is required. Never told about POS whatsoever... The process now not so straight forward..."

- 4.8.2 Each of these issues raised in the comments can be alleviated by increasing the amount of information publically available and improving communication with claimants about the claims and assessment processes.

Recommendation 4

The Department of Human Services must ensure that claimants have a realistic expectation of the DSP assessment requirements and eligibility criteria. The method of communication, and the quality and availability of information on the DSP claims process must be improved. Processes must be put in place to recognise the specific vulnerability of this claimant group. Detailed information must be provided to rejected claimants on why their application was refused and whether gaps existed in their medical evidence.

5. Conclusion

- 5.1 In 2017, the NSSRN devoted significant resources towards exploring the impact of DSP claims and assessments on our member centre clients. These survey results, coupled with our research based on case work analysis, demonstrate that the majority of our member centre clients find the DSP claims process complex and difficult to navigate.
- 5.2 We commend the Department of Human Services for attempting to improve to the process in mid-2017, however the results of our survey reveal that clients are not experiencing positive outcomes from those changes. The survey results clearly establish that key barriers remain to prevent DSP claimants from fully understanding the complex legislative requirements of the DSP scheme – namely lack of communication and information.
- 5.3 We encourage ongoing improvements to the claims and assessment processes consistent with the recommendations made in this report and our snapshot research. We recommend that any changes implemented to the DSP scheme be evaluated on a regular basis to ensure they are yielding positive outcomes for this vulnerable group of people.