

Economic Justice Australia’s recommendations on Disability Support Pension Reform reflected in Senate inquiry Final Report

This table compare the recommendations made by Economic Justice Australia to the Senate Community Affairs References Committee inquiry into the purpose, intent and adequacy of the Disability Support Pension against the recommendations made by the Committee in its final report and notes where EJA’s evidence provided in the submission and at the inquiry hearing has been quoted in the report.

EJA Recommendation	Inquiry Recommendation	EJA Quoted in Report
1. That Departmental policy guidelines be developed regarding grant of DSP to people who are manifestly eligible to enable manifest grants to people whose primary condition is psychiatric		
2. That Services Australia consult with national disability peaks to facilitate its implementation of the Fifth National Mental Health and Suicide Prevention Plan		
3. That Services Australia develop targeted information resources on DSP eligibility criteria for people with disability, in accessible formats that take into account barriers experienced by people with particular impairments	<p>Recommendation 11</p> <p>3.108 The committee recommends that Services Australia improves the level of information provided to Disability Support Pension claimants when it rejects their claims.</p> <p>The committee envisages that such information would, amongst other things, clearly and comprehensively explain why a claim was rejected and, if relevant, provide guidance on specific evidentiary requirements, as well as detailed information on the review process.</p>	<p>Page 47</p> <p>3.14 Mr Dermott Williams from EJA was also critical of the Services Australia website, noting the different approach his organisation was taking to provide accessible information via its DSP Help website.¹⁶ He said the following in his evidence to the committee: The website that Services Australia has, in my opinion, is flawed. It does not communicate information in an accessible way. That's one of the cruxes of the problem we're trying to solve here—human centred design, putting the people that we're assisting first.¹⁷</p>
4. That Services Australia consult with community peaks to ensure that DSP resources and	Recommendation 6	

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<p>communications for Aboriginal and Torres Strait Islander people and people from CALD communities are accessible, and available in Easy English as well as community languages</p>	<p>2.129 The committee recommends that the Department of Social Services and Services Australia work with Aboriginal community controlled health organisations to review the claims process and evidentiary requirements for First Nations claimants to ensure that the process is culturally safe.</p>	
<p>5. That Services Australia consult with People with Disability Australia to develop processes to ensure that appropriate community referrals are made for people in need of disability support or advocacy to claim DSP, and regarding mutual obligation requirements for JobSeeker or other income support payments</p>		
<p>6. That Services Australia develop targeted actions for implementation of the Indigenous Servicing Strategy toward enhancing access to social security entitlements for people in remote communities, focussing on people with disability and carers. Actions should be informed by consultations with NACCHO, disability advocacy services working with remote communities, and community legal centres providing advice and advocacy to people in remote communities. Actions should include:</p> <ul style="list-style-type: none"> (a) Substantial boost to funding for Services Australia Remote Servicing Teams, ensuring that each Team has delegates with expertise on DSP (b) Development of structures to support effective liaison between Services Australia, DESE and Employment Services Providers operating in remote communities 	<p>Recommendation 9</p> <p>2.138 The committee recommends that the Australian Government reviews the medical evidentiary requirements for claimants of the Disability Support Pension, to ensure that the application is fully accessible. The committee envisages that such a review would consider the specific challenges faced by individuals located in regional, rural, and remote Australia; recipients of JobSeeker and Youth Allowance; recent migrants; and First Nations people.</p>	<p>Page 603.79 EJA told the committee that, due to the complexity of the claims process, people in remote communities are completely reliant on Services Australia's remote servicing teams and from the outreach efforts of various organisations, such as Darwin Community Legal Service. Without these services EJA said these individuals 'can't get started'.</p>

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<p>(c) Development of processes to ensure that people with disability known to be vulnerable to dropping out of the system are actively assisted, connected with local community supports and legal help, and where appropriate, supported in claiming DSP</p>		
<p>7. That additional funding be provided to community legal centres serving remote Aboriginal and Torres Strait Islander communities, to enable provision of specialist legal advice and representation regarding social security issues.</p>	<p>Recommendation 17</p> <p>The committee recommends that the Australian Government increases funding for First Nation's advocacy services and Aboriginal community controlled health organisations to allow these organisations to better support their clients through the Disability Support Pension claims process.</p>	
<p>8. That additional funding be allocated to community legal centres providing advice and representation on social security issues.</p>	<p>Recommendation 15</p> <p>3.116 The committee recommends that the Australian Government provides additional funding to advocacy groups and community legal services to support Disability Support Pension claimants.</p>	
<p>9. That the preamble to the DSP Impairment Tables be amended so as to delete references to 'fully' as a qualifier to 'diagnosed', 'treated' and 'stabilised'.</p>	<p>Recommendation 7</p> <p>The committee recommends that the Australian Government investigates how the requirement that a condition be 'fully diagnosed, treated and stabilised' is preventing people with conditions that are complex, fluctuating, or deteriorate over time, from accessing the Disability Support Pension, and could be modified to ensure people get the support they need</p>	<p>Page 18</p> <p>2.13 Given these issues, a number of submitters and witnesses advocated for the removal of the term 'fully' from the 'diagnosed, treated and stabilised' requirement in recognition of episodic and complex disability that may never fully stabilise. For example, Ms Linda Forbes from Economic Justice Australia (EJA) strongly argued for its removal, stating to the committee that [t]hese 'fully' qualifiers are, in our view,</p>

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		<p>irrational and create considerable confusion and distress’.</p> <p>Page 23</p> <p>2.40 EJA told the committee that it had to ‘push’ its way into the review process, and that only after a lot of advocacy work undertaken by AFDO and People with Disability Australia (PWDA) had the consultation process improved and broadened. Highlighting this lack of notification, Ms Linda Forbes from EJA said the following:</p> <p style="padding-left: 40px;">But I must say we weren't even aware initially, or made aware, of the fact that the impairment tables were under review, because we weren't informed. We just gradually became aware through our sister peak organisations ...</p>
<p>10. Amend section 94 of the Social Security Act so as to remove the program of support requirement; OR, in the alternative, amend section 94 so as to include exemption criteria.</p>	<p>Recommendation 23</p> <p>4.100 The committee recommends that the Department of Social Services reviews the program of support requirement and considers making participation in an employment services program voluntary for all Disability Support Pension claimants.</p> <p>Recommendation 24</p> <p>4.102 The committee recommends that the Department of Social Services and Services Australia improve the visibility of, and information on, the program of support requirement for all claimants. Amongst other things, such improvements would ensure that relevant information is provided to all claimants at the beginning of the claims process.</p>	<p>Page 27</p> <p>2.56 There were also suggestions that, if not abolished, POS exemptions should be more readily available or that participation be made voluntary. On this issue, Ms Linda Forbes from EJA stated:</p> <p style="padding-left: 40px;">What really needs to happen is that, rather than the person having to put up their hand and seek to exit, they are exempt from it. That would also mean that you could exempt people before the requirement were actually applied to them. It's not like having a requirement that's never going to work and then getting the person to exit; it's getting</p>

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		<p>someone to think it through and exercise discretion to say, 'This particular person, in the circumstances of their case, should not be required to engage in the program of support.'</p> <p>Page 80</p> <p>4.52 Economic Justice Australia (EJA) submitted that people with significant disability, and little or no work capacity, are excluded from the DSP as a result of the POS requirement, and that they are consigned to serve a 'waiting period' on the lower JobSeeker Payment. It concluded:</p> <p>In our view the POS requirement creates an unfair barrier to accessing DSP, particularly for older people with numerous chronic health conditions where it is the effect of the conditions combined that limits or precludes work, rather than any single condition assessed in isolation.</p>
<p>11. That Services Australia and the Department of Employment Skills and Employment (DESE) undertake and report modelling examining the costs of maintaining a person with disability on activity-tested JobSeeker Payment, compared to the cost of granting a person Disability Support Pension without a POS requirement.</p>		
<p>12. Reintroduce completion of a treating doctor report (TDR) as a mandatory component of DSP claims, with the TDR pro forma part of the DSP claim package</p>	<p>Recommendation 7</p> <p>2.134 The committee recommends that the Australian Government consider reintroducing the treating doctors report, with wide consultation on</p>	<p>Page 36</p> <p>2.100 Notwithstanding the current checklist, submitters told the inquiry that the treating</p>

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	<p>how best to provide targeted resources to support general practitioners, specialists, and psychologists to identify, compile, and summarise evidence relevant to a patient's Disability Support Pension claim or appeal.</p>	<p>doctor's report was a source of guidance and support for both claimants and doctors about the information needed to determine DSP eligibility.¹²³ EJA told the committee that:</p> <p>The TDR [treating doctor's report] placed claimants on an equal playing field in terms of the information they could put forward to the decision-makers. Without the TDR, claimants and treating doctors are generally ill-informed regarding the evidence to provide at the time of claim.</p>
<p>13. Enable completion of the mandatory TDR to be billable under Medicare, with a Medicare item number introduced for report completion</p>	<p>Recommendation 8</p> <p>2.135 The committee recommends that the Australian Government considers ensuring that the Medicare Benefits Schedule allows health practitioners to claim payment for providing evidence in support of Disability Support Pension claims.</p>	<p>Page 37</p> <p>2.102 A number of inquiry participants argued that treating doctor reports should be re-instated as a mandatory requirement for GPs and made billable under Medicare. On this issue, EJA said the following:</p> <p>[B]ring back the treating doctor's report. Without a standard report to complete, claimants and their doctors have no guidance about what evidence to provide in support of a DSP claim, nor indeed in support of an appeal to an authorised review officer or the Administrative Appeals Tribunal. Claimants can miss out on DSP simply because the evidence provided does not address relevant impairment tables...¹²⁷</p>

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		<p>2.103 EJA elaborated further:</p> <p>[C]laimants and their doctors are absolutely flying blind when they try to provide evidence to put in a DSP claim. It used to be that doctors were required to complete a treating doctor's report as part of the DSP claim package. If they didn't complete it and the person had ongoing issues with getting their doctor to complete it, they'd contact old DSS or Centrelink, and the doctor would be issued with a notice requiring them to. We need to get back to that because now doctors don't know what to address. Many doctors don't know of the existence of the impairment tables, and, even if they do, they don't have the time to do the research to figure it out...¹²⁸</p>
<p>14. That Services Australia develop clear guidelines for treating health professionals regarding the type of evidence required for DSP claims, and that DSP claimants be provided with those guidelines as part of the DSP claim package</p>	<p>Recommendation 10</p> <p>3.106 The committee recommends that Services Australia, in consultation with key stakeholders, reviews all guidance material, publicly available information, and the claim form, with the aim of making them simpler, clearer, and genuinely accessible for claimants and those who support them.</p> <p>Recommendation 11</p> <p>3.108 The committee recommends that Services Australia improves the level of information provided to Disability Support Pension claimants when it rejects their claims.</p>	<p>Page 44</p> <p>3.8 Economic Justice Australia (EJA) called for a 'major overhaul' of the DSP's legislation, arguing that the:</p> <p>... complexity of the DSP eligibility criteria has created an iniquitous culling effect, whereby people with severe disability can be excluded from accessing DSP purely because they cannot meet the rigours of the processes involved in claiming and appealing.</p>

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	<p>The committee envisages that such information would, amongst other things, clearly and comprehensively explain why a claim was rejected and, if relevant, provide guidance on specific evidentiary requirements, as well as detailed information on the review process.</p>	
<p>15. That Services Australia consult with organisations including the Australian Medical Association (AMA), the Fellowship of the Royal Australian College of General Practitioners (FRACGP) and the National Aboriginal Community Controlled Health Organisation (NACCHO) regarding the most effective ways to communicate these guidelines</p>		
<p>16. That Department of Social Services policy guidelines for delegates be reviewed and amended, to clarify that where a condition has been diagnosed by a psychiatrist or clinical psychologist, General Practitioner (GP) evidence which attests that the condition is ongoing, treatment is ongoing, and the condition is stabilised to the extent possible in the circumstances, should suffice.</p>	<p>Recommendation 5</p> <p>2.127 The committee recommends that the Australian Government considers revising the evidentiary requirements to allow evidence provided by registered psychologists.</p>	
		<p>Page 53</p> <p>3.46 Ms Linda Forbes of EJA told the committee that there is no real distinction between people on the DSP and people with a partial capacity to work on the JobSeeker Payment:</p> <p>... there is an understanding on the part of some people that people with</p>

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