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**Submission to the  
Senate Inquiry into  
the Disability Support  
Pension**

**July 2021**

*[www.anglicare.asn.au](http://www.anglicare.asn.au)*

## About Anglicare Australia

Anglicare Australia is a network of independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the Christian faith that every individual has intrinsic value. Our services are delivered in partnership with people, the communities in which they live, and other like-minded organisations in those areas. With a combined income of over \$1.94 billion, a workforce of over 11,000 staff and 6,000 volunteers, the Network delivers more than 50 service areas in the Australian community. Our services are delivered to over 474,00 people and reach close to 1.37 million Australians in total. In all, Anglicare services reach over 1 in every 19 Australians.

As part of its mission the Anglicare Australia Network “partners with people, families and communities to provide services and advocacy and build resilience, inclusion and justice.” Our first strategic goal charges us with reaching this by influencing “social and economic policy across Australia with a strong prophetic voice; informed by research and the practical experience of the Network”.

### Contact

Kasy Chambers  
Executive Director

Anglicare Australia  
PO Box 4093  
Ainslie ACT 2602  
T: 02 6230 1775  
[anglicare@anglicare.asn.au](mailto:anglicare@anglicare.asn.au)

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## Introduction

Anglicare Australia welcomes the opportunity to provide a submission to the Senate Community Affairs References Committee's Inquiry into the Purpose, Intent and Adequacy of the Disability Support Pension (DSP). The Anglicare Australia Network supports and works with people with disabilities across the country. In 2019-20 Network members provided disability support services to over 39,000 clients. One Network member, EPIC, provides employment services to over 3,500 people with disability each year. Anglicare Australia's members also provide emergency relief and financial counselling for people receiving Government payments, including the Disability Support Pension. Housing and homelessness services are provided across the country by Anglicare Australia members, including accommodation and support for people with disability.

Anglicare Australia believes that a fair society is one where everyone can live a dignified life and participate in their community. People need adequate support if they have a disability or illness that means they can't work. They also need to be able to access it.

If people cannot work, they should not be forced to look for work or participate in compulsory mutual obligation activities that do not help them. They should receive an income support payment that suits their circumstances.

There needs to be more help available to prospective and current DSP recipients, both via formal agencies such as specialist social security community legal centres, as well as through other organisations that support people with disability. Importantly, DSP applicants need to be made aware about such supports.

This submission makes recommendations about changes to the DSP that will improve access to support for those who need it. It also recommends the creation of a new payment, the Disability Benefit, that will provide support to people currently unable to work but who cannot access the DSP, or who are waiting to have their claim for a DSP assessed.

## The Disability Support Pension

The Disability Support Pension is a working age pension that is available to Australians with a disability or illness that will prevent them from working for at least two years. It replaced the Invalid Pension in 1991 with the aim of improving rehabilitation and labour market engagement for participants.<sup>i</sup> It is not clear that it has been successful in achieving this aim.

To access the DSP, claimants must be at least 16 years old, meet residency requirements, and have a disability that will prevent them from working more than 15 hours per week for at least the next two years.<sup>ii</sup> People with certain types of disability are automatically eligible to receive the DSP, including people who are blind, terminally ill, or have an intellectual disability with an IQ less than 70. These people meet what is known as the “manifest medical rules”.<sup>iii</sup>

In 2006 the Australian Government introduced changes to the DSP as part of its Welfare to Work reforms. The major change was a reduction in the number of hours that a DSP applicant can be assessed as being able to work and still be eligible for a DSP, which was lowered from 30 to 15, where it remains.<sup>iv</sup> These changes still allowed people receiving the DSP to work up to 30 hours per week before their payment is withdrawn.

Between its introduction in 1991 and 2007, growth in expenditure on the DSP averaged 3.5 per cent per annum. From 2008 to 2012, the period coinciding with the Global Financial Crisis and the years that followed, there was a rapid growth in expenditure on the DSP. This was the result of a large influx of successful new claimants.<sup>v</sup>

The Australian Government responded to this increase in DSP recipients by making changes to the eligibility for new DSP claimants. This included the introduction of new impairment tables and assessment measures for claimants.<sup>vi</sup> These changes resulted in an immediate decline in the number of new claims for the DSP being assessed as eligible. The proportion of claims approved compared to those that are rejected dropped from an average of 63 per cent to 43 per cent between 2011-12 to 2015-15.<sup>vii</sup> This proportion has remained largely unchanged since. The most recent Annual Report from Services Australia shows that of the 102,000 claims that were made for the DSP in 2019-20, just 42,000 were granted.<sup>viii</sup>

The number of successful DSP applicants whose primary disability was psychological or psychiatric also fell by 37 per cent following the introduction of the tightened eligibility criteria. According to the Productivity Commission’s report on Mental Health, the “tightening of the criteria also corresponded with a sharp increase in the number of Newstart and Youth Allowance recipients who reported mental illness.”<sup>ix</sup>

Anglicare Australia’s members support DSP recipients in a number of ways. They have reported that people on the DSP require much more assistance to help pay for prescriptions compared to other income support recipients. Our members have also told us that people receiving the DSP are vulnerable to incurring debts from payday lenders, and from using services such as Afterpay. These

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issues are an ongoing concern for members of Anglicare Australia's Financial Wellbeing Network, which comprises emergency relief and financial counselling services from across Australia. This underscores the fact that the DSP, and other income support payments, are too low. These payments should be reviewed and set by an independent social security commission.

**Recommendation: Establish an independent Social Security Commission**

Anglicare Australia recommends the establishment of an independent Social Security Commission. The commission would have the power to set, and adjust, income support payments based on the actual cost of living for people on different income support payments.

## Applying for the DSP

The application process for claiming a DSP is complex. The application form itself is 32 pages long.<sup>x</sup> Once a person has applied, they must undergo a job capacity assessment which determines whether they can return to work, how much work they can do, and whether they need help finding and keeping employment.<sup>xi</sup> In 2019 the average wait time for a DSP claim to be processed was 49 days.<sup>xii</sup> We know that for some people, however, wait times can be much longer. Anglicare Australia believes that waiting times for claims to be processed are unacceptably long. This waiting period is on top of what can be a long application process.

In preparing this submission, Anglicare Australia spoke to our member organisations. One theme that emerged from these conversations is that General Practitioners do not understand the prescriptive requirements of the assessment process for a DSP claim. In the words of one of our members, “they often fail to appreciate the need to articulate the clients’ condition in terms of the points required to accrue before a DSP can be granted.” Because GPs are the primary points of contact for medical matters, including for people with mental ill health, people’s applications for a DSP can fail at this first hurdle, as. They noted that educating doctors about the process would be invaluable in assisting their clients.

Another Anglicare Australia member told us that a major problem lies with having to prove that a disability is enduring. They told us that people with degenerative diseases, such as Alzheimer’s Disease, can be “knocked back because their condition has not stabilised as it is continuing to deteriorate.” They argue that there should be more individualised considerations and “common sense” exercised by Services Australia when assessing claims for a DSP.

Concerns have also been raised by social policy organisations such as Economic Justice Australia and ACOSS about the terminology used in the eligibility criteria for the DSP that state that a condition must be “fully diagnosed, treated, and stabilised” before a claim for a DSP will be approved.<sup>xiii</sup> These criteria sit somewhat at odds with the rest of the impairment tables, which focus on a person’s capacity to work, not diagnosis. It is reasonable to expect that there should be a diagnosis, and that a person might be undertaking reasonable treatments, however the use of the qualifier “fully”, and the implicit assumption that some conditions can ever be stabilised, fails to recognise the lived experience of people who cannot work because of an illness or disability, or that their conditions may not be static.

In 2017-2018 Anglicare Tasmania conducted a major research project that explored the lived experience of people interacting with Centrelink, how this affected their lives, and what improvements they would like to see. This research found that the processes and demands for information negatively affect people with disability. Combined with surviving on low incomes, this had a profound effect on their health and wellbeing. Difficulties with Centrelink occurred on top of other adverse circumstances in their lives and were for many the ‘tipping point’ into anxiety and depression.<sup>xiv</sup>

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A different survey of DSP recipients and applicants led by Professor Alex Collie had similar findings. Eighty-two per cent of DSP recipients disagreed or strongly disagreed the DSP application process was simple. The same proportion of DSP recipients also reported that they needed help to apply for the DSP. The report notes that “both DSP applicants and recipients find their interactions with Centrelink and the DSP application process to be challenging and opaque”.<sup>xv</sup>

The experience from Anglicare Australia member organisations that assist people to deal with Centrelink is that their clients benefit enormously from assistance with navigating the welfare system, including with:

- The Services Australia website;
- Making phone calls;
- Interpreting communication from Centrelink;
- Help providing evidence and information to Centrelink; and
- Providing emotional support and reassurance.<sup>xvi</sup>

The experience of Anglicare Australia’s members is backed up by research by Nary Hong from University of New South Wales. She used data from the Australian Bureau of Statistics Survey of Disability, Ageing and Carers to examine the impact of receiving reading and writing assistance during the application process for a DSP on whether people’s applications were successful. The results indicate that receiving assistance with an application for a DSP “substantially increases the probability” of one being granted.<sup>xvii</sup>

Against this backdrop of the difficulties people have dealing with Centrelink, and the assistance they require to do so, there is an ongoing shift to self-service and online engagement with Centrelink. For example, reporting for the ParentsNext program is now done online using the MyGov website or the Express Plus Centrelink app. The New Employment Services Model, announced in the most recent Federal Budget, will further expand this trend away from face to face or telephone engagement.<sup>xviii</sup> Sadly, the Australian Government does not have an excellent track record with the usability of its websites and apps. For example, the rollout and design of the COVIDsafe app was riddled with problems. The Express Plus Centrelink app has a very poor rating on the Apple App Store.<sup>xix</sup>

Self-service options and online portals for Australian Government services must be designed so they can be used easily by service users. Clients must also be given the option of face to face or telephone contact with a person if they are struggling with self-service or an online portal. An AI chat function is not an acceptable alternative. Any further shift towards self-service or online portals will need to be developed in consultation with service users and the people and organisations who assist them and advocate on their behalf, for example caseworkers, emergency relief agencies, and specialist social security community legal centres.

The Services Australia website provides a guide on how to claim the DSP, but this does not suggest or recommend that claimants seek assistance from someone else to complete their claim.<sup>xx</sup> Given their workload, and the value of their work in assisting people who are having difficulties or disputes with Centrelink, there is an urgent need for increased funding for specialist social security community



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legal centres so they can meet the demand for their services.<sup>xxi</sup> In addition to this specialist assistance, DSP applicants benefit from day to day help with navigating their application process, as well as emotional support during what can be a stressful process. Many may not know about existing agencies who may be able to provide assistance. It would be helpful if the contact details of such organisations and services were provided to prospective and current DSP applicants by Centrelink.

**Recommendation: increase training for GPs**

Anglicare Australia recommends that additional training and resources be made available to GPs so they are better able to assist and advise patients before and during the application process for claiming a DSP.

**Recommendation: Simplify language regarding eligibility**

Anglicare Australia recommends that the terms “fully diagnosed”, “fully treated”, and “fully stabilised” be removed from the existing eligibility criteria for the DSP, and be replaced with the terms “diagnosed” and “treated”.

**Recommendation: Improve client experience of self-service options for engaging with Centrelink**

Anglicare recommends that:

- Clients be provided with the option of face to face or telephone contact with a person if they cannot use a self-service or an online portal.
- The Australian Government meaningfully engage service users and the people who assist and represent them during the development and rollout of any self-service systems, websites, or apps that are used by Centrelink clients.

**Recommendation: Increase funding for specialist social security community legal centres**

Anglicare Australia supports Economic Justice Australia’s recommendation that the Australian Government increase funding by at least \$5m per year for specialist social security community legal centres across Australia.

**Recommendation: Provide information about how to get help with applying for a DSP**

Anglicare Australia recommends that Centrelink staff and publications provide information to prospective and current DSP applicants on how to access support from specialist social security legal centres and other organisations and services that can help them while they are applying for a DSP.

## Program of Support and mutual obligation

### Program of Support

For the majority of DSP applicants who do not meet the manifest eligibility criteria, to receive the DSP, they must receive at least 20 points in the impairment tables. People who receive 20 points are then split into two categories. The first are those who receive 20 points in one table, who are assessed as having a 'severe' disability. People who receive 20 points across multiple tables are still eligible for the DSP, but will be made to participate in a Program of Support for at least 18 months before they will be eligible to submit their claim for a DSP.

The Australian Government states that a Program of Support "helps people with disability to prepare for, find and keep a job. It may include help with job preparation and job search, work experience and training, and injury management."<sup>xxii</sup> In practice, for most claimants in this situation this means commencing or staying on a different Centrelink payment, such as JobSeeker, and participating in a program with either Disability Employment Services or a JobActive provider. They are subject to the same mutual obligation requirements as other people receiving that income support payment who do not have conditions that prevent them working more than 15 hours per week.

Anglicare Australia believes that treating people who receive more than 20 impairment points across multiple impairment tables differently from those who receive more than 20 points in one table is a blunt tool for assessing impairment. A single condition may affect multiple areas of functioning. It may also interact with other conditions. A person may receive more than 20 points across impairment tables because they suffer from heart failure, carpal tunnel in both hands, and a psychiatric condition. Between them, and depending on their severity, these conditions could render a person unable to work more than 15 hours a week. There is no sensible basis for treating people with multiple impairments which have a severe impact on their capacity to work any differently to someone with a single severe impairment.

Receiving 20 or more impairment points across tables should be considered a very strong indicator of impairment, not serve as an automatic and arbitrary trigger to make them wait at least 18 months longer before even being able to submit a claim for a DSP.

The Program of Support also fails to pass a basic common sense test: if a person has been medically assessed as being unable to work for more than 15 hours a week, they should not be forced on to a Centrelink payment designed for people who can work. Nor should they be forced to participate in mutual obligation activities requiring them to look for work before they can apply for an appropriate benefit.

A recent survey conducted by Anglicare Australia found that, instead of being helpful, programs like JobActive subject people to pointless tasks that do not help them find work. In some cases, they get in the way of activities they find meaningful. The system also punishes people for minor errors, or for no reason at all. When asked about their attitudes to their Centrelink obligations, very few

respondents agreed that Centrelink activities were helping them find paid work. Attitudes towards Centrelink obligations, and Centrelink itself, were overwhelmingly negative. Seventy-nine per cent of people considered their Centrelink activities pointless. Seventy-four per cent of participants were willing to participate in activities that are fair, and 75 per cent in activities that lead to work.<sup>xxiii</sup>

Recent research from Maastricht and James Cook Universities adds further weight to these experiences. They found that people subjected to mutual obligations search just as intensively (if not more) for jobs, but that they took longer to find employment and spent less time in employment twelve months on. Their findings are that mutual obligation programs are not helpful, and that removing mutual obligations would improve employment outcomes in addition to removing red tape.<sup>xxiv</sup> Subjecting people who are medically unfit to work to mutual obligation programs for an extended period is unhelpful, a waste of their time, and a waste of Government resources.

#### **Recommendation: Abandon Program of Support**

Anglicare Australia calls on the Australian Government to remove all requirements for a prospective DSP claimant to participate in a Program of Support prior to being eligible to claim for a DSP.

#### **Participation requirements for people under 35**

In 2014 the Australian Government introduced participation requirements for DSP recipients who are under 35 years of age, assessed as being able to work up to eight hours per week, and who do not have a condition that meets the manifest medical rules. These requirements include having to agree to and sign a participation plan, attend regular face-to-face interviews, and complete compulsory activities that are a part of a participation plan, such as attending education or training or “connecting” with an Employment Services Provider.<sup>xxv</sup>

Anglicare Australia strongly opposes these participation requirements. If a person is assessed as eligible for the DSP, and as being unable to work for more than 15 hours per week for at least the next two years, they should not be subject to such mutual obligation requirements. Nor should they be treated differently to other DSP recipients because of their age.

These changes were introduced as part of the 2014 Budget measures. In describing their introduction, the Budget papers noted that:

*“The Australian Government is making changes to ensure young people with full capacity to work will be encouraged to either earn or learn. From 1 July 2014, compulsory work-focused activities, such as work experience or education and training, will be introduced for certain disability support pension recipients aged under 35 years, to help increase their chances of finding and keeping a job.”<sup>xxvi</sup>*

It is a nonsense to talk about people with “full capacity to work” in one sentence and move directly to referring to people receiving the DSP in the next. Anglicare Australia believes that people who receive the DSP should be able to participate in study and paid work, and indeed should be assisted to do so. They should not, however, have their payment put at risk or jump through administrative hoops to

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get exemptions from these mutual obligation requirements.

**Recommendation: Remove mutual obligation requirements for all DSP recipients**

Anglicare Australia recommends that all participation requirements be removed for Disability Support Pension recipients who are under the age of 35.

## Workforce engagement

Fourteen per cent of DSP recipients receive a part-rate payment, meaning they are logging some paid work with Centrelink.<sup>xxvii</sup> Despite the eligibility criteria for the DSP requiring that an applicant be assessed as being able to work no more than 15 hours per week, DSP recipients are able to work up to 30 hours per week without losing their payment. If a payment is stopped because a recipient is working more than 30 hours a week, it can still be restarted if they go back to working less than 30 hours per week within two years of their payment being stopped.<sup>xxviii</sup>

Anglicare Australia supports this common sense approach, which does not unduly penalise workforce participation for people receiving the DSP. Nonetheless, Anglicare Australia has heard that some DSP recipients are worried about losing their DSP if they take on paid work. One DSP participant on a Reddit forum discussing this Senate Inquiry noted that:

*"...because many people on DSP are petrified that if they try and work a few hours a week, Centrelink will suddenly decide they can work more and more hours, prompting a review by a government appointed doctor, and then getting kicked off the DSP. It's happened many times, so why the hell would you want to risk the pittance you get and the modicum of security it provides?"<sup>xxix</sup>*

This is supported by the Productivity Commission, who observed that:

*"Complexity also creates uncertainty. Once people are not sure about the effects of working (by themselves or a family member) on their DSP benefits, their behaviours are likely to reflect that uncertainty. In particular, doing nothing is often a reasonable strategy for a risk averse person."<sup>xxx</sup>*

One of Anglicare Australia's members, EPIC, provides Disability Employment Services. They describe how people receiving the DSP use their services, noting:

*"Participation in Disability Employment Services does vary from participant to participant and is influenced by the "type" of DSP they are on. By that we mean whether they have voluntary or compulsory mutual obligation requirements and were they automatically put on DSP or [if] it [was] a challenge for them to obtain it.*

*If they were put on the DSP automatically due to the nature of their disability then generally speaking, they are more willing to participate in Disability Employment Services and obtain work at or above their benchmark hours. For those that faced significant challenges obtaining the DSP they are generally hesitant to participate in employment if the hours/income will impact on their DSP payments."*

Another disincentive to workforce participation is the way that the DSP's taper rates interact with the tax system, creating a high effective marginal tax rate for people working more than one day per fortnight. This has been explored by the Productivity Commission in various reports, as well as in academic literature, for example by members of the Tax and Transfer Policy Institute at the Australian National University.<sup>xxxi</sup>

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It would be helpful to have a more thorough understanding of both the workforce disincentives for DSP recipients, as well as an understanding of how EMTRs operate in practice. Academics, social policy experts, current and potential employers, as well as DSP recipients, their families, carers, and the organisations that support them could all contribute their knowledge to a research project that sought to explore this in more detail. Such a project would help policy makers in their ongoing efforts to encourage workforce participation for people with disability, where those people are willing and able to work.

**Recommendation: Further investigate workforce disincentives**

Anglicare Australia recommends that the Australian Government commission research to investigate workforce disincentives, including the impact of effective marginal tax rates, on DSP recipients, and publish the report/s and the Government's responses to any recommendations within three months of receiving it.

## People miss out or have to wait for a pension

Despite the introduction of the new impairment tables and requirements to participate in a Program of Support, roughly 100,000 people still apply for a DSP each year. The requirements have not made people's disabilities and illnesses go away. Instead, they have forced people to jump through more administrative hoops, or forced them to remain on other payments, such as JobSeeker or Youth Allowance. Data from the Australian Institute of Health and Welfare show that in parallel with the tightening of the DSP eligibility criteria in 2012, there has been a significant increase in the proportion of people receiving JobSeeker who have been assessed as having a partial capacity to work, growing from 26 per cent in 2014 to 42 per cent in 2019.<sup>xxxii</sup>

In 2019 there were about 200,000 people with a disability living on the then Newstart payment.<sup>xxxiii</sup> People with disability who receive unemployment benefits may be able to obtain a temporary incapitation exemption from participating in mutual obligation requirements, however these are only granted for a maximum of 13 weeks.<sup>xxxiv</sup> Many others, including people assessed as having only a partial capacity to work, are forced to participate in mutual obligation programs, such as Work for the Dole or referral to a JobActive provider. There are also sanctions, including the suspension of a person's income support payment, for failing to meet mutual obligation requirements. A worker from an Anglicare Australia member organisation gave the following account of helping people apply for a DSP:

*"It's a long and painful process. It takes a very, very long time. People get really frustrated. At the beginning they are told the process takes three weeks and they will be contacted within three weeks. But it takes months and months and visits and inviting people back to Centrelink for very little information needed and then it takes another month. One person has been in the process now for eight months. The wait times for a final determination are getting longer and longer and then the appeal gets knocked back. You have to jump through so many hoops that you just give up and settle for Newstart."<sup>xxxv</sup>*

Half of all new DSP recipients are transitioning from another income support payment. The Parliamentary Budget Office observed that "tightening the eligibility criteria around the DSP may reduce direct expenditure on the DSP, but from a whole-of-government expenditure perspective this may be partly offset by expenditure increases on other payments such as Newstart which is paid at a lower rate."<sup>xxxvi</sup> In other words, any financial savings from having fewer people on the DSP are likely to be offset only by having the same people on other, albeit lower, income support payments.

As part of our consultation process for this submission, Anglicare Australia spoke to our member organisations about their experiences of supporting DSP applicants and recipients. We heard about clients who our members believe "should be on a DSP" because they were clearly unable to participate in paid employment but were instead on JobSeeker and struggling to meet their mutual obligation requirements. Anglicare Australia believes that people who need to be on an income support payment because they are unable to work should not be forced to remain on an inappropriate payment such as JobSeeker.

## Creating a new Disability Benefit

Some people are unable to work on a temporary basis. They may be recovering from an illness or accident, or experiencing mental ill health that is not connected to an enduring psychiatric condition. These people should not be forced to apply for JobSeeker, even with a temporary incapacitation exemption, or to participate in mutual obligation programs. They are unable to work full-time, and should be supported by a Government payment whose architecture reflects that. To address these issues, Anglicare Australia proposes the establishment of a new allowance, the Disability Benefit.

Under our proposal, this new allowance will sit between the existing JobSeeker payment and the Disability Support Pension. Unlike the existing DSP, it is not intended to be viewed as a long-term payment, although there would be nothing to stop a person from receiving it on a medium- to long-term basis. The proposed Disability Benefit would be similar to the discontinued Sickness Allowance in that it would have no mutual obligation requirements, although recipients would be encouraged to participate in a DES program on a voluntary basis. The payment rate would be the same as the DSP.

Applicants for the Disability Benefit will be automatically granted the payment within one week if their application has not been assessed, and could then be moved back to the JobSeeker payment without penalty if their application is later assessed and they are found ineligible for the Disability Benefit. Two cohorts of people would be eligible for the Disability Benefit.

**Stream 1** would be made up of people currently eligible for JobSeeker who have a treating doctor's report certifying that they will be unable to work for more than 15 hours per week for at least 12 weeks. People in this stream might also be gathering the evidence they need to apply for a DSP. Once qualified for the Disability Benefit, people in this stream will be able to apply to remain on the payment by producing additional treating doctor's reports. Extensions to remain on the Disability Benefit will be granted if a doctor's report certifies they will be unable to work for between four and 12 weeks. A new treating doctor's report will need to be provided one week prior to the expiry of the existing one, or the recipient will be moved back on to JobSeeker.

**Stream 2** would be made up of people who meet the requirements of a DSP, with 20 or more points across from the DSP impairment tables, whether on one table or across multiple tables. These applicants would have submitted a claim for a DSP, and would be awaiting assessment of their claim. This stream exists to ensure that people who have applied for the DSP and have more than 20 points across one or more impairment tables do not have to wait to receive the full rate of DSP, or be forced to participate in compulsory mutual obligation programs.

Anglicare Australia notes that the Productivity Commission proposed the creation of a similar Disability Benefit, however their proposal differed in that it proposed to use this new allowance to "redefine the DSP as a transitional disability benefit for those with some employment prospects, while retaining the pension for those with low employment prospects".<sup>xxxvii</sup>



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**Recommendation: Creation of a new Disability Benefit**

Anglicare Australia calls for the creation of a new Commonwealth income support payment, the Disability Benefit.

## Conclusion

Anglicare Australia thanks the Committee for opportunity to make this submission. Although the DSP functions well for many people, there are significant problems with design and administration of the DSP. These relate in particular to the changes introduced in 2011 to the eligibility criteria, and the introduction of the requirement that some people participate in a “Program of Support” for at least 18 months before they may qualify for the DSP. The eligibility tables need to be revised to reflect the fact that people with multiple impairments across different tables can be severely impacted by these, and the Program of Support requirements must be abandoned.

Anglicare Australia believes that if people are unable to work, they should not be forced to look for work or participate in mutual compulsory activities that do not help them. Nor should they be forced to receive a payment that is not designed for people in their circumstances.

There needs to be more help available to prospective and current DSP recipients, both via formal agencies such as specialist social security community legal centres, as well as through other organisations that support people with disability. These should both receive adequate funding to meet demand, and DSP applicants should be made aware by Centrelink that such agencies exist and can provide support.

Anglicare Australia also supports the introduction of a new payment, the Disability Benefit, to bridge the gap between the JobSeeker and DSP payments. This is because too many people who are waiting to have a DSP claim are forced to remain on JobSeeker, and too many people on JobSeeker who have no or very limited capacity to work are forced to participate in mutual obligation activities or risk losing their payments.

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<sup>i</sup> Parliamentary Budget Office (2018) [Disability Support Pension – Historic and Projected Trends](#).

<sup>ii</sup> Services Australia (2020) [Disability Support Pension online pre claim guide](#).

<sup>iii</sup> Services Australia (2020) [Disability Support Pension: Manifest medical rules](#).

<sup>iv</sup> Yeend, Peter (2010) [Budget 2010-11 Welfare – Disability Support Pension](#)

<sup>v</sup> Parliamentary Budget Office, op cit.

<sup>vi</sup> The Impairment tables remain unchanged since their introduction in 2011. They can be found on the Services Australia website, [here](#).

<sup>vii</sup> Parliamentary Budget Office, op cit.

<sup>viii</sup> Services Australia (2020) [Annual Report 2019-2020](#).

<sup>ix</sup> Productivity Commission (2020) [Mental Health Inquiry Report, Volume 3](#).

<sup>x</sup> Services Australia (2021) [Claim for Disability Support Pension Form](#).

<sup>xi</sup> Department of Social Services (2021) [Social Security Guide: Job capacity assessment](#).

<sup>xiii</sup> Services Australia (2021) [Disability Support Pension: General Medical Rules](#).

<sup>xiv</sup> Hinton, T (2018) [Paying the Price of Welfare Reform](#).

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