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Grampians disAbility Advocacy Association Inc.

Submission to the **Senate Inquiry into the Purpose, intent and adequacy of the Disability Support Pension.**

Submitted by: Deborah Verdon, Executive Officer, with input from GdA disability advocates

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Inclusions: Three personal stories from clients of GdA, in their own words.
Three advocacy examples

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About GdA

Grampians disAbility Advocacy is an independent, community based organisation that delivers free advocacy support to people of any age with any kind of disability across 11 Local Government Areas in western Victoria. It is funded by both State and Federal Governments. It has four outlets across the region of coverage. Currently more than 50 percent of requests for assistance are related to Disability Support Pension applications or rejections. This number has grown exponentially over the past five years.

About this submission

This submission will address the following items from the terms of reference:

a. the purpose of the DSP;

b. the DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal;

The submission also contains the personal experiences of three of GdA's rural/regional clients who have encountered significant barriers accessing the DSP. These accounts have been deidentified and are presented with the permission of the clients.
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The purpose of the DSP

The Australian Government's Services Australia website defines the Disability Support Pension as "Financial help if you have a permanent physical, intellectual or psychiatric condition that stops you from working."
While this sounds straightforward, disability advocates can attest to the fact that the permanency of a disability or the fact that you cannot work does not guarantee the success of a DSP claim.
Traditionally the purpose of the DSP (originally the "invalid" pension) has been to ensure those who cannot gain or maintain employment due to the effects of their disability are financially supported by the welfare system. The Commonwealth Department of Human Services (now Services Australia) revealed in response to a Budget Estimates question in December 2017 that almost 75 per cent of applications for the DSP were rejected in 2016-17. This is a trend that has continued until today. The rate of rejections is testament to the fact the DSP is failing as the safety net it was designed to be.

The DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal

The DSP eligibility criteria makes it very difficult for people who genuinely need the support that it offers. Qualifying for the DSP has become a burdensome process for people who already face multiple barriers due to their disability. This is especially true for those experiencing psychiatric disability or a cognitive impairment. The degree of difficulty involved in "proving" the disability to Services Australia's satisfaction often results in an even greater degree of mental or physical distress that in turn prevents the applicant from completing the process. Those most in need are those most unable to gain this vital support due to the process itself.

GdA's disability advocates have identified the following issues from their experience supporting clients with applications and appeals:

Issues with the DSP

GdA's disability advocates have identified the following issues from their experience supporting clients with applications and appeals:

1. A person with multiple health conditions is severely disadvantaged by the points-based Impairment Tables. People who have multiple conditions are unable to participate in the required Program of Support for 18 months because their combined disabilities are debilitating. They are as much in need of the DSP as a person with one condition achieving 20 points on one table, who is not required to complete the Program of Support. The Administrative Appeals Tribunal has acknowledged in a hearing that this is inequitable but that it is bound by the legislation.

2. Medical exemptions are given for someone that is not well enough or able to meet their mutual obligations, and yet the exemption does not count towards the required 18 months of active POS. This makes it almost impossible for some people to ever meet the requirement as they have multiple disabilities that will always prevent participation.

3. Services Australia does not always accept good evidence from GPs and Specialists as being adequate for the DSP. The treating doctor report has been superseded by a checklist that does not provide the comprehensive evidence required for success. This causes frustration and apathy within the medical profession, with doctors resenting the patient returning time and again for more information. This has a detrimental effect on the doctor-patient relationship. All of this is quite apart from the barriers encountered when trying to access an appropriate specialist in rural Victoria to even have the opportunity of including a report in the DSP application. For instance, the requirement for a report from a

clinical psychologist or psychiatrist for mental health conditions can be impossible to meet in rural/remote locations as these specialists simply do not exist in those communities.

4. Disability Employment Service providers are reluctant to exit people from their program to enable them to apply for the DSP as that means a loss of government income for them. This is a conflict of interest that interferes with the right of a person with a disability to submit a claim for the DSP.

5. Services Australia is not a culturally safe environment for Aboriginal and Torres Strait Islander People. The complex application and appeals process means many First Nations People are denied the DSP that they are entitled to receive.

6. A person with a cognitive disability or mental health condition cannot navigate the DSP system without the assistance of an advocate. However, there are not sufficient disability advocacy resources to ensure each person who needs advocacy support can receive it. As a result people with mental health conditions often slip into poverty and homelessness as the “safety net” is not available for them.

7. The DSP and the NDIS are two Commonwealth support systems specifically for people with a disability. Yet a person can be considered disabled enough to be eligible for the NDIS but not the DSP, and vice versa. This adds another layer of difficulty for the person experiencing disability to negotiate.

Advocacy Examples

Example #1: Client receiving DSP for 15 years was told she no longer met the eligibility criteria. She was 57 years old. It took three years, an AAT appeal, hours of work by an advocate and a Victoria Legal Aid lawyer to finally gain an admission from Centrelink that it was a “mistake” and she was entitled to the DSP after all. The Client said: “I felt like a criminal, like I was asking for something I wasn’t entitled to. I felt like just giving up and ending it all.”

Example#2: Client had DSP eligibility revoked after 28 years due to being “dobbed in”. The allegations were proven to be false, but it was left to the advocate to assist the client to reapply. Centrelink would not liaise with the advocate even though the client was suicidal and incapable of dealing with the stress of the application process. Eventually Victoria Legal Aid was engaged and the DSP was reinstated after three years of combined efforts. Later the advocate discovered at a DSP training session that the DSP should not have been subject to a review and the DSP should never have been cancelled.

Example#3: Client had a diagnosis of severe PTSD. His DSP application was rejected and he sought advocacy support to appeal the decision. Client was advised by advocate to go to Centrelink and request internal review. Centrelink officer at front desk refused to accept the request, stating “there’s no point, you won’t get it anyway”. It is a person’s right under the law to submit a request for an internal review. The client had to return with a letter from his advocate detailing this fact before it was accepted.

Advocacy clients’ first hand evidence

Story #1

“I have found the process for applying for DSP very difficult, distressing at times where I feel so worthless as a person that I have to be applying for the pension yet cannot get support from Centrelink and I have at times felt regret to be alive. I can no longer use social media because of the constant triggering of my situation that I don’t fit into working and contributing to my community but I also don’t fit into being supported as I desperately need.

Regarding my application there was a six month wait only to be rejected. One of my key supporting documents wasn't uploaded properly and instead of calling or writing to me for the full information they just wrote in my rejection letter about it not being the full document.

My GP feels that I cannot work for at least the next two years and she has told Centrelink that my conditions are permanent. Centrelink said my condition is permanent so this means I am from my job seeking commitments and therefore my medical certificate is rejected. I had to go back to my GP and ask her to change the medical certificate because of this. The following certificate was also rejected by Centrelink because my Doctor said I cannot work within the next twelve months. I am forced to keep approaching my GP and ask her to change her documents which makes me extremely uncomfortable and I believe this is wrong.

Centrelink recently did an employment assessment report based on my job seeking abilities which they didn't consult with me about and didn't tell me about it. They used my past medical information from more than two years ago and most of it was incorrect and outdated. I had to request a new assessment which they have done with me but now will not give me a copy of their report. They say it is confidential and an internal report with sensitive information about me that I cannot see. I called and asked them for details on how to obtain a freedom of information form to request the report and they did not help me. They said I should never have been given the previous (incorrect) report. I found the information on their website through google and have now put in a FOI request. I believe the process for applying for the DSP is purposely tricky, daunting, unsupported, stigmatized and unfairly investigated in order to keep as many people off the DSP as they possibly can.

Can I also please say that the process of having to use my appointment times with medical practitioners for requesting Centrelink documents and discussing my financial situation and application for the DSP has been incredibly damaging to my relationship with my Doctors. It's actually disgusting and I have had many times not been able to return to them. I have had to get outside support to talk to my Doctors on my behalf because of how degrading this process has been. This isolates me further from the community and very much damages the critical relationships I need to keep good so that I can have some quality of life."

By "S" in regional Vic

Story#2

"I am writing in regard to the application process of the DSP.

With having an ongoing extensive history with autoimmune and health issues I have found the process overwhelming at times. Having ongoing health battles with memory loss it's quite a difficult task to collect data and have every word critiqued over the meaning the terminology was referring to.

I am now applying for the second time after being rejected four years ago by 1 point for the way a question was read, being my ailments being treated and stabilised, which was when read in the context felt like a trick question when filling the form on my own.

I am grateful for the help of my advocate for helping with applying this time to help me understand this difficult process.

After being rejected four years ago my health has deteriorated extensively and have found it hard to work and get by. With no extra money for anything that may crop up I am barely scraping by, too unwell often to do the basic things and after bills, barely affording to eat or maintain where I reside.

I feel many genuine applicants would find this task too hard to complete being left falling through the cracks, causing depression, isolation and a feeling of uselessness.'

The DSP is below the poverty line often leaving people with no capacity to save money or to have money to spend on the various treatments that they would benefit from.

The amount of money that people receive from the DSP would be deemed by most people as not enough to sustain an adequate quality of life. This leaves people very vulnerable if something goes wrong or if an unforeseen expense arises, e.g. dentistry, car problems.

If there were improved payments it would benefit the community and the economy in that there would be less strain on services, e.g. Mental Health and Allied Health services.

with people not being able to access the DSP there is greater risk for people being homeless or having unstable housing. This is both very difficult for the person and puts a strain on housing and homelessness services.
The way that the system is set up if people don't do what is required of them by the Government, e.g. mutual obligations, they are at risk of losing their payments. This brings on a great deal of stress and anxiety, having a negative impact on people's Mental Health."

By "K" in regional Vic

Story #3

"To obtain the DSP is a terrible mental strain on any family. We have tried three times and are now on our fourth attempt.
The mental anguish before of their tight and ridiculous requests causes such mental anguish.
The doctor even gets stumped. This causes such stress; it really is hard to describe.
I feel because I work, that I should just keep going until I drop because that's the way the system is.
Don't mention the money my husband's illness has and is costing money – they don't want to know.
This caused us to separate briefly in 2017 as I couldn't cope with it all.
The information required is such a long drawn process, it is enough to drop the claim.
Then to get the doctors to fill out the forms is so time consuming when they are time poor.
The process is very stressful and the you get told "no", it has a huge mental impact on a couple.
Believe me I know, the time and effort I have put into this many times has left me at times very emotional and bitter.
I put a lot of my time and effort to help "W" have as normal life as possible.
Without me, he is not recognised with a disability by Centrelink, but is with his Dr and the NDIS.
How does it make sense when I received a carer allowance, and have for at least seven years?
For my husband, the systems have failed him badly. This has left him an angry and bitter man at times as he has been fully reliant on me and made to feel like he could and should be out there working.
His medication which is ongoing and is costly, he also has prostate cancer.
I am 61 and still working, keeping things going. Nobody looks at me and what I am doing to keep things right.
"W" deserves to be recognized as a human being in need of this support which really is unreachable with the rules and regulations implemented."

By "LS" in rural Vic

Recommendations

1. Remove the requirement for people with multiple impairments to complete a Program of Support.
2. Provide clearer guidelines for medical professionals regarding the information required in reporting on the impairments experienced by their patients.
3. Accept evidence provided by treating General Practitioners in rural/remote areas where specialists are not available.
4. Employ ATSI social workers at Services Australia outlets to assist First Nations People to navigate the DSP application process and accept evidence of disability from Aboriginal Community Controlled Health Organisations who are providing a culturally safe environment and treatmentsfor the applicant.
5. Provide additional financial resources for Commonwealth funded disability advocacy services to assist people with disability to apply for the DSP and appeal decisions if necessary.