



Submission to the inquiry into the purpose, intent and adequacy of the Disability Support Pension

Advocacy for Inclusion

About Advocacy for Inclusion

Advocacy for Inclusion is a leading independent organisation providing dedicated individual and self-advocacy services and training, information and resources in the ACT. We deliver reputable national systemic advocacy informed by our extensive experience in individual advocacy and community and government consultation.

As a Disabled People's Organisation, the majority of our organisation, including our Board of Management, staff and members, are people with disabilities. Advocacy for Inclusion speaks with the authority of lived experience and is strongly committed to advancing opportunities for the insights, experiences and opinions of people with disabilities to be heard and acknowledged.

Advocacy for Inclusion operates under a human rights framework. We uphold the principles of the United Nations *Convention on the Rights of Persons with Disabilities* and strive to promote and advance the human rights and inclusion of people with disabilities in the community. Advocacy for Inclusion is a declared public authority under the *Human Rights Act 2004*.

Contact details:

2.02 Griffin Centre

20 Genge Street

Canberra City ACT 2601

Phone: 6257 4005

Email: info@advocacyforinclusion.org

ABN: 90 670 934 099

Prepared and written by Stacy Rheese, Team Leader Policy

Authorised by Nicolas Lawler, Chief Executive Officer

© Copyright Advocacy for Inclusion Inc.



Advocacy for Inclusion acknowledges the Aboriginal and Torres Strait Islander peoples as Traditional Custodians of the lands where we live, learn and work.



We respect and celebrate diversity of individuals, including those amongst the lesbian, gay, bisexual, trans, and intersex communities and we value and promote inclusion and diversity in our communities.

Introduction

This submission has been developed with reference to AFI's extensive experience supporting and advocating for the rights of people with disability in the ACT, and with direct input and firsthand accounts from people with disability and their supporters with experience of the Disability Support Pension and related matters. Full lived experience accounts, as provided to AFI, are attached in Appendix 1. Samples of AFI advocate communications regarding a DSP matter, including multiple resources used, are attached in Appendix 2.

AFI supports the submission by the ACT Council of Social Service Inc. (ACTCOSS) to this inquiry. AFI's submission should be read in conjunction with the ACTCOSS submission.

Recommendations

AFI supports the key recommendations from the Australian Council of Social Service (ACOSS) as outlined in ACTCOSS' submission:

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

In addition, AFI provides the following recommendations:

- Provide assistance to reduce financial and administrative burden, such as a Medicare item, to support people with disability and health professionals to resource access to required medical evidence
- Simplify eligibility requirements

- Provide additional training and support for health professionals to understand DSP process and better support people with disability with provision of accurate and relevant medical evidence
- Commit to maintaining and improving accessible communication, access and participation options, including human interaction options and in person services
- Increase the payment rate of the DSP
- Adjustments to DSP process and requirements focus on expanding the system to better support episodic conditions, mental illness or psychosocial disability and multiple or chronic conditions to extend support to increase capacity and sustain well-being

Procedural barriers

The majority of AFI clients who seek support regarding the Disability Support Pension request support to apply. They have often already applied at least once, and may have initiated or participated in the appeal process. In our experience, the complexity of the process of being found eligible for the DSP is a significant concern, which is limiting access and creating additional financial and administrative burden and distress for people with disability.

Communications about rejected applications are often not transparent, and provide little insight for people with disability to take further action. For example, Centrelink correspondence to an AFI client stated 'We have rejected your claim for Disability Support Pension. This is because you did not provide sufficient medical evidence for us to assess your claim. If you provide further medical evidence we may be able to review this decision.'¹ Being provided such little information and direction in rejection of an application often results in people with disability submitting massive amounts of medical information, or repeatedly requesting additional reports and assessments from their treating health professionals. This indicates that many people with disability are not adequately informed or able to participate in the process with understanding. Providing additional medical evidence without clarity of what is required seems to be very inefficient for Services Australia and also places a heavy administrative and financial burden upon people with disability to pay for and arrange additional appointments and services which may not be necessary.

AFI has communicated with many health professionals who have expressed outrage and disbelief that their patients' DSP applications have been rejected, as well as frustration at additional

¹ Centrelink correspondence received by AFI client.

requests for further medical evidence. We highlight the additional stress and impact this has on the relationship between people with disability and their treating professionals.

AFI has also heard from multiple clients with mental health conditions that health professionals or supports have told them that they will not be eligible, or that they should not attempt to apply for the DSP out of concern that this would impact the individual's understanding of their condition. This highlights the challenges of the current DSP in interacting with the recovery model practice in mental health, and additional barriers faced by people with psychosocial disability in accessing support.

'The hospital's social worker noted that the DSP was for permanent disabilities and expressed concern that I would consequently believe that I was 'permanently unwell'.²

Recommendations

Provide assistance to reduce financial and administrative burden, such as a Medicare item, to support people with disability and health professionals to resource access to required medical evidence.

Simplify eligibility requirements.

Provide additional training and support for health professionals to understand DSP process and better support people with disability with provision of accurate and relevant medical evidence.

The prescriptive wording and apparent interpretation of eligibility criteria creates an additional barrier to the considered sufficiency of medical evidence. In the majority of cases, the health professionals AFI has interacted with have not had an understanding of the DSP application process, Impairment Tables, or accurate knowledge of the wording and information required for DSP applications. AFI emphasises that understanding exactly what medical evidence is required often necessitates interpretation of expansive legislation, crosschecked with complex rules such as those contained within the *Social Security Guide*, yet health professionals may receive no training or resources to do this.

AFI has provided example written communications from an advocate explaining the DSP process to parents/carers and the relevant health professional to assist the sourcing of the necessary medical evidence for a client's DSP application process (see Appendix 2). We highlight the

² Lived experience account provided to AFI – Full account in Appendix 2.

complexity of this information and the significant difficulty this poses for advocates and other supports to effectively communicate this process to people with disability and their supports. Concerningly, AFI has also supported clients who have received support from multiple services to re-apply for the DSP, without the correct medical evidence as required under the Impairment Tables and *Social Security Guide*. Many people with disability are provided assistance to fill in forms, or to initiate the appeal process, without this assistance being fully informed or having further insight into the requirements or being able to support individuals to become better informed themselves. This again highlights the complexity of the process, and the difficulty even services have in correctly interpreting the legislation and criteria requirements. This also further adds to the burden and distress experienced by people with disability, and extends periods of disadvantage when they do not receive necessary support.

The requirement that a condition be 'fully diagnosed, treated and stabilised'³ creates an overwhelming barrier for many in need of adequate support. While this requirement appears to often complicate the provision and interpretation of medical evidence (if not articulated or corroborated sufficiently), it also creates a significant barrier to particular conditions. AFI has identified challenges with both awareness of this requirement by people with disability and health professionals, as well as the interpretation of this criteria by health professionals, if the interpretation is not informed by an accurate knowledge of relevant social policy law. The requirement appears to often create complex and disadvantageous outcomes in relation to certain conditions, including episodic conditions, as discussed further below.

Long waiting times and slow appeals processes are further concerns which have been highlighted by clients. Again, this places additional burden on the individual applying, and causes further distress as they experience inadequate support for extensive periods.

'Its been 36 days since I put in my appeal for my DSP. I called up and was told they cannot fast track or do anything with my appeal until 49 days. So 2 more weeks. At the same time, my husband is being told that they cant fast track his JobSeeker and that he has to wait 17 more days. So we are at a loss with our hands in our heads, no more luxuries like heating through the night.'⁴

We note that the majority of clients who have recently accessed AFI regarding support to access the DSP have eventually been found eligible, including a client who had first applied over a year prior to accessing AFI, who had appealed the rejection and was in the process of re-applying. We highlight that these client's support needs and functioning often have not changed since their original application, but they have been effectively supported to navigate the process of applying.

³ 1.1.F.240 Fully diagnosed, fully treated & fully stabilised (FDTS) (DSP) in Australian Government *Social Security Guide* Version 1.283, July 2021.

⁴ Lived experience account provided to AFI – Full account in Appendix 2.

It is a significant concern that individuals may require the support of an advocate to access the DSP. This raises fundamental concerns of the adequacy of the process and current supports, and may indicate significant disadvantage and lack of access for people with disability who do not have access to adequate supports, or who are not aware of appeal options and specifics of the process.

We note the significantly low reported success rate of DSP applications, and correlation of this with the reforms and the introduction of Impairment Tables.⁵ AFI submits that the current rate of successful DSP applications is likely not reflective of actual need, or sufficiently responsive to be providing adequate support. We highlight the further disadvantage and risk people with disability face if not adequately and appropriately supported.

Case Study

AFI advocated for Jack*, who was living with human immunodeficiency virus (HIV), and mental illness (schizophrenia and anxiety disorder). When Jack was referred to AFI, he was at risk of homelessness due to rent arrears and was also experiencing suicidal ideation.

Prior to becoming unwell, Jack worked for many years as a retail assistant; however, he had been dismissed because of poor work attendance due to his illness. With no family or supports, he attempted to apply for the Disability Support Pension but was declined. Jack did not appeal the decision, as he did not know he could.

Now living on a Newstart allowance, Jack had been unwell and isolated himself in his private rental, which he had lived in for many years. This resulted in his Newstart payment being cut off, after failing to lodge his mutual obligation requirements (work form).

Before having his payments cut off, Jack was receiving \$545.80 per fortnight plus \$134.80 per fortnight rent assistance, which totalled \$689.40 per fortnight. Jack's private rental was \$560 per fortnight, leaving him with just over \$120 per fortnight to buy food, medication and pay electricity. Jack had supplemented the Newstart payment with his savings since losing his job, but all his savings were now depleted. Jack would go without eating so he could purchase much-needed medication and was forced to supplement his food bill by using charity food hampers.

⁵ Norman Hermant *Record number of people with a disability being forced onto Newstart* ABC, 2019 <<https://www.abc.net.au/news/2019-09-12/disability-support-pension-applicants-diverted-to-newstart/11486164>>;

See also Luke Michael Sharp *Decline in People Accessing Disability Support Pension* Probono Australia, 2018 <<https://probonoaustralia.com.au/news/2018/02/sharp-decline-people-accessing-disability-support-pension/>>.

The week after AFI engaged with advocacy services, Jack was admitted to the hospital with pneumonia which health experts advised may have been due to living in cold and damp conditions in his home as he could not afford to run the heating.

Jack died weeks later in hospital with complications due to HIV and pneumonia.

***Name has been changed and case study de-identified**

Programs of Support

Many of the clients AFI has supported have also been directed to participate in a Program of Support (POS) after being found ineligible for the DSP. AFI highlights that an individual who is actually eligible for the DSP but whose application has failed to meet the criteria will likely face significant difficulty in engaging with a POS. For some AFI clients, this requirement has caused distress and negatively impacted their health. It has also created an additional burden as individuals have had to source evidence to prove their inability to participate (in multiple cases, these clients have later been found eligible for the DSP, raising the question of why they have been made to face this additional burden). Another client has also reported to AFI that after repeatedly providing evidence that they are unable to participate in a POS, they had been directed by Services Australia that they should apply for DSP, as their conditions are permanent, yet they have then had their application for DSP rejected, which not surprisingly caused significant confusion and frustration for the client.

Communication and information sharing

'I am trying to help my daughter get work so that she is not dependant on the DSP but it is so difficult to submit pay details for just a few hours work that I wonder if its worth the effort. I can understand why some families do not even try to find work for their child that has a significant disability.'⁶

A significant concern raised by many of our clients and members has been difficulty accurately communicating, and sharing or accessing information, with Services Australia. This includes difficulty navigating automated and online processes, lack of transparency and waiting times.

'all of a sudden out of no where. I received a heartless MyGov email. I had been taken off my DSP ... This meant that I was no longer eligible for the free CPAP machine I needed for my Sleep Apnoea. It was devastating. I was now paying full price for everything from rego for my car (because I suffer

⁶ Lived experience account provided to AFI – Full account in Appendix 2.

severe agoraphobia and social anxiety I need my own transport), to prescription medication. I called the Services Australia Disability line and was turned away because they said my husband was earning too much. We thought we could manage on my husbands wage. But my husbands work was paying him incorrectly, taking days worth of money out of his pay because I required him to work from home 2 days a week. This meant that we were actually entitled to JobSeeker and DSP payments because he wasn't actually earning the \$3,400 something centrelink claimed he was earning.⁷

AFI notes with concern the closure of the ACT Centrelink office in Braddon, and the reported reduction in provision of face-to-face services. The ability to communicate in person is essential for many people with disability to enable effective communication and understanding. AFI frequently utilised the Braddon office to support clients and to provide services on behalf of clients which are made impossible by automated systems, and increasingly common inaccessible barriers such as voice recognition technology. The option to communicate clearly increases the likelihood of resolving issues earlier, leads to better outcomes and lessens the chance of serious repercussions for our clients. Increasingly pivoting to online services creates more barriers for people with disability who may face discriminatory accessibility issues when using online or telephone-based services.

Lived experience⁸

My daughter aged 20 has just started a part time job, she will be working 2 hours a week for a month then increasing up to 4 hours and then hopefully more hours as she gains skills in the workforce. She is on a disability support pension. she is required to submit her hours fortnightly but is unable to do this independently at present. So we are trying to get this set up so I can submit her hours.

Issues encountered

1. If the employer pays back pay in a fortnight that covers a 6 week period then the pension is effected unless you have a staff member at the centre link put the pays in and average the hours over the relevant period. My daughter was under the threshold and her pension should not have been effected but if it went in, in the one fortnight she would have missed out on receiving all her pension that fortnight. There is no way my daughter would have been able to have discussed this with Centrelink and make them understand what had happened. It was difficult to get the centrelink staff even understand me when I tried to explain the issue.

⁷ Lived experience account provided to AFI – Full account in Appendix 2.

⁸ Lived experience account provided to AFI – Full account in Appendix 2.

2. Lodging hours worked is hard for someone with a moderate intellectual disability. And it is very time sensitive.

3. There are major problems with the technology used to submit hours

a) the Mygov website doesn't show task for for my daughter even when I log in. Currently my mygov when I log and change to "act for" my daughter in does not show this task as outstanding. I have made 3 trips to our local centrelink office, each time the people there have been friendly and helpful but they advise that I should be able to do it online but they can just do it for me at the shopfront. Each time they do it for me and tell just to keep coming back in if it doesn't work next time. It doesn't work so I have to make another trip. I have spent about 6 hours in the last week trying to get it to work. I think there is a problem with how it is linked but I have not been able to work out what is wrong.

b)The app does not work for me (as an authorised person) as it is not linked to my profile. It would only work if I set up the app for my daughter who doesn't yet have the skills to use it.

c) I have to remember to lodge these hours fortnight on the specific day that it is due but I do not get a reminder do so.

...

Recommend

1. Easier system for people with a moderate to severe intellectual disability
2. Training sessions for people with an ID (and their supports)
3. Dedicated contact person for these people who can assist them (and their supports) so that they dont spend hours trying to get it to work.

Recommendation

Commit to maintaining and improving accessible communication, access and participation options, including human interaction options and in person services.

Adequacy of rate of pension

'For a person who is 20 years of age the pension rate is only \$486.50 per fortnight (\$12649 per year) I cant understand the minimum kicking in at such a low level. There is no way they would be able to support themselves.'⁹

⁹ Lived experience account provided to AFI – Full account in Appendix 2.

In our experience, and as described by people with disability, the current rate of the DSP does not provide sufficient financial security and allow people to meet necessary living standards such as using heating. The DSP should meet community expectations of enabling people with disability to live independently, with dignity and actively participate in their communities. Instead AFI consistently hears reports of people on DSP unable to sustain independence, and becoming isolated and suffering negative health impacts.

Lived experience¹⁰

I lived on Disability Pension for number of years and every week was a struggle. It is bad enough having constant pain, physical restrictions and depression this causes, while waiting years on wait lists to see specialists. Then there is social isolation where you cant afford to lunch with friends, go to a movie etc or physically go for a walk or hike, so bit by bit you loose contact, partly because of physical restrictions and partly lack of finances, but also because maybe cant drive or afford the petrol or bus services poor in your area. You may make contacts through illness groups but always talking about health issues becomes depressing. I organised 120+ social functions for group of 100+ members and was very popular. When unable to keep doing this within months I heard from no-one. Years later its still difficult and isolating. When I reached retirement age I changed to Age Pension as less non verbal discrimination when using it.

AFI supports an increase to DSP rate, particularly following Covid-19 and the long-term financial repercussions expected to more heavily impact people with disability and those on low incomes.¹¹ We note that an increase to social security spending 'yields strong benefits in terms of reducing poverty and financial stress when targeted towards working age payments with high rates of poverty and financial stress,' including the Disability Support Pension.¹²

People with disability and those on DSP are less likely to benefit from a rise in employment rates (as discussed further below). The DSP must be able to sustain a sufficient living standard in the justifiable assumption that it may be a sole source of income throughout an individual's lifetime. We also highlight that many people with disability experience additional costs associated with treatment and support requirements not experienced by people without disability, and this must be considered in calculating a sufficient living standard.

¹⁰ Lived experience account provided to AFI – also in Appendix 2.

¹¹ Nikki Stefanoff *Low-income Aussies have come out of COVID more financially vulnerable than before* Probono Australia, 2021 < https://probonoaustralia.com.au/news/2021/05/low-income-aussies-have-come-out-of-covid-more-financially-vulnerable-than-before/?utm_source=Pro+Bono+Australia+-email+updates&utm_campaign=83a42a8e79-News_1_June_2021&utm_medium=email&utm_term=0_5ee68172fb-83a42a8e79-147626205&mc_cid=83a42a8e79&mc_eid=baec4c7ea1>.

¹² Ben Phillips and Vivikth Narayanan *Financial Stress and Social Security Settings in Australia* ANU Centre for Social Research and Methods, Australian National University April 2021.

Recommendation

Increase the payment rate of the DSP.

The labour market

Despite accessing AFI for a diverse range of advocacy issues, many AFI clients consistently express a desire to gain employment or to increase their current working hours. In a survey of our clients regarding choice and control, the most common goal articulated was 'finding a paid job or to work more hours'.¹³ Permanent employment that includes the full utilisation of a person with disability's knowledge, skills and abilities is associated with well-being and a higher level of life satisfaction than any other employment situation, including unemployment.¹⁴

Many of our clients have expressed an association between employment and success, meaning, independence and accomplishment. For many with episodic or fluctuating conditions, holding steady employment and feeling that they are contributing to their society is used as an important indicator of their own health and recovery. Employment and the associated financial benefit and increase of skills directly impacts on social inclusion, financial security, and independence, which can benefit both a person with disability and their family and carers.

Australia has a low employment participation rate of people with disabilities, ranked 21 out of 29 countries in the Organization for Economic Co-operation and Development.¹⁵ The United Nations Committee on the Rights of Persons with Disabilities stated that the percentage of people with disabilities participating in the public sector is 'particularly low' at 3.7 per cent.¹⁶ In the ACT Public Service this percentage is even lower, with just 2.8% of ACTPS employees identifying as having a disability in June 2020.¹⁷

In 2017 the Standing Committee on Health, Ageing and Community Services undertook to inquire into and report on the employment of people with disabilities in the ACT.¹⁸ Submissions to the Standing Committee highlighted the importance of employment, the need to strengthen links from education to employment and build employment pathway options, the need for disability awareness training within workplaces and the need to build capacity of employers to respond to

¹³ Advocacy for Inclusion *Ask Me. I make my own decisions* 2013, p 14.

¹⁴ Alison M. Konrad, et al, Vocational status and perceived well-being of workers with disabilities *Equality, Diversity and Inclusion: An International Journal* Vol. 31 No. 2, 2012 pp. 100-123 q Emerald Group Publishing Limited 2040-7149 DOI 10.1108/02610151211202772, p 114.

¹⁵ Committee on the Rights of Persons with Disabilities, *Committee on the Rights of Persons with Disabilities reviews report of Australia*, 13 September 2019

<<https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=24989&LangID=E>>.

¹⁶ *Ibid.*

¹⁷ ACT Government, *State of the Service Report 2019-20 Annual Report*, p 44.

¹⁸ Standing Committee on Health, Aging and Community Services *Inquiry into the Employment of People with Disabilities Report 2* August 2017, p iii.

the needs of employees with disabilities.¹⁹ The recommendations of this inquiry are yet to be enacted. Australia is also yet to incorporate the recommendations of the Australian Human Rights Commission Willing to Work Inquiry, and reform Disability Employment Services as recommended by the UN Committee on the Rights of Persons with Disabilities.²⁰

'People with disability are more likely to be casual employees. The current system penalises them for that. When they do work they get the casual loading, when they take leave they get no income. The DSP does not accommodate this. [I recommend] An adjustment to the pension to compensate casual employees who are not rostered or are on leave but have had their pension cut in fortnights when they have earned over the minimum.'²¹

AFI clients have experienced common trends in employment settings including a lack of inclusion and disability awareness, feeling underutilised, and experiencing a lack of opportunity for further training and career development.

Our clients describe workplaces as not being inclusive. Some have given examples such as not being listened to in regards to contributions and ideas, as well as when raising issues which need to be addressed. They also report being excluded from conversations and decisions, and not being consulted for their thoughts. Clients have given the example of colleagues not speaking directly to them, but rather approaching their supervisors and managers to discuss matters concerning the person with disability, or essential information being given to supervisors and managers to pass on, rather than being given directly to the individual.

Another issue people with disabilities experience in workplaces is being underutilised and facing fewer career and skill development opportunities. Clients have described having their individual skills unrecognised, and employers not being prepared to explore potential utilisation of their skills. It is important to note that having employment but feeling that their skills and knowledge are being underutilised is associated with a lower level of satisfaction and higher perceived discrimination than being employed and fully utilised.²² Clients have also described being provided with fewer training opportunities or facing repetitive training and spending long times at a single work level, with lower rates of promotion.

An AFI client in the APS reported that they are not seen as an individual and are not having their individual strengths and skills recognised. Instead they say all workers with a disability in the APS are seen as being the same, with an expectation that people with disability have the same skill

¹⁹ Ibid, p 11.

²⁰ United Nations Committee on the Rights of Persons with Disabilities *Concluding observations on the combined second and third periodic reports of Australia* 2019 p 13.

²¹ Lived experience account provided to AFI – Full account in Appendix 2.

²² Konrad, et al, above n 14, p 114.

level. They had experienced a lack of inclusion, felt they were underutilised and were lacking in opportunities for career development. The Australian Public Service State of the Service Report 2018-2019 stated that employees who identified as having a disability experienced lower perceptions of inclusion and higher rates of workplace bullying and harassment.²³ 12.2 per cent of APS employees perceived discrimination in the past year (2019) and disability discrimination was one of the most common issues in recorded complaints about discrimination.²⁴

Employment support

The many issues with Disability Employment Services/Jobactive have been long recorded²⁵ and the continuing 'lack of clear measures to reform the Disability Employment Services' has been noted with concern by the United Nations Committee on the Rights of Persons with Disabilities.²⁶ AFI continues to see examples of DES providers failing people with disabilities. The concerns AFI clients have raised regarding DES providers have included a lack of disability awareness amongst DES workers, feeling disempowered, not being listened to, not being supported and facing unrealistic pressure.

'I found the obligations of the DES incredibly stressful (and a barrier to actually finding work. On one occasion the DES disclosed to a new employer that I had a disability without my knowledge or consent, jeopardising my role. On each occasion that I have been linked with a DES I have found work myself without their assistance, despite dealing with the challenging impacts of DES.)'²⁷

A common concern expressed by clients of AFI is that such programs are lacking in disability awareness or qualifications and fail to provide services which support individual needs and practically assist in gaining employment.

Lived Experience²⁸

Due to episodic mental illness which resulted in periods of being unable to work, I was linked with DES providers on multiple occasions while accessing Newstart payments. There seems to be an assumption that people with disabilities are inherently low skilled and lack professional skills. What I needed was mental health support to improve my well-being and prepare for work, and support to settle into a new workplace. No DES worker was qualified to provide mental

²³ ACT Government *State of the Service Report 2018-2019 Annual Report* p 81.

²⁴ *Ibid* p 58.

²⁵ See Australian Federation of Disability Organisations *Consumers front and centre: What consumers really think about Disability Employment Services 2014*;
See also The Senate Education and Employment References Committee *Jobactive: failing those it is intended to serve* February 2019.

²⁶ United Nations, above n 20, p 12.

²⁷ Lived experience account provided to AFI – Full account in Appendix 2.

²⁸ Lived experience account provided to AFI.

health support. One of my DES workers told me he didn't need to know what my condition was (or that it was specifically mental health) because this wouldn't change the type of support he could provide. I was offered services such as help completing job applications and practicing interview skills. This wasn't necessary as I am highly educated and I received invitations to interviews for the majority of job applications I completed. The lack of useful support made me feel that participation in DES programs was punitive, a waste of time and a box-ticking exercise that just took time away from actually searching for work. It's frustrating to know that twice I have been linked with DES providers, found a job without any help from them, and actually experienced more stress because of them, but they will have recorded me as a 'success' for themselves.

It has been our experience that people with disabilities who have faced a lifetime of discrimination, social exclusion and access issues are often less aware of their workplace rights and available services to protect their rights. We have witnessed clients who do not recognise potentially discriminatory and abusive workplace situations, or who feel they must 'put up with it' or say they are 'used to it', often due to the significant barriers they face in attempting to address these issues.

Given the barriers to gaining and maintaining employment, people with disabilities may be grateful just to have employment, and risk losing substantially more if anything jeopardizes their employment. Because of this, people with disabilities are more vulnerable to becoming trapped in unsafe workplaces.

Benefits of improved support

'In many ways, I experienced a privileged upbringing which challenges political narratives regarding the cohort of people who rely on social welfare. While many of these aspects of my life served as protective factors, the DSP was a necessary and essential support that facilitated my independence, allowed me to attend university and ultimately supported me to re-join the workforce.'²⁹

AFI emphasises that the DSP can provide essential support which allows people with disability to extend their capabilities and engage meaningfully and contribute to their communities in numerous ways, including by building work capacity.

²⁹ Lived experience account provided to AFI – Full account in Appendix 2.

Lived experience³⁰

Background

I received the DSP from 2014 to 2018, after being diagnosed with a serious mental illness in 2011. Between 2011 and 2014, my illness significantly impacted my participation in university and employment. I was hospitalised six times and dismissed from multiple jobs. In 2012 and 2013, I tried to move out of home due to ongoing domestic violence. The costs of independent living necessitated that I find employment; however, each time the combined stress of work, study and my illness meant that I was hospitalised and, thus, lost my job. After each hospital admission, I returned home and became financially dependent upon my family again.

DSP and beyond

During a hospital admission in 2014, my mum supported me to apply for the DSP. The hospital's social worker noted that the DSP was for permanent disabilities and expressed concern that I would consequently believe that I was 'permanently unwell'. This concern was misguided for two reasons. First, although I am medically recovered from my initial diagnosis, my treating practitioners understand that I have a related and ongoing anxiety disorder. Second, the DSP facilitated financial freedom that was essential to my recovery.

Receiving approximately \$1,000.00 a fortnight from the DSP enabled me to stop working and focus on my part-time study. Studying was essential for my recovery as it provided purpose and social connection. Moreover, instead of working 15-20 hours a week, I was able to spend this time on treatment and recovery. While on the DSP, I had the financial means and the time to attend therapy twice a week.

After two years on the DSP, I successfully moved out of home and completed my university degree. In early 2018, I commenced part-time employment and stopped receiving DSP payments. Since then, I have completed further study, found fulfilling permanent employment and am living a full and enjoyable life. I am incredibly grateful for the DSP in supporting me to leave the workforce so that I could learn to manage my mental illness.

The DSP could significantly enhance the ability of people with disability to succeed, and with an increased rate to lift individuals out of financial stress, and reductions in the administrative burden

³⁰ Lived experience account provided to AFI – Full account in Appendix 2.

and distress caused, the DSP is recognised as having significant potential to provide greater benefit to people with disability and the wider community than is currently being achieved.

'If the DSP was able to better encompass ongoing episodic conditions, I would not suffer so much and there would be less potential for each remission to become a life-threatening crisis situation. I would also have more flexibility to manage my health and actually work to prevent recurrences if I had a safety net of knowing I would not be left without income during remission.'³¹

A substantial number of people with significant disabling conditions are likely falling through gaps in the current DSP framework. AFI highlights those with episodic conditions, mental illness or psychosocial disability and those with multiple or chronic conditions, who may be particularly challenged and disadvantaged by the 'fully diagnosed, treated and stabilised' criteria, bias of health professionals, use of Impairment Tables, complex process and administrative burden, and limited access to support, but who may experience significant benefit from access to the DSP.

Lived experience³²

I do not receive the DSP. I have an episodic condition which results in me being unable to work consistently for several months at a time every few years. This seems likely to be a life-long condition, as since diagnosis, I have continued to experience it for over 17 years. My life has been repeatedly interrupted, including with repeat hospitalisations which have resulted in my withdrawing from and deferring university and having to leave multiple jobs.

In my latest episode, I had been renting at the time. All of my savings went to treatment and to rent, and as I wasn't able to work, I soon lost all my savings and had to break my lease and move out of my home. My superannuation was depleted and lost without any incomings. (This all occurred while I was hospitalised, and unable to manage my finances.) If I had not had family who allowed me to live with them, I would have become homeless. It took several months to recover, and during that time I attempted to work, but lost a casual job due to continuing lack of capacity to perform the work. It wasn't until several months after I had left hospital that I had capacity to engage with Centrelink and began receiving Newstart payments. Interactions with Centrelink were difficult, the process was complicated, and the stress of these interactions negatively impacted my health and impacted my recovery process.

Despite being linked with Disability Employment Services on multiple occasions, I was never advised that I could have applied for DSP, and I myself did not realise that my condition could have made me eligible to receive DSP. I found the obligations of the DES incredibly stressful

³¹ Lived experience account provided to AFI – Full account in Appendix 2.

³² Lived experience account provided to AFI – Full account in Appendix 2.

(and a barrier to actually finding work. On one occasion the DES disclosed to a new employer that I had a disability without my knowledge or consent, jeopardising my role. On each occasion that I have been linked with a DES I have found work myself without their assistance, despite dealing with the challenging impacts of DES.)

After my most recent hospitalisation, it took several months for me to find and remain in permanent work. It also took several more months for me to increase my work hours over 15 hours per week. Overall, I was unable to work full time for over a year. During this time, I was unable to afford rent or ongoing management of my health independently. It is only because I have family who could afford to support me that I did not end up homeless, and most likely dead. I am currently working full-time. I have attained multiple higher education qualifications. I volunteer for my community and have been awarded for my support to the community. I know that I will likely experience another remission and become unable to work for a period of several months. I live in fear that I will never have financial security because I will repeatedly face the same situation and lose any savings I have gained. This impacts my ability to live independently and to gain secure housing. I do not have support to assist me to access Centrelink immediately if I have another recurrence, and I would not have capacity to do so myself if I became unwell. Unfortunately, these circumstances also have meant that I have not maintained my health as I should, as I feel forced to save money in the expectation of again being unable to work, rather than paying for health management.

Recommendation

Adjustments to DSP process and requirements focus on expanding the system to better support episodic conditions, mental illness or psychosocial disability and multiple or chronic conditions to extend support to increase capacity and sustain well-being.

All Recommendations

AFI supports the key recommendations from the Australian Council of Social Service (ACOSS) as outlined in ACTCOSS' submission:

- Remove 'fully' from 'diagnosed, treated and stabilised', noting that episodic and complex disabilities may never be fully stabilised

- Return Treating Doctor Reports so people's treating doctors have a clear understanding of the Impairment Tables relevant to their patient's DSP claim and can provide a report addressing those tables, together with appropriate evidence
- Abolish the Program of Support requirement. This requirement has only served to deny or delay access to DSP for people who need it and has failed to improve employment outcomes for people with disability
- Grant DSP to people who do not meet the 20-point requirement under one Impairment Table, but score at least 20 points, if not more, across tables. The eligibility criteria must recognise someone's incapacity if they have multiple disabilities or illnesses.

In addition, AFI provides the following recommendations:

- Provide assistance to reduce financial and administrative burden, such as a Medicare item, to support people with disability and health professionals to resource access to required medical evidence
- Simplify eligibility requirements
- Provide additional training and support for health professionals to understand DSP process and better support people with disability with provision of accurate and relevant medical evidence
- Commit to maintaining and improving accessible communication, access and participation options, including human interaction options and in person services
- Increase the payment rate of the DSP
- Adjustments to DSP process and requirements focus on expanding the system to better support episodic conditions, mental illness or psychosocial disability and multiple or chronic conditions to extend support to increase capacity and sustain well-being

Appendix 1.

Full firsthand accounts of lived experiences of the DSP and related matters, as provided to AFI.

Lived experience 1.

I lived on Disability Pension for number of years and every week was a struggle. It is bad enough having constant pain, physical restrictions and depression this causes, while waiting years on wait lists to see specialists. Then there is social isolation where you cant afford to lunch with friends, go to a movie etc or physically go for a walk or hike, so bit by bit you loose contact, partly because of physical restrictions and partly lack of finances, but also because maybe cant drive or afford the petrol or bus services poor in your area. You may make contacts through illness groups but always talking about health issues becomes depressing. I organised 120+ social functions for group of 100+ members and was very popular. When unable to keep doing this within months I heard from no-one. Years later its still difficult and isolating. When I reached retirement age I changed to Age Pension as less non verbal discrimination when using it.

Lived experience 2. (Identifying information has been removed by AFI)

I was on the DSP as a permanently incapacitated person with disability. I had no reviews ever in my time on the DSP which started December 2014. Ive been on it since I was 22 with severe disabling Mental Health needs that have only gotten worse since I started being on the DSP... I was diagnosed with Diabetes ... apparently due to my Mental Health medication. This ment more doctors appointments and endocrinologist appointments ...During this year I also had multiple suicide attempts ... I was labelled a type 2 diabetic and no help was given. I had to save to see a diabetic educator... So again I am saving money to pay an Endocrinologist in Sydney to look into my case further. More blood tests and more doctors appointments. I was also diagnosed with Chronic Sleep Apnea. I was lucky enough to use a hospital machine whilst finding the correct settings and mask fittings. Then we thought we struck gold when my now Husband had scored a contract with a Government Organisation ... That meant my penison wasnt being paid because he earnt too much, but that was ok because we were living a good life. I was still getting my concessions and I was starting to see recovery. Then all of a sudden out of no where. I received a heartless MyGov email. I had been taken off my DSP ... This meant that I was no longer eligible for the free CPAP machine I needed for my Sleep Apnoea. It was devastating. I was now paying full price for everything from rego for my car (because I suffer severe agoraphobia and social anxiety I need my own transport), to prescription medication. I called the Services Australia Disability line and was turned away because they said my husband was earning too much. We

thought we could manage on my husbands wage. But my husbands work was paying him incorrectly, taking days worth of money out of his pay because I required him to work from home 2 days a week. This meant that we were actually entitled to JobSeeker and DSP payments because he wasn't actually earning the \$3,400 something centrelink claimed he was earning. My husband then lost his job with an hours notice. His job told him "they had run out of money." Its been 36 days since I put in my appeal for my DSP. I called up and was told they cannot fast track or do anything with my appeal until 49 days. So 2 more weeks. At the same time, my husband is being told that they cant fast track his JobSeeker and that he has to wait 17 more days. So we are at a loss with our hands in our heads, no more luxuries like heating through the night. Thanks Services Australia, you've made being disabled really fun. NOT.

Lived experience 3.

My daughter aged 20 has just started a part time job, she will be working 2 hours a week for a month then increasing up to 4 hours and then hopefully more hours as she gains skills in the workforce. She is on a disability support pension. she is required to submit her hours fortnightly but is unable to do this independently at present. So we are trying to get this set up so I can submit her hours.

Issues encountered

1. If the employer pays back pay in a fortnight that covers a 6 week period then the pension is effected unless you have a staff member at the centre link put the pays in and average the hours over the relevant period. My daughter was under the threshold and her pension should not have been effected but if it went in, in the one fortnight she would have missed out on receiving all her pension that fortnight. There is no way my daughter would have been able to have discussed this with Centrelink and make them understand what had happened. It was difficult to get the centrelink staff even understand me when I tried to explain the issue.
2. Lodging hours worked is hard for someone with a moderate intellectual disability. And it is very time sensitive.
3. There are major problems with the technology used to submit hours
 - a) the Mygov website doesn't show task for for my daughter even when I log in. Currently my mygov when I log and change to "act for" my daughter in does not show this task as outstanding.

I have made 3 trips to our local centrelink office, each time the people there have been friendly and helpful but they advise that I should be able to do it online but they can just do it for me at the shopfront. Each time they do it for me and tell just to keep coming back in if it doesn't work next time. It doesn't work so I have to make another trip. I have spent about 6 hours in the last week trying to get it to work. I think there is a problem with how it is linked but I have not been able to work out what is wrong.

b)The app does not work for me (as an authorised person) as it is not linked to my profile. It would only work if I set up the app for my daughter who doesn't yet have the skills to use it.

c) I have to remember to lodge these hours fortnight on the specific day that it is due but I do not get a reminder do so.

4 For a person who is 20 years of age the pension rate is only \$486.50 per fortnight (\$12649 per year) I cant understand the minimum kicking in at such a low level. There is no way they would be able to support themselves.

5. People with disability are more likely to be casual employees. The current system penalises them for that. When they do work they get the casual loading, when they take leave they get no income. The DSP does not accommodate this.

I am trying to help my daughter get work so that she is not dependant on the DSP but it is so difficult to submit pay details for just a few hours work that I wonder if its worth the effort. I can understand why some families do not even try to find work for their child that has a significant disability.

Recommend

1. Easier system for people with a moderate to severe intellectual disability
2. Training sessions for people with an ID (and their supports)
3. Dedicated contact person for these people who can assist them (and their supports) so that they dont spend hours trying to get it to work.
4. An increase in the minimum people can earn before the pension cuts out. the current minimum \$178 per fortnight The current minumum wage for \$22.14 (casual loading included). This is just 8 hours per fortnight, 4 hours per week.
5. An adjustment to the pension to compensate casual employees who are not rostered or are on leave but have had their pension cut in fortnights when they have earned over the minimum.

Lived experience 4.

Case study: DSP success story

The DSP supported me to regain my mental wellbeing after years of severe mental illness, frequent hospitalisation, family breakdown and domestic violence. In many ways, I experienced a privileged upbringing which challenges political narratives regarding the cohort of people who rely on social welfare. While many of these aspects of my life served as protective factors, the DSP was a necessary and essential support that facilitated my independence, allowed me to attend university and ultimately supported me to re-join the workforce.

Background

I received the DSP from 2014 to 2018, after being diagnosed with a serious mental illness in 2011. Between 2011 and 2014, my illness significantly impacted my participation in university and employment. I was hospitalised six times and dismissed from multiple jobs. In 2012 and 2013, I tried to move out of home due to ongoing domestic violence. The costs of independent living necessitated that I find employment; however, each time the combined stress of work, study and my illness meant that I was hospitalised and, thus, lost my job. After each hospital admission, I returned home and became financially dependent upon my family again.

DSP and beyond

During a hospital admission in 2014, my mum supported me to apply for the DSP. The hospital's social worker noted that the DSP was for permanent disabilities and expressed concern that I would consequently believe that I was 'permanently unwell'. This concern was misguided for two reasons. First, although I am medically recovered from my initial diagnosis, my treating practitioners understand that I have a related and ongoing anxiety disorder. Second, the DSP facilitated financial freedom that was essential to my recovery.

Receiving approximately \$1,000.00 a fortnight from the DSP enabled me to stop working and focus on my part-time study. Studying was essential for my recovery as it provided purpose and social connection. Moreover, instead of working 15-20 hours a week, I was able to spend this time on treatment and recovery. While on the DSP, I had the financial means and the time to attend therapy twice a week.

After two years on the DSP, I successfully moved out of home and completed my university degree. In early 2018, I commenced part-time employment and stopped receiving DSP payments. Since then, I have completed further study, found fulfilling permanent employment and am living a full and enjoyable life. I am incredibly grateful for the DSP in supporting me to leave the workforce so that I could learn to manage my mental illness.

Lived experience 5.

I do not receive the DSP. I have an episodic condition which results in me being unable to work consistently for several months at a time every few years. This seems likely to be a life-long condition, as since diagnosis, I have continued to experience it for over 17 years. My life has been repeatedly interrupted, including with repeat hospitalisations which have resulted in my withdrawing from and deferring university and having to leave multiple jobs.

In my latest episode, I had been renting at the time. All of my savings went to treatment and to rent, and as I wasn't able to work, I soon lost all my savings and had to break my lease and move out of my home. My superannuation was depleted and lost without any incomings. (This all occurred while I was hospitalised, and unable to manage my finances.) If I had not had family who allowed me to live with them, I would have become homeless. It took several months to recover, and during that time I attempted to work, but lost a casual job due to continuing lack of capacity to perform the work. It wasn't until several months after I had left hospital that I had capacity to engage with Centrelink and began receiving Newstart payments. Interactions with Centrelink were difficult, the process was complicated, and the stress of these interactions consistently negatively impacted my health and impacted my recovery process.

Despite being linked with Disability Employment Services on multiple occasions, I was never advised that I could have applied for DSP, and I myself did not realise that my condition could have made me eligible to receive DSP. I found the obligations of the DES incredibly stressful (and a barrier to actually finding work. On one occasion the DES disclosed to a new employer that I had a disability without my knowledge or consent, jeopardising my role. On each occasion that I have been linked with a DES I have found work myself without their assistance, despite dealing with the challenging impacts of DES.)

After my most recent hospitalisation, it took several months for me to find and remain in permanent work. It also took several more months for me to increase my work hours over 15 hours per week. Overall, I was unable to work full time for over a year. During this time, I was unable to afford rent or ongoing management of my health independently. It is only because I have family who could afford to support me that I did not end up homeless, and most likely dead. I am currently working full-time. I have attained multiple higher education qualifications. I volunteer for my community and have been awarded for my support to the community. I know that I will likely experience another remission and become unable to work for a period of several months. I live in fear that I will never have financial security because I will repeatedly face the same situation and lose any savings I have gained. This impacts my ability to live independently and to gain secure housing. I do not have support to assist me to access Centrelink immediately if I have another recurrence, and I would not have capacity to do so myself if I became unwell.

Unfortunately, these circumstances also have meant that I have not maintained my health as I should, as I feel forced to save money in the expectation of again being unable to work, rather than paying for health management.

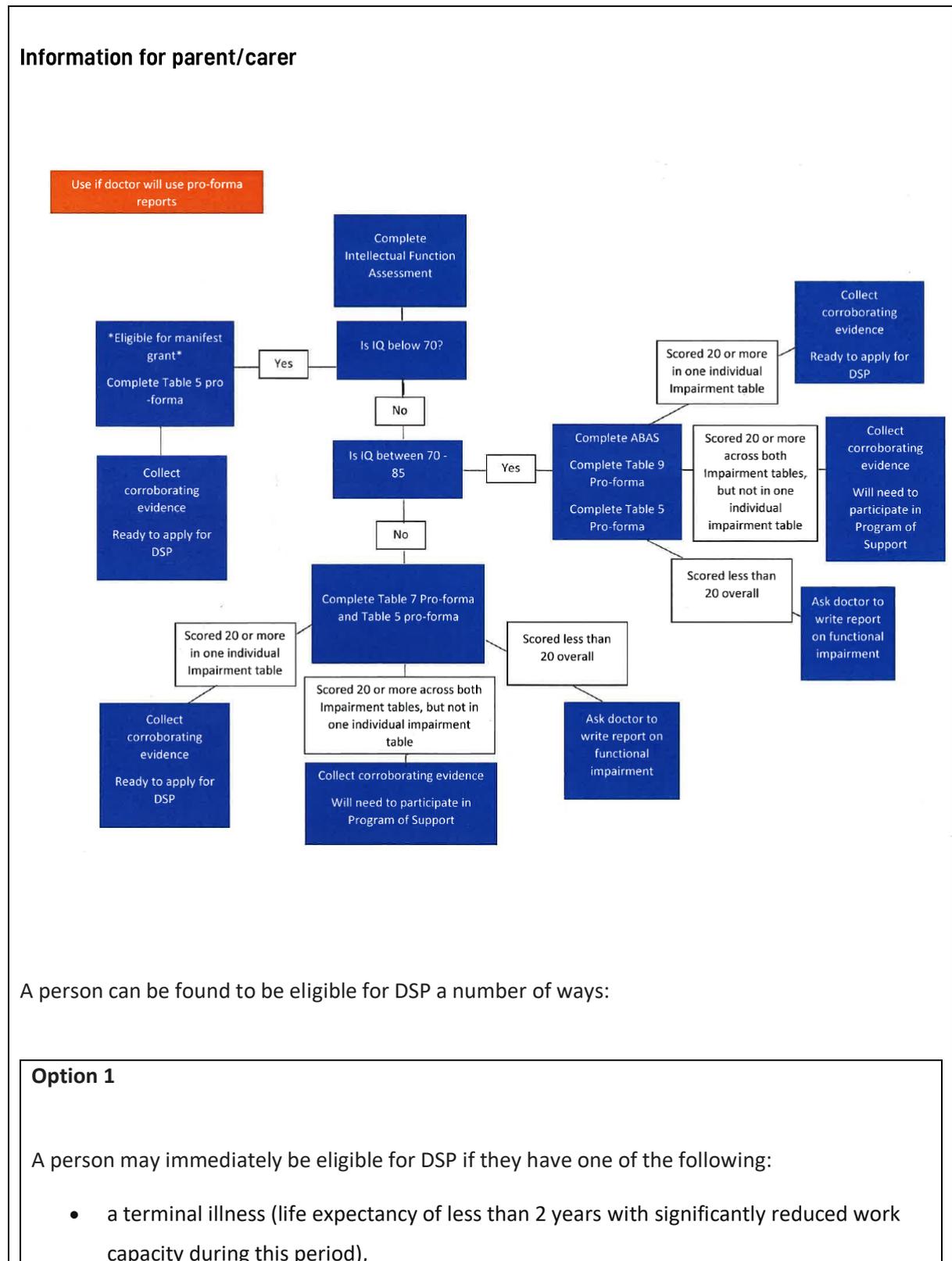
If the DSP was able to better encompass ongoing episodic conditions, I would not suffer so much and there would be less potential for each remission to become a life-threatening crisis situation. I would also have more flexibility to manage my health and actually work to prevent recurrences if I had a safety net of knowing I would not be left without income during remission.

Lived Experience 6.

Due to mental illness which resulted in periods of being unable to work, I was sent to DES providers on multiple occasions while accessing Newstart payments. There seems to be an assumption that people with disabilities are inherently low skilled and lack professional skills. What I needed was mental health support to improve my well-being and prepare for work, and support to settle into a new workplace. No DES worker was qualified to provide mental health support. One of my DES workers told me he didn't need to know what my condition was (or that it was specifically mental health) because this wouldn't change the type of support he could provide. I was offered services such as help completing job applications and practicing interview skills. This wasn't necessary as I am highly educated and I received invitations to interviews for the majority of job applications I completed. The lack of useful support made me feel that participation in DES programs was punitive, a waste of time and a box-ticking exercise that just took time away from actually searching for work. It's frustrating to know that twice I have been sent to DES providers, found a job without any help from them, and actually experienced more stress because of them, but they will have recorded me as a 'success' for themselves.

Appendix 2.

Example written communications from advocate explaining the DSP process to parents/carers and health professional to assist sourcing of correct medical evidence for DSP application process.



- permanent blindness (meets the test for permanent blindness for social security purposes),
- an intellectual disability where medical evidence clearly indicates an IQ of less than 70,
- an assessment indicating that they require nursing home level care (see note below),
- category 4 HIV/AIDS, or
- is in receipt of a [DVA](#) disability pension at special rate (totally and permanently incapacitated (TPI)).

Option 2

A person may be eligible for DSP if they score 20 points or more on a single Impairment Table.

Centrelink assesses the severity of impairments in relation to work based on 'Impairment Tables' which can be found here:

Impairment Tables

https://www.legislation.gov.au/Details/F2011L02716/Html/Text#_Toc310259537 (Tables shown at Part 3)

There are **pre-written forms** you can take to the treating doctor to fill in, to indicate whether a person scores 20 points or more on one of the impairment tables. These can then be given to Centrelink as medical evidence.

Note: Some tables also require specific assessments be conducted.

Option 3

A person may still be eligible for the DSP if the condition attracts a total rating of at least 20 points under multiple Impairment Tables, but less than 20 points under any single Table.

In this case, the person generally needs to show they actively participated in a Program of Support for at least 18 months in the three years before making a DSP claim.

In some circumstances a person may be able to meet the Program of Support requirement through a shorter period of participation. We can consider evidence that a person is prevented,

solely by their impairment, from further improving their work capacity through continued participation in a program.

If *Client* is not eligible under Option 1, then I would recommend taking pre-written forms to his treating doctors to see if they will support a score of 20 or more under a single Impairment Table, or provide relevant information specific to the Impairment Table ratings (as in Option 2). This ensures Centrelink receives the specific and relevant medical evidence they require.

While Option 3 would take longer, it may be helpful for *Client* to participate in a Program of Support if he will be looking for work anyway. If *Client* was assessed as not scoring 20 on a single Impairment table and was required to participate in a PoS, you may have the option of applying for a different payment, such as Youth Allowance – Job seeker, while *Client* completes a PoS, (this would need to be discussed with Centrelink).

Information for doctor

To Dr *****

RE: Client Name Date of Birth: **/**/****

As you may know, the abovenamed client has applied for a Centrelink Disability Support Pension (DSP). There are four main requirements for a DSP:

- Your patient's injuries/illnesses must be fully diagnosed, treated and stabilised; and
- Your patient's impairments must attract 20 points or more under the Social Security Impairment Tables; and
- Your patient must have an incapacity to work 15 hours or more per week for the next two years; and
- Your patient must have completed 18 months of a Program of Support (POS) in the past 3 years (unless they fall under an exception).

If your patient has 20 points under one of the 15 impairment tables, they may be eligible for the DSP straight away.

If they have a combined 20 points under two or more impairment tables they will have to complete a Program of Support (unless the POS wouldn't help finding or keeping employment). There are a few exceptions to this, namely, permanent blindness, terminal illness, nursing home level care, an IQ of less than 70, category 4 HIV/AIDS and DVA TPI pension recipients. We have prepared pro forma reports for your consideration. If appropriate, could you please complete the form and return it to the client or to our office.

Please note that the relevant period in which the above requirements are to be assessed is from when the DSP application is lodged and for the next 13 weeks

Information regarding the assessments and corroborating medical evidence being requested

Intellectual function assessment

An assessment of intellectual function is to be undertaken in the form of a Wechsler Adult Intelligence Scale IV (WAIS IV) or equivalent contemporary assessment.

*Claimants with an intellectual disability must have an assessment of intellectual function in the form of a WAIS IV, or equivalent contemporary assessment. Where the WAIS IV is not the most appropriate test to use, the IQ test as determined by a psychologist as being the most appropriate given the person's circumstances may be used. The IQ test must be one recognised by the relevant professional body.

Please note: A claimant whose medical evidence clearly indicates that they have an IQ of less than 70 is accepted as manifestly qualified for DSP.

Adaptive Behaviour Assessment

An assessment of adaptive behaviour is to be undertaken in the form of either the Adaptive Behaviour Assessment System (ABAS-II), the Scales for Independent Behaviour – Revised (SIB-R), the Vineland Adaptive Behaviour Scales (Vineland-II) or any other standardised assessment of adaptive behaviour that:

- provides robust standardised scores across the three domains of adaptive behaviour (conceptual, social and practical adaptive skills);
- has current norms developed on a representative sample of the general population;
- demonstrates test validity and reliability; and provides a percentile ranking.

Corroborating medical evidence for mental health

- a report from the person's treating doctor regarding mental health*
- supporting letters, reports or assessments relating to the person's mental health or psychiatric illness

Corroborating medical evidence for intellectual impairment

- a report from the person's treating doctor regarding Autism Spectrum Disorder*
- supporting letters, reports or assessments relating to the person's development, intellectual function, adaptive behaviour or participation in programs

Only if IQ is above 85 - Corroborating medical evidence of brain function:

- a report from the person's treating doctor*
- a report from a specialist health practitioner (e.g. neurologist, rehabilitation physician, psychiatrist or neuropsychologist) supporting the diagnosis of conditions associated with neurological or cognitive impairment (e.g. acquired brain injury, stroke (cerebrovascular accident (CVA)), conditions resulting in dementia, tumour in the brain, some neurodegenerative disorders, chronic pain);
- results of diagnostic tests (e.g. Magnetic Resonance Imagery (MRI), Computerised (Axial) Tomography (CT) scans, Electroencephalograph (EEG));
- results of cognitive function assessments.

***If not using pro-forma reports**

Thank you for providing further information to support the DSP application. Without the correct medical evidence the application may be delayed or rejected and further medical evidence may need to be requested.

To ensure that all information required by DSS is included in your report, please include the following:

- Date treatment commenced
- Diagnosis
- When diagnosis made
- Treatment/Medication
- Reason for incapacity
- Are the conditions(s) fully stabilised and unlikely to improve in the next two years?*
- Is the client unlikely to be fit to work 15 hours or more per week in the next 2 years?
- Will the client be able to return to work in the next 2 years with further treatment or additional assistance?
- Do you believe that the client has a severe functional impairment for activities because of his/her condition?

DSS will consider functional impact of the conditions in specific areas. Please include any examples or information for the following scenarios:

Regarding Mental Health:

Does the person have difficulties with:

- (a) self care and independent living;

Example: The person needs regular support to live independently, that is, needs visits or assistance at least twice a week from a family member, friend, health worker or support worker.

- (b) social/recreational activities and travel;

Example: The person travels alone only in familiar areas (such as the local shops or other familiar venues).

- (c) interpersonal relationships;

Example 1: The person has very limited social contacts and involvement unless these are organised for the person.

Example 2: The person often has difficulty interacting with other people and may need assistance or support from a companion to engage in social interactions.

- (d) concentration and task completion;

Example 1: The person has difficulty concentrating on any task or conversation for more than 10 minutes.

Example 2: The person has slowed movements or reaction time due to psychiatric illness or treatment effects.

- (e) behaviour, planning and decision-making;

Example: The person's behaviour, thoughts and conversation are significantly and frequently disturbed.

- (f) work/training capacity.

Example: The person is unable to attend work, education or training on a regular basis over a lengthy period due to ongoing mental illness.

Regarding developmental disorder

Does the person have difficulties with:

- (a) memory;

Example 1: The person is unable to remember routines, regular tasks and instructions.

Example 2: The person has difficulty recalling events of the past few days.

Example 3: The person gets easily lost in unfamiliar places.

- (b) attention and concentration;

Example 1: The person is unable to concentrate on any task, even a task that interests the person, for more than 10 minutes.

Example 2: The person is easily distracted from any task.

- (c) problem solving;

Example: The person is unable to solve routine day to day problems (such as what to do if a household appliance breaks down) and needs regular assistance and advice.

- (d) planning;

Example: The person is unable to plan and organise routine daily activities (such as an outing to the movies or a supermarket shopping trip).

- (e) decision making;

Example: The person is unable to prioritise and make complex decisions and often displays poor judgement, resulting in negative outcomes for self or others.

- (f) comprehension;

Example: The person is unable to understand basic instructions and needs regular prompts to complete tasks.

(g) visuo-spatial function;

Example: The person is unable to perform many visuo-spatial functions, such as reading maps, giving directions (including to the person's house) or judging distance or depth (resulting in stumbling on steps or bumping into objects).

(h) behavioural regulation;

Example: The person is often (more than once a week) unable to control behaviour even in routine, day to day situations and may be verbally abusive to others or threaten physical aggression.

(j) self awareness.

Example: The person lacks awareness of own limitations, resulting in significant difficulties in social interactions or problems arising in day to day activities.