

Whitlam Institute

WITHIN WESTERN SYDNEY UNIVERSITY

**Submission by the Whitlam Institute for the
Inquiry into the purpose, intent and
adequacy of the Disability Support Pension**

**Submission by the Whitlam Institute within Western Sydney University to the Senate
Inquiry into the purpose, intent and adequacy of the Disability Support Pension**

Background to Submission

The Whitlam Institute within Western Sydney University is a dynamic public policy institute that commemorates and is inspired by the life and work of one of Australia's most respected Prime Ministers, the Hon Gough Whitlam AC QC. The Whitlam Institute is guided by the 'three great aims' that drove the Whitlam Program of 1972; *to promote equality; to involve the people of Australia in the decision-making processes of our land; and to liberate the talents and uplift the horizons of the Australian people*. As an Institute with these aims, we have an investment in the purpose, intent and adequacy of the Disability Support Pension (DSP) for the Australian people.

This is a submission on behalf of the Whitlam Institute. The submission has been prepared by Whitlam Institute Fellows Mr John Della Bosca AM and Dr Louise St Guillaume. Mr Della Bosca is engaged in both a professional and voluntary capacity with a range of NGO's in the disability, rehabilitation, acute children's services, mental health and homeless sectors. He was the Campaign Director for Every Australian Counts, the successful public advocacy campaign for the National Disability Insurance Scheme (NDIS). Mr Della Bosca served as NSW Minister for Disability Services and Health and was a member of the National Disability Reform Council that developed the first National Disability Strategy (NDS).

Dr St Guillaume is Discipline Coordinator of Sociology in the School of Arts and Sciences at The University of Notre Dame Australia. She has extensive research experience investigating how social security policy shapes the lives of people with disability on the JobSeeker Payment (formerly Newstart Allowance (NSA)). Dr St Guillaume completed her Doctorate in this field (see St Guillaume, [2014](#)). As a summer scholar at the Federal Parliamentary Library in 2014, she worked on a project which determined how people with disability on NSA would be supported through the NDIS and has published an academic article (see St Guillaume & Thill, [2018](#)). In 2019 Dr St Guillaume was awarded the E.G. Whitlam Fellowship at the Whitlam Institute within Western Sydney University. Dr St Guillaume's research project at the Institute extended her existing research to capture and understand the

lived experience of people with disability on NSA in Western Sydney and how they navigate being governed through social security policy and the NDIS (see Henriques-Gomes, [2020](#); St Guillaume, [2020](#)).

This submission is based on evidence collected as part of this Fellowship and presented to the Inquiry into the Adequacy of Newstart Allowance by the Senate Standing Committee on Community Affairs in 2019. The evidence is based on 16 in depth interviews conducted between July and December 2019 with people with disability on the JobSeeker Payment (formerly NSA) who had attempted to apply for the DSP and who were living in Western Sydney (see Appendix 1 for Fellowship report). As such, it seeks to use objective criteria to support an ethical decision to vary a key element of current social policy. This submission focuses on four key areas relative to terms of reference b), d), e), f), h) and j) and makes recommendations accordingly.

Policy context

Since 2006 there have been significant changes made to the eligibility criteria for the DSP by various Australian Federal Governments. The changes have resulted in a tightening of access to the DSP and an increasingly complex and layered claims process. As a result, many people with disability are found to be ineligible for the DSP. Despite the DSP still being the primary income support payment for people with disability (751,951 as at March 2021), many people with disability who require income support and are applying for the DSP, or have been found to be ineligible for the DSP, instead receive JobSeeker Payment (currently 374,367 as at March 2021) (Department of Social Services, [2021a](#)). The JobSeeker Payment, which is the primary income support payment available to those who are unemployed or are temporarily unable to work, requires those receiving the payment to meet mutual obligations to remain eligible. These mutual obligations are generally tied to labour market objectives for example, searching and applying for a certain number of jobs per fortnight, attending appointments with Centrelink – the administrative agency responsible for administering income support payments, attending interviews, reporting fortnightly earnings, and entering into a job plan with an employment service agency such as, a Disability Employment Service (DES) or JobActive provider. While those people with disability on JobSeeker and who have

an assessed capacity to work between 15-29 hours per week have reduced mutual obligation requirements by comparison to those on the JobSeeker Payment assessed as capable of working 30 hours or more per week, nonetheless, there are still obligations which people with disability on JobSeeker must meet. JobSeeker is paid at a lower rate than the DSP and if someone on JobSeeker fails to uphold their mutual obligations, they can be penalised by payment suspension or cancellation.

In addition to these changes to the eligibility criteria for the DSP, participation requirements have also been introduced for some people with disability on DSP including: those under 35 who do not meet the manifest eligibility rules; those who are able to work 8 hours per week; and those who are not in a Disability Enterprise or the Supported Wage System (Services Australia, [2021a](#)). The participation requirements are included in a participation plan and participants have to meet the criteria to remain eligible for the DSP (Services Australia, [2021b](#)). The plan must “include at least one compulsory employment focused activity” (Services Australia, [2021b](#)). This could be connecting with an employment service provider or participating in education, training, counselling, a traineeship or work experience (Services Australia, [2021b](#)).

Structure of this Submission

Given the central role that employment has for those on the JobSeeker Payment and those with participation plans on the DSP, the first focus area of this submission is on employment prospects and incentives for people with disability on the JobSeeker Payment. This section speaks to the broader context and structure of employment in Australia and the opportunities available and barriers to employment experienced by people with disability. This is relevant for policies placing obligations and requirements on people with disability on JobSeeker to apply for employment opportunities and for considering employment for people on the DSP.

The second focus area of the submission is on the eligibility criteria for the DSP, identifying some of the barriers of the claims process.

The third focus area is on how the DSP, as it is currently structured, can undermine the economic goals and aspirations of people with disability on the DSP and their transition to employment.

The final focus area is the unique situation of people with psychiatric or psychosocial impairment/s.

1. Employment prospects and incentives

Evidence from the interviews suggest that people with disability want to work. There are benefits to employing people with disability for people with disability, employers and workplaces. Under Article 27 of the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD), a Convention which Australia has signed and ratified, people with disability have the right to work (United Nations, [2006](#)). However, many people with disability experience barriers to employment that shape their employment prospects and outcomes (Australian Human Rights Commission, [2016](#)).

Measuring an individual with disability's capacity for employment underpins the DSP claims process and is one of the reasons why DSP claims are rejected because an applicant demonstrates a certain capacity for employment, captured via number of hours. While in theory, assessing capacity for employment recognises the potential and possibilities of people with disability, in reality they are inadequately supported into and within employment. Thus, people with an assessed capacity for employment, who may be ineligible for the DSP and who may instead receive JobSeeker are disadvantaged.

Employment and notions of productivity and efficiency are based on an able-bodied norm with workplaces and employers unaware of the ableist notions underpinning accepted concepts of 'employment' and 'employees'. Without challenging and changing these notions, assessing the capacity of people with disability to work as part of the DSP claims process is ineffective because the wider structures are limiting. Some interviewees felt that employers

would not hire them because they would see them as a liability and that regular medical appointments for comorbidities or an unexpected flare up of a condition which would require treatment could dissuade employers from hiring people with disability.

The National Disability Strategy (NDS) (2010-2020) was designed to protect and promote the rights of people with disability, following Australia's ratification of the UNCRPD in 2008. The NDS covered six policy areas which had the potential to assist in addressing some of the wider barriers to economic participation experienced by people with disability including: creating inclusive and accessible communities; rights protection via anti-discrimination legislation; employment opportunities for those able to work; adequate income support for those unable to work; and opportunities for learning and skill development (Commonwealth of Australia, [2011](#)). Yet, the NDS has failed to deliver on many of these outcomes that could have made a significant impact on the employment opportunities available to people with disability and the structural barriers experienced. A new NDS is currently being developed with reports from Stage 2 of public consultations released on June 21, 2021. The new strategy is set to be released in the second half of 2021 (Department of Social Services, [2021b](#)).

Recommendation: The new strategy should have practical measures which address structural barriers to employment. These practical measures should have mechanisms to regularly assess the implementation of these measures and evaluate their effectiveness.

DES and Jobactive providers can perpetuate ableist notions by recommending that people with disability on JobSeeker Payment apply for jobs which are inappropriate or do not recognise the impact of their impairment on their functional capacity. One young male participant, who had had problems with his heart, felt that his job service provider recommend he apply for a job that was unsuitable. He told them and provided them with a doctor's certificate, but his payment was suspended because his medical certificate was not accepted. They may also not provide adequate support to help people with disability into employment for example, one interviewee felt that a course in resume writing was redundant

in his case because he had been employed previously and already had skills in writing a curriculum vitae. In this case, the difficulty in accessing personalised and individualised support from providers who understood his capacities undermined his job search and confidence. Likewise, a failure to consider how each individual is affected differently by their impairment/s means that it is unlikely that job service providers are going to achieve employment outcomes. As one participant noted: “The thing is, you've got to look at ... transferrable skills and the fact is the job network providers are not even - they're disempowering and disabling you”.

Recommendation: A more personalised and individualised approach to employment services is required for people with disability on income support so that their goals, desires and aspirations for economic participation can be recognised and supported.

The requirement that people with disability on JobSeeker Payment apply for a certain number of jobs per fortnight - or risk payment suspension or cancellation - undermines the recognition of capacity because there is emphasis through the mutual obligation of *quantity* not *quality*. While the number of jobs per fortnight which someone on JobSeeker with a disability has to apply for varies based on an assessment of their capacity, many of the interviewees found this obligation stressful because some felt they were unable to work due to their impairment, they felt forced to apply for jobs which may be unsuitable or not meet their skillsets in order to meet the target, and their job searches were compounded by a lack of access to technology, inexperience using technology, age, parenting responsibilities, ongoing trauma from war and conflict in their home countries, an inability to walk long distances to hand out resumes to businesses and stores in person, an inability to read and write, a lack of qualifications and language barriers. For one interviewee the pressure to meet this obligation upset her so much that she was unable to eat. This has had a physical impact on her health. For another it meant that she was unable to focus on her health and wellbeing because she had to prioritise job searching in order to maintain her payment, and for other interviewees, the impact of constantly being rejected had an impact on their self-confidence

and mental health. One interviewee explains “So ... really I think made my situation worse, applying for the job or looking for jobs”.

Additionally, payment suspension or cancellation often did not just affect the person on JobSeeker Payment but those whom they were supporting, such as their children. This changes the relations of employment searching because searching and applying becomes a mechanism of coercion which if not abided by results in no funds, and consequently no food, petrol, rent, baby formula and money for healthcare. As one interviewee commented: “I don’t think now, if I had to actually go to an interview, I could really do it. Because of the anxiety that just comes with it and you're thinking - the pressures of Centrelink behind you, you know?” In this sense, she was not in a position to present her best self to a prospective employer because she was being coerced and pressured. For people with disability on JobSeeker Payment the new Employer Reporting Line could reinforce these problems particularly when people with disability on JobSeeker Payment are forced to apply for, attend an interview or work in a job which does not recognise their capacities and abilities in light of their impairment or consider the other barriers they may face to employment. This may result in reports by employers who do not understand, and punishment to those with disability on JobSeeker. Additionally, this context could act as deterrent to people with disability having goals and aspirations around employment because they are not supported to transition into employment in a way which recognises their impairment and their aspirations, rather the system disciplines them and obliges them to participate without providing them with adequate supports to do so. As one interviewee noted:

I want a job that gives me some meaning. I need something to get me out of bed like we all do. When you enjoy something you are happy to get out of bed and go to work whether it's rain, hail, shine, whatever. You'll go, I'm looking forward to it.

But if you wake up because you need to do it because the government tells you because if you don't work you don't get paid, it will come out in your work. It will come out in whatever you're suffering in mentally or whatever. I have to find something that makes me want to get out of bed.

Similarly, another participant stated that she does not want to be forced into something, rather she wants to find a job which would give her purpose and meaning.

Recommendations:

- **The placement of participation requirements on DSP recipients and mutual obligations on JobSeeker Payment recipients requires questioning.**
- **Whether these obligations are likely to lead to employment outcomes also requires interrogation.**
- **How this context shapes the economic participation desires and aspirations of people with disability must be interrogated.**

Building capacity for employment should also not simply be about outcomes in the labour force but recognising what is likely to assist with building confidence, capacity and wellbeing and allowing for these initiatives to count towards one's mutual obligations. It needs to be about considering a holistic approach.

2. Application criteria for the DSP

Applying for the DSP can be difficult, and the claims process is complex. Applying for the DSP requires several layers of process and assessment before one is found eligible or ineligible. There are multiple barriers to this process that people applying for the DSP experience. One of the barriers identified consistently across the interviews was the evidence requirements. When applying for the DSP, providing evidence is crucial to determine whether one's condition has been diagnosed, treated and stabilised. Only those conditions which have been determined as diagnosed, treated and stabilised can be assessed under the impairment tables. The evidence requirements stipulate who can provide this evidence.

Problem 1: Who can provide evidence

The evidence requirements which dictate who can provide supporting medical documentation for a DSP application are difficult for some applicants to meet and cause stress and concern for applicants. If someone applying for the DSP notes that their primary condition is a psychiatric impairment, then they need to provide evidence from a psychiatrist or clinical psychologist to support their application. One participant was unaware of these requirements until engaging with social media pages on applying for the DSP. She was worried when she read posts about applications which were rejected due to the evidence proviso and was concerned that this would mean she would have to find new treating practitioners and build up trust and rapport again. While she concedes that the qualifications of her treating practitioners met the specifications required, she was anxious about this part of the requirements and being able to meet them.

Other interviewees were aware that a successful DSP application came down to the evidence provided by treating medical professionals but also raised concerns about such specifications. Consistent concerns about evidence and who can provide it by interviewees demonstrate several important points worth raising about the evidence requirements.

1. People applying for the DSP do not always understand the evidence requirements for a claim which could result in an incomplete, inadequate and/or unsuccessful application. Impairments can also impact on the ability of applicants to understand the evidence requirements. One participant explained that her condition impacted on her ability to understand what type of evidence was required for an application.
2. By prescribing which medical professions can provide evidence for conditions, it could disadvantage or impact upon relationships built with other professionals whom applicants may have a rapport with or who may understand the person's condition better such as, a general practitioner (GP), but who may be unable to write evidence which will be accepted by Centrelink.

It was clear from other interviews that those advising people with disability on the DSP claims process also did not always understand the evidence specifications including, what the evidence needs to demonstrate and who can provide it. The evidence needs to demonstrate for example, that the condition has an impact on one's functional capacity for employment so providing medical evidence such as, the results of a MRI scan without describing how the condition impacts on one's functional capacity will unlikely result in a successful application. It also needs to show that the condition has been diagnosed, treated and stabilised. Some interviewees also encountered medical professionals who were reluctant to support an application for the DSP because the process of completing the paperwork for the claims process was too time-consuming.

Another point raised by interviewees was the cost of medical evidence particularly given the low rate of JobSeeker Payment. For example, one participant noted that to get access to the specialist reports required for the DSP claims process, as opposed to evidence from his GP, he would have to forgo food for a fortnight.

Recommendations:

- **Should these evidence requirements remain in place, there needs to be better communication and clearer guidance about the evidence requirements for claiming the DSP to applicants, medical professionals and those assisting others to apply for the DSP. This information should be clear, accessible, provided in plain language and languages other than English.**
- **For those who would clearly meet the evidence requirements but are unable to collate the required evidence due to their impairment, assertive outreach should assist them with this process.**

- **Rejection letters should clearly communicate why an application was rejected and how an application can be improved so that the claims process is successful. Any reference to criteria or acts is vague and unclear.**
- **The specifications on who is able to provide evidence on conditions should be expanded to recognise other practitioners who may be in a better position to provide evidence for some applicants. While discourse about fraudulent applications may have caused the shift to specifying particular medical professionals, the DSP claims process already has in place checks and balances like the Job Capacity Assessment to assess any discrepancies between evidence provided by treating medical professionals and the applicant. Furthermore, one could assume that an applicant's treating medical professional whom they have developed a relationship with and treats them on a consistent and ongoing basis is in a better position to provide evidence.**
- **The cost of collecting and collating evidence should be recognised and supported or waived.**

Problem 2: The diagnosed, treated and stabilised criteria

The diagnosed, treated and stabilised criteria can also act as a barrier to the DSP claims process. For people with psychiatric impairments their condition can act as a barrier to being diagnosed, treated and stabilised. The episodic nature of some psychiatric impairments and the fact that some conditions are treatment-resistant work as a disadvantage. Additionally, some conditions can mean that people may appear like they are not “actively participating” in treatment. This may cause medical practitioners to assume that the person is ‘difficult’ or refusing treatment and write this observation in their medical reports. For one participant with treatment resistant schizophrenia, social anxiety and major depression the fact that because of her condition she appeared like she was not “actively participating” in treatment has previously acted as a barrier for her. She explained that she sometimes has difficulty maintaining medical appointments and that doctors have previously told her that she was

wasting their time because of the way she talked or because she was restless or irritable. Rather than recognising that she was unwell, she was judged. As a result, she felt it was easier not to go to appointments. This meant that she was unlikely to meet this part of the eligibility criterion for the DSP and that her condition got worse resulting in hospitalisation.

Additionally, previous dealings with medical professionals and the mental health system can shape people's willingness to engage with the system. For one participant, who was under an Involuntary Treatment Order, she had had many problematic dealings with the medical profession and the mental health system which meant that she was hesitant to engage with them and that any such interaction could be harmful to her. This context would no doubt affect her ability to be diagnosed, treated and stabilised.

Furthermore, for a condition to be diagnosed, treated and stabilised it can be costly. The evidence required to affirm that a condition has been diagnosed, treated and stabilised can also be expensive. Yet, people applying for the DSP do not have access to the higher paid DSP which could facilitate their access to a provider, medication or treatment. While people are entitled to a certain number of psychologist appointments over the course of a year through Medicare or some specialist appointments and tests can be claimed back through Medicare, interview participants suggested that this is not enough and for some providers there is a gap payment or people have to pay in advance. Furthermore, when someone runs out of these psychologist sessions, they are then required to absorb the cost themselves should they continue "treatment". This would shape their ability to show that their primary condition has been diagnosed, treated and stabilised.

Problem 3: The program of support requirement

The program of support requirement can also act as a barrier for a DSP claim. A program of support is offered by a DES provider or a job service provider. Once there has been a determination that a primary condition has been diagnosed, treated and stabilised, this condition is then assessed through the impairment tables. If a condition measures 20 points on a single impairment table then it is deemed a manifest condition. For those without a

manifest condition, that is, those whose primary condition does not measure 20 points in one impairment table but 20 points across multiple tables, they must actively engage with a program of support for 18 months. Requiring someone to engage with a program of support may not recognise or acknowledge social and communication barriers which may prevent someone from engaging and the difficulties faced by some with leaving the house, interacting face to face, and making phone calls, for example.

The multiple layered application process for the DSP presents several hurdles for people with disability.

Recommendation: This claims process requires simplification and revision to ensure that those most in need of the DSP can access it.

3. The structure of the DSP can undermine the economic aspirations and goals of people on the DSP and employment transitions

The way that disability is assessed around capacity for employment as part of the DSP claims process could mean that there is an association of the JobSeeker Payment with capacity for employment and DSP with incapacity for employment, despite the participation requirements for some DSP recipients. Furthermore, the higher rate of the DSP which begins to recognise the additional costs of impairment by comparison to the low rate of the JobSeeker Payment provides an incentive - along with fewer mutual obligations for some – for people with disability to apply for the DSP. This alignment of capacity and incapacity with certain payment types can undermine the social and economic participation goals of people with disability (Productivity Commission, [2011](#)). This is seen in the interview data where one interviewee explained that she can still function, but that she requires the financial support provided by the DSP. This could force her into a position where she has to emphasise her incapacities and inabilities, rather than her abilities. This was raised as a problem with the DSP by the Productivity Commission in their report on a National Disability Care and Support Scheme (Productivity Commission, [2011](#)). It is important to recognise that along with the barriers to employment discussed previously, recognising capacity does not

necessarily translate into employment outcomes. It is also important to recognise how the DSP application and rejection process - and the rates of pay- can result in people not aspiring or envisioning economic participation.

Coupled with this is a concern that participating in employment is likely to result in someone losing their access to the DSP or being phased off it. This is because someone on the DSP is able to work up to 30 hours a week but should they work more than 30 hours per week their access to the DSP will be stopped, only to be resumed if they start working under 30 hours again within two years. For people with episodic conditions, there is a fear that they will lose access to income support which could discourage them from participating in employment because should their condition be exacerbated, they may have to go through the arduous process of applying for the DSP again. This was the case for one of the interviewees, who received the DSP, who then transitioned to full-time work, only to become unwell and hospitalised. As it had been more than two years since she was on the DSP, she had to reapply but was too unwell to do so. She went without income support for a period. **Work, or other activities that build capacity should be supported and encouraged, not because it is about transitioning people off the payment but because it has genuine benefit** to them. People with disability want to work and they have a right to employment under the UNCRPD but they also need to be supported and have the knowledge that should they be unable to work they can easily access income support.

Recommendation: **Consideration should be given to a separation of the criteria for determining eligibility for DSP from the tests of workforce participation for both remaining in the scheme or becoming eligible for it.**

The policy imperative supporting this recommendation is to remove the obvious financial and psychological disincentives for DSP recipients to seek work. Many recipients and applicants for the DSP have experienced a lifetime of discouragement due to the social perception of their incapacity or lack of competence before they even consider application for the DSP. Others have become disabled and experienced discouragement by circumstance - frequently through accident or injury - and have become alienated from employment participation. For

Australia to meet its international obligations under the UNCRPD the DSP should reward and encourage employment rather than further contribute to the social and economic disempowerment of people with disability. Entry and re-entry to the workforce should be considered one of the goals of the scheme - not a basis for penalising participants.

An individual recipient should not experience the withdrawal of support because they become employed or employable. Rather the scheme must treat entry and re-entry to the workforce as a personal option and likely reality of the client. The most sustainable incentive is not to withdraw entitlements as a person with disability enters work.

Recommendation: The reduction of benefits for individuals should be tapered as the hours and remuneration available to them in employment change. People with disability should not be subject to the enforcement of specific arbitrary cut-off of benefits. When employment ceases or the number of hours worked is reduced then benefits according to circumstance can be reinstated over time.

Assessing recipients and potential recipients based on the number of hours they are assumed to be able to work is an increasingly anachronism. This method of assessment no longer reflects the nature and organisation of work in the contemporary Australian economy. The assessed capacity of hours per work does not reflect the nature and incidence of the disabilities that people live with. There are a wide range of globally accepted assessment tools that represent a fairer and more scientific means of assessing individual impairment.

Recommendation: An assessment criterion other than potential hours per week based on objective assessment and individual need should be put in place.

4. Psychological or psychosocial impairment/s

Those with psychological impairment/s or psychosocial conditions face particular barriers to employment, maintaining their obligations as JobSeeker Payment recipients and applying for the DSP. Interviewees with prolonged grief disorder and depression spoke about how during

particularly bad bouts they would be unable to take care of themselves, unable to eat, drink and maintain basic hygiene, and spent a lot of time sleeping or retreating from the world. For another interviewee who had experienced severe heart troubles he lived in constant fear that the problem which lead to his hospitalisation would return and he would die. This led to depression and he felt he was unable to concentrate on work. For various reasons people with a psychological or psychosocial impairment/s present a unique challenge to the DSP application process, JobSeeker mutual obligations and the DSP participation requirements which is not properly acknowledged.

Recommendation: The particular experience of people with psychological or psychosocial impairment/s requires specific acknowledgement.

Summary of Recommendations

- 1. The new NDS should have practical measures which address structural barriers to employment for people with disability. These practical measures should have mechanisms to regularly assess the implementation of these measures and evaluate their effectiveness.**
- 2. The intention of placing participation requirements on DSP recipients and mutual obligations on the JobSeeker Payment recipients with disability requires questioning, particularly about their capacity to lead to employment outcomes. Furthermore, how the wider barriers to employment and the disabling income support system, including mutual obligations shapes the economic participation desires and aspirations of people with disability must also be interrogated and reformed so that the goals, desires, capacities and aspirations of people with disability are not undermined.**
- 3. A more personalised and individualised approach to employment services is required for people with disability on income support so that their goals, desires and aspirations for economic participation can be recognised and supported.**

- 4. Should the evidence requirements for a DSP claim remain in place, there needs to be better communication about these evidence requirements to DSP claimants, medical professionals and those assisting others to apply for the DSP. This information should be clear, accessible, provided in plain language and languages other than English.**
- 5. For those who would clearly meet the evidence requirements for the DSP but are unable to collate the required evidence due to their impairment, assertive outreach should assist them with this process.**
- 6. Rejection letters should clearly communicate why an application was rejected and how an application can be improved so that the claims process is successful. Any reference to criteria or acts is vague and unclear. This information should be clear, accessible, provided in plain language and languages other than English.**
- 7. The specifications on who is able to provide evidence on conditions should be expanded to recognise other practitioners who may be in a better position to provide evidence for some applicants.**
- 8. The cost of collecting and collating evidence should be recognised and supported or waived.**
- 9. This claims process requires simplification and revision to ensure that those most in need of the DSP can access it.**
- 10. Consideration should be given to a separation of the criteria for determining eligibility for DSP from the tests of workforce participation for both remaining in the scheme or becoming eligible for it.**

11. The reduction of benefits for individuals should be tapered as the hours and remuneration available to them in employment change. People with disability should not be subject to the enforcement of specific arbitrary cut-off of benefits. When employment ceases or the number of hours worked is reduced then benefits according to circumstance can be reinstated over time.

12. An assessment criterion other than potential hours per week based on objective assessment and individual need should be put in place.

13. The unique position from which people with psychological or psychosocial impairment/s approach mutual obligations, applying for the DSP and the DSP participation requirements must be considered.

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The Whitlam Institute within Western Sydney University is a dynamic public policy institute that commemorates, and is inspired by the life and work of one of Australia's most respected Prime Ministers, The Hon. Gough Whitlam AC QC. It pursues the causes he championed and is guided by the principles upon which his parliamentary career and years of service to the people of Australia were founded.

Established under an Agreement between Western Sydney University and Mr Whitlam in 2000 as an incorporated entity, the Institute bridges the historical legacy of Mr Whitlam's years in public life and the contemporary relevance of the Institute's work to public discourse and policy. The Institute exists for all Australians who care about what matters in a fair Australia and aims to improve the quality of life for all Australians.

The Institute is custodian of the Whitlam Prime Ministerial Collection housing selected books and papers donated by Mr Whitlam and providing on-line access to papers held both at the Institute and in the National Archives. The other key area of activity, the Whitlam Institute Program, includes a range of policy development and research projects, public education activities and special events. Through this work the Institute strives to be a leading national centre for public policy development and debate.

Whitlam Institute
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