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Abstract

This article criticises the Disability Reform Package 18 months after its implementation in November 1991. Introduced as a new measure to assist people with disabilities the system in fact creates more problems. This is partly caused by inconsistencies between DSS and CES and conflicting requirements.
Keyword: Government

Disability Reform in Need of Rehabilitation

In November 1991, the then Minister for Social Security touted the Disability Reform Package (DRP) as a "ground breaking" strategy to "allow people with disabilities to participate more fully in economic and social life". 18 months after its implementation, the system is actually penalising many of the people it was developed to assist.

Disabilities do not necessarily preclude people from active participation in the workforce; many people with disabilities work, and many more would like to. A major feature of the DRP was the premise that after identifying long-term sickness beneficiaries and invalid pensioners with a capacity for work, the Department could offer specialised assistance through CES and Commonwealth Rehabilitation programs to help people realise their formerly untapped potential and either enter, or return to, the workforce. But this is not happening.

At a time of record unemployment, CES programs are under massive pressure. CES resources have been expanded to meet the escalating unemployment levels, but not enough to also cope with the introduction of the Disability Reform Package. The result is too many clients with significant disabilities being dumped on CES, being made to search for work without being given support appropriate to their condition. Clients also have become victims of competition between CES and DSS; of disagreement between their treating doctor and Commonwealth Medical Officers; of confusion between the old Invalid Pension notion of "permanent incapacity" and the new Disability Support Pension notion of "continuing inability to work over the next 2

years"; of further confusion between the definition of "work" for Sickness Allowance (8 hours) and DSP (30 hours).

The DRP is currently being reviewed. The evaluation should take account of at least the following issues.

DSS perception that DSP is a permanent payment stops grants

There seems to be a misunderstanding among some DSS staff that "a continuing inability to work" means a "permanent inability to work". DSP is not necessarily a long-term payment. Despite the fact that the legislation allows payment to people who may be able to re-enter the workforce within two to three years, general DSS practice excludes many of these people. This attitude seems to relate to the idea that if a pension is granted, that person will be in danger of remaining on pension indefinitely. This is not necessarily so.

The DSS - CES run-around

A person on Sickness Allowance ceases to qualify if considered by DSS to be capable of 8 hours or more work per week even though their own doctor's medical certificate says they are not fit for work. They will then be advised to register at the CES for work, and apply for JSA.

Our experience is that many clients with recognised disabilities and limited work histories have a great deal of difficulty convincing the CES that they should be registered for work. They are referred to a CES doctor for a "clarification of medical condition" then back to DSS to claim DSP because of their inability to work, only to be referred back to the CES because DSS says they don't qualify. The CES frequently registers people in this position only after intervention by DSS officers, who explain that JSA is the only payment option available.

Some clients can be paid Special Benefit upon lodgement of a DSP claim, but most will be compelled to claim JSA pending the DSP decision. Many clients quite reasonably feel they are acting dishonestly in claiming JSA as they genuinely believe, with the support of a treating doctor, that working would endanger their health. They are often left with the perception that the whole process is farcical, and that they are forced into dishonestly presenting themselves as fit for work to secure income support.

If a client with a recognised disability and without work skills is granted JSA, it is unlikely that the CES will be in a position to refer them to prospective employers. The person may need some intervention (eg retraining, an English language course or rehabilitation), but unless the client is aware of such programs and asks specifically to be given advice, it is rare for the CES to volunteer such information. Even if it did, given the pressure placed on these programs by the long-term unemployed without disabilities, it is acknowledged that referral would be futile for those with recognised disabilities.

Meaning of "work"

Many people with disabilities face a long battle with DSS and CES concerning the most appropriate form of income support. A major cause of the problem is the distinction between the statutory meaning of "work" for Sickness Allowance and Disability Support Pension purposes.

For Sickness Allowance purposes a person is not eligible if DSS thinks they can work for at least 8 hours per week. For DSP, work means at least 30 hours per week. Under the legislation, an applicant who would be capable of only 20 hours work per week for at least 2 years could, combined with a 20% impairment, qualify for DSP, despite being well and truly ineligible for Sickness Allowance. Accordingly, a 50 year old woman who is considered to be capable of 9 hours work per week (but little more), and who has never been in the paid workforce, will be referred to the CES to register for work, and back to DSS to claim JSA. The CES may register her for work so that she can claim JSA, but may also suggest that she claims DSP.

People with psychiatric disabilities

Before the DRP, Sickness Benefit and Special Benefit sheltered people with undiagnosed psychiatric disabilities from the requirement to seek work or test pension eligibility. Many clients with psychiatric problems fail to recognise any illness or disorder, particularly in the case of undiagnosed or untreated schizophrenia. Such clients may present to DSS and CES staff as eccentric or paranoid, but without psychiatric evidence they are ineligible for DSP. Previously it was possible to place clients on Special Benefit following CES

assessment of them as "unreferable" but this is no longer possible.

Our experience is that such clients meet with reactions from DSS and CES staff ranging from contempt to sympathy, but even the most sympathetic staff member is powerless to do anything to prevent such clients facing endless payment problems because DSS staff must now refer those people for CES registration.

Need for a review

The Disability Reform Package is currently being evaluated, the major objective being to assess whether the intended policy objectives of the DRP have been met. We assume that the enormous pressure being placed on the CES and importantly, on the very clients whom the DRP was intended to assist, has been recognised. This review must involve submissions from community and welfare organisations familiar with the anomalies inherent in the current disability program and the distress being caused to clients and Departmental staff alike.

What does it take to get a disability payment?

Two years ago Joseph was involved in an accident. He hasn't worked since. He walks only with the aid of a walking stick, wears a cast on his ankle, and cannot stand on his good leg for very long. His treating doctor and his orthopaedic specialist have both written medical reports stating Joseph is not fit for work.

Recently Joseph hobbled into the Welfare Rights Centre. After spending five minutes with him it is obvious that his doctors are right;

he is not able to work. Despite all of this, Joseph has been thrown off Sickness Allowance and refused Disability Support Pension (DSP). He is now required to register as fit for work with the CES. He must trek around every fortnight attempting to find work and present to employers as being capable of holding down a job. Not surprisingly, Joseph is shocked that the system requires him to be so dishonest.

So why isn't Joseph on some form of disability payment appropriate to his situation?

Joseph has been on Sickness Allowance for 12 months so he is no longer eligible. The Commonwealth Medical Officer says his "impairment rating" is less than 20%, so he does not qualify for DSP. In his five years of work in Australia he has only ever done manual work, he has very little English and he is not literate in his own language. These factors cannot even be considered under the current disability payments system.

The DSS maintains that Joseph is capable of working for more than eight hours each week doing light duties that don't involve standing, lifting or moving much. Accordingly, the only payment he is eligible for is Job Search Allowance. There is no longer any payment which adequately meets his needs.