



Advocates Discuss: income support and Centrelink/Services Australia

From June to October 2022, Disability Advocacy Network Australia ran the "Advocates Discuss" series of fortnightly hour-long discussions via Microsoft Teams - creating an opportunity for interested advocates to take a closer look at and speak about a number of key topics emerging in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission or DRC) and its examination of abuse, violence, exploitation and neglect. Participants were encouraged to share their insights, observations, stories and case studies, and the discussion questions each week included opportunities to share perspectives on what recommendations advocates would like to see being made by the DRC, in relation to the topic in focus.

Identifying details have been removed from the edited transcript below. Participants in each session are identified as advocates from their state or territory, and are also numbered, where multiple advocates from that jurisdiction took part. Participants were informed that sessions would be recorded to capture their insights and observations. Care has been taken but errors may exist in the transcription.

DANA would like to acknowledge the Traditional Owners of the various lands around Australia from which advocates participated in these virtual meetings and pay our respects to Aboriginal and Torres Strait Islander Elders, past, present, and emerging. DANA would also like to acknowledge the time and generosity of participating advocates from a diverse range of advocacy organisations around Australia, and the funding of the Australian Government Department of Social Services for DANA to provide DRC systemic advocacy support. Visit www.dss.gov.au for more information.

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Transcript from discussion – 2 August 2022

Mary Mallett:

Because we've only got an hour, we might get started and then Siobhan will keep admitting people as others join. I'm Mary Mallett, the CEO of DANA. I'm leading today's discussion and Siobhan is in the background assisting today. I would like to acknowledge the traditional owners and custodians of the lands upon which I am meeting from today. I am in Hobart. I acknowledge the leaders past and present and recognise them as custodians of the land and waters in this area. I also welcome any Aboriginal people who are joining us today. Today, this is part of a series. Some of you have been to some of these before. This is part of a fortnightly series of discussions that DANA is holding to tie into the Disability Royal Commission. Some are very directly related to some of the hearings and others are just more general issues that need to be - that have some light shone on them and elevated into the Royal Commission. So we are recording today's session and there's captions if you want to follow the captions... There's an external link to the captions if anyone wants to follow those.

I will just start with a few prompt questions, but everybody just feel free to either put your hand up or you can put comments in the chat as we go along and you can put your hand up to dive in and make a comment. What today's topic is, is about income support, Centrelink. It's a huge part of the lives of people with disability and critically important for many people. Really, today we just want to have a general sort of discussion around the experiences that your clients have around anything to do with the DSP, trying to get onto the DSP, getting rejected from the DSP, trying to do an appeal around the DSP if [they] need to. We're interested in what percentage of your work is related to DSP matters or JobSeeker for people who are on income support but can't get on the DSP and have tried, the people who are on JobSeeker and trying to survive on that. For people who come forward to you for other advocacy issues, do you get [an] idea about how they're managing... with their income support - is that often another underlying or concurrent issue that they're grappling with while they're trying to deal with other things. So, really, I'm happy for anybody to kick it off about any of the work that you do where anything related to income support is part of the work. Feel free to put your hand up or just turn your microphone off and dive in.

[NSW Advocate 1]:

I can get started just to speak more broadly... from our perspective. I guess it's connected in that we're really looking at trying to get employment for people with developmental disabilities and increasing that idea and also just... real job for real pay, actually increasing wage equity, and trying to phase out the sheltered workshops. Connected to that is this issue with this perverse motivation to stay on the DSP



because of the restrictions that are placed and I'm sure there is someone from PWDA or Inclusion Australia that might want to jump on that with me because they commissioned a report in April. Have you seen that report? It was April 2022¹....but really just looking at that - the bigger picture of all of this and needing some flexibility to have that DSP as a safety net because if you do get more than eight hours, you're restricted from what happens to your DSP.

So it tends to push people into the eight-hour bracket, even if you're offered more hours, people are saying no and things like that. That bigger piece, I guess, have it as a safety net... is something that - I'm not sharing with you specific case studies, but more so what the issues are that need to be... and the solutions moving forward.

Mary Mallett:

Thanks. I've just come off a different meeting that Inclusion Australia were part of in relation to some Northern Territory stuff and, yes, that disincentive for people to--

[NSW Advocate 1]:

To get more work, more hours.

Mary Mallett:

[A]...perverse disincentive that keeps people on sometimes and it is not clear or clearly explained to them even thousand the whole system works or what they can or can't do.

[Some discussion with [VIC Advocate 1] and others about how work hours affect payment rates]

[NSW Advocate 2]:

It's so complex. We're educated people here who have a lot of access to information and we still can't figure out all the little intricacies...

Mary Mallett:

Yes, I saw comments in the chat, Siobhan has put a link to the Social Security Rights Victoria called DSP Help. My memory of that is they set it up to help people particularly to help people get the medical reports that they required to get on the DSP because that was a major - is a major barrier for people - and I haven't looked at that site for a while.

¹ Inclusion Australia and People With Disability Australia (2022) [Wage equity and more choices in employment for people with an intellectual disability](#) – Research review.



Anyway, we will keep moving on to other people who want to speak, but it is quite - you're quite right, whoever made that comment, that even among a group of disability advocates, we're all collectively stumbling over this stuff. Anyway, it's prompted me to think there is a bit more resourcing needed around this area for advocates to use in their work and then to use with their clients. [WA Advocate 1].

[WA Advocate 1]:

Thanks, Mary. I'm [WA Advocate 1], a senior disability advocate in Western Australia. We're in a regional area, quite far from everybody else. I think your original question, Mary, myself and my colleagues sort of sat here in silence because it's "where do you start?" DSP is one of our biggest issues that people come to see us about. The navigation of it is really hard. As you said, people don't know where to start.

We regularly see people who genuinely are eligible but are just really up against the system to prove that. Medical reports are a huge issue. GPs and specialists don't know how to write them from the perspective of those professionals, you're always looking at the positives and get to look at hope, when you apply for DSP, much like NDIS, you have to look at the negative, which is very hard, and it only takes the words of 'we're going to review in six months' or 'there's this treatment we will try' and that's it, it's the difference of a few words that can make or break. We help a lot of people through. We always start from scratch. Where if they've put a claim in themselves, we find that it's not worth trying to appeal because the evidence they have won't be strong enough, so we start from scratch.

We do use that DSP Help resource. We give them that website address. The other thing we use is a document that was produced by the Disability Resources Centre - Victoria seems to do a lot of really good stuff. That's DSP & Me, which is a great resource. It's written, it's very clear, it takes you through step-by-step, and we found that a really good resource as well...

Yeah, we just find a huge amount of our time is spent helping people through this system which is supposed to be for people with disability who are really genuinely eligible but they just can't - the process is too hard, their communication with Centrelink is horrendous, you can't get through to someone or every time you speak to someone, they tell you something different. We hear that all the time.

I think going back to your original question, Mary, every time we see someone, it doesn't matter what they're referred for, there are always multiple issues, always. As soon as you scratch the surface, you will find that they will need help with disability support pension, NDIS, often also accommodation, general finances as well. So it's a big issue. I will stop my rambling now but I hope some of that was helpful.



Mary Mallett:

That was really helpful. I'm glad you mentioned the bit about the communication with Centrelink. As each of you are speaking, I'm interested to get your input really on that. Does it improve? Has it ever improved? Does it get worse? One of the reasons I'm asking that is we have a group of the national peaks. We have a quarterly or every three or four times a year we have a meeting with Services Australia ... so I'm interested in anything you wanted to see discussed on there, but particularly this issue about the communication from Centrelink. [WA Advocate 1], did you put your hand up to respond to that particularly?

[WA Advocate 1]:

It was still up, but I would like to respond if that's okay. You know, this has been a huge issue for many years and hasn't improved where even as an advocate, you're told... as I said, different staff give different information. You're given a log number and clients have gone back and there's been no record of that. They've not been able to get that same person again, of course. You're told to phone that... the disability line which is no better than the general line. You can't get through. You go into the service centre and, again, it depends on who you talk to as to what you're told. I accompany clients often and the person you're speaking to... I might actually be directing them where to look or how things can be dealt with, but I think... that being given conflicting information just really exacerbates the stress and the emotional trauma of that journey for people going through the claims process.

Mary Mallett:

Thanks. We will move on. The next people are [SA Advocate 1] and then [TAS Advocate 1] from [TAS advocacy organisation]. [VIC Advocate 4], I wasn't sure if that is a legacy hand. [SA Advocate 1].

[SA Advocate 1]:

I definitely agree. I think Centrelink, or communication with Centrelink, is a massive issue. I've also attended Centrelink offices with clients and can see that the general Centrelink officers... often they don't know a lot of information about the DSP as well. We maybe have had to go see a social worker with a client and they're a bit more informed about the DSP... social worker at Centrelink. We find that they have the phone service, but, obviously, the issues are in getting through, and I think when there's an advocate there, it also makes a massive difference in terms of the level of communication and the level of outcomes we're able to get as well. I think if it's an individual doing [this] on their own, often the individual would be very distressed, obviously. And they might not get the information that they need.



I think the DSP is one of the biggest things that we do... and getting medical evidence from GPs and medical specialists is one of the major issues because they're just not trained in understanding how to write things up the way that Centrelink wants, and we're often writing up letters to GPs or specialists against the rules from Centrelink, and having to have direct questions so they will understand, and we also get resources to be able to give to them as well, like from the Social Security Rights Victoria DSP toolkit as well.

I think the other thing that I wanted to talk about was the way that the DSP rules are set up, so, obviously, the fully diagnosed, treat and stabilise rule, that's the first hurdle, having that proper diagnosis, making sure that they have to get their doctors to say that they have exhausted all reasonable treatment, and if there's anything that the doctor says, like, we want to do further review or further treatment or further surgery, then that will be a red flag for Centrelink. I don't think that Centrelink... they do say that if there's two years where they're not able to get treatment, that they can take that into account, but I feel like that's still quite a high bar. People will still be waiting months and months and they won't necessarily consider that as being a barrier to accessing medical treatment.

The other thing is the way that the points system works. So there's the... two different pathways that people can get on to the DSP. Either they get... you need the 20 points to qualify. Either you get the 20 points in one table, so that's to say that your disabilities are severe enough, which is what they call it, to get on to the DSP, and so if you have that one table, you can qualify for that. The other thing is that if you have points across multiple Centrelink impairment tables, so you might have five points for mental health, ten points for spinal conditions, five points for diabetes, or something like that, then Centrelink requires the person to take part in what they call a Program of Support. That's 18 months with a disability employment service. It's quite an extended period of time.

If you get a medical exemption, at any point in time to say that you can't medically engage with their DES, their employment provider, that doesn't count toward actively engaging in 18 months, which is a barrier for people with disability and health conditions because, obviously, they're going to have periods where they're not going to be able to engage. DES [Disability Employment Services] providers are not accommodating generally for people with disabilities. It is quite difficult for people to engage with them from our perspective at least.

You might get good individual workers, but the way that the system is set up makes it quite difficult, I think. Obviously, the last thing is the 15 hours or less per week to get onto the DSP. I think those are quite some of the barriers that we see.



Mary Mallett:

Thanks very much. We will move on to [TAS Advocate 1] next, but we will come back to some stuff that people have been putting in the chat in a minute.

[TAS Advocate 1]:

Thanks. I was just coming back to the question you had about what to take back to the meeting about communication and things that could be done, and people may be aware of it, but I thought it was worth mentioning that we have got a communication come through from Centrelink to [TAS advocacy organisation] from the aged care specialist officers that have been appointed, so in the email it says that there are 70 across the country by December and it provides a face-to-face service for older people seeking to access aged care information through [Services Australia],² and in terms of what might be a good communication model for people with disability, that sort of model through aged care might be something to look at and suggest. I can forward that email I've got through.

Mary Mallett:

Yes. You mean a similar model or you mean diversify those aged care specialists so that they did disability stuff as well?

[TAS Advocate 1]:

No. I was thinking like a model based upon that. You would have disability specialists who could provide that consistent clear advice to participants who are trying to find out what they need to do to access the disability support pension.

Mary Mallett:

Yes. I feel like they used to have something like that or am I imagining that. Does anyone remember something like that from years ago? Was it the social workers? The social workers were more active at some period? Thanks, [TAS Advocate 1]. If you forward that email it would be useful. [SA Advocate 1], was your hand up before or were you wanting to come back in? You've taken it down. ...The impairment tables whenever it was, [SA Advocate 1] I think, talking about the impairment tables and how people get... the way the points system works. The impairment table as an instrument, a legislative instrument, if that's the right term, they were due to expire and they were to be reviewed. ... What they did is they extended them by another year but they still will have to do that review this year.

I've put the link to the engage DSS website where they have a discussion paper, but I can't remember, and I don't know if anybody else can, whether they ever did get any

² [Aged Care Specialist Officer in My Aged Care face-to-face services](#)



submissions or certainly there's none up there publicly. So did they stop the process before the submissions went in, I'm not sure. We will find out from them what the timeframe will be, when they pick up again the review of the impairment tables. I do know that the little bit I heard about before the election from the people in the department was they were certainly intending it to be a very minor review of the impairment tables, not a serious look at how does this system work, is it designed appropriately, is it working for people.

There's a political issue around that now really. ...It was actually under the Gillard Government were changed to work the way that they have worked since and keeps people out of the DSP. Politically it may mean that it's not so much inclination from Labor to solve this since it was the Labor government that caused the problem. I don't know if anyone has any political intel about that. Please share it with me. I will chase up what the process is going to be. [NSW Advocate 2], there was something that you had there in the comment. I wondered if you wanted to put your microphone on and talk about it.

[NSW Advocate 2]:

I've said a lot. I'm getting all passionate.

Mary Mallett:

No, that's great....You had something about the decision-makers cherry picking.

[NSW Advocate 2]:

Yes. I've seen decision makers, whether it's the first claim or internal review, really cherry pick information to support a decision to not have a successful claim. You can look at all the medical evidence and think this is really telling the story, it's covered off everything. If someone read everything, they could see yes, this person has this disability, they meet all the criteria and the impairments are substantial, and they might pick some tiny bit of information such as, "Oh, this person would do well if they had physio". Now, this person has had physio and things didn't improve. Yet, if you dug a little bit deeper with a GP or a physio, the physio might say that's just to maintain, to provide maintenance for this condition. It's just so it doesn't get worse. It's certainly not going to remedy it to a point where that person could start working again.

So that's what I've seen. I've seen that for a long period of time. Other points that I made were around clients of ours in regional New South Wales finding it very difficult to access doctors in the first place and then move on to allied health professionals and have massive waiting lists. They're often trying to do all the treatment that they need to be doing. That further delays someone to finally get to the DSP claim or a successful claim, where they're still on this JobKeeper. They go on the merry-go-



round where they do not participate. They're the clients we see in central west New South Wales.

We've had GPs and other health professionals blankly refuse to write any additional evidence for clients because they often are concerned that if it goes to a tribunal, then they will have to ... be a witness, yes, that's what I was trying to think of. Over my time as an advocate, I have seen this much better system when I was a baby advocate 11 years ago, where we would take people into Centrelink and there were social workers there. We could hand over and say 'this is the situation', do our advocacy piece by helping them connect with the right people, and then the social work would break it down and maybe spend that time explaining things, and now that's become our role over the years. We're having to understand all of this complex legislation and try and filter that, explain that to our clients, rather than Centrelink having to do it themselves.

That should be their job in an inclusive beautiful world where a government agency should be able to be inclusive enough to sit down and explain to their staff, how all of this works and then assist a person with a disability. We as advocates should have a small role in that, for those really tricky clients, the ones that really struggle to speak up, but we're talking clients that could do this. It's just so complex. You walk in the door and you get told this one day, got told another thing the next day, so that's another complexity there.

Mary Mallett:

Thanks, [NSW Advocate 2]. What I was remembering as you were talking then, within the last couple of years Centrelink made the application process for the DSP... was the last of the Centrelink payments that became an online process, that you could do it online. Previously it hadn't been available to do online, but it became available to do it online. I'm interested really from many or all of you has that helped? Or is that still of no help to the people you're working with?

[NSW Advocate 1]:

For some. I'll just answer it and then let you go. For some clients that can do that, yes, that's okay. A person with a disability that was ... or they had no literacy problems. Yes, that could work. Even then, I still have people that don't have a cognitive disability struggling with that, struggling to understand why – 'if I answer this to this question, what's that going to lead me to?'. Clients with low literacy, we're still having to write their forms with them, even on the forms, paper forms. Whatever they choose to do. I still feel it's far from being inclusive. I would like to see a Centrelink worker sit down with a person with disability and... 'let's work it through together'. That's me done.



Mary Mallett:

[VIC Advocate 2], you're saying most people with a disability are relying on the hard copy form.

[VIC Advocate 2]:

G'day everyone. Yes. I should have said most people that I'm seeing at the moment with disabilities seem to be relying on the hard copy form.

Mary Mallett:

Which advocacy organisation are you from?

[VIC Advocate 2]:

[Regional VIC advocacy organisation]. It seems for a lot of the clients that I see, the idea of filling out the form online is a bridge too far, and most rely on the hard copy form.

Can I just add something as well. I know it's been mentioned a couple of times, the idea of people needing to do the 18 months of active Program of Support in the last three years, does seem to be such a cruel idea where you might have someone who is really quite unwell and can't participate in that 18 months, and then it is such a huge barrier for them to ever get on the DSP, but they possibly can't get 20 points under one impairment table, but they have quite a few impairments that add up to making the prospect of them working really, really difficult, and they just seem to then really struggle to ever get that 18 months.

Mary Mallett:

I saw that one of you commented in the chat about the DESs [Disability Employment Services] getting paid in relation to the person doing the 18 months.

Anybody who understands this is more detail can explain to me....If you have to do it, you have to do the 18 months?

[WA Advocate 1]:

I have had quite a bit to do with our local DES [Disability Employment Services] providers where people have been on a Program of Support, and from my research through all the Centrelink documents and the DES documents, there is an out that the DES can take, which is to exit someone. There's two kinds of exiting. I haven't read it for a while... if someone can't achieve that Program of Support, the DES should be able to note that back to Centrelink to say that, 'no, this person cannot be employed, that they haven't been able to find something', and that can be taken into account for



the Centrelink records around the work capacity. I've never been able to get that to happen.

I've spoken to our local DES and that was my comment around informal conversations with the people on the ground, not management of DES, that the higher-ups in the organisations will not allow them to exit people because this is how they're funded. I haven't got ... completely around this, but they do get - the funding is per person. [VIC Advocate 2], I can see you're nodding so I hope I'm going down the right track here, as I say, from my research. So they have absolutely no interest in exiting people. It's not in their - it's not for their benefit. That person, as we've all said, is just going through trauma and absolute hell because they're being forced to meet their obligations, and when someone is really unwell, yeah, it's not going to happen. They're only allowed - Centrelink will only allow, I think it's three exemptions anyway.

If someone is unwell for a while, their GP can write to say, yes, 'no, they can't meet the obligations because they're unwell, they're too unwell', but if your GP does a few of those, saying you 'shouldn't be on JobSeeker but on Disability Support Pension', but that doesn't translate to any kind of help whatsoever with getting the Disability Support Pension. That person will sit there on JobSeeker, run out of exemptions, not be able to meet obligations and have their payments cut because they're not doing them.

Depending on the OT [occupational therapist] who does their ESA [Employment Services Assessment], which is like a Job Capacity Assessment, but it's on that other side, for JobSeeker, depending on them, the requirements can be quite low, my understanding is that I've had people who have had very - they can just do a little bit of study, they can do a little bit of something and actually meet the requirements, whereas other people, they still have this high level of requirements.

Having said all that, of course, the government have completely changed how JobSeeker is run now because it's a - I haven't got my head around that yet, so I guess we don't know what's going to happen now with this new provision, although I understand it's not supposed to be affecting DES providers.

Mary Mallett:

So they would be on what's it? the new Workforce Australia or whatever it's called?

[WA Advocate 1]:

Yes. But not everyone is through DES either. Some people are assessed that they don't need that stream, which can be completely inappropriate because they do, but it's--



Mary Mallett:

Going on what used to be 'jobactive' and now Workforce Australia or something.

[WA Advocate 1]:

Yeah, that's it. It's going to be interesting to see the impact of that, but going back to DES, there is this huge, I would say, it's a complicated... where they're not actually - potentially they're not doing the best for the person because if the person can't work, they won't exit them.

Mary Mallett:

Yes. Thanks. [VIC Advocate 3] and then back to [VIC Advocate 4].

[VIC Advocate 3]:

Hi. I just wanted to reiterate that issue around the DES [Disability Employment Services]. Sometimes that points system, the impairment tables in themselves aren't always the issue. It's more about how that issue then impacts the POS, the Program of Supports. When people are having to go across those multiple tables, obviously, they need to participate in this Program of Support and we come up against this all the time because most people don't - there's no communication from Centrelink, even from the DES providers [about] what their medical exemptions will actually mean to them, not being actively participating in their Program of Support. That constantly comes back to the advocates to have to explain that situation, and people are quite shocked and can be quite unhappy.

They might have been getting exemptions for quite some time, and then the DES providers fall short because so many times the referrals come from the DES provider themselves to us so they will contact us and make a million referrals to us saying you need to help them get the DSP, yet when we discussed with them about this exit letter and I've taken it up with management before and I'm sure [VIC Advocate 2] can attest to that, there's a real break there where they're not happy and comfortable giving us the exit letter, yet they're comfortable in referring them to us to get them on to the DSP.

So the communication around... can be extremely difficult and very hard on clients when they have no understanding as to what that actually means. We give them the DSP help, we go through all of that system with them, but the impairment tables themselves I don't necessarily see them as really restrictive because you can kind of work with them, but that's where people fall short is this other ridiculous thing around the Program of Support and that's where the barrier is, and they're happy that there's a barrier there because that's a great fall-back for Centrelink to be able to go, 'yes... you're diagnosed, treated and stabilised, but sorry you don't meet [this] piece of the



criteria.' That's where things get cut off. That's the end of it. They're acknowledging their impairments are there and 'My God, you can't work, we see that, but you don't meet this other piece of the criteria, sorry', and then they're out and what are they meant to do then?

The other thing I wanted to comment on was that I have been doing those online DSP [applications], so I just thought that I would input on that for you. They have been thus far really successful. I know that that won't work for everybody, but if the advocate is there and they're taking them through that process, it can be successful. What I mean by that is that everything that we put in, all the evidence that we put in, at least we know it's all there, it's logged, because you know, how many times people send off hard-copy forms and all of a sudden you find out months later that they actually didn't even arrive, they're missing, or parts of the evidence is missing which just prolongs the process again.

So that has been successful and also gives you a timeframe which I like, so when you get all that submitted, it actually will say, you know, it will be 45 days or 60 days or whatever the days are, so they give the person some indication as to when that will be done, and Centrelink so far has stuck with those dates, which has been great and it's also - yeah, it has been a successful process so far for me and more so when it comes to, you know, COVID, and it also gets the client to be able to participate in their process. So they're able to see what they've logged in. Even though we might be scanning those documents with them and doing a lot of that stuff with them, it has been successful for us.

The other thing that we utilise a lot is the Community Engagement Officer from Centrelink in our local region. When we're not getting consistent information from Centrelink, which we all know it never happens, every phone call is something different, and we witness that all the time. It's not just clients coming up with this stuff. We witness it. We get told different things all the time. So I use my Community Engagement Officer a lot and they update me all the time about what's going on - on their case file note, what's been updated, have all those conversations that have taken place, are they up on the screen, can we see the conversations and they will update me all the time about what is going on with the DSP and if it's taking a little bit long or there's issues, then I'm able to sort out those issues fairly quickly, by just jumping on with them on a phone call or an email, and consistently they have always got back to me within a day or two days maximum - so I sometimes just bypass the whole phone call scenario with Centrelink and go straight to the Community Engagement Officer, email them or phone them and say what's going on, this is what the client has been getting told, can you see on the system what's happening for me, so I can better direct them. That's been really great. I just wish everyone knew about those community



engagement officers and kind of utilised them. I don't know if they're consistent nationally or if anyone else has had experience with them but for me in my area it's been a win.

Mary Mallett:

That sounds fantastic. [WA Advocate 1] has said she has never heard of one. I don't know where they are available. Siobhan has put up information about them, so you can pursue that. I hope they don't shut yours down.

[VIC Advocate 3]:

I hope not too because [there are two which cover this] whole region. I can scan documents to them, I can call the client, 'have you got this?', they scan it to me and vice versa, and the issue can be resolved within a day as opposed to clients having to call that disability number and just get wasted time, hours on the phone, hours of inconsistent information.

Mary Mallett:

Thank you. I can hear quite a few of you use the Social Security Rights Victoria [resource], that piece of work, is there anything else that you can think of that would help? Are there other resources that advocates would find useful or shareable resources you can provide to your clients?

There's the things about changing the system and what needs to change in the system, and I can see there's a few things referred to in the chat there, but then there's also, while the system is a battle as it currently is, what else would be useful and helpful for advocates? If any of you have thoughts or suggestions about that today or at any other point in time, you can drop us an email about that. Siobhan has put another comment in there about [Services Australia] Community Engagement Officers.

[VIC Advocate 4] put in comments there but there was one where you're saying that that thing that if people don't quite reach the 20 points, that - I certainly feel inside the department there's very little appetite for getting significant changes in the impairment table as it is as present, the thing we have to test as I mentioned earlier is whether there is any political will to do it either.

[VIC Advocate 4]:

It is concerning when you see somebody who has got quite significant impairments in one table but it doesn't reach the 20 and the same in another, even two, three or four, but they don't meet the 20 of that impairment, so they [don't qualify] to get the DSP. It makes no sense as to how that works. There should be a holistic approach...



Mary Mallett:

Appeals. Do you see many people who then try and push their DSP issue through to an appeal to the AAT [Administrative Appeals Tribunal]? I know it's a two-stage process, well I think it is, it's different from the way the NDIS appeals operate, but do people commonly do that or they don't, or what do you see in terms of people appealing Centrelink decisions?

[VIC Advocate 3]:

We have certainly helped with a few appeals. People will be more okay about doing it if they have someone by their side to do it, to explain things along the way, and it's interesting, even some of the senior members up in the tribunal area, they just shake their heads with Centrelink in regards to that Program of Support as well.

They also would like to see change in that area because it does end up going up into appeal, and it's fairly clear usually that someone has multiple health conditions, all of them which should be seen as one impairment, not being able to work, and it's an out for Centrelink. They know it. AAT certainly know it, and we still get some things through up there, but it is still a challenging one.

With the appeal process, so many people have to give up, it is such a hard, long process, and unless you've got kind of got someone beside you rallying you, because it's traumatic, and this is what I do bring up when we ... get up into that arena, is that the trauma involved in going through that process is huge. They should be a lot more reflective, particularly when it's around mental health as well, and I've had a lot of my say up in the AAT ...at the tribunal in regards to that, how traumatic to do that process is, and I can't imagine how many people really have got the will to be able to go up in the AAT without an advocate. Like, I would feel sorry for anyone having to do that process without someone beside them, just even rallying that support constantly. It's long and it's arduous and it's usually for nothing, like NDIS... but it's usually for nothing, you know.

Mary Mallett:

That's interesting because there has been a lot of media, a lot of stories, a lot of publicity around the NDIS appeals, much less so and much less attention around DSP or these kind of appeals. Maybe we should try and broaden that out when there is media attention on it. [SA Advocate 1].

[SA Advocate 1]:

I think just to note as well, so we did have as part of a current welfare rights coalition that we're a part of, we had a presentation from the AAT and they were saying that the



biggest appeals that they see are for the DSP as well as the NDIS. I think [that's] something that we do often is to help people take an appeal to the AAT. Often people come to us where they might already have appealed it themselves or they have been rejected at internal review through Centrelink and the next step is to take it to the AAT. They can start any claim, but if they start a new claim, they lose the chance to have the back pay from the original claim, so that's often one of the motivators for people wanting to do that appeal rather than start the process all over again, although I do see that from the process of starting an initial claim and going to the AAT, and even getting approval for DSP, it can still be a year, so a really long time for that person to be in a limbo because often, especially with COVID, things have been drawn out in terms of access to tribunal officers and kind of the backlogs with the AAT.

So you see that a hearing can be listed, like, many months from when they put in the appeal to the AAT. We have kind of had, I guess, a mixed bag in terms of - it can often just depend on the tribunal member that you get in terms of how it's applied. You can get tribunal members that are a bit more understanding, they... see that the Program of Support requirements are not very helpful or they might understand that the individual struggles of people, but then you can have the other spectrum as well where the tribunal member has ... already made up their mind, they might even give a decision in the hearing, which can be really tough for the client as well.

Then you have other people who are a bit more accommodating and will just gently ask people questions and give a written decision, but then I have seen tribunal members, while they are supposed to be independent, almost, like, cross-examining people [about] their disabilities. That can be quite a traumatic experience for the person as well. Especially when - for something that a client has said is that where was the scrutiny for my medical conditions from my doctors in the first place to help me and to get the treatment I need, where when they go to Centrelink they're scrutinised, to prove that they have a disability, but it's a high bar of disability considered under the legislation that it can be triggering for the person going through the experience.

It would be really hard for a lot of people to go through that by themselves. People often say to us, 'thank you so much that you were here and you were able to provide that support as an advocate' as well, so I think it can be hard for people to go through the experience alone as well.

Mary Mallett:

Thanks. That's something that we will go look for data on about how many people do that unsupported or unrepresented. [VIC Advocate 3], did you want to come back?



[VIC Advocate 3]:

I will say we don't always have the capacity to be able to do the AAT or the review or even helping with the initial application, which is our preference. I will sit in the periphery of that and, perhaps, advise, kind of steer it a little bit to try and get the best success, but when we don't have capacity, I don't mind sort of just sitting in that periphery - I will do with the NDIS as well and the doctors can call me and I'll have a quick chat with them. I'm sort of lucky that I have clinical psychologists that we work in tandem when it comes to these DSP [cases] because we quite often have to push through mental health DSP [applications], so I'm sort of really lucky that I've had a clinical psychologist that we work in tandem, but what does make me really angry about that situation is that some clients might have seen a psychologist for five years, ten years, whatever it may be, but they can submit some evidence - but it's still not going to go through because it's not signed off from a clinical psychologist or a psychiatrist, and, therefore, they need to see someone just to sign that off.

I find that sometimes really ridiculous when psychologists who have been seeing someone for five years or more, their evidence is kind of pushed to the side in a claim that it's not diagnostic enough, but I still think that that should be able to show a person's disability if they're accessing a psychologist and they should absolutely feel like that they could contribute to someone's DSP [evidence] and that that part does actually anger me. I mean, a psychologist does go to uni and studies for a very long time, so I just think sometimes they really discount people, like, professionals, you know. It's just so unfair.

Mary Mallett:

Thanks. There's so many of these issues. There's a huge list of systemic issues really that need to be addressed out of all this stuff today. We will wind it up because we only had the hour, and thank you very much all of you for your input. This really has reminded me how important these issues are and that we need to probably step up our systemic advocacy on this. There are... there's some fantastic work being done nationally and we need to strength the link between the disability advocacy sector and ...the other organisations doing the systemic advocacy on all of this. It is a topic we will come back to. Thanks, everyone. Thanks for your input today.

END OF MEETING



Comments In Chat

Siobhan Clair:

Mental Health Australia provided this submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, to highlight the issue of institutional economic neglect in relation to the DSP and support the Royal Commission's inquiry into this area. [Submission to Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability | Mental Health Australia \(mhaustralia.org\)](https://mhaustralia.org/submission-to-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability)

Some of you joining us today may also have been involved with a Roundtable run by AFDO a little while ago focused on the DSP and institutional economic neglect

Hi everyone, my camera isn't working but I'm here in the background.

This website created by Social Security Rights Victoria was designed to help people navigate these complex rules [Home | DSP Help](#)

[SA Advocate 1]:

It's my understanding that you can work up to 15 hours per week

Siobhan Clair:

[dsp-me-easy-english.pdf \(drc.org.au\)](#)

[NSW Advocate 2]

Our clients have huge difficulties in accessing appropriate medical evidence, often due to not having good and consistent access to doctors and treating professionals in order to make a claim.

Processes are far from fair and equitable and inclusive. Centrelink has a long way to come to line up with human rights based approach to working with PWD

[WA Advocate 2]:

The other issue is that people on JobSeeker are having their GP's medical exemptions from mutual obligations rejected if it is viewed that they are more appropriate to be on DSP, however when they apply are found not to be eligible.

[NSW Advocate 2]:

We have GPs and other professionals refuse to write reports for Centrelink



Mary Mallett:

<https://engage.dss.gov.au/review-of-the-disability-support-pension-dsp-impairment-tables/>

[WA Advocate 1]:

POS (Program of Support) providers will not exit participants from their programs because they lose funding. This makes it harder to prove they qualify for DSP.

[NSW Advocate 2]:

The decision makers will "cherry pick" parts of the medical evidence to support their argument not to process a successful claim- even where the evidence is obviously indicating a clear disability with significant functional limitations.

[WA Advocate 1]

Centrelink don't have Social Workers based in their branches anymore.

[NSW Advocate 2]

Centrelink often require advocates to support their staff to communicate effectively. There is limited social workers- they used to be in the local offices, now only by phone.

[SA Advocate 1]

We have social workers in some SA branches - but not in all of them

[NSW Advocate 2]

[SA Advocate 1], In Regional NSW- there are very few. We have had none in a few years.

[WA Advocate 1]

There were submissions - we did one.

[TAS Advocate 1]

Siobhan can you post the best email address to forward the aged care information to provide to Mary?

[WA Advocate 1]

(review of impairment tables)

Siobhan Clair:

Yes - send input to Mary (CEO@dana.org.au) or myself (policy@dana.org.au) _



When I was looking for acronyms that might come up today (for Captioner and Interpreters) there did seem to be CDOs (Centrelink Disability Officers) at some stage...

[VIC Advocate 2]:

The cost of getting some Specialist evidence can be a real barrier, eg. an OT [occupational therapy] assessment.

[SA Advocate 1]:

Definitely agree - as advocates we are often doing the work that Centrelink should be doing in helping people to understand the rules

[WA Advocate 1]:

Online application for DSP has not helped as most clients cannot do it on their own so it is more helpful to go through a printed version. Not everyone can access the internet...

[SA Advocate 1]:

Some clients can complete the form online but some people don't have computer literacy

[VIC Advocate 2]:

Most people with disability rely on the hard copy form.

[VIC Advocate 4]:

Getting reports from specialists through the public system is virtually impossible. It takes months or even years to get an appointment. I have found that going through FOI beneficial to get access to all medical documents, scans and diagnoses to provide as evidence.

[SA Advocate 1]

You have to do 18 months, it can be paused i.e. 6 months here, 12 months there in the 3 years leading up to claim. Has to be 18 months overall. DES providers will often not formally say they have exited people off program because their funding is reliant on how many people they get into work. If they "admit" they cannot get people into work if may impact their funding in their eyes

[VIC Advocate 4]:

The impairment table criteria is 20 points for each health condition. If you get 18 on one and 18 on another for completely different impairments, you will not be approved...



[WA Advocate 1]:

It would be good to challenge the requirement for 20 points in one table - this is classed as severe - but how can someone who has 10 points in multiple tables not be considered as having severe impairment?

Never heard of a Community Engagement Officer?

Siobhan Clair:

Found this: [Community Engagement Officers - Services Australia](#)

Not sure how you get connected to your local one - there is a link to the social work services though

[SA Advocate 1]:

Another issue with communication from Centrelink is assisting clients with English as a second language - Centrelink have interpreters but will not put information or letters in the client's language, the interpreters are not always trained in Centrelink processes etc, and there are not always culturally-safe environments, there are not always interpreters available for all languages

[TAS Advocate 1]:

I need to leave for another meeting. Thank you everyone for the discussion.

[NSW Advocate 2]:

Me too! I need to head off- I agree with [VIC Advocate 3] about appeals- definitely another convoluted process- but often gets the decisions overturned- super stressful

Siobhan Clair:

Thanks everyone for your input today!

[VIC Advocate 2]:

Thank you Mary and everyone!!

[VIC Advocate 3]:

Thanks everyone. 😊

[QLD Advocate 1]:

Thank you everyone

[VIC Advocate 4]:

Thank you everyone



ADVOCATES DISCUSS



[WA Advocate 2]:

Thank you, these sessions are super valuable!

[SA Advocate 1]

Thank you!