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# *Senate Inquiry into the purpose, intent and adequacy of the Disability Support Pension*

## Danila Dilba Health Service

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# 1. Acknowledgments

This submission was compiled by the Danila Dilba Health Service (**DDHS**) policy team with input from staff across our organisation, including social workers, counsellors, Indigenous Outreach Workers and our Health Justice Partnership's senior solicitor. We are immensely grateful to our clients who have informed our submission and have allowed us to share their stories.

# 2. Executive Summary

DDHS is an Aboriginal Community Controlled Health Service (**ACCHS**), delivering comprehensive primary health care to Aboriginal and Torres Strait Islander People in the Greater Darwin Region.

Aboriginal people have a higher burden of disease and greater levels of disability compared to the wider Australian population. Aboriginal communities also face lower levels of health and financial literacy, and often experience a complex overlaying of socio-economic challenges that impacts on their health and wellbeing.

The focus of this submission is on the difficulty clients experience accessing the Disability Support Pension (**DSP**) due to the strenuous application process, exacerbated by contextual challenges that exist in the Northern Territory (**NT**). As this submission and associated case studies demonstrate, the lack of support for people with disability in navigating the Centrelink system often leads to despondency and a failure to pursue accessing the DSP. This then contributes to poorer health and financial outcomes.

Our submission highlights the benefits of integrating a range of holistic and wraparound support services as part of the delivery of a comprehensive primary health care model, including legal services, social workers and mental health practitioners. This allows for better collaboration and coordination to ensure that clients receive the appropriate supports they need whilst also increasing their prospects of success in accessing the DSP.

Our experience demonstrates that ACCHSs are well placed to coordinate and deliver these services, leveraging off existing relationships of trust to ensure continuity of care and support throughout the client journey. Given the high level of disability found in Aboriginal and Torres Strait Islander communities, ACCHSs are also well placed to pick up on these issues and encourage applications for those who are eligible.

Throughout our submission we make the following recommendations:

1. That one Centrelink Officer is assigned to each Centrelink client as a case manager, so that there is a consistent person managing their case throughout the application process. This Centrelink Officer would also be able to manage any other payments or pensions the applicant receives from Centrelink.

2. Where a client has a complex case, is vulnerable or has received multiple rejections due to insufficient information, Centrelink social workers are offered or assigned to clients to support them in continuing the application process or linking them with the correct and relevant supports.

3. A Centrelink liaison officer be made available for service providers and organisations as a point of contact for enquiries and issues regarding clients.

4. Any form of medical evidence that confirms a condition or diagnosis that is permanent, be considered acceptable for the purpose of the DSP application.

5. Where an applicant is required to provide further medical evidence, that assistance be provided by Centrelink to coordinate and facilitate medical assessments and appointments that are local, timely and culturally safe for the applicant.

6. Greater funding be made available for health-justice partnerships, and particularly for integrated legal services within primary health care clinics to assist clients in applying for and obtaining the DSP.

## 3. Background

DDHS is Darwin's only ACCHS, established in 1991 with a single clinic in the Darwin CBD. Since then, DDHS have grown to provide comprehensive health and wellbeing services to 15,000 clients through nine clinic locations across the Greater Darwin area. DDHS enjoys a high level of trust and engagement with the local Aboriginal and Torres Strait Islander community of whom 80 per cent are counted as regular clients of the service.

The DDHS vision is outlined in our strategic plan 2017-22; 'that the health, well-being and quality of life of Aboriginal and Torres Strait Islander Australians equals that of non-Indigenous Australians.'

To achieve this vision, DDHS has adopted a comprehensive and holistic approach to the delivery of primary health care. Our service is culturally safe and locally relevant. Our services are integrated in our clinics and go beyond the traditional scope of medical interventions, in recognition of the many factors that impact on a client's health and wellbeing.

Relevant to this submission, DDHS provides Social and Emotional Wellbeing (**SEWB**) services, with a range of mental health practitioners and social workers that assist clients to access the DSP. Additionally, in 2016 DDHS established a health-justice partnership with Northern Territory Legal Aid Commission (**NTLAC**) that has recently progressed into a new integrated service model known as the 'Legal Health Mob'. This team consists of a full-time NTLAC Integrated Lawyer, specialising in family law, and an Indigenous Outreach Worker, who are embedded within DDHSs clinics to provide clients with specialised legal services and assist with legal referrals. The Legal Health Mob also assist clients with accessing the DSP.

DDHS is grateful for the opportunity to provide input to the Senate Inquiry into the purpose, intent and adequacy of the Disability Support Pension (**Senate Inquiry**) and hope that our unique perspective will assist in improving the DSP.

## 4. Responses to the terms of reference

### (b) - the DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal

DDHS clients have overwhelmingly expressed frustration with the process of applying for the DSP, describing it as an unreasonably challenging and protracted process. Our clients have reported that Centrelink often requests information that has already been provided, requires additional medical assessments to confirm past diagnosis and assessments and is often unclear on what basis the rejection was made. Most clients have had to apply multiple times before successfully receiving the DSP, despite nothing in their circumstances having changed.

In many cases, clients with diagnoses of conditions such as FASD or ADHD are asked to provide more 'up-to-date' medical evidence, even though these diagnoses do not change over time. As further explained below, organising multiple medical assessments is time consuming and costly for clients. It is also a waste of resources for medical service providers and therefore a waste of taxpayer money.

There also appears to be a lack of consistent coordination by Centrelink officers in the management of individual applicants' case. This has been evidenced by clients receiving multiple rejections, citing different pieces of missing information, which should have been picked up on in the first application response. The decision-making regarding the points system also appears to be ad-hoc, where clients receive different outcomes depending on the Centrelink officer reviewing the case.

Where clients have been rejected multiple times for missing certain information, little support is offered in the assistance of gathering such information or coordinating the necessary evidence. DDHS believes that clients with complex cases or who have received multiple rejections for seemingly frivolous reasons, Centrelink social workers should be offered to support the client in their application process.

Concerningly, our clinicians have observed many cases in which clients have been rejected for the DSP despite meeting the eligibility requirements and adequately completing the applications. Clients have also reported that rejections appear to be gratuitous and often baseless in an effort to disincentivise application. These seemingly baseless or erroneous rejections often result in feelings that the application is deliberately arduous and discourages people from accessing the DSP even where they are entitled to it.

The lengthy and demanding application process and the stress of coordinating and gathering medical evidence, let alone not having access to financial income, often compromises our clients' mental health. As one DDHS counsellor said,

> "*when you've got services and programs that are supposed to be designed to help people, but they're actually just stressing them, then they're failing. They're failing the clients and they're failing the wider system*".

Additionally, many of our clients find the bureaucratic and complex nature of Centrelink difficult to navigate independently and often require assistance throughout the application process. This is particularly the case where they receive multiple rejections or where additional, seemingly unnecessary, tasks are being asked of them. We have also received feedback that Centrelink can be a hostile environment, with staff treating clients as suspicious of being fraudulent, instead of it being an accessible and supportive service.

**Case Study**

Adam* is a 65 year old Aboriginal man living in the greater Darwin region. He experiences chronic back pain due to a work-related accident in 2008, and has undergone a spinal fusion operation and triple bypass surgery. Adam is unable to work due to this back pain that prohibits his mobility and activity, and relies on Newstart Centrelink payments for his livelihood.

Adam first applied for the DSP in 2019 despite likely being eligible since 2009. The medical certificates that he is required to supply every three months for the Newstart allowance have not been deemed adequate evidence for the purpose of the DSP and he has had to coordinate additional medical assessments. Despite receiving multiple medical assessments that have confirmed his disability and inability to work, he has been rejected three times, citing that he has only been found to have '10 points'.

Upon his third rejection, Adam went to the Centrelink office in Darwin CBD where another medical appointment was arranged for him. The Centrelink customer service officer informed Adam that he would have to wait another 3 weeks for this assessment and 6 weeks to hear the outcome of his application. Adam is now awaiting approval for his fourth application in a process that has spanned over 2 years.

*"Every time I go into Centrelink, I say, If you've got any other forms you want me to fill out, that's not a problem! I'm not trying to scam anyone … But they make it really hard. For me to find another 10 points, do I have to chop my leg off or my arm or something? I don't know what else I can do."*

*This case study is drawn from a current client of DDHS. Some details and names are changed to maintain privacy.

**Recommendation (1):** That one Centrelink Officer is assigned to each Centrelink client as a case manager, so that there is a consistent person managing their case throughout the application process. This Centrelink Officer would also be able to manage any other payments or pensions the applicant receives from Centrelink.

**Recommendation (2):** Where a client has a complex case, is vulnerable or has received multiple rejections due to insufficient information, Centrelink social workers are offered or assigned to clients to support them in continuing the application process or linking them with the correct and relevant supports.

**Recommendation (3):** A Centrelink liaison officer be made available for service providers and organisations as a point of contact for enquiries and issues regarding relevant clients.

## **(c)** - the impact of geography, age and other characteristics on the number of people receiving the DSP

The difficulty of applying for the DSP is exacerbated by unique challenges that exist in the NT. This includes large populations in rural and remote settings, thin markets and workforce issues, and a lack of culturally appropriate services. These issues all impact on the availability and accessibility of medical and Centrelink services.

Due to client demand and a drainage of medical services in the NT, there is often a large backlog of clients and extensive wait lists for health and diagnostic assessments. Clients have reported waiting up to 6 weeks for a medical assessment, which is often prohibitively long for those relying on Centrelink support.

This is worsened for clients with more complex health issues, who often require assessments from a variety of medical and allied health services in order to receive a diagnosis. Unfortunately, there is no 'one stop shop' in Darwin where all the diagnostic assessments required for an individual can take place. This often leads to a 'piecemeal' service where a client may get 'a little from here' and 'a little from there', and the? responsibility for navigating this complex pathway is often left with the vulnerable client who may have little understanding of the process. Obtaining all the necessary medical evidence can therefore take months, and it remains challenging to organise appointments, attend appointments and gain access to the assessment reports.

This is particularly difficult for people living in remote and rural communities. Approximately 40 per cent of the NTs population, and 76.6 per cent of the NTs Aboriginal population, lives in remote or very remote communities, and often have limited access to comprehensive, specialist and culturally

safe medical services.[1] It is also challenging for these clients to access Centrelink support with limited offices in their regions.

Another difficulty is that many of our vulnerable, high-needs clients often experience insecure housing, living with extended family members and moving from one household to another. It can therefore be difficult to gather together the relevant pieces of information from a variety of locations and arrange appointments or assessments, especially where the waitlists are so long.

Noting that most clients are required to provide multiple forms of medical evidence before successfully receiving the DSP, often to confirm diagnoses or conditions that are already known, these cumulative challenges often prove too difficult or time consuming to pursue and discourage people from progressing their applications.

**Recommendation (4):** Any form of medical evidence that confirms a condition or diagnosis that is permanent, be considered acceptable for the purpose of the DSP application.

**Recommendation (5):** Where an applicant is required to provide further medical evidence, that assistance be provided by Centrelink to coordinate and facilitate medical assessments and appointments that are local, timely and culturally safe for the applicant.

## (k) – any related matters

DDHS is eager to highlight the benefits of integrating comprehensive services in the primary health care setting to increase access to the DSP, particularly through integrated legal services via a health-justice partnership.

DDHS believes that taking a holistic approach to health and wellbeing by addressing the social determinants of health achieves the best outcomes for clients. Since 2016, DDHS has worked in partnership with NTLAC to reduce clients' barriers to accessing legal services and increase DDHS staff capacity to identify and engage with clients' legal needs. This has recently eventuated into an integrated model, Legal Health Mob (**LHM**), in which a full-time NTLAC senior solicitor specialising in family law, and a DDHS Indigenous Outreach Worker work within DDHS clinics to assist clients with legal matters.

Our experiences delivering this service has highlighted to us the following benefits in increasing access to the DSP:

***Identification of eligibility and ease of referral***

Primary health clinics are well-placed to pick up on clients' legal issues and to link them up with relevant supports and services. This is particularly the case for ACCHSs in the context of the DSP, in which 38% of Aboriginal and Torres Strait Islander people have a disability and many experience chronic health issues.[2] Culturally safe medical services increases client interaction with healthcare systems and therefore provides an apt opportunity during GP and mental health consultations to assess whether a client may be eligible for the DSP or require assistance in the application process.

[1] Northern Territory Department of Treasury and Finance, 'Northern Territory Economy: Population', accessed 06 July 2021, <Population - Northern Territory Economy>.

[2] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Health Survey, 2018–19*, Catalogue number 4715, 26 May 2020, Table 2.1 and Table 2.3 .

Accessing and receiving the DSP is a particularly pertinent example of an issue that cuts across health, legal and financial issues, and that requires a holistic approach for a successful application. For the reasons previously explained, many clients require legal assistance during the application process. A client should not need assistance to access such crucial governmental supports, however the unfortunate reality is that being able to provide legal assistance to clients increases their chances of successfully accessing the services.

LHM provides training, education and support to DDHS clinicians in recognising legal issues and in using the referral pathways and support of LHM to support the client. The ease in which these services are integrated into our organisation, including through increased information sharing, staff familiarity and uniform computer/IT systems, all increases the probability of a successful client referral. LHM also proactively provides community legal education to foster an understanding of health and legal issues, and the intersection between the two.

***Familiar and trusted services***

Making referrals to services within the same organisation assures both the referring clinicians and the clients that they will be receiving familiar and trusted services that are culturally safe. As previously mentioned, DDHS, like most ACCHSs, enjoys a relationship of trust with the local Aboriginal community. Having LHM in our clinics increases the likelihood that clients will continue to use our services and turn up to appointments, in the knowledge that the legal services are an extension of our organisation. Our LHM also ensures that clients receive culturally safe services through the provision of an Indigenous Outreach Worker.

***Coordinated and collaborative effort***

Comprehensive and integrated services enable a coordinated and collaborative effort by staff to support the client from multiple viewpoints. A DDHS counsellor explained the benefits of having various comprehensive, wraparound services:

> *"Legal Health Mob is there to help and support them for Centrelink. But then they have to eventually go back to the GP because they're the ones that hold the medical reports and the diagnoses. And then because the process is so stressful and impacts on a person's mental health, it's often appropriate for the GPs to make referrals to Social and Emotional Wellbeing services to support the client all the way through. So it's more of a holistic approach."*

As the below case study demonstrates, having different people with various expertise work together strengthens a client's chances of receiving the DSP and helps them feel supported in their journey.

**Case Study**

Adam (from the previous case study) originally begun seeing a DDHS GP for his chronic health issues. During a GP consultation, Adam disclosed that he was feeling stressed due to financial issues and his inability to work. He said that he was trying to access the DSP and had been rejected multiple times.

The GP referred Adam to the LHM to assist him with his application. He also referred Adam to a counsellor in DDHSs Social and Emotional Wellbeing team to provide support for Adam's mental health.

The LHMs Indigenous Outreach Worker has assisted Adam by going through Centrelink communications with him, facilitating and accompanying him to Centrelink appointments and gathering the relevant evidence needed for his application.

Adam believes that having someone else attend Centrelink with him adds legitimacy to his claim, saying "*it's been good having [the Indigenous Outreach Worker] come to Centrelink with me, because they must think 'Oh we're not going to try to pull the wool over their eyes'. Their attitude changes when she comes*".

Importantly, the Indigenous Outreach Worker has been able to easily facilitate additional medical appointments within DDHS and attend these appointments with Adam, giving direction to the GP to help specify what information needs to be provided for the application. The Indigenous Outreach worker also coordinates with his counsellor to ensure that she is up to date with Adam's process and that he is receiving adequate help.

Adam is hopeful that with these coordinated supports, he will be successful in his current application to the DSP: "*Since I've got [the GP] writing me medical certificates, and the Indigenous Outreach Worker has jumped on board and I've been seeing my counsellor once every two weeks, I think things are going a lot smoother for me*."

Clinicians expressed the benefits of having multiple people working from various vantage points. One counsellor/social worker stated, *"having that communication and liaison with LHM actually helps me service my time a lot better and it helps me to stay focused on the issues that I can address like the social and emotional wellbeing, because when it goes over into the legal stuff, I can then share and pass that over."*

Our IOW also plays a valuable role in acting as an advocate for our clients. Because they are not bound to the clinic, they are able to drive clients to appointments and attend the appointments with them, to ensure they receive better support. A clinician noted that

> "*what we've found is, if [the Indigenous Outreach Worker] accompanies a client to a Centrelink office face to face, there's more action than if they try to do it on their own. Which is not right that people need to have legal support to access the system. But that's what we do when we get a rejection. Because we've been really good in providing all those reports and getting the reviews done. But when it doesn't work, I just send the client to LHM.*"

Where a matter becomes complex (e.g. the client is seeking a review or to appeal), the LHM is also able to easily refer a client on to more specialised legal services (our senior solicitor currently only specialises in family law).

**Recommendation (6):** Greater funding be made available for health-justice partnerships, and particularly for integrated legal services within primary health care clinics to assist clients in applying for and obtaining the DSP.