

**Key Principles for a Sustainable Disability Support Pension**

**Introduction**

Australia is a party to the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) and the *Convention on the Rights of Persons with Disabilities* (CRPD). Under articles 9 and 28 of these instruments respectively, the Australian Government is obliged to ensure that all persons with disabilities have access to social security, social protection and an adequate standard of living.

Australia’s social security system is crucial to the realisation of this right, particularly through the payment of Disability Support Pension to people who cannot realize economic security through paid work participation.

Access to this form of income support is especially crucial due to the inaccessibility of meaningful, secure and appropriately remunerated employment for many persons with disabilities in Australia

Even more fundamentally, the provision of adequate, accessible and disability-specific social security is necessary for the reduction and alleviation of poverty and promotion of the social inclusion and participation of persons with disabilities in Australia.[[1]](#footnote-1)

The Australian Federation of Disability Organisations (AFDO) is concerned that changes to the Disability Support Pension and wider social security system in recent decades have led to the exclusion of many persons with disabilities from access to essential social security.

AFDO proposes the following eight principles for ensuring that Disability Support Pension is sustainable and advances the fundamental rights of persons with disabilities;

**Key Principles for a Sustainable Disability Support Pension**

1. All persons have a human right to social security and social protection. The right to social security is also a core right of national citizenship in Australia that has long been embedded in legislation and government policy (e.g., Invalid and Old-aged Pension Act, 1908).
2. The right to social security and social protection does not deny the right to work for persons with impairment/s and/or chronic condition/s but recognises that across the life course, persons with disability will require differing levels of socio-economic support to account for changes in personal circumstances and in the labour market.
3. Persons with disability who are unable to work, or are limited in their capacity to work due to impairment, have a right to social protection and economic security (CRPD Art. 28). Mainstream unemployment benefits and income support payments are inappropriate and not fit for purpose as social security payments for persons with disability.
4. The assessment of disability social security eligibility needs to be fair, reasonable, and based upon an objective measure of need to ensure it is first, responsive to the individual and their circumstances, and second, does not generate hardship or greater economic insecurity.
5. Disability social security assessment processes should be undertaken by relevant medical and allied health professionals who have the required expertise in relation to the individual’s impairment/s and chronic condition/s *alongside* the everyday impacts the impairment/s and/or chronic condition/s have over a period of time and the impacts of social barriers like stigma, discrimination and inaccessibility of the labor market.
6. Personal information and evidence provided by the assessing medical and allied health professionals, and the individual concerned, remains protected under national privacy legislation and cannot be shared nor drawn upon without the explicit permission of the individual concerned (CRPD Art. 22).
7. Disability social security assessment processes, procedures and outcomes must be freely and readily available and distributed widely in inclusive accessible formats and languages to ensure that all persons with disabilities, their support networks and medical and allied health professional support networks are fully informed (CRPD Art 21).
8. Responsible government department/s should publish regular and comprehensive de-identified data documenting the core demographic information of recipients alongside changes to regulations and guidelines to enable, first, the monitoring of impact of such changes, and second, to ensure that persons with disabilities and/or chronic conditions, medical and allied health professionals, and relevant organisations are fully informed at all times (CRPD Art 31). These data should be in a form that allows for secondary analysis by independent parties.

## Key Areas Where Change is Needed

1. Reinstate the process where Treating Doctors were requested to respond to relevant questions, rather than a blanket request for medical files
2. Ensure that the view of a Government Contracted Doctor is not treated as determinative without the delegate looking at other material including giving real weight to treating doctor’s reports
3. Remove the wording “Treated and Stabilised” from the Eligibility Requirements
4. Remove the Program of Support for the DSP Eligibility Process
5. Implement a set of Publicly Available Standards regarding the time it takes to process a claim for the DSP and for the time it takes to complete a review
6. Review the Content of the Impairment Tables so that they become a tool to assist eligibility rather than acting as a barrier to eligibility
7. Reinstate regular publicly available reporting on all aspects of the DSP including claims and reviews

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1. Committee on Economic, Social and Cultural Rights, *General Comment No 19 (2008): The Right to Social Security,* 39th sess, UN Doc E/C.12/GC/19 (4 February 2008) para 3; United Nations General Assembly, *Report of the Special Rapporteur on the rights of persons with disabilities*, 70th sess, UN Doc A/70/297 (7 August 2015) para 7. [↑](#footnote-ref-1)