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Why Extended Time on Newstart is Unsuitable for Aboriginal and Torres Strait Islander Australians Living with a Disability

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\textbf{ABSTRACT}
Many Australians living with a disability find themselves recipients of Newstart Allowance when applying for the Disability Support Pension (DSP). Newstart Allowance is designed as a short-term payment for people looking for work, with a lower fortnightly payment and limited medical and transport subsidies compared to the DSP. This paper describes the financial challenges of living with a disability while on Newstart Allowance. With a focus on the experiences of Aboriginal and Torres Strait Islander (Indigenous) Australians from two regional towns, qualitative semistructured interviews and focus groups documented experiences of 39 community members and 21 medical and nonmedical service providers supporting clients living with a disability on Newstart Allowance. Four themes were identified: (i) living with severe financial hardship, (ii) challenges complying with the DSP application, (iii) being financially penalised for not complying with Newstart Allowance conditions, and (iv) supporting community members to manage severe financial stress. Although people living with a disability on Newstart were experiencing severe hardship and poverty, there was limited participation of Centrelink-employed social workers within their described experiences with Centrelink. We argue that social workers can work to humanise human service settings and potentially help to mitigate these financial challenges.

\textbf{IMPLICATIONS}
- Indigenous Australians living with a disability experience severe disadvantage and poverty while living on Newstart Allowance.
- Social workers must be easily accessible at Centrelink customer service centres and to Newstart Allowance recipients to help coordinate service engagement.
- Newstart Allowance should be increased to ensure recipients can respond to cost of living pressures.

The Disability Support Pension (DSP) is an income support payment for individuals living with physical, intellectual, or psychiatric impairments that prevent them from engaging in employment (Australian Government, 2018). In 2016–2017, DSP...
expenditure was $16.6 billion (or 10.6% of social security spending), making it one of the largest programs of Australian Government spending (Parliamentary Budget Office, 2018). The DSP has been subject to a suite of new policies under successive federal governments to tighten the threshold required to access the payment (Department of Social Services, 2011). This includes lowering the work capacity threshold to less than 15 hours a week from the previous threshold of 30 hours a week; restricting the impairment tables used in determining an applicant’s eligibility for the DSP and removing a number of medical conditions; employment of government-contracted doctors to review “raw” medical information as opposed to the applicant’s treating doctor or specialist providing medical reports; and the introduction of a core standard that requires the applicant’s medical condition or disability to be stable and fully treated for at least two years (Department of Social Services, 2011; Fitts & Soldatic, 2018). In turn, there has been a decline in the average number of people being assessed as eligible for the payment (Australian National Audit Office [ANAO], 2016, 2018). The DSP approval rate has declined from 63% between 2001–2002 and 2010–2011 to 43% between 2011–2012 and 2014–2015 (ANAO, 2016). It is estimated that by reducing the approval rate, the Australian Government stands to save $4.8 billion over 10 years (Parliamentary Budget Office, 2018).

In curtailing the DSP approval rate, individuals living with a disability deemed ineligible for the DSP are placed on the Newstart Allowance. Newstart Allowance is designed to be a short-term payment for Australians to access while they look for paid employment and has several compliance conditions attached (Department of Human Services, 2018). Newstart Allowance is recognised as being exceptionally low (Hinton, 2018), with the payment not increasing in line with national living standards for a quarter of a century (Deloitte Access Economics, 2018). The roughly 700,000 recipients of Newstart Allowance currently receive approximately $273 a week, which equates to $39 per day (Department of Human Services, 2018). This is around 36% of the average wage after tax and slightly more than half of what someone working full-time on minimum wage would earn (Deloitte Access Economics, 2018). Unlike the DSP, individuals on Newstart Allowance are not entitled to a range of medical and transport-related benefits and subsidies (Department of Human Services, 2019). The compliance and assessment changes to the DSP are considered by leading advocacy groups, including the Australian Council of Social Service (ACOSS), to be driving people with limited capacity to work into poverty.

Aboriginal and Torres Strait Islander (Indigenous) Australians experience substantial intergenerational disadvantage, poverty, and trauma, resulting in persistent barriers to reducing the health and social disparities between Indigenous Australians and other Australians (AIHW, 2015). For people living with a disability, Newstart Allowance further entrenches individuals in extreme poverty and disadvantage (Soldatic & Fitts, 2019). There is growing acknowledgment that to significantly improve health equity, recognition of the social and historical context in which many Indigenous Australians still live is needed (Dobb & Ho, 2019). Investigation of Indigenous peoples’ perception of disability, colonialism, and racism towards Indigenous Australians, such as those of Hollinsworth (2013) and King, Brough, and Knox (2014), argue for the need to decolonise disability so that service providers recognise and integrate the historical context, cultural diversity, and impact of racism into their designs and practice with working with and supporting Indigenous peoples living with a disability. In the context of the DSP, Hollinsworth
(2013) suggests Indigenous Australians are left to choose between fulfilling the steps of the application to access the DSP and necessary entitlements and supports with the effect of increasing their exposure to discrimination, or living in poverty with insufficient and poor-quality services, unable to meet their needs.

A review of cases by the Commonwealth Ombudsman’s Office suggests that Indigenous Australians living with a disability have been particularly affected by the DSP reforms (Neave, 2016). Until recently, there had been almost no research on the impacts of these changes on this group and their service supports and families (see Fitts & Soldatic, 2018; Soldatic, 2018; Soldatic & Fitts, 2018, 2019). The latest DSP application requirements and process creates a high level of distress for applicants (Soldatic & Fitts, 2019). Indigenous applicants experience extensive wait times. In response to these challenges, some Indigenous applicants sort themselves “out of” the application process. They do not apply for the DSP or require breaks from progressing the application until they are emotionally or financially able to due to the onerous application process. Interviews with medical and nonmedical service providers identified Indigenous Australians living with a disability in regional parts of Australia confront several challenges to meet the new compliance and assessment measures, with the policy shift placing a serious burden on medical professionals and services to support Indigenous applicants with disability through the application process (Fitts & Soldatic, 2018). To ensure Indigenous Australians have equitable access to the DSP, medical professionals and nonmedical services go beyond their roles and responsibilities to support Indigenous Australians through the application process (Fitts & Soldatic, 2018).

While the media has placed substantial attention on Newstart Allowance following the Raise the Rate campaign led by ACOSS (2018), little of this conversation has focused on how the shift of once-eligible DSP individuals onto Newstart has affected the Indigenous Australian community. Indigenous Australians experience a high rate of disability (ABS, 2015). About a one-quarter (23.9%) of Indigenous Australians report living with a disability (ABS, 2015). This proportion has remained largely unchanged since 2012 (23.4%) (ABS, 2012), with Indigenous Australians aged 35–54 years around 2.7 times more likely to have a disability than a non-Indigenous person (ABS, 2012).

This article has a particular focus on—and implications for—the role of Centrelink social workers. The Australian Government has attempted to improve the relationships people experience with Centrelink and thus its ability to be inclusive, including the employment of social workers to provide support to people with challenges with everyday living (Bridge, 2012). Our findings suggest that there is a critical role for social workers employed within Centrelink, particularly in supporting Indigenous Australians living with a disability experiencing financial hardship.

Method

This article draws on interviews and focus groups from two of the four study sites in a national project that investigated the experiences of Indigenous Australians who had applied for the DSP (DE160100478). The study was approved by the Western Sydney University Human Research Ethics Committee (H11920). Ethical protocols ensured that research processes were sensitive and respectful, that participants and staff from service providers were informed about the study and their rights.
Considerable effort was spent in ensuring that the National Health and Medical Research Council research guidelines were adhered to (NHMRC, 2018). The research team met with key groups in all locations to seek support for the project including Elders’ groups and community councils. During these discussions, the research team received advice on other key community members to meet with to discuss the project. The research team made adjustments to the study protocol from these meetings. For example, the original protocol included interviews with individuals who had applied for the DSP and service providers. It was recommended that we also speak with family members who were integral in the application process for individuals. In response to this recommendation, the research team also interviewed family members and caregivers on their experiences supporting someone through the DSP application process.

To ensure the project findings were disseminated in a timely and appropriate manner, the research team completed dissemination field trips to each community. The results were disseminated through a community report to service providers (including all service providers who assisted with recruitment) and community members who had applied for the DSP (referred to as participants in this study) (Soldatic & Fitts, 2018). In one community, a short article was published in the community newsletter, reporting the key findings. As members of the research team have done elsewhere (Fitts et al., 2015), presenting the information in this way added to the strength of the data analysis as feedback was received by the authors about the interpretation of the interviews and focus group themes. The key themes and their meanings were verified. After the project was finalised (at the end of 2018), the research team updated service providers through emails and telephone calls on the team’s ongoing efforts to disseminate the results (including new publications, meetings with policy and disability advocacy groups, and conference presentations).

Participants

The in-depth, exploratory, qualitative research consisted of two participant groups: community members who had applied for the DSP or their family members who were their primary support person during the application process (referred to as participants) and service providers. The term “service provider” captures non-medical professionals (e.g., social welfare support services, employment services, financial services, community legal services) and medical professionals (e.g., doctors, health specialists, and general practitioners).

A combination of purposive, convenience, and snowball sampling was used to recruit the research participants. The staff of the organisations contacted prospective study participants and obtained voluntary permission to pass on contact details to the researchers. Snowball sampling from participants who had been interviewed or participated in focus groups was also used to increase the sample size and interview community members who may not be engaged with a medical or nonmedical service. On some occasions, this included participants nominating a family member who was involved in the DSP application process to also participate in the study. All recruitment was completed by the researchers (authors KS and MF). The researchers are non-Indigenous academics with research backgrounds in global welfare regimes, disability policy, alcohol, and injury.
Data Collection

A semistructured interview guide was used during interviews and focus groups with both service providers and participants, consisting of broad questions. Interviews were conducted with service providers to understand the impact of the DSP compliance and assessment changes on their service and how the needs of Indigenous Australians living with a disability had changed over this period with the onset of more stringent DSP eligibility criteria. Some example questions in the service providers’ interview guide include: What services do you provide for Indigenous peoples with disabilities who receive the DSP? What services do you provide for Indigenous peoples with disabilities who are rejected from the DSP? How have these changes (changes to the DSP eligibility criteria) impacted upon your Indigenous clients living with disability? How have these changes (changes to the DSP eligibility criteria) impacted upon you as a service provider and your service more broadly? Eleven representatives from service providers participated in focus groups. Five of these same representatives and another ten also completed an interview.

Participants were asked about their experience applying for the DSP. Some example questions from the participant interview guide include: When did you first decide to apply for a disability support payment? Did you get any help with applying for one? If so, tell us a little about who helped you and what they did? What payment did you end up getting? Can you tell us what you think about this payment? Do you have to do additional activities to maintain access to this payment? If so, tell us a little about what you have to do. Eleven participants participated in focus groups. A further 28 completed an interview. All participants received a small honorarium of $20 for their time participating in the research. Interviews ranged from 16 to 90 minutes in duration. The focus groups ranged between 40 and 129 minutes in duration.

Data Analysis

The data were analysed following the techniques of thematic analysis, as described by Braun and Clarke (2006). The process was inductive, as the data were not being fitted into a pre-existing framework (Braun & Clarke, 2006). Dense or strong themes were conceptualised as those that were expressed by numerous people across the data set or which were expressed by an individual and elicited strong agreement from other members within the focus group.

The first phase of analysis involved separately rereading transcripts and listening to the recordings to increase familiarity with the data. Once familiar with all aspects of the interviews, the researchers (MF and KS) made handwritten notes on the transcripts in order to generate an initial list of ideas and identify early concepts for coding. The third phase involved the production of initial codes. All interviews were coded in NVivo 11. The intention was to identify aspects that might form the basis of repeated patterns throughout the dataset (Braun & Clarke, 2006). These initial ideas were discussed between MF and KS and, where agreement was reached, codes were organised into groups and initial themes were developed. The next phase involved reviewing the data extracts coded under each theme and deciding whether or not they fitted with the theme and if they formed a sound and logical pattern. Independently, each coder completed this process.
before reaching consensus and amending on NVivo. This process was completed again, with the researchers rereading the transcripts again and coding any additional material to the new codes. In the next phase, each theme was renamed, defined, and summarised. The researchers ensured that each theme had clear parameters and fitted into the broader narrative of the complete dataset. All data extracts were checked for accuracy. The final phase involved writing up the findings to reflect the interpretation of the data.

Findings

The theme explored in this paper relates to the financial challenges of living on Newstart. Four major themes were identified from the interviews and focus groups: (1) Living with severe financial hardship, (2) Challenges complying with the DSP application, (3) Being financially penalised for not complying with Newstart Allowance conditions, and (4) Supporting community members to manage severe financial stress. At the end of each quote, a pseudonym and detail of their disability is provided. For service providers, the type of service they offer clients is provided at the end of each quote.

Living with Severe Financial Hardship

Many participants in the interviews and focus groups stated prior to their injury or medical condition they had been able to maintain a lifestyle with their own private transport and accommodation. Once participants became unwell and were living on Newstart Allowance, they reported that they were unable to maintain a basic standard of living as illustrated by this quote: “Because you struggle like, you get paid one day, and two days later, you’re broke again, after you’ve paid everything off. It’s not a life. It’s pretty terrible” (Bruce, living with a mental health condition). Many participants stated they often lived on basic items and rationed food: “Yeah, I only had bread and tea” (Marina, living with a mobility impairment).

It was also common within participant narratives that they sold their vehicle due to being unable to meet the maintenance costs:

Well it’s not really the fuel, it’s just they’re not cheap to run, in case something happens and I get a flat tyre, I’ve got to get a new tyre. Something breaks in the car, which I can’t control, gotta fix it. Or you get new brake pads and it costs like a fortune. Basically new tyres, I needed to get new tyres, I think that’s one of the reasons I had to sell it, I couldn’t afford to get new tyres. (Bruce, living with a mental health condition)

Selling their primary mode of transport contributed to participants’ further difficulties in completing tasks, including Newstart compulsory work and job activities.

Another method participants used to respond to financial struggles was to sell or pawn items to pay for essential items such as electricity:

And, it was that bad, I had to put my ring in, to get extra money to pay electricity a couple of months ago … if you can’t afford to get it out, you’ve got to pay 42 dollars a month to keep it safe. So, I’ve got [a] 140 [dollar] loan, and I didn’t have enough money to go and put 40 dollars on it, so it’s gone up to 200, nearly 300 dollars now. Just got to figure out what next pay day is going to be and see if I can put 100 or something on. If I didn’t have that, I wouldn’t be able to have no power. (Kellie, living with a mental health condition)
Family were described by interview participants as their primary support in assisting with paying for essential services and food:

I probably have 60 dollars a fortnight to live on. Yep. And lucky I don’t have to pay for my food. My kids supply me that. So … yeah. It’s um, I pay 60 dollars a fortnight for the power here, and um, then my power’s only probably 20, 30 dollars when that comes around. It’s not much money. I get 700 dollars a fortnight on the Newstart, and that’s with Rent Assistance. So yeah, petrol for my car, yep, rego. My kids feed me, if I need anything, which is a good thing. So, a lot of people don’t have family to help them like that. (Juliette, living with osteo-arthritis, diabetes, hypertension, asthma)

One family member stated she had to work more than full time to cover costs while her partner received Newstart: “I just worked. Sometimes I would have two jobs to make ends meet.” (Jennifer, family member—partner living with kidney disease)

Social welfare service providers at both recruitment sites posited the reason many of their clients living with a disability and receiving Newstart Allowance were living in poverty was in part due to their inability to access additional support through the social security system to cover the costs associated with managing a medical condition as demonstrated by the following quote:

And if you don’t, and on Newstart, you don’t have a Pension Card. So everything’s more expensive. So, it’s not only that you get more money, you don’t get any subsidies, you know, or any additional funding arrangements [on Newstart Allowance]. So life is very expensive, even though you have a disability. So, I guess what I’m looking at really is how I guess, what I would call new forms of poverty for disabled people with the change in that system. Because even though their bodies haven’t changed, the welfare system around them has changed. (Social welfare service provider)

**Challenges Complying with the DSP Application**

Participants living on Newstart Allowance stated they were often unable to comply with the DSP application process requirements due to financial barriers. It was common for participants and their family members to report in interviews they did not have available money for transport to attend Centrelink offices to speak with staff about their application or to seek the required medical reports and appropriate identification documents:

We couldn’t afford to go and do passport [identification for application], it was like, go and get a passport. Well … you know, I can’t afford to go and get a passport, I need money for petrol, I need money for food … (Beatrice, family member—son living with an intellectual disability and attention deficit hyperactivity disorder)

It’s just too far, some days I can’t get to the doctors ‘cause I don’t have enough fuel money. (Rebecca, family member—daughter living with rheumatic heart disease)

When it came time to attend appointments during the processing of their application, participants did not have the financial means to attend the appointments, which delayed the processing of their application. As demonstrated in the following quote, participants waited months to hear from Centrelink after submitting their application:

It took them four months from the process, and then they sent me a message saying I had an appointment with Centrelink, but I was unable to turn up to that appointment, because I had
other issues. I think I had … couldn’t afford the actual transport to get to the actual appointment Centrelink had hooked up. (Paul, living with a mental health condition)

**Being Financially Penalised for Not Complying with Newstart Allowance Conditions**

Noncompliance with Newstart Allowance reporting and job activities was raised by service providers and participants. Service providers reported some of their clients’ medical conditions had prevented them from completing their reporting conditions attached to their Newstart Allowance. Missing appointments and nonattendance at prescribed work activities due to one’s disability resulting in deduction of payments has been reported elsewhere (Marston, Cowling, & Bielefeld, 2016).

To prevent them from breaching their conditions, participants were required to submit medical certificates to Centrelink. As one participant stated: “Like in the Newstart, there’s nothing attached like sick leave or anything like that, like a normal job” (Krystal, living with a mental health condition). In interviews and focus groups, service providers provided examples where their clients did not have the financial means to seek medical evidence or were too unwell to submit medical certificates. To ensure their clients’ payments were not cut off, nonmedical service providers sometimes submitted the medical certificates on their behalf: “Even handing in documentation to Centrelink now, to hand in a medical certificate that says she has had a stroke.” (Employment service provider)

Service providers and participants in interviews stated that it was common for Centrelink to reduce Newstart Allowance payments when someone had not complied with their work-related participation and not provided an accepted medical certificate. From the narratives, the reduction for each day of work participation missed was approximately $50 each day:

And she [Centrelink customer service worker] said, “Nope, I’m suspending you for two days. And taking two days pay.” So you’ll not receive 540, you’ll receive 440. So, they punished me for 100 dollars. (Richard, living with an intellectual disability, Asperger’s syndrome, attention deficit disorder (ADD) and vision impairment)

In participant interviews, taking care of family and kin responsibilities was another common reason for being unable to comply with mandatory Newstart Allowance conditions:

I said my baby brother was sick, and I was at home watching my baby brother. But they said that’s no excuse, can you get a medical certificate? And I said, “No”. (Richard, living with an intellectual disability, Asperger’s Syndrome, ADD and vision impairment)

$50 out of someone’s money, that’s a lot of money. I know, because I used to get $50 [taken from my Newstart Allowance] for caring for my grandchildren, when I couldn’t turn up for Newstart activities. $50, $100, yeah, crack up and swearing and everything. Because they don’t know what we’ve got to go through. (Melina, living with a mental health condition)

Service providers also reported taking care of family and kin responsibilities and relocating from one town or area to another to find available accommodation as common reasons their clients had difficulties complying with Newstart Allowance conditions and activities:
They move between town or communities. So if they give you, you must report every morning, maybe on seven. And maybe probably they have family issues to attend. They don’t go to their appointment; they go and take care of their family business. So, by the time they go back, Centrelink is cut off, and they’re just living like that. (Social welfare service provider)

Constantly moving from one place to another because there is no accommodation support for them to stay at the place and be able to engage with Centrelink and other organisations. So that really, it does affect them in terms of reporting, in terms of, you know, settling down to manage their finance. (Social welfare service provider)

Service providers employed several strategies to work with clients living with a disability who were receiving Newstart Allowance. Examples offered included flexibility with reporting:

We can stretch it a little bit more, and this is where the changes to the program where we do have a little bit more flexibility to do phone appointments, this is going to make people’s lives a little bit easier. (Employment service provider)

**Supporting Community Members to Manage Severe Financial Stress**

Service providers, particularly social welfare service providers reported that since the changes to the DSP, service providers were taking on a greater advocacy role for their clients on Newstart Allowance:

And for people on Newstart, um, where before, ten years ago, those people would have been on Disability [Support Pension]. So actually, it doesn’t just affect the person, but it actually spurs on the need for additional supports and services and everything. (Social welfare service provider)

Service providers supported participants with essential items, including clothing and shoes, as well as haircuts, to meet the necessary conditional job search requirements as well as cope with the severe financial stress of living with a disability on Newstart Allowance. Frontline nonmedical service workers stated in interviews that it was common for community members living on Newstart Allowance to require additional support, such as food vouchers, due to the additional costs associated with conditionality of the payment:

And they also give her [participant] vouchers, but they give her vouchers to sort of compensate for that, because they can’t—you know, like food vouchers. But yeah, I think that um, yeah people on Disability [Support Pension] probably have a better lifestyle. They’re not struggling. (Social welfare service provider)

In interviews and focus groups, some social welfare services were able to provide participants with casual work to supplement the low payments participants received:

That’s why I come down to work at the [community-based service], to try and get money on Friday. Try and have a bit of assistance on a Friday, so I have money on the weekend. (Bruce, living with a mental health condition)

A small number of nonmedical service professionals, including financial counsellors and employment services, reported that a large proportion of their clients were accessing high-risk financial products, such as loans from payday lenders, to purchase essential items. In
interviews, nonmedical professionals disclosed concern about the practices used by payday lenders. As illustrated by the following quote, financial counsellors were worried that not all payday lenders were taking appropriate steps to ensure community members fully understood lending conditions prior to signing contracts:

You know, whereas when I’m signing up a [client living with a disability], I’m taking extra time to provide that clarity, you know? Do you really understand what you’re signing? OK. Or, you’re not sure? How about we go get one of the support workers here to come and sit in as well and maybe they can frame it in a different way to [how] I can. (Financial counsellor)

**Discussion**

The findings demonstrate the severe level of poverty and financial stress experienced by the research participants, Indigenous Australians living with a disability on Newstart Allowance, both those who used to be on the DSP and have been shifted to Newstart Allowance, and those who do not qualify for the DSP with the new criteria. As found in the narratives of study participants and reported in other Australian studies (Hinton, 2018), Newstart Allowance recipients struggle to pay for essential items, including electricity and food, due to the low Newstart payment rates and the costs associated with the fortnightly Newstart Allowance reporting requirements. The in-depth narratives from two regional towns clearly demonstrate that Newstart Allowance is not the appropriate payment to support individuals living with a disability, even at the application stage, due to the costs associated with gathering the medical evidence required. Community members are often unable to pay for medical and transport costs associated with their DSP application. These costs can fall to the applicant’s family members and other services that are not funded to provide this support (Fitts & Soldatic, 2018). If an individual does not have this support, submission of a DSP application can be delayed or deferred indefinitely.

The experience of community-based social welfare professionals and financial counsellors working with this group of clients interviewed for this study illustrate that this is an unsustainable position for individuals living with a disability. Although participants did not discuss this in their interviews, financial counsellors are witnessing more of their clients signing up to high-risk financial products, including those from payday lenders. This places additional pressure on their frontline work as they then assist their clients to minimise the risks of these products, which propel their clients into greater financial insecurity immediately and over the long term. Financial and social welfare service providers were the major advocates assisting participants to address their immediate needs, such as accessing food parcels. Services offering financial counsellors helped to mitigate the risks participants had accumulated through accessing loans through payday lenders. Participants struggling financially for months and in some cases years, suggests earlier intervention would curtail the number of Newstart Allowance recipients accessing high-risk financial products.

Interaction with social workers is not evident in the experiences study participants had in their contact with Centrelink (Soldatic & Fitts, 2018). Social workers are shown to have influential roles in Centrelink, including guiding customer service workers to have positive and humanising interactions with vulnerable customers (Hall, Boddy, & Chenoweth,
In drawing attention to social workers within the social welfare system, the findings from the study suggest welfare recipients lack advocacy to help them navigate various systems including social and community welfare and medical systems (Fitts & Soldatic, 2018; Soldatic & Fitts, 2018). As part of a more streamlined, supportive process, Centrelink clients who advise Centrelink of their intention to apply for the DSP should be automatically linked with a social worker. Social workers have the potential to help coordinate financial support for clients to address the challenges described in this study and reduce the number of Newstart Allowance recipients being cut off due to non-compliance.

Conclusion: Recommendations for Policy and Practice

In line with recommendations emerging in general social welfare programs, we advocate that social security payments, including Newstart Allowance, should be increased to ensure recipients can respond to cost-of-living pressures. Moreover, we recommend that community members living with a disability who are applying for the DSP should have access to additional services, supports, and assistance to facilitate their application and while awaiting the outcome of their assessment. The costs associated with the gathering of medical evidence and travelling to and from assessments and interviews, alongside the extended waiting period for the final determination, generate greater levels of poverty and severe financial hardship. Combined, it places people with disability at greater risk of secondary conditions as the additional stress has an impact on their ability to manage their existing conditions. Culturally responsive and coordinated support and engagement from Centrelink service centre staff including social workers is required to support Indigenous Australians through the DSP process. Greater contact with social workers will enable identification of these challenges early and direct individuals to appropriate community supports, including financial counsellors.

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