



Submission to the National Mental Health and Disability Employment

Strategy

Introduction

As the peak national body representing organisations of people with disability, the Australian Federation of Disability Organisations welcomes the Government's initiative in developing a National Mental Health and Disability Employment Strategy.

The Terms of Reference for the National Mental Health and Disability Employment Strategy acknowledge the complex interplay of factors impacting on the capacity of people with disability to find and retain employment and highlight that efforts to improve employment will fail unless a holistic approach to reform is taken.

This submission is organised in two sections: the first section details the fundamental elements that should be addressed in a National Mental Health and Disability Employment Strategy; and the second provides supporting information about the employment of people with disability in Australia.

The submission complements the Australian Federation of Disability Organisations' submission to the review of the Job Network.

About the Australian Federation of Disability Organisations

The Australian Federation of Disability Organisations is the peak national body representing organisations of people with disability. Our mission is to champion the rights of people with disability in Australia. Our national and state based members are detailed overleaf.

National Members

- Australian Mental Health Consumer Network
- Blind Citizens Australia
- Brain Injury Australia
- Deaf Australia
- Deafness Forum of Australia
- National Association of People Living with HIV/AIDS
- National Council on Intellectual Disability
- National Ethnic Disability Alliance
- Physical Disability Council of Australia
- Women with Disabilities Australia

State Members

- Access for All Hervey Bay
- Disability Resources Centre
- People with Disability, Western Australia

The Australian Federation of Disability Organisations also has a number of Associate Members.

Section 1: Fundamentals of a NMH&DES

To be effective, a National Mental Health and Disability Employment Strategy must address, at a minimum:

- the need for additional financial support for people with disability who are participating in the labour market;
- increasing the employment of people with disability in the public service, and improving retention rates;
- improving public transport and access to the built environment;
- reform of the income support and employment support systems to promote access to education and work experience opportunities for people with disability; and,
- defining an appropriate role for business services.

Fundamental 1: Financial Support for the Costs of Participating

Many people will require support at different points in their lives and some may require it for longer periods. Whatever their circumstances, the social support system should seek to optimise their capacity for participation.

- McClure Report (2000: 3)

Introduction of a Cost of Disability Supplement

People with disability face higher costs associated with working and looking for work due to their impairment. This includes:

- the cost of accessible taxis;
- increased need for medication and therapeutic services; and,
- increased wear and tear on equipment.

A series of examples is provided at Attachment A.

These non-discretionary costs leave people with disability at high risk of poverty – the median income of households which include a person with disability is 23% lower than households without a member with disability (Saunders 2005: 7). Higher costs also make it harder for people with disability to make work pay. Productivity Commission analysis of employment and wage data from 2001 concluded that more than 14,000 men with disability did not take up work because the wages they were offered were too low (Productivity Commission 2004: A.27).

Our current system of income support provides inadequate compensation for these costs of disability. Even with significant Commonwealth Government support in the form of the Pensioner Concession Card, Pharmaceutical and Telephone Allowances, Mobility Allowance and Health Care Card, and a range of State and local government concessions, people with disability in employment face substantial out-of-pocket costs associated with their disability.

As the examples in Attachment A demonstrate, many people with disability who are employed are close to 'break-even' point, when their additional costs are held against their earnings. In these cases any decline in real earnings could be enough to tip the balance, forcing the individual out of the work force.

New Zealand provides an example of a system providing comprehensive assistance with the additional costs of disability. In New Zealand, basic income support assistance is supplemented by

financial assistance to overcome barriers to participation. The assistance is provided through three support funds: for people who are studying, working or looking for work, or establishing a business.¹

The Government should expand the financial assistance it provides to people with disability, identifying the most effective and equitable system in consultation with people with disability and others.

Recommendation

That the Department of Families, Housing, Community Services and Indigenous Affairs, in cooperation with people with disability, undertake a project to investigate models for a cost of disability supplement.

Chronic Condition Entitlement Card

*I have put myself in debt paying for things that, you know
– I mean I can't work if I don't have a massage at least
once a fortnight, so I just have to factor that into my wage
and it's not the best wage in the world*

- quoted in Humpage (2006: 24)

Until a comprehensive and coordinated model for assisting with the non-optional costs of disability is developed there is an urgent need to provide immediate relief to the many people with disability who are incurring substantial costs for medication, therapeutic equipment and services and treatment by medical specialists.

¹ For more information, refer to the Workbridge Support Funds website:
<http://www.workbridge.co.nz/support-funds/index.shtml>

Case Example

Mark is no longer able to work full time due to the progression of his Multiple Sclerosis, but is working part time and trying to stay in employment for as long as possible. Mark spends around \$400 per month on health expenses, including: \$30 per month to fill 6 scripts for medications that are subsidised through the Pharmaceutical Benefits Scheme (PBS); \$50 per month on a non-PBS muscle relaxant; and, \$120 per month on 3 types of neurological pain killers. Mark also uses at least another three PBS medications on a less regular basis. Mark would like to use anti-fatigue medication that would increase his energy and activity levels, but cannot afford the \$260 per month it would cost.

As the above example shows, the financial assistance provided to people on low incomes for the costs of health care is crucial and it is understandable that people with disability place an extremely high premium on retaining the Health Care Card.

The 2003/2004 *Job Network Disability Support Pension Pilot Project* identified concerns related to the costs of health care as significant disincentives to people with disability seeking and taking paid work. Participants in the Pilot reported the following related barriers:

- the need to retain the Health Care Card and other benefits and
- the difficulty of finding a job that pays enough to offset the loss of benefits and concessions (DEWR 2004: 10).

This is demonstrated in the following case example.

Case Example

George has HIV and needs to take 10 prescription medications, as well as 4 full priced vitamin supplements. George is currently on the Disability Support Pension and spends \$50 per month on his prescription medication and \$120 per month on supplements. Were George to lose the Health Care Card his prescription medication costs would increase to \$300 per month. While George would become eligible for the PBS Safety Net in around 3 months, but in the meantime would be left having to fund extreme medical costs.

People on income support who move off payment because of earnings are entitled to keep their Health Care Cards for 12 months. However, the income levels at which people cease being eligible for either a part-payment or the Low Income Earners Health Care Card are low. People earning as little as \$22,698 per year can be ineligible to receive financial assistance.

Eligibility for financial support with health care costs needs to be expanded beyond the very low cut off point for the Health Care Card.

Recommendation

That the Government introduce a Chronic Condition Entitlement Card to assist people who are not eligible for the Health Care Card with the high cost of medical services and pharmaceuticals. The Chronic Condition Entitlement Card should be means tested at a higher threshold than the Health Care Card. It should entitle the holder to receive PBS medications at the discounted price.

An Expanded Workplace Modifications Programme

The workplace support needs of some people with disability cannot be met under current Workplace Modifications Programme rules.

Recommendation

That the Workplace Modifications Programme be reformed to allow the provision of an expanded range of supports and assistance, including:

- hearing aids;
- ongoing personal assistance; and,
- ongoing AUSLAN interpreting.

And that consideration be given to:

- liberalising the rules covering reimbursement of the cost of equipment purchased by an employer; and,
- extending the Workplace Modifications Programme to cover ongoing voluntary work.

Fundamental 2: Improving Public Service Employment

For employees with disability, representation declined again this year to 3.3%, down from 3.6% at June 2006. The number of ongoing employees with disability fell from 4,818 at June 2006 to 4,717 at June 2007.

- State of the Service Report, APSC, 2006-07

In June 1998, 5.2% of Australian public servants identified as having a disability. Since then, this has declined steadily to 3.3% in 2007. Clearly, the total rate of employment in the public service is a significant concern. Also concerning is the rate of retention in the public service. In 2005, the Australian Public Service Commission found that employees with disability were 60% more likely than other staff to be retrenched (MAC 2006: 54).

The Federal Government must set the standard in employing people with disability.

Recommendation

That the Federal Government commit to increasing the employment rate of people with disability in the Australian public service to 7% by 2011. The Government should have a particular focus on reducing the retrenchment rate of people with disability.

Fundamental 3: Accessible Built Environment

Full implementation of the Disability Discrimination Act 1992 would go a long way to help. In the workplace all businesses should practice universal access irrespective of the size of the business. As it stands now many disabled persons are unable to work as paid or unpaid staff in small to medium businesses which makes nonsense of the Welfare to Work policy as many disabled prefer to work in a small business.

- woman from metropolitan Victoria, Post Polio Syndrome, Damaged Spine, Type II Diabetes and Cardiomyopathy

Under the *Disability Discrimination Act* (Cth) 1992, it is illegal to discriminate directly or indirectly against a person with disability.

In the fourteen years since the Act passed, Australia has made significant steps towards the creation of accessible communities, primarily through the adoption of Disability Standards under the Act. Disability Standards act like guidelines or instructions for detailing how a good or service should be provided so that it is accessible to the greatest number of people. The *Disability Standards for Accessible Public Transport* came into effect in 2002. The *Disability Standards for Education* came into effect this year. Standards covering the design and construction of buildings are currently being developed.

The Standards have progressive timetables for the introduction of accessibility. For example, the *Disability Standards for Accessible Public Transport* have a 30 year compliance schedule. Transport operators do not have to install handrails for another six years and it is a further sixteen years before all buses have to be accessible.

In the meantime, people with disability must participate as best they can in a world that does not cater to their needs and in which services which may assist them to overcome this disadvantage are rationed, as the table over leaf illustrates.

Six percent of people with disability who need assistance with mobility cannot obtain that assistance. A further 8% of people require assistance with transport, but do not receive it.

Ten percent of people with disability who need assistance with self care (eg toileting, dressing) cannot obtain that assistance.

ABS data show that 446, 700 Australians rely on aids or equipment to move around the community. Yet the Building Code of Australia does not require lifts to be installed in multi-storey buildings.

The accessibility of the community needs to be improved to allow people with disability to participate to the extent of their capacity.