

PositiveLifeNSW

the voice of people with HIV since 1988

SENATOR THE HON JOE LUDWIG
Minister for Human Services
Manager of Government Business in the Senate
Senator for Queensland
Parliament House
Canberra
Act 2600

Tuesday, 26 February 2008

Dear Minister

Positive Life NSW is a non-profit community organisation representing the interests of the approximately 15000 people with HIV across NSW. We provide health promotion, advocacy and information to people with HIV and service providers to ensure that people with Hiv have access to services, resources and information to support their health, and the other aspects of their lives.

Thank you for the opportunity to respond to your questions regarding the operation of the JCA system. While we do not have experience of some aspects of this, I have attempted to provide the information I have available. We look forward to working with the Government to see improvements to employment services that bring better opportunities for jobs and the related benefits that can be available for people with Hiv returning to or seeking to remain in the workforce while living with some of the functional disabilities that Hiv brings.

1. Job Capacity Assessment Guidelines, particularly as they relate to assessment and referral practices;

- treatment of people on DSP who volunteer for a JCA. Current Centrelink policy sets these people on a trajectory towards employment services they may not be able to sustain but which may result in them being reassessed as Newstart not DSP eligible no matter what the outcome of the JCA.
- importance of Health Care concessions for people with Hiv and loss of that, compared to possible low waged or part time work with increased mecial and health care costs.
- DSP or Health Care card is also effectively an eligibility criteria for numerous community based support programs for people with Hiv
- volunteering within organisations, the implications for work readiness when similar jobs are not available in a paid capacity but the act of vloyuntering can trigger a JCA
- triggers used by Centrelink to identify people for JCA, confusion over this.

Positive Life NSW

PO Box 831 Darlinghurst NSW 1300
Suite 5, Level 1, 94 Oxford Street Darlinghurst NSW 2010
Phone 02 9361 6011 Fax 02 9360 3504 Freecall 1800 245 677
Email admin@positivelife.org.au Web www.positivelife.org.au
ABN 42907908942

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- the impact of surveillance and data matching on the willingness to engage with the system, particularly within a welfare culture typified by allegations of fraud which are often the unintentional consequences of Centrelink initiated processes.
- the heavy handed approach to confidentiality in consultation processes run by DHS and DEWR, which limit the ability to seek input to develop more comprehensive and better informed responses and suggestions.

2. the appropriateness and range of the qualifications necessary for Job Capacity Assessors to undertake assessments of people with different disabilities, including those with a mental illness;

- the vexed question of the capacity of assessors to consider people with episodic conditions, when they themselves and their doctors may not be fully able to assess future impacts.
- need for training in low incidence conditions such as HIV, with an ability to consider the functional impacts of Hiv in comparison to similar functional impacts of other conditions.
- Although the Job Capacity Assessors subcontracted by Centrelink may come from various disciplines - e.g occupational therapists, psychologists, social workers, or doctors, etc there is still the question of their suitability to assess the impact of HIV on a person's ability or capacity to work. Anecdotal evidence suggests that those who have undergone a Job Capacity Assessment have been told that 'HIV is now a manageable illness' and therefore won't affect a person with HIV in their capacity to work.
- the requirement to consider a 2 year time frame when for many people, a number of potential but unforeseen health issues, such as treatment failure, side effects and mental illness may impact significantly in that time.

3. the quality of information recorded during the assessment process, including whether this is sufficient to assist agencies making decisions on income support and/or employment assistance;

- confidentiality of information relating to Hiv status needs to be secured. There need to be better mechanisms to secure how this information is transmitted between services and that it is collected and distributed as needed, not as a matter of course.
- the role of the treating doctors report, which is sometimes discounted while there is not comparable medical expertise to assess conditions such as HIV

4. the appropriateness of arrangements to ensure attendance at Job Capacity Assessments;

- often late notification to Centrelink customer, particularly receipt of letter.

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- unnecessarily complex language used in letters to clients.
- threat of breaching used implicitly in initial correspondence.
- transport costs and lack of public transport or car access particularly, but not only, for people in regional and rural NSW. Residents of outer suburban areas of Sydney face similar issues.

5. the role of the Job Capacity Account program, including the effectiveness of the current referral arrangements to the Job Capacity Account and the Job Network; and

- there are few remaining specialist HIV employment services due to the unrealistic assumptions relating to the volume of clients and outcomes.
- the lack of access to intensive support programmes for people who are not work ready.
- The limited work readiness of people currently on DSP. People with HIV who remain on the DSP ten years after the availability of improved treatments usually face a number of physical and psychological barriers to returning to work which call for medium to long term, individualized responses. In short, the people who were going to readily return to work have already returned to the work force possibly part time, over the past ten years.
- potential work readiness and lack of job availability for older long term unemployed on DSP
- limited understanding and awareness about the impact of Hiv related stigma and discrimination by service providers
- how to manage disclosure to actual and potential employers, particularly where heightened (and unfounded) concerns over occupational exposure to HIV affect attitudes.
- Under the current legislation, the Job Capacity Account funds are only available for the short term. Considering that one of the eligibility criteria that must be met by JCA services is that the service has a 'work-first' focus is this in keeping with one of the other eligibility criteria to " meet the individual client's assessed needs"?

6. key strengths of the current arrangements and any lessons for the future, from your knowledge of current and past arrangements in Australia and internationally.

- We question “work first” as the appropriate guiding philosophy in a full employment market, in effect putting people with disability returning to or entering the workforce in competition with young people and migrants.

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- suggest Minister refers to <http://recwowe.eu/> reconciling work and welfare in Europe
- suggest Minister refers to European social observatory, <http://www.ose.be/en/default.htm>
- suggest Minister refers to the proceedings of the 2006 Brisbane Conference 'The Road to Where?' The Politics and Practice of Implementing Welfare-to-Work' <http://www.uq.edu.au/swahs/index.html?page=44305>
- support the need to focus on demand side, support the development of the employment strategy
- there is a need for a holistic approach to work readiness, not just skills and training, integrated health and welfare planning, accommodation security, mobility, a need to work to ensure complementary policies and cooperative approaches by the broadest possible range of services
- there is a need for leadership from government and other major employers in modeling good employment practice, and setting targets for recruitment of new AND retention of existing workers who acquire disabilities
- need to consider flexible work practices, there are major benefits for parents, carers, people with disabilities in considering innovative approaches to job sharing, flexible leave in case of illness, telecommuting and other work practices
- the red tape, slow response and lack of information fails to support employers seeking access to programs and info, particularly for workplace accommodation measures. Small employers feel this keenly.
- there seems to be some evidence that changing attitudes to retaining and recruiting older workers can have flow on benefits for older people with Hiv

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