Submission Number: 29
Date Received: 29/04/2011

I have only just been made aware of this Inquiry and would like to make the following submission

I represent a not-for-profit engaged in the business of providing employment and on-the-job training for people with disabilities, and other disadvantaged jobseekers. We operate commercial businesses to provide those jobs and training, and pay our staff Award rates of pay (we prefer to NOT utilise the supported wages concept). Our web site has more detail on what we do, but suffice to say that among our 50-odd staff, there are a number with mental health issues. Many of my staff are on Disability Support Pensions, some others have migrated into fully employed and have left the DSP behind.

My concerns lie in the areas of support my staff receive outside the workplace, and with specific reference to their health support. My concerns are not so much the loss of DSP when staff work sufficient hours to warrant this – that is the goal after all - my concerns lie with:-

1. That they lose their health card at the same time as they lose the DSP. This card is their gateway to subsidised medical support, a particularly costly component of many people on DSP; and
2. Once off the DSP, should their health condition deteriorate such that they are unable to continue work, their re-entry to DSP may be delayed or limited due to recent work history

I guess of these two the first is my chief concern, and is one that I am sure government could address relatively painlessly. I consider that people with medical conditions that require medication/s, should be able to earn higher income levels before losing the Health Card. It is one of the single biggest fears my staff have, is the loss of their health care card should they work more hours. This fear is shared equally by staff with mental illnesses as well as those with say cardio or other advanced medical disorders.

And this fear is justified, and thus limits their participation. But should that income threshold for the retention of the health card be raised (I recommend to at least double its current level) – for those who require medication – then that fear would be allayed, and workforce participation increased. Cheap solution I reckon.

I have several staff I would like to offer more hours, but I am reluctant with this “sword” hanging over their futures.

There is a good deal of pension bashing going on at the moment – what I am trying to rectify here is an issue which is a definite roadblock to further participation for those with high medication requirements.

I trust you will take this submission on board, and look forward to further progress on this issue.

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