

**SUBMISSION - STANDING COMMITTEE ON EMPLOYMENT AND WORKPLACE RELATIONS.**

**(Increasing participation in paid work).**

- It is acknowledged that various existing legislative provisions have improved and increased workplace participation.
- Points raised in this document flag that there are further layers of complexity in the translation of existing issues into practice.
- Notes are based on our experience in working with persons with MS, and our role in supporting those persons to remain in employment as long as possible.

WORKPLACE ISSUE	CURRENT STRATEGIES	RECOMMENDED STRATEGIES
<p>The Anti-discrimination Act 1991 (s.15(1) <b>..person must not discriminate</b> in</p> <p>(a) any variation of the terms of the work                      (b) in denying or limiting access to opportunities for promotion, transfer, training or other benefit to a worker                      (c) in dismissing a worker;                      (d) by treating a worker unfavourably in any way in connection with work.</p>	<ul style="list-style-type: none"> <li>• MS Society support staff liaise directly with employers and between employers and employees, where there are issues which appear to be discriminatory.</li> <li>• Employers, in our experience, have reasonable knowledge of the application of anti-discrimination concepts on a broad scale, but limited understanding the application of these in specific management of long-term health issues.</li> </ul>	<p>The codification of Anti-discrimination legislation requires specificity in relation to long-term health management.</p> <ul style="list-style-type: none"> <li>• MS is a condition in which symptomatology varies widely, any may include upper limb, lower limb, visual, cognitive, fatigue, pain consequences.</li> <li>• Progression of MS varies widely - persons can experience variability within their usual symptoms on a day to day basis;</li> <li>• Long-term progression also varies widely - there is no means of identifying timeframes for disease progression.</li> </ul> <p>The term "disability" is sometimes poorly applied to persons with MS in the workplace.</p>
<p>The Anti-discrimination Act 1991 (s.34.) A person may fix <b>reasonable terms</b> in relation to the holder or prospective holder of a position because of an impairment.</p> <p>(a) has a restricted capacity to do work...                      (b) requires special conditions.</p>	<ul style="list-style-type: none"> <li>• MS Society staff liaise 1:1 with employees with MS to define workplace support needs, and then negotiate these with employers.</li> <li>• Reasonable adjustments have to be considered at every stage of employment.</li> </ul>	<p>There is a need for more specific codification of the principles of "Reasonable accommodation" for access by all employers, which would</p> <ul style="list-style-type: none"> <li>• heighten employer understanding of the principles;</li> <li>• promote greater inclusion of persons with a number of health conditions within the workforce;</li> <li>• promote job retention through defining some terms of reference - the MS Society and similar bodies are not logistically able to address all pertinent issues to all potential employers. Our locus of change is only within those employers with whom we have direct contact.</li> </ul> <p>There is currently <u>no</u> uniform code of conduct to address reasonable adjustment principles.</p>

<p><b>Compliance / enforcement</b></p>	<ul style="list-style-type: none"> <li>• MS Society staff liaise 1:1 with employers, and attempt to encourage good practice and change, through negotiation.</li> <li>• There appears to be limited requirement to enforce compliance with "reasonable accommodation" principles, as few employers appear to have an adequate notion of the meaning of this.</li> <li>• Web search information generates sites from the UK and USA.</li> <li>• Australian information appears largely restricted to educational institutions and some large state government departments.</li> <li>• There is a FACS website .</li> </ul>	<p>Compliance and enforcement will continue to be poor:</p> <ul style="list-style-type: none"> <li>• If employers cannot readily access appropriate practical information.</li> <li>• If there are limited consequences for employers failing to implement appropriate workplace supports.</li> </ul> <p>There is a need to standardize information, across States, so that it is broadly applicable.</p>
<p><b>Access to FACS information sheets on "Reasonable Accommodation"</b></p>	<ul style="list-style-type: none"> <li>• Information on the department's website is accessible either by mail or accessing PDF files.</li> <li>• Mailing for information is useful only if the employer is keen to find out more.</li> <li>• Accessing PDF files (particularly for those with limited internet capability or use) is a process which can be both time consuming (requires installation of Adobe to enable reading of files).</li> </ul>	<ul style="list-style-type: none"> <li>• Access on existing information needs to be easier.</li> <li>• Pages which can be directly downloaded (without the installation of additional software) is recommended for easier public access.</li> </ul>
<p>The Anti-discrimination Act 1991 <b>Circumstances of Impairment</b> - the Act is not sufficiently specific in relation to circumstances of impairment - persons with MS acquire the condition.</p>	<ul style="list-style-type: none"> <li>• Employers frequently fail to understand the nature and variability of MS, and may disregard that persons with MS are frequently quite capable of sustaining work with adequate (and reasonable) workplace accommodations.</li> <li>• The MS Society promotes information about MS and work support.</li> </ul>	<ul style="list-style-type: none"> <li>• Again, the legislation is vague in this respect.</li> <li>• Employers have little requirement to research, or otherwise engage support to keep someone with a long-term condition in the workplace.</li> <li>• Guidelines on the management of injury are, by comparison, quite specific.</li> <li>• Whilst some similar principles readily transfer to management of persons with long-term conditions, employers fail to make this transition readily.</li> </ul>
<p><b>Workforce mix</b></p>	<ul style="list-style-type: none"> <li>• Public Service departments routinely compile statistics on numbers of persons employed from "special category" groups - there is no</li> </ul>	<ul style="list-style-type: none"> <li>• Recognition of persons with disability in the workplace requires that the broader range of employers embrace workplace diversity in a manner which is more encompassing, and</li> </ul>

	requirement that other employers do so.	<p>demonstrates application of workplace support.</p> <ul style="list-style-type: none"> <li>Information on <u>Retention</u> of persons in the workforce would be a better indicator of sustained employment than <u>Participation</u></li> </ul>
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>Disability management remains contentious within some employment areas., eg within the military.</li> </ul>	<ul style="list-style-type: none"> <li>Military culture anecdotally excludes persons with long-term medical conditions, and removes persons with disability issues (medical discharge) <u>even where the person is capable of working in an alternative role.</u></li> </ul>
<b>EEO provisions are limited in scope - (Organisational Practice)</b>	<p>Organisational Practice:</p> <ul style="list-style-type: none"> <li>recruitment</li> <li>induction</li> <li>training.</li> </ul>	<p>It is acknowledged that EEO awareness-raising of these are important, but provisions are not, in our experience, adequately applied:</p> <ul style="list-style-type: none"> <li>MS clients continue to report fear of disclosure, and risk of non-selection;</li> <li>Induction (where disclosure has been made) is generally in terms of the organisation's needs, NOT THE PERSON's needs regarding their disability - the principle of inclusion is not adequately followed through.</li> <li>Training on access and equity is applied in general terms only. HR and Managers generally fail to demonstrate good understanding of EEO in practice (ie <u>inclusion</u> of persons with a disability in the workplace is an inadequate adoption of EEO principles <u>unless workplace supports are in place and appropriate to that persons's needs</u>).</li> <li>Our feedback is that it is staff and not management that attend the training, so it is then difficult for a workplace to develop an appropriate culture for appropriate disability support.</li> </ul>
<b>EEO provisions are limited in scope - (Workplace Behaviour)</b>	<p>Our feedback from employees with MS is frequently that</p> <ul style="list-style-type: none"> <li>coworkers are not appraised of their workplace needs;</li> <li>workers are sometimes excluded from work activities on the basis of their perceived (rather than actual) capacity;</li> <li>workers continue to feel stereotyped;</li> </ul>	<p>EEO principles appear generally endorsed in theoretical terms, but managers fail to engender practical application.</p> <ul style="list-style-type: none"> <li>Provision of widely-distributed kits to employers on principles and PRACTICAL applications of "reasonable adjustment" and "workplace support" is required.</li> </ul>

	<ul style="list-style-type: none"> <li>• coworkers question need for "reasonable adjustment"</li> </ul>	
<b>EEO Provisions - Access</b>	<p>It would appear that physical access has been embraced widely (general access to ramps, lifts, parking)</p> <ul style="list-style-type: none"> <li>• other forms of access may include access to other physical / structural requirements, eg toilet facilities;</li> <li>• access to support services, to support BOTH the employee and employer.</li> </ul>	<ul style="list-style-type: none"> <li>• Eg. Access within offices to services/facilities (such as toileting facilities) remains problematic for some workers with MS (and other disabilities), who experience incontinence issues.</li> <li>• This is a personal and sometimes embarrassing one for employees to raise.</li> <li>• Due to the design of most large buildings it is sometimes difficult to practically locate workstations closer to facilities without creating obvious focus on the issue.</li> </ul>
<b>EEO Provisions - Job Redesign</b>	<p>Reasonable adjustment refers to:</p> <ul style="list-style-type: none"> <li>• reallocation of small or infrequently-occurring aspects of a job to enable disabled staff to perform the main functions of the position;</li> <li>• incorporation/addition of shared tasks;</li> <li>• consideration of task redesign or restructure.</li> </ul> <p>Feedback from workers with MS continues to highlight:</p> <ul style="list-style-type: none"> <li>• people are expected to fit job requirements - there is sometimes limited flexibility for staff to modify their work;</li> <li>• task-sharing is not easily embraced in some work environments.</li> <li>• pacing of tasks (combining and alternating high- and low- energy tasks) is poorly understood by managers and coworkers;</li> <li>• it remains an expectation that workers who attend 2 or 3 days per week will be able to "perform at full throttle" on those days, by virtue of other days away from the workplace. This is inconsistent with the appropriate management of health conditions which have fatigue as a feature.</li> </ul>	<ul style="list-style-type: none"> <li>• Fatigue management is quite possible within a workplace with appropriate and flexible pacing.</li> </ul>
<b>Structured Employment Support - Models for change?</b>	<p>Various workers compensation and other insurer bodies have established frameworks for:</p> <ul style="list-style-type: none"> <li>• assessing (worker's) workplace requirements to accommodate disability issues;</li> </ul>	<p>Comparable frameworks and structure for evaluating, monitoring and reviewing workplace participation could be established:</p> <ul style="list-style-type: none"> <li>• workers with MS and long-term health</li> </ul>

	<ul style="list-style-type: none"> <li>• set in place a program plan which sets out a structured process of activity to set up, monitor, evaluate, review at intervals, and then finalise, workplace reintegration following injury.</li> <li>• No such system exists for the management of a long-term health conditions, unless the onset of the condition falls within "acquired through work" provisions.</li> </ul>	<p>conditions could feasibly have a work-place instituted work plan, which defines types of assistance, support persons and review mechanisms.</p> <ul style="list-style-type: none"> <li>• Like most rehabilitation plans, this could offer flexibility to the employer to manage such conditions in a more structured, and less ad-hoc fashion;</li> <li>• Tabling of needs at the identification of a health condition would enable both employee and employer to more effectively communicate issues of concern.</li> <li>• Provision of a health management system engenders a culture of inclusion and support in the workplace, to the advantage of both employee and employer.</li> <li>• Various models (such as the Comcare model) already exist to manage injury on a "no-fault" basis - a similar model could be adapted to manage long-term health issues.</li> <li>• Registration of workplaces accredited (through training) to manage such programs is an incentive for employers to keep people with disabilities within the workforce.</li> </ul>
<b>EEO Provisions - Provision of Equipment</b>	<ul style="list-style-type: none"> <li>• Non-government employers would appear to have limited knowledge of resources.</li> <li>• Most large departments are able to manage this internally. the MS Society liaises with employers and funding sources on 1:1 basis, for individual clients.</li> </ul>	Information about equipment provision needs to be linked with more publicly-accessible information (Employer kits).
<b>Unjustifiable Hardship - where employers are able to refuse implementation of supports legally.</b>	<ul style="list-style-type: none"> <li>• Anecdotally, workers with MS and employers have little notion of where to seek support/advice on equipment availability, relevance, <u>to be able to make a decision</u> about whether provision of equipment will constitute "reasonable hardship".</li> <li>• Prima facie refusal of assistance on "expected difficulty" is far easier than endorsement of "potential assistance."</li> </ul>	<ul style="list-style-type: none"> <li>• MS Qld is aware of services available through some of the funded services and through CRS Australia</li> <li>• However eligibility for program involvement in these two areas tends to exclude those clients with MS who are already in paid work, and are not recipients of the social welfare system.</li> </ul>

<p><b>Usual work conditions</b></p>	<ul style="list-style-type: none"> <li>• Our experience with employees with MS is that few are able to access provisions relating to additional work benefits - eg., overtime is rarely accessed by persons with MS, due to fatigue.</li> </ul>	<ul style="list-style-type: none"> <li>• Inequitable work practices require review, to allow other means for persons with impairments to provide additional work, to be able to attain additional work benefits on a par with other employees: ie., in some industries, working additional time at home may be a strategic alternative.</li> </ul>
<p><b>Flexibility in working part-time hours</b></p>	<ul style="list-style-type: none"> <li>• A number of our clients work 2-3 days per week. These are usually defined days (eg Monday, Tuesday, Wednesday).</li> <li>• Employers, in our experience, are sometimes quite reluctant to vary the work days (not predictable), and are inflexible in relation to negotiating day-swap - ie., where, due to accumulative fatigue, the employee can "swap" a "routine" day for another day in the week to work under more optimal conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Employment hours continue to be viewed as "commodities" which require routine adherence.</li> <li>• In some industries, eg retail, banking - it is virtually impossible for employees to vary days.</li> <li>• Workplaces will continue to lose staff with health conditions, if there is minimal flexibility available.</li> </ul>
<p><b>Nature of work</b></p>	<ul style="list-style-type: none"> <li>• Many employees with MS leave heavy and unskilled occupations due to disability issues. There remains, however, a 'mythology' (amongst assessing medical practitioners and disability policy insurers) that "light" (ie., clerical or desk-bound) work is suitable for persons with a condition such as MS in most instances.</li> </ul>	<p>This approach fails to recognise:</p> <ul style="list-style-type: none"> <li>• not all workers are inherently suited to clerical or desk-based occupations;</li> <li>• desk-related work (sustained continuous sitting and standing) may be just as debilitating to a person's condition;</li> <li>• pacing is still important in a "light" work environment - employers still tend to assume that 8 hours of desk work should be quite possible for persons with a disability.</li> <li>• Again, codification of pacing and other accommodative strategies would facilitate better application of this in the workplace.</li> </ul>
<p><b>Transferability of work skill to alternative work environment.</b></p>	<ul style="list-style-type: none"> <li>• Employees with MS tend to try and maintain existing work roles AT ALL COST.</li> <li>• Transferability to a similar role in other organisations does not include transferability of workplace accommodations.</li> <li>• Each employment setting needs to be renegotiated.</li> <li>• Our experience with employees with MS is that they will continue to accept poor work conditions, for fear of losing a job and not being able to access another job.</li> </ul>	<ul style="list-style-type: none"> <li>• There are disincentives for persons with chronic medical conditions to transfer to alternative work.</li> <li>• Heightened employer information (and support) would facilitate this process more readily.</li> <li>• It should never be an assumption that employees with MS (or any other condition) will, in all instances, require consider considerable support - each situation requires consideration individually.</li> </ul>

<p><b>Availability of support programs for people in work</b></p>	<ul style="list-style-type: none"> <li>• Employees do not feel supported in this transition.</li> </ul> <p>Clients with MS are currently able to access (in Qld.)</p> <ul style="list-style-type: none"> <li>• case managed supported employment assistance (funded);</li> <li>• job-in-jeopardy assistance (CRS Australia).</li> </ul>	<ul style="list-style-type: none"> <li>• Case managed employment placement/support services have minimal application to persons outside of the Centrelink system;</li> <li>• CRS Australia has, through an increased focus on cost-recovery, limited scope for assisting persons who, to all intents and purposes, remain in full or significantly part-time employment. Their main referral base continues to be Centrelink and Insurer-paid programs.</li> <li>• Persons who identify 'job-in-jeopardy' may access services, however this risks job loss for the employee by virtue of notification, and CRS' involvement is necessarily short-term.</li> <li>• MS Society continues to be a long-term support for these employees - it's scope for supporting and sustaining employees in longer-term employment would be enhanced through the recommendations for broader codification and publicity relating to workplace accommodation and "reasonable adjustment".</li> </ul>
<p><b>The Centrelink Assessment Process relating to DSP entitlements - (impairment ratings)</b></p>	<ul style="list-style-type: none"> <li>• Where the Work Capacity process is able to codify (within the Impairment Tables) Upper Limb Function, Lower Limb function, Cognitive Impairment and Visual Impairment, there is no great difficulty in establishing level of disability.</li> <li>• For many persons with MS in the workplace, fatigue is the single largest detrimental issue - sustaining work routine over a continuous period is both variable and problematic in day-to-day capacity.</li> <li>• Fatigue is not only present with sudden relapses - it is a feature of day-to-day progression.</li> </ul>	<p>Impairment tables referred to in the WCA process (Chapter 20) fail to adequately code fatigue, as it applies to persons with MS - Criteria Rating 15 describes "moderate to severe symptoms which are more distressing but prevent few everyday activities...mild to moderate impact on ability to work"</p> <p>Criteria Rating 20 describes "more severe symptoms with a decreased ability/efficiency to carry out many everyday activities....Symptoms cause significant interference with ability to perform or persist with work-related tasks. Symptoms may cause prolonged absence from work."</p> <ul style="list-style-type: none"> <li>• many employees with MS fall within BOTH of these descriptors, as their condition varies;</li> <li>• time off work is not necessarily in prolonged absences - workers describe general erosion of work participation, through taking individual days off, using up annual leave to have rest</li> </ul>

		periods, and taking time off without pay.
<b>The Centrelink Assessment Process relating to DSP entitlements - "one off" Work Capacity Assessment</b>	<ul style="list-style-type: none"> <li>• The Work Capacity Assessment process currently struggles with time lags between TDR (Treating Doctor Report) and WCA (Work Capacity Assessment)</li> <li>• There have been considerable waiting lists for persons to complete the assessment/ screening process, to determine eligibility;</li> <li>• Time lags can represent altered functional capacity from the time of initial referral, to the time of benefit determination.</li> <li>• The process appears to be viewed internally as a "one off" process, leading to vocational rehabilitation or other potential strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• The process fails to address changing functional capacity;</li> <li>• Vocational Rehabilitation is not the panacea for all persons with an identified disability – some persons are more appropriately placed initially on a DSP, with review of employability at a later time.</li> </ul>
<b>The Centrelink Assessment Process relating to DSP entitlements – (earning capacity)</b>	<ul style="list-style-type: none"> <li>• Persons who leave work and who receive any lump sum payment are excluded from receipt of Centrelink benefits for a period of time.</li> </ul>	<ul style="list-style-type: none"> <li>• The formula for calculation of entitlements fails to recognize that persons with MS (or any other long-term health condition) face higher medical and associated costs;</li> <li>• Ongoing medical costs should be readily identifiable, and form part of an exemption on lump sum payments.</li> </ul>
<b>The Centrelink Assessment Process - DSP vs Sickness Allowance or Newstart</b>	<ul style="list-style-type: none"> <li>• Where persons with MS or other long-term conditions do not readily meet 20 point impairment rating level, the granting of Sickness Allowance or Newstart Benefit is usually applied.</li> <li>• Persons with MS may have difficulties meeting the activity requirements of jobsearch unless Centrelink and WCA assessors recognise the impairment consequences for that person.</li> </ul>	<ul style="list-style-type: none"> <li>• Greater flexibility in relation to WCA and benefit determination needs to occur;</li> <li>• increased training to Centrelink and WCA assessors on long-term illness issues is recommended.</li> </ul>
<b>Residual financial security</b>	<ul style="list-style-type: none"> <li>• By the time most persons with MS disengage from work, they have minimal leave entitlements left, and have exhausted other financial savings/resources.</li> <li>• Where they have a partner who is working, there is no or limited entitlement to social security income support.</li> <li>• Ultimately, some working partners cease work</li> </ul>	<p>Recognition and appropriate application of workplace supports earlier in the working life of persons with chronic conditions:</p> <ul style="list-style-type: none"> <li>• Assists persons with disabilities to remain in work longer;</li> <li>• Fosters a win:win situation for both the employer and the employee;</li> <li>• alleviates some of the pressures on the social</li> </ul>



	to take on the role of carer, continue to exhaust their own (or joint) financial resources and then BOTH parties become dependent on the social security system.	security system.
The Anti-discrimination Act 1991 S.52-55 refers to discrimination in <b>superannuation</b> .	<ul style="list-style-type: none"> <li>It is our experience that persons with MS experience an erosion of entitlements due to their condition and associated reduction in workforce participation.</li> </ul>	<ul style="list-style-type: none"> <li>There appears to be no uniform codification of how long-term medical conditions will be treated by insurers.</li> <li>While legislation with respect to insurers generally refers to anti-discrimination principles, there is a significant area of legal practice which concentrates on the restoration or enhancement of entitlements.</li> </ul>
The Anti-discrimination Act 1991 refers to <b>time limits on making complaints</b> .	<ul style="list-style-type: none"> <li>MS is a long-term degenerative condition whereby some persons experience frequent, and other, irregular relapses.</li> <li>Time limits codified within the Act have limited application to worker situations where work performance issues progress over a longer period than 1 year.</li> </ul>	<ul style="list-style-type: none"> <li>Time limits within the act require greater flexibility to incorporate the needs of persons with long-term conditions.</li> </ul>
The Anti-discrimination Act 1991 S.168(1) Lapsed or <b>withdrawn complaints</b>	<ul style="list-style-type: none"> <li>MS is a condition adversely affected by stress.</li> <li>It is our experience that our clients do not usually make formal complaint, as the process is in itself quite stressful. (And not, as defined by the legislation necessarily frivolous, vexatious or because the person has lost interest).</li> </ul>	<ul style="list-style-type: none"> <li>Absence or discontinuation of complaint is not an adequate measure of absence of discrimination, and should not be considered in this light.</li> <li>Other means of gathering data about complaints (whether or not these proceed formally) need to be incorporated as a more accurate reflection of the employment picture.</li> </ul>
S. 204 <b>Burden of proof</b>	<ul style="list-style-type: none"> <li>It is difficult for persons with MS to prove discrimination, where workplace support has not been extended, in circumstances where "reasonable accommodation" is not legislatively defined/coded and more widely distributed.</li> </ul>	<ul style="list-style-type: none"> <li>Better codification and information dissemination would enhance the process of complaint lodgement and resolution.</li> </ul>
<b>Industrial Relations Provisions - casualisation of work</b>	<ul style="list-style-type: none"> <li>Increasingly, there has been a trend towards casualisation of positions within workplaces.</li> <li>Our experience is that this enables employers to disallow the usual dismissal provisions that apply to more regular work.</li> </ul>	<ul style="list-style-type: none"> <li>industrial relations legislation makes no provisions for the dismissal of persons who are casual, who have disabilities.</li> <li>This effectively allows a "loophole" for the ready dismissal of persons with disability.</li> </ul>

	<ul style="list-style-type: none"> <li>• Our clients who are casual employees are even less likely to disclose their condition, due to the heightened risk of ready replacement.</li> <li>• Disability management is sometimes perceived by employers as “a problem” rather than an opportunity to embrace workplace diversity.</li> </ul>	
<b>Industrial Relations Provisions - Small Business</b>	<ul style="list-style-type: none"> <li>• Small business, anecdotally, have greater difficulties in employing persons with MS.</li> <li>• We liaise 1:1 with employers to foster good work supports/relationships with persons with MS.</li> </ul>	<ul style="list-style-type: none"> <li>• Small businesses have special needs in relation to information about appropriate inclusion of persons in smaller workplaces.</li> <li>• Codification of disability considerations, appropriate workplace practice, and applicability to smaller work situations is required to promote greater small business support for persons with disabilities.</li> </ul>
<b>Industrial Relations Provisions - Dismissal due to Conduct.</b>	<ul style="list-style-type: none"> <li>• Anecdotally, we have feedback from employees who have been sacked due to “poor performance”.</li> <li>• Performance management should not be the vehicle for addressing disability-specific issues.</li> <li>• Warnings about poor performance are inadequate, if there has been a failure by the employer to implement appropriate workplace supports.</li> </ul>	<ul style="list-style-type: none"> <li>• Dismissal provisions require specificity in relation to the termination of persons with disabilities (where the disability is a contributing factor to the work performance, and where appropriate consideration to reasonable accommodation has <u>not</u> been made).</li> <li>• Inclusion of appropriate workplace representation <u>on disability issues</u> is recommended, so that the employee is not marginalised in this transaction.</li> <li>• Negotiations about disability issues are not intended to replace usual conduct and dismissal discussions, if there are valid grounds for these to occur.</li> </ul>
<b>Object of Engagement and Frustration of Contract</b>	<p><u>Reasonable</u> discussion needs to take place where an employee is engaged for a specific purpose and that purpose is frustrated through the illness of the employee.</p>	

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