

“Tweezers for this Titanic: Raising a National Disability Insurance Scheme”

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I noticed that I was down on the program as one of an alarmingly small number of "experts". A nice boost for the ego but my only real expertise is: while I'm hardly representative of recoveries from severe traumatic brain injury, I have a glimpse of what living with brain injury is like, perhaps though in the nature of having a brain injury as a kind of housemate/ roommate, a *former* roommate...who moved on, or perhaps I did, I can't always tell.

But I know there's no more certain - and no more quick - a death to an audience's attention than wasting their time telling your troubles. Look, I'm hardly on the speaking circuit but I found this difficult to...think, let alone write. If you can bear with me here: I came to the disability sector at once an insider and an outsider; as what I now know is someone called a "consumer", but also as someone with no industry experience. During my three years at Brain Injury Australia, I've always tried to retain a keen sense of needing to serve a constituency. Married to that, in my mind (without wanting to get precious about it) is that the Australian taxpayer pays my wage. Neither do I want to come off sounding like the head of the local chapter of the Tea Party Movement - but to paraphrase that great rallying cry of the American Revolution; there should be "no taxation without representation". The following statement probably applies to all disability advocacy organisations based on a membership model, but I suspect the question of how representative disability advocacy organisations are is a little more acute when it comes to brain injury. Brain Injury Australia's constituency is much broader than its Member Organisations, broader again than the members of its Member Organisations and – for those of them engaged in service delivery – broader than their clientele, and broader again than the people who even know we exist.

The feeling I sometimes get with the National Disability Insurance Scheme is a pressing urgency to "get on board" its "good ship" (I hope you won't mind, after the title of my presentation, that it's sprinkled with nautical terms). I used to be a journalist. Good journalists make bad cheerleaders; they keep wanting to ask questions right up until deadline. This is not meant to imply that the general embrace of the NDIS is somehow uncritical. And I'm too young to remember the last time a disability insurance scheme was floated - during the Whitlam years – but I'm told it

was scuppered, was sunk, in part, by the disability sector's infighting about who'd be "in" or "out".

Neither a cheerleader nor a sniper be – the last thing I want to do – from the safe distance of non-government, is take some easy potshots at or short sell the work of the Commission. Brain Injury Australia's starting position is the commonly shared one; that the existing disability services system is broken (or, as an organisation with some national overview, perhaps more broken in some places than others; the further away, perhaps, from the eastern seaboard and metropolitan Australia you get). Sniping about who's going to be "in" and "out", when the disability ship's going down, is as pointless as debating a policy of "women and children first" - especially when there aren't enough lifeboats to go around anyway.

At the same time, though, one thing that I've tried to do - in my modest, journeyman fashion - at the...helm of Brain Injury Australia is to put its advocacy on an evidence base, rather than simply asking for *more* services, *more* supports, *more* of the same – to be able to say what we know about the constituency we serve and how we know what we know. And to be sure to be asking the same of governments, their key advisory bodies; "what do you know and how do you know what you know?"

So, what I want to do here is pick out a few of the key points from Brain Injury Australia's submissions to the Inquiry, also from our recently completed policy paper – written for the Australian Government – on people with an acquired brain injury and the criminal justice system and then end with something of a (semi-informed) political reality check. And on the way, deliver a few possible home truths about this kind of advocacy work. What I've assumed in the room is a better-than-good working knowledge of disability policy, perhaps less so about some of the specifics of brain injury. So, my apologies, in advance, if anything I say is like teaching you how to suck eggs.

Brain Injury Australia is the national peak advocacy organization representing the needs of people with an acquired brain injury, their families and carers. Acquired brain injury - or ABI - refers to any damage to the brain that occurs after birth (the "acquired" bit is there to draw the distinction with other, congenital, cognitive disability.) That damage can be caused by an accident or trauma, by a stroke, a brain infection, by alcohol and other drugs or by diseases of the brain like

Parkinson's. Over 500,000 Australians have an ABI. Three out every four of them are aged under 65. As many as two out of every three of these people acquired their brain injury before they turned 25. Three out of every four people with an ABI are men.

Brain Injury Australia is, in fact, the "peak of peaks". It is a federated association, so I sit at the apex of a very small triangle of State and Territory Member Organizations who are, in their jurisdiction, the leading ABI advocacy/ awareness raising outfit. Brain Injury Australia was formed - then called the "Head Injury Council of Australia" - in 1986. The Australian Government began funding Brain Injury Australia in 1991.

ABI is often referred to as the "invisible" disability. This operates in a variety of ways, the most oppressive of which is at the level of the individual, the person: the majority of people with a brain injury – around 3 in 4 - make a good physical recovery and show no outward signs of disability. Some of the most common effects of injury - poor short-term memory, fatigue, irritability - are regularly misinterpreted as simply flaws in the person. People with a brain injury are thought lazy, unintelligent, unmotivated, uncooperative or aggressive – doubly disabling, *re-disabling* for the person affected: not only are their "invisible" disabilities not recognised as resulting from brain injury, they are seen only as a function of who they really are, [and] have always been.

Traumatic brain injury - a brain injury the result of external force applied to the head, from motor vehicle accidents, assaults, falls and so on - is roughly 10 times as common as spinal injury and produces, on average, 3 times the level of disability. Because it's the brain that's injured. Because of the global consequences of brain injury - that will affect a person physically as well as affecting how they think, feel and behave - my..."constituents", I believe, comprise some of the severely, multiply and complexly disabled Australians. Add to that the person concerned was partly, or mostly, responsible for their brain injury - that it was their "fault". Not only is the disability "invisible", "hidden" from view. Many people with a brain injury live in hiding because of the circumstances in which their brain injury was acquired. They may blame themselves for their injury, or are ashamed from the stigma attached to alcohol or other drug abuse, for example.

Whole populations of people with an ABI are not only outside the current disability services system but genuinely unknown to, "hidden" from, government - in the quasi-official prevalence estimates; many of those relied upon by the Productivity Commission in its reporting. This isn't nit picking, but comes - ultimately, directly - at both the reach and the costing of any proposed National Disability Insurance Scheme. The Commission, while acknowledging the "limitations" of the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers still relies on it heavily for quantifying need; that rings a fence around the numbers crucially in "Tier 3" of the proposed NDIS - those with "sufficient needs for disability support and early intervention".

I find it bewildering that - even with the injection of an extra \$6.5 million from the nation's Community and Disability Services Ministers to boost its 2003 sampling - the "scope" of 2009's Survey did not capture "persons living in very remote areas". Around 1 in 4 of the half a million Indigenous Australians live in very remote areas. Their rates of disability [overall] are double that of non-Indigenous Australians. And although the data here isn't great on this - once you add alcohol and other drug abuse to motor vehicle accidents and assaults - it's safe to say that Indigenous ABI prevalence rates are triple that of non-Indigenous Australians. For "operational reasons", neither did the Survey's "coverage" include "persons living in Indigenous communities in non-very remote areas".

It also excluded "persons living in gaols or correctional institutions" - comprising around 30,000 adult prisoners and 1,000 juvenile justice detainees. You want to learn the first rule you'd know if you'd ever spent a day in your life in the disability sector: rates of disability in the criminal justice system are high, certainly higher than in the rest of the community. A significant minority/ the majority of adult prisoners have one (or more) brain injuries, intellectual or psychosocial/ psychiatric disability, perhaps similarly for juvenile justice detainees. You'd also have to wonder how many of the 60,000 adult - and 7,000 juvenile - offenders with a disability serving community [corrections] orders would have captured in the ABS's sample of "27,600 private dwellings and 200 non-private dwellings" as well as 1,100 "care accommodation establishments". Incidentally, 2009's Survey found that prevalence of disability in Australia had fallen 1.5 per cent since 2003.

Lastly, due to the severity, multiplicity and complexity of disability experienced by people with an ABI, or the circumstances in which their brain injury was acquired - chronic alcohol or other drug abuse, for example - many individuals "hidden" from such government surveys may not even know that they have a disability. In its two submissions to the Productivity Commission's inquiry, Brain Injury Australia acknowledged the commitment implied in the NDIS to extend its services and supports to those who, well, languish on the outskirts of service provision. But we also questioned the faulty presupposition that seemed to predetermine the Inquiry's entire thinking: that people with a disability somehow comprise a coherent population who know both their disability and their needs arising from it and can not only express those needs, but pursue them for the purposes of receiving disability services and support (including advocacy).

Brain Injury Australia welcomes the commitment to systemic advocacy contained in both the Productivity Commission's report and the National Disability Strategy. And for as long as Brain Injury Australia is included in that commitment, we will continue with what we think of as the real guts of our work; building awareness of a disability that lags around 20 to 30 years behind that of others, especially within those "invisible" populations, where their brain injury might be undiagnosed, or unknown. Certainly, to bring them into any new scheme of "disability care and support". But some of the most powerful - and most sobering - words I've read on the subject of this kind of "work" come from a 1984 book by Michael Ignatieff's called "The Needs of Strangers". What follows relates specifically to poverty, but could just as easily apply to disability: "there are people who have had to survive on so little for so long in our society that their needs have withered away to barest necessity. Is it wrong to raise their expectations, to give them a sense of the things they have gone without? Is it wrong to argue that the strangers at my door should not be content with the scraps at the barrow? Any politics which wants to improve the conditions of their lives has to speak for needs which they themselves may not be able to articulate. That is why politics is such a dangerous business: to mobilise a majority for change you must raise expectations and create needs which leap beyond the confines of existing reality. To create needs is to create discontent, and to invite disillusionment. It is to play with lives and hopes. The only safeguard in this dangerous game is the

democratic requirement of informed consent. One has no right to speak for needs which those one represents cannot intelligibly recognise as their own."

Brain Injury Australia understands that the NDIS, like any such scheme, and like the Productivity Commission's reports, is contingent. With the inclusion of psychiatric disability, the projected numbers of "Tier 3" clients have grown from 350,000 to 410,000. But the NDIS is clearly not infinitely extensible. That slogan from earlier – "over 500,000 Australians have an ABI." Truth be told, it's propaganda, really. The ABS' 2003 Survey of Disability, Ageing and Carers arrived at a guesstimate of 432,700 people - 2.2% of the population – who were living with an ABI with "activity limitations" or "participation restrictions". I looked at the sample - 14,000 private dwellings, 300 non-private, 550 cared accommodation establishments – no capture of remote Australia, its prisons, its homeless – where any decent local or international survey is going to tell you between 10 and 30 per cent of people have experience of brain injury – and came up with my own guesstimate that included the "invisible", the undiagnosed and the unknowing.

One of the occupational hazards of this kind of advocacy – just last week someone had the temerity to refer to me as a "lobbyist", wondering aloud whether I should sign Canberra's "Register of Lobbyists" (I had visions of big tobacco, big petrol, big paycheck) - one of the hazards of this job is catastrophizing brain injury: talking up the numbers; weighing injury in "burden"; and as more burden-some than other disabilities. Make no mistake. Barely concealed beneath the disability advocacy sector's bonhomie, all the polite talk of strategic partnering and "synergies," is its competitive business – I've seen it referred to as the "misery olympics" – a business that competes in burden, for attention.

The natural "me-too" temptation might be to load up any new scheme with dwellers on the fringe of genuine disability, with as many outliers on the bell curve as you can recruit. Until it sinks. I don't think that applies to Brain Injury Australia's most recent work, which I'll inflict on you now. What follows is, I suspect, going to become my stump speech on the subject, by way of some invincible logic – this, therefore that etc. Here goes.

One: some State and Territory governments' adult corrections and juvenile justice departments have demonstrated an interest in the prevalence rates of acquired brain

injury among their detainees...insofar as their “health” (and other) surveys are interested in self-reports of histories of head injury (with loss of consciousness – so; severity, number, cause, sequelae/ symptoms – transient, ongoing) separately from other self-reported injury.

Thus, two: these surveys, this data would appear to indicate some acknowledgement that the neurobehavioural effects specific, and common, to ABI – impulsivity, disinhibition, irritability, aggression and so on - are relevant to, even explanatory of, offending and whether - (to use the academic jargon) as a “dynamic risk factor”, as a “criminogenic need” - place those with the disability at some, at high, at the highest, risk of re-offending and re-incarceration. Brain Injury Australia’s policy paper details the evidence base for the relationship between brain injury and subsequent offending, but I just wanted to offer one quick quote from one study – of 250 juvenile justice detainees who participated in a 2003 New South Wales survey, 85 reported a total of 161 head injuries during which they “blacked out” or became unconscious: “...the most parsimonious explanation for the relationship between head injury and violent offending is that head injuries increase disinhibition of aggressive impulses, especially in the presence of harmful/ hazardous alcohol use, which raises the risk of severe violence within an offence pattern.”

Three: apparent prevalence rates of ABI throughout adult and juvenile corrections are high – on the order of between 40 and 60 per cent - certainly higher than lifetime rates in the rest of the community.

Four: whatever interest or acknowledgement is demonstrable from these surveys – and indices of inmate health and disability have been gathered relentlessly in these settings – this interest simply hasn’t translated into the provision of programs of diversion or offender rehabilitation for which offenders with an ABI are directly eligible, let alone positively included, let alone targeted. And certainly nowhere near the manifest scale of the criminogenic need involved.

I should say that my position here is ultra-pragmatic. What’s broadly referred to as “prisoners’ rights” can be rich pickings for bleeding hearts, hand-wringers, moral grandstanders and the like. The, albeit, few prisoners that I know have not sought to “use” their ABI – where they even know they have one - to minimise, let alone excuse their serious, and often violent, offending. Criminals aren’t necessarily

appealing vehicles for systemic disability advocacy, especially when your main aim is a level pegging on awareness with other disability types. Brain Injury Australia is also too keenly aware of inferences that could be drawn from a description of the potential linkages between ABI and offending – that simply having a head injury is some royal road to crime. As a small minority of the general population commit crime, similarly with people with an ABI. It is almost a given of the research both that ABI tracks social-locational disadvantage and that populations at the greatest risk of ABI overlap those with greater levels of contact with the criminal justice system. I'm not a criminologist but it seems to me that there are often *other, prior, and more predictive*, risk factors for offending, for the commission of crime than an ABI.

Still, five: it is safe to say that a large number of the nation's 30,000 adult prisoners and 1,000 juvenile justice detainees have a disability. Insofar as the Productivity Commission's Inquiry, its report, delineates the architecture of an NDIS it is unclear to me whether they will be "in" or "out". The Commission accepts that people with an "intellectual disability, ABI and mental illness" are "over-represented among the homeless, imprisoned and among drug and alcohol service users." Significantly, it is the "*community* support funded by the NDIS...to reduce the numbers in this position" that the Commission includes in its list of "likely...indirect offsets" for the costs of the Scheme. So, *post* –release? Elsewhere in its final report, among the "significant opportunities for service providers under the NDIS", specifically for those "not-for-profit organisations [who] partly fund their current provision of services through volunteers and philanthropy". With "full funding of NDIS supports, they could resource "complementary areas *outside the NDIS* (such as supports for people who have been in the justice system or who are homeless)." In the Commission's view – greatly welcomed by Brain Injury Australia "...in a system as large as the NDIS, there would be greater scope (and grounds) for specialisation." The Scheme's "local area coordinators might deal with" clients from "different backgrounds (for example, *ex-prisoners* with disabilities)."

While correctional facilities are not included in the potential "settings" for the NDIS' early intervention services, the Commission recognises that early intervention can "produce gains outside the health system", including with the "high proportion of people in the criminal justice system with an acquired brain injury or a mental illness...These prisoners also had a higher number of prison incidences recorded

against them and were assessed as being a higher risk of offending. The NDIS *may* alleviate this.” When Brain Injury Australia asked the stock “are they in or out” question of the Department of Families, Housing, Community Services and Indigenous Affairs - FaHCSIA’s - “NDIS Taskforce”, the then conception of the Scheme extended its services and supports only as far as *post*-release from prison or juvenile detention – by any measure, an approach that sits unhappily, inconsistently with an “early intervention” commitment to disability.

Six: as a signatory to the United Nations Convention on the Rights of Persons with Disabilities, the Australian Government commits to ensuring “effective access to justice for persons with disabilities on an equal basis with others”. The National Disability Strategy’s “six policy areas” are not only “aligned to the articles” of the Convention, but the Strategy “will help ensure that the principles underpinning the Convention are incorporated into policies and programs affecting people with disability, their families and carers. It will contribute to Australia’s reporting responsibilities under the Convention.” The Council of Australian Governments claims as one of its “current commitments” under the National Disability Strategy “court diversion programs for people with disability...designed to address the mental health or disability needs of defendants and their offending behaviour”. Brain Injury Australia conducted a fairly comprehensive scan of the criminal justice system in each jurisdiction and could identify only one established offence-related program in the criminal justice system specific to the needs of the disability, and for which offenders with an ABI were directly eligible - in just one of Australia’s 87 adult prisons, here in Victoria – at Port Phillip Prison.

Seven: just to demonstrate that there’s more than one way to prosecute the case [on behalf of adult prisoners and juvenile detainees with an ABI], Australian governments – Federal, State and Territory - are currently considering a draft National Crime Prevention Framework. According to the Australian Institute of Criminology, the costs of crime are around \$36 billion per year. Australian governments spend almost \$3 billion per year on corrective services, equivalent to over \$200 per prisoner per day. (And more than one-third of prisoners released during 2007-2008 had returned within two years.) It is the overall recommendation of Brain Injury Australia’s policy paper that the Australian Government and COAG - under not only their obligations both to the UN Convention and the National Disability Strategy, but also as an

exercise in crime prevention - engage in an urgent program of legislative and policy reform alongside service development to ensure that offenders with an ABI have access to programs of diversion and offender rehabilitation – in the words of the UN Convention - “on an equal basis with others”.

I want to stay on topic, and make one last quick pass at offenders with a disability - for the benefit of those of you who’ve heard your share of “whole-of-governments” or “joined-up-governments” promises of “no-wrong-door” access to services, only to witness the endless circus of duck-shoving and cost-shifting.

For some years, Ageing, Disability and Home Care in NSW – now a division of a super-Department of Family and Community Services – has offered a “Community Justice Program” of – quote - “accommodation and [behaviour and other] support services” to ex-offenders. The division proclaims the Program a success; their 2008-2009 Annual Report states “early analysis shows a reduction of over 60 per cent in re-offending” in program participants. It is only available to “people with an intellectual disability exiting the criminal justice system.” Ex-offenders with an ABI would only become eligible if they can also demonstrate an intellectual disability; that is, “an Intelligence Quotient below 70 with 2 adaptive functioning deficits”. And, in order to conform to the “Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition” – the DSM-IV’s - definition of “mental retardation”, they would need to have acquired their brain injury before their 18<sup>th</sup> birthday - where the overwhelmingly majority of these ABIs occur in adult life. Thirty per cent of hospitalisations for TBI during the most recent year for which we have national data - 2004-2005 - involved people aged between 18 and 34 years, alone. While decent data for the age of onset of alcohol and other drug-related brain injury is unavailable, you’d be safe to assume that disability is confined mostly to adults.

To give you some sense of what might constitute the size of the unmet demand for such a program - as well as, perhaps, to disentangle ABI from intellectual disability with which it often confused and conflated - of the 756 prisoners (out of 1348 referrals) who had their ABI “confirmed” by Corrective Services NSW’s Statewide Disability Services, 40% would have been ineligible for the Community Justice Program because they recorded a “Full Scale IQ” of over 80 points. The eligibility of

the further 31% who had their “ABI confirmed”, but scored in the “Borderline Range” – between 70 and 80 points – would also be in doubt.

My, albeit laboured, point here is twofold (and this is just one program in one part of the criminal justice system in one state. Many others are equally lunatic.) Firstly, Brain Injury Australia is less concerned about arbitrary hair-splitting around program eligibility than governments’ strict adherence to *diagnoses* in determining access to services. Such an adherence is quaint, at best, when the reform agenda in disability focuses on assessments of eligibility based primarily on *need*. Any “National Crime Prevention Framework” should include “offence-related programs” and in keeping with “Policy Direction 5” of the National Disability Strategy – “more effective responses from the criminal justice system to people with disability who have complex needs or heightened vulnerabilities” – access to such programs should be regardless of disability type, external cause or age.

Even allowing the NDIS seven years’ implementation to, as Bill Shorten has put it, “fire up the boilers of the old steam train before it can leave the station” - and if, if these 30,000 or so Australians were, are, are to be made eligible for an NDIS - a uniform, consistent program of needs-based disability services and supports, one that is genuinely national, let alone one that will conform with one or both of the National Disability Strategy or the UN Convention, will require an effort of re-engineering on a par with raising the Titanic with tweezers. Brain Injury Australia’s impression of government (and non-government) service development just in “forensic disability” is of an almost pathological territoriality around client groups and, therefore, budgets, “silo” mentalities and an inexplicable resistance to “interjurisdictional learning” leading to chronic duplication of effort. For example, I’ve lost count of how many agencies are working, independently, seemingly also from scratch, on their own screening tools for ABI.

Secondly, I already knew going into the preparation of this policy paper that the provision of disability services to detainees in adult prison and juvenile justice was a responsibility of - and a cost borne by - the government of the State or Territory in which they are incarcerated. What I didn’t know (and perhaps this is news to most of you as well) what I didn’t know was prisoners – and I am pretty sure that this applies to the nation’s 1000 juvenile justice detainees as well - are excluded from health

services funded under Medicare (and, significantly I think, the Pharmaceutical Benefits Scheme - the PBS, as well) under the relevant legislation; 1973's Health Insurance Act 1973. No surprise then, I think, for cash-strapped State and Territory governments that health "screens" of detainees tend to focus narrowly on acute medical concerns, and ignore the chronic, the complex, the costly. And disability. You can guess the rest. As the Ombudsman of Western Australia coyly put it, in a 2000 report on deaths in custody, "ultimately, the amount of funding made available for prison health services....will generally depend on the relative priority afforded to health and security by government." When Brain Injury Australia posted this on its Facebook page - "Do you know of a program for prisoners or others in the criminal justice system who have an acquired brain injury? We'd like to hear from you." – the only response we received was "give to regular citizens first, NOT criminals." So, will a national disability insurance scheme *nationalise* the costs of services to this population.

My purposes here aren't to rain on anyone's parade, let alone raise the spectre of the sinking of the NDIS. But if Brain Injury Australia is successful in its awareness-raising work with these "invisible" populations, in making them visible, will governments fear the floodgates opening? Will they begin to draw in the fences around eligibility and assessment for any new scheme?

I think that I've read the Commission's final report carefully. And while I know that the architecture of any proposed disability insurance scheme is a government "work-in-progress" I got the sense that the geography of any proposed scheme might extend to the addict with hypoxic brain injury from a heroin overdose, and to the teenage petrol sniffer, but it was nowhere near as clear to me whether the abuser of a cask of tawny port every night for the last 20 years would be eligible (and their numbers can only really be guesstimated). For every reassurance I've received that they'll be "in", they'll be another that existing – and future – *health* services will be sufficient to meet their needs.

If governments are seriously serious about social inclusion there are some political realities that, I believe, the disability sector needs to face. There's a whole other presentation I'd love to give on the idiosyncrasies of how Australians perceive risk - and how they do or don't insure against it - whether it's risk of...flooding, climate

change or disability. (This is, after all, an insurance scheme; a business in guaranteeing property, life, one's person against some specified loss or harm.) And whether the new scheme is funded by some manner of, now preferred, legislated "National Disability Insurance Premium Fund", or by some GST-style arrangement with State and Territory governments or a hypothecated levy on marginal tax rates, now fallen out of favour - if the politics of the reception of a \$1.8 billion Queensland flood levy and an unpriced carbon price, carbon tax, "great big new tax" are anything to go by, getting a 12 and a half billion (that's an additional \$6.3 billion on top of the current disability spend) getting a 12 and a half billion national disability insurance scheme legislated (by some future government?) so that it's funding is quarantined from the whims of changing governments – even with its current tri-partisan support, is going to be a political enterprise on a par with raising the Titanic with tweezers.

The disability sector should be bracing itself for more rounds of welfare-to-work reform. And even though it's as far as two years out from the next election – to quote Bob Dylan - "you don't need a weatherman to know which way the wind blows"; with not-so-heavily coded political speech about the "benefits and dignity of work", the welfare "kindness that kills", the need for governments to be "firm to be fair". And whether it's courtesy of a double-dip US recession, European government bailouts, the bottom falling out of a mineral resources boom, or someone's election promise – whatever it takes - to return the budget to surplus by 2012-2013, politicians are already picking what they see as electoral winners - the 800,000 Australians on the \$13 billion Disability Support Pension (the Commonwealth's fifth biggest spend) and the 230,000 long-term unemployed are already on the hit list. The welfare sector is already predicting that changes to the impairment tables that underpin the DSP will result in two-thirds of all new applicants being rejected. And whether it's the politics of the dog whistle or downward envy, I can almost hear the whispers adjudicating the "deserving" from the "undeserving" disabled, beginning perhaps with drug users, substance abusers, prisoners, juvenile offenders.

Thank you.