

Pain and mythology: Disability support pension recipients and work

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ABSTRACT

The Australian Government recently reformed policy on disability and work to make people who are assessed as capable of working at least fifteen hours a week ineligible for the Disability Support Pension (DSP). This article reports on a study based on six focus groups with DSP recipients, illustrating that the new policy could have dire implications for the people subject to it. Focus group participants were sceptical about the possibility of finding employment and some expressed the belief that discrimination by potential employers against people with a disability was common. The perceptions and experiences of the participants suggest that to increase the employment of current recipients of the DSP would require a major shift towards policy informed by the social model of disability, and that the idea that current policies can increase workforce participation is in the realm of mythology.

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Introduction

The number of Disability Support Pension (DSP) recipients has dramatically increased in many advanced economies over the last two decades (Sigg 2005). Australia has been in the forefront of this trend. In 1985, 259,162 people were receiving a DSP (Australian Bureau of Statistics 1994); by June 2004 the number had more than doubled to 696,492 (Park 2005). The expansion of DSP recipients has prompted the Australian Government to introduce a new policy on disability and work, as part of its 'mutual obligation' approach to income support for the working age population. Whereas the old policy assessed whether an individual was capable of working at least 30 hours per week within two years, under the new, more stringent policy which began on 1 July 2006, individuals are assessed to establish whether they are able to work at least fifteen hours per week within two years (National Welfare Rights Network 2006a). If the 'Job Capacity Assessor' concludes that an individual is able to work at least fifteen hours a week, they are placed on the unemployment benefit, Newstart Allowance, and have to sign an 'Activity Agreement'. Individuals have to fulfil the requirements of the Activity Agreement—and follow directives to attend interviews, undertake particular training, and take jobs offered—to receive the full rate of Newstart, to avoid penalties for 'breaches', and to maintain their income support (National Welfare Rights Network 2006b). For those individuals who apply for the DSP but are deemed ineligible, adhering to the Newstart Activity Agreement could be very onerous.

Yet evidence suggests that attempts to place people with a disability in the workforce have been disappointing. The recent report of a national inquiry into employment and disability by the Australian Human Rights and Equal Opportunity Commission 'makes it abundantly clear that people with disability face higher barriers to participation and employment than many other groups in Australian society' (2005, p. 1). And despite the extent and seriousness of the issue, Australian research on 'the relationship between disability and labour market outcomes ... has ... been very limited' (Wilkins 2004, p. 359). The few existing studies have mainly been quantitative analyses of the impact of disability on labour market participation or have focused on the link between the state of the labour market and the number of DSP recipients.

Wilkins, drawing on the 1998 Survey of Disability, Ageing and Carers, found that 'disability is associated with much lower labour force participation ... [and] the presence of a disability decreases the probability of participation by 0.24 for males and 0.2 for females' (2004, p. 360). Not surprisingly, he also found that the more severe the disability the more likely it is that the person concerned will not be able to find employment and that the impact of disability was more adverse for older people (aged 44 and over) (Wilkins 2004, p. 360). A study by Department of Family and Community Services on people with a mental illness showed that only 1.5 per cent of people with a primary psychiatric condition worked more than 40 hours per week, compared to 29.7 per cent of the general population (cited in Bill et al. 2006, p. 211).

Argyrous and Neale (2003) focus on the relationship between the labour market and the increase in the number of DSP recipients. They show that the substantial drop in labour force participation by males from the early 1970s has been accompanied by a massive increase in the number of male recipients of DSP and that any endeavour to encourage them back into the workforce is doomed to fail unless the labour market improves dramatically.

Cai and Gregory (2005) also emphasise the link between unemployment and disability. They demonstrate that prior to moving on to the DSP, many recipients had been receiving unemployment benefits. A key variable is the duration of their unemployment—the longer a person is unemployed, the greater the probability that they will move on to the DSP; between 1997 and 2002, ‘over 40 per cent of DSP inflows moved directly from unemployment benefits to DSP’ (Cai & Gregory 2005, p. 235).

The quantitative studies referred to have certainly enhanced our knowledge of the relationship between disability and labour market participation, but have not drawn on the actual perceptions and experiences of the DSP recipients. The exploratory study I report here, based on six focus groups, partially rectifies this. I explore DSP recipients’ perceptions of work, how they feel about not being employed, what they perceive to be barriers to finding employment, their actual experiences in the pursuit of work and what problems they have encountered when they have worked. The research shows that the notion that disability recipients can find employment if they are really keen to do so is mythology. I conclude with a brief discussion of the policies likely to be required to facilitate the re-entry of people with a disability into the workforce.

Methodology

The paper is based on fieldwork conducted in the second half of 2004 (see Morris & Abello 2005). We explored the degree to which more recent DSP recipients participated in community, educational, and work activities; what factors eased or inhibited access to these activities; and the impact of participation or non-participation. (See Appendix A for the guide topics and questions we used for the focus groups). Although this paper focuses on work, often our questions on community participation evoked responses related to work or the lack thereof.

We decided to use focus groups for two main reasons. First, a key advantage of focus groups is that they ‘are especially helpful when working with categories of people who have historically had limited power and influence’ (Morgan & Krueger 1993, p. 15). We believed that participants would feel comfortable being around a table with fellow DSP recipients and be more prepared to share stories, experiences and feelings than they would in a one-to-one interview situation. A second, and related reason why we chose to conduct focus groups is that we wanted participants to respond to views expressed by their fellow participants and to share their experiences.

The six focus groups were constituted by DSP recipients from different parts of Sydney, the Central Coast and Illawarra. Resident in these regions were 96 recipients of DSP who had been drawing the DSP for less than two years at the time of the focus groups, and who had participated in a random telephone survey commissioned by the Department of Family and Community Services and conducted in early 2004, and who had said that they would consider participating in focus groups at a later stage (Wallis Group 2004). These 96 DSP recipients represented our sampling frame and we tried to contact each one by phone. When contact was made, the individual concerned was reminded of their involvement in the quantitative telephone study, asked whether they would be prepared to participate in a focus group (a summary of the focus group's aims were communicated verbally to potential participants), and advised that all transport costs would be met and that they would receive a small payment (\$40) for their time.

Gaining participants for the focus groups was a difficult exercise. Many of the potential participants were not contactable, some declined to participate, others withdrew at the last moment, and a proportion was too ill to attend. Some of those who declined to participate appeared to be reluctant to discuss their concerns in a group and, for others, making their way to the allocated venues was simply too difficult. Ultimately 21 DSP recipients of varying ages—five were between 19 and 24 years, four were between 25 and 34 years, five were between 35 and 49 years, and seven were 50 and over—took part. There were eleven males and ten females. Each focus group had three or four participants. Two focus groups were held on the Central Coast and four in different parts of Sydney. The participants had a range of disability types, including physical, psychiatric, and sensory impairments. Only one participant appeared to have a congenital disability. The fact that they could travel to a venue and participate in a group discussion suggests that the level of disability of the participants was perhaps less acute than the average DSP claimant. The profile of participants is summarised in Table 1.

Initially, we aimed to group the participants strictly by age, because we believed that DSP recipients of a similar age would have similar concerns and the focus group would be more productive. Ultimately, age grouping was possible only for two focus groups; all four participants in the focus group on the Central Coast were over 50 and one central Sydney group was composed of participants who were 30 or under. When we conducted the focus groups, the quality of the discussion did not appear to be affected by the age mix. Only one participant did not have the verbal or intellectual skills to participate in a group discussion. We followed the guide questions, but were flexible in our approach. Participants were given some leeway to deviate from the set questions. We endeavoured to make the focus group a group conversation, rather than a question and answer session. All the focus groups were taped and transcribed. We did not obtain data on how long participants had been working for prior to going on to the DSP. Only one of the participants appeared to

have been retrenched because of their disability. A number had resigned because their disability meant that they were unable to cope with the demands of the job. Only one of the participants had a university degree and two participants had a trade. The remaining participants did not appear to have any formal qualifications. We did not establish whether participants had completed high school.

Table 1. Profile of focus group participants

Name ^a	Age	Sex	Disability	Last worked (prior to focus group)	Last job	Wants to work	Felt they could work
Ken	55	M	Bipolar disorder	3 years	Unclear	No	No
Fred	53	M	Amputee	4 years	Welder	No	No
Ruth	53	F	Heart problem	5 years	Secretary	No	No
Melissa	52	F	Visual impairment	2 years	Sorter at book publisher	Yes	No
Bob	52	M	Stroke	4 years	Driver	No	Yes
Linda	51	F	Arthritis	2 years	Sales representative	Yes	Vague
Ray	51	F	Anxiety disorder and arthritis	Approx. 15 years	Unclear	No	No
Chris	49	M	Hearing / balance	2 years	Driver	No	No
Jan	42	F	Bipolar disorder	Working p/t	Barperson	Yes	Yes
Mandy	40	F	Kidney failure	2 years	Unclear	Yes	Yes
Deb	38	F	Depression	Working p/t	Pedestrian patrol officer	Yes	Yes
Steve	38	M	Lung disease	1 year	Miner	Yes / waiting for op	No
Kevin	34	M	Hearing / asthma	1 year	Unclear	Yes	Yes
Sarah	32	F	Psychiatric condition, unclear	Not clear	Secretary	Yes	Yes
Michael	30	M	Chronic fatigue	2 years	Unclear	Yes	Yes
Ron	29	M	Chronic fatigue	2 years	Unclear	Yes	Yes
Kathy	28	F	Muscular-skeletal	2 years	Secretary	Yes	Yes
Jasmine	24	F	Medical unclear	2 years	Public relations	Yes	Yes
Paula	24	F	Back injury	4 years	Factory hand	Yes	Yes
Jim	24	M	Medical problem, unclear	2 years	Unclear	Yes	Yes
James	22	M	Back problem	2 years	Unclear	Yes	Vague
Dan	20	M	Autism	1 year	Unclear	Yes	Vague

^a All the names used to refer to participants in the focus groups are pseudonyms.

Perceptions of work and the impact of not working

The desire to work varied significantly among focus group participants. Some were extremely passionate about returning to work and spoke emotionally about the impact of joblessness on their lives and sense of self, while others had accepted that they would never work again. The key factors shaping participants' perceptions of work, and whether they were keen to once more seek employment, were the severity of their disability, age, their family and financial situation, and their previous experiences in the workplace.

Five of the seven participants over 49 years of age had accepted that they were not going to work again. Their disability meant that it was unrealistic for them to contemplate working. Exhaustion and constant pain were major concerns. For example, Ruth (53 years), who has a heart problem, felt exhausted after minimal activity: 'My husband says, "Do you want to go for a walk around the block". I'd love to go for a walk around the block, but he'd be carrying me back'. For some of the older participants the fact that they had worked for many years, made stopping work much easier. There was a sense that they had done their time. Ken (55 years), who had worked at the same company for 30 years before being diagnosed with a psychiatric disorder, had the following comment: 'And now I'm off the medication and feeling a lot better, but I'm quite happy just to stay home all day and not see anyone'. For some of the older participants their children and in a few cases their grandchildren, were an important focus. This sense of completion is captured in the following observation by Fred (53 years) who had worked as a welder for about 30 years before losing his leg in an industrial accident:

I got pension now. I spend it every fortnight ... I own my house anyway, so it doesn't matter ... Ah, yes I do a lot. I see people. I've got good neighbours ... I have a lot of friends. I have my grandkids now, so, I enjoy myself.

All fourteen of the participants under 49 expressed a desire to work. Some wanted to return to work right away, albeit in a limited capacity, others were waiting for their health to improve. The intensity of this desire was generally greater for those participants under 35. Most of these participants had minimal work experience and had no major assets. The issue of having limited finances and ability to consume was a common theme. Kevin (34 years) who has serious hearing loss and asthma, wanted to work because he could not provide adequately for his family:

It's hard to go out. I have two kids. It's hard to buy them things that other kids have. I don't go out too much. I just sort of stay at home. I don't have the money to go out or communicate with people. That's about it.

Some spoke of how not being employed made them feel that they were on the 'outside'—that they had nothing to contribute and their lives were on hold. For many, not working was a source of anguish. All younger participants felt that they could work provided that there was significant flexibility on the part of the employer. Michael (30 years) had had some years of working experience, but had not worked for at least two years (he suffered chronic fatigue syndrome). He had the following observation in response to the question 'Does being on the DSP affect your participation in the community?'

Yeah. I feel like I'm on the sidelines, you know? I don't sleep in. I'm up early in the morning even though I don't have much to wake up to. I don't have a job, but you're still up early. You see people going up to their cars, in a hurry to go to work. When I walk outside, I see people in a hurry. People doing their hair in their cars or what have you. I feel like, "I'm not out there. I've got nothing to aspire to". I think, "What am I going to do?" and you feel like the whole world is revolving. People are moving on with their lives and yours is just still.

In response to the question of 'whether being on the DSP has changed the way you participate in society and the community?', Kathy (28 years), who had not worked for six years, said:

For years and years my friends and family have been saying, "You have to go on the pension. You know you can't keep doing this". At times, I had my Dad driving me around; you know when you go door to door looking for jobs. And getting in and out of the car and that, and he was just going, "Ah, you know sweetie, it's ridiculous. It's ridiculous, you know". And I said, "No, I'm not going on the pension". I just felt like, you know, the way people would look at me would be with no respect or something.

Moving on to the DSP had stopped her unrelenting pursuit of employment. Kathy had delayed applying for the DSP for five years despite experiencing increasing physical immobility. She had a strong sense that applying for DSP would symbolise failure. She desperately missed the workplace:

I miss that. I just love office work, and I love talking on the phone and typing and, you know, generally just doing. Generally, I'm a secretary. I've worked for lots of different people. Doing their typing. Doing all sorts of different things all day. Being busy. I miss that. And I've got my flat set up looking like an office just because I miss it. You know what I mean. Just so I can sometimes feel like I'm in an office.

For Kathy, the experience of seeking employment had been intensely frustrating as she felt she could do the job if she was given the chance. All the other participants

felt that their current health status did not allow them to compete with non-disabled employees. However, for many participants this did not diminish the sense of failure. Michael (30 years) spoke of his shame, diminished sense of self, and increasing social isolation. He linked these to his jobless status:

I find it's hard for me to meet new people because I sort of feel ashamed that I don't have a career at my age or I haven't started a family or something like that sort of thing. When you first meet people, the first thing they want to know, is what you do. And so I feel embarrassed to tell them that I'm on a disability pension. So it's hard, you know. I don't feel very good about myself. It affects my self-esteem and I tend not to want to meet other people very much. Before my disability, I used to be pretty outgoing. Now, I tend to sort of just do small talk and not really engage in a long conversation or get to know the person really well and I just stay away from them.

The idea that work is critical for one's identity and self-esteem was a common theme among the younger participants. Sarah (32 years), who was badly hurt in a car accident and has not worked since, described how joblessness had made her feel 'useless'. 'Your days are empty. I mean if it wasn't for the kids [she has two children] why would I get up in the morning? Just—you're useless'.

Paula (24 years), in response to a question about how not working had affected her, had the following observation on the relationship between work and identity:

I'm not the person I used to be. It's [the disability] changed me. Because I'm sort of like, I don't want to talk to that person, because if you start up conversations, ultimately the question always comes up, "What do you do?" And it's like, I don't want to have to answer that question because it's too involved and it's personal. And it's just, [long pause] career is such a huge thing ... That's the way we're defined. By how we work. What we do.

About three years prior to the focus group, Paula had been working in a factory when she was involved in an accident that severely injured her spine.

Ron (29 years), who was suffering from chronic fatigue syndrome and had not worked for at least 18 months, also viewed work as crucial for self-esteem and a sense of future:

And you know what you want and what you're capable of. And you feel as though you're not achieving and that's the hardest thing really. That's what hurts me the most. Not being able to do what I know I can do. That hurts me a lot because I was pretty ambitious when I was younger.

Where I thought I'd be now is not where I am. I get a lot of anxiety and worry about ... the future ... I get very, very anxious about the future and I tend to not want to look too far ahead. But you have to. You've got to plan and I just don't know what to do.

Although it figured large in their responses, a sense of having no function or purpose because of joblessness was not necessarily confined to younger participants. Linda (51 years) had the following perspective:

It [not working] impacts on your whole life because it's not what you had in mind. Not what you wanted to do. The biggest hurdle was the constant fight with yourself, of not giving in. You want to keep proving to yourself that you can do things. And it's just a constant fight ... If you give in to something, that's one more part of your independence lost. That's what it all boils down to.

These comments and observations reflect the sense of anguish and guilt many DSP recipients felt about not working and how they view work as central for a sense of self-worth. Despite the intense desire of many participants to work, only two of the 21 participants had any form of employment at the time the focus groups were conducted. Both were working minimal hours in menial jobs—one for a few hours a week as a patrol officer on the pedestrian crossing outside her children's school, and the other for one day a week in an aged-care facility. For the other participants the barriers to gaining employment had simply been impossible to overcome.

Barriers to re-entering the workforce

The disability of the individual

Many participants spoke of how their disability meant that they were never sure if they would have the capacity to work on any particular day and that this unpredictability made it exceptionally difficult to retain a job. Jim (24 years), who had an undisclosed medical problem, put it this way:

At times I could work for a few days and it was alright but then I'd have to stay in bed for the next two or three days. So I was taking off a lot of time from work. I was unable to hold down a job. My condition progressively got worse. At first, I was taking a day off here and there, and I was getting away with it. Then, it got to the point where I was taking that much time off. I just couldn't hold down a job.

Other participants spoke of how they had endeavoured to work but had found it was not possible to continue. Work was simply too demanding and there was a real fear that continuing to work would worsen their condition. Jasmine (24 years), who had

worked in media and public relations, described her experience in the following way. She has a medical condition which varied in intensity:

And anyway I was going into remission, and I got this job. Fantastic opportunity. I ... had to move to Sydney for it ... I live on the Central Coast and it was like very stressful ... Got sick at the end of it and I thought, "Okay. I'd have to wait until I'm back on top before I make another commitment". I finished my contract, but it really made me realise that I need to be well and have a certain amount of resilience before I make a commitment. So that really ruled me out about going to work. Is it going to happen again? Because you never know when you're going to get really bad.

A common sentiment was that you needed to be physically and mentally ready to return to work, and that a premature re-entry could result in a worsening of your disability. Paula expressed this strongly:

You also don't want them pressuring you because it should be up to you. Like when you feel strong, and when you feel healthy and when you feel right about it. Where if it's like something like being on the dole or something, they basically say, "Well if we think you can do something, get in and do it". And they basically, if you're in my situation, they're forcing a breakdown. And it's not going to happen. Yes. I think there's a fine line between having the options there, and forcing people to take them.

For participants who had been out of the workforce for several years, the idea of re-entering the workplace provoked much anxiety. Michael, for example, said: 'If you haven't worked for five years they can't expect you to just jump into a full-time job. That's a massive change. There has to be some sort of transition'.

Insufficient flexibility in the workplace

Twelve of the 21 participants felt that if their employer took sufficient cognisance of their disability and there was the requisite flexibility, they could contemplate working for some hours a week. Some spoke of how they could do the tasks required but may require more time and would have to rest during the course of the day. Ron, for example, said:

The thing that's stopping me mostly from working is having to complete tasks within a time constraint. I can't do things when things have to be done or when the person in charge wants them done. I could say, for example, fix that tape recorder. But I want to do it in my own time ... I might sort of start doing it then I'd find that I'd have to get up or go lie

down or I'd have to leave it for half-an-hour and come back to it. That's my main problem when it comes to working.

Deb (38 years), who suffers from depression, felt that she may be able to handle a part-time job, but only if there was a good deal of flexibility on the part of the employer:

Yes, well I find it difficult to, having to work ... all the time. I don't think I could handle a job where I worked every day of the week. My depression makes me tired. I have all the appointments that I have to go to in terms of treating my illness, so yes.

Participants felt that the lack of predictability in their capacity to come to work and work a full day meant that employers would invariably be reluctant to employ them. A few participants had been able to find work in the voluntary sector because it was more flexible. Jasmine, who worked for community radio, had the following comment: 'The local co-ordinator understands my position and she's really good and she gives me free rein and it's flexible, which is what I need sort of in my situation'. Ray (51 years), who has bad arthritis and a psychiatric condition, had not worked in the formal sector for many years. She was very aware that she would not be able to cope in a formal environment. She was, however, able to work in a charity shop because of the flexibility of the working arrangement:

Like I used to do voluntary work once a week, every week. Now I do it once a fortnight only just so I can get out of the house ... Where I work ... I'm allowed to stop any time I want to stop and rest. I think it's probably difficult to find suitable employment that caters to one's plight. And that's probably the major issue. Finding a job that you can handle, and that will bring in enough money for you.

Discrimination

A few participants believed that employer discrimination made it difficult for them to enter the labour force. Some thought that was that this is especially so if you have a visible disability; for example if you walk with great difficulty. Kathy, who is in this position, passionately spoke of her experience:

I've had my disability for about six years, but I've only been on the pension for a year. I was still looking for work up until then because I truly believed that someone would give me a job because of anti-discrimination and all of that. It's just not true. As soon as they see you walk in with a cane, you haven't got a chance. That's my opinion, anyway. I've tried for years and years, and I can, I can do heaps and heaps of stuff on the computer, and I've had jobs like the girls out here on the desk. I can do all of that stuff. A sitting down job, telemarketing. You

don't get anywhere if you've got a disability because they automatically think you're retarded or something because you can't walk properly ... Sometimes I felt really positive ... 100 per cent sure I had the job even and then, no, I didn't. So—all that stuff about anti-discrimination. I don't believe it.

Kevin described his experience in the following way:

I worked with my father for quite a while and when he retired I tried to get other jobs. Once they [potential employers] found that I was deaf and I had bad asthma they don't want to know you. I found it pretty hard. In the end I just sort of gave up.

Paula, who had also given up looking for formal employment, commented that for most jobs there are a number of applicants and that in this situation it was extremely unlikely that the candidate with a disability would get the job:

And they [the employers] can be just so choosy. They can just, you know, you [the potential employer] can ask for it: "One-armed, one-eyed, green-headed monster", and you have the first person come in and you can pick from the applicants and get one. You can get whatever you want because there's just so many people looking for jobs. And you've already got a mark against you when you've got a disability.

Discrimination and barriers to employment can also be a function of the architecture and the facilities.

A lot more places should have access. Like lifts or disabled toilets or I mean it's hard to explain, but even just if there's just one little step outside, that's still one little step too many. You know what I mean? (Kathy).

Discussion

The research suggests that the way work is viewed by DSP recipients is likely to be shaped by a combination of factors: age, how long they had been employed, the seriousness of the disability and their family and financial situation and previous work experiences. Most of the participants who were 49 and over, who had a serious disability which was not resolvable, and who had worked for a number of years, had little or no desire to be formally employed. This was especially so if the individual felt financially secure and was enmeshed in family.

For many of the younger participants, especially for those under 35, work was highly desired and a common perception was that not being in the workforce had a negative impact on their sense of self-worth and their quality of life. Joblessness evoked much

anxiety. That many participants saw work as an essential part of contemporary life is not surprising. As Marta Russell contends, 'Since society grants status based on work, being able to work is a way to move beyond dehumanisation' (1998, p. 81 quoted in Galvin 2004). The negative consequences of unemployment on individuals has been well-documented in the literature (Feather 1990; Jahoda 1982; Hannan, Riain & Whelan 1997). The continuing emphasis on the centrality of work, the persistent narrative that everybody can and should be working, and that not having a job is due to the failings of the individual concerned, means that individuals who are not in the workforce are likely to feel unworthy, despite the fact that joblessness is common. Viviane Forrester's observations in this regard are pertinent. She argues:

Millions of relegated individuals ... are entitled [sic] ... to all loss of social respect, even self-respect, to the pathos of shaken or wrecked identities, to the most shameful of feelings: shame. Because they believe and are encouraged to believe themselves failed masters of their individual destinies when they are merely figures lined up arbitrarily in the statistics (1999, p. 4).

Douglas Kellner has argued that 'while the locus of modern identity revolved around ones occupation, one's function in the public sphere (or family), postmodern identity revolves around leisure, centred on looks, images and consumption' (1992, p. 153). Kellner's argument is weakened by his failure to draw the link between work and 'postmodern identity'. Especially for younger participants, the lack of work meant that they lacked the financial means to forge their identity in the sphere of leisure and consumption. This was a major concern.

Participants were acutely aware that their disability meant that they could only contemplate re-entering the labour force if employers took account of their disability and were prepared to be flexible. Employers would have to be prepared to tolerate regular non-attendance, employees having to rest during the day or go home early and lower productivity in certain instances. They may also have to provide special facilities. Colin Barnes argues that given the right conditions many workers with a disability would be as productive as their colleagues, however:

this is not to suggest that everyone with an accredited impairment can or should be expected to work at the same pace as "non-disabled" contemporaries, or that all disabled people can or should work in the conventional sense. To expect people with "severe" or multiple and complex impairments to be as "productive" as non-disabled peers is one of the most oppressive aspects of modern society (2000, p. 451).

At present there is no pressure on Australian employers to accommodate workers with a disability (Guthrie & Meredith 2005). Even in the case of an employee who has been disabled in the workplace, on their return to the workplace concerned 'an employer may be entitled to dismiss an employee if the employer has attempted to

appropriately modify the workplace on the best available medical advice and the employee has not performed adequately' (Guthrie & Meredith 2005, p. 334).

What the participants were implicitly indicating is that what is needed is a far more interventionist approach by government if DSP recipients are to be given a genuine chance of returning to work. Legislation would have to be put in place which actively encourages and perhaps coerces government departments, educational and health institutions, local authorities, and employers in the private sector to accommodate workers with a disability. This approach draws on the social model of disability, proponents of which argue that to a large extent disability is socially constructed. The phrase, first coined in 1983 by Mike Oliver, implied 'a switch away from focusing on the physical limitations of particular individuals to the way the physical and social environments impose limitations on certain groups or categories of people' (Oliver 1983, p. 23).

Galvin (2004, p. 346) argues that the Coalition government's endeavour to present itself as a champion of the rights of people with a disability to employment is a charade because all the emphasis has been placed on 'individual behavioural change' rather than significant structural changes. She argues, drawing on the social model of disability, that:

The removal of these barriers [to employment] ... calls for a range of structural changes, such as, adaptations to the built environment to increase physical *access* to public spaces, the enactments of anti-discrimination legislation to increase *access* to employment, better *access* to goods and services which can contribute to independence, and the contestation of attitudes and cultural imagery which devalue disabled people so that they can access more positive identities (Galvin 2004, p. 347).

Bill and colleagues go further than Galvin. Although they focus only on people with a psychiatric disability, they argue that in light of the failure of the market to provide jobs there should be a state-provided Job Guarantee (JG) scheme which will allow all people with a psychiatric disability to obtain a job. These jobs need to be flexible so as to enable individuals to access the health care they require:

The role of the state in realising this objective will be two-fold. First, the state must provide the quantum of JG jobs required. Second, the state must ensure that the design of jobs is flexible enough to meet the heterogeneous and variable support needs of workers. This will require effective integration of the JG scheme with mental health, rehabilitation and employment support services in order to maintain continuity of care (Bill et al. 2006, p. 210).

Lunt and Thornton (1994, p. 227) have argued that in Australia, Canada and the United States, 'employment policy in relation to disabled people has traditionally

been informed by something approaching an individualised perspective' and that this approach is linked to disability and employment legislation being dominated by an anti-discrimination policy approach, the impact of which is necessarily limited.¹ They argue that in many European countries a greater recognition of the social model has contributed towards more interventionist policies and the development of quota systems, reserved employment and financial penalties for non-observance (Lunt & Thornton 1994, p. 228).

Even if wide-ranging legislation is enacted, a major problem facing any government intent on reducing unemployment for people with a disability, is the state of the labour market (Argyrous & Neale 2003). In Australia, despite unemployment being at a record low, over 500,000 people remain formally unemployed. In this context it is extremely difficult for people with a disability to compete (Mitchell & Cowling 2005).

Conclusion

The research I report here reflected on the way a small group of DSP recipients view work and the barriers that prevent them from re-entering the labour force. It showed the pain that many of the participants felt about being shut out of the world of work. The focus group discussions illustrated that facilitating the entry of people with a disability into the workplace is a complex task. Many of the participants felt isolated and were anxious about the future. There was a strong feeling that any endeavour to reintegrate DSP recipients into the workforce has to be undertaken in a consultative way and that a forced and rushed labour market re-entry would be extremely negative. What is evident is that the notion that people with a disability can easily re-enter the labour market is myth.

The most recent government reforms on disability and work, the insistence that people with a disability who can work fifteen hours a week must go on to Newstart and adhere to all its requirements, reflects a renunciation of any semblance of a social model approach. The individual is obliged to follow directives from Centrelink and take whatever job is offered. This model could have dire consequences for the individuals concerned and the opposite effect to what government intends. Instead of lessening reliance on welfare for income, it could worsen the health of the individuals at the receiving end of the policy and push them into becoming 'fully-fledged' DSP recipients.

Besides the limitations of government policy around work and disability, it is highly unlikely that joblessness among people with a disability can be resolved if work

¹ The Department of Workplace Relations (n.d.) claims that 'Each year open employment services helps more than 46,000 people with moderate to severe disabilities find and keep work'. What is evident, however, is that the number of people drawing the DSP continues to steadily grow.

continues to be organised as it is at present. In all sectors, including government and other sectors that historically have been not-for-profit, the values of productivity, efficiency and profit maximisation are increasingly dominant, making it very difficult for people with a disability to compete. Barnes argues that the parlous employment situation of people with a disability can only be reversed if work is ‘organised around a different set of principles such as social necessity, obligation and interdependence’ (2000, p. 445). A reconceptualisation of work does have a utopian ring. However, if governments are serious about increasing the labour force participation of people with a disability, there has to be a shift in work-place organisation and expectations.

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Appendix A. Topic guides and questions for focus groups

Issues / purpose / requirements	Domains	Sample discussion points, questions, sub-questions and prompts
1. Relax participants. Begin group formation. Signal the boundaries for discussion. Advise participants of the intention of the data collection.	Group formation; Purpose of the data collection.	<p>Introductory comments:</p> <p>Thanks for attending. The discussion should go for about 60 minutes – so we should be finished by (time). We are from the Social Policy Research Centre. The Social Policy Research Centre is an independent research centre that is part of the University of New South Wales. You are all here today because you began receiving the Disability Support Pension in the last year or so and did an interview over the phone in early March this year. The survey has been very useful and your contribution is greatly appreciated. This is a follow up of the survey and we really appreciate you again giving us your knowledge and time.</p> <p>The Department of Family and Community Services (FaCS) commissioned the telephone survey and has also commissioned us to conduct consultations with people who have been granted DSP in the last year or so. FaCS funds rehabilitation and employment assistance services for people with disabilities and funds the DSP and services available through Centrelink.</p> <p>FaCS wants a better understanding of the type of help and support that people claiming and receiving DSP might want.</p> <p>The information you provide us will remain confidential. Your privacy will be totally protected.</p> <p>Your participation in this group and your answers will in no way affect your payments.</p>
2. Implications of disability and receipt of DSP on participation in the community.	Social participation; Awareness and acceptance of social norms; Labour market knowledge and work contacts; Effects of low income on social participation.	<p>Question:</p> <p>We're wondering about whether your disability or being on the DSP has changed the way you participate in the community. That participation may take the form of volunteering or being a part of social groups or associations or community organisations, going out to social or cultural or sporting events, having friends, talking to neighbours and so on. So the question is - does having a disability or being on the DSP affect the way you participate in the community? If yes, how?</p> <p>Sub-question:</p> <p>One aspect of being involved in the community is about having some social contact. Could we talk about the benefits of activities like volunteering and being involved in the community?</p>

Appendix A. Topic guides and questions for focus groups (continued)

Issues / purpose / requirements	Domains	Sample discussion points, questions, sub-questions and prompts
3. Aspirations to employment, training or education.	Motivation; Self-esteem; Job seeking ability; Current employment; Employment ambitions; Current education and training; Study ambitions; Knowledge of potential supports in these processes.	<p>Question:</p> <p>As you may know, people can work up to 30 hours a week at full award wages and still remain eligible for DSP. We know that for some people on DSP it is not possible to be thinking about working but for others it is possible. We would like to know what your thoughts are about working. What do you see as the advantages of work? Is this based on your own experiences or the experiences of others? Do you think there would be disadvantages to working?</p> <p>Sub-questions:</p> <p>What barriers or disincentives have you experienced or do you think you might experience in taking up work?</p> <p>Prompt: I can see how your disability might be a barrier to that but do you see any other kinds of barriers?</p> <p>What are the sorts of things that may help you to find work?</p> <p>Question:</p> <p>We are also interested to know about your plans about education or training. We're interested to know if anyone is studying or thinking about studying at TAFE (mention location if appropriate) or university or doing an adult education course (pause – look for signs of intent).</p> <p>Sub-question:</p> <p>So do you see any barriers in your way to achieving this goal?</p> <p>Prompt: I can see how your disability might be a barrier to that but do you see any other kinds of barriers?</p> <p>Sub-question:</p> <p>What do you see as some of the advantages to studying? Do you think your studies will help you find work?</p>
4. Test the provision of information about disability services and participant comprehension of these.	Centrelink provision of disability services information. Participant understanding; Third-party information provision (carers, parents, disability advocacy and information services, disability employment services, school transition to work advice and support, DSP-recipient initiated research).	<p>Question:</p> <p>When you were going through the process of applying for DSP what information did you obtain about programs and services that may help you get work or get into study? Have you sought or received information subsequent to receiving the DSP?</p> <p>Sub-questions:</p> <p>Do you feel that you received enough information?</p> <p>If nor, what sort of information would have been helpful to receive more of?</p> <p>Did anyone get this sort of information from anyone other than Centrelink?</p>