

From:
To: [Community Affairs Committee \(SEN\)](#)
Subject: New submission.
Date: Thursday, 17 July 2014 9:39:22 AM

I would like to make a submission that recounts the personal experiences I have had with the DSP's portability system and my opinions about the proposed restrictions.

MY EXPERIENCE

I have an illness called Chronic Fatigue Syndrome, and have also diagnosed as having Bi-polar Disorder. I have been unwell for 17 years and have recently qualified for indefinite portability with Centrelink.

In 2005, I made my first trip to Indonesia under Centrelink's old portability system, where DSP holders could leave Australia for three months at a time. My first trip was an experiment, albeit a nerve wracking one, because I wasn't sure if being in another country would make my illness worse.

I discovered that, whilst I never felt much physical improvement overseas, my quality of life and ability to cope with the demands of my illness were higher.

In Indonesia, I could pay for regular remedial massage, which I could not afford to do in Australia. Over time, this alleviated some of the muscular pain I suffer. I was also able to pay for someone to help me with cooking and cleaning, which I can't do for myself. In Australia, I relied on Council support workers or family and friends to do this for me.

I found though, that the physical effort of traveling to Indonesia had a negative impact on my health. I would go for three months, start feeling more physically stable, and then I would have to go through the pain and exhaustion of the flight back to Australia and would lose all my gains.

My GP asked me several times if there was any way that Centrelink would allow me to stay overseas for longer. I called Centrelink several times over the course of a few years to ask about this, but was always told I couldn't.

Eventually, last year, I was given indefinite portability, which solved this problem for me. However, the portability rules were made stricter for people who were on the DSP but not classed as severely impaired.

I feel these restrictions are not in the best interests of people who have illnesses that are easier to manage in another country. When I am overseas I am less of a burden to my community because I am not using Council services, my GP (who bulk bills me) or my health care card. I am also less of a burden to my family and, because I am able to pay someone to cook and clean for me, I feel like I have an independent life -- something that is psychologically important to me and improves my general quality of life.

IMPACT ON FAMILY AND PERSONAL LIFE

I feel that these proposed changes will unfairly impact DSP recipients who, like me, have the type of illness that makes short-term overseas travel impossible. The physical impact that travel has on me would make it impossible for me to leave Australia for just one month; it takes me several weeks just to recover from a flight to Indonesia. Many DSP recipients have overseas family connections, and this 4-week travel limit may mean that some of them are unable to go overseas to be with a sick relative or spend any time with their family.

The inflexibility of these proposed travel limit changes would mean that a situation could arise where a DSP

recipient could spend a month overseas with a sick relative then return to Australia, only to have the relative's condition worsen and then be unable to go back overseas to be with them. I feel that some flexibility needs to be retained in the portability rules to allow for this kind of situation, because allowing for just 4 weeks per year to be spent with children, or sick or elderly family members is not adequate. (This is particularly so in a multi-cultural society such as ours, where many people (myself included) have immediate and extended family overseas).

Centrelink does allow for an extension of portability in the circumstances of a death. However, this allowance does not take into account the variety of reasons a person on the DSP may have a need to leave Australia.

There are many circumstances under which a DSP recipient would need the flexibility of travel in order to manage a complex family or personal situation. These could include:

- * setting up a care plan for an elderly parent or friend,
- * monitoring the effectiveness of care plans and dealing with emergency health situations,
- * spending time with overseas relatives who are not able to travel to Australia for reasons of health or finances,
- * planning and attending funerals, then assisting with the sale of property and carrying out of a will,
- * visiting and caring for dependent children who live overseas with an ex-partner.

IMPACT ON THOSE SEEKING OVERSEAS MEDICAL TREATMENT

I also feel that the changes will have an unfair impact on those that want to travel to another country for medical treatment that is either unavailable in Australia or costs too much to access. I benefited greatly from the remedial massage I got in Indonesia and was able to reduce some of my sleeping and pain medications. But, I would not have been able to access his treatment under the current proposed portability changes.

Firstly, I wouldn't have been well enough to travel to Indonesia for just one month, and secondly, having just one month of treatment within a twelve-month period would not have allowed me enough treatment time to see any improvements.

Whilst Centrelink does allow overseas travel for medical treatment, it must be very specific, recognized treatment that is not available in Australia; it is not possible to receive extended portability for alternative treatment or medical care that is available in Australia but not affordable. (Somewhat ironically, it is this type of alternative treatment that is often the most expensive treatment in Australia and usually well out of the budget of most people on the DSP.)

CONCLUSION

Overall I feel that introducing the very limited portability option of four-weeks of travel within a twelve-month period for people living on the DSP is just further disadvantaging a group of people who are already struggling to cope from day to day. It seems to be a measure without solid financial or social reasons, and for that reason, seems to be purely punitive. I do not think punitive policies are good policies -- especially when they are aimed at people with disabilities.

Thankyou for reading my submission,

Yours sincerely