



National Office
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Social Services Legislation Amendment (Transition Mobility Allowance to the National Disability Insurance Scheme) Bill 2016

10/24/2016

Thank you for the opportunity to provide feedback to the senate inquiry into the proposed changes to Mobility Allowance eligibility. SCIA provides specialty knowledge in the area of spinal cord injury and broader knowledge and experience across physical disability. It is important to highlight that SCIA have been in continuous operation since September 1967 and was started by people with an acquired spinal cord injury. SCIA continues today to have a large representative of people with spinal cord injury and similar physical disability working within the organisation. Not only does this create a large knowledge base from which to draw from, but it also focuses the attention on pursuing positive outcomes for people with disability in the public domain.

Changing the eligibility of the Mobility Allowance is a big issue for people with disability and may have unintended consequences for those locked out of this payment. With the broad changes that are taking place across the welfare payments system, this will be a reduction to those that can least afford it. Minister for Social Services, Christian Porter states that it is not an incentive for increasing workplace participation. However, the argument can be made that it is an important supplementary payment for those people with disability currently in the workforce.

Many people with spinal cord injury (SCI) rely on wheelchair accessible taxis to get to and from work and are big users of the state based taxi subsidy schemes (in New South Wales, participants of the Taxi Transport Subsidy Scheme). The Mobility Allowance goes towards covering some of this cost. However at a maximum payment of \$3400 per annum, it only covers a portion of this cost as many individuals would spend at least \$100 per week using accessible taxis – the Mobility Allowance fortnightly payment maximum is \$130.

How would Minister Porter know whether it is an incentive to work or not? Many people with SCI cannot use other forms of public transport, such as accessible buses. We are talking about people with high level disability with complex personal care routines early in the morning in order to get ready for work commitments. Even if they were in an area where there is regular accessible transport options such as trains and buses, the time it would take getting to those modes of transport on top of morning routines makes it very difficult.

For similar reasons, many people with SCI rely on car transportation to get to and from work as they are able to transfer in and out of vehicles, transport wheelchairs as well as heavy laptop computers and other assistive technology. For people with mobility restrictions, it is very difficult to achieve this using public transport. The Mobility Allowance assists with subsidising a portion of private vehicle costs.

People with high level SCI cannot self-regulate core body temperature and this is another reason why public transport is not suitable especially during summer and winter; this is why many people make use of accessible taxis as a point-to-point transport service, or self-drive, for work and study purposes where heating and cooling of vehicles can be maintained.



The Mobility Allowance top tier payment of \$3400 per annum is an important supplementary payment and for those not receiving Disability Support Pension it also brings with it eligibility for the Healthcare Card allowing for subsidised medication as well as other cost reductions (such as diabetes management with large reductions in the cost of test strips for glucose machines in blood glucose checking). Access to the Healthcare Card is of itself a significant issue for people with disability as they already face high costs associated with their disability across many areas of life including health care, aids and equipment (including continence products), transport, housing and personal care.

Tightening of the eligibility of the Mobility Allowance by aligning it with NDIS eligibility will lock many new people with disability out of the payment and deny them access to the Healthcare Card. This is short-sighted policy on a number of levels as illustrated above; not only will this cohort not have access to specialist disability support services, they will be denied any subsidised transport assistance.

While Christian Porter states “there is no requirement for Mobility Allowance payments to actually be spent on transport needs”, the full cost of transport for many people with disability in the workforce exceeds the Mobility Allowance payment particularly for those reliant on taxi services. With the transition of the payment to the NDIS, transport assistance levels should be provided in a fair and equitable way by acknowledging a person’s need against their plan and goals. The Mobility Allowance as it currently stands is a blunt instrument with two levels of payment with little bearing on an individual’s actual requirements.

To date, it would appear that transport payments to participants is being inconsistently applied by the NDIA. Nor is there a great deal of information available on how the Agency is assessing transport need. The NDIS Participant Transport Fact Sheet lists expected levels of transport support with three levels of payment aligning with the Mobility Allowance. It then makes note of exceptional circumstances with higher funding up to \$6000 “if the participant has supports (mainstream, informal or funded) in their plan that enables their participation in employment.” Given this information, anyone in regular employment should be given this higher amount.

Individual assessment of a participant’s transport need should be a priority and consistently applied based on where they live (bearing in mind transport options available especially in rural and regional areas), what they are doing on a day-to-day basis and what is written in their plan and goals.

Yours sincerely,

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