



Queensland Advocacy Incorporated

Our mission is to promote, protect and defend, through advocacy, the fundamental needs and rights and lives of the most vulnerable people with disability in Queensland.

Systems and Legal Advocacy for vulnerable people with Disability

iqwd.reps@aph.gov.au

'Deprived of meaningful work, men and women lose their reason for existence'...
Fyodor Dostoyevsky

House of Representatives Select Committee on Intergenerational Welfare Dependence

Dear Committee,

QAI is grateful for the opportunity to make the following submission to the inquiry.

Yours sincerely,

Michelle O'Flynn,

Director

(07) 3844 4200 or 1300 130 582 Fax: (07) 3844 4220 qai@qai.org.au www.qai.org.au

2nd Floor, South Central, 43 Peel Street, STH BRISBANE QLD 4101

QAI endorses the objectives, and promotes the principles, of the Convention on the Rights of Persons with Disabilities.

Patron: His Excellency The Honorable Paul de Jersey AC

About QAI

Queensland Advocacy Incorporated (QAI) is a member-driven and non-profit advocacy NGO for people with disability. Our mission is to promote, protect and defend through advocacy, the fundamental needs, rights and lives of the most vulnerable people with disability in Queensland.

Our Human Rights and Mental Health services offer legal advice and representation: the first, on guardianship and administration and the latter on mental health matters. Our Justice Support and NDIS Appeals programs provide non-legal advice and support to people with disability in the criminal justice system and to participants in NDIS Appeals. This individual advocacy informs our campaigns at state and federal levels for changes in attitudes, laws and policies, and it assists us to understand the challenges, needs and concerns of people who are the focus of this submission.

QAI's constitution holds that every person is unique and valuable, and that diversity is intrinsic to community. People with disability comprise the majority of our Board; their wisdom and lived experience of disability is our foundation and guide.

Recommendations

- Where intergenerational receipt of benefits is linked to disability, ensure that people with disability are properly supported through NDIS packages. This will allow people with disability to participate in the workforce, and allow carers to skill-up or return to employment.
- In regions where there are few or no other options allow family members of people with disability to be paid for the support that they provide.
- Government measures to address entrenched intergenerational disadvantage must be holistic, integrated, culturally responsive models of care with rigorous client and community accountability.
- Create jobs, not stigma. People with disabilities experience greater difficulty in seeking employment, having lower rates of labour force participation compared to those of people without disabilities of working age.
- In areas of high unemployment, provide meaningful jobs through economic development and labour market programs providing pathways to them.
- Invest in positive labour market programs.
- Health and budget benefits through leveraged (i.e. involuntary) participation will not last, because as people move into paid employment, they will have more money and unfettered choice without the experience of autonomous self-restraint.
- Avoid punitive or involuntary measures.
- All income support measures should be accompanied by a range of supports and services, including drug and alcohol support and pathways to employment.
- Look for 'buy-in' via consultation that gives priority to the views of people who receive government income support and will be affected directly by the changes.
- Cease using the term "Intergenerational Welfare Dependence" and instead acknowledge generations of social disadvantage

Introduction

Intergenerational Welfare Dependence ('IWD') is not a sound concept in theory, let alone one that has been tested and validated. Where the fact of IWD exists, it is not because families have a disposition to receive Commonwealth pensions and benefits like susceptibility to a disease or condition that people can pass on to their children. Intergenerational welfare is not part of an individual's genetic or cultural make-up. Indeed, the disparaging terminology "intergenerational welfare dependence" is consciously applied to pre-empt social perception, so that successive governments can abdicate responsibility for generational failure to groups of people that are devalued and cast aside.

The Life Course Centre at the University of Melbourne has researched this issue, finding that young people are almost twice as likely to need social welfare payments if their parents have a history of receiving such assistance themselves. They note that this is not a matter of internal cause and effect (as in, for example, lazy habits and work-shyness being transferred from one generation to the next). Rather, the causes are likely to be structural or circumstantial ones:

It may be that young adults are now caring for their disabled parents, reducing their ability to work and a need for unemployment benefits. This would also undermine a parents' ability to invest in their children's human capital.¹

This is a common experience in the disability sector. Parents quit work to look after children with disabilities, because supports have not been available, because of underfunding, and made worse in regional areas where supports are not available anyway. Children, too, miss education and job opportunities because they are so busy caring for other family members such as parents. There were approximately 2.7 million people providing unpaid disability support in Australia in 2015, with more than half (55%) of 'primary carers' providing care for at least 20 hours per week. Like most people with disability, these unpaid carers are locked out of the employment market.²

'Intergenerational welfare dependence' reinforces the idea that socio-economic disadvantage is the fault of the families concerned, but there is no evidence that the culture, values, or beliefs of people who have received Centrelink benefits for a long time are different to anyone else's. It is factually wrong to suggest that a small subset of people at the bottom of the socio-economic ladder have some sort of innate quality in common that explains their disadvantaged circumstances. At the most, it is possible to say that individuals from successive generations of one family have at some time claimed government benefits, and the rest is conjecture. QAI does not dispute that this happens or that such family groupings exist. QAI notes, however, that-

¹ Nicholas Salamanca, [Life Course Centre](#)

² [ABS](#) :

1. Orthodox macro-economics accepts that modern industrial economies function best when the unemployment rate stands at about the 'magical' 5%, as it is now.³ It is inevitable that some of the members of that 5% will be related by birth, and from successive generations.

2. A majority of Australians receive government benefits, so it is stigmatizing to single out a particular sub-strata without being clear about the reasons. According to the Centre for Independent Studies, 60% of households receive more in-kind and in benefits including in-kind health and education payments, than they pay in taxes.⁴ The bottom fifth of the nation's nine million households, whose incomes averaged \$30,300, received \$619 a week after subtracting benefits received, cash and in kind, from taxes paid.⁵ A majority of Australian families may be, in some sense, examples of 'Intergenerational Welfare Dependence'.

Victim-blaming: Buck v Bell Example

The IWD concept is value-laden and victim-blaming, and falls back on the same assumptions as the model of disability that finds fault for disability *in* the person rather than in disabling social circumstances, including the virtual, social, cultural and built environments as well as attitudes and prejudices about impairment.

Blaming the victim and intergenerational dependency are familiar to people with disability for sinister reasons: the idea that one generation can transfer disability, and, by implication, dependence, to the next generation, like a pathogen attacking the social body, gained currency as 'eugenics' around the turn of last century, and reached its peak in the 1940s. In the US, these ideas underpinned the Supreme Court's infamous '*Buck v Bell*'⁶ decision to allow sterilization of thousands of women with disabilities from the 1920s to the 1980s,⁷ because in the words of the Court, "three generations of imbeciles are enough".⁸

The case provides a graphic illustration of the danger of targeting disadvantaged families for the greater good, whether moral, cultural or for the sake of the bottom-line. The judgement upheld the constitutionality of the Virginia Sterilization Act of 1924, making it lawful for the state to authorize a tubal ligation on Carrie Buck.

Recent research has determined that Carrie Buck was not, as believed, mentally impaired.⁹ US institutional and judicial authorities of the 1920s allowed their moral disapproval of the women's sexuality to overshadow evidence of the women's cognitive abilities. The court heard that

³ 5.3%: [6202.0 - Labour Force, Australia, August 2018](#)

⁴Robert Carling and Terrence O'Brien. 2018. [Voting for a Living: A shift in Australian politics from selling policies to buying votes?](#)

⁵ Ibid.

⁶ 274 U.S. 200 (Buck v. Bell).

⁷ Ibid.

⁸ According to the court, state officials could "prevent those who are manifestly unfit from continuing their kind".

⁹ School records show that Carrie Buck was an average student. She became pregnant because she was raped by her foster parents' son. To hide the offence, they placed her in an institution on the grounds of feeble-mindedness, incorrigible behaviour and promiscuity. Her daughter, Vivian, also got average grades at school.

Carrie Buck's mother was a "lewd and immoral" woman who had worked as a prostitute and gave birth to three children with no reliable knowledge of their paternity. Carrie's only 'degeneracy' was to fall pregnant when her foster brother raped her, yet the court took the view that Carrie's offspring would be unworthy, dependent citizens.

That Carrie Buck would transfer undesirable characteristics to her daughter was factually wrong in both medical and social senses. Genetic science has identified no genes for promiscuity or poverty, but it is likely that the gender-linked violence, prejudice, discrimination, and disadvantages in education, employment and social status experienced by Carrie Buck would likewise cause disadvantage for Carrie's children, had she not been sterilized.

Structural or Circumstantial Explanations

The Supreme Court and Virginia subordinated Carrie Buck's right to bodily integrity to the state's collective interest in a healthy social body. They authorized extreme and no doubt personally devastating measures on that family for the greater good.

In citing *Buck v Bell*, our point is that seeking explanations for so-called IWD in individual or familial qualities will lead to inappropriate strategies to address circumstantial or structural disadvantage. Australia does not have eugenic statutes, but we do have public policies that entrench disadvantage for people with disabilities in education, health, public transport, housing, income support and so on. And we have inquiries such as this one that, while ostensibly about assisting parents and their children, appear to focus on minimizing public expenditure,¹⁰ if not on demonizing and scapegoating a relatively defenseless minority of welfare recipients.

People with disabilities have low rates of workforce participation. Over the last two decades to 2015, the rate of labour force participation of people with disabilities has hovered at roughly 53%, and has not improved relative to people without disabilities. Among those with severe or profound limitation, the labour force participation rate has dropped from 30% to 25%.

The employment to population ratio is even more unsettling. In 2015, 48% of working-age people with disability and 22% of those with severe or profound limitation, were employed, compared to around 79% of those without disability, and the employment rate for people in that category fell from 27% to 22% over the same period.¹¹

Worse still, between 2003 and 2015, the unemployment rate increased for people with disability (from 8% to 10%), especially for those with severe or profound limitation (from 11% to 14%) while the unemployment rate for people without disability remained relatively steady (at around 5% in both years).¹²

¹⁰ See Discussion Paper #2.31 & #2.32.

¹¹ ABS (Australian Bureau of Statistics) 2004. Survey of Disability, Ageing and Carers 2003, TableBuilder. Canberra: ABS. ABS 2016a. Disability, Ageing and Carers, Australia: summary of findings, 2015. ABS cat. no. 4430.0. Canberra: ABS. ABS 2016b. Survey of Disability, Ageing and Carers 2015, TableBuilder. Canberra: ABS.

¹² Ibid.

The unemployment rate for people with disability is increasing. In 1993, the employment participation rate for people with disabilities was 55%, which is similar to what it was in 2009 at 54%. Over the same period, the participation rate for working-age people with no disability increased from 77% in 1993 to 83% in 2009.¹³ For people with profound or severe disability aged 15-64, the unemployment rate increased from 10.3% in 2012 to 13.7% in 2015. Over the same period, the total unemployment rate for people with disability rose from 9.4% to 10.0%, and the overall unemployment rate rose from 5.4% to 5.9%.

Most people with disabilities want to work. Many desperately seek work in the face of countless rejections. A large proportion of people with cognitive or intellectual impairment cannot even obtain volunteer roles.

The security of employment for Australians is an issue of particular importance for vulnerable and disempowered groups, including people with disability. This is an issue of national importance, given that the economic advantages of increasing the proportion of the population actively involved in the labour market widely recognized amongst OECD countries. People with disability represent a significant group with largely untapped potential to increase the workforce in Australia.¹⁴

Professor Alan Morris' research exploring the attitudes and experiences of people with disability regarding employment documents that most Disability Support Pension recipients under the age of 35 have a strong desire to work, with the inability to work a source of anguish for many¹⁵. The noted barriers, aside from the severity of the person's disability and the failure by many workplaces to make appropriate physical modifications to the environment to enable proper access by people with disability, were workplace cultural issues such as discrimination and inflexible working hours.¹⁶

One important, broader impact of the present employment discrimination that Australians with disability face is that Australia is breaching the human rights and dignities of people with disability by failing to afford them equity and fair working arrangements. This is contrary to the requirements imposed by the Convention on the Rights of Persons with Disabilities and the International Bill of Rights, which demand protection of the right of all persons to work in a role freely chosen by the person, in fair working conditions, with appropriate remuneration.¹⁷

¹³ Australian Bureau of Statistics, ('ABS') Australian Social Trends, March Quarter 2012: Disability and Work. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features40March+Quarter+2012>

¹⁴ QAI Submission "Willing to Work Inquiry" December 2015 p5.

¹⁵ Alan Morris, "Pain and Mythology: Disability Support Pension Recipients and Work" (2006) 7(1) *Australian Review of Public Affairs* 41, 47.

¹⁶ *ibid*

¹⁷ QAI Submission "Willing to Work Inquiry" December 2015 p5.

Intersectional Disadvantage

Impairment explains, in part, employment disadvantage, but so do other structural causes like race and class. Qualitative description will give the Committee more of a sense of the multifactorial causes of long-term disadvantage.

Aboriginal children with disability, for example, often have incredibly impoverished childhoods punctuated by instability and violence, without access to good primary health care or early childhood education. An Aboriginal child with an intellectual disability or Fetal Alcohol Spectrum Disorder (FASD), for example, will rarely be diagnosed and rarely receive positive intervention. Disengagement from school, expulsion are shared experiences even for younger children. Drug or alcohol use can be an issue for very young children, and may lead to the development of mental health issues. Out of home care placements are common, but they often breakdown, resulting in homelessness.

Aboriginal children with mental and cognitive disabilities are at risk of physical and sexual violence - Aboriginal girls and women in particular. Increased police contact as a person of interest in relation to minor theft or public order offences is a customary pathway, with the likelihood of a number of court appearances before a juvenile justice custodial period.

Exacerbated health-related illnesses, often accompanied by increased experience of violence and self-harm, can result in more serious offending and longer periods in custody. Trauma and violence are common experiences for Aboriginal people with mental and cognitive disabilities in the criminal justice system.

However, confronted with these social issues, drug and alcohol rehabilitation is often only available in a regional centre, which may be many hundreds of kilometres away, and then, excludes people with a cognitive impairment. Mental health services are unable to accept people with drug or alcohol addiction, and diversionary programs that aim to assist people whose offending is connected to their drug and alcohol addiction will not accept those with a history of violence.

Incarceration becomes a default option when community-based care, housing or support are not available. Multiple and complex support needs experienced by many Aboriginal people in the criminal justice system can then be understood as emerging from the siloed institutional responses to their circumstances; as in effect created from those responses. Negative, punitive interventions rather than positive human or community based service interactions are the norm.¹⁸

¹⁸ Baldry, Dowse, Trollor, Dodson and Indig. 2015. [Indigenous Australians with Mental Health Disorders and Cognitive Disailities in the Criminal Justice System](#)

Conclusion

Government measures to address entrenched intergenerational disadvantage must be holistic, integrated, culturally responsive models of care with rigorous client and community accountability.

Inclusive educational supports must be dramatically improved to students with disability – post school life is in community and this is where school life must also be lived and learned. Far too many students with disability (particularly students with autism and other cognitive impairments) are suspended multiple times before exclusion, experience restrictive practices that demonise and marginalize, sometime before commencing secondary schooling. It is imperative that teachers have expectations for and of students with disabilities so that they too may have high expectations of future employment and life.

Where intergenerational receipt of benefits is linked to disability, ensure that people with disability are properly supported through NDIS packages. This will allow people with disability to participate in the workforce, and allow carers to skill-up or return to employment. In regions where there are few or no other options allow family members of people with disability to be paid for the support that they provide.

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