



4 March 2024

Tēnā koe

Official Information Act Request

Thank you for your email of 1 February 2024. I have considered your request under the Official Information Act 1982 (the Act). Please find my decision on each part of your request set out separately below.

- 1. Does MSD keep any statistics on the number of persons who have been on the Jobseeker benefit with a Medical Deferral for over 2 years?*

Please find attached **Appendix One** containing **Table One**: The number of working age Jobseeker Support clients with a medical deferral for 'Medical Incapacity', as at the end of January 2024, broken down by sub benefit type and **Table Two**: The number of working age Jobseeker Support clients with a medical deferral for 'Medical incapacity' as at end of January 2024 by sub benefit type and the period of the deferral.

- 2. Does MSD have any policy in relating to checking whether any person who has been on a Job[s]eeker Benefit with a Medical Deferral for more than 2 years, is eligible to be transferred to the Supported Living Payment (SLP) benefit?*

There is no policy in relation to checking whether any person who has been on a Jobseeker Support with a medical deferral for more than two years is eligible to be transferred to Supported Living Payment (SLP).

However, when a client is applying for or has a medical review of Jobseeker Support Health Condition, Injury or Disability, they are required to provide a medical certificate. If the medical certificate provides medical cover for two years or more or indicates a client may qualify for SLP, the Ministry consider whether the client would qualify for SLP.

Some clients may receive Jobseeker Support because of a permanent health condition, injury or disability for more than two years but will not qualify for a

Supported Living Payment because they are not severely restricted in their capacity for work.

3. *What ability do local MSD offices have to interview a client seeking to transfer from Jobseeker Benefit with a Medical Deferral to Supported Living Payment, and base eligibility to SLP on information gained through such an interview? That is, to take into account, health information supplied by the client rather than a medical practitioner.*

To qualify for an SLP a client needs to be either:

- Both permanently and severely restricted in their capacity for work because of a health condition, injury or disability, from accident or condition they have had since birth or
- Totally blind.

While a client can and may meet in an interview as part of the SLP application process, the SLP assessment requires the use of various forms of information before a decision is made. This can and often does include information from the client as well.

Where eligibility to SLP is unclear based on the medical information provided, a client may be referred for a second opinion by a designated health practitioner. More information about medical qualifications for SLP can be found here: www.workandincome.govt.nz/map/income-support/main-benefits/supported-living-payment/medical-qualifications-01.html.

A Case Manager will utilise a number of resources in determining the most appropriate product or service for a client. Advice from the Ministry's Manuals and Procedures (MAP) webpage outlines entitlement to SLP, a client needs to provide:

- A medical certificate from their medical practitioner or
- Suitable existing medical or disability assessments or
- An assessment from a designated health practitioner if they haven't provided medical information.

Some examples of other information supplied include hospital/service discharge summaries, clinic notes from specialist appointments, Needs Assessments reports, assessments from child development services and Special Education reports.

4. *Does MSD keep a record of the number of clients for which consent to directly speak to a medical practitioner is sought?*

When a client provides consent to speak with a medical practitioner, this permission form is scanned and saved to the client's personal file. We do not keep a central record of the number of clients who consent to this.

5. *If a client declines to give MSD consent to speak to their G.P (or similiar), can MSD still make a decision on a client's application to be transferred to Supported Living Payment?*

See response to question three.

6. *Does MSD keep a record on the number of clients whose applications for Supported Living Payment are approved or declined each year?*

Please find attached **Appendix Two**, containing **Table One**: the number of grants, declines and grant processing time for working age Supported Living Payment benefits during the period 1 January 2023 to 31 December 2023, broken down by quarter.

7. *Does MSD keep a record on the how long applications to be transferred to SLP take to be decided? e.g. average processing time.*

In **Appendix Two**, please also find **Table Two**: the minimum, maximum and average days wait time to grant working age Supported Living Payment benefits during the period 1 January 2023 to 31 December 2023, broken down by month.

Delays in clients providing all information necessary to grant a benefit can impact processing time.

8. *Why is no complete record kept of any verbal discussions between MSD and a client's G.P.? For example, I have been told that a neither a written transcript or recording of conversation between a G.P. and the regional health advisor available.*

There is no capability to record all conversations via our telephone systems in our Service Centres. However, following an interaction with the client's general practitioner, the Regional Health Advisor/Regional Disability Advisor will usually record a summary of any conversations or email communications in a clients file.

9. *What medical background or training do the regional health advisor(s) have?*

The Ministry's Regional Health Advisor's (RHAs) come from a number of different backgrounds, with the majority being registered health practitioners with a wide practice scope. All have experience within the health sector and

receive ongoing clinical professional development and training. These roles are supported by the Ministry's Principal Health Advisor (PHA) who is a registered general practitioner and the Principal Disability Advisor who is a nurse.

The RHAs and RDAs are expected to have the following skills and attributes:

- Relevant health related tertiary qualification required (such as registered nurse, physiotherapist, registered social worker, or similar)
- Proven experience in a community-focussed role working with clients with health conditions or injury
- Comprehensive understanding of all relevant MSD products and services, as well as practices and processes, values and priorities
- Knowledge of current developments, trends and research in the health and disability sector, as well as the services and supports available
- A thorough understanding of the health network, clinical issues, the impact of health conditions, as well as how medical practices operate.

The RHAs and RDAs as Ministry staff are required to undertake professional development activities relevant to their position. The PHA and PDA provide ongoing mentoring and training opportunities, meeting the wider Regional Health and Disability teams for regular fortnightly teleconferences. The RHAs and RDAs are also responsible for maintaining and upskilling their own knowledge in their respective roles.

10. Is any record kept of the number of cases where a local MSD office or Medical Appeals Board has gone against the recommendation of the regional health advisor, e.g. approved SLP when RHA recommended decline?

All medical appeals are lodged in a national data base once received. There is the ability to search by overturned, upheld, and withdrawn. The data does not record if the decision is for or against a Regional Health/Disability Advisors recommendation.

11. Does anyone in MSD monitor the quality of completed work capacity assessments completed by medical practitioners?

The Principal Health and Disability Advisors provide ongoing education to medical practitioners about completing Work Capacity Medical Certificates as needed and are part of the locum training programme.

The Ministry does not monitor the quality of the clinical information provided by a GP in the Work Capacity Medical Certificate on a regular basis but will seek additional information from the GP if the clinical information provided is either insufficient or not clear enough for a decision to be made about a client's application.

12. I am aware that standard costs are used in the calculation of eligibility to Temporary Additional Support payments. How and when was the standard cost estimate of 70% of net benefit decided upon? Has there been any review of the percentage used since TAS payments were introduced?

The standard cost estimate for Temporary Additional Support (TAS) was decided upon at the time of the introduction of TAS, which occurred as of 1 April 2006. The formula for determining standard costs was created to provide a way of standardising an expected fixed level of essential household costs common to all applicants receiving the same benefit type. These are costs that a client is expected to use 70 percent of their unabated main benefit to cover.

There has been no review of standard costs for TAS since it was introduced.

13. MSD pays a number of beneficiaries and non-beneficiaries an Accommodation Supplement (AS) To obtain this assistance, clients need to supply income and housing cost information. Does MSD collate this data to show the number of recipients of AS which are paying more than 30%, 40% or 50% of their income on rent (or other housing costs)?

The Ministry does not collect data on the number of clients in receipt of AS who are paying more than a certain percentage of their income on rent.

If you are interested, the Ministry published its first annual report on key outcomes for those interacting with the welfare system, including information on after-tax and abatement earnings. You can find a copy of the report here: www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/benefit-system/total-incomes-annual-report-2023.pdf

14. Does a MSD client receiving a special need grants for emergency housing have the right to decline an offer of accommodation on a property whose rent would exceed 60% of benefit income? What ability to residents in emergency or transitional housing have to decline housing which they feel is unsustainable due to price?

The Ministry does not have a policy that gives a client receiving a Special Needs Grant for emergency housing the right to decline an offer of accommodation on a property whose rent would exceed 60 per cent of their benefit income.

Clients receiving a Special Needs Grant for emergency housing are expected to make a reasonable effort to access other sources of housing assistance. This includes looking for an adequate place to stay to meet their needs and accessing other assistance available to do this.

What is adequate to meet a clients housing need will depend on the client and their immediate family's circumstances and are considered on a case-by-case basis. A discussion should be held between the Ministry and the client about whether they can afford the proposed rent on an ongoing basis.

Where it is determined that a client has declined an offer for adequate housing, the client may be considered to have unreasonably caused or contributed to their immediate need for emergency housing. This may mean that a Special Needs Grant for emergency housing will be made recoverable or declined.

More information about emergency housing can be found here:

- www.workandincome.govt.nz/map/income-support/extra-help/emergency-housing/client-responsibilities-and-conditions-of-payment.html
- www.workandincome.govt.nz/map/income-support/extra-help/emergency-housing/client-has-unreasonably-caused-or-contributed-to-their-immediate-need.html
- www.workandincome.govt.nz/map/income-support/extra-help/emergency-housing/when-a-sng-for-emergency-housing-is-recoverable.html
- www.workandincome.govt.nz/map/income-support/extra-help/emergency-housing/when-msd-can-decline-a-special-needs-grant-for-emergency-housing.html

The Ministry has guidelines around affordability when determining a client's eligibility for Housing Support Products. Part of the eligibility criteria is that a client is considered as likely being able to obtain and retain the rental housing that grant is for. A client may be considered as likely to retain rental housing when the proposed rent will generally not be over 60 percent of their net income (and their partner, if applicable). This is a guideline and is considered on a case-by-case basis taking into account whether a client will be able to manage their budget and future outgoings.

More information on Housing Support Products can be found here: www.workandincome.govt.nz/map/income-support/extra-help/housing-support-products/index.html

15. Is there any monitoring of the number of persons/households which return to emergency or transitional housing within 6 months or a year of leaving this type of housing?

The Ministry does not collect data on this.

16. Does MSD collect data on the number of recipients of AS which are receiving the maximum payment for their circumstance (e.g. \$105 for a single person in Area 2)?

Please find attached **Appendix Three** containing the following tables:

- **Table One:** The number of Accommodation Supplement recipients who are or are not receiving the maximum rate as at the end of January 2024, by family size.
- **Table Two:** The number of Accommodation Supplement recipients who are or are not receiving the maximum rate as at the end of January 2024, by benefit group.
- **Table Three:** The number of Accommodation Supplement recipients who are or are not receiving the maximum rate as at the end of January 2024, by type of accommodation.
- **Table Four:** The number of Accommodation Supplement recipients who are or are not receiving the maximum rate as at the end of January 2024, by area.

17. I have heard that maximum rates of AS are largely based on lower quartile market rents observed circa 2018, which have then been adjusted in line with the Consumer Price Index. I am aware that there has been some changes to the classification of Areas, with urban parts of Wellington moving from Area 3 to Area 2 in 2018. Can you clarify how the existing maximum rates of AS have been set? Is there any consideration of current market rents in the determination of maximum rates?

The maximum limits were last updated in 2018 and are based on 40th percentile of regional rents using 2016 rent data (from the Ministry of Business, Innovation and Employment). Unlike net benefit rates, there is no annual procedure for updating the Accommodation Supplement (AS) maximum weekly payment.

The 2018 update comprised both an increase to the maximum weekly payment to reflect changes in rents and incomes, and also re-allocation of the geographic areas that should comprise each AS region to reflect changes in local rents in the country that had taken place since the maximum weekly payments were last defined.

18. Does MSD collect any figures on the percentage of recipients of Temporary Additional Support, who are paid at the maximum rate? (e.g. 30% of net benefit for those with high housing costs).

Please find attached **Appendix Four**, containing **Table One**: The number of clients with Temporary Additional Support (TAS) as at the end of January 2024, by number with maximum rate and benefit type, and **Table Two**: The number of clients with TAS as at end of January 2024, by number with maximum rate and cost type.

19. Under the disability allowance, applicants are able to be paid up to 40c per km for health related transport. This millage rate is now less than half of what business persons can claim for tax purposes for business travel. Can MSD confirm for how long a rate of up to 40c per km for travel has been used?

The mileage rate was introduced following a Cabinet Decision in 1994.

I will be publishing this decision letter, with your personal detailed removed, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

PP. 
Magnus O'Neill
General Manager
Ministerial and Executive Services