



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

McAllister, A

Title:

Gatekeeping disability income support: A conceptual model

Date:

2020-05-01

Citation:

McAllister, A. (2020). Gatekeeping disability income support: A conceptual model. *Social Policy and Administration*, 54 (3), pp.327-344. <https://doi.org/10.1111/spol.12527>.

Persistent Link:

<https://hdl.handle.net/11343/286908>

McAllister Ashley (Orcid ID: 0000-0003-1857-8882)

## ORIGINAL ARTICLE

### Gatekeeping disability income support: A conceptual model

A. McAllister<sup>1,2</sup>

<sup>1</sup>Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden

<sup>2</sup>Menzies Centre for Health Policy, University of Sydney, Australia

### Correspondence

Ashley McAllister, Department of Public Health Sciences, Karolinska Institutet, SE-171 77

Stockholm Sweden Stockholm 171 77, Sweden

Email: [ashley.mcallister@ki.se](mailto:ashley.mcallister@ki.se)

### Abstract

In most developed countries, disability income support caseloads are on the rise. Little empirical knowledge exists, however, about how policy-makers design these programs contribute to caseload growth. This paper specifically explores how the boundary between who is eligible and who is not for disability income support are drawn in Australia and Canada. Forty-five interviews were conducted between March 2012 – September 2013 with

**This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: [10.1111/spol.12527](https://doi.org/10.1111/spol.12527)**

informants who were or are currently involved in designing disability income support in these jurisdictions. Analysis followed the fundamental steps of grounded theory.

Findings revealed that the informants describe this process as ‘gatekeeping’, which can be subdivided into two stages: (i) establishing the gate (definition of disability) and (ii) operating the gate (who interprets the definition and how). I present the results using a conceptual model I developed, deconstructing each stage of the process of gatekeeping into discrete units of analysis. The model is useful for future comparative studies, providing a historical perspective and allows policy researchers to concentrate on specific aspects of the process in detail, which could lead to finding solutions to the challenges related to disability income support.

**Keywords:** Policy design, comparative social policy, disability income support, grounded theory, Australia, Canada

# 1. Introduction

In most developed countries, disability income support caseloads are on the rise (OECD 2010). Governments and the media frequently proclaim that disability income support programs are burgeoning with recipients and are thus unsustainable. Such claims have led to redesigning disability income support program in many countries (Grover and Soldatic 2013; Andersen et al. 2016; Yerkes and van der Veen 2011). So far, the default design strategy is to tighten eligibility criteria yet we know little about the nuances of these programs (OECD 2007). This paper proposes a conceptual model explaining disability income support and illustrates the model's application by using empirical evidence from Australian and Canadian disability income support policy-makers. The following section provides an overview of the disability income support literature, a rationale for case selection, and a brief history of disability income support in both settings.

## 1.1. Overview of the literature

Stone (1986)'s *The Disabled State* clearly outlines the challenges that governments face when designing a program like disability income support. First, you must decide on a definition of disability, and then you must determine who makes that decision in practice. Few researchers built on Stone's work outside the American context. Those that have risen to the occasion tend to focus on one of the questions Stone poses rather than analyse them in tandem. For example, Mabbett (2005) examines the issue of who is disabled by highlighting the inequality that arises when policy-makers fail to define disability clearly. Others focus more on who makes that decision or instead describing (and often comparing) the different assessment

processes (De Boer et al. 2004; Geiger et al. 2017; Council of Europe 2002). Geiger et al. (2017) provide a classification of assessments, but the inclusion of the nuances of the definition of disability (which can create inequalities between certain types of disabilities (McAllister 2019) or in-depth details about the assessments most notably – who conducts them (Stone 1986) – is needed. The Organisation for Economic Co-operation and Development (OECD) has published many reports on disability income support, but these tends to focus on the growing size of disability income support programs and provide high-level comparisons (OECD 2007, 2006, 2010). The OECD (2003) report entitled *Transforming disability into ability* introduced a typology for comparison focusing on categorising disability income support into passive and active programs, then rating their quality. I add to the literature by proposing a conceptual model that includes both of Stone's questions and can be utilized in future comparative work to better understand the nuances and subtler differences between disability income support policy design in other settings. Unlike previous authors in this field, I chose two case studies for more in-depth comparisons. The following section outlines the case selection and rationale.

## **1.2. Rationale for case selection**

Australia and Canada were chosen in a two-step process. In the first step, the selection criteria were: (i) must be an English language country (the native language of the author), in order to go deep into analysis of policy documents and legislation) and (ii) must be an OECD member state (as a proxy for a developed nation). This narrowed the selection of countries down to: Australia, Canada, Ireland, the United Kingdom (UK), and the United States of America (USA).

In the second step, the selection criterion was based on the principles of Mill's Most Similar Systems Design approach in which cases are selected because of shared similarities (Otner 2009) but have a major difference. In this step, I selected Australia and Ontario<sup>1</sup> (as the most significant and representative case of Canadian disability income support programs) for several reasons. First, Australia and Canada have many similarities such as both being liberal welfare states, similar population levels, similar geography (e.g. vast countries) and political systems. However more importantly to case selection was their 'difference' which I explain further below.

At the time of the study, an Ontario Social Assistance Review Commission was underway (Lankin and Sheikh 2012). A central part of the Commission was a cross-jurisdictional analysis of other disability income support programs to 'policy learn' from (Dolowitz and Marsh 2000), which included the Australian Disability Support Pension (the DSP) (Lankin and Sheikh 2012). The DSP model has received international attention because it is one of the pioneers of a work capacity approach (Geiger et al. 2017; OECD 2003) to disability income support. In other words, policy-makers chose to focus on what a person *can do* rather than what they *cannot do*. In theory, this was a move away from the medical model (used in Ontario) and reliance on diagnoses to determine eligibility. Instead, the aim was to focus on a persons' functional limitations regardless of the diagnoses. However, details on the actual DSP process for determining capacity remains opaque. In contrast, the Ontario Disability Support Program (ODSP) is designed very much using the medical model approach and diagnoses are still very much a part of the design.

### **1.3. Brief overview of Australia and Canada**

Disability income support programs in Canada are run provincially whereas in Australia there is a national system of disability income support. As such, in the Canadian context, this research is limited to the province of Ontario. Ontario is Canada's most populous province with more than one-third of Canada's population (Statistics Canada 2018) and structurally redesigned their disability income support system in the 1990s – one of the first provinces to do so during this period. I argue that despite provincial differences, all provinces use a medically-based approach to disability income support; so, in this instance, Ontario is broadly representative. The following section provides a brief overview of the DSP and the ODSP.

#### **1.3.1. The Australian Disability Support Pension**

In Australia, providing disability income support is the responsibility of the Australian Department of Human Services. The DSP is a means-tested program available to all Australian citizens or residents who meet specific financial and medical eligibility requirements (DSS 1991). The primary purpose of the program is to provide financial support to those that are unable to work as a result of their disability. Recipients of the DSP also receive many other non-quantifiable benefits such as subsidized prescription medications, discounts on utilities and housing subsidies (although these are provide through other government programs).

Australia's population is approximately 25 million people (Australian Bureau of Statistics 2018). At the time of this study, about 3.5 percent of the Australian population (or 821,738) were DSP recipients (DSS 2013). The three major categories among DSP recipients are

mental illnesses (31 percent), musculoskeletal conditions (26 percent) and intellectual disabilities (12 percent).

### **1.3.2. The Ontario Disability Support Program**

In Ontario, providing disability income support is the responsibility of the Ontario Ministry of Children, Community and Social Services. The ODSP is a means-tested program available to all Ontario residents who meet specific financial and medical eligibility requirements (MCSS 2014). The primary purpose of ODSP is to provide financial support to people with disabilities who are unable to support themselves financially (e.g. rent, food). Recipients of ODSP also receive many other non-quantifiable benefits such as subsidized prescription medications, discounts on utilities and housing subsidies.

Ontario's population is approximately 14 million (Statistics Canada 2018). At the time of this study, approximately 3.5 percent of the total Ontarian population (or 444,688 persons) were ODSP recipients (MCSS 2016; Statistics Canada 2018). In 2011, mental illness comprised 56 percent of ODSP cases; however, the definition of mental illness includes psychoses (21 percent), neuroses (17 percent) and developmental delay (18 percent) (MCSS 2011b). This definition of mental illness is much broader than the definition used to calculate Australian DSP statistics on recipients with mental illness.

## **2. Methods**

I used constructivist grounded theory (Charmaz 2014) to understand how disability income support policy is designed in Australia and Canada. The primary data collection method was

interviewing, but I also used document analysis to support the data from the interviews. These methods are explained below.

## **2.1. Sample population**

Snowball sampling (Tansey 2007) was used given that no comprehensive list of persons involved in the design of disability income support exists. The selection criteria for informants were people who had been or were currently involved in the design of disability income support in Australia or Canada since 1991. As such, the informants were purposefully selected and are not considered to be representative of the general population.

Informants were initially limited to persons who had worked inside the disability income support policy (e.g. bureaucrats). However, initial informants discussed the roles that advocates, legal representatives, physicians and researchers play in disability income support policy, so the criteria were broadened to include these groups.

I identified the first few informants through Senate Estimate Committee Hearings ([www.aph.gov.au/parliamentary\\_business/senate\\_estimates](http://www.aph.gov.au/parliamentary_business/senate_estimates)), INFO GO (<http://www.infogo.gov.on.ca/infogo/>) government organisational charts, government submissions, literature and informal discussions. Subsequent informants were identified through snowball sampling. Snowball sampling was also used to find relevant policy documents. Informants would suggest or provide access to policy documents. These documents, in turn, led to suggestions for other informants.

## 2.2. Procedure

Forty-five informants were interviewed between March 2012 and September 2013. Interviews lasted between 25 and 120 minutes and most were conducted face-to-face (n = 34) but a few were conducted via Skype (n = 7) and telephone (n = 4). Table 1 summarizes the characteristics of the informants. The interviews were semi-structured but followed an interview guide. All informants were asked to discuss their role and experience with disability income support. Follow-up questions pertained to their area of expertise, but in general, the topics discussed included how best to define disability, interpret the definition of disability and describe past policy reforms.

[Insert Table 1 here]

Interviews were digitally recorded and professionally transcribed. Four interviews were not recorded – two at the wish of the informants and two due to technical problems. In these instances, handwritten notes were taken, and sent to the informant for verification.

In addition to interview transcripts, data included policy documents, legislation, Hansard transcripts and other reports or documents recommended by the informants. Documents were used as ancillary data to complement and triangulate data from interviews.

## 2.3. Data analysis

In this study, data collection and analysis occurred in tandem, using the fundamental steps of grounded theory (Sbaraini et al. 2011): writing memos, constant comparison, coding, diagramming, theoretical saturation, and generating a theory.

In this study, theoretical saturation occurred after 42 interviews were conducted. However, to ensure that conceptual categories were adequately explored, I interviewed an additional three

informants. The process of memo-ing, coding and diagramming lead to the generation of the conceptual model about gatekeeping. The findings of this study lent itself more to a conceptual model (Becker et al. 2012) rather than theory because the specificity of the topic area and setting allow for abstraction but limit the generalisability of claims. A conceptual model provides an explanation of the process in the specific setting while still applying to other contexts.

### 3. Findings

Throughout the interview process, the metaphor of gatekeeping continually emerged signaling that the concept of gatekeeping is important to the process. To the informants, designing disability income support was about gatekeeping and could be subdivided into two main stages: (i) establishing the gate and (ii) operating the gate (see Figure 1). In this section, I introduce the two stages, including different components within each concept. Then, I compare the components between Australia and Canada discussing the similarities and differences. To explain the metaphor of gatekeeping and introduce the model, I use quotations from the informants and reference relevant supporting policy documents.

[Insert Figure 1 here]

#### 3.1. Establishing the gate

Disability income support is not a universal public program; parameters are needed to determine who should receive the benefit. Many informants described the process of

designing disability income support by using the metaphor of a gate. As Canadian Informant 6 said:

*“If you are designing a program which is specifically for people with disabilities...the biggest question that has to be answered is what’s the, what’s the right gateway to the program? Who qualifies from a disability perspective? ... how do you capture the people that you intend?”*

To the informants, the gate represented an entry to disability income support, and all applicants must enter through the gate to obtain support. This stage of the process involves deciding eligibility criteria for the program (e.g. the definition of disability).

The informants spoke about choosing different components that comprise a definition of disability that make up a gate. The informants said a gate could be broad or narrow and the size of the gate relates to the different components of the definition of disability. A definition with few elements (or low thresholds) would be a wide gate and thus easier to enter for applicants. A definition with many components or high thresholds would be a narrow gate and therefore harder to enter. See Table 2 for a summary of the components of the definition of disability discussed by the informants.

[Insert Table 2 here]

I asked the informants how choices about the different components of the definition were made, and most responses related to political objectives and appeasing the perceived opinion of the taxpayer. For example, Australian Informant 34 and Canadian Informant 10 said

*“...you’ve got to let politicians make these value judgments. You [bureaucrats] shouldn’t do that; you might have those views but it’s the politicians that have to work out the economic versus the equity-type arguments.” (Australian Informant 34)*

*“I think the political beast does look towards the public often for the direction they’re going to go in.” (Canadian Informant 10)*

Many influencing factors noted by the informants were related to the political party in power (e.g. ideology, politics and public perception), suggesting that factors that help achieve political objectives of the government (e.g. re-election) may have the most significant influence on the final definition of disability. While the DSP and ODSP definitions of disability were different (see Table 4), the factors influencing the decisions about the components were similar.

### **3.2. Operating the gate**

The informants indicated that the gatekeeper is responsible for operating the gate, i.e. interpreting the eligibility criteria established for the gate. Ultimately, the gatekeeper decides who is let in and who is kept out from receiving disability income support. Results revealed formal and informal gatekeepers involved in making the decision. The following section describes these different gatekeepers, obstacles to effective gatekeeping and tools to help gatekeepers.

#### **3.2.1. Different types of gatekeepers**

The informants spoke about formal and informal gatekeepers. Formal gatekeepers are gatekeepers who can operate the gate. The informants spoke about two subgroups of formal

gatekeepers. Whereas informal gatekeepers help inform eligibility decisions but cannot directly operate the gate. The following section introduces each type of gatekeeper in more detail including subgroups within each category.

The informants spoke about two subgroups of formal gatekeepers: main gatekeepers and judicial gatekeepers. The main gatekeepers are those that make the final decision of who is considered eligible for disability income support. In Australia, they are called Job Capacity Assessors (JCA). Some assessors have an allied health background (e.g. physiotherapist, psychologist). However, not all assessors have qualifications relevant to assessing every impairment (DSS n.d.). For example, a dietician could assess a person with a mental health condition. Most assessments are conducted face-to-face. In Canada, the main gatekeepers are called the Disability Adjudication Unit (DAU). About 20 health professionals ranging from physicians to physiotherapists comprise the DAU (MCSS 2011b). Unlike JCAs that are based throughout Australia, the DAU is centrally located in Toronto, Ontario, and all applications are assessed from this location. No assessments are conducted face-to-face, as all are paper-based. However, it should be noted that denied ODSP applicants can appeal through the Social Benefits Tribunal (further explained below), and the appeals are conducted face-to-face.

Judicial gatekeepers, typically found in the judicial system, can operate the gate but typically do so sporadically (e.g. when there are appeals) and not on a daily basis like the main gatekeepers. Judicial gatekeepers are at arm's length from government and have their own set

of guidelines and interpretations of the definition of disability. For the DSP, these include the Social Security Appeals Tribunal and Administrative Appeals Tribunal. For the ODSP, these include the Social Benefits Tribunal, the Court of Appeal for Ontario and in some cases, can go as high as the Supreme Court of Canada. As Canadian Informant 10 said:

*“I mean they’re not shaping policy or the law, well they are kind of shaping policy cause they’re sending a message to us that they don’t agree with something, but they’re putting people on the program for various reasons that we may or may not agree with.”*

This quote illustrates that judicial gatekeepers have the power to grant disability income support regardless of what the main gatekeepers think. Court decisions can also alter the definition of disability and the way the main gatekeepers must interpret the definition. A Canadian informant uses the example of the removal of the addictions exclusion clause as an example:

*“You know the Human Rights Commission makes [a] ruling that...people with those disabilities [addiction] should be eligible for the program, for a benefit and there’s nothing the Ministry can do about that, I mean, they can sort of go to court about it but it’s the courts that decide.”*

The Canadian informants provided many examples of this, the most notable being the case of Tranchemontagne (Copes and Bisgould 2010), where the Supreme Court of Canada ruled that it was against the *Charter of Human Rights* to deny persons with addiction from being eligible for the ODSP. As a result of that court ruling, persons with addiction are now eligible. On the other hand, the Australian informants did not discuss changes to the interpretation of the definition of disability. Australian Informant 34 provided one explanation, noting that

decisions do become case law, but if the outcome of the decision is unfavorable for the Government, they can change the law to overcome the case law decision. Canadian Informant 10 said this was not possible in Canada as it would “open a can of worms”, meaning once the legislation is ‘opened’, all elements of the definition (not just the issue related to the case law decision) are subject to debate. The Canadian informants provided this as the rationale when asked why the ODSP addiction exclusion provision still exists in the written definition of disability but is no longer enacted.

The informants spoke about one subgroup of informal gatekeepers: medical gatekeepers. Medical gatekeepers are typically physicians (but can also include allied health professionals) who provide a medical assessment that is used by the formal gatekeepers to make eligibility decisions. Medical gatekeepers do not make any formal decisions of eligibility, but their assessment plays a major role in the final decision. As Canadian Informant 6 said:

*“The doctor doesn’t decide whether the applicant is disabled or not. The doctor gives their opinion around the person’s medical conditions and impacts of those conditions.”*

McAllister and Leeder (2018) provide further details and discussion of physicians and their role in disability income support in both countries.

### **3.2.2. Obstacles to effective gatekeeping**

The informants spoke about the challenges that arise when gatekeeping. For example, the expectation that applicants should ‘perform’ their illness. This challenge is about the main gatekeepers not trusting an applicant (especially those with invisible illnesses such as many mental illnesses) to accurately describe their symptoms. It is an obstacle because the

gatekeeper needs to distinguish between what is a 'performance' and what is a legitimate impairment. As Australian Informant 35 notes:

*“we don't ever actually know what's going on inside someone else's [an applicant's] head; we know what they tell us, and we know what we can see.”*

The above quote is about a person applying for DIS with a mental illness. The invisibility of many mental illnesses is challenging to gatekeepers since there is little diagnostic proof and you typically cannot see any visual representation of the illness. As such the gatekeeper must rely on the applicant's and their physician's testimony.

Another major obstacle is that gatekeepers can have different interpretations of the definition, leading to variations among decisions. For example, as Australian Informant 42 notes:

*I suppose it's just a reality that if you have 40 people looking at a particular set of guidelines, you might have 40 different interpretations.*

Although the Canadian team of main gatekeepers is much smaller than in Australia, Canadian Informant 10 expressed a similar sentiment:

*You have all these different decision makers and you're like, who is really right at the end of the day.*

Canadian Informant 6 notes that while there is legislative criteria for assessing disability, the gate is very much open to interpretation. Australian Informant 42 provides an explanation for why this might be the case:

*Now, I suppose one of the tricky things is that you might actually get disparities in judgments that are made. So, one person who's making a judgment might include more of those [non-medical] factors; someone might include none of them.*

The above quite highlights that the main gatekeepers are making judgements and while there are guidelines and various other resources available to help make those judgements, ultimately these judgements will be influenced by a multitude of factors.

Table 3 provides a summary of other obstacles mentioned by the informants.

[Insert Table 3 here]

Interestingly, except for courts changing the interpretation of the definition, the obstacles did not vary between the settings.

### **3.2.3. Tools to help gatekeepers**

The informants spoke about gatekeepers needing formal and informal tools for interpreting eligibility criteria. The following section outlines three formal tools – guidelines, impairment tables and access to experts – and one informal tool – heuristic devices. Canadian Informant 10 gives an example:

*“...when I am reviewing their [adjudicators’] files and I see a really questionable decision, I’ll go up to them [the Medical Advisory Unit] and say I think the adjudicator [has] a problem here. What tools do you think we need to help them? Because I am seeing these repeated things.”*

Guidelines (typically internal documents) can provide examples and explanations of how to interpret the definition of disability. Canadian Informant 10 said that the:

“... [*Disability Adjudication Manual*] is one of the documents that helps guide their process in thinking of whether or not it rises to the level of substantial for restrictions and impairments.”

In this instance, guidelines are designed to assist the main gatekeepers in making their decisions. The informants spoke about the challenges involved in interpreting the definition and the fact that guidelines are one way to mitigate this obstacle. The informants discussed specific examples of guidelines, some of which were publicly available, such as the *Guidelines to the Impairment Tables* (DSS 2011), others were not, and some of the informants provided copies such as the *Ontario Disability Adjudication Manual*. Many informants also explained that these documents are works-in-progress, continually being updated as programs change and new challenges emerge. As such, it was preferred that these guidelines were not referred to as ‘gold standards,’ but instead seen as resources that were made available to main gatekeepers.

In Australia, the informants provided guidelines mostly related to the Impairment Tables or the Job Capacity Assessment. In Canada, guidelines related to case law, providing gatekeepers with the latest court or tribunal decisions that may change the way the definition of disability is interpreted. Examples of these guidelines are the *Ontario Disability Adjudication Framework* (MCSS 2011a). The Clinic Resource Office (part of Ontario Legal Aid) also provides papers and reference guides on case law decisions. However, these documents are meant as resources to policy-makers and legal clinics and are not made publicly available. The Canadian informants noted summaries of case law as a primary resource for interpreting the definition of disability. The purpose (regardless of the format) of

guidelines is to overcome some of the obstacles listed in Table 3, notably: being able to interpret the components of the definition of disability; ensuring consistency across decisions; and making judgements based on beliefs or values.

For the Australian informants, the Impairment Tables are the central tool for interpreting the definition of disability. Australian Informant 38 called the Tables

*“... a tool for gateway into a payment.”*

The Impairment Tables are designed using a points system, and those with more than 20 points are considered suitable for the DSP. The ODSP has no equivalent tables. The informants' opinions about the usefulness of the Tables were divided. For example, two Australian informants said that:

*“...the Impairment Tables have made a really quite astounding difference to the outcomes in terms of the grant rates.” (Australian Informant 31)*

*“...the Impairment Tables help quite a lot, because they describe in detail what you're looking for, what kind of functional impairment.” (Australian Informant 35)*

However, many informants were critical of the Tables, such as Australian Informant 37:

*“The new Impairment Tables are much worse, which means that persons, who were already on DSP, if they are tested against the new Tables, will have their DSP cancelled.”*

Since ODSP policy-makers were considering adapting the Australian disability income support model, even Canadian Informant 14 had opinions regarding the Tables. He said:

*“They [the Impairment Tables] seem to contradict the capacity assessment concept...it seems [the Australian Impairment Tables] like a lot of administration...a lot of...from my point of view very expensive assessments....the way the Australians use the impairment tables was viewed by our lawyers as not legal.”*

Providing access to experts was another tool discussed by a few informants in both settings.

In Australia, these experts are located in the Health Professional Advisory Unit (HPAU).

According to the Guide to Social Security Law, the HPAU is a team of health professionals who provide advice, interpretation and clarification to Job Capacity Assessors (DSS 2014).

In Canada, these experts are located in the Medical Advisory Unit. According to the departmental description online, the Medical Advisory Unit “...provides and facilitates medical advisory services and educational stewardship of the Ministry’s disability determination adjudicators” (Service Ontario 2012).

Heuristic devices or mental shortcuts (Tversky and Kahneman 1974) are informal tools that gatekeepers use to help identify suitable people. As a Canadian Informant 10 explains

*“Who is the right person? Everyone has [a] different perspective here of who is the right person... I have my beliefs, I know my colleagues, they have their beliefs too, so yeah. Taxpayers do [have their own beliefs] [laughs].”*

The above quote describes what emerged during analysis as an ‘ideal type’ of disability. An ‘ideal type’ of disability is the gatekeeper attributing certain characteristics to what they envision is a person with a disability that ‘deserves’ to be on disability income support. Such characteristics could be based on evidence and/or morals, stereotypes or other non-evidence-

based reasons. Heuristic devices such as the ‘ideal type’ are used as benchmarks when making decisions about disability income support eligibility. For example, those that are closest to the ‘ideal type’ would be identified as suitable, and those less like the ‘ideal type’ would be identified as not suitable. Informants spoke about five characteristics that created an ‘ideal type’ of disability: visible, clear proof, permanent, easily recognisable as a medical illness and externally caused. Given the complexity of this concept, I explore it further in a separate article (McAllister 2019).

### **3.3. Comparing the DSP and the ODSP**

Table 4 summarizes the components of the definition of disability in the DSP and the ODSP and is based on information from the *Australian Social Security Act, 1991* (DSS 1991) and *the Ontario Disability Support Program Legislation, 1997* (MCSS 1997).

[Insert Table 4 here]

Table 4 illustrates the differences between the definitions of disability. For example, the DSP and the ODSP have different thresholds for impairment and duration. The DSP explicitly lists eligible conditions in the Impairment Tables, but the ODSP does not. Both definitions exclude non-medical factors.

The DSP and ODSP have similar types of gatekeepers. However, there are two differences. First, the main gatekeepers for ODSP only conduct paper assessments compared to the main gatekeepers for DSP who perform face-to-face assessments. Furthermore, the Ontario Disability Adjudication Unit is comprised of less than 20 adjudicators compared to Job Capacity Assessors who are all across Australia. The other significant difference is that

although both programs have judicial gatekeepers, according to the informants, in Australia, these gatekeepers are far less influential than in Canada. For example, in Canada, court rulings have changed the definition of disability (e.g. courts overturned the ODSP addiction exclusion).

For the most part, there was little variation in the way that the informants spoke about the challenges relating to gatekeeping. Unsurprisingly, the significant difference was that Canadian informants noted the courts changing the definition and interpretation of disability was challenging, whereas Australian informants did perceive this as a challenge.

Informants spoke about the same types of tools – providing guidelines and access to experts. However, in Australia, the primary gatekeeping tool are the Impairment Tables. The Tables provide a much more prescriptive way of conducting adjudication than the ODSP guidelines.

A person's condition must be listed in the Tables, and the Job Capacity Assessors must determine a certain level of points related to an impairment arising from that health condition. Due to human rights law, such prescriptive guidelines would never work in the Ontarian context. As such, making it difficult for ODSP policy-makers to adopt much of Australia's disability income support policy design.

### **3.4. Limitations**

The data presented are based on the informants' opinions of the process and may not reflect what happened in the policy design process (Åsbring and Närvänen 2003). The informants were chosen based on their role in designing disability income support policy. Logistically, it was not possible to interview or identify all those who have participated in this process. As

such, the sample is subject to possible bias because the informants are purposively selected and may not be representative (Malterud 2001).

#### 4. Discussion

In this study, I propose a conceptual model deconstructing the process of gatekeeping disability income support, allowing researchers to concentrate on specific aspects of the process in detail. The informants' responses were used to elaborate on concepts introduced in Stone (1986)'s *The Disabled State* in a more nuanced way when it comes to disability income support. The following section outlines how the results add to the literature and then I discuss the implications for policy and research.

Research on the definition of disability is limited and mostly descriptive. For example, the definition of disability is often explained to provide context but seldom analysed (see for example Bill et al. 2006; Gewurtz 2011; Forchuk et al. 2007). Mabbett (2005) examines the definition of disability, but in a broader sense for all social policies, rather than disability income support specifically. She concludes that countries should learn from each other but does not provide a framework for doing so. Smith-Carrier et al. (2017) provides a critical analysis of ODSP policy suggesting that future policies remove the criteria of impairment and become more universal. While the authors engage with the literature and policy evidence, they provide no practical applications for such an approach. I address these gaps by deconstructing the definition into different components (or units of analysis) that can be used for future comparative studies.

There is considerably more literature on the assessment process than the definition (see for example (McAllister et al. 2017; Baumberg et al. 2015; Solli et al. 2015, Waddington et al.

2018). However similarly to the definition of disability, the conceptual model presented here, deconstructs the assessment process into types of gatekeepers, obstacles and tools, something that previous studies have overlooked. I present a conceptual model that provides insight into formal and informal components used to create the definition of disability and interpret the definition. Stone discussed gatekeepers, focusing mainly on the significant role that physicians play in determining who is disabled (Stone 1979). Baumberg Geiger et al. (2017) provide useful insights comparing different disability assessment systems, and de Boer et al. (2009) suggests an evidence-based evaluation tool for guidelines, but both studies exclude informal tools. I expand the category of gatekeepers and include formal *and* informal ones. Overall, findings revealed that these informal elements (e.g. an ‘ideal type’ of disability) are essential to this process and need further study.

## **4.1 Implications**

### **4.1.1 For policy**

Findings suggest that gatekeeping is more critical in the process of granting disability income support than the gates themselves. However, policy-makers in Australia, Canada and elsewhere continually reform the gate (eligibility criteria). For example, since the 2000s, we have seen reforms premised on tightening eligibility criteria in other liberal welfare states such as the UK but also in countries like Denmark, Sweden and the Netherlands (Kananen 2012: 8-12; McAllister et al. 2015). This paper provides empirical support that future reforms need to shift away from only changing eligibility criteria for improving the gatekeeping process. If gatekeepers are uncertain about interpreting the eligibility criteria, then altering the criteria will have little effect.

Another policy implication is that disability income support policy-makers need to recognise the broad spectrum of disabilities. Disability income support programs were designed with ‘boxes to be checked’ (Lightman et al. 2009) and arguably more for identifying physical illnesses – ones that are visible, provide diagnostic proof and at least, in theory, are more permanent in nature – than mental illnesses (McAllister 2019) and some episodic somatic illnesses (Stapleton & Tweddle 2008, Lightman et al. 2009, Vick & Lightman 2010). The conceptual model illustrates the tension between having a binary program like disability income support and a non-binary category of illnesses like many mental illnesses. Our results align with Moss and Dyck (2002) who argue that eligibility criteria for disability income support put pressure on a person to be either able or disable, leaving those in-between falling through the gaps. Gatekeepers want to ensure that disability income support flow to recipients who are still considered disabled over a long period of time. However, this certainty is not always possible with many mental illnesses due to their fluctuating nature and invisibility of symptoms (McAllister 2019, Gewurtz et al. 2018). As such, the shift from a medical model to a capacity (Jongbloed 2003) may not be as important as shifting from a policy designed to identify persons with physical illness to a gate that better captures the nuances of mental illnesses and other episodic disabilities. The justification for such a change is warranted given that in most countries, mental illness is the most or second most common reason for applying for disability income support.

#### **4.1.2 For research**

The conceptual model shows the differences and similarities between the Australia and Canada, illustrating how the conceptual model can be applied in comparative research. Although the conceptual model was generated using evidence from Australia and Canada, raising the model to a conceptual level could make it useful in other settings. Most OECD countries have a disability income support program, and these programs need gatekeeping. In general, disability income support programs also have obstacles and need tools. However, there would be variation in the different components of each stage. As such, this model provides a starting point for more detailed comparative research on designing disability income support. For example, the inclusion of a case study from a different context, e.g. another type of welfare state like Sweden, a Nordic welfare state (Bambra 2011) would be interesting. Or perhaps the Dutch case, and examination of their *Gatekeeper Act* (OECD 2007). In the Dutch system, employers are an important gatekeeper and this could be added to the model if the research was extended to the Dutch context. Providing results from a different setting could provide insight into whether the conceptual model could be applied to disability income support programs, in general, or limited to liberal welfare states such as the cases presented in this paper.

## 5. CONCLUSION

The findings that I have presented suggest that research about disability income support should not be limited to policy documents but should also include those who are responsible for designing these programs. Such informants provide rich information about the formal and informal policy design elements, which allow a more nuanced understanding of these programs. As disability income support programs continue to rise on the political agenda in

most developed countries, it is essential to learn from different settings to better understand how we might improve disability income support policy design. The conceptual model presented in this paper provides a practical starting point for researchers and policy-makers to learn in-depth about specific programs and compare across different programs increasing our knowledge of disability as an administrative category.

#### ACKNOWLEDGEMENTS

During the completion of this work, Ashley McAllister was a recipient of a Canadian Institute of Health Research Foreign Doctoral Research Award (Ref No. 291189). This funding body had no role in the conduct or reporting of the study.

#### REFERENCES

Andersen, I., Brønnum-Hansen, H., Kriegbaum, M., Hougaard, C. Ø., Hansen, F. K., & Diderichsen, F. (2016). Increasing illness among people out of labor market—A Danish register-based study. *Social Science & Medicine*, 156, 21-28. doi: 10.1016/j.socscimed.2016.03.003

Åsbring, P., & Närvänen, A.-L. (2003). Ideal versus reality: physicians perspectives on patients with chronic fatigue syndrome (CFS) and fibromyalgia. *Social Science & Medicine*, 57, 711-720. doi: 10.1016/S0277-9536(02)00420-3

Australian Bureau of Statistics (2018). 3101.0 - Australian Demographic Statistics, Dec 2017.

Retrieved from:

[www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Dec%202017?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Dec%202017?OpenDocument)

(accessed 27 July 2018).

Bambra, C. (2011). Health inequalities and welfare state regimes: theoretical insights on a public health 'puzzle'. *Journal of Epidemiology & Community Health*, 65, 740-745. doi: 10.1136/jech.2011.136333

Baumberg B, Warren J, Garthwaite K, Bambra C. Rethinking the work capability assessment. London: Demos; 2015.

Becker, S., Bryman, A., & Ferguson, H. (2012). *Understanding research for social policy and social work: themes, methods and approaches*: Policy Press.

Bill, A., Cowling, S., Mitchell, W., & Quirk, V. (2006). Employment programs for people with psychiatric disability: the case for change. *Australian Journal of Social Issues*, 41, 209-220.

Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.

Copes, T., & Bisgould, L. (2010). Respondents' factum: Director, Ontario Disability Support Program and Tranchemontagne and Werbeski. Toronto, ON: Sudbury Community Legal Clinic and Legal Aid Ontario.

Council of Europe (2002). *Assessing disability in Europe – similarities and differences*.  
Strasbourg: Council of Europe; 2002.

de Boer, W., Brenninkmeijer, V., & Zuidam, W. (2004). *Long-term disability arrangements: A comparative study of assessment and quality control*. Hoofddorp, Netherlands: TNO Work and Employment.

de Boer, W. E., Bruinvels, D. J., Rijkenberg, A. M., Donceel, P., & Anema, J. R. (2009). Evidence-based guidelines in the evaluation of work disability: an international survey and a comparison of quality of development. *BMC Public Health*, 9, 349. doi: 10.1186/1471-2458-9-349

Department for Work and Pensions (2010) *Universal credit: Welfare that works*. London: Department for Work and Pensions. Retrieved from:  
[http://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/48897/universal-credit-full-document.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/48897/universal-credit-full-document.pdf) (accessed 18 March 2019).

Dolowitz, D. P., & Marsh, D. (2000). Learning from abroad: The role of policy transfer in contemporary policy-making. *Governance*, 13, 5-23. doi: 10.1111/0952-1895.00121

[DSS] Department of Social Services. (1991). *Social Security Act, 1991*. Canberra, ACT: Australian Department of Social Services.

DSS (2011). *Guidelines to the tables for the assessment of work-related impairment for Disability Support Pension*. Retrieved from  
[guides.dss.gov.au/sites/default/files/files/guidelines\\_tables.pdf](http://guides.dss.gov.au/sites/default/files/files/guidelines_tables.pdf). (accessed 24 July 2018).

DSS (2013). Characteristics of Disability Support Pension recipients: June 2013. Canberra, ACT: Australian Department of Social Services. Retrieved from [www.dss.gov.au/sites/default/files/documents/06\\_2014/fact\\_sheet\\_dsp\\_compulsory\\_activity\\_final\\_0.pdf](http://www.dss.gov.au/sites/default/files/documents/06_2014/fact_sheet_dsp_compulsory_activity_final_0.pdf) (accessed 24 July 2018).

DSS (2014). 1.1.H.60 Health Professional Advisory Unit (HPAU) Definition. Guide to Social Security Law. Canberra, ACT: Australian Department of Social Services. Retrieved from <http://guides.dss.gov.au/guide-social-security-law/1/1/h/60> (accessed 24 July 2018).

DSS (n.d.). 1.1.J.20 Job Capacity Assessor: Definition. Guide to Social Security Law. Canberra, ACT: Australian Department of Social Services. Retrieved from <http://guides.dss.gov.au/guide-social-security-law/1/1/j/20> (accessed 24 July 2018).

Forchuk, C., Joplin, L., Schofield, R., Csiernik, R., Gorlick, C., & Turner, K. (2007). Housing, income support and mental health: Points of disconnection. *Health Research Policy and Systems*, 5, 14. doi: 10.1186/1478-4505-5-14

Geiger, B. B., Garthwaite, K., Warren, J., & Bamba, C. (2017). Assessing work disability for social security benefits: international models for the direct assessment of work capacity. *Disability and Rehabilitation*, 1-9. doi: 10.1080/09638288.2017.1366556.

Gewurtz, R. E. (2011) *Instituting market-based principles within social services for people living with mental illness: The case of the revised ODSP Employment Supports policy*. [PhD thesis]. Toronto, ON: University of Toronto.

Gewurtz, R. E., Lahey, P., Cook, K., Kirsh, B., Lysaght, R., & Wilton, R. (2018). Fear and distrust within the Canadian welfare system: experiences of people with mental illness. *Journal of Disability Policy Studies*. doi: [10.1177/1044207318796839](https://doi.org/10.1177/1044207318796839)

Glaser, B. (1998) *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.

Grover, C., & Soldatic, K. (2013). Neoliberal restructuring, disabled people and social (in) security in Australia and Britain. *Scandinavian Journal of Disability Research*, 15, 216-232. doi: 10.1080/15017419.2012.724446

Halm, E. A., Causino, N. and Blumenthal, D. (1997) Is gatekeeping better than traditional care?: A survey of physicians' attitudes. *The Journal of the American Medical Association*, 278, 1677-81.

Jongbloed, L. (2003). Disability policy in Canada: An overview. *Journal of Disability Policy Studies*, 13(4), 203-209. doi: 10.1177/104420730301300402

Kananen, J. (2012) Nordic paths from welfare to workfare: Danish, Swedish and Finnish labour market reforms in comparison. *Local Economy*, 27(5-6): 558-76. doi: 10.1177/0269094212445351

Lankin, F., & Sheikh, M. A. (2012). Brighter prospects: Transforming social assistance in Ontario. *Ontario Commission for the Review of Social Assistance*. Toronto, ON: Ontario Ministry of Community and Social Services.

Lightman, E., Vick, A., Herd, D., & Mitchell, A. (2009). 'Not disabled enough': Episodic disabilities and the Ontario disability support program. *Disability Studies Quarterly*, 29(3).

Mabbett, D. (2005). Some are more equal than others: definitions of disability in social policy and discrimination law in Europe. *Journal of Social Policy*, 34, 215-233. doi:

10.1017/S0047279404008554

Madden, R., Glozier, N., Mpofu, E., & Llewellyn, G. (2011) Eligibility, the ICF and the UN Convention: Australian perspectives. *BMC Public Health*, 11, S6. doi: 10.1186/1471-2458-11-S4-S6

Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet*, 358, 483-488. doi: 10.1016/S0140-6736(01)05627-6

McAllister, A., Nylén, L., Backhans, M., Boye, K., Thielen, K., Whitehead, M., & Burström, B. (2015). Do 'flexicurity' policies work for people with low education and health problems? A comparison of labour market policies and employment rates in Denmark, The Netherlands, Sweden, and the United Kingdom 1990–2010. *International Journal of Health Services*, 45(4), 679-705. Author

McAllister, A., Hackett, M. I., & Leeder, S. R. (2017) Disability income support design and mental illnesses: a review of Australia and Ontario. *Public Health Research & Practice*, 27(2).

McAllister, A., & Leeder, S. R. (2018). Distrusting doctors' evidence: a qualitative study of disability income support policy makers in Australia and Ontario, Canada. *Australian Health Review*, 42(4), 475-480.

McAllister, A. (2019). Mental illnesses are not an 'ideal type' of disability for disability income support: Perceptions of policymakers in Australia and Canada. *Scandinavian Journal of Public Health*. doi: 10.1177/1403494818816903

[MCSS] Ministry of Community and Social Services. (1997) *Ontario Disability Support Program Act, 1997*. Toronto, ON: Ontario Ministry of Community and Social Services.

MCSS (2011a). Ontario Disability Support Program adjudication framework. Toronto, ON: Ontario Ministry of Community and Social Services.

MCSS (2011b). Overview of the Ontario Disability Support Program (ODSP). Toronto, ON: Ontario Ministry of Community and Social Services.

MCSS (2014) Income Support: Disability/health eligibility. Retrieved from [www.mcsc.gov.on.ca/en/mcss/programs/social/odsp/income\\_support/eligibility/disability\\_Health.aspx](http://www.mcsc.gov.on.ca/en/mcss/programs/social/odsp/income_support/eligibility/disability_Health.aspx) (accessed 1 August 2014).

MCSS (2016). Ontario Disability Support Program. *Ontario social assistance: Monthly statistical report*. Toronto, ON: Ontario Ministry of Community and Social Services.

[OECD] Organisation for Economic Cooperation and Development. (2003). Transforming disability into ability: Policies to promote work and income security for disabled people. Paris: OECD Publication Services.

OECD (2006). Canada: Opportunities for collaboration. *Sickness, disability and work: Breaking the barriers*. Paris: OECD Publication Services.

OECD (2007). *Sickness, Disability and Work: Australia, Luxembourg, Spain and the United Kingdom*. (Vol. Vol 2). Paris: OECD Publication Services.

OECD. (2007). *Sickness and disability schemes in the Netherlands*. Paris: OECD Publishing Services.

OECD (2010). *Sickness, disability and work: Breaking the barriers: A synthesis of findings across OECD countries*. Paris: OECD Publishing Services.

Ontario Divisional Court (2000). Ontario (Director of Disability Support Program) v. Gallier (2000) 101 a.c.w.s. (3d) 642. Toronto, ON: Ontario Divisional Court.

Sbaraini, A., Carter, S. M., Evans, R. W., & Blinkhorn, A. (2011). How to do a grounded theory study: A worked example of a study of dental practices. *BMC Medical Research Methodology*, 11, 128. doi: 10.1186/1471-2288-11-128

Service Ontario (2012) Medical Advisory Unit – Description. *Government of Ontario employee and organisational directory (INFO-GO)*. Retrieved from

www.infogo.gov.on.ca/infogo/office.do?actionType=servicedirectory&infoType=service&unitId=4972&locale=en (accessed 18 July 2014).

Smith-Carrier, T., Kerr, D., Wang, J., Tam, D. M., & Ming Kwok, S. (2017). Vestiges of the medical model: a critical exploration of the Ontario Disability Support Program in Ontario, Canada. *Disability & Society*, 32(10), 1570-1591. doi: 10.1080/09687599.2017.1359495

Solli, H. M., Barbosa da Silva, A., & Egeland, J. (2015). Usefulness of an ability-based health model in work ability assessments provided by psychiatrists and psychology specialists writing social security certificates. *Disability and Rehabilitation*, 37, 571-578. doi: 10.3109/09638288.2014.935491

Stapleton, J. and Tweedle A. (2008). *Navigating the maze: improving co-ordination and integration of disability income and employment policies and programs for people living with HIV/AIDS – a discussion paper*. Toronto: Open Policy.

Statistics Canada. (2018). Canada at a Glance 2018 - Population. Retrieved from [www150.statcan.gc.ca/n1/pub/12-581-x/2018000/pop-eng.htm](http://www150.statcan.gc.ca/n1/pub/12-581-x/2018000/pop-eng.htm). (accessed 27 July 2018).

Stone, D. A. (1979). Physicians as gatekeepers: illness certification as a rationing device. *Public Policy*, 27, 227-254.

Stone, D. A. (1984) *The disabled state*. Philadelphia, PA: Temple University Press.

Tansey, O. (2007). Process tracing and elite interviewing: a case for non-probability sampling. *PS: Political Science & Politics*, 40, 765-772. doi: 10.1017/S1049096507071211

Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185, 1124-1131. doi: 10.1126/science.185.4157.1124

Vick, A., & Lightman, E. (2010). Barriers to employment among women with complex episodic disabilities. *Journal of Disability Policy Studies*, 21(2), 70-80. doi: 10.1177/1044207309358588

Waddington, L., Priestley, M., & Sainsbury, R. (2018). Disability Assessment in European States ANED Synthesis Report. European Union: The Academic Network of European Disability Experts (ANED). Available at SSRN 3320419.

Yerkes, M., & van der Veen, R. (2011). Crisis and welfare state change in the Netherlands. *Social Policy & Administration*, 45, 430-444. doi: 10.1111/j.1467-9515.2011.00783.x

Table 1. Informant characteristics

Characteristic	Australia n (%)	Canada n (%)
<b>Sex</b>		
Men	11 (55)	10 (40)
Women	9 (45)	15 (60)
<b>Age</b>		
25-34	1 (5)	1 (4)
35-44	0 (0)	5 (20)
45-54	7 (35)	7 (28)
55+	9 (45)	7 (28)
No answer provided	3 (15)	5 (20)
<b>Informant background</b>		
Advocate	2 (10)	3 (12)
Physician	5 (25)	5 (20)
Legal representative	1 (5)	4 (16)
Policy insider	12 (60)	9 (36)
Researcher	0 (0)	4 (16)

Source: (McAllister 2019)

Table 2. The components of the gate

Component	Explanation
Threshold	<p>A threshold is a minimum requirement that an applicant must meet to qualify for disability income support. The informants spoke about three types of thresholds that a person must 'step over':</p> <ul style="list-style-type: none"><li>• impairment (e.g. substantial versus severe);</li><li>• capacity to work (e.g. 15 hours versus 30 hours per week); and</li><li>• duration (e.g. impairment lasting at least one or two years).</li></ul>
Type of disabilities	<p>Definitions of disability need to be clear. The informants spoke about the following choices:</p> <ul style="list-style-type: none"><li>• creating disability exemptions;</li><li>• creating disability inclusions; and</li><li>• using certain language to prevent exclusion of certain disabilities.</li></ul>
Non-medical factors	<p>Non-medical factors were included in pre-contemporary (before 1991) definitions of disability. Most contemporary definitions exclude these factors, as they are often perceived as irrelevant for determining the degree of impairment. Examples of non-medical factors include: occupation; labor market conditions; education or demographics (e.g. gender, age, race).</p>

Table 3 Examples of obstacles to effective gatekeeping as described by the informants

Obstacle	Description and supporting quotes
Being able to interpret the components of the definition of disability	<p>Gatekeepers need to understand what is meant by each of the components of the definition to be able to identify those that meet the criteria.</p> <p><i>“I think showing you have a substantial physical or mental impairment is reasonable. The problem is, what does that mean by – substantial – is perhaps purposely vague a little bit.” (Canadian Informant 24)</i></p>
Courts changing the interpretation of definition	<p>Case law decisions can change the original intention of the definition and decisions create precedent for how future decisions must be made.</p> <p><i>“The population of people that the... government thought would get on with a definition that they put in the [ODSP] Act has probably somewhat expanded based on the case law...It’s [the definition] sort [of] expanded from the perspective that we are now including people that we probably didn’t expect to include with our definition.” (Canadian Informant 7)</i></p>
Having too many types of gatekeepers	<p>Each type of gatekeeper operates in different ways and sees the applicant in a different setting. These differences lead to variation in decisions. This obstacle differs from the previous one because it is about variation between the different types, rather between different individuals.</p> <p><i>“As well as the fact that you don’t necessarily, in the same way as I think you view the different interpretations amongst the service delivery staff, you would also have the same perspective around the treating professionals [doctors], that they would have different interpretations of the one form.” (Australian Informant 42)</i></p>
Making judgements based on beliefs or values	<p>Some informants noted that while gatekeepers aim to make informed decisions, in the end they are judgements. These judgements are not immune from the gatekeepers’ beliefs or values.</p> <p><i>“Because I don’t believe anyone operates without it, even if it’s unconscious values.” (Australian Informant 33)</i></p>
Not having enough information	<p>Gatekeepers can only make decisions utilising the information that they are provided. Lack of information can make it very difficult to make an informed decision.</p> <p><i>“Again, they [Disability Adjudication Unit] want all the information they can do and sometimes when you get a crappy filled form, that’s all they’re going to work with and unfortunately it isn’t until the appeal process that when a legal clinic gets involved or an advocate gets involved then finally they get the information...” (Canadian Informant 10)</i></p>

Table 4 – Comparing the DSP and the ODSP using the gatekeeping conceptual model

	Australian DSP	Ontarian ODSP
<b>STAGE I: ESTABLISHING THE GATE</b>		
Components of the gate		
Thresholds	Impairment – Severe; interpreted as 20 points under the Impairment Tables Work capacity – unable to work more than 15 hours per week <sup>a</sup>  Duration – two years	Impairment – Substantial  Work capacity – N/A  Duration – one year
Type of disabilities	Includes a physical, intellectual or psychiatric impairment  Eligible conditions are listed in the Impairment Tables  The Impairment Tables specify instructions for episodic and fluctuating conditions	No specific list but includes mental or physical impairments  Legislation reads that drug and alcohol addiction are ineligible but case law struck this and these conditions are now eligible  Specifies that an impairment can be recurrent to include episodic conditions
Non-medical factors	Excluded	Case law <sup>b</sup> requires that certain factors are included (e.g. age, education and work history) but only after a medical impairment has been established
Factors that influence choices about the gate	Ideology, politics and public perception	Ideology, politics and public perception
<b>STAGE II: OPERATING THE GATE</b>		
Type of gatekeepers		
Formal		
Main	Job Capacity Assessors  Mode of assessment: face-to-face	Disability Adjudication Unit  Mode of assessment: paper-based
Judicial	Social Security Appeals Tribunal and Administrative Appeals Tribunal	Social Benefits Tribunal and the Court of Appeal for Ontario
Informal		
Medical	General practitioners, specialists, allied health professionals	General practitioners, specialists, allied health professionals, nurses
Obstacles to effective gatekeeping	Problems with interpretation Ensuring consistency across decisions. Making decisions based on subjective information Too many gatekeepers Lack of information	Problems with interpretation Ensuring consistency across decisions. Making decisions based on subjective information Too many gatekeepers Lack of information Courts changing the interpretation of definition
Tools	Impairment Tables & Guidelines to the Impairment Tables	Disability Adjudication Manual & Ontario Disability Adjudication Framework

## Heuristic devices

## Heuristic devices

---

<sup>a</sup>Different threshold (unable to work for 8 hours per week) for those aged 35 years and under. <sup>b</sup> The ruling in the case ODSP (Director) v. Gallier [2000] OJ#4541 (QL)(Div CT) requires the Disability Adjudication Unit to take certain non-medical factors into consideration (Ontario Divisional Court 2000). Note: A modified version of this table was published in (McAllister and Leeder 2018).

---

<sup>1</sup> The Canadian Government devolves responsibilities for health and social programs to the ten provinces and three territories. For example, provision of social assistance is the responsibility of the provinces and territories. As such, the Ontario Disability Support Program falls within provincial rather than federal jurisdiction.

Figure 1. Gatekeeping: a conceptual model

