



Australian Government
Department of Social Services

Impairment Tables Review Issues Paper

DSS 2511



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Foreword

The Australian Government is committed to improving the lives of people with disability, their families and carers.

The Disability Support Pension provides income support payments to more than 750,000 people with permanent physical, intellectual and/or psychiatric impairments which prevent them from engaging in employment.

To determine eligibility for the Disability Support Pension, Services Australia use a legislative instrument, the Impairment Tables, to assess how a person's functional impairment affects their ability to work.

In 2011, changes to the Impairment Tables were implemented to ensure they were up-to-date with current medical and rehabilitation practice. It is now time to review the tables to ensure they still remain fit for purpose and reflect the advances in medical treatments and assistive technology over the last nine years.

As part of the review, feedback is being sought from stakeholders about the experience of people with disability when the Impairment Tables are applied to their individual health condition and related impairments.

This issues paper, along with a survey on the Department of Social Services Engage website will provide stakeholders with an opportunity to submit their feedback.

The review will uphold underlying principles of pension payments – including the Disability Support Pension – which are long term payments that are paid at the highest rate in the income support system. The Disability Support Pension is only one element of a range of supports the Government has in place for people with disability. The Government is strongly committed to the integrity and sustainability of the income support system as a safety net for people who need it most.

Feedback will help us maintain a safety net system for people with disability who are unable to work.

Read the issues paper and visit www.engage.dss.gov.au to have your say and share this information with your colleagues, disability organisations as well as people with disability, their families and carers.

Background

Introduction to Disability Support Pension

The Disability Support Pension (DSP) is an income support payment to provide financial help for people who are unable to work, for 15 or more hours per week, due to permanent physical, intellectual or psychiatric impairment.

There are currently more than 750,000 people in receipt of DSP. To be eligible for DSP, applicants must have an impairment which attracts at least 20 points under the Impairment Tables. When applying for DSP, the person must also be assessed as being unable to work for 15 or more hours per week, for at least the next two years, because of their impairment.

Legislative Instrument

The legislative instrument 'Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011' (the Impairment Tables) contains 15 individual Impairment Tables used to assess a person's functional impairment and its effect on their capacity to work when a person applies for DSP.

This legislative instrument is due to lapse (sunset) on 1 April 2022. Without an instrument in place there is no legal basis to assess and grant DSP to new applicants who meet the relevant qualification criteria.

Scale of the Review of the Impairment Tables

The Impairment Tables underwent a significant review in 2011 with substantial changes made. The 2011 review was a major undertaking to modernise the Impairment Tables to reflect contemporary medical and rehabilitation practices, ensuring DSP assessment processes accurately and effectively identify people with a capacity to work, and assist people with a profound disability or terminal illness to receive financial support. This review led to the Impairment Tables moving from a diagnosis-based assessment to a functional-based assessment of a person's ability to work and reduced the number of tables from 22 to 15.

This review of the tables will not be the same scale as the previous 2011 review as the current Impairment Tables are the result of an extensive process, and appear to be functioning as expected. The current structure of the Impairment Tables focuses on the ability of someone to engage in the labour market, rather than a condition they may have. This review will focus on the functioning of the current Impairment Tables, in particular, consistency and relevant advances in medical technology and assessments and will include external consultation with stakeholders (stakeholders will include advocacy and welfare groups, disability peak bodies and individuals).

The review will primarily focus on the Impairment Tables used for assessing medical eligibility to DSP. Any other concerns or issues raised will be noted and considered in future policy work subject to Government decisions.

Consultation Process

To enable as broad a participation in the consultation as possible, the Department of Social Services will be using the Engage website, www.engage.dss.gov.au. This dedicated consultation page will feature this issues paper in various accessible formats, and provide the opportunity to participate in the review by lodging a written submission or through a guided questionnaire.

The guided questionnaire on the Engage website will include the following questions:

1. What aspects of the current Impairment Tables do you feel work well and why?
2. What aspects of the current Impairment Tables do you feel require improvement and why?
3. Is there any specific table you feel requires a greater level of analysis and possible re-wording? If so, which one and why?
4. What changes do you think would improve clarity and ease of interpretation in the application of the Impairment Tables for the purposes of a DSP claim?
5. Although the Impairment Tables are function based rather than condition based, are there specific impairments/conditions you think are not given due consideration within the existing 15 tables?
6. What other issues on the Impairment Tables would you like to raise?
7. Are there any other comments you would like to add?

DSP Trends

The following section provides a glimpse of data trends for DSP since the introduction of the current Impairment Tables.

Expenditure

Financial Year	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Expenditure (\$b)	\$15.0	\$16.1	\$16.5	\$16.4	\$16.3	\$16.4	\$16.7	\$17.7

DSP population

Date	June 2012	June 2013	June 2014	June 2015	June 2016	June 2017	June 2018	June 2019	June 2020
Number of Recipients	827,460	821,738	830,454	814,391	782,891	758,911	756,960	745,673	754,181

Top 5 primary medical condition categories

Medical Conditions	June 2012	June 2014	June 2016	June 2018	June 2020
Psychological/ Psychiatric	250,516 (30.3%)	264,516 (31.9%)	259,149 (33.1%)	257,721 (34.0%)	265,285 (35.2%)
Muscular- Skeletal	225,787 (27.3%)	210,186 (25.3%)	182,647 (23.3%)	163,973 (21.7%)	150,154 (19.9%)
Intellectual/ Learning	99,579 (12.0%)	104,362 (12.6%)	106,152 (13.6%)	109,172 (14.4%)	113,410 (15.0%)
Nervous System	41,284 (5.0%)	43,448 (5.2%)	42,603 (5.4%)	42,462 (5.6%)	43,436 (5.8%)
Other	175,321 (21.2%)	175,716 (21.2%)	164,699 (21.0%)	100,838 (13.3%)	98,171 (13.0%)

Recipient Age Groups

Age Range	June 2012	June 2014	June 2016	June 2018	June 2020
16-24	54,744 (6.7%)	55,587 (6.7%)	49,656 (6.4%)	46,811 (6.2%)	47,670 (6.3%)
25-34	81,826 (9.9%)	84,149 (10.2%)	78,790 (10.1%)	77,186 (10.3%)	79,057 (10.5%)
35-44	131,411 (15.9%)	127,795 (15.5%)	115,422 (14.9%)	104,948 (14.0%)	100,663 (13.4%)
45-54	213,328 (25.7%)	207,856 (25.1%)	193,622 (24.9%)	178,841 (23.8%)	168,724 (22.4%)
55-64	320,378 (38.7%)	314,111 (38.0%)	291,351 (37.5%)	272,095 (36.2%)	261,192 (34.7%)
Over 65	25,773 (3.1%)	37,265 (4.5%)	48,292 (6.2%)	72,038 (9.6%)	95,527 (12.7%)

Recipient Gender

Gender	June 2012	June 2014	June 2016	June 2018	June 2020
Male	444,690 (53.7%)	441,013 (53.1%)	416,380 (53.2%)	402,901 (53.2%)	402,037 (53.3%)
Female	382,770 (46.3%)	389,441 (46.9%)	366,511 (46.8%)	354,059 (46.8%)	352,144 (46.7%)

Current Impairment Tables

The 15 individual tables cover different forms of functional ability. The Impairment Tables are used to assess how a diagnosed condition affects the functioning of an individual in their day-to-day life. To be eligible for DSP, and assessed against the Impairment Tables, a person's impairment must be the result of a permanent condition, meaning the impairment is likely to persist for more than 2 years. The current Impairment Tables legislative instrument can be viewed at:

<https://www.legislation.gov.au/Series/F2011L02716>.

For the purposes of DSP, a permanent condition is defined as being fully diagnosed, treated and stabilised.

In determining whether a condition has been fully diagnosed by an appropriately qualified medical practitioner and whether it has been fully treated, the following must be considered:

- a) Whether there is corroborating evidence of the condition; and
- b) What treatment or rehabilitation has occurred in relation to the condition; and
- c) Whether treatment is continuing or is planned in the next 2 years.

A condition is considered fully stabilised if:

- a) Either the person has undertaken reasonable treatment for the condition and any further reasonable treatment is unlikely to result in significant functional improvement to a level enabling the person to undertake work in the next 2 years; or
- b) The person has not undertaken reasonable treatment for the condition and:
 - i. Significant functional improvement to a level enabling the person to undertake work in the next 2 years is not expected to result, even if the person undertakes reasonable treatment; or
 - ii. There is a medical or other compelling reason for the person not to undertake reasonable treatment.

If a claimant does not meet this criteria, they do not meet the eligibility criteria for DSP.

The following section provides an overview on each of the current Impairment Tables and the functions assessed under the individual table.

Table 1 – Functions Requiring Physical Exertion and Stamina

Used to assess functional impact of impairment, resulting from certain conditions, on activities requiring physical exertion or stamina.

Table 2 – Upper Limb Function

Used to assess functional impact of impairment, resulting from certain conditions, on activities using hands and arms.

Table 3 – Lower Limb Function

Used to assess functional impact of impairment, resulting from certain conditions, on activities using, or requiring the use of, legs or feet.

Table 4 – Spinal Function

Used to assess functional impact of impairment, resulting from certain conditions, on activities involving spinal function such as bending or turning the back, trunk or neck. This table also instructs it should only be used if the impairment being assessed clearly results from spinal conditions.

Table 5 – Mental Health Function

Used to assess functional impact of impairment due to a mental health condition (including recurring episodes of mental health impairment).

In recognition of specific characteristics of mental health conditions, this table contains instructions which in assessment of these conditions, a number of additional factors should be taken into account, including that a person may not have good self-awareness of their mental health impairment or may not be able to accurately describe its effects and the signs and symptoms of mental health impairment may vary over time.

Table 5 also instructs when assessing mental health conditions which are episodic or fluctuating, the impairment rating must be assigned which reflects the person's overall functional impact, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

Table 6 – Functioning Related to Alcohol, Drug and Other Substance Use

Used to assess functional impairment resulting from alcohol, drugs or other harmful substance use. This table also clarifies the use of alcohol or drugs does not itself constitute or necessarily indicate permanent impairment.

Table 7 – Brain Function

Used to assess functional impact of impairment resulting from a neurological or cognitive condition.

In recognition of specific characteristics of neurological and cognitive impairments, this table contains specific instructions which in assessment of these conditions, a number of factors should be taken into account, including the signs and symptoms of such impairments may vary over time.

Table 7 also instructs, when assessing neurological or cognitive impairments resulting from conditions which stabilised as episodic or fluctuating, the rating must be assigned which reflects the person's overall functional impact, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

Table 8 – Communication Function

Used to assess functional impact of impairment resulting from certain conditions affecting communication function, which is understanding or producing speech. The table clarifies the impairments affecting communication function are assessed in relation to the person's main language, defined as the language the person most commonly uses.

Table 9 – Intellectual Function

Used to assess functional impact of impairment resulting from conditions resulting in low intellectual function (IQ score 70 to 85), where the impairment originated before the person turned 18 years of age.

This table specifies an assessment of intellectual function is to be undertaken using certain assessment tools, and how these tools and their scores, are to be applied.

Table 9 also clarifies the diagnosis of a learning disorder such as dyslexia does not equate to a diagnosis of intellectual disability and a person with Autism Spectrum Disorder, Fragile X Syndrome or Foetal Alcohol Spectrum Disorder who also has a low IQ, should be assessed under this table.

Table 10 – Digestive and Reproductive Function

Used to assess functional impact of impairment resulting from conditions which affect digestive and reproductive system functions.

Table 11 – Hearing and Other Functions of the Ear

Used to assess functional impact of impairment resulting from certain conditions on activities involving hearing function, or other functions of the ear.

This table also instructs it should be applied with the person using any prescribed hearing aid, cochlear implant or other assistive listening device they usually use.

Table 12 – Visual Function

Used to assess functional impact of impairment resulting from certain conditions, on activities involving visual function.

This table also instructs it should be applied with the person using any visual aids, for example glasses or contact lenses, they usually use.

Table 13 – Contenance Function

Used to assess functional impact of impairment resulting from certain conditions which affect maintaining continence of the bladder or bowel.

Table 14 – Functions of the Skin

Used to assess functional impact of impairment resulting from certain disorders of, or injury to, the skin.

Table 15 – Functions of Consciousness

Used to assess functional impact of impairment due to involuntary loss of consciousness or altered state of consciousness resulting from certain conditions.

Changes Made to DSP since the Introduction of the Impairment Tables in 2012

Since the introduction of the current Impairment Tables on 1 January 2012, there has been a number of significant policy changes to DSP assessment and qualification criteria. These changes are briefly explained below.

DSP reviews for recipients aged under 35

From 1 July 2014, eligibility reviews were introduced for DSP recipients aged under 35 years, who were granted DSP between 1 January 2008 and 31 December 2011 (prior to the introduction of the revised Impairment Tables). This measure also included review of a person's evidence of participation in a Program of Support (POS). The POS reviews component of the measure commenced on 5 January 2015.

Compulsory participation requirements

From 1 July 2014, DSP recipients aged under 35 years with an assessed work capacity of eight hours or more a week were required to undertake a compulsory work focussed activity such as education and training, or engagement with a job service provider.

DSP reduced portability

From 1 January 2015, DSP recipients travelling overseas can only continue to receive payment for a maximum of four weeks overseas within any 12-month period, unless they have been granted indefinite portability. A recipient's payment will cease if they remain overseas for more than four weeks.

Introduction of Government-contracted Doctors and removal of the Treating Doctor's Report

A revised assessment process for DSP was announced as part of the 2014-15 Mid-Year Economic and Fiscal Outlook and fully introduced from 1 July 2015. The new process introduced the requirement for a Disability Medical Assessment by a Government-contracted Doctor (GCD), and replaced the Treating Doctor's Report with the requirement for claimants to provide raw medical records in support of their claim.

This revised assessment process requires a claimant to lodge supporting medical evidence for the assessment of their claim, rather than the previous process of the treating doctor completing a template form titled Treating Doctor's Report. This information is used by Job Capacity Assessors and GCDs during their assessment of a person's claim, along with, typically, a face-to-face assessment with the claimant. The changes to the assessment process were implemented transitionally from January 2015 and initially only applied to certain DSP claimants under 35, beginning with claimants aged under 25 who lived in capital cities. It was rolled out to all new DSP applicants from 1 July 2015.

Existing Feedback

Stakeholders have previously raised the following issues with the Department of Social Services.

- The criteria for a medical condition to be Fully Diagnosed, Treated and Stabilised (FDTS),
- The criteria for a 'severe impairment' can be difficult for people with episodic and fluctuating conditions,
- The assessment of co-morbidities under the Impairment Tables,
- The costs of gathering the required medical information,
- The potential gaps in the current Impairment Tables when it comes to the assessment of some medical conditions,
- The complexity of the claim process for DSP,
- The Program of Support requirement,
- The use of Government-contracted Doctors (GCDs),
- The challenge for people living in remote and regional areas to gather the required medical evidence.

Questions and Answers

Is the entire legislative instrument subject to the review, or just the 15 Impairment Tables?

The entire legislative instrument, including the rules for applying the Impairment Tables (Part 2 of the legislative instrument), are subject to review.

Will other DSP processes be considered as part of this review?

The focus of this review is the Impairment Tables, based on the legislative instrument sun-setting on 1 April 2022. Other concerns around DSP raised by stakeholders will be considered in future policy work subject to Government decisions.

Are the Program of Support (POS) rules part of the Impairment Tables legislative instrument?

POS rules are contained in the Social Security Act, not the Impairment Tables legislative instrument. However, it is recognised the POS rules interact closely with the Impairment Tables. If stakeholders provide any comments/suggestions on the POS, these will be provided to Government for consideration. However, given the need to remake the legislative instrument underpinning the Impairment Tables, changes to the POS will not be made through this process.

Who can participate in the consultation process?

Public consultation will primarily be conducted through the DSS Engage platform which is available to anybody. This issues paper will also be translated into EasyRead format, Auslan and an audio PDF to ensure the review is accessible to a wide range of people with disability.

Will there be major changes to the Impairment Tables?

The Impairment Tables underwent a significant remaking in 2011. As the current Impairment Tables are the result of an extensive process, and appear to be working as expected, this review will focus on the functioning of the current Impairment Tables, in particular, consistency and medical technology and assessment tools. As a result, this review will be a smaller undertaking and major changes will not be made this time around.

Will there be an Advisory Committee or Group formed for this review?

An Advisory Committee will not be used for this review. This is due to the nature of the review and an Advisory Committee is not required for a review of this size. The method of stakeholder consultation to be used for the review will be the Engage website, and the Department of Social Services will consult with medical professionals in the drafting of the new Impairment Tables to ensure medical terminology and examples used are appropriate.

How long will the consultation process take?

The Engage consultation platform will be open for a two month period, from 1 June 2021, until the end of July 2021. A second round of consultation is anticipated to occur once a revised version of the Impairment Tables has been drafted.

How to contribute to the consultation process

You can have your say on the Impairment Tables through any of the following:

1. Complete the online guided questionnaire on the dedicated Impairment Tables consultation page on the DSS Engage website (www.engage.dss.gov.au) or
2. Email a written submission to: DisabilityandCarerPayments@dss.gov.au or
3. Post a written submission to:
Disability Support Pension Projects Section
Carer and Disability Payments Branch
Department of Social Services
GPO Box 9820
Canberra, ACT 2601