

## Disability Support Pension Impairment Tables Questionnaire

Response: 028

Anonymous

<b>11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you</b>
Medical evidence requirements
<b>11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you</b>
Cultural appropriateness
<b>11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you</b>
Operational improvements
<b>12a (i) The removal of the term 'permanent condition' provides greater clarity that a condition must persist for two years as part of the DSP eligibility criteria</b>
Unsure
<b>12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment</b>
Agree
<b>12b Please provide any additional comments regarding changes to the FDTs requirement</b>
In being a family member carer with siblings with permanent conditions. It needs to be clear - what happens after that two year timeframe, will people's cases be reassessed? Once you are in you're in? I DO NOT want have to be the one to enter the fight, because I have to resubmit evidence and justify the support required again, of their diagnoses/condition that will NEVER change nor get better. This is a permanent condition, it cannot be fitted into a two year window. The options around permanency and validity of support, needs to be INDIVIDUALISED and TAILORED to each person. Assessing and selecting of criteria needs to have a very broad range of selection. People with a disability do not fit into a "neat little box" not everyone with a disability is the same, nor has the same difficulties and issues. One option should not cancel out another.
<b>13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument</b>
Agree
<b>13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section</b>
Agree
<b>13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables</b>
Agree
<b>13a (iv) The additional guidance in appropriate Tables provides greater clarity when considering functional impairment. For example an additional guidance point to all Tables on fluctuating and episodic conditions</b>
Agree
<b>13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables</b>
Agree
<b>13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work</b>
Agree
<b>13b Please provide any additional comments on the proposed operational improvements.</b>
Its all well and good to change the tool and how it is used to make the assessment for a DSP. Please ensure that staff are trained well, more importantly those with a lived experience of disability (carer/professional), are knowledgeable and have a sound level of understanding about disabilities. Skilled and suitably training staff should be the only ones completely these.

<b>14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables</b>
Unsure
<b>14b Please provide any additional comments regarding changes about the impacts from alcohol, drug and other substance misuse.</b>
Sensitivity and care needs to be paramount when assessing and rating a person's function based on additional impacts for those dealing with AOD misuse. Showing empathy and understanding. Not being judgemental, bias or punitive. Don't just band aid it, provide proactive support and understanding about how or why a person came to be in that position. Their circumstances and situation can hold a lot of information. Treating everyone with dignity and respect.
<b>15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment</b>
Agree
<b>16a (i) Proposed changes better represent the functional impact of pain</b>
Agree
<b>16a (ii) Additional examples of pain related conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table</b>
Agree
<b>17a Additional examples of chronic illnesses that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table</b>
Agree
<b>18a Additional examples of renal conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table</b>
Agree
<b>19a (i) Additional examples of fatigue related conditions that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table</b>
Agree
<b>19a (ii) The inclusion of a personal care descriptor captures the functional impacts of fatigue on a person's ability to undertake personal care activities</b>
Agree
<b>19a (iii) Proposed changes better represent the functional impact of fatigue related conditions</b>
Agree
<b>20a Additional examples of cancer and subsequent conditions that result in functional impairment provide more clarity around these types of conditions that may be assessed against a Table</b>
Agree
<b>21a (i) Additional examples of specific pieces of evidence that may be used to support a claim assists individuals to identify the accepted range of medical evidence that can be provided</b>
Agree
<b>21a (ii) Additional examples of professionals assists individuals identify the range of appropriate practitioners who are able to provide medical evidence in support of their claims</b>
Agree
<b>22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function</b>
Agree
<b>22a (ii) The addition of descriptors for the loss of function of a dominant limb under Table 2 – Upper Limb Function better recognises functional impacts of losing a dominant upper limb</b>
Agree

<b>22a (iii) Additional examples of specific skin conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table</b>
Agree
<b>23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand</b>
Agree
<b>24a The proposed change will better support individuals by providing a broader range of medical professionals allowed to provide corroborating evidence in support of a diagnosis of a mental health condition for assessment under Table 5 – Mental Health Function</b>
Agree
<b>24b Please provide any additional comments regarding changes about psychologists.</b>
Ensuring fairness and equity in access to psychologists; especially experienced by those living in regional/rural locations.
<b>25a The proposed changes improve alignment with other recognised mental health assessment tools (including the World Health Organization Disability Assessment Schedule –WHODAS, Diagnostic and Statistical Manual of Mental Disorders – DSM, World Health Organization International Classification of Diseases - ICD)</b>
Agree
<b>26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity</b>
Agree
<b>26a (ii) The addition of a new social skills descriptors in the table relating to brain function recognise difficulties a neurodivergent person may experience in social situations</b>
Agree
<b>26b Regarding the proposed change on Table 6 – Brain Function to better recognise social skills difficulties, would you prefer to:</b>
keep the current list of descriptors and require a person to meet only one descriptor for the relevant impairment rating to be assigned
<b>27a The proposed changes better recognise the need for culturally appropriate assessments</b>
Agree
<b>28 In accordance with the Privacy Collection Notice, please select one of the following.</b>
I would like my submission to be published anonymously