

Disability Support Pension Impairment Tables Questionnaire

Response: 219

Cancer Council Australia & Oncology Social Work Australia and New Zealand

11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you

Fully diagnosed, treated and stabilised (FDTs) requirement

11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you

Cancer

11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you

Ongoing side effects of treatment

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

Agree

12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment

Agree

12b Please provide any additional comments regarding changes to the FDTs requirement

Cancer Council Australia and Oncology Social Work Australia and New Zealand congratulate the Department of Social Services on the proposed changes, specifically relating to the removal of 'stabilised' and 'permanent condition' within the definition which will likely to benefit people with cancer. This change will assist more people affected by cancer to access the Disability Support Pension. This will assist people who are either undergoing treatment, or people left with an impairment because of their cancer diagnosis and treatment, to access a social welfare support program that is more aligned with providing an appropriate level of financial assistance, within a program framework for those unable to work due to poor health. It will also help support people living with cancer who are required to receive treatment long-term to ensure their condition remains stable. With improvements in cancer therapies, such as immunotherapy, it is not unusual for people to remain on active treatment for up to two years, and sometimes longer. Under the existing definition, their condition cannot be defined as 'stabilised' while they are on active treatment.

The addition of the term 'reasonably' to 'reasonably treated' recognises that people should be accessing the most appropriate treatment for their conditions. There are many treatment options for cancer, and sometimes these change for an individual during the course of their cancer care. Service quality and availability may also vary according to many factors, such as patient age, geographic location and other co-morbid health conditions. Therefore, the addition of 'reasonably treated' could account for people choosing a good level of quality and intensity of treatment that is best suited to their individual circumstances, when previously they could have sacrificed their health and care outcomes by declining opportunities for additional treatments in order to qualify for income support under the Disability Support Pension where completion of treatment was a necessary prerequisite for qualification.

13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument

Unsure

13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section

Unsure

13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables

Unsure

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

Agree

13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables

Unsure

13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work

Unsure

14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables

Unsure

15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment

Agree

15b Please provide any additional comments regarding changes about the ongoing side effects of treatment.

The addition of a point to consider the ongoing impacts of side effects experienced due to treatment is an important consideration for cancer. While the point outlined in Part 2, Section 12 applies across all the Impairment Tables, it would be useful to have side-effects related to chemotherapy (and furthermore immunotherapy as we present below) listed as an example beyond Table 10, in particular, Table 1 (Functions requiring physical exertion and stamina). The listed example of chemotherapy is useful in assisting assessors to think about the impacts of anti-cancer treatments. While we recognise that not all conditions may be listed as examples, we believe it is important to additionally include immunotherapy as an example given the side effect profile and impact to function differs from chemotherapy. Making this specific would further assist assessors' awareness of the complexity of anti-cancer treatments, the subsequent stabilisation of cancer, and the ongoing impact on function. While it currently does not specifically exclude immunotherapy, immunotherapy may not be front-of-mind for an assessor without it being provided as an example. Immunotherapy also introduces complexity to the issue of cancer treatment and stabilisation. Immunotherapy is an ongoing treatment option which may affect eligibility of applicants without assessors having an understanding of the complexity of cancer care. The side-effects of immunotherapy vary significantly, from mild to severe, and can affect an individual for a short or long term. There is increasing use of immunotherapy in routine cancer care as an additional treatment after standard chemotherapy is completed. This extends both the duration of treatment and the potential functional impact of side-effects.

16a (i) Proposed changes better represent the functional impact of pain

Unsure

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

Unsure

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

Unsure

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

Unsure

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

Unsure

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

Unsure

19a (iii) Proposed changes better represent the functional impact of fatigue related conditions

Unsure

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

Strongly agree

20b Please provide any additional comments regarding changes about cancer.

This is a welcome and timely addition to the Impairment Tables given the changing landscape of cancer treatments which will continue to evolve in complexity and duration.

Our organisations are pleased to see that cancer and its physical, functional and cognitive impacts are now recognised throughout the Impairment Tables. We are, therefore, hopeful that this will result in more people having fairer and more equitable access to the Disability Support Pension. Cancer Council Australia and Oncology Social Work Australia and New Zealand would welcome any further discussion on the Impairment Tables and their application to the circumstances faced by people with cancer and people who have functional impairment because of cancer.

It is clear that the functional impact, rather than the diagnosis itself, except for confirmation of the diagnosis, is the focus of the impairment assessment. This removes the previous restriction on people undergoing cancer treatment to be fairly assessed for their eligibility to receive the Disability Support Pension.

Although not specifically requested as part of this review, implementation of these changes, and their impact, given a degree of local interpretation required in applying the Impairment Tables, is important to consider. Training for people using the Impairment Tables is critical to ensuring consistent and equitable application to individual cases. A level of understanding of the health condition being considered is also needed, and where this is not clear, the Disability Support Program should enable assessors to cross reference with health professionals to understand the context in which the application has been made. Currently there is no mechanism for this, resulting in further opportunity to provide relevant evidence or clarification only once an outcome has been determined. Having the right information and evidence to make the correct determination early is important. Critical to the successful implementation of the new Impairment Tables is training, not just for the Department of Social Services staff, but for doctors and any health professionals who may be providing reports on behalf of applicants in regard to Disability Support Pension applications. This training will then ensure the correct required medical/health information is provided from the outset to facilitate the Department of Social Support assessor in their determinations and reduce the margin for error in these assessments and expediate the whole process which is an advantage for all.

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

Unsure

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

Strongly agree

21b Please provide any additional comments regarding changes to medical evidentiary requirements.

The expansion of health practitioners who can contribute evidence to an application is welcomed given the multi-faceted and varied impact of cancer on individuals.

22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function

Unsure

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

Unsure

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

Unsure

23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand

Unsure

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

Unsure

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)

Unsure

26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity

Unsure

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

Unsure

26b Regarding the proposed change on Table 6 – Brain Function to better recognise social skills difficulties, would you prefer to:

keep the current list of descriptors and require a person to meet only one descriptor for the relevant impairment rating to be assigned

27a The proposed changes better recognise the need for culturally appropriate assessments

Unsure

28 In accordance with the Privacy Collection Notice, please select one of the following.

I would like my submission to be published with identifying information (including name or name of organisation as provided in the questionnaire)