

## Disability Support Pension Impairment Tables Questionnaire

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Response: 236

Kin Disability Advocacy

<b>11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you</b>
Fully diagnosed, treated and stabilised (FDTS) requirement
<b>11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you</b>
Medical evidence requirements
<b>11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you</b>
Cultural appropriateness
<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>
Agree
<b>12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment</b>
Disagree
<b>12b Please provide any additional comments regarding changes to the FDTS requirement</b>
We find that the change of terminology from 'fully treated' to 'reasonably treated' may contribute to a lack of clarity when it comes to applicants' treatments and what is considered reasonable. We posit that the term reasonable can leave room for interpretation thus generating added challenges for applicants. We argue that this change has the potential to create disparity as it does not provide a structured criterion that must be met but instead appears to broaden the requirements for applicants' treatments to meet eligibility. 'Reasonably' is a relative and subjective term however we contend that reviewing 'fully treated' is a step in the right direction.
<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>14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables</b>
Agree
<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>21b Please provide any additional comments regarding changes to medical evidentiary requirements.</b>
Broadening the range of medical evidence and the practitioners who can provide supporting evidence is a positive change that we believe will simplify the process of evidence gathering. This change will decrease the challenges related to the substantiation of medical conditions and facilitate application submissions of individuals who have limited access to medical professionals.
<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>
Strongly agree

**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)**

Strongly agree

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

Agree

**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**

Agree

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

add a new social skills descriptor and require a person to meet at least two descriptors for the relevant impairment rating to be assigned

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

Agree

**27b Please provide any additional comments regarding changes to address cultural appropriateness.**

The changes to cultural appropriateness are positive as they acknowledge the need to recognise that culture is an integral part of people's lives and experiences thus should not be overlooked.  
We do however question the fact that the inclusion of cultural appropriateness applies only to one impairment table as opposed to the entire impairment tables system. We strongly suggest that culture becomes an integral part of Centrelink's approach as multiculturalism is part of the Australian landscape and should inform processes at all levels.

**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)