

## Disability Support Pension Impairment Tables Questionnaire

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Response: 239

The Autistic Self Advocacy Network of Australia and New Zealand

<b>11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you</b>
Neurodiversity
<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>
Mental health
<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>
Strongly agree
<b>12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment</b>
Strongly agree
<b>12b Please provide any additional comments regarding changes to the FDTs requirement</b>
We strongly support the greater clarity provided by the changes, noting that the word stabilisation provides for consideration to be given to the dynamic nature of Autism. We remain concerned by the focus on the impairments of a primary disability given the high prevalence and impact of co-occurring disabilities and medical conditions that present alongside Autism.
<b>13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument</b>
Unsure
<b>13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section</b>
Unsure
<b>13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables</b>
Unsure
<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>
Unsure
<b>13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables</b>
Unsure
<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>
Unsure
<b>13b Please provide any additional comments on the proposed operational improvements.</b>
Whilst there are many improvements, we provide the additional comments and explain some concerns that arise from the proposed changes.  Wording similar to the following has been used throughout the proposed tables, "When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate."  This is concerning as the functional impact may be subjective depending upon the assessor – eg. an employer may say 1-2 absences a month makes a person unreliable, ineligible for promotion and potentially unemployable. At the same time, a

medical practitioner might consider it to have minimal impact on physical functions.

The only references to impairment affecting a person's ability to work are in the definitions in Part 1 and in a note to Part 2 7(1)(2)(d). The words in the note should be included in the relevant tables, and consideration should be given to who might be best placed to consider whether the loss of functional capacity affects a person's ability to work - such as teachers and employers - and whether employment history might be relevant to such assessment. A person should be able to provide the information referred to in Part 2 9(b) without it being subject to subsection (2). That is, they should be able to submit and have it considered without first being asked to provide them.

It is inappropriate to assume autistic people can reasonably access any assistive technology or equipment they do not use. Assistive technology or equipment that medical practitioners may consider to be reasonably accessible are often inaccessible to Autistic people due to a range of issues including:

- Lack of funding for the initial purchase, peripheral items, protective cases, software, ongoing licenses, training (including for carers and support workers) and replacement items (even when loss and damage are a result of disability)
- Challenges in providing comprehensive solutions and providers of them
- Difficulty in obtaining and persisting with the extensive training required to use the technology (which can be exhausting)
- Impairments limiting the ability to use the assistive technology or equipment consistently and effectively

**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.**

Due to the high rate of co-occurring conditions, many Autistic people experience side effects of medications (such as those for autoimmune diseases and depression) that can be disabling. We agree that these side effects should be considered.

We also strongly believe respect must be given to individuals' right to choose whether or not to take medication with substantial side effects. Their choice should not reduce their entitlement or change the assessment of whether their condition has been treated and stabilised.

**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

**16b Please provide any additional comments regarding changes about pain.**

We suggest that nerve pain and sensory pain be included here to provide greater clarity

**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**

Unsure
<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>
Strongly 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>
Strongly agree
<b>21b Please provide any additional comments regarding changes to medical evidentiary requirements.</b>
<p>We support the inclusion of Allied Health Practitioners as they provide valuable insights, observations and evidence.</p> <p>For autistic people, consideration should be given to the accessibility of obtaining medical evidence, given a) the reduced financial and functional capacity of those attempting to provide it and b) the inaccessibility to health professionals due to lack of capacity and long waiting lists in both public and private sectors.</p> <p>We encourage extending the definition of Allied Health Practitioners to include corroborating evidence from a broader range of practitioners such as social workers, developmental educators, support workers, art therapists, physiotherapists, counsellors and others likely to assist in assessing the physical and educational functional impairments that are commonly co-occurring with Autism.</p> <p>Consideration should be given to the challenges in providing evidence by the applicant, family and carers. The consequences of current evidence requirements make diagnosis inaccessible for some, or decrease the evidence able to be provided by those around them. This can be exacerbated in circumstances where disability is genetic; making carers more likely to have disability. The table currently allows interview evidence but should be extended to provide more accessible options such as, for example, a video statement or carers statement.</p>
<b>22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function</b>
Unsure
<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>
Unsure
<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>
Unsure
<b>23a The proposed changes better capture the functional impacts of balance, dizziness and a person’s ability to stand</b>
Unsure
<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
<b>24b Please provide any additional comments regarding changes about psychologists.</b>
Psychologists provide valuable insights, observations and evidence.
<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>
Strongly agree
<b>25b Please provide any additional comments regarding changes about mental health.</b>
We are pleased that common assessment tools are being recognised, provided they are administered by qualified practitioners in health, allied health and disability services.
<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

**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

**26c Please provide any additional comments regarding changes about neurodiversity.**

We would strongly prefer to have the new social skills descriptor but continue to require a person to meet only one descriptor for the relevant impairment rating to be assigned. The increase in the number of descriptors is not a valid or logical reason for changing the requirement from meeting one descriptor to two.

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

Strongly agree

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

We strongly support the inclusion of culturally appropriate assessment options.

**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)