Disability Support Pension Impairment Tables Questionnaire

Response: 094

Anonymous

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

Musculoskeletal and skin functions

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

Other

11c (ii) Other: What theme to the Impairment Tables, not listed above, is the third most important to you

Relevance to Employment

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

This continues to deny help to someone whose present condition does not meet the requirements but is nevertheless unable to work and may find themselves in that position for weeks, months or years. Uncertainty about how long a person may need help for should not be an excuse to deny them assistance. Jobseeker limits the time a person can be exempt from compulsory mutual obligations.

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

Agree

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

Disagree

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

Agree

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

Unsure

13b Please provide any additional comments on the proposed operational improvements.

The tables are titled, "Tables for the Assessment of Work-related Impairment" yet they do not assess a person's ability to work. They asses a person's ability to generally function with or without assistance. They do nothing to consider whether a person is able to engage in paid work to the standard that will enable them to secure and retain employment.

Table 1 includes questions about making the bed, doing household chores and completing personal care tasks. That's of no interest or relevance to an employer. There is no consideration of how long these tasks take, and yet their duration has an impact on how much time the person is able to devote to paid work. Table 1 asks whether the person can access shops or a workplace in a wheelchair. That is more often a question of architecture and shop fit out than the wheelchair user. The answer depends largely on whether the shop or workplace is wheelchair accessible, which many are not. Table 1 asks whether a person can use public transport without assistance. For a wheelchair user, that depends on whether their local train station is accessible and whether the lifts are working or whether the bus that pulls up has a working ramp or not - and we do require assistance of transport staff. It's not about the wheelchair user, it's about the facilities that are provided.

Table 2 considers whether a person can use a keyboard but not how fast they can type. Employers want speed. In my own job, I struggle to take adequate notes while talking on the phone because I am unable to write or type quickly enough. It's an ordinary skill in a clerical job but is not addressed in the tables. It is a difficulty that puts my job at risk. Table 3 asks whether a person can stand but not how long they can stand for. To an employer, duration matters.

Table 3 considers difficulty negotiating stairs. Some stairs have good handrails, many don't. Some are steep, narrow, uneven or spiraling. Stairs are often not made to accommodate people with mobility limitations, so the response to "can you negotiate stairs?" from a person with a mobility impairment will always be "which ones?" This real world variation is not acknowledged in the tables. The world in which all stairs are the same and all slopes are similar does not exist. There is no point assessing someone's ability to function in such a world.

The Tables do not acknowledge that workplace function varies because stairs, slopes, surfaces and accessibility are different in different workplaces. They do not consider the percentage of relevant workplaces that are accessible to a job seeker. The Tables do not consider the standards of performance required by employers. In doing so, they fail to assess Work-related impairment.

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

Unsure

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

19b Please provide any additional comments regarding changes about fatigue.

For some people with disabilites, activities such as showering cause fatigue. For me, they don't ordinarily cause noticeable fatigue but I complete them much more slowly than other people, so I have less time available in my day to complete other tasks, including paid work. The Tables completely fail to acknowledge this daily and significant impact of my disability.

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

Agree

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

Agree

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

Disagree

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

Disagree

23b Please provide any additional comments regarding changes about balance.

None of the questions in the table consider whether a person can balance while simultaneously performing a task. In the workplace, that is an important question. There is also no consideration of how long a person is able to stand. The question about uneven terrain or slopes includes no details of gradient or extent of unevenness. For some, a well maintained dirt path, such as found in a park might be possible but cobblestones or a bush track may not. There's a big difference between managing a slight slope and a steep hill, yet the Tables do not differentiate these.

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:

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

Unsure

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

I would like my submission to be published anonymously