

From: dssengage@servicesaustralia.gov.au
To: [Disability and Carer Payments](#)
Subject: New submission from DSP Impairment Tables Questionnaire

I have read the Privacy statement Notice and consent for my answers to be collected by the Department of Social Services.

Yes

1 Name

Darwin Community Legal Service

2 Contact email

judy@dcls.org.au

3 What is your age range?

N/A

4 I am responding as:

Other

7 Name of organisation

Darwin Community Legal Service/Seniors and Disability Rights Service

8 What state or territory do you provide services?

- Northern Territory

9 What geographical classification best describes where you provide services?

- Metropolitan area
- Regional area
- Rural area
- Remote area

10 Did you provide a submission during the first phase of consultations.

No

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

Medical evidence requirements

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

Fully diagnosed, treated and stabilised (FDTS) requirement

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

Cultural appropriateness

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

Strongly agree

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

Further clarification needed on 'reasonably treated', including instances where treatment is not available due to locational, financial or other constraints.

we disagree with the new definition of 'diagnosed, reasonably treated and stabilised.

1) a diagnosis by a qualified medical practitioner should be sufficient in itself to meet the criteria., without further qualification needed whether it's reasonably treated or stabilised.

2) Functional capacity impacted by impairment should be able to determined without diagnosis. This is especially relevant for people in remote regions of the NT who do not have access to medical systems and the relevant specialists to their impairments.

The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument

Agree

Simplification in Part 2 of the Instrument improves the guidance and readability of the section

Agree

The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables

Agree

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

The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables

Agree

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

Agree

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

Operational improvements of the impairments table do not deal with the injustice that is created by the operation of the scheme, until the criteria for the DSP are changed in the legislation and the Program of Support requirement and 20 point requirement are removed. Until this occurs, the overall scheme will continue to be grossly unfair.

Any changes to make the language in any of these documents more accessible, less metro-normative are much needed.

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

Unsure

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

Agree

Proposed changes better represent the functional impact of pain

Strongly agree

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

Strongly agree

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

There should be an additional table for pain, and the functional impact it has on a person. People with chronic pain conditions are currently not able to provide the full evidence of the limitations on their functional capacity they are experiencing, as no table provides this opportunity.

Whereas pain should also be recognised where it is related to another impairment, as the proposed changes allow for, there should be an additional table for pain.

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

Agree

17b Please provide any additional comments regarding changes about chronic illness.

The current system is not responsive to the need of people with serious and chronic health conditions who's functional capacity is severely impacted, but are awaiting medical intervention. This medical intervention may be several months or years of waitlist away. The DSP and JobSeeker claim system does not recognise the reality of accessing medical treatment, especially in the NT and its rural and remote regions.

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

Agree

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

Agree

The inclusion of a personal care descriptor captures the functional impacts of fatigue on a person's ability to undertake personal care activities

Agree

Proposed changes better represent the functional impact of fatigue related conditions

Disagree

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

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

Agree

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

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

The lived experience of a person and their carer should be accepted as evidence across all tables and impairments.

The list of appropriate practitioners should be made to include nursing and allied health staff, to allow

for those in very remote communities where those professionals are often best positioned to provide evidence on a person's disability.

The examples are helpful, but it should be made clearer that examples are not an exhaustive list at any point they are included.

Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function

Agree

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

Agree

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

Agree

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

Agree

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

Agree

24b Please provide any additional comments regarding changes about psychologists.

The table should expressly state that psychologists (including non clinical psychologists) should be able to provide evidence of diagnosis for a DSP claim on Table 5. The focus on psychiatrists creates a barrier as access to to psychiatrists and clinical psychologists is often out of reach for people making a DSP claim.

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

25b Please provide any additional comments regarding changes about mental health.

The table and evidence requirements do not take into account that mental health practitioners are likely to phrase their evidence in a recovery focused way, in order to assist the person they are assisting. Assessors need to be made expressly aware of this when assessing a person against Table 5.

Proposed changes better reflect conditions on the spectrum of neurodiversity

Agree

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:

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.

Neurodiversity should be included and assessed against Table 6 - brain function, not mental health.

Re 26B: a new social skills descriptor should be added, AND only one descriptor should be required to be met.

The proposed changes better recognise the need for culturally appropriate assessments

Disagree

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

The entire exercise of making a DSP claim is culturally inappropriate. There needs to be a full review, testing the process against locational and cultural bias. The context and services available to people living in remote and very remote locations have not been taken into account at any point.

Cultural appropriateness is relevant to all tables, criteria and the process. For all tables and impairments there should be explicit mention that culturally appropriate assessments and reports are to be accepted.

Impairment tables are culturally hegemonic.

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)