

30 July 2021

Disability Support Pension Projects Section  
Carer and Disability Payments Branch  
Department of Social Services  
Canberra, ACT 2601  
Via email: [DisabilityandCarerPayments@dss.gov.au](mailto:DisabilityandCarerPayments@dss.gov.au)

To whom it may concern,

**RE: Response to Review of the Disability Support Pension (DSP) Impairment Tables**

Carers Australia welcomes the opportunity to comment on issues arising in the context of the Disability Support Payment (DSP) Impairment Tables Review (the Review), being conducted as a new legislative instrument is required on expiration of the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011* (the Impairment Tables) on 1 April 2022<sup>1</sup>.

Carers Australia is the national peak body representing the diversity of the 2.65 million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, drug or alcohol problem, terminal illness, or who are frail aged. In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represents the views of carers at the national level.

The Disability Support Pension (DSP) provides income support payments to eligible people with permanent physical, intellectual and/or psychiatric impairments which prevent them from engaging in employment<sup>2</sup>. Eligibility for the DSP has a direct impact on carers.

If the person they care for is unable to find sustainable employment due to their disability, and is also unable to access the DSP, they are likely to become financially dependent on their carers, who themselves are often under significant financial strain associated with the caring role. Such dependency can be disempowering for the person with disability and introduce stress into their relationship with those who care for them, as well as emotional and mental health issues.

While we appreciate that this review is confined to the Impairment Tables themselves, we also note there are a number of other issues relating to the DSP assessment process, including the often onerous (and expensive) requirements for producing medical evidence, an issue raised by the current Senate Community Affairs References Committee Inquiry into the purpose, intent and

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<sup>1</sup> Australian Government, Department of Social Services, 'Impairment Tables Review Issues Paper' released 1 June 2021 [[accessed online](#)]

<sup>2</sup> Australian Government, Services Australia, 'Disability Support Pension' [webpage](#) [last updated 26 July 2021]

adequacy of the DSP, due to report by 30 November 2021<sup>3</sup>. It should be noted that Carers Australia is providing a submission to this Inquiry, and is also a member of the Australian Government Department of Social Services (DSS) Community Services Advisory Group.

Regarding the review process itself, Carers Australia fully supports that DSS is open to hearing directly from people with lived experience of claiming for DSP and their carers, which we regard as essential. However, we have some concerns with the three-stream consultation design which includes:

- Welfare and disability rights groups
- The internal Departmental team plus other Government stakeholders, including the Administrative Appeals Tribunal (AAT)
- Medical professionals

We are concerned that the views of these groups will be considered in isolation. We are of the view that it is very important for medical opinion to be informed by the insights of organisations representing people with disability and their carers and to hear about the experiences of people with lived experience.

One option is to establish an Independent Advisory Committee to perform this function. If this is ruled out of scope, other ways to break down the partitioning need to be established.

#### General concerns with the Impairment Tables

As a general comment on the Impairment Tables, the outcomes of changes to eligibility assessments since 2012, and subsequent reviews of DSP recipients against these changes, give rise to concerns that they are not fit for purpose. The fact that approximately half of new claims have been rejected for a number of years now suggests that some tables may be too narrow and inflexible.<sup>4</sup>

In particular, the growth of people on Jobseeker with partial capacity to work due to a physical, intellectual or psychiatric impairment, who often remain on the payment with a partial capacity to work for very extended periods of time, suggests that changes to DSP eligibility criteria have become too rigid and restrictive and should be revisited. They provide an indication of the impact of disability on a person's capacity to find sustainable employment, or indeed any employment.

#### Particular concerns about the adequacy of the Impairment Tables

The narrow assessment criteria against specific individual impairments is an issue. This can obscure the interplay between multiple conditions and comorbidities which do not in themselves, or when each is considered in isolation, add up to a sufficient number of points on the impairment tables, but the overarching experience of coping with multiple conditions pose significant impairment and thus barriers to work.

An additional concern is the degree to which the current tables capture the impact of episodic conditions on the capacity of applicants to find and, importantly, sustain employment. The focus of the tables is on technical aspects of these impairments (duration, frequency and immediate

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<sup>3</sup> Parliament of Australia, Senate Standing Committees on Community Affairs, 'Purpose, Intent and Adequacy of the Disability Support Pension Inquiry' [webpage](#)

<sup>4</sup> Data provided to Carers Australia by the Department of Social Services

functional impact), as opposed to taking into account the impact on the workplace when they do occur and the consequences for the employee.

Psychiatric impairment is often mentioned in this context. Someone with a mental health condition may have good days and bad days, and it is noted in the Guidelines that a score of 10 might be ascribed to someone in cases where there are some impediments to work but the impairment would not prevent full-time work (e.g. short periods of absence from work).<sup>5</sup> However, the capacity of such a person to keep a job in these periods of difficulty or absence accumulate, particularly when the accompanying behaviours are considered disruptive to the work place. This can effectively result in that person having great difficulty in finding flexible employment opportunities, or maintaining employment at all.

Epilepsy is another case in point. A score of 10 is given for what is described as “moderate” epilepsy which includes seizures occurring on average once a month and which may also limit training and the nature of employment available for safety reasons.<sup>6</sup> However, the workplace impact of an employee having continuing tonic clonic seizures at work (and injuring themselves in the process) is likely to be job limiting, as is the frequency of time taken off work to recover which can very quickly exceed personal leave entitlements. It can take days to recover from such a seizure which can be accompanied by traumatised muscles or other injuries, the ability to move certain parts of the body (Todd’s paresis)<sup>7</sup>, headaches and impacts on intellectual functioning.

These examples are not intended to be exhaustive, but to illustrate the point that focussing narrowly and very technically on functional capacity as a predictor of capacity to sustain employment can result in unreasonable adverse outcomes for claimants and, by extension, for their carers.

It is not as though workplace reactions to people with disability is an entirely new concept for the Impairment Tables. With respect to incontinence, for example, “the nature of the person’s condition is likely to affect co-workers adversely” is taken into account.<sup>8</sup>

In short, we recommend that the Review needs to look beyond what is often a very task-based and itemised approach in the current Impairment Tables. The full impact of impairments, including multiple impairments, on a person’s capacity to find and retain employment must be included in assessments. An additional weighting could be added for people with multiple impairments to factor in impact of dealing with multiple disabilities and illnesses on a person’s ability to function efficiently, including the psychological impact.

In addition, a realistic assessment of workplace responses to particular disabilities need to be factored into the assessment, as is the case with the Incontinence Table referred to above. While the Incontinence Table is focussed on a workplace response to a physical disability, intermittent challenging behaviours arising from a disability also have a strong impact on job retention, as do

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<sup>5</sup> A guide to the Tables for the Assessment of Work-Related Impairment for Disability Support Pension, p.38  
<https://usermanual.wiki/Document/guideimpairmenttables.1835839419.pdf>

<sup>6</sup> Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension, Social Security Act 1991, p.61

<sup>7</sup> <https://www.healthline.com/health/todds-paralysis#outlook>

<sup>8</sup> Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension, Social Security Act 1991, p.56



conditions which make the employee prone to frequent injury and other adverse health events while at work.

We are looking forward to continuing involvement in this Review.

Sincerely

A handwritten signature in blue ink, appearing to read "Liz Callaghan".

Liz Callaghan

**Chief Executive Officer**

**Carers Australia**