

# Bristol Disability Equality Forum

94 Grosvenor Rd, Bristol BS2 8XJ



## Re: PIP Assessment Thresholds and consultation

Dear Minister

As you will be aware, the Disability Living Allowance (which the PIP is replacing) was conceived with the aim of assisting in meeting the additional costs of being a Disabled person. Therefore, without out knowing more about what rate an individual will get (more case studies on less straight-forward situations) and how much that rate will be, we cannot properly assess whether any given individual will be getting the support they need.

However, even if we had all the above, our members feel there are huge flaws in the PIP as it currently stands, with perhaps the biggest of all being that the criteria are not based on meeting the needs of Disabled people but on how to reduce the number of claimants. The additional costs of being a Disabled person don't just disappear if they are no longer eligible for benefits to cover this – nor does the poverty many, many of them are living in.

Other flaws they wish to bring to your attention include:

- a. Nowhere in the regulations is there a statement that the claimant has the right to have an advocate. The Forum does not feel that making reference to advocates only outside of the regulations is adequate.
- b. The learning from the WCA trained assessors system is that they only have the skills to assess those who have a clear, single or dual diagnosis which affects them in the perfect textbook 'case study' manner. However, the reality for many Disabled people is that they don't have a clear diagnosis, and/or have multiple impairments. Furthermore, almost all Disabled people experience a known diagnosis in different ways due to their body reacts, how it does or doesn't compensate and/or their circumstances;

- c. the learning from the WCA process is that the interviews are too time-limited leaving those with multiple impairments no time to convey the necessary information about their full range of impairments. People are rushed, causing them to omit pertinent information, get flustered with the consequence that they perhaps don't present the information requested in the clearest of ways, assessors are 'clock-watching' causing them to hurry the assessed on to the next question (getting only half the information they need) and not 'tease out' the information required from a nervous, unconfident and flustered Disabled person.
- d. there is no consideration whatsoever of the impact of their medication upon an individual – despite the facts that:
- it is known that the effect(s) of medication(s) is a very individual one - physically, emotionally and environmentally;
  - many, many Disabled people find themselves on drugs to combat the side-effects of their primary medication and these drugs, in turn, also have side-effects; and
  - both impairments and medications have complex interactions that can and do throw up symptoms and impacts upon daily life, that medical professionals cannot identify as being part of a known condition or disease.
- e. Using the 50% rule regarding fluctuating conditions is far too blunt a tool. The rule is very good for those who tend to have significant blocks of relapse and remission but will totally fail those who, for example, are affected 3 days in every week. To illustrate the point, consider someone unable to feed, toilet or bathe themselves 3 days out of 7, yet have no (or insufficient) PIP to provide the assistance they need on those days.

- f. Whilst we are pleased to see more consideration of the needs of those with communication difficulties when socialising you have effectively ignored the additional costs faced by those with mobility difficulties and/or a visual impairment when socialising e.g. higher rate mobility will pay for the transport costs of an electric wheelchair user – whether by motability vehicle or taxi – but will not cover the cost of having to take someone with you to access most social venues because only a manual wheelchair can gain access. The same applies to those who are Blind or have dual sensory impairment, altho in the case of those who are Blind it is going to be difficulties with hazards and orientation that cause a need for assistance/supervision.

Refusal to consider these factors will effectively mean that someone who can't speak will be enabled to have a social life and others (e.g. Blind, mobility impaired, electric wheelchair users, etc) won't.

The Forum also has concerns regarding the qualifying scores you have proposed and your determination not to consider the social and environmental factors. Members also suspect, given the weightings, that you have substantially under-estimated the impairment-related costs Disabled people actually face.

Please find the Forum's responses to the questions you have posed addressed below. Where we have raised environmental issues, if you remain determined to not consider them, the Forum's view is that you need to relax the relevant criteria to as the alternative. Obviously this means people who do not face the same environmental factors would also be benefiting. This is why the Forum strongly urges you to reconsider your decision on environmental factors.

In conclusion (including the following answers to your questions) the Forum is pleased to see some consultation on the points required to qualify for 'standard, and 'enhanced' rate PIP and to note some improvements to the assessment criteria.

However, it does not believe the proposals for all aspects of PIP are yet fully fit for purpose e.g. the weighting given to the degrees of ability within some of the activities needs attention, along with what some of the activities cover.

We look forward to seeing changes to PIP as a consequence of the Forum's response to this consultation, as well as further consultation.

We would also request you include our organisation in the list of organisations who have responded as we were omitted last time.

Yours

***Bristol Disability Equality Forum***

Please find below:

Forum's responses to each of the consultation questions;

Forum case study referred to in **Q2: Daily Activity 9** (on Page 18).

## Forum Response to Consultation Questions

### Q1 – What are your views on the latest draft Daily Living activities?

[These include three new activities: *Communicating*, *Engaging socially* and *Making financial decisions*. We would welcome your views on the activities. Are the changes and the new activities an improvement? Do you think we need to make any further changes?]

The latest draft Daily Living Activities are clearly an improvement on its predecessor document. However, it does still need some work before it will be effective in meeting actual need. In particular, whilst being very detailed regarding, say, the physical practicalities of toileting and bathing it is very unspecific regarding levels of prompting. This is clearly demonstrated by the provision of 7 activity levels for toileting and incontinence of which only one is related to needing prompting. Yet the levels of prompting that may be required are as wide as those of assistance i.e. from little to a lot. Consequently this could, for example, significantly disadvantage some people on the learning difficulties, autism or dementia spectrum.

**Action recommended:** Give more consideration to, and conduct more consultation on, what is needed to ensure people with such needs are adequately supported.

A notable aspect of your case studies is the selection of contexts that make the scoring seem reasonable with no mention of those in less favourable situations e.g. Case Study 4 – whilst living with his family Pete will probably be able to get his needs met but, as an adult, he should be enabled to live independently of his family. With such a low level of PIP he could not do so without being at very high risk of serious injury.

This is entirely at odds with the statutory commitment to Independence, Choice and Control and relevant sections of the UN Convention on Human Rights and the Convention on the Rights of Persons with Disabilities.

Another case study where, our members feel, the scoring is not reflecting actual need is Case Study 12. The scoring suggests that Elizabeth can understand written information unaided. Given that her Learning Difficulties are sufficient to qualify for a place at a social services day centre this is highly unlikely – certainly when considering more complex information. The Elizabeth's circumstances, as described, suggests that, aside from walking in the immediate vicinity of her home, she would need supervision or prompting to make a familiar journey – as suggested by her not going to the Day Centre independently.

We therefore believe she is some way from having her needs met by the score she has been given. You have also not considered that she might want to live independently, as is her right. Consequently we are of the opinion that Elizabeth would require the kind of support that the enhanced mobility rate would provide, not the standard rate you have allocated her.

**Q2 – What are your views on the weightings and entitlement thresholds for the Daily Living activities (1-9)?** [In this document we have set out the entitlement thresholds for the benefit. How well do you think they work to distinguish between differing levels of ability in each activity? How well do you think they work to prioritise individuals on the basis of their overall need? Do you think we need to make any changes to weightings or thresholds?]

**Daily Living Activity 1** seems to, broadly, be appropriate with the exception of the microwave as a suitable aid to cooking a simple meal. By and large, microwaves are good for a very few things that need boiling, are good for defrosting a few foods but otherwise are not good for preparing a nutritional meal of fresh ingredients(as opposed to a snack). Due to the heat it is also unsuitable for many who can physically cope with the manual dexterity but, say, are forgetful – because the incidence of burning oneself is too high in those circumstances.

Furthermore, it is well documented that lack of variety of taste and texture often leads people to lose interest in eating. By its nature, a microwave makes all food a similar texture, with the exception of flour-based foods (pastry, breads etc); the microwave reduces these foods to a rubbery confection that is almost impossible for anyone with even mild dexterity problems to cut.

**Action recommended:** For the reasons stated, delete category C completely.

**Daily Living Activity 2** would appear to be fine but fails to take account of the health monitoring (e.g. monitoring for hyperglacemia) and hygiene aspects (e.g. infection where a central line is used) of enteral and parenteral feeding. If someone is forgetful, they could end up falling between categories e.g. can feed enterally, can take their medicines unaided and can shower themselves but, if they do so, risk serious infection/health from poor monitoring.

**Action recommended:** consider adding a prompt to Activity 3 to include such things as health monitoring related to feeding.

**Daily Living Activity 3** is particularly good in its inclusion of those who might need supervision rather than administration support. However, you have failed to include a category covering those who incur costs for a therapy that increases their independence/autonomy/reliance on medication that is not available on the NHS. A good example of this is an individual who has weekly massage to reduce pain, increase overall mobility/flexibility etc. This is proven to assist many but costs £30-50 (or more) per session and is not generally available free of charge.

Such an individual may not need assistance to manage that therapy and/or not be needing assistance for more than 3.5hrs pw, yet could easily be incurring a great deal more expense than someone with ability level D or E.

**Action recommended:** adapt the ability levels to include cost or hours e.g. ability level D to be re-written as "Needs supervision, prompting, service provider or assistance to manage therapy that takes between 3.5 and 7 hours a week or costs £22-45pw."

**Daily Living Activity 4** is generally appropriate but may need to introduce a level to cover needing assistance to bathe **and** to groom. The activity levels assume you can do one or other without assistance or can't do either at all.

**Action recommended:** introduce a level between activity levels G and H that attracts a score of 6 because assistance to do both requires more hours of assistance per week.

**Daily Living Activity 5** is possibly one of the Activities needing the most work done on it. Three points, in particular, need further consideration. The first we have cited in response to Q1 and the second is the issue of the cost of managing incontinence oneself. The NHS incontinence pads are inadequate, forcing many Disabled people to have to purchase their own pads. This is expensive (ranging from 30p per pad to up to £1 per disposable pant) with some needing several per day. Yet this Activity makes no attempt to capture this aspect of being able to manage one's own incontinence – and does not even acknowledge that such individuals exist.

The third is that there is a complete failure to acknowledge 'accidents' might happen fairly frequently, requiring someone to, at the least change their underwear, if not their clothes. Nor does it acknowledge the cost of frequent laundering and/or replacement of 'spoilt' items of clothing.

**Action recommended:** Give substantial consideration to how to encompass these factors, proportionately, in the assessment criteria and scoring. We would suggest that the use of pads should be categorised as 'needing assistance' at activity level E and that frequent 'accidents' /assistance with change of clothing categorised as activity level F or G.

**Daily Living Activity 6** also needs a little more thought. Why, for example if you are not able to use aids and therefore need assistance, do you score dressing lower body lower than dressing of the upper body. In both cases an individual to provide assistance will be required. Furthermore, you have not acknowledged that some may need assistance to dress both parts of the body.



**Action recommended:** Change scoring so that being unable to dress/undress the lower or upper body without assistance attracts the same score and that being unable to dress/undress upper and lower body without assistance attracts a score of 6.

**Daily Living Activity 7** is a very welcome addition. The only criticism our members have is that the use of aids or appliances covers a wide range of equipment/software of hugely varying costs e.g. a suitable hearing aid may be free but a JAWS software package, braille keyboard and braille printer cost in the region of £8,000 and require regular upgrading and servicing.

**Action recommended:** Distinguish between high and (relatively) low cost aids and appliances in the scoring system, with high cost needs attracting a minimum 4-6 points.

**Daily Living Activity 8** is, again, a very welcome addition. However, we note from the 'case studies' that it could end up being applied very narrowly indeed. In this regard we draw your attention to case study 6, where 'Richard' is unable to use his hands or legs to mobilise himself and relies on a wheelchair when going out.

Given the inaccessibility of many, many social spaces he will not be able to arrive on his own in a manual wheelchair (because of the difficulties he experiences with his hands) - even if he were to rely on 'the kindness of strangers' once he got there to lift his wheelchair/him over/around the access problems. Neither would he be able to propel himself around once he had been aided to obtain access. He might be able to arrive and to move around alone, once in the relevant part of the building, but this would be pointless because the access issues would mean he couldn't enter the premises in the first place. Consequently, the only way he will be able to socialise (within the terms of the case study you have given) will be to have a PA with him.

It is nice to think that most buildings are now accessible but this is not the case; many of our members would suggest that it is only on a minority of occasions that they are accessible.

We appreciate that the Government has limited resources, especially in the current economic climate but the need for this funding is largely due to the nature of the legislation; switch the emphasis on Disabled people to prove that access would be a 'reasonable adjustment' to one where (as in the US) the responsibility is upon the building owner/tenant to apply for an exemption from the requirement to be accessible, the situation would change radically and the government could save a great deal of money across much of the disability-related welfare/social care budgets. Additional support for wheelchair users to socialise would then be covered by the mobility element. However, until such a change is made, additional financial support from the government will be essential.

**Action recommended:** recognise the need for wheelchair users to be able to socialise by including criteria to cover the situation described within Activity 8.

**Daily Activity 9** is one which, as you say, was in need of some clarification and we are pleased to see a specific category to capture the needs of those who experience general mental, intellectual and cognitive ability to plan and manage day-to-day finances.

We are, however, concerned that the revised assessment criteria do not cover difficulties shopping for essential items under any activity areas.

You may be of the opinion that it is covered by the mobility element however, to do so means you are allocating the mobility element three times over when the amount of money it attracts will only (and in some cases not even) address one element.

We have included a case study on Page 18 to illustrate the point that is a genuine example of the circumstances and experiences a real person (name has been changed) and the actual financial expense she incurs in this regard.

Please read it.

**Action recommended:** amend the criteria to ensure that shopping for essentials is covered somewhere.

### **Q3 – What are your views on the latest draft Mobility activities?**

[Are the changes an improvement? Do you think we need to make any further changes?]

The Forum thinks the changes are an improvement but that they still do not serve those with a sensory impairment as well as they should.

Specifically members are concerned that the assessment of ability to undertake a familiar journey fails to take account of the rest of society and its unpredictable affect upon any given environment. The impact is probably even greater for those with a visual impairment than others. Examples of what we mean are to do with the constant change that people bring to even the most familiar of environments e.g.

- Moving of street furniture and the placing of items as street furniture that should not be there – A boards in a different place on the pavement every day; tables put outside cafes on a sunny day; waste bins moved/knocked over etc.
- Road- and pavement- works, pedestrian diversion routes and their signs, erection of scaffolding.
- Parking on pavements causing obstructions and parking over the textured paving notifies of a crossing point causing significant disorientation.
- Shop refits changing the appearance of buildings that may well have been used as 'way markers' by visually impaired people.

These are just a few examples of the difficulties that can be experienced on the most familiar of routes.

For this reason we believe it should be made clear that Activity E within Planning and Making a Journey is meant to cover those people who are considered Blind.

#### **Q4 – What are your views on the weightings and entitlement thresholds for the Mobility activities?**

Our members can see that an effort made to encompass a range of needs but are concerned that a couple of 'Catch 22' situations are unresolved. Namely,

- a. That there is an assumption that all Disabled people with mobility impairments will have the use of a car – despite the government's own statistics indicating the high incidence of poverty among Disabled people. This assumption means that, for example, someone who **"Can move up to 50 metres unaided but no further."** will score 8pts because **"50 metres is considered to be the distance that an individual is required to be able to walk in order to achieve a basic level of independence such as the ability to get from a car park to the supermarket."**

Yet 8pts will not pay for the Motability car that they would need to be walking from, to meet this assumption.

- b. That the 200m distance set, whilst it might ensure someone can walk around a supermarket, does not allow for them getting to and from the said shop. In the case of larger town centres car park can be significantly more than 200m from the relevant shops – especially fresh food shops; in most areas of the country most people don't live within 200m of a bus stop and in rural areas the bus stops are likely to be substantially further away from an individual's home.

The Forum therefore wants to see some more consideration of the 'gaps' remaining for people to fall through.

Other member' concerns are that:

- i. 8 points is too high a score to meet the genuine needs of many Disabled people given the way points have been allocated in the Case Studies you have provided in the consultation document on assessment.

- ii. You have not given sufficient consideration to the costs of being a Disabled person e.g. those who cannot dress their lower half could end up not receiving PIP standard rate whilst those who cannot dress their upper part would qualify. This is despite the costs being comparable although the means of addressing the difficulty is different. There may be more aids to assist in dressing one's lower half but the aids damage clothing, footwear etc resulting in significantly higher costs in replacement clothing in addition to the cost of the aids themselves.
- iii. You have not made clear that assessors need to avoid assuming that people can use a given aid or appliance. This is a problem that occurred under DLA and consequently cost the Government a great deal of money in independent assessors and appeals that overturned an original decision. A very good example of this one where the initial decision, made by someone processing a claim, was that the claimant's mobility difficulties could be resolved by using sticks, rollator or crutches. This occurred despite the individual stating that they had problems that created substantial pain in their arms and hands. However, there was no specific 'label' attached to this impairment and, it has been suggested, this may be what led the application processor to assume that one or other 'aid' would be suitable.

**Q5 – What are your views on how the regulations work regarding benefit entitlement?** [How well do you think the draft regulations achieve the intent of the assessment set out in the explanatory note? Do we need to make any changes?]

The 6 month qualifying period is a welcome improvement. What does not seem to have been covered (and was not covered previously either) is what the person is supposed to do for the first 6 months.

We are an aging population with increasing numbers living alone with no family nearby. To ensure these people do not get ill/significantly and negatively affect their impairments, or go into hospital, the Government needs to consider how best to use care at home to reduce this burden on the local health services – and avoid transferring responsibility for this to the, already over-stretched, local adult social care services who are already unable to meet the needs of all those people who have a substantial or critical need for support on an ongoing basis – and certainly won't be able to meet the needs of those who are part of your 20% reduction in successful claimants under PIP.

**Q6 – What are your views on how we are dealing with fluctuating conditions?** [Regulation 4(4)(c) of the draft regulations and paragraphs 7.13 to 7.15 of the explanatory note set out how we are proposing to assign descriptors to people who have fluctuating conditions. What are your views on this approach and how this is set out in the regulations?]

Whilst there has clearly been considerable thought given to these regulations they fail to distinguish between different types of 'fluctuating conditions'.

Using the 50% rule regarding fluctuating conditions is far too blunt a tool. The rule is very good for those who tend to have significant blocks of relapse and remission but will totally fail those who, for example, are affected 3 days in every week. To illustrate the point, consider someone unable to feed, toilet or bathe themselves 3 days out of 7, yet have no (or insufficient) PIP to provide the assistance they need on those days.

**Q7 – What are your views on the definitions of 'safely', 'timely', 'repeatedly' and 'in a timely' manner?** [In the assessment an individual must be able to complete an activity descriptor reliably, repeatedly, safely and in a timely manner. Otherwise they should be considered unable to complete the activity described at that level. In paragraph 7.4 of the explanatory note we set out draft definitions for these as follows:

- **Reliably** means to a reasonable standard.

- **In a timely fashion** means in less than twice the time it would take for an individual without any impairment.
- **Repeatedly** means completed as often during the day as the individual activity requires. Consideration needs to be given to the cumulative effects of symptoms such as pain and fatigue – i.e. whether completing the activity adversely affects the individual's ability to subsequently complete other activities.
- **Safely** means in a fashion that is unlikely to cause harm to the individual, either directly or through vulnerability to the actions of others; or to another person.

What are your views on these? Some organisations have suggested that these terms should be included within the regulations. Do you agree? If so, do you have views on how we should do so – for example, as a general provision or referring to them in the detail of activity descriptors?]

The Forum broadly supports these terms and associated definitions applying to most of the activities but not all of them. They are particularly pleased to see the acknowledgement of pain and fatigue within the definition of '**repeatedly**'.

The concerns the Forum has are that:

- it is unclear who's perception of 'a reasonable standard' should be applied;
- the definition of '**In a timely fashion**' needs to read as "means in less than twice the time, **without substantial pain**, it would take for an individual without any impairment."
- The definition of '**Safely**' should make clear that 'harm' includes worsening impairments and/or harm to mental health.
- These definitions don't seem to apply when assessing socialising.

Regarding which document these descriptors should be placed in, the Forum does not feel it has enough legal knowledge of the implications of these being, or not being, in the regulations, to provide an informed response to that question.

#### **Q8 – What are your views on the definitions in the regulations?**

[The draft regulations contain a number of definitions in Regulation 1 (Interpretation) and Schedule 1. Do we need to make changes to any of these?]

Again, not being aware of the language of legislation the Forum does not feel equipped to make a fully informed response.

However, they do feel equipped to point out that, when stating that the definition of an aid or appliance

**“does not include an aid or appliance ordinarily used by a person without a physical or mental condition which limits that person’s ability to carry out daily living or mobility activities;”**

it needs to be made clear that ‘**ordinarily used**’ means an aid or appliance used by non-Disabled people that has not been modified in any way.

#### **Q9 – Do you have any other comments on the draft regulations?**

[Regulations 5 to 10 of the draft regulations relate to elements of the assessment process for Personal Independence Payment, around the requirement to provide information and attend face-to-face consultations, the consequences of failing to meet these requirements and when individuals might have good reason for not meeting these. Do you have any comments on these regulations?]

The Forum notes that there appears to be no mention, or consideration, of two other factors that may impact of an individual meeting the proposed deadlines.

Firstly, that there is no acknowledgement of the delays that can occur in the claimant receiving and responding to requests e.g. it taking a week for the letter to arrive (a not uncommon occurrence) and the claimant going to visit family for a couple of weeks just before the letter arrives. By the time they return they will have less than a week to respond **and** for the relevant person to have received it through the post.

You may feel this would still leave sufficient time but that is to ignore that the recipient of the request may not have anyone around for most of a week, to assist them in responding.



**Action needed:** the regulations to include the direction that assessors need to take account of a claimant's circumstances, as well as their health and the state of their impairments.

Secondly, that there is no definition of 'good reason' or 'reasonable' - as in "using any aid or appliance..... (ii) the claimant could reasonably be expected to wear or use."

With regard to the point following it, point "(e)" we did not have a member who understood what it meant – in its parts or its whole.

For this reason, if no other, it clearly needs to be re-written.

The Forum also notes that all the regulations treat the official(s) involved in these timescales a lot more favourably than the claimant. This is despite the vast majority of the barriers to the timescale being met lie with the claimant.

At the very least, for example, the responsibility to ensure correspondence arrives on time should lie with the official(s) i.e. four week period starts on receipt of the request. Posting via recorded or guaranteed delivery can be purchased by the agency sending the request. Previous experience under DLA tells us that they will expect claimants to do this if they want to ensure their response arrives in time, even though they have far less money to pay for it.

The Forum further notes that:

- i. telephone assessments effectively preclude the claimant using an advocate;
- ii. the regulations should make it clear that the official acting on behalf of the Secretary of State in attempting to make a telephone assessment must call at a time that best suits the individual's impairments and support needs;
- iii. there should be some reference included to consideration of an individual's circumstances and an allowance made for significant factors that mean the individual has significantly fewer days (e.g. more than a week) in which to respond.

## Forum Case Study

Judy is a 54 year old woman living alone. She has permanent mobility and dexterity problems and epilepsy but is able to work half-time and to contribute to her local community. Due to her impairments she doesn't feel able to control a vehicle travelling much above 8 miles an hour. Judy has therefore used her mobility allowance to purchase an electric wheelchair that will meet her postural, mobility and work needs. A wheelchair that meets these needs has cost her £8,000 to buy and costs, on average, £4,000 to maintain/replace worn components every 2 years.

Solid rear tyres - £200 per pair, including fitting, each year =	£400
Castors – £150 per pair, including fitting, per 18months =	£225
Batteries - £340 per pair, <b>excluding</b> fitting, per 20-24 months=	£340
Major items(motors/control panel) replacement £1000 pa =	£2000
Minimum Servicing required 2xpa @ £75 per service =	£300
Misc. repair/replace (conservative estimate) £350 pa =	£700
<b>Total per 24months</b>	<b>= £4065</b>

As she is totally reliant on the wheelchair as her main means of transport she is classified a 'heavy user' and the wheelchair, despite the manufacturers claims, cannot survive more than four years if used according to the specification; it is likely to become uneconomic to repair after 3-3.5yrs. Her last one was stolen after three years and, because insurance companies won't replace wheelchairs over 2 years old under 'new for old' cover, she was only offered £800 to replace it.

Using the wheelchair this way reduces her accessible taxi needs considerably but means her higher rate mobility allowance is overspent every week.

She has given up even trying to catch a local bus as she has frequently been unable to get on the first two buses to arrive, because it is inaccessible and/or is already full with pushchairs. Her impairments are weather sensitive, making waiting outside for an hour or more painful and counter to her ability to work.

Despite having no mobility allowance left to cover it, to go shopping requires Judy to employ a PA as she is unable to reach many of the shelves that items are placed on, cannot get around all parts of the shop and cannot carry the food around while she shops or on the way home.

She has considered internet shopping but they seem to 'substitute' a significant proportion of the items ordered leaving her without the ingredients she needs anyway. She also has a special diet which means she also has to visit speciality shops. Consequently online shopping is either not viable or more expensive than paying a PA, because she would have to pay delivery charges to more than one supplier.

Her experience when she first acquired her mobility impairments and was unable to get out of the house taught her a tough lesson – that some kind of social life is essential to her mental and emotional well-being.