

Response to DWP Consultation on PIP Thresholds:

Observations on DWP PIP case studies relating to visually impaired people.

1. Introduction.

The Blackpool Low Vision Group consists of both local visually impaired people and service providers. This response to the DWP consultation on proposed PIP thresholds only represents the views and experiences of those with such impairments on the group, i.e. members, but they do not necessarily represent the views or policies of service providers. The 2 case studies cited below are used by the Department of Work and Pensions (DWP) set out to demonstrate how Personal Independence Payments (PIP) will replace Disability Living Allowance (DLA) for visually impaired people from 2013 onwards.

This response sets out overall comments for each of the 2 case studies concerning visual impairment, and these are followed by specific observations, comments and input on the case studies but based upon the actual experiences of visually impaired people, not on the assumptions made within the illustrations.

The more specific observations are prefixed by the DWP numbering of the consultation.

2. Re Sarah – Observations on Case study 10

2.1. Overall Observation on Sarah Case Study;

This case seems to give 'experienced' disabled people some form of stoic or coping capacity. The support needed to live a full life like this person is substantial and frequent, because of how long people have been blind, not despite this. The whole point of DLA or any payment that supports independence is that the payment alone helps to maintain that independence when earning capacity is likely to otherwise be restricted. This case seems to fit the indicators so that someone who is severely visually impaired but 'experienced' will get lower rates, so, by inference someone who is partially sighted will get neither of these. If this restricts their social and economic participation as UK citizens, this is surely a breach of our undertakings under the UN Convention on the Rights of People with Disabilities?

There is now well documented evidence that rehabilitation is an on going process with 'hands on' rehabilitation provided from time to time after first sight loss, or subsequent worsening, but, this then being supplanted by the extra support afforded by such allowances as DLA.

Additionally, the need for on-going rehabilitation has been in evidence for some time. There are numerous reports, most of which can be seen on the Vision 2020 website that would support the fact that adjustments only really take place on a very unstable platform and are dependent on health and environmental factors remaining the same.

Many people's visual functionality levels also differ according to lighting conditions in the environment, inside and out, how they are feeling, ie stressed, unwell, tired, and other factors like how visually busy or physically busy an environment is. Even familiar areas are a challenge. Examples include, unexpected obstacles or changes to the physical environment, such as road works, obstacles, pavements being taken up, bus route changes, additional people or vehicluar traffic.

Other changes could be changes in arrangements to shop displayed goods. Supermarkets are always changing where they keep things and what they put with what. This is a constant problem if you are sight impaired and rely on contextually locating the goods you want, or relying on colours of labels to scan shelves for goods.

2.2. Specific Observations on the DWP thresholds scoring for Sarah:

RE 1d cooking; ' I too use a microwave cooker, and buy more expensive food, but I also like hot fresh cooked food and to prepare such food safely I need help because pans get too hot or I scold myself when pouring. This still happens even though I too have been blind for over 20 years. The need for support does not reduce, its just that like this lady I work around the choices now left to me.

Presumably she will need to eat out a lot as well, so her score should have been much higher than 2.' '

Re 2a, help with eating; 'If I set out a meal on my plate, I know what and where the food is, but if its

pre cooked or at a café, I need to know its layout, and may need assistance safely cutting up some food, particularly that which flies off the plate. This example seems to presume that living alone means you do not need support’.

Re4a, grooming; ‘Any person with severe visual impairment needs help with grooming, even if they have to cope a lot alone. For example, if there is any doubt of stains etc, clothes need to go to the launderette, or make up needs to be of high quality reducing risks of adverse reactions, and it has to be applied by a friend or by taking twice as long, and, by checking with someone. This is a major cost area for blind people who live alone, and a constant area of assistance if they are with a partner.’

RE 5a, elp with toilet needs; ‘Finding and using a toilet even in a familiar location requires assistance. If the route to the loo is restricted or has changed, or if cubicles are available or not, or, if rolls are available or not, or, if the loo is out of order all require substantial initial and discreet assistance.’

Re 6c, help dressing; ‘This links to grooming and is the case for any visually impaired person. The DWP example at least illustrates what a blind person living alone has to do, which is to get help as far aspractical to plan ahead with set out clothes, but this only works for a few key days or events when you might set aside something specially for this.’

Re 8a; ‘This is just plain wrong. Even in familiar locations with friends I have no idea who is where, or often who they are talking to (is it me?). When I am with my friends in a close quiet spot, I can

manage to engage and talk to them, but this is not the same if the location is noisy, or they or I get a bit disoriented. The example confuses how we appear to cope with being able to cope if we had full sight.’
Re 9a, help with financial transactions; ‘This is just wrong. I cannot read a set of numbers like I did when I could see. So, I can no longer peruse sets of figures or accounts, or see whether a sum is right or wrong. I am able to use a voice calculator but cannot recall what numbers I am up to or have just listed. Needless to say, algebra or formulars are now completely inaccessible to me.’

Re 10 c, help with journeys etc; ‘Anyone who is blind or partially sighted has to seek assistance and support for any journey to be achieved safely however long they have been so impaired. For example, I either use a taxi, or only use a bus from the stop near my house, and then I often need to be told when to get off. If I choose to make any journey alone I should be able to make this choice, because I may need to, but risking an injury. This is why all visually impaired people need this support. The distinction with the next case study only makes sense if it is a device to remove partially sighted people completely from support. ‘

Re 11a, mobility; ‘I can move 5 miles, but will get seriously injured within 5 metres if someone leaves a hazard outside my gate as happened recently. If move is to be defined without reference to safety is this legal? ‘

3. Case study 11 - Bob

3.1. Overall Comments;

This case is at first glance good because it demonstrates typically high support needs, and, it is just like LVG members, except they have been blind for over 20 years. The example infers that initial trauma equates to a high need for support but that this reduces with experience. This is just not true. If the purpose of PIP is to maximise independence, then the scoring and resulting payments will maintain that independence, but, if the real purpose of the scoring is to remove claimants, then some new devices are now being dreamt up to allow this, e.g. that DWP will remove 'experienced' disabled people, or insufficiently afflicted people from support.

Blindness or partial sightedness as opposed to short or long sightedness are generally untreatable, permanent and degenerative conditions. When this changes LVG members are most happy to inform the DWP of this, and, we liaise closely with health colleagues to seek any new modes of treatment that may arise in years to come.

3.2. Specific Observations on DWP Threshold Illustrations.

Re1g, Cooking; 'The key issue seems to be that he gets hurt by hot pans. So do I, and I've been blind for 20 years. The inference here is that preparing food to be properly defined means to be able to cook with safety, which is good, but should this not also apply to other functions like moving?'

Re 2a, Eating; 'My partner constantly assists me, but not by actual feeding, but by helping to tell me where the items are on my plate, and by cutting up those that are otherwise likely to end up on the floor or upon me.'

Re 3a. Medication' 'I am a similar age to this person and I need constant assistance with prescriptions, and, to help me identify early signs of further disease, e.g. loss of blood at the toilet, or, skin discolouration. Blind people often have other age related conditions and their failure to see early signs of killer diseases is a major health risk for them even above injuries. This case is a very bad example of public policy in preventative health. '

Re 4a. Grooming; 'Once again, this infers that grooming means literal hands on grooming. I would never go out without my partner checking that I am clean and hav clean clothes.'

Re 6c,help dressing; 'Since I have lived with someone, I have been able to ask them to check my daily clothes, including selecting them and determining what needs to be cleaned. I spill food etc on my clothes more than others, so I need to use the local laundry service. Ironing is nearly impossible without causing burns or damaging clothes, and my wife is also unable to do this, so we also need weekly help with this.'

Re 8c, elp in social situations; 'Even in the facts of the case study, this seems clearly not to be true, and, I have always needed support and assistance when engaging socially. For example, in any group, I can only stay in one spot and talk to whom I am

with, whereas others can mingle, or acknowledge friends, or look out for someone.'

Re 9a, help with financial transactions; 'As explained above, most blind people like me probably have the brains to understand a financial transaction, but they cannot visually list numbers to enable sums or manage transactions without help.'

Re 10c, journeys; 'This is true and applies to anyone with a severe sight impairment.'

Re 11a, general mobility; 'As set out above, if 'moving' means safely, then I cannot move any distance without support, even in my house where my partner has to warn me constantly that a chair is in my path, or that I am about to poll axe myself on a half open door. I have acquired several scars on my eyebrows over the years reflecting this . Moving in any way is dangerous for blind or partially sighted people. For example, a major cause of injury is to lose our eyes on overgrown hedges or even on furniture etc. My worst example was compacting the top of my skull on the corner of a sharp rail when just picking up an object. Moving for blind or partially sighted people requires constant assistance. '

4. Overall Conclusion and Summary.

If the intention of introducing PIP is as expressed to reduce the cost of the current DLA provision, then it should be a much more explicit one; i.e. setting out which group of disabled people will lose out, and by how much. This in turn should be subject to

specific impact assessment for each protected characteristic, in compliance with the Equality Act 2010. Then, proposals should provide details of any mitigating action for those facing negative impact when this has been identified. The current proposals are resorting to some odd methods of defining disability or what constitutes support or independence, and they will thereby only feed unnecessary anxiety, whilst simultaneously provoking expensive and protracted challenges by those genuinely needing support.

Blackpool Low Vision Group Members,
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