



Personal Independence Payment: assessment thresholds

April 2012

1. About Carers Northern Ireland

- 1.1 Carers Northern Ireland represents the 207,000 carers in Northern Ireland who provide unpaid care by looking after an ill, frail or disabled family member, friend or partner. Carers give so much to society, yet as a consequence of caring, they experience ill health, poverty and discrimination. Carers Northern Ireland is a charity that seeks to improve carers' lives.

2. Background

- 2.1 Despite contributing an estimated £4.4 billion to the Northern Ireland economy with the unpaid care they provide, the vast majority of people are worse off financially as a result of becoming carers. This is because of the combined pressure of low-level benefits, reduced earnings and higher living costs resulting from illness and disability. Many carers' family finances rely on income from carers' and disability benefits. Any changes or reductions to these will have a serious impact on their capacity to continue caring.
- 2.2 We welcome the opportunity to respond to this consultation as the introduction of Personal Independence Payment (PIP) is important for carers as well as disabled people. Currently, in order to qualify for Carer's Allowance you need to be caring for someone on the middle or higher rate care components of DLA. We are pleased to note that both rates – standard and enhanced – of the PIP daily living component will act as a 'gateway' to Carer's Allowance, similar to DLA.

3. General comment

- 3.1 Although the consultation would prefer respondents to restrict their comments to the assessment thresholds and criteria, we believe that these can't be looked at in isolation from a wider consideration of both the assessment process and the government's intention to make savings on the welfare budget.

4. Impact of welfare cuts

- 4.1 Cuts to disabled people's benefits will have a knock on impact on carers. Government is seeking a £2.17 billion cut to the budget for Disability Living Allowance, which will mean that significant numbers of disabled people will lose their entitlement to Personal Independence Payment (PIP), the replacement benefit for DLA. Carers supporting them would then lose

their entitlement to Carer's Allowance. Two thirds of carers already use their own incomes to pay for care for the people they look after. Any reduction in incomes from disability benefits would only increase the pressure on carers, potentially forcing them to give up their caring roles.

- 4.2 By 2015/16 there will be 500,000 fewer people getting Personal Independence Payment than would have received DLA. This amounts to a cut of 23% (almost 1 in 4) in the number of people who would have been entitled to DLA. This will include people making new claims who will now not be entitled to the benefit, and because everyone on DLA is going through a reassessment, some people currently getting support from DLA will lose this support when it is replaced by Personal Independence Payment.
- 4.3 Carers Northern Ireland completely opposes this cut. It is not backed up by evidence that people are receiving DLA who do not need it, and the fraud rate is only 0.5%. Having benefits reduced or removed could be devastating for many disabled people and their families who depend upon DLA to meeting basic living costs.
- 4.4 Since fewer people will be entitled to Personal Independence Payment than DLA many families supporting disabled people will be hit hard if they lose disability benefits which help them to be independent and pay the extra costs of disability, never mind any loss of Carers Allowance.
- 4.5 We are disappointed that the consultation document does not give an estimate of the number of carers who will lose entitlement to Carers Allowance through the introduction of PIP.
- 4.6 We are also concerned about the suggestion of a further £10 billion of welfare cuts by 2016 and would seek reassurance that Carers Allowance and disability benefits are protected from this.

5. Consideration of the assessment criteria

- 5.1 In looking at the assessment criteria, we believe that disabled people and their representative organisations are the experts and best placed to comment about the weightings of the criteria. We would however like to make some general remarks about assessment.
- 5.2 The consultation sets out the new assessment criteria for PIP, which will look at the impact of people's health condition or disability on their everyday life. This assessment will be carried out face to face by a trained health professional. We still have concerns since the initial consultation about what constitutes a 'trained health professional', and whether a formal assessment is always appropriate.
- 5.3 It is suggested that the assessment criteria are designed to be objective, but as the pilot assessment exercises have demonstrated, the process involved a large degree of subjectivity, with the outcomes being affected by the level of expertise of the assessor. It

does not inspire confidence that people who should meet the criteria will successfully come through the assessment process.

- 5.4 We believe that it is crucial for the PIP assessment to look at a wide range of evidence, rather than prioritise a 'snapshot' face-to-face meeting with a medical generalist, which may fail to gather comprehensive evidence of fluctuating or complex conditions. Recognised specialists must be consulted, including the applicant's GP. However, the assessment should not be predominantly medical and must include evidence from a wider spectrum of professionals and input from families and carers as appropriate. Those with the most comprehensive picture of the impact of an illness or disability are also likely to be families providing care round the clock, and their input to the process is vital.
- 5.5 We admire the idea of PIP taking a positive approach to looking at what people *can* do rather than what they can't. However there ought to be safeguards in the process to capture instances where people downplay symptoms by describing their 'best day' scenario rather than a usual day.
- 5.6 Fluctuating conditions present a particular problem in this regard, and the notion of '50% of the time' seems a reasonable measure. However people with short, acute periods of impairment would lose out, even if their condition was so debilitating that they would be unable to obtain and sustain regular employment. If PIP cannot meet their needs, what would? It might be fairer to argue that the severity of the condition should carry as much weight as the length of time its effects.
- 5.7 Periodic reviews for PIP must also be appropriate and based on realistic assumptions of likely changes in conditions. We would query the appropriateness of reassessing people with life-long conditions which will not improve and are worried about the impact of assessment on people who are terminally ill. People subject to 'special rules' need particular sensitivity in approach.
- 5.8 We also have some concerns about the proposed weighting of the various assessment criteria and including the use of aids and adaptations as part of the assessment. While some people can indeed use these things to great effect, others may still struggle or need further assistance from a carer. It's good that the criteria do attempt to take into account costs for maintenance and upkeep of aids and equipment like wheelchairs for example. However, both wheelchair users and non wheelchair users with limited mobility incur similar extra expense in terms of transport and costs of care or other assistance. Both should carry the highest weighting.

6. Concluding remarks

- 6.1 The move to PIP from DLA is worrying for both disabled people and carers. Our main concern is that this new assessment will focus on a small amount of medical evidence from the independent assessor and will fail to fully understand disabled people's needs – we want a wide range of evidence used, including what carers think.

- 6.2 While pleased to see some important clarification, such as both elements of the daily living component providing a gateway to eligibility for Carers Allowance, we are worried about disabled people with a carer who currently receive DLA but fail the assessment for PIP. They will still have the same caring needs, and their carer will lose eligibility to Carers allowance. What arrangements are in place to take account of this?

For more information or to discuss this response please contact:

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