



## Consultation about changing Disability Living Allowance to a new benefit

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Tell us what you think

December 2010



Easy Read

**DWP** Department for  
Work and Pensions

## Questions

### Question 1

What things stop disabled people joining in with other people and living full, active and independent lives?

THE EXTENT OF THEIR DISABILITY AND EXTENT  
OF THE SUPPORT THEY GET TO CARRY OUT THEIR  
DAILY LIVES, INCLUDING PERSONAL AND SOCIAL  
CARE.

### Question 2

What parts of Disability Living Allowance do you think we should keep?

THE DLA AND ILF EQUIVALENTS

### Question 3

What extra things do disabled people need to spend money on?

THERE ARE PEOPLE WHO LIVE IN RENTED ACCOMMODATION WHO HAVE NO EXPENSES TO PAY APART FROM THEIR RENT AND THOSE WHO LIVE IN THEIR OWN HOMES WOULD HAVE ALL THE EXTRA OUTGOINGS THAT THIS ENTAILS IE, INSURANCE AND UP, KEEP/MAINTENANCE OF THE HOUSE. ALSO MAINTENANCE AND UP, KEEP OF PRIVATE POWER CHAIRS.

### Question 4

- The new benefit will have 2 amounts for each of the 2 parts
- (i) of the benefit. Do you think this will make the benefit easier to understand and also easier for us to run?
- (ii) Do you think just having the 2 amounts for each part will cause any problems?

YES - EASIER TO UNDERSTAND

I THINK THE PROBLEMS IN THE WAY IT IS TO BE ASSESSED EVERYONE SHOULD BE ASSESSED AS AN INDIVIDUAL AND NOT ON A NATIONAL BASIS

## Question 5

Do you think some health conditions or disabilities should allow people to get an amount of the benefit automatically?

Or do you think that all claims should be based on the needs of the person asking for the benefit?

NOT AUTOMATIC FOR SOME CONDITIONS  
OR DISABILITY. YES CLAIMS SHOULD  
BE BASED ON THE NEEDS OF THE  
PERSON CLAIMING FOR THE BENEFIT.

## Question 6

How can we make sure that disabled people who most need the new benefit can get it?

What activities or actions are the most important to live an independent life?

THERE SHOULD BE AN INDEPENDENT BODY  
AT THE DRS SURGERY AS THEY SHOULD BE  
THE FIRST PORT OF CALL.  
CARE FOR BOTH PERSONAL AND SOCIAL  
ACTIVITIES ARE THE MOST IMPORTANT. NEED TO  
BE UPWARDLY MOBILE IN ORDER TO GET AROUND

## Question 7

How can we make sure that the new benefit takes into account the way a person's health condition can change?

AN ANNUAL REVIEW SHOULD TAKE PLACE  
EITHER AT THE DR'S SURGERY OR  
THE HOSPITAL

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## Question 8

When a person makes a claim to the new benefit, should we take account of any aids or adaptations that they use?

What aids and adaptations should we take into account?

Should we only take aids and adaptations into account if the person already uses them? Or should we take aids and adaptations into account that a person could use and get hold of easily?

AIDS AND ADAPTATIONS SHOULD BE TAKEN  
INTO ACCOUNT, BUT THESE DEPEND ON  
THE INDIVIDUAL'S NEEDS.

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NO IF THEIR CONDITION DETERIORATES  
AND LOOKED AT DURING AN ANNUAL  
REVIEW THEN THEY SHOULD BE TAKEN  
INTO ACCOUNT AS WELL.

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## Question 9

How could we make the way a person asks for benefit better.  
For example

- How could we make the claim form easier to fill in?
- How could we tell people about the new benefit so that they know what the benefit is for and who is likely to get the benefit?

EVERYONE SHOULD HAVE CONTACT WITH A  
DR'S SURGERY AND THERE SHOULD BE  
SOMEONE LOOKING AT THE FORM WITH  
THE CLAIMANT TO HELP THEM UNDERSTAND  
IT AND EXPLAIN WHAT THE BENEFIT IS FOR  
AND IF NEEDED CARRY OUT A HOME VISIT.

## Question 10

Who are the best people to tell us about the needs of the person asking for benefit?

What information will we need to make it clear what the person can and cannot do?

FIRST AND FOREMOST THE CLAIMANT IF THEY  
ARE ABLE TO. AND THEN IF NOT THEY SHOULD  
HAVE AN ADVOCATE OF THEIR CHOOSING. THIS  
SHOULD BE BACKED UP BY A LETTER FROM  
THE DOCTOR OR CONSULTANT OR OTHER  
MEDICAL PROFESSIONAL SUCH AS AN OT.  
ALL INFO FROM THE ABOVE TO MAKE  
16 IT CLEAR WHAT THE PERSON CAN/CANNOT DO.



## Question 11

An important part of the new benefit may be talking face to face with an independent person about how well you can do the things you need to do to take part in everyday life.

What good things and bad things may this bring?

Is there any time when it would not be right to say that a person had to meet an independent person face to face, either in the person's own home or somewhere else?

clever people will be able to pull the  
wool over the eyes. signs should be  
looked for ie someone could not walk  
but their shoes are worn.  
better speaking face to face than a third  
party being involved in a chain of events

no time when not right but should have  
a person to accompany them and have  
a choice of being seen alone or not

## Question 12

(1) What should we use to decide how often we should look at a claim again and check it?

(11) Should the way we look at a claim again depend on the needs of the person and their health condition or disability?

(1) MEDICAL EVIDENCE.

(11) NOT DEFINITELY AND SCRAP "NICE"  
AND ASSESS EVERYONE AS INDIVIDUALS NOT  
EN MASSE. IE, USING "NICE"

## Question 13

The new benefit will be easier for people to understand, so we will expect people to tell us when things change in their lives.

How can we get people to tell us about the changes in their lives?

MAKE IT ILLEGAL NOT TO IMPOSE  
FINES IF NECESSARY AND POSSIBLE  
IMPRISONMENT, BECAUSE IT WOULD BE  
FRAUDULENT NOT TO INFORM OF  
ANY CHANGES



## Question 14

What types of help and advice are people who will ask for the new benefit likely to need?

Would it help if we told people to get help and advice and where to get it from?

PEOPLE SHOULD BE ABLE TO KNOW WHAT  
HELP IS AVAILABLE AND WHERE TO GET IT  
AND NOT HAVE TO KEEP ASKING.  
PEOPLE WOULD NEED HELP FROM THE DRS,  
SURGERY AND THIS SHOULD BE LOOKED INTO.  
PEOPLE DEFINITELY SHOULD BE INFORMED  
OF WHERE TO GET HELP OR ADVICE

## Question 15

How do disabled people pay for their aids and adaptations at the moment?

Should disabled people be allowed to use the new benefit to pay for a one-off cost?

DIRECT PAYMENTS PAY FOR AIDS AND  
ADAPTATIONS WHICH IS ALREADY IN PLACE.  
FOR THIS, WOULD NOT EXPECT TO TAKE  
MONEY FROM A CARE ALLOWANCE  
TO PAY FOR A PIECE OF EQUIPMENT.  
CARE IS VITAL AND SHOULD NOT BE  
COMPROMISED IN ANY WAY AS CARE  
IS WHAT I NEED.

## DWP About changing Disability Living Allowance

### Question 16

What are the main differences we should think about when we are dealing with claims for children instead of adults?

WOULD NOT KNOW I HAVE NO CHILDREN.

### Question 17

How important or useful has **Disability Living Allowance** been in getting people to use other services or to get other benefits?

What can we do to make things better?

At the moment people who get **Disability Living Allowance** automatically get help from other benefits and services, like the Blue Badge scheme and the Warm Front scheme.

What would it mean to disabled people if they did not automatically get help from these other benefits or services?

IT HAS BEEN USEFUL IN OPENING ~~DOORS~~ <sup>DOORS</sup> TO RECEIVING OTHER SERVICES INCLUDING WARM FRONT SCHEME.

LEAVE THE AUTOMATIC HELP FROM OTHER BENEFITS OR SERVICES AS IT WORKS BUT GET RID OF THOSE NOT ENTITLED AND DEFRAUDING THE SYSTEM.

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IT WOULD BE AN EXTRA BURDEN ON MY HOUSEKEEPING BUDGET AND MY SOCIAL LIFE.

## Question 18

What information about the disabled person could we share with other services or government departments to stop the disabled person having to tell lots of people the same thing?

NONE WITHOUT PERMISSION FROM  
THE DISABLED PERSON UNDER THE  
DATA PROTECTION ACT.

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THERE SHOULD BE AN EASY ACCESS  
TELEPHONE NUMBER TO REPORT  
SUSPECTED BREACHS OF ~~THE~~ ANY  
SYSTEM SUCH AS THE SYSTEM  
FOR CRIME WATCH.

### Question 19

How would our ideas for the new benefit affect different equality groups? For example, the equality groups looking at disability, age, race, gender, **sexual orientation** and religion and belief.

#### Sexual orientation

This is about whether a person is

- heterosexual – sexually attracted to people of the other sex.
- lesbian – a woman who is sexually attracted to women.
- gay – a man who is sexually attracted to men.
- bisexual – sexually attracted to men and women.
- asexual – not sexually attracted to men or women

A PERSON'S NEEDS SHOULD NOT BE ANY  
DIFFERENT REGARDLESS OF ANY OF  
THOSE MENTIONED ABOVE

### Question 20

Is there anything else you would like to tell us about our plans?

ALL THESE CHANGES ARE SCARING  
GENUINE DISABLED PEOPLE ESPECIALLY  
LOSING ILF AND DHA.  
WHY COULD THE SYSTEM WITHIN THE  
FRAMEWORK OF DLA AND ILF HAVE NOT  
JUST BEEN TIDIED UP TO INCLUDE ANNUAL  
REVIEWS AND CHECKS OF THOSE WHO ARE  
22 DEFRAUDING THE SYSTEM AS PER THE  
QUESTIONNAIRE.