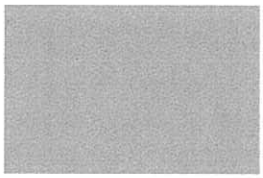
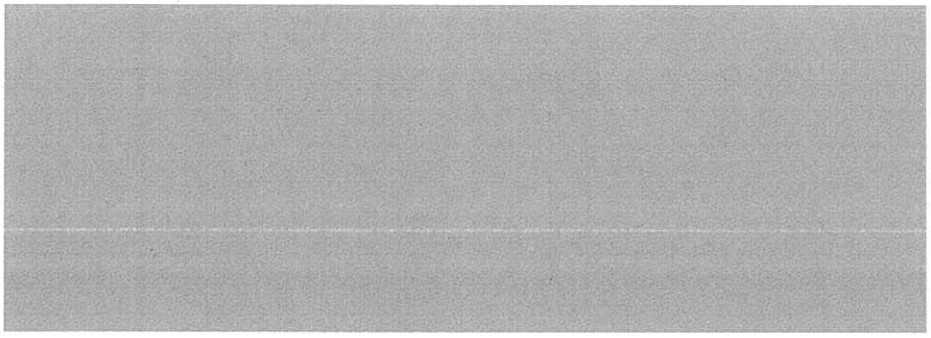
116 - Con Res W

Response to Public Consultation Disability Allowance Reform Document CM 7984

From





1. What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives?

Means testing of disabled people

- Discouraging them from taking well paid jobs which would enable them to accrue savings while still getting support
- Relatives cannot leave or give money to disabled people since it just ends up going to the government

Inadequate access to buildings, public transport, etc
Inadequate working environments
Inadequate support from social care services
Prejudice by employers
End of Carers Allowance when in receipt of state pension
inadequate benefits for disabled people and carers
Waiting time for disabled facilities grants
NHS postcode lottery
Social care postcode lottery
Lack of provision of social care independent of local budgeting policy/control
Lack of respect shown to patients/clients
Lack of continuity of social care workers
Priority given to social housing tenants
No joined-up thinking for disabled people and their carers
Problems faced by patients who cross boundaries and have to register as temporary patients and/or clients
Cross borough budgeting problems
Lack of services fitted to the individual rather than the other way around
Lack of integration of services for the individual, health, social care, education, etc
Reliance on the third sector

2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?

General levels of payment

Mobility component so that Motability opportunities remain

3. What are the main extra costs that disabled people face?

Increased transport cost, cannot use public transport, need specialised vehicles with modifications, etc
Taxi fares
Means testing of Disabled Facilities Grants
Having to pay for adaptations privately due to delay in processing Disabled facilities grants
Increased accommodation fees whether buying a house or renting due to special needs
Costs of extra heating
Cost of aids and adaptations
Cost of financing adequate care
Cost of special diets
Increased costs of holiday transport and accommodation (unable to use budget airlines)

4. The new benefit will have two rates for each component:
- Will having two rates per component make the benefit easier to understand and administer, while ensuring appropriate levels of support?
- What, if any, disadvantages or problems could having two rates per component cause?

Do not believe reduction of number of rates will provide improvements to administrator or client in terms of understanding

Disadvantage is that steps between levels could be large, giving threshold problems for those on the borderlines, meaning payment cannot be tailored to client needs

5. Should some health conditions or impairments mean an automatic entitlement to the benefit, or should all claims be based on the needs and circumstances of the individual applying?

Automatic entitlement for some conditions should remain
Do not make life more complicated for these groups

6. How do we prioritise support to those people least able to live full and active lives? Which activities are most essential for everyday life?

Am always concerned when asked to prioritise, since this can lead to specific groups with common disabilities and illnesses getting preferential treatment, despite people with less common disabilities or illnesses having equally pressing needs. Each individual needs to be assessed and treated equitably.

Important activities are the same as those of everyone, being able to participate fully to the best of one's abilities in whatever one chooses to do, in comfort and safety.

7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?

By appropriate training of assessors, perhaps taking advice from other professionals

8. Should the assessment of a disabled person's ability take into account any aids and adaptations they use?
- What aids and adaptations should be included?
- Should the assessment only take into account aids and adaptations where the person already has them or should we consider those that the person might be eligible for and can easily obtain?

Am concerned about the implications of this question. An individual may have a wheelchair, but prefer not to be dependent on it. Indeed reliance on the wheelchair in all circumstances could lead to a deterioration in muscle tone and overall condition, to the extent that the individual becomes more dependent on aids and adaptations. To be at least minimally mobile without a wheelchair is very important to the self-esteem and confidence of many disabled people. If PIP support level is to take into account aids and adaptations more than at present, then this must be done intelligently.

9. How could we improve the process of applying for the benefit for individuals and make it a more positive experience? For example:
- How could we make the claim form easier to fill in?
- How can we improve information about the new benefit so that people are clear about what it is for and who is likely to qualify?

The sort of data that needs to be gathered has not changed. Some people are able to complete the form with no problems. Where they need help, this could be provided via a help-line, or a visit from a Welfare Rights Officer.

Publicity for the new benefit needs to be widespread
- **Easy read pamphlets**
- **Websites**
- **Adverts in local newspapers, particularly free papers**
- **Notice-boards in GP surgeries, hospitals, community associations, neighbourhood offices etc**
- **Targeting of specific groups forums, charities, and volunteer organisations.**

10. What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this?

This depends on the individual's circumstances and the nature of the disability or illness.
For well known conditions, the situation is usually clear.
For more uncommon conditions may need to take advice from other professionals, e.g., physiotherapists, GPs, consultants, etc
Often the individual's carer is best placed to comment on an individuals abilities and circumstances, and the assessment should take place when the carer is present and welcome his/her input.

11. An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.
- What benefits or difficulties might this bring?

- Are there any circumstances in which it may be inappropriate to require a face-to-face meeting with a healthcare professional – either in an individual's own home or another location?

The main difficulty may be getting to see the required level of professional. Trying to get appointments for clinical purposes with health care professionals is difficult. This is likely to be even more so for administrative assessment purposes.

12. How should the reviews be carried out? For example:
- What evidence and/or criteria should be used to set the frequency of reviews?
- Should there be different types of review depending on the needs of the individual and their impairment/condition?

Clearly these are a function of the individual's disability or illness. It will be difficult to have one size fits all. Again, a lot depends on the training given to the assessors.

13. The system for Personal Independence Payment will be easier for individuals to understand, so we expect people to be able to identify and report changes in their needs. However, we know that some people do not currently keep the Department informed. How can we encourage people to report changes in circumstances?

Individuals need to be made aware at the assessment that they need to report changes in circumstances, and reminded at regular intervals, as in current documents from DWP.

Penalties need to be put in place that are effective, and deter the cheats from claiming dishonestly. However, there must be flexibility where the client is confused or unaware of their responsibilities, or unable to report changes in circumstances themselves, so that punitive measures are not taken against those who have no ill intent.

14. What types of advice and information are people applying for Personal Independence Payment likely to need and would it be helpful to provide this as part of the benefit claiming process?

The topics raised in paragraphs 36 and 37 in respect of signposting and guidance are useful. Every step should be taken to make the individual aware of the various means and agencies that can be accessed to improve their quality of life.

15. Could some form of requirement to access advice and support, where appropriate, help encourage the minority of claimants who might otherwise not take action? If so, what would be the key features of such a system, and what would need to be avoided?

Requirement implies retribution should advice and support not be sought, perhaps in terms of reducing or withholding PIP or other benefits. This seems inappropriate. Rather the emphasis must be on ensuring that people do take support and advice through encouragement and guidance.

16. How do disabled people currently fund their aids and adaptations? Should there be an option to use Personal Independence Payment to meet a one-off cost?

There are clearly various ways, e.g. Disabled Facility Grants, free provision though Social Services or the NHS, from savings, through charities, etc.
Does not seem appropriate to tag this onto PIPs.

17. What are the key differences that we should take into account when assessing children?

There are clear issues in terms of child protection and safe-guarding. Also of respecting the child's confidentiality.
Very difficult to integrate support with current approach to special educational needs, particularly where needs are driven by a medical condition.
Do not see the benefits system as the correct avenue through which to seek the much needed integration of support across all of the agencies.

18. How important or useful has DLA been at getting disabled people access to other services or entitlements? Are there things we can do to improve these passporting arrangements?

Passporting is very important and is relatively straightforward. It opens many doors, and avoids obstacles.

19. What would be the implications for disabled people and service providers if it was not possible for Personal Independence Payment to be used as a passport to other benefits and services?

Service providers would have to take on board decisions which they may not be best placed to make, leading to inconsistencies and delay. Individuals seeking support need that support as rapidly and easily as possible, and passporting aids this effectively.

20. What different assessments for disability benefits or services could be combined and what information about the disabled person could be shared to minimise bureaucracy and duplication?

It seems that every time one accesses another agency or provider, a new assessment is needed, and this is a major source of irritation to clients.
There are proposals in Liberating the NHS documents about sharing of information.
There is also much talk of a single assessment process.
Sharing of information between agencies must be encouraged, but only provided the Data Protection and confidentiality issues can be sorted.

21. What impact could our proposals have on the different equality groups (our initial assessment of which is on page 28) and what else should be considered in developing the policy?

Do not foresee any significant impact on any of the protected groups provided the new benefit is rolled out adequately.

22. Is there anything else you would like to tell us about the proposals in this public consultation?

It is clearly essential that DLA or PIP be paid only to those with a real need, particularly in the current financial situation.
Merely introducing the new benefit and different assessment processes will not necessarily make the required inroads in this area.
What is needed is adequate policing of the benefits.
We must also be careful that in implementing the new benefit we do not throw out the best features of the old benefit.