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Disability Living Allowance Consultation

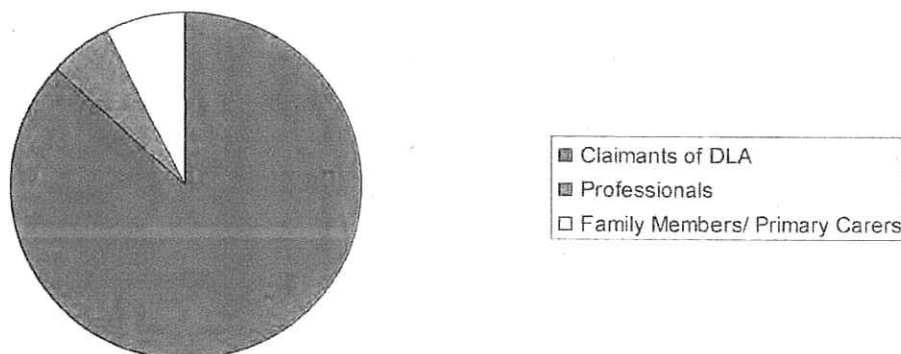
The purpose of the Disability Information Bureau is to provide an accessible, confidential and continuously updated range of services for disabled people and any other person interested in disability related matters.

Our Vision is an East Cheshire where disability is not a barrier to opportunity and fulfilment by enabling people to achieve their full potential.

As a group of student social workers from Keele University, we were delegated the task of coordinating the consultation process across the East Cheshire borough, primarily focusing on the areas of Macclesfield and Congleton where the Bureaus are situated.

We have consulted a variety of groups, including professionals, carers and service users in order to obtain a broad perspective of peoples' views of the possible changes being made to the Disability Living Allowance. The service users that were consulted included people with a wide spectrum of physical, sensory, cognitive and mental abilities.

Categories of People Consulted



To gain a consistent and thorough understanding of peoples' views, we used the DWP 'About changing Disability Living Allowance' Easy-Read version of the questionnaire throughout. In order to collate the information into an accessible document, we have decided to divide the consultation in to the most frequently occurring subject areas:

- 1) assessment of need
- 2) aids and adaptations
- 3) independent living
- 4) the DLA application process

1. Assessment of Need (Questions: 5, 6, 7, 10, 11, 12, 14, 16)

Our consultees were divided on whether individuals with specific health conditions should automatically qualify for DLA. Those who agreed with receiving the benefit automatically stipulated the health conditions which qualified, categorising their severity, permanence and fluctuation. Additionally, they stated that, if the condition was not permanent, it should be based on need. Those who concurred that benefit should be claimed on individual need stated that regular assessment and review was necessary, with some suggesting annual check-ups. Further to this, they maintained that reviews should be conducted by health professionals, for example consultants or primary care practitioners. With regard to the assessment setting, the majority preferred face-to-face interaction. However, the exception to this was when consulting with a local mental health service, for example, Macclesfield Mind, who illustrated that this type of interaction would cause considerable distress to their clients and show an inaccurate portrayal.

2. Aids and Adaptations (Questions: 8, 15)

The majority of consultees voiced the opinion that the wording of Question 8 was particularly confusing, leading to ambiguous answers. For example, most agreed that aids and adaptations were a crucial support mechanism. However, when asked to expand on this, answers were contradictory which may suggest a lack of understanding with regard to the intent of the question.

When asked to consider how aids and adaptations are currently paid for, most consultees said that they would initially pay for items with their DLA or if entitled through social services. However this amount is often inadequate, with individuals frequently relying on their own savings in order to subsidise any major costs.

As for the question regarding the possibility of using DLA for one-off costs, responses were mixed.

3. Independent Living (Questions: 1, 3, 6, and 17)

Consultees stated that the issues that prevent them from living an independent life:

- a. Lack of money due to extra expenses incurred
- b. Lack of mobility and accessibility
- c. Lack of choices with regard to activities and services
- d. Discrimination and stigma

4. The DLA application form (Questions: 2, 4, 9, 13, 18)

On the whole, consultees were in agreement that changes to DLA would be extremely detrimental, serving to confuse those whose lives are already complicated. Most were in favour of the benefit remaining non means tested. Not enough information has been released for people to be able to make an informed decision on how the new benefit would work. A more detailed proposal would have been beneficial.

Despite using the 'Easy-Read' Version of the consultation, it became apparent that many consultees found the document difficult to understand. They requested easier, clearer questions, some suggesting a multiple choice format. Also, a variety of different forms of communication would increase accessibility to those with communication needs.