

DISABILITY LIVING ALLOWANCE REFORM

rec'd  
12/2/11

New benefits in 2013/2014

The following are my responses to the reform.

1. Access to buildings. When there is access not being able to use the facilities because of lack of suitable equipment. Also lack of suitable toilets. Where disabled toilets are provided there is not always enough space for the wheelchair user and a carer and in some cases two carers are needed to assist. Please refer to the Mencap Changing places campaign.
2. Re- terminally ill people applying for benefits.They should be able to apply from the day their illness is diagnosed..
3. Extra costs are incurred because holiday costs are more expensive and the disabled person when taking a professional carer has to pay for that carer. Also for social events they would have to pay for a carer to accompany them.
- 4 I am of the understanding that the present DLA has two rates for each e.g. personal care and the mobility allowance that being the higher and lower rate.
- 5 Certain health conditions and impairments should have automatic entitlement to the benefit. These would have to be confirmed by doctors /specialists.
- 6 Day care facilities are of utmost importance to the claimant and their families.
- 7 Regular assessments should be done to monitor variable and fluctuating conditions. Some people will not apply for more help if their condition worsens and are not always made aware that more help may be available. Occasional visits from care-coordinators would help in detecting worsening conditions and whether more help is needed.
- 8 An assessment should only be done on a person's ability without aids. It should also take account what aids that are more than likely to be needed in the future enabling better budget planning to pay for such aids.
- 9 Help should always be available for filling in forms. A lot of publicity is given to people falsely claiming but a lot of people under emphasise problems they are having.
- 10 If problems overspill to day care facilities or respite units reports should be obtained from support workers as regard to the claim.
- 11 Face to face discussions with health and social care professionals are important in their own home.
- 12 Medical evidence . Reviews should be held with family members/ healthcare and socialcare professionals. Frequency of the reviews cannot be generalised. The needs of the individual must be taken into account when deciding the frequency of reviews.
- 13 When information is sent regarding increase in benefits there should a form attached which has to be returned The person has to declare on the form whether their condition has improved, stayed the same or worsened.
- 14 Advise should be given on whether benefits are means tested.

15 Hospitals/Doctors/Voluntary Groups along with Social Services should have information on benefits and other support that is available.

16 Disabled people and their spouses are means tested when applying for the provision of some aids and adaptations. Personal Independence Payments should not be used to meet the cost.

17 When assessing children other siblings welfare should be taken into account. Families need respite care or domiciliary care for their disabled child and in some cases children to enable parents to give more time to their other children and also for parents relationships to keep stable.

18 DLA is very important for accessing other services. It should not always be a necessity that you have to be in receipt of one benefit before you can apply for another.

19 If Personal Independence Payment was not used as a passport to other benefits and services the claimant could miss out on possible benefits and services that they entitled

20 When applying for mobility and daily living benefit the assessment should be combined as being less mobile can have a serious affect on daily living. Information could be shared with the consent of the claimant or the appointee.

21 People with a terminal illness could receive no benefits at all .Some people when given a diagnosis are told they have only months to live and they are more than likely to need a lot of care for that time. Personal Independent Payment should no have to be used to pay for aids or adaptations. If this were to happen it would put a great strain on their finances. re peoples components being stopped if in hospital or a care home for more than 28 days/Spouses /Carers often stay with their family member when they are in hospital for long period s of time. Mobility vehicles would be needed for transport to the place of care. It is a costly business having someone in hospital for families who do the caring.

22 When doing assessments please keep in mind how a persons disability whether learning or mobility not only has an affect on the claimant but also on the families and carers. Every effort should be made to make sure that financial and practical support is given so as to give the best possible quality of life for the claimant and their family. I sincerely hope any new scheme is in the interest of every concerned and not just a cost cutting exercise.

