

Rec'd 11/2/11 524

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

Society's attitude to disabled people, the inaccessibility of public transport and buildings, costs and availability of aids and adaptations, availability of suitable employment opportunities all prevent disabled people leading full and active lives.

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

I do not see anything wrong with the benefit as it is so firmly believe all of it should stay the same.

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

Aids and adaptations, some things are available from NHS and local authority but a lot of people do not know what is available from where and may buy things unnecessarily creating unnecessary expense for them. Lack of accessible transport, Housing alterations, Purchase of a vehicle and adaptations to the vehicle, the use of Taxis due to lack of accessible public transport all are extra costs to me as a disabled person.

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?

I do not think that having two rates of care component will ensure that everyone will have appropriate levels of support. By only having 2 levels rather than 3, will mean that most people on Mid rate care will be dropped down to low rate care, but of course the whole point of the exercise is to reduce costs, not look at the effects it will have on those who are claiming it.

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?

Given that one of the reasons for reforming this benefit is to reduce costs and caseload, surely having no automatic entitlement will cause an increase in the caseload as every application will need to be reviewed and assessed and this will become an expensive exercise. Will the needs and circumstances be related purely to the disability or does it mean finances as well. i.e. a hidden means test.

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?

Being able to cook for yourself, wash and clean yourself, to go to the toilet without assistance.

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

**While some conditions may fluctuate, with my own condition the only variation will be it deteriorating. Reassessment should only be done if there is a genuine concern of a fraudulent claim.**

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?

**The assessment should not take any aids and adaptations into account. Until I can access every shop and restaurant, and every type of public transport is fully accessible to me then I have extra costs to allow me to have the same standard of living and the same level of independence as someone without a disability.**

**Also when at an employment tribunal the decision on whether someone is likely to be covered by the Equality act, for disability discrimination, the case is decided based on the person's condition without any aids or adaptations. I firmly believe that the assessment for the benefit should be done on the same basis.**

**To enable a disabled person to be as independent as possible, recommendations could perhaps be made about aids and adaptations that may help them, but they should not be taken into account in the assessment.**

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?

**Making the form available in different formats including BSL and ensuring plain English is used throughout the form.**

**Applying for a benefit you need because you do not have the same standard of life as a person without a disability is never going to be a positive experience. Also, although you advise that the assessment would be positive and look at what you can do. This is not going to be possible. It will have to look at what you cannot do to ensure that the correct level of benefit is being given based on what stops you having the same standard of living as a non disabled person so this will have to focus on what you cannot do.**

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

**Supporting evidence should be taken from family/carers as they are the ones who know most how the disability affects the claimant as well as the GP who knows about treatment and how this is affecting the claimant.**

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?

**A face to face meeting may be inappropriate for a person who uses BSL as due to a lack of BSL interpreters they will need to bring a family member with them to interpret and they may not feel comfortable discussing certain aspects of their disability via their family member.**

**Having seen press reports I already have concerns about the assessment and what tasks I will be asked to do. This is due to a person who had a leg amputated and had a prosthetic leg he was assessed as not needing his DLA any more, it didn't seem to matter that while he could stand he could not easily walk but this was ignored in the assessment, which leaves me with no confidence in the assessment process.**

**The Healthcare professional should be familiar with the disability of the person they are assessing and of the potential progression of the disability.**

**The claimant should not be asked to try to do activities which they are clearly unable to do or which could result in them injuring themselves.**

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?

**The likelihood of any improvement in the condition should be taken into account. My own condition is one that will slowly deteriorate so at no point in any assessment is there going to be an improvement in my condition and given that the objective of this proposed change is to save money then it is not going to make any sense to reassess me as there is always a chance that my level of the benefit will need to be increased. And I am sure that there will be a lot of other people in similar circumstances.**

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?

**With my disability the changes can be so gradual that I do not notice them happening. It will not be possible to encourage me to report changes if I am not aware of the changes taking place.**

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?

**Depending on how recently they have become disabled or their condition has deteriorated, some information on aids and adaptations and support groups may be beneficial.**

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?

**As above**

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?

**I currently have a motability car, funded through the High rate mobility component of the DLA. If I was to lose this benefit (due to my use of aids and adaptations) then I be effectively housebound as the only local transport is buses which are mainly not DDA compliant.**

**If someone needs use of a car but due to their use of aids they are assessed as not qualifying for the Mobility component of PIP what alternative to Motability would be in place to ensure that the disabled person still has as much freedom as they do with their Motability car. Buying a reliable car plus taxing servicing and insuring it are all expensive and to be able to get to medical appointments etc I would need a reliable car as public transport in most cases are not an option.**

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

**Childrens Conditions may change at a different rate than an adult so they may need to be assessed more frequently.**

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?

**I have used my DLA to prove I am disabled to get me my blue badge and VAT exemption for purchasing disability related equipment.**

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?

**This would create further costs as any major disability related equipment will be much more expensive if the VAT has to be paid.**

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?

**There is some scope for two way exchange of info between DWP ,my own GP and other healthcare professionals.**

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?

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

