

DLA Reform Team
1st floor
Caxton House,
Tothill St,
London,
SW1H 9NA

Our ref:
Your ref:
Date 10th Feb 2011

Dear DLA

I enclose some notes as my response to your Reform Consultation Questions, concerning the proposed changes to DLA.

I am writing as a hospital social worker who has worked closely with amputee patients at [REDACTED] since 1981. I have always had a special interest in welfare rights and have been involved in advising and assisting numerous patients with DLA claims.

DLA is a benefit which can make all the difference to someone trying to manage their life with a disability. However, I have to agree that in the past it has sometimes been awarded inappropriately to certain claimants. I have never encouraged patients to claim if I felt that they did not meet the criteria.

I very much hope that the new benefit will meet the needs of those who are genuinely struggling to have their maximum quality of life within the limits of a disability.

Yours faithfully,

[REDACTED]
[REDACTED]
Senior Social Worker.

DLA Reform Consultation Questions -

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

Re: Mobility - more reliance upon car travel and/or public transport. There is wide variation in L.A. provision of travel passes and other subsidised schemes. Not all forms of public transport are easily accessible for wheelchair users (although this situation is gradually improving). Disabled drivers appreciate the Motability scheme, but this is not appropriate for everyone, and fuel costs have risen enormously. Many people rely upon the help of family and friends to transport them, or else have to pay taxi fares. Amputees in particular usually do not have the options of walking more than short distances, or riding bicycles, so are obliged to pay for all their travel costs. Affordable and accessible transport is an essential factor in enabling the person to manage employment, child care, leisure pursuits, and involvement in their local community.

Re: Personal Care - disability may result in decreased independence for the person, who may be partly or wholly reliant upon others for their personal care needs. Such care can be provided by the L.A. or directly arranged by the person, but whichever route is taken, there will be costs involved, which can be quite high (again, there is a real postcode lottery). Disabled people who are less mobile or have certain medical conditions will often require extra heating in their homes; they may need special diets in certain cases; they may incur high costs of laundry services; their telephone bills may be higher. Even the cost of having the housework done can add a lot to the weekly expenditure. Most supermarkets will deliver shopping now, but there is usually a charge for doing so.

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 ?

From my long experience of working with amputees I would definitely say that all bilateral leg amputees should be awarded Mobility High rate for an indefinite period. (The current DLA guidelines refer to "both legs amputated at or above the ankle" as being a clear criterion for an award). Even those amputees who are young and otherwise fit can easily be "off their legs" if one side develops a rub or a blister, and then they are back in their wheelchairs. In fact the great majority of amputees are middle-aged or older people with vascular diseases, who frequently have problems due to their underlying medical conditions, so cannot walk at times due to pain or fatigue, or problems with their prosthetic fitting. The effort required to walk on bilateral prostheses is extremely high, which is not always understood by able-bodied people. Some studies quote figures of 280% extra energy.

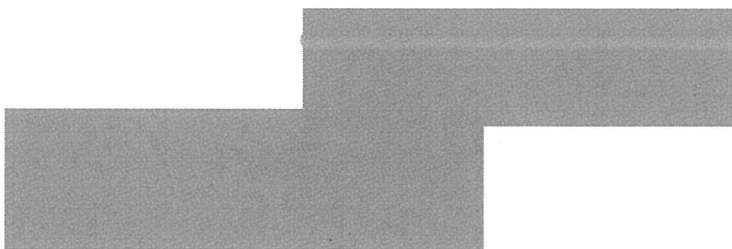
Many amputees in the DLA age range are keen to resume driving, and may need a Mobility High rate award in order to apply for the Motability car scheme, if they do not already own a suitable car. This can greatly increase independence and may facilitate the opportunities for employment.

Bilateral arm amputees are much fewer in number, but appear to be a neglected group as far as benefit entitlements are concerned, and I have known many who have had a real struggle to get help. Loss of both arms is devastating for the person, and has a huge impact upon their daily life and personal independence. Psychologically they also may have huge problems in coping with their new body image, and it can be extremely difficult to be the recipient of help with basic functions such as toileting. I feel that such amputees should automatically be awarded Care at High rates. I would submit that they also have Mobility needs : although of course they can walk, they may have difficulties in using public transport or being outdoors in crowded situations, so they will need to have somebody with them ie. they would qualify for the Low rate of Mobility.

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

This is not a new concept: the present DLA claim form refers to "good days and bad days", and I feel that this should still be recognised as pertinent. Medical conditions can vary considerably eg. pain, swelling, tenderness, joint stiffness. Many amputees have vascular disease which is secondary to diabetes, which can be an unstable condition for some. The general health and wellbeing of the person may also be affected by fatigue, a bad cold, a stomach upset. Any of these factors can have a disproportionate effect on someone who already is coping with a disability.

All amputees will experience times when their level of mobility will be compromised due to their inability to use their prosthesis. This can be caused by skin breakdown, nerve pain, or changes in the size of the stump. Assessment needs to reflect on this likelihood, and a decision made on worst case scenario rather than when the person is functioning at their optimum level.



10th Feb. 2011