

Consultation Questions

1. What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives?
2. Is there anything else about Disability Living Allowance (DLA) that should stay the same? *Yes keep the three rates method.*
3. What are the main extra costs that disabled people face? *transport, support from helper, care needs*
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? *no, it may not meet the level of support (lower rate)*
 - What, if any, disadvantages or problems could having two rates per component cause? *disability varies greatly - 3 rates would be a more fair option.*
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? *yes, severe SCI (ie) resulting in full-time use of wheelchair should be automatic.*
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? *Care, help with aids and adaptations, mobility, social interaction.*
7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?
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? *eligible for also.*
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? *large print.*
 - 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?
10. What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this? *specialist consultant known to patient. 'NOT' an independent medical examiner*
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?

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?

usually does not change, why review, maybe every 10 years would be helpful

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?

SO make it easy to do

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?

yes.

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?

yes.

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?

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

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?

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?

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?

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?