

## DLA Reforms Meetings: 3<sup>rd</sup> & 4<sup>th</sup> February 2011

Revised 15/2/11 581

### Question 1

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

Access to buildings such as shops, public amenities, etc.  
Hindered in the use of transport  
The attitudes of society as a whole  
Use of appropriate public toilet facilities.

### Notes:

The new benefit will continue to have:

- No means test and not taxable; it doesn't matter whether you are in full/part time employment or unable to work
- People will be able to spend the money the way they want to and will not be held to account
- Fast track for terminal illness

### Question 2

Is there anything else about DLA that should stay the same?

The name.

### Question 3

What are the main extra costs that disabled people face?

Transport costs, paying others to do things they can not do themselves.  
Specialised food costs; ie diabetes, etc

#### Question 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?
- .....
- .....
- .....
- .....
- .....

#### Notes:

The new payments will only be made after a qualifying period. It is likely that a person would have had to have a condition for 6 months before becoming eligible for an assessment and the condition would be expected to last for a further 6 months (so 12 months in total).

The consultation is looking at the difficulties some people have with assessments when they have a fluctuating conditions that can worsen at times.

People with terminal illnesses will still be fast tracked through the assessment process and may in some cases still be automatically entitled to claim.

Currently, DLA is paid due to the condition or impairment and not based on how it might affect a person. The reforms will amend this to ensure the assessment takes into account the impact the condition has on an individual.

#### Question 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?

Because similar conditions can have different levels of severity, a system based on how that condition affects the individual would be a more efficient use of resources and as such fairer to the whole.

**Notes:**

At the moment, if you enter hospital or a care home, the entitlement to the care component stops after 28 days.

The reforms propose that the mobility component should also be discontinued unless a person pays for their own care. It is planned to make this change in 2012.

**Question 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?

Explore ways to involve family in the caring process, where family support is available. Prioritise those who have no relatives to rely on.

Conversation, getting out and about, being able to do things for yourself.

Going to the pub and watching football.

**Notes:**

The DLA assessment looks at what a person cannot do and not what they could do if given more support. It is a very negative view of a person's life.

Future assessments will be based on a broader, more objective measurement of the impact of a person's health conditions or impairment on everyday activities.

**Question 7**

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

By means of regular fixed assessments and optional assessments at the behest of the individual should they feel the need.

**Notes:**

At the moment only aids such as prosthetic (false) limbs are taken into account when making an assessment.

In the future, the assessment will look at other aids such as wheelchairs and take into account how these aids are used successfully.

**Question 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?

Yes

Powerful wheelchairs/scooters

Only if the person uses them.

**Notes:**

Disabled people have said the claim form for DLA is too long and complex and looks at their impairments and health conditions in a negative way.

**Question 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?

Provide Big Society assistance if required

Local papers, leaflets, advice groups sessions

**Notes:**

The assessment process will need face to face meetings with an independent healthcare professional (a doctor or occupational therapist). There will be an opportunity for extra evidence from your own GP or social worker.

People with a terminal illness or complex conditions may be excluded from these types of assessment.

**Question 10**

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

GP's, health centres, family members.

The local council should provide a co-ordinated system under which all assessors work and apply themselves to

**Question 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?

The opinion of an individual healthcare professional may lead to inconsistencies.

Some people may lack confidence of conversation so their needs may not be fully addressed.

**Notes:**

One of the major changes being considered will recognise a person's changing needs over time. A regular review of people using the new Personal Independence Payment will ensure a person's needs are being met appropriately.

These reviews might involve gathering evidence from various sources, including self-report forms, information from relevant professionals who support the individual and face to face or telephone discussions.

**Question 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?

Medical evidence, assessment ~~re~~ findings  
and the opinion of the individual

Yes

**Question 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?

As per question 9



**Notes:**

It is possible that the assessment process will include an element of information, advice and guidance around the options available to them.

It may become necessary for this to become a compulsory part of the assessment process.

**Question 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?

Information regarding entitlements  
Yes

**Question 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?

No

**Question 16**

How do people currently fund their aids and adaptations? Should there be an option to use PIP's to meet one-off cost?

Self purchase and state provided  
Yes

**Notes:**

It is recognised that disabled children and adult's needs can be very different.

**Question 17**

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

Their educational development.  
How the family fits in as a whole

**Notes:**

People receiving DLA at present are also sometimes eligible for other benefits that are means tested.

It is recognised that it is important for many people that they do not have to be reassessed for all benefits and this makes it easier for them to apply.

**Question 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?

As long as the means is there  
it is ultimately up to the individual.  
(Means as in support)

**Question 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?

It would mean duplicating the  
application processes and so  
waste resources



### Question 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?

DLA provides  
Mobility  
GP  
Health service

### Question 21

What impact could our proposals have on the different equality groups and what else should be considered in developing the policy?

Language barriers  
Illiteracy

### Question 22

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

NO

Optional

Name:....

Address:..

Telephone