

Question 1

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

one encounters prejudice, especially learning disabled people. They cannot attend mainstream things without somebody with them. If you are very learning disabled you need help to keep you safe, healthy and active.

Rec'd 10/2/11

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?

There should still be 3 rates. It's hard enough getting the higher rate - even if you qualify - now. If there are only 2 rates you are going to be pushed into the lower one whatever you qualify for.

Question 3

What are the main extra costs that disabled people face?

Transport - many learning disabled people cannot travel by public transport.

Care - cannot go out safely without another person. May need help in the nighttime too.

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?

no - there will be the same problems.
Having two rates will mean you
will be pushed into the lower one
whatever your needs

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?

YES, automatic entitlement should
be given, especially when a person
is born with a chromosome missing
or who has a syndrome which will
never go away. e.g. Down's
Syndrome² etc.

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?

If a person goes into a care home they still need to be taken out & visited. You should also separate "CARE HOME" and "RESIDENTIAL SCHOOL". OUR SON GOES TO SCHOOL MONDAY - FRIDAY IS HOME EVERY WEEKEND AND SCHOOL WEEKDAYS. HE STILL NEEDS TO BE TRANSPORTED. THE MOBILITY COMPONENT IS ESSENTIAL IN OUR CASE.

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?

EVEN IF YOU CHANGE THIS AROUND... A PERSON CAN ONLY DO MORE WITH MORE SUPPORT. THIS SUPPORT HAS TO BE PAID FOR. THEY NEED DLA TO HELP PAY FOR SUPPORT.

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?

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MY SON IS LEARNING DISABLED.....
MOST OF YOUR FORMS FOCUS ON.....
PHYSICALLY DISABLED PEOPLE.....
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Notes:

Disabled people have said the claim form for DLA is too long and complex is 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?

YOUR FORMS ARE SPECIFICALLY DESIGNED TO
PUT PEOPLE OFF CLAIMING. IT DOES NOT MATTER
HOW COMPREHENSIVELY ONE FILLS IT IN
OR HOW MUCH SUPPORTING EVIDENCE ONE
SENDS WITH IT. MY EXPERIENCE OVER THE
PAST 15 YEARS IS NOBODY READS THEM!!!
ONE STILL HAS TO APPEAL A FEW TIMES & TAKE
THE DWP TO COURT TO GET WHAT YOU ARE
ENTITLED TO!!! HOW IS THIS GOING TO
BE IMPROVED.

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?

PLEASE SEE MY ANSWER TO Q 9.
I WOULD HOPE THAT ANY HEALTHCARE PROFESSIONAL WOULD KNOW THAT IF A PERSON IS BORN WITH A CHROMOSOME MISSING IT WILL NOT GROW BACK AND THEIR CONDITION IS LIFELONG DISABLING THEM MORE AS THEY GET OLDER, WE SHOULD NOT HAVE TO KEEP FILLING IN THESE DREADFUL FORMS!

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?

THIS IS A GOOD IDEA! THE HEALTHCARE PROFESSIONAL COULD SEE STRAIGHT AWAY HOW DISABLED A PERSON WAS. THE DIFFICULTY IS THERE ARE THOUSANDS OF PEOPLE CLAIMING THIS BENEFIT HOW LONG WOULD ONE HAVE TO WAIT TO SEE THIS HEALTHCARE PROFESSIONAL? WOULD BENEFIT BE STOPPED - AS IT IS NOW - WHILST DISPUTES ARE SETTLED OR WHILST WAITING MONTHS & MONTHS TO SEE SOMEBODY?

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?

SEE ANSWER TO Q 9 & Q 10. IF A CHILD IS BORN WITH A CHROMOSOME MISSING OR AN ADDED ONE (EG DOWN'S SYNDROME) THEY WILL ALWAYS BE DISABLED. THE SITUATION OFTEN GETS WORSE AS THEY GET OLDER. THIS WILL ALWAYS BE THE CASE. WITH THESE KINDS OF IMPAIRMENTS THERE SHOULD BE DIFFERENT KINDS OF REVIEWS.

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?

PEOPLE ARE RELUCTANT TO REPORT CHANGE BECAUSE BENEFIT IS STOPPED STRAIGHT AWAY WHILST CHANGES ARE ADMINISTERED BY DWP. IF BENEFIT WAS CARRIED ON UNTIL ADJUSTMENTS WERE MADE - PEOPLE WOULD BE MORE LIKELY TO REPORT CHANGES.

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?

THE STAFFING NEEDED TO IMPLEMENT THESE
PROPOSED CHANGES WOULD BE
ENORMOUS ANYWAY. IF STAFF WERE
NOT TRAINED PROPERLY TO GIVE INFORMATION
ADVICE & GUIDANCE IT WOULD CAUSE
NO END OF EXTRA PROBLEMS

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?

SEE ABOVE

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?

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?

THERE SHOULD BE A COMPLETELY
DIFFERENT FORM TO FILL IN.

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?

FOR US BEING ON THE HIGHER RATE OF
MOBILITY GETTING THE BLUE BADGE
WAS HELPFUL

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?

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?

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THIS WOULD ONLY BE HELPFUL
IF THE BENEFIT WAS ASSESSED CORRECTLY
IN THE FIRST PLACE.
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Question 21

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

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Question 22

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

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Optional

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Address:

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Telephone: