

Questions

Question 1

What things stop disabled people joining in with other people and living full, active and independent lives?

Accessibility - lack of ramps, lifts,
Aids + adaptations, transport,
access to employment, lack of education
digitally excluded - eg visually impaired
care could be limited.

Question 2

What parts of Disability Living Allowance do you think we should keep?

Non-means tested.

Question 3

What extra things do disabled people need to spend money on?

Adaptations to housing, equipment,
transport, laundry, utility bills,
cleaning, clothing - all more
expensive.

Question 4

- ① The new benefit will have 2 amounts for each of the 2 parts of the benefit. Do you think this will make the benefit easier to understand and also easier for us to run?
- ② Do you think just having the 2 amounts for each part will cause any problems?

- ① Cheaper to run for the Government
- ② Concern that people may slip through the net.
People seen as independent may no longer fit the criteria.

Question 5

- ① Do you think some health conditions or disabilities should allow people to get an amount of the benefit automatically?
- ② Or do you think that all claims should be based on the needs of the person asking for the benefit?

① Do not need to assess someone who will never recover from illness or health threat.

② Need should be assessed, however some people may not be able to complete forms.

Question 6

- ① How can we make sure that disabled people who most need the new benefit can get it?
- ② What activities or actions are the most important to live an independent life?

① To make people aware that the DLA exists in the first place - media - who is actually eligible.

② Access to education, transport, work, social interaction - care + support to be able to do so.

Question 7

How can we make sure that the new benefit takes into account the way a person's health condition can change?

Periodic reviews.

Question 8

When a person makes a claim to the new benefit, should we take account of any aids or adaptations that they use?

What aids and adaptations should we take into account?

Should we only take aids and adaptations into account if the person already uses them? Or should we take aids and adaptations into account that a person could use and get hold of easily?

Yes, take into account A+A, however people may lose high level care if they are seen as being independent through A+A.

A+A should only be taken into account if prescribed by doctor or Occupational Therapist.

Question 9

How could we make the way a person asks for benefit better.
For example

- How could we make the claim form easier to fill in?
- How could we tell people about the new benefit so that they know what the benefit is for and who is likely to get the benefit?

Ask questions in a much simpler format + wording.

Question 10

- ① Who are the best people to tell us about the needs of the person asking for benefit?
- ② What information will we need to make it clear what the person can and cannot do?

① Individual, carers, GP, consultants.
OT - mixture of all.

② If unsure ask the most senior person on the case, with individuals consent.

Question 11

An important part of the new benefit may be talking face to face with an independent person about how well you can do the things you need to do to take part in everyday life.

- ① What good things and bad things may this bring?
- ② Is there any time when it would not be right to say that a person had to meet an independent person face to face, either in the person's own home or somewhere else?

① Good = emphasise what an individual can + cannot do.

Bad = not everyone is articulate enough to participate so therefore, how can they be assessed?

② Yes, if suffering from a mental health issue, learning disability - not able to meet without advocate or support.

Question 12

- ① What should we use to decide how often we should look at a claim again and check it?
- ② Should the way we look at a claim again depend on the needs of the person and their health condition or disability?

① If the condition fluctuates.
② Yes.

Question 13

The new benefit will be easier for people to understand, so we will expect people to tell us when things change in their lives.

How can we get people to tell us about the changes in their lives?

More publicity to make aware of changes being told.

Question 14

- ① What types of help and advice are people who will ask for the new benefit likely to need?

Would it help if we told people to get help and advice and where to get it from?

① Information on criteria for claiming, help with completing forms.
② Yes.

Question 15

- ① How do disabled people pay for their aids and adaptations at the moment?
- ② Should disabled people be allowed to use the new benefit to pay for a one-off cost?

① DLA most often than not.
② Yes.

Question 16

What are the main differences we should think about when we are dealing with claims for children instead of adults?

Cognitive ability rather than
chronological age - not seeing true
age of being able to communicate.
Children grab out of A+A.

Question 17

How important or useful has Disability Living Allowance been in getting people to use other services or to get other benefits?

What can we do to make things better?

At the moment people who get Disability Living Allowance automatically get help from other benefits and services, like the Blue Badge scheme and the Warm Front scheme.

What would it mean to disabled people if they did not automatically get help from these other benefits or services?

Make people aware - advertising / media
Without Blue Badge + Warm Front
may cause further poverty, more
stress, more claims to fill in -
financial worry.

Question 18

What information about the disabled person could we share with other services or government departments to stop the disabled person having to tell lots of people the same thing?

Would cut time + cost to
share information - with the
individuals consent.

Question 19

How would our ideas for the new benefit affect different equality groups? For example, the equality groups looking at disability, age, race, gender, **sexual orientation** and religion and belief.

Sexual orientation

This is about whether a person is

- heterosexual – sexually attracted to people of the other sex.
- lesbian – a woman who is sexually attracted to women.
- gay – a man who is sexually attracted to men.
- bisexual – sexually attracted to men and women.
- asexual – not sexually attracted to men or women

Only effect disability + age
eg do they stop mobility component
at 65?

Question 20

Is there anything else you would like to tell us about our plans?

Word list

Attendance Allowance

This is money that people aged 65 or over may be able to get if they need someone to help look after them because they are disabled6

Care and support

Care and support are the services and other things that help people live full, independent, active and healthy lives3

Consultation

This is when the government asks what people think about their plans, and for ideas about the best ways of doing things.....2

Disability Living Allowance

This is money that someone with a disability or a health condition may be able to get to help them pay for the help and support they need2

Discrimination

This is when someone is treated unfairly because of something. People are sometimes discriminated against because of their age, because of the colour of their skin, or because they have a disability4

Means test

This is a test to see if someone can afford to pay for the services they need.....6

Sexual orientation

This is about whether a person is

- heterosexual – sexually attracted to people of the other sex.
- lesbian – a woman who is sexually attracted to women.
- gay – a man who is sexually attracted to men.
- bisexual – sexually attracted to men and women.
- asexual – not sexually attracted to men or women 22

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