

DLA Reform Team
1st. Floor
Caxton House
Tothill Street
London
SW1H 9NA

Dear Sir/Madam

Disability Living Allowance Reform.

Having just read the "*Disability Living Allowance Reform Consultation Document*", I feel that I must respond to what I have read, and also to speak on behalf of the residents of [REDACTED] [REDACTED] is an extra care housing complex for the Over 55's, with independent living, where the majority of residents, like myself, have mobility issues, and general health issues where additional care is provided.

Throughout the document, the words "*successful use of aids and adaption*" are used to saturation. Page 13, par 14, also refers to the current term for "Mobility" is the individual's ability to walk rather than their ability to get around. This comes over to me as "*If the individual has problems with walking, then the use of an aid such as a walking frame will mean they can get around better, so they will no longer require the mobility payment*".

Under the current DLA system, those on the higher rate for Mobility, have the choice of exchanging the payment for a mode of transport, be it a Motability Car, or Scooter etc... The consultation document for the new proposed Personal Independence Payment has no mention of this. It is also apparent that recipients will be called to periodic reviews, where no doubt the object will be to try and get the mobility component reduced at each review.

Those, like me, who choose to have a Motability Car to enable us to get out and about in the community, take these vehicles on a three year lease. If my theory is correct, and the object of the periodic reviews is to try and reduce core level payment, you will put people like myself at the level of financial meltdown if we have to return the vehicle, and then become liable for any unused period of contract hire, because of a determination to cut out core level. This would also mean that we will lose our only means of getting around.

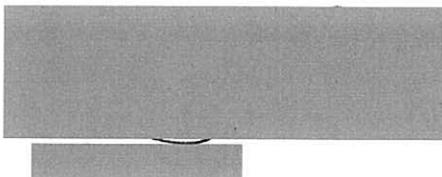
In October this year, I was moved out of my family home and into an independent extra care living environment, because my medical team, who constantly treat me, decided I need *far more care than I could get at home*. At the same time, the DLA people decided that *I didn't need much care*, so they dropped my DLA care element from middle rate to low rate, without even seeing me. So although I am in an extra care facility, I can no longer afford to pay for the care I should be getting. The proposed "Daily Living Component" in the new PIP is being reduced from three tiers to two tiers will not improve this situation.

Under "*Delivering the new benefit*" the proposal states that people such as myself, will have to submit an application to receive the new Personal Independence Benefit. Straight away I can see an issue here that need to be addressed well before the Personal Independence Payment is launched.

As with DLA, the new PIP states that one has to be under 65 years of age to be eligible for application. What, therefore, will happen when someone like me, who is over 65 years, put in a new application? Government departments are known for lack of communications between departments, so I can see it now, when an application is submitted, you will get a message back to say that you cannot claim because you are over 65 years of age.

My view of this document is that it could deny people like myself the right to quality of life, and therefore it could be rendered as unlawful.

Yours Sincerely

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