

Questions

rec'd 17/2/11

Question 1

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

Poor / inappropriate transport links

Lack of expendable finance / cost of transport / care etc

Question 2

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

Mobility - not just for people using wheelchairs.

Care - The cost of community care / help at home is very expensive.

Question 3

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

Equipment ie gadgets to assist with cooking, washing & dressing.

Transport / fares / taxis - to enable people to gain access to the community

Care at home

Question 4

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?

Do you think just having the 2 amounts for each part will cause any problems?

There is a risk that some people who now qualify for lower rate Care Component will not qualify for lower rate under the new conditions.

Question 5

Do you think some health conditions or disabilities should allow people to get an amount of the benefit automatically?

Or do you think that all claims should be based on the needs of the person asking for the benefit?

Some long term health conditions ie severe stroke,
later stage MS or Motor Neurone Disease patients
should automatically qualify.

Question 6

How can we make sure that disabled people who most need the new benefit can get it?

What activities or actions are the most important to live an independent life?

Access to the community - ie transport, equipment
social interaction - ie groups, clubs, work
Assistance in the home - ie laundry, bed changing,
personal care, shopping

Question 7

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

Regular reviews - evidence from Doctors, therapists etc

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. Many people would be housebound without the use of equipment or another person to assist & accompany them in the community. The cost of these services should always be taken into account.

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?

Shorter & less repetitive.
TV advertising, leaflets, websites,

Question 10

Who are the best people to tell us about the needs of the person asking for benefit?

What information will we need to make it clear what the person can and cannot do?

The person who is claiming if possible.
In many cases, assisted by a carer or health / social practitioner.
Detail about walking ability & equipment
" " Personal care needs
Meal prep, social needs

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.

What good things and bad things may this bring?

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?

Many claimants overstate their abilities, often due to confusion / memory issues. They often do not clearly explain the amount of difficulty they have in carrying out certain tasks & how long it takes.

Question 12

What should we use to decide how often we should look at a claim again and check it?

Should the way we look at a claim again depend on the needs of the person and their health condition or disability?

Contact / evidence of a ~~change~~ changing
Condition could be gained from a health / social
fracturer as well as Carers & Claimants.

All claimants should be assessed as individuals.

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?

A reminder phone call or letter.
Advertising.

Question 14

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?

social issues & access to the community advice
financial advice

Signposting would be appropriate.

Question 15

How do disabled people pay for their aids and adaptations at the moment?

Should disabled people be allowed to use the new benefit to pay for a one-off cost?

Many expensive aids ie stair-lifts have to
be purchased privately & many are unable to
find a large sum of money to finance it.
In some cases this could be covered by a
benefit one-off payment.

Question 16

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

Children have entirely different needs and their carers should be fully involved in application process.

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?

Access to these further services should not be withdrawn as this could cause further financial hardship.

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?

Physical difficulties

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

Eligibility for DLA should be based purely on health needs, not age, race, gender or sexual orientation.

Question 20

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