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Disability Living Allowance reform – consultation questions

You can respond to the consultation questions in this document and send it to us at consultation.dlareform@dwp.gsi.gov.uk

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

Your response: NON MOBILE – CANNOT SPEAK OR UNDERSTAND SPEECH – UNABLE TO FEED HERSELF, DRESS OR DO SIMPLE TASKS – UNABLE TO TAKE SOLID FOOD, SURVIVES ON LIQUIDS ONLY.

2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?

Your response: MOBILITY ELEMENT SHOULD BE RETAINED TO MAINTAIN CURRENT QUALITY OF LIFE AND WHERE POSSIBLE TO IMPROVE IT.

3. What are the main extra costs that disabled people face?

Your response: WHEELCHAIRS & COSTS TO MAINTAIN THEM – ALL EQUIPMENT FOR BATHING AND TOILET EQUIPMENT i.e. HOISTS, SAFETY RAILS, SEATING. PERSONAL HYGIENE i.e. INCONTINENCE PADS ETC. TRANSPORT: VEHICLES – MAINTENANCE OF VEHICLE – DRIVER – PETROL/DIESEL – TAXIS ETC.

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?

Your response: NOT BEEN WELL PUBLICIZED – MANY PEOPLE WILL NOT KNOW HOW THE CHANGES WILL AFFECT THEM UNTIL TOO LATE – TOO RUSHED BY THE GOVERNMENT – NOT SPECIFIC.

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?

Your response: IN THE CASE OF MY SISTER, WHO HAS BEEN SEVERELY MENTALLY AND PHYSICALLY DISABLED THROUGHOUT HER LIFE, RE-

ASSESSMENT WOULD MAKE NO DIFFERENCE AS HER CONDITION DOES NOT CHANGE ALTHOUGH SHE IS RE-ASSESSED REGULARLY IN THE NURSING HOME WHERE SHE RESIDES.

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?

Your response: MY SISTER WILL NEVER LEAD AN INDEPENDENT, FULL OR ACTIVE LIFE DUE TO HER SEVERE DISABILITY. AN ESSENTIAL QUALITY OF HER LIFE IS MOBILITY ALLOWANCE WHICH GIVES HER THE OPPORTUNITY TO TAKE TRIPS AWAY FROM THE NURSING HOME TO ATTEND CHURCH SERVICE, HOSPITAL & DOCTOR APPOINTMENTS, DISABILITY CLUBS, SOCIAL EVENTS AND SHORT HOLIDAYS AWAY. WITHOUT THE MOBILITY ALLOWANCE SHE WOULD HAVE NO QUALITY OF LIFE.

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

Your response: LIAISON BETWEEN MYSELF AND THE NURSING HOME TO ENSURE THE NEW BENEFIT WILL IMPROVE HER QUALITY OF LIFE – NOT IMPAIR IT.

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?

Your response: YOU SHOULD ALWAYS TAKE INTO ACCOUNT NECESSARY AIDS AND ADAPTATIONS FOR ALL CLAIMS, ESPECIALLY THOSE ALREADY USED OR THOSE WHICH WILL IMPROVE LIVING CONDITIONS FOR DISABLED PEOPLE WHICH SHOULD INCLUDE MOBILITY ALLOWANCE.

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 response: YOU NEED TO SEND A PERSONAL INFORMATION LETTER & QUESTIONNAIRE TO EVERYONE WHO IS KNOWN TO BE DISABLED WITH HELPFUL ADVICE ON HOW TO COMPLETE IT, IN EASY TO UNDERSTAND FORMAT FOR FRIENDS OR RELATIVES TO FILL IN IF NEED BE. TO OFFER FREE PHONE ASSISTANCE. TO SEND IT IN GOOD TIME.

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

Your response: AT THE NURSING HOME WHERE MY SISTER RESIDES THERE IS IN PLACE A PANEL WHICH MEETS WITH AN OUTSIDE SOCIAL WORKER TO DISCUSS HER NEEDS AND A TWICE YEARLY REVIEW WHICH I ATTEND

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?

Your response: FACE-TO-FACE DISCUSSIONS ARE IN PLACE IN THE PRESENCE OF MY SISTER AT THE NURSING HOME ALTHOUGH SHE IS UNABLE TO UNDERSTAND NORMAL CONVERSATION.

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?

Your response: MY SISTER IS REVIEWED TWICE YEARLY AT THE NURSING HOME IN MY PRESENCE.

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?

Your response: YEARLY ASSESSMENT FOR THOSE WHO ARE NOT PERMANENTLY DISABLED

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?

Your response: YES, IT WOULD HELP TO INFORM PEOPLE OF WHAT THEY NEED TO DO, IF THEY ARE ELIGIBLE FOR PIP AND WHO THEY NEED TO CONSULT.

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?

Your response: EASY TO ACCESS INFORMATION TO CONSIDER ETHNIC LANGUAGES AS WELL AS BLIND AND DEAF DISABILITIES

16. How do disabled people currently fund their aids and adaptations? Should there be an option to use Personal Independence Payment to meet a one-off cost?

Your response: A ONE-OFF COST FOR SOMETHING THAT WAS NEEDED FOR A SPECIFIC DISABILITY SHOULD BE GIVEN IF IT WAS TO IMPROVE A PERSONS QUALITY OF LIFE. I ASSUME DLA CURRENTLY HELPS TOWARDS AIDS AND ADAPTATIONS.

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

Your response: ALL EMOTIONAL AND PHYSICAL DEVELOPMENT OF CHILDREN SHOULD BE ASSESSED IN CONSIDERATION OF THEIR PERSONAL DISABILITY

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?

Your response: THE EXTRA BENEFITS APART FROM DLA WOULD NEED TO BE IN PLACE FOR DISABLED PEOPLE LIVING AT HOME APART FROM MOBILITY ALLOWANCE WHICH ALSO IMPROVES THE QUALITY OF LIFE FOR PEOPLE IN CARE/NURSING HOMES.

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?

Your response: IT WOULD DIMINISH THEIR QUALITY OF LIFE.

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?

Your response: WHEN REGISTERING FOR DISABLEMENT BENEFIT TO HAVE THE OPPORTUNITY TO SIGN A DISABILITY DISCLAIMER TO ALLOW ALL GOVERNMENT BODIES TO ACCESS THEIR PERSONAL DISABILITY INFORMATION.

21. What impact could our proposals have on the different equality groups (our initial assessment of which is on page 28) and what else should be considered in developing the policy?

Your response: IT WILL HAVE A WIDE IMPACT ON ALL GROUPS WHICH WILL NEED TO BE ASSESSED INDIVIDUALLY.

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

Your response: NOT WIDELY ADVERTISED – MANY PEOPLE KNOW NOTHING ABOUT IT UNTIL TOO LATE. THOSE AFFECTED NEEDED TO KNOW LONG BEFORE THIS TO GIVE THEM TIME TO ADJUST OR TO ASK QUESTIONS.

THE ASSUMPTION BEHIND THE PROPOSAL TO REMOVE THE MOBILITY COMPONENT OF DLA FROM THOSE LIVING IN RESIDENTIAL CARE IS WRONG. IMPLEMENTING THIS PROPOSAL WILL MEAN CARE/NURSING HOME RESIDENTS WILL HAVE A DIMINISHED QUALITY OF LIFE WITH RESTRICTED OPTIONS AVAILABLE TO THEM OR SOCIAL SERVICES WILL BE FORCED TO MAKE UP THE DIFFERENCE IN FUNDING. ULTIMATELY, THE IMPACT ON DISABLED PEOPLE WILL BE DEVASTATING. THE DECISION BY THE GOVERNMENT TO REMOVE MOBILITY ALLOWANCE MUST BE REVERSED IN LIGHT OF THE OVERWHELMING EVIDENCE AND STRENGTH OF FEELING REGARDING THIS MEASURE.