

# Disability Living Allowance Reform Consultation

- ① What stops disabled people like myself living full, active + independent lives is shortage of money. (24/395)  
Transport, helpers to facilitate, aids, adaptations, equipment, mobility scooters + electric wheelchairs, hobbies + interests [if not working or on a low wage due to being too disabled/ill to be in normal employment] all cost money. DLA has been a godsend in this regard. Re: 10/2/11
- ② I firmly believe that all parts of the DLA system should be kept unaltered.
- ③ Disabled people like myself need money to pay for the care they need + choose - help with washing + dressing, food preparation, ironing clothes, washing dishes, basic housework + ~~house~~ gardening. <sup>help with leisure activities</sup> Extra money for taxis + bus fares if walking limited. Aids, adaptations around the home, scooters + electric wheelchairs. Extra money for heating bills. A telephone landline is an essential not a luxury for a chronically ill or disabled person to arrange care, summon help etc. I have to order my shopping + do my banking online - there are internet + delivery costs. Ready made meals for the microwave are not cheap but may be cheaper than having someone in to prepare a meal. Disabled people should be able to spend their extra disability allowance on these + similar things as they see fit.
- ④ No, I don't think that this will either make it easier to understand, or easier to run. The three tiered nature of the care component was perfectly clear + people were categorized well. I feel that there could be problems with squeezing 3 levels into 2, most people seem to fear that middle rate care currently will almost automatically mean low rate care in the new system in a cost cutting exercise!
- ⑤ ~~For~~ All claims should primarily be based on the needs of the person asking for benefit but perhaps certain severe disabilities such as quadriplegia should automatically be granted Highest level Care + Mobility for life (a severe lifelong condition) →

I (6) I am personally very worried about how you will make sure that those who most need the benefit can get it. I am worried about the medicals, the present system of a GP who is not one's own visiting one in one's own home & in addition to a sadly unnecessarily complex claim form seems best. Please remember that those with complex psychiatric needs such as paranoid schizophrenia, by the very nature of their conditions, will be distrustful of an interviewer unknown to them, and may therefore not be able to give the full picture of their true level of incapacity. Even physically incapacitated people may suffer from nerves at the appt/interview + may fail to provide as clear a picture as the current forms provide.

Which activities/actions are the most important to live an independent life? I would agree with those set out in the current DLA claims process. - Washing, dressing, food preparation [taking care of one's home, washing + ironing clothing too are essential but neglected] getting out + about, participation in hobbies, social + leisure pursuits. - This would all apply to physical disability. In the case of mental illness, a person may be physically able to wash, dress etc. but may need the ~~their~~ input of others to watch over them, encourage them + keep them safe from harm.

(7) Periodic reviews i.e. every 2-3 years under the old system were quite sufficient - more frequently could put undue stress of an emotional + also financial nature on claimants. For shorter term fluctuations, a person's average level of functioning together with their needs at their worst should be taken into consideration.

(8) Aids + adaptations should not be taken into account + this used against a claim - claimants very often use their DLA to pay for such items, as is a proper use of such money.

(9) I think the current claim form strikes the right balance, any more simplified + the true picture would not be able to be clearly seen. > don't want to simplify further

cont'd.

III ⑨ cont'd.

All present claimants should receive a letter informing them of the changes.

⑩ The best people to ask are the person themselves(!), their G.P., hospital consultant + other professionals ~~and~~ as a community psychiatric nurse or social worker. ~~Just ask~~ Also, perhaps, a family member, or friend who acts as carer.

Just ask basic questions about the person's condition + what they can + cannot do! → Not just ~~because~~ they can't

⑪ Please refer to my answer to question ⑥ r.e. assessment by an independent person. I still feel an assessment by an independent but sympathetic doctor is an important part of the process. Preferably in ~~one's~~ one's own home where one would feel more relaxed + less nervous.

⑫ As at present, how long a person has been claiming benefit at the same rate may be an indicator that they are a longer term ~~claim~~ sufferer or otherwise. Yes, the way you look at the claim again should indeed depend on the needs of the person + their condition! Also, please beware that the negative impact of the stress of these processes on both mental + physical health conditions may be considerable + counterproductive, never mind costly to implement - don't review too frequently! Most people qualifying are unlikely to change much in the level of their conditions in the short to medium term ~~or~~ r.e. improvement - most will stay the same, or will contact you ~~yourself~~ <sup>themselves</sup> if they deteriorate.

⑬ Like it is at the moment, tell people to tell you if something changes, trust them, and they generally will tell you.

⑭ I am not sure what is meant by this question, nor the relevance of it to benefit claims. →



iv) ⑮ Disabled people often use their DLA to pay for aids + adaptations.

Yes, people should be allowed to use their new benefit to pay for a one off cost! Of course!  
People should be free to use their benefit money for anything that ~~is~~ helps them to be more independent and to dabble, as an authority, and try to dictate what that should or should not be, is dangerous bureaucracy - trust disabled claimants to know what they most need!

⑯ The same principles, really, except, as I believe at present, comparing care + mobility realistically against a child of similar age of able bodied status.

⑰ DLA has entitled those on income support to further disability premiums (for those on middle or higher rate care) - these have been invaluable to pay for other costs, not directly related to care, such as higher heating bills + actually maintaining a small quality of life rather than being on the breadline.

The Blue Badge scheme, Warm front scheme etc should, on the whole, carry on being linked to disability benefits - although if the criteria for the new benefit are overly strict this could result in a dual penalty for those who are borderline cases + fail to qualify.

⑱ The disabled person themselves would not object to giving out the same information to different government departments - most disabled people are against the sharing of govt. medical reports between departments believing this all too often means the perpetuation of errors + misinformation which could have a ~~prejudicial~~ prejudicial effect against claims made by themselves for benefits.

SUBMITTED BY A PHYSICIAN DISAB 33  
+ MENTALLY ILL CURRENT  
INDIVIDUAL CLAIMANT

Rec'd  
10/2/11