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Response to Consultation Document on DLA Reform

We are responding to the Document as parents of a son who has lifetime awards of the higher rate of both the Care and Mobility Components of DLA.

There are aspects of the Document which we are in agreement with. That the new assessment should "not be based solely on a medical model of disability" is very desirable. Our son is on the Autistic Spectrum and suffers from epilepsy, dyspraxia and dysphagia but since "mobility as currently defined concentrates on an individual's ability to walk, not their ability to get round generally" it took a Tribunal hearing and the intervention of a representative from DLA for our son to get his award. The problem of "a medical model of disability" is not however confined to DLA since similar problems occur with the Decision Support Tool used to assess eligibility for Continuing Health Care awards. We also feel that it may be possible to combine assessments in the future. For example, the evidence currently compiled to complete the DST for Continuing Health Care awards would surely also suffice to indicate an individual's eligibility for the Care and Mobility Components of DLA and similar overlap may well occur in the future.

However, there are aspects of the Consultation Document which we strongly disagree with. As someone who suffers from Autistic Spectrum Disorder our son will find a face to face meeting with a healthcare professional, in order to assess his eligibility for Personal Independence Payment and at periodic reviews thereafter, very harrowing. He is unable to express his feelings, hopes, aspirations and hates being talked about. It is difficult to know what a "healthcare professional" would learn of our son and his needs in such a face to face snapshot meeting. His needs are complex and an understanding of them can only be built up by close contact over an extended period of time. In addition

his needs are not going to change over his lifetime. His ability to live day to day may vary depending on how well his needs are managed but his needs will not change. The Consultation Document poses the question "Should some conditions/impairments mean an automatic entitlement to the proposed benefit?" We would say yes for those who, like our son, have lifetime awards of DLA and whose needs are not going to change. His needs have already been assessed ad infinitum - further assessment will only be extremely distressing for him and will involve unnecessary spending of time and money.

