

Disability Living Allowance reform consultation – email responses 936 to 1024

Respondent Number	Response	
EM936	<p>Suggestion</p> <p>1. Certificate of FREE road tax (VED) should be for a fixed monetary amount to be fair to all customers and prevent misuse and encourage green values.eg. Free tax could go to the most expensive road tax vehicle within a family group.</p> <p>2. If customer has Motability vehicle the VED should apply ONLY to that vehicle and should not be transferable</p> <p>3. Free road tax should be only available to those customers of working age to the Attendance Allowance start point as it can encourage driving beyond a safe age and might discriminate between two persons with similar disabilities but were affected at different ages.</p> <p>4.I see no reason to exclude AA customers from the Motability Wheelchair/Scooter scheme to assist them in their mobility options if we start from the premise that the money they receive is for them to use as they see the need.</p> <p>5. There should be a Parliamentary audit of the Motability Finance business as there would appear to be large amounts written off due to inefficiencies and possible poor working practices that waste tax payers money</p>	<p>How My Idea Would Impact On Operations</p> <p>No impact as certificate would be issued as now but would be for fixed value ie. Up to a maximum of £....</p> <p>No impact on Ops as DVLA policed</p> <p>A system fix may be required to prevent the issue of a VED beyond a certain qualifying age.</p> <p>This would involve an expansion of the MOTA team and the officers with specialist Motability Scheme knowledge.</p> <p>No impact: Work should be undertaken by an independent audit company</p>
EM937	<p>Good Morning</p> <p>As a benefit processor it seems like the amount of people receiving the higher rates of DLA care and Mobility allowance has been increasing. When claims to Incapacity Benefit and Employment and Support Allowance are made, checks are always made to see if an award of DLA has been made.</p> <p>For the award of Higher Rate Care and Mobility, increasingly medical conditions such as depression and eating disorders were often attracting the Higher elements, with an indefinite end date.</p> <p>The award of a higher rate with an indefinite rate is totally appropriate for</p>	

Respondent Number	Response
	<p>people who have a life-long condition that will never improve such as brain damage of cerebral palsy, but these long lasting, and higher rate awards do need to be reviewed so that those who will have a life long and incurable condition will still receive the benefit they receive while those who have a medical condition that should improve are reviewed more often.</p>
EM938	<p>Disability Living Allowance helps people with disabilities. The new benefit called Personal Independent Payment is intended to be a more dynamic benefit. It will work on the principle that it will support people into work. However we must remember that not all people claiming DLA will be able to work. We must also remember that people who currently receive DLA can in certain in certain circumstances work work and it does not affect their DLA.</p> <p>1. I have long experience in making decisions in this benefit, checking decisions at new claims stage and second tier decisions and appeals. I also advise Decision makers.</p> <p>2. In making decisions on DLA at the moment Decision Makers are forced to place weight on CCM guidance. It will be necessary in order to make better decisions in DLA AND PIP to obtain medical evidence. This will enable better decisions to be made earlier in the event cycle. Medical evidence should be used to make a good decision; it should not be used for an intention not to award benefit. A medical examination will often not be the best source of evidence for example a person with mental health problems will often be treated by hospital specialists, CPN'S and the GP will often be involved. Therefore a report from a medical or nursing professional will be of help in making decisions. Medical reports for physical conditions are also helpful.</p> <p>2. The underlying principle should be based on making a correct decision at the earliest time in the event cycle. In other words if we obtain evidence when the customer makes a new claim. and we can award benefit at this stage it will be good customer service. It will also be cost effective because it will reduce rework i.e. reconsiderations and appeals. Appeals take a long time for Decision Makers to deal with plus the processing costs. Disability Appeal Tribunals are very expensive and now because of long delays at the Tribunal Service customers with a good case currently have unacceptable delay.</p> <p>3. In 1992 when DLA was introduced another benefit was also introduced called Disability working allowance which was unfortunately a failure and was scraped after 2 years. It may have been amalgamated with Family Credit.</p> <p>4. I can not think of an easier way to manage the benefit to make it more affordable to administer with out making it unfair to the customer with the result that people who should receive an award would not do so, or on the other hand the benefit would become to easy to claim and be awarded</p>

Respondent Number	Response
	<p>therefore becoming unaffordable.</p> <p>5. DLA does have three levels of care that can be awarded, the highest rate for day and night, the middle for day or night. THE lowest rate for significant portion of the day or if the main meal test will be satisfied (a hypothetical test) it may be worth considering if the lowest rate should continue?</p> <p>6. The mobility component consists of two components the higher rate which equates to the old mobility allowance and the lower rate which was introduced in 1992 and can be awarded for supervision and guidance out of doors. When the lower rate mobility component was introduced in 1992 some sections of the medical profession did not agree with it because for example very few people throw themselves in front of a bus. However some people with mental health problems do benefit from this lower rate mobility component and it does help people to go out that would otherwise would have difficulty going out on their own.</p> <p>7. It may be worth considering if the lowest rate of the care component and the lower rate of the mobility component should continue into PIP. If removed from the future PIP Regs some future customers would lose out but it would probably not be caused severe problems. Customers who currently receive the lowest rates of benefit who claimed PLP could continue to receive them on a transitional basis.</p> <p>8. If we try and make PIP a more dynamic benefit with more interventions the cost of managing the benefit will be substantial, and probably greater than DLA.</p>
EM939	<p>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</p> <p>1. What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives? Your response:</p> <p>2. Is there anything else about Disability Living Allowance (DLA) that should stay the same? Your response: The name should stay the same – it will be too complex to change over again - people get confused when we change names of benefits.</p> <p>3. What are the main extra costs that disabled people face? Your response: Travel costs to hosp, clinics etc</p>

Respondent Number	Response
	<p>4. The new benefit will have two rates for each component:</p> <ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>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?</p> <p>Your response: Yes they should depending on the seriousness of the condition. It seems unfair that 2 people with the same illness can receive different levels of benefit just because one of them says they can manage better than the other.</p> <p>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?</p> <p>Your response: Social activities. Access to health care. Money to pay for travel to visit families and do shopping etc</p> <p>7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?</p> <p>Your response: By regular checks on condition by Health care professionals. People should not have to assess themselves.</p> <p>8. Should the assessment of a disabled person's ability take into account any aids and adaptations they use?</p> <ul style="list-style-type: none"> • 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? <p>Your response: Yes and we should advise them of the aids and who to contact about them etc.</p> <p>9. How could we improve the process of applying for the benefit for individuals and make it a more positive experience? For example:</p> <ul style="list-style-type: none"> • How could we make the claim form easier to fill in?

Respondent Number	Response
	<ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>10. What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this?</p> <p>Your response: independent healthcare professional & customer's GP or Hosp Specialist</p> <p>11. An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.</p> <ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>12. How should the reviews be carried out? For example:</p> <ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>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?</p> <p>Your response:</p> <p>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?</p> <p>Your response:</p> <p>15. Could some form of requirement to access advice and support,</p>

Respondent Number	Response
	<p>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?</p> <p>Your response:</p> <p>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?</p> <p>Your response:</p> <p>17. What are the key differences that we should take into account when assessing children?</p> <p>Your response:</p> <p>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?</p> <p>Your response:</p> <p>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?</p> <p>Your response:</p> <p>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?</p> <p>Your response:</p> <p>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?</p> <p>Your response:</p> <p>22. Is there anything else you would like to tell us about the proposals in this public consultation?</p>

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	Your response:
EM940	<p data-bbox="379 344 1466 418">Further to the consultation document, I have some opinions, but these are split.</p> <p data-bbox="379 454 1466 562">I have some thoughts as a decision maker and as a tax payer, but I also have some opinions as a DLA customer, as a person with a disability who works.</p> <p data-bbox="379 598 1466 1077">In brief, the paper appears to make a very large generalisation that the reforms for the 16-65 age group, intimating throughout a large part of the document that there have been issues around people being afraid to try and put themselves into the working arena, as 'they may then lose their DLA' there are a very large number of people with disabilities who do not sit at home on benefits, but who go out to work. These people, like me, have utilised the DLA to assist them, or indeed enable them to become part of the working population. Without the assistance provided for example, in being able to gain mobility to get into work, or indeed to move around in society on a level playing field, this is fundamental to being able to compete in life with able bodied peers. Remove this assistance and integration and inclusion becomes very difficult if not impossible at the level currently enjoyed. (From a disabled perspective)</p> <p data-bbox="379 1113 1466 1256">From a different viewpoint, whilst some of the changes in principle make sense, I feel there are some massive voids where savings could and should be made, being more prudent and allowing correct assessment and evidential basis for awards.</p> <p data-bbox="379 1292 1466 1400">A removal of the main meal criteria and award. A move back to the original principles of DLA, being for the more disabled members of society, allowing them to integrate and compete in mainstream society.</p> <p data-bbox="379 1435 1466 1691">Having read through the paper, I feel it is too much too soon. The benefit would be better placed bringing in reforms with regard to who is responsible for some of the illness and 'labelled' disabilities. We appear at times to be rewarding people with benefit for choosing to give up. If you abuse your body, your prescribed or non prescribed medications or any other substance, you can qualify for benefits! Perhaps the system of supplying the care needed rather than payments.</p> <p data-bbox="379 1727 1466 1843">If you need 12 hour care, then provide the care, on mass in geographical areas, which may wok out cheaper. How many people would claim a need for assistance if there were no monetary benefit?</p> <p data-bbox="379 1879 1466 1953">A removal of the assistance to a percentage of claimants appears to be motivated by figures and stats rather than need.</p>

Respondent Number	Response
EM941	<p>CARE COMPONENTS SHOULD NOT BE GIVEN TO CHILDREN WITH FOR EXAMPLE DIABETIS. THIS IS A SIMPLE INJECTION AND THEY LIVE NORMAL ACTIVE LIVES IT BARELY AFFECTS THEM ONCE THEY ARE ON INSULIN. PARENTS COULD CLAIM FOR GIVING CHILDREN CALPOL AFTER ALL WHAT IS THE DIFFERENCE.</p>
EM942	<p>Good morning</p> <p>I do think that rules to qualify for DLA payments need to be stricter. There should be more direct questions So that answers cant be manipulated to suit the questions.</p> <p>Fore instance the criteria to qualify for Higher mob at the moment are that people are virtually unable to walk this is definitely abused. If this is the case the qualifying question should be are you in a wheelchair. People are less likely to lie about a direct question.</p> <p>Care component. Custs should produce evidence they receive care. How can you qualify by not even getting the help? Surely if you don't get the help you don't need it.</p> <p>I think if the questions should be more direct require more yes or no answers. How can people be allowed to get access to these benefits who you can see clearly walking around.</p>
EM943	<p>The new system must be much more robust and have proper safeguards/sanctions against abuse. Working in the department for 8 years now in benefit delivery has shown me just how easy it is to abuse the system with massive costs to the taxpayer. Fraudulent claims going on for years, loopholes in the system that allow people to claim higher rate care because they can't look after themselves but can claim carer's allowance to look after someone else! To tax payers such as myself, it is appalling to see such obvious and consistent theft of public money. Self assessment questionnaire's/telephone calls may be the cheapest way to gather information, but it is also the most open for abuse. If I am to fund this benefit as a taxpayer, I want to be confident that money is given to those who genuinely need it and not to those who use it to pay for their golf club membership.</p>
EM944	<p>Dear Sir</p> <p>There is a formidable list of questions that the consultation is asking, but I have neither the time nor the expertise to ask many of them.</p> <p>However, I can I think make a couple of valuable contributions based on my own direct experience. I have been an Administrative Officer concerned with Disability Living Allowance and Attendance Allowance for many years. This means that I am not fully expert in the decision-making of the benefits, but I have had to deal with many customer phone calls over the years.</p> <p>Parents of children whose disability is some sort of learning difficulty seem to have problems claiming DLA. One very fraught area is the discrepancy</p>

Respondent Number	Response
	<p>between home behaviour and school behaviour. Many children are devils at home and angelic at school! Our Decision-makers often seem to take the school version as the 'real' behaviour of the child. Is this true? I don't know; but the Department should take the most expert advice.</p> <p>Another point will not go away. Is it just for DLA and AA to not assess for housework? After all, some housework has to be done; how can disabled people get it done, if they can't claim for it?</p>
EM945	<p>I feel that disabled customers should not be able to claim Carer's Allowance for looking after someone else if they are themselves disabled, and are claiming for personal care element of DLA. This would cut so much benefit payments for the country.</p> <p>Thank you,</p>
EM946	<p>Hi There</p> <p>I work for the DWP and have a Disabled Grand Son</p> <p>Regarding Children – I note you propose to offset any monetary help against help provided by School</p> <p>Please note when you have a disabled Child, as a Parent your whole life is effected</p> <p>You can't just go off and do what you like</p> <p>You may not be able to do many things because you have to take your Disabled Child with you</p> <p>It is particularly hard for Lone Parents with a Disabled Child</p> <p>My Daughter is a Lone Parent with a Child with Learning Difficulties and behavioural problems</p> <p>His DLA allows her to be able to work Part Time, allowing her to support her self and spend time with him</p> <p>She could not cope with having to work Full Time to support them</p> <p>These things need to be taken into account and not just say the School caters for his needs</p> <p>The problems are more far reaching then this</p>
EM947	<p>I am an established civil servant working for Jobcentreplus, I am also disabled and work part time. I receive DLA which allows me to manage my condition and get the assistance I need to cope with my daily life. I hope the new benefit allows me to continue to do so, because without this support I would be unable to work, would loose the little independence I have and be a burden on the tax payer. I do not think it is for us, the public</p>

Respondent Number	Response
	<p>to comment on medical conditions or severity to allow awards, these decisions must be taken in conjunction with medical experts</p> <p>Many thanks</p>
EM948	<p>Dear Sir or Madam,</p> <p>Please accept my apologies for not responding via your normal question and answer route, but I am registered blind and my screenreading software has problems with pdf documents.</p> <p>From what I have heard through various organisation, the focus of PIP appears to be based on what a person can do for themselves, despite their disability so that in my case, for example, the focus would not be on the fact that I need a talking measuring jug and scales to prepare a meal (items which are expensive, and certainly more expensive than similar products for a visually able person) but the fact that because I now possess these items I do not face a challenge.</p> <p>Likewise, the fact that I have a Guide Dog could be considered as suggesting that I no longer have a complex mobility need, but that because of my dog I am able to participate in normal activities and therefore do not face a significant mobility challenge.</p> <p>Although I accept that point that just because someone has a disability does not mean that they are unable to participate in day to day activities that are common to society, one should not forget that the fact that the disability is there often makes the act of partaking in activities considered as normal can often involve complex hurdles.</p> <p>For example, I am able to go shopping by myself, so it could be considered that I do not have a need for help; the fact is that once I am in a shop I struggle (and am often unable) to locate specific items without help. I may be able to find something without help, but to find something specific that I would like may be impossible.</p> <p>Likewise, just because I may choose to purchase items for a meal from a recipe, without complex and exceptionally expensive magnification equipment to read the recipe from the book for me, I would be unable to make a meal or indeed microwave one because I would be unable to read the cooking instructions.</p> <p>My fear is that as part of the reforms it may be considered that just because someone has an aid or adaptation (which is unlikely to be provided through State funding) that they no longer have a disability or need as a result of their condition, which is simply not the case.</p> <p>Many thanks for taking the time to read this.</p> <p>Yours Sincerely,</p>

Respondent Number	Response
EM949	<p>Hi</p> <p>I am responding as an individual with nursing experience and whose family has 2 disabled young men both on DLA. I have concerns on how disability will be assessed in the new benefit.</p> <ul style="list-style-type: none"> • A question and answer list is insufficient. Doctors need to be listened to. Family of the person concerned need to be listened to. • Physical disability is fairly obvious but lack of social awareness is not and cannot be assessed by a tick list. • People who years ago were called “simple” exist everywhere and many cannot live fully independent lives but need continuous active support. It must be realised that there are people who need this support all their lives. This is what SDA and DLA Care were created to pay for. • A member of my family has very little social awareness and despite being a mature age is unrealistic in the extreme and needs all day “encouragement or nagging” to do anything for himself. This cannot be properly assessed on a form. • Assessment should be carried out by properly qualified DOCTORS not Nurses or so called “health professionals” and a customer’s own GP and specialists must be consulted. Anything else is inadequate and unfair. • Those who make decisions on this new benefit should perhaps meet some of the non-physically disabled population to see and better understand this problem area for themselves.
EM950	<p>We support your position, especially as regards removal of the mobility component from older people in residential care, who are supported by taxpayers. (I never say supported by the local authority – the local authority has no money, it only has the taxpayers’ money). For some removal of their disability component condemns them to a life as prisoners in their care home. Someone whose capital is exhausted and has only their income from pensions is allowed to keep only £22 a week for their personal expenses. Such a paltry sum will never cover their needs for clothing, toiletries, etc. The mobility money was there to allow for transport costs – to visit family and friends, to participate to some degree in the life of the community. Life in residential care can be very depressing – especially for those physically disabled but still well in mind. Why turn it into a prison? Is this in accord with the wishes of the taxpaying public? I don’t think so.</p>
EM951	<p>Dear Sir/Madam,</p> <p>I am a 17 year old Autistic child with Severe Learning difficulties, I cannot talk as I was diagnosed with “Worster Drought Syndrome” which is a form of Cerebral Palsy which effects the Muscles around the mouth and throat area.</p> <p>I currently live at a Residential School in Birmingham called [REDACTED] This is 120 miles away from my Family Home. My Parents, older Sister and younger Brother come to visit me and we all go out as a Family. We have a great time and it allows me to spend time with my Family away from</p>

Respondent Number	Response
	<p>██████.</p> <p>The reason why I am writing this email is that I have heard that the Mr Cameron is going to make a big decision on Motability Vehicles. This would have a catastrophic impact on my life as well as my Families.</p> <p>How would they be able to reach me in case of Emergencies and visits ? Mr Cameron himself had a Child like me, would he have cut himself and his Family off from being able to see he is Child ?</p> <p>Not everyone is in a financial position to be able to afford the luxury of a Car ! The only reason we have this mode of Transport is from me being Born with these difficulties. Should I be blaming myself that we as a Family should have to rely on the Government help ?</p> <p>Please, I ask you to reconsider your decision. Please look elsewhere for Money, we need it please don't take this Away.</p> <p>Thank you for listening.</p>
EM952	<p>As a concerned parent of a seriously learning disabled daughter I want to protest about the Government proposals.</p> <p>My daughter was in residential care for 17 years and lived with several others in rural Cottages not on a bus route and were 2 miles from the town. The staff did not often want to use their own cars understandably so the residents hardly ever went out. Then two of the residents got cars on the scheme. What a difference this made to their lives as they were no longer so isolated and went out most days and took part in activities etc. Some of them also could then afford train and bus journeys. I have seen several similar examples in the past years.</p> <p>The Government ministers responsible for these damaging and punitive proposals should go out and visit some Homes and see the difference the Mobility component makes to peoples lives.</p>
EM953	<p>I am concerned about the removal of the mobility allowance from people living in Care Homes. I worked in a well known Care Home for 7 yrs until 2009. The home cared for people both young people with severe disabilities and elderly residents.</p> <p>The Care Home did have an adapted mini-bus and also used the local dial-a-ride service for residents outings. Only members of staff who had the correct driving qualifications were allowed to drive the mini-bus. However because their main employment duties took priority these staff members were often not available to drive the bus and so consequently it was very rarely used. It has since been sold and therefore the residents are unable to be taken out of the care home unless they have alternative means of transport for which they have to pay or have relatives with adapted vehicles who are then able to take them out.</p>

Respondent Number	Response
	<p>Also the Dial-a-Ride service in our area has had to be cut back because of a reduction in funding and therefore the Care Home cannot now use its facilities. In addition because of the staffing levels in the Care Home it was rarely possible for more than one care assistant, plus a few volunteers, to accompany the residents on outings. This meant that many of the residents therefore never left the grounds unless it was an emergency.</p> <p>Those residents who are currently in receipt of mobility allowance use it to access outside leisure activities ie. shopping, cinema visits etc. which they can enjoy with friends and relatives and still feel part of the community. Taking this allowance away would isolate them even further and lead to severe emotional problems which would be in direct conflict with the government's aim to allow disabled people to integrate more into society.</p> <p>If these residents lose their mobility allowances I believe that Care Homes, because of their own financial restraints, would be unable to increase their staffing levels to allow those residents to carry on with their outside activities. They would then have to cope with the additional problem of dealing with severely disabled residents who would have additional mental health issues due to depression caused by their confinement.</p> <p>I have also cared for my husband who had a severe stroke twenty years ago and am Chair of Carer Support [REDACTED] which is an organisation supporting carers in the borough of [REDACTED]. I am therefore acutely aware of the pressures carers undergo looking after their cared for whether they are at home or in residential care. Although in some cases their relatives may be in a Care Home they are still responsible for their welfare and if mobility allowance is withdrawn this will impact greatly on their lives too. This again is in conflict to the government's promise to improve the lives of carers.</p> <p>Kind Regards</p>
EM954	<p>My son attends [REDACTED] school in [REDACTED], Surrey. Which is 55 miles from our home</p> <p>Without the mobility money we receive we will no longer be able to afford to run a car and bring him home for weekends.</p> <p>Please reconsider this proposal. Life is enough of a struggle for us without this added worry.</p>
EM955	<p>dear sir/madams at dwp</p> <p>i am 31 and in receipt of dla for i thought an indefinite period meaning it would be looked at from time to time but not taken from me.</p> <p>i have ms and this payment of dla is very much a lifeline to me.</p> <p>i can not work and am not even receiving the care i need from social services .</p> <p>i am having to go through the lengthy complaints process for this.#</p> <p>i feel so sad that our government are not caring for the vulnerable in society and even taking away the small mercies they receive to live as best as they can myself included.</p>

Respondent Number	Response
	<p>it actually has made my MS worse having to deal with the worry of this closure to dla.</p> <p>i also find it very! under hand as it oridgonally started out as removing the mobility componant of dla from those in residential care.</p> <p>it now turns out your real plan was to take it from everyone.</p> <p>it was not disabled people who got our country into this mess at all but greedy bankers and rich people who clearly have no vested interest in the people in society who can not work due to being disabled.</p> <p>im sick of hearing petty excuses from thos in eith gov or the public sector who make out that its for our own good these changes.</p> <p>its certainly not for mine or any body elses who lives with a condition or disability and needs this dla payment.</p> <p>it was not easy to get and took me a few years to actually get the right payment for myneeds.</p> <p>i can not go through all that again and i will have to acording to your propsed plans.</p> <p>i feel the desision has already been made and writting about the consultation is just to make it look like we live in a democratic society.</p> <p>id like a reply to this please so i know my views are being taken into account.</p> <p>and can you please send me hard copies on all publications relating to this and dla.</p> <p>also anything on social serrvices and personal budgets</p> <p>thankyou for your time.</p>
EM956	<p>Good Evening</p> <p>It is with great surprise that I read of your plan to remove the DLA component from those in hospital or living in residential care.</p> <p>I have a 31 year old daughter who has Down's Syndrome and because of operations to her feet is unable to walk more than 20 metres without experiencing pain. She also has a steel rod in her wrist and deformed hands and therefore is unable to do the everyday things required for living on her own.</p> <p>I have to work full time so had to find a place where my daughter could be cared for and be able to be transported to a day centre where her social and emotional needs could be met. She is extremely happy in this home and has become quite independent.</p> <p>If the DLA component is cut, she will no longer be able to attend her day centre where she has learnt to socialize. She will also be like a prisoner in her care home as they no longer will be able to take her out for simple things like a haircut or doctor's appointment as they will not be able to afford to run their vehicles.</p> <p>Whilst I totally understand your need to make cuts and there are people who should be encouraged back to work, in the case of long term care homes I appeal to you to reconsider this decision. It could result in the care homes closing and the Social Services having to build homes to house our disabled people.</p> <p>Yours truly</p>
EM957	<p>My M.P. Craig Whittaker has sent me a copy of the Public Consultation document on reform of the Disability Living Allowance (DLA). I have already written to him at length about some of the proposed changes to</p>

Respondent Number	Response
	<p>DLA, and would like to comment upon just one section today. Section 21 states that payment of the mobility component of DLA will cease in 2012 for individuals who live in a registered care home. My daughter [REDACTED] (32) is physically disabled by cerebral palsy and a wheelchair user. She has additional care needs with visual impairment, learning disabilities and mental health problems. Currently she lives in a care home in Harrogate and receives Higher Rate mobility component of the DLA. This money is used to fund all trips from the home, such as</p> <ul style="list-style-type: none"> • transport to church on a Sunday morning • taxi to the riding school for R.D.A. session • transport to the public library • shopping trips • holiday transport <p>and so on. If the monthly allowance of nearly £200 is stopped in the autumn of 2012 then she will literally not be able to afford these trips. After her care needs have been met she is left with a personal allowance of approx. £20 a week. This money is supposed to cover all other expenses such as clothes, toiletries, entertainment, gifts etc. There is no way that it would extend to taxi fares etc.</p> <p>I trust that you will take these facts into consideration when reforming the DLA.</p> <p>Sincerely</p>
EM958	<p>MY INTEREST IN THIS CONSULTATION:</p> <p>I am responding as an individual with a personal interest in one aspect of the proposed changes - the removal of Mobility Allowance from disabled adults in residential care. I do not feel qualified to comment on the other proposals.</p> <p>My sister is 51 years' old and has lived in a Cheshire Home since she was 17 years' old. She is unable to manage her finances effectively so agreed that I should have Power of Attorney to ensure essential bills are paid. I therefore am well aware of how dependent she is on State benefits.</p> <p>Her place in the [REDACTED] Home is funded by the State and local Social Services. She has no income or savings of her own and her father and I receive State Retirement Pension, so her access to other money is limited. After [REDACTED] has taken the statutory amount from her benefits, she is left with about £22 a week plus her Mobility Allowance. The £22 has to cover her clothing, hygiene requirements, bedding, towels, any meals out, cinema trips, holidays, gifts for family and friends at Christmas, etc...</p> <p>What it does NOT do is cover her mobility costs.</p> <p>We are told that Social Services already fund her mobility requirements and that she is double funded. THIS IS NOT TRUE. My sister has to pay for EVERY outing she does apart from essential trips to the doctor or hospital. It costs her 57p a mile to go out in the Home minibus and she can only do this when a driver is available. The only other way she can leave the building is by taxi (very costly) or using her electric wheelchair for local trips to the village. She uses her Mobility Allowance for her travel expenses and</p>

Respondent Number	Response
	<p>to repair and maintain her electric chair. (about £200 a year as she is unintentionally clumsy and frequently damages it.) She is also saving for a replacement chair (about £4000) as her current one will not last for ever and she finds it difficult to use the NHS manual chair nowadays. She cannot use a public bus as her chair is too large for the few buses that are suitable for wheelchairs.</p> <p>The only time she can go away is when an exchange room is available in another Cheshire Home, so no costs are incurred apart from travel. However this can easily run to over £100 for a longish return journey.</p> <p>Without the Mobility Allowance she would be imprisoned in the Home, unable to partake in any of the normal everyday activities that able-bodied people take for granted. The same will be true for the other residents of the Home, mostly healthy young adults who happen to need a great deal of care. At present, they lead active lives, including football matches, theatre trips, pub outings, voluntary work, "outward bound" style activities at a special centre, college courses, etc..</p> <p>If the Mobility Allowance is removed from such people on the grounds they are double-funded, then all this will cease. They will be stuck inside four walls all day and every day. Is this a humane way to treat any human being?</p> <p>I have also been told that they should be treated the same as people in hospital after 4 weeks and lose their Mobility Allowance. Where is the logic in that? These are mostly fit and healthy people, not sick ones, and they have lives to lead.</p> <p>There has been no indication to date that ANY mobility funding will be available for such people, let alone personal funding that will allow them to choose how to live their lives, when to go out, and to be independent of others in the Home if they wish.</p> <p>Unless the proposals include a guarantee that disabled adults in residential homes will have access to personal mobility funding, then their futures look very bleak, akin to the lock-'em-up institutions of the Victorian era.</p> <p>I urge decision makers to think very carefully and consider the human rights of all people, disabled or not, to enjoy lives that are as independent and fulfilled as possible. Removing 2/3 of my sister's income will not achieve that.</p> <p>Thank you.</p>
EM959	<p>Dear Sirs,</p> <p>I am an independent provider of therapeutic services to a small group of residential care homes in Exeter, Devon and have been for some years. The people I work with have profound and complex learning disabilities and all, for a wide variety of reasons, need close and constant care and supervision in almost every aspect of their lives.</p>

Respondent Number	Response
	<p>As it stands now these individuals enjoy rich and varied lives with relatively high levels of integration into the wider community due to largely excellent integrative care on the part of local providers and a sadly and rapidly shrinking range of services; day centres, therapists and groups.</p> <p>Now I read with great consternation clause 21 of the DLA Reform Consultation Document:</p> <p>Payment will stop if the individual is in hospital or a care home 21. Payment of the care component of DLA has always stopped if an individual's needs are being met by public funds in a hospital or similar institution or care home. As part of the Comprehensive Spending Review, we announced that the benefit will cease to be paid for both components after the individual has been in that hospital or care home for 28 days (84 for children in hospital). Although payment is stopped, the underlying entitlement remains, meaning that the individual will not have to reapply for the benefit on leaving the hospital or care home. This does not, however, apply where the individual is paying for his or her care, in which case payment will continue throughout. This will come into force in 2012.</p> <p>This very clearly means that the individuals I work with and tens of thousands of similar others will lose their DLA. The direct repercussion of this is that every home I work with will lose its transport. These homes house between 4 and 12 individuals and in every case one vehicle is shared by all residents. Having a vehicle means that people can access essential services such as their Dr, Dentist, local shops etc. They are also able to visit friends and socialise within the wider community, they can take advantage of the beautiful countryside we are lucky enough to live in.</p> <p>Loss of DLA will dramatically reduce the quality of life of the people I work with. We are told that everyone will have to take taxi's paid for individually. Quite apart from the obvious cost implications to the individual many of these people have behavioural or physical complications that mean taking a taxi is simply not feasible. People who are currently able to fulfil their socialisation needs and take an active role in the community around them will rarely be able to leave their homes beyond the journeys that are absolutely necessary.</p> <p>I fail to understand how this 'helps disabled people to exercise choice and control over their lives.' or how it can 'help overcome the barriers which prevent disabled people from participating fully in everyday life'. The loss of this benefit will isolate these people who have in the last ten years blossomed into the wider arena of everyday life in Exeter. This is a direct act of 'dis-integration' from the government that speaks of a 'Big Society'.</p> <p>It is stated that:</p>

Respondent Number	Response
	<p>'Central to Personal Independence Payment will be a new, fairer, objective assessment, which will allow us to identify those who face the greatest need, in a more consistent and transparent manner. We are developing the new assessment in collaboration with a group of independent specialists in health, social care and disability, including disabled people.'</p> <p>Surely, if this is truly the case, sweeping aside everyone that needs residential care without any assessment or thought can not be a viable option.</p> <p>While I appreciate that the economic climate is such that cuts must be made, this needs more thought. Individuals in residential care deserve to at least be assessed to see what impact losing their DLA will have on their lives.</p> <p>Yours Sincerely</p>
EM960	<p>I am currently the director of a medium sized care home (12 beds) for young people with a learning disability. The majority of our residents have moved to live with us after finding that supported living in a flat or shared house does not meet their needs despite high levels of staff support in some cases. As a result of living in residential care their disposable income is £22 per week - £5 less if the local authority act as appointees. From this they are expected to fund ALL their personal clothing needs, social activities, holidays and hobbies. While supporting residents to obtain these is a requirement under the National Minimum Standards in Wales the local authority will not fund the support as it is not an essential 'assessed need'. The residents can only achieve this if the travel element is funded by the lower rate mobility element.</p> <p>One example is a gentleman who is supported by staff to visit his family on alternate Thursdays, the cost of the taxi is £20. Without the lower rate element this would leave him £7 - 50p per week (the local authority are his appointee and charge him £5 a week to administer his benefits) to fund his personal, grooming, social and leisure needs. While there is a requirement by the local authority that we support the gentlemen to visit his family they will not under the Open Book Accounting method of setting our fees fund the cost of achieving this hence it must be self financing by the resident. All of our residents are under 65 years of age and currently enjoy a wide range of community based activities - church membership, local gym, Gateway club, local football, mainstream holidays. The majority if not all of these will cease without the mobility element to fund the travel. Conversely they will see their friends who live in community living supported 1-1 to enjoy holidays abroad.</p> <p>I make these observations as someone who has worked as a Community Nurse, NHS Service Manager in Learning Disability services for 30 years and Manager in the private sector for the past 10 years. In that time I have supported some of our residents to move out of long stay hospital and/or local authority hostels to homes of their own with support staff. These have failed the individuals and they have moved into residential care with positive outcomes. For this reason I fail to see why a person's address</p>

Respondent Number	Response
	rather than their needs is the determinant of their benefits.
EM961	<p>My son is 18 years old and was born with Cerebral Palsy. He is severely disabled, a full time wheelchair user and requires help in every aspect of his daily life. He receives both of the DLA components at the higher rate and currently attends a specialist college where he is a termly resident. The mobility DLA component is used to fund an adapted vehicle which is wheelchair accessible to enable him to leave the house when he is home, for us to be able to take him out when we visit him at college at weekends and for him to be able to attend the numerous hospital appointments he has throughout the year.</p> <p>College holidays alone equate to approximately 18 weeks spread over the year and without this vehicle our son would be restricted from any sort of life at home as he would be unable to go anywhere. He would be unable to socialise with friends, go shopping, visit the doctors, the dentist or attend therapy classes. He would be unable to afford to go out in taxis for all of these occasions, or have access to a suitable wheelchair adapted vehicle at all times. Life for students like our son is already incredibly restricted and full of emotional highs and lows with physical deterioration making him totally reliant on others at all times.</p> <p>The government should not be cutting the mobility component of DLA for people in residential care because it will have a huge impact on their quality of life, causing even more emotional strains on their carers too.</p> <p>I hope you will listen to those of us who truly live in the disabled world.</p>
EM962	<p>The Government is proposing to replace Disability Living Allowance (DLA) with Personal Independence Payment (PIP). This will be introduced 2013/14. I would like to respond to the public consultation particularly for those with a spinal cord injury and hope you could consider these views to help form your views on these changes?</p> <p>The main potential changes are</p> <ul style="list-style-type: none"> • There will be no automatic entitlement to PIP except for those with a terminal illness. • The two components of Mobility and Daily Living will each have two rates. • Applying for PIP will automatically mean being assessed by an independent medical examiner. • To be awarded PIP you will need to have had a Spinal Injury for six months. • Entitlement will stop after 28 days in hospital but the Consultation paper says that the Government will work with Motability to ensure that Motability agreements are supported. • Once in receipt of PIP you will be periodically reassessed. <p>I have the following comments to make:</p> <p>At present the mobility element of DLA will cease on admission to</p>

Respondent Number	Response
	<p>Residential Care.</p> <ol style="list-style-type: none"> 1. Currently there are three rates for the care component of DLA. Moving to two rates for Mobility and Daily Living could mean a reduction towards the lower level with the previous Middle Rate being rounded down. 2. Spinal Cord Injured (SCI) are wary of an Independent assessment by a medical examiner as the SCI often has more knowledge of their condition than even their GP or Community Occupational Therapist 3. A paraplegic SCI can be discharged post accident within 4 months of injury and despite qualifying for PIP would have to wait a further 2 months before being able to apply. This could lead to problems meeting the person's care and housing needs. 4. SCI are very dependent on cars supplied by Motability and it would be essential that PIP could support the hire or lease agreement should the person be hospitalized for more than 28 days. The Motability scheme is also used by some SCI to lease powered wheelchairs or scooters which can be vital in meeting their local mobility needs 5. SCI might not like to be reassessed periodically as it would serve as a reminder of their disability and a review of their static situation (since there is no cure for SCI) would seem pointless and in some respects hurtful. 6. The use of a wheelchair could be viewed as part of that person's ability rather than its essential use to get around. This is our interpretation of a very unclear statement. This could mean that your needs would be assessed on your abilities in the wheelchair rather than the fact you need a wheelchair to undertake anything at all!
EM963	<p>Note, from your Personal information</p> <p>All information contained in your response, including personal information, may be subject to publication or disclosure if requested under the Freedom of Information Act 2000.</p> <p>By providing personal information for the purpose of the public consultation exercise, it is understood that you consent to its disclosure and publication. If this is not the case, you should limit any personal information which is provided, or remove it completely.</p> <p>If you want the information in your response to the consultation to be kept confidential, you should explain why as part of your response, although we cannot guarantee to do this. We cannot guarantee confidentiality of electronic responses even if your IT system claims it automatically.</p> <p>Having not discussed this with my sister, I wish to respect her privacy and request confidentiality of this response.</p> <p>Responding on behalf of an individual</p>

Respondent Number	Response
	<p>I recently e-mailed my MP after hearing on the BBC News of the proposal to stop paying the DLA Mobility Component for those people living in care homes.</p> <p>My sister is one of those affected; please see the original e-mail below.</p> <p>In his reply, my MP Stephen Mosley (City of Chester) stated: “Local authority contracts with care homes should cover services to meet all a resident's assessed needs, including any assessed mobility needs. So an individual's care, support and mobility needs should be met by residential care providers from social care funding. The Government's commitment to increasing the take up of personal budgets in Adult Social Care will give disabled people more choice and control over their services, including accessing transport that suits them.”</p> <p>I can understand that this may work for the communal outings organised by care homes, but I do not believe it will work at the individual level. The DLA Mobility Component gives the recipient the flexibility to exercise some degree of independence. In my sister's case it has eased the psychiatric problems brought about by the confinement of the care home environment, see e-mail below.</p> <p>I can see care homes providing minibus style communal transport, which my sister's care home does, but for individual transport they will surely resort to private hire taxis. With the enormous budget pressures that care homes are under, any resident putting an undue demand on these resources will be a likely candidate for transferring to another care home, with the excuse that they are unable to meet the needs of the resident. I have been through this process several times with my sister between 1998 & 2001 and it is very stressful and emotionally draining.</p> <p>██████████</p> <hr/> <p>From: ██████████</p> <p>Sent: 09 January 2011 19:50</p> <p>To: ██████████</p> <p>Subject: Mobility component of Disability Living Allowance</p> <p>██████████</p> <p>I was very alarmed to hear on Saturday's news (8th January 2011) the proposal to stop paying the DLA Mobility Component to those people living in a care home.</p>

Respondent Number	Response
	<p>My sister aged 63 has learning difficulties and is registered blind.</p> <p>My late mother used to be the carer for my sister until around 1998 when it became increasingly difficult for my mother to attend to my sister's needs.</p> <p>With the help of Cheshire County Council we first placed my sister in local care homes, but with subsequent psychiatric problems, we both realised this was not the long term solution to meeting my sister's independence needs. Eventually in 2001 with nothing suitable locally, and having explored care in the community solutions (at far greater expense to the tax payer) we eventually placed my sister in a care home in [REDACTED]. The home had been purpose built by [REDACTED] (the blind charity). The accommodation is remarkably spacious (small flatlets with bed, living, kitchen and bathroom areas).</p> <p>The care home is now run by [REDACTED] Trust and they provide occasional communal outings which relieve some of the monotony of daily life.</p> <p>Cheshire West & Cheshire still fund my sister's accommodation and after assessing her income there is a small weekly allowance to cover my sister's incidental needs, e.g. clothing, footwear, hairdresser, chiropody, toiletries, confectionary etc.</p> <p>But the DLA Mobility Component is essential. It generally covers the cost of private hire taxis (with accompanying carer) for visits to:</p> <ul style="list-style-type: none"> • Doctor, dentist, hospital • Shopping • Local outings: pier, park etc • Very occasional trips to Chester, relatives etc <p>All of which are essential to maintain my sister's feeling of independence</p> <p>Public transport is a no-go. My sister has none of the spatial awareness that is often observed with a blind person using a white stick or guide dog. The removal of the DLA Mobility Component will virtually condemn my sister to a prisoner within the care home – probably triggering psychiatric problems again.</p> <p>Is this what should be on the moral conscience of a 21st century society?</p> <p>Regards,</p>
EM964	<p>Dear Ms Miller</p> <p>We are following up on our previous correspondence to you, the PM, Deputy PM and our local MP's, to express our deep concerns to the proposed cutbacks of the mobility component of the DLA for people in residential care homes.</p> <p>Our severely autistic son, in residential care, will suffer greatly if he is to lose his Motabilty car. He has very challenging behaviour which does not allow him to share transport with his peers. Whist his current care providers,</p>

Respondent Number	Response
	<p>the Disability Trust in Sussex, will be able to take him to doctors, dentists and hospital appointments. He will not be able to access the community to engage in daily social activities, nor will he be able to have home visits, since the Trusts will not have the budget to provide transport, given the extensive proposed national and local cutbacks, especially since his current fees have been frozen for some time now and moreover, they have not been paid on a regular basis. Our son's quality of life will be severely affected.</p> <p>Whilst we fully agree that benefit cutbacks are necessary in the current economic climate, and should provide significant savings, we strongly are of the opinion that you are targeting the most vulnerable people in our society, with this proposed cut back of the Mobility component of the DLA, who are in residential care because they are not able to live at home.</p> <p>We would urge you not to implement this component of the DLA.</p> <p>Yours sincerely</p>
EM965	<p>I listened to your minister on Radio4 this week and wish to comment on the proposals. 1. You cannot rely on homes/local authorities to meet the mobility needs which can be covered by DLA. 2. No home/LA could possibly maintain now whatever high level of mobility previously provided.3. If the mobility element is cut no one will assume responsibility for the damage caused to people's health(physical and mental) through reduced mobility.4. In a care facility it probably takes a long time for slowly reducing health to translate to death which is the best way to cut DLA, of course.</p> <p>Sincerely, [REDACTED]</p>
EM966	<p>Re. Changes to Mobility Component of DLA for those living in Care Homes</p> <p>My autistic son lives in a registered care home. He is currently entitled to the higher rate of mobility allowance and therefore a Motability car. As his designated driver, I use his Motability car to:</p> <ul style="list-style-type: none"> • enable him to have regular access to me and the reassurance of spending time in the family home; at least three visits each week • make regular visits to his much loved grandparents, who live 100 miles away • help him to pursue interests & involvements that are not shared by the other residents of his home e.g. attending Quaker teenage link events, getting out & being physically active; climbing, swimming, walking etc. • attend his many medical, dental and other appointments <p>When all the young men in the home are doing an activity together the care company's 'unit car' is shared. This unit car can also take out one young person to an individual appointment or event. However, this inevitably leaves the other residents without company transport for the duration of that holiday or visit.</p> <p>If the rhetoric about 'individualised support' is to be meaningful there must be a safe means of transporting the other young people all of whom have</p>

Respondent Number	Response
	<p>been assessed as having the highest level of support need, when a company's unit car is in use. That is why the mobility component of DLA is so vital to prevent the inevitable isolation from family, friends and the wider community that would occur without that transport lifeline.</p> <p>I look forward to hearing that any changes to DLA will be reconsidered for people like my son, who only qualify to live in residential accommodation because they have the highest level of support need and therefore require more individualised transport, not less, in order to avoid isolation and inactivity resulting in ill health, distressed and challenging behaviour.</p> <p>Yours truly,</p>
EM967	<p>Dear Ms Miller:</p> <p>I am writing to express my profound concern regarding the proposed cuts to the mobility allowance of DLA to people in care homes.</p> <p>My son [REDACTED], who has severe learning disabilities, is cared for by me at home--he is eight years old and growing rapidly. I intend to keep him at home until I am too old to manage him: what will happen to him after that? The respite care we've recently been allocated is a lifesaver for me, but more than that, for [REDACTED] it gets him out and about. This is a life-changing circumstance. These little things make life as a carer, and probably as a disabled person (as my son does not speak or communicate I can only conclude from his moods and functioning how he feels about this), bearable, if only just.</p> <p>It is difficult enough to think about day to day issues, and to try not to panic about the future--this government's apparent insensitivity towards issues of disability inclusion and quality of life makes the burden of caring that much harder.</p> <p>I have voted Lib Dem in the last several elections, and would like to see some reason, especially on this issue targeting such vulnerable people, to continue to support the Lib Dems. I would not have believed that this sort of policy would be supported by the party and am aghast that it is being contemplated.</p> <p>Regards</p>
EM968	<p>Dear Sirs</p> <p>I am writing to you because I have read today the comments about further investigation into Carer's Allowance and have some thoughts on the matter which I would like to share. I am a Carer for two disabled children, a part time MA (Autism) Student who has worked in related fields, and someone who has an interest in disability and related policy development. Most of my comments centre around disabled children and their families (I worked previously for HomeStart) but will have relevance to people in other age groups.</p> <ol style="list-style-type: none"> 1. I agree with the point made that most carers would choose to work;

Respondent Number	Response
	<p>however it is important to recognise the many barriers to this. As well as having a great many appointments plus schedules complicated by logistics for transport to special provision, many carers simply cannot find local childcare. In my area there is no standard provision beyond the age of 12. For any child- and whilst one might be able to leave a typically developing twelve year old unattended for a short time, this simply is not possible for any child who meets the DLA criteria at any level, especially middle or higher.</p> <p>2. A criteria of receiving Higher Rate DLA is that the person needs care throughout day and night; there may be limited reality in expecting someone to care all night then work all day.</p> <p>3. Carer's Allowance is currently only paid once to a carer, so no assumption can be made on the total care burden of the carer simply from the fact they already receive Carer's Allowance: someone may well also care for their elderly parents, or another disabled child (obviously quite common due to genetic disorders). Any introduction of a plan to help carers back into work needs to expand into help to cover the care needs of all those a carer has responsibility for, otherwise the person will still remain unemployable.</p> <p>4. At the moment Social Services provision manages to exclude entire groups and often refuses to assist with childcare. We have a child who has a diagnosis of Asperger's Syndrome but whose care needs actually make him harder to look after than our more severely autistic younger child because of his behaviour- placing him in a nursery or childminder setting would endanger the other children in the setting (not that it would happen, living in a small village and with reputations being what they are nobody would touch him). Yet Social Services do not classify Asperger's as a disability (he does however receive DLA, rightly so given his 24/7 supervision requirement). This is a massive anomaly and barrier to specialist after school provision that needs addressing.</p> <p>5. After school provision is important to all working parents but whilst many specialist schools offer provision, in these times most disabled children are educated in a mainstream environment. It may be that special needs provision for those in mainstream schools is a huge missing link in enabling parents of disabled children to work.</p> <p>6. Some ideas that might help change the current situation: Use a slightly lower number of qualifying hours for Tax Credits to reflect the increased difficulty of making work a possibility when dealing with disability. Allow the Tax Credits childcare payments to be used towards the payment of specialist Nannies in the same way one can use it to help finance a nursery or childminder. In-home care is the only possible form of childcare for us and many other families in similar situation. Often dealing with a disability but remaining in work necessitates a change of career. I was planning to retrain as a Teaching Assistant (my MA is in Autism so highly relevant), but as a graduate I was not entitled to any funding. Widening funding options and dropping the graduate funding rule for carers may well enable more people to find work they can manage. Consider exempting people caring for someone in receipt of Higher Rate DLA from any schemes you might put in place as it is simply not possible to</p>

Respondent Number	Response
	<p>work all day and care all night.</p> <p>Quite often the most suitable employment for a carer is self employment as it is more flexible; consider adding to the amount of business start up support currently available to carers (which is very little). I hope to go into partnership with my husband in the next few years but we have struggled to get advice, certainly affordable advice (Solicitor fees being outside the realms of possibility for us), on all the areas we would need.</p> <p>There is talk of limiting Tax Credits to those whose business pays minimum wage for 24 hours; it may benefit the state (as we know entrepreneurship does benefit the state) to reduce that numbers hour for carers, or have an official start up / growth term where the hours are gradually increased from 16 to 24 over a few years. Flexible employment benefits all; limiting that option provides short term savings but no real gain in the longer term if people are discouraged from start ups. It may be that people thought to be trying to manipulate the system by working low or even non existent hours should be subject to account inspections, or that for the time of growth timesheets and accounts should be submitted to the HM Revenue and Customs on request as they would be to an employer.</p> <p>7. Consider that there may be people who would opt not to care if they had to work alongside, for example people caring for parents they never had a real relationship with, and how much that would cost the state. Consider also that many people caring also have a family to care for and are already at maximum output level without taking on formal employment as well.</p> <p>8. There is a suggestion that the extra payments for Tax credits disability are to be dropped: this would seriously undermine the chances of people looking for employment being able to afford costly specialist childcare; there is indeed an argument that the additional costs of childcare could be supported by an extra small payment to families where both (or only if single parent family) are in work or training (the value of training should never be underestimated when looking at ways of beating the poverty trap).</p> <p>9. There is also a suggestion that some amounts of benefits can be replaced with signposting services. Signposting used to be part of my job and I recognise the merits of it as a service, however it only holds any value when the service has a legal duty to provide a service: I have experienced this from both sides, as someone accepting referrals but holding a massive waiting list and knowing we could not provide anything like what was asked of us, and as someone whose Social Services Assessment effectively constituted being given a list of services, none of which were accessible either because of sometimes four year waiting lists, distance, or the inability of the service to provide for someone accompanied by a toddler.</p> <p>10. I believe that the new changes proposed to DLA should not in anyway affect children as their needs are entirely different to those of adults. If I were redesigning the system I would leave DLA for those adults who genuinely could not work and children who are simply too young, and promote the positively named Personal Independence Plans for those for whom work is an actual or imminent possibility. Helping people who can earn into employment is a valiant aim, but it is also important to remember that for some it is impossible, and that for many others it is something they would like but cannot find an employer willing to give them the chance. PIPs</p>

Respondent Number	Response
	<p>should then include some official back to work specialist support and include an aspect of support for the employer. Six month's support in work would pay for itself by both cutting hugely the lifetime benefit requirements of the needy, and creating work in the support field which could of course be provided by a charity or similar NFP. Thus, the provider, the disabled person and the state (tax receipts) all win in the long term.</p> <p>11. With the new assessments it is absolutely going to be the case that there will be some people who are declined what they should claim- through human error if nothing else. Placing the most vulnerable in a situation where they have no disability provision, no work to support themselves and quite likely no skills to sort the situation creates severe and absolute need: there needs to be a system set up to cater for this, possibly a role assigned to a job centre staff member who has to ensure the transition period involves no personal hardship, and that clear cases are flagged to the DWP with a follow up indicator.</p> <p>12. 2013 is too short a time for families to solve a situation such as disability, for example a family whose newborn has a special need or a sibling with one may be able to solve it when the youngest starts work but not before then. It should be the case that either a minimum four year period is used (2015 after consultation period), or that training leading to employment is considered as valid for tax credits support when there is disability in the family. All goals for maximising independence are valid and the state benefits by supporting those who wish to try.</p> <p>13. Housing is a big consideration for people when trying to work. My own employment chances would rocket if we could move back to the South West where we have family who could support childcare in emergencies. However, as my husband is self employed landlords are less likely to be willing to take us on, even with a decent tenancy record such as we have. A scheme where supported or state housing becomes available to someone with a disability under 2 year contract at local rent rates, to allow them to move to where work and training are, would have huge benefits. It should be available only to those with a guaranteed training or work offer, and is certainly something that would help us as a family.</p> <p>14. Consider reviewing how councils allocate services: a department covering SEN or Children's Services that is celebrated for saving costs of several thousand may well be incurring more costs long term for Adult Services: thee may be a case for merging these under one heading so that the effective money usage- eg early input- can be spent without penalty when they would more than save their own amounts in long term dependency.</p> <p>15. Finally, there was a comment that the £53.60 Carer's Allowance is insignificant in helping people: this is not so. Being able to differentiate oneself from those who have chosen joblessness is essential for one's dignity; it is often the only form of personal income for someone whose partner may be on the benefits threshold and therefore unable to claim, but who genuinely does work hard in the work needed to qualify for the money. For us, the amount is the difference between maintaining our private rent in the face of me being unable to work and my husband having had a time out of work following redundancy, and ending up in council emergency</p>

Respondent Number	Response
	<p>provision. The old Charles Dickens quote applies here I think- "Annual income twenty pounds, annual expenditure nineteen nineteen six, result happiness. Annual income twenty pounds, annual expenditure twenty pounds ought and six, result misery." What may seem a small amount of payment for many people is the difference between coping financially and not, and the results of not coping financially as I am sure you aware end up all too often placing far higher burdens on the state than £53.60 a week, as homes are lost, people placed into state funded care or other become ill and lose their jobs. Of course we already know the global effects of people not coping financially from the current fiscal event and the situation of debt and non repayment leading up to it.</p> <p>I know that Carer's Allowance and DLA are a difficult areas to try and reform, but sometimes that means we already have the best solution. DLA and Carer's are far from perfect- but they are both decent systems that take actual presentation of disability and the fact of the care needed into account. Placing carers within the same system as people who are unemployed through choice, or using the same tactics to force them to work, is a dangerous thing that risks damaging the self esteem of usually very honourable people; keeping it as a separate system, with a payment of acknowledgement, makes people feel valued for their (often invisible) contribution. That in itself is hugely worthy. And removing £53.60 from people who statistically are already likely to be poor even if working on the basis of it not being enough money is illogical- £0 being far less than £53.60, after all.</p> <p>With thanks.</p> <p>Sincerely</p>
EM969	<p>Please may this be submitted as my personal response to the proposed withdrawal of mobility allowance to those recipients resident in nursing or care homes.</p> <p>I am [REDACTED] date of birth [REDACTED] and reside in the [REDACTED] Nursing Home, [REDACTED] Lane, [REDACTED].</p> <p>As a result of the effects of multiple sclerosis, diagnosed in 1982, my condition gradually deteriorated until I lost the ability to walk and became wheelchair-bound about 10 years ago.</p> <p>Prior to October 2006 I resided with my wife and family in my own home with the necessary adaptations. I was provided with a package of home care by Lancashire county council social services. Upon their failure to be able to provide the weekend care I became resident in this nursing home. The nursing home does not provide any facility for transporting residents in their wheelchairs to any personal events.</p> <p>I am in receipt of incapacity benefit and did qualify for higher rate disability living allowance for both care and mobility. The benefit for care was withdrawn upon moving into nursing care but I have continued receiving the higher rate mobility allowance.</p> <p>The mobility allowance is used for financing my specially adapted Renault Kangoo enabling direct access whilst sat in my electric wheelchair. My wife</p>

Respondent Number	Response
	<p>or other family members regularly drive and take me in the vehicle for hospital appointments, visiting relatives and friends and my weekly highlight of watching my grandson play football!</p> <p>The withdrawal of my mobility allowance is likely to result in my being unable to afford a specially adapted vehicle to enable me to interact with family members and other events in society at large.</p> <p>As part of the document outlining the planned changes the following is written:</p> <p>.....'supporting disabled people's independence,'</p> <p>..... 'overwhelming duty is to recognise the right of individuals to take control of their own lives.'</p> <p>..... 'supporting severely disabled people and ensuring they are able to participate in society.'</p> <p>How does removing my mobility allowance support the above three comments?</p> <p>I make a contribution to the cost of my care, but not the full amount. This is in accordance with the Charges for Residential Accommodation Guide.</p>
EM970	<p>As someone who has managed a residential care home (and is now retired) for younger adults with multiple disabilities, my main concern is that the new Personal Independence payment system should not discriminate against residents in care homes in terms of financial help towards their transport expenses. Their weekly personal expenses allowance of £22-30 per week is barely adequate for basic needs such as toiletries, clothing, etc. Their funding authorities do not make any meaningful contribution towards their mobility needs (the best that can be hoped for is that they may take into account the care home's costs in running a minibus, and they probably will not do even that in the current financial climate).</p> <p>So unless the new payments system includes some reasonable financial assistance with transport needs for disabled people in residential care homes, these people who already lead lives more restricted than any other section of society will have their lives restricted even further, to a level that is scarcely better than house arrest.</p>
EM971	<p>I have a daughter in residential care and I think the latest cuts to there mobility allowance is the cruellest thing that this government has ever done my daughter is funded by social services for her room care and food if she uses the homes transport this is charged at 55 pence a mile in [REDACTED] were I live if [REDACTED] wants to go to her Saturday club from my home which is 3 miles away a taxi costs 30 pounds round trip as she cannot come out of her chair how much would this cost the ministers who want to bring in this cruel cut</p> <p>you are condemning the disabled in care homes to looking at four walls as they would get 22 pounds income support to buy toiletries clothes, hairdressers ect . I already fund my daughter for her phone the care home does not supply this either mobile phone internet again the care home do not have internet access so that she can do it work her brother devises for her to keep her brain active</p> <p>So please please give me a reason you are doing this to a vulnerable group who need this money to try and have some normality in there lived I have heard some rumours about putting them in line with people in hospital I do not know of people in hospital who go to clubs shopping ect</p>

Respondent Number	Response
	<p>My daughter is not ill she had the misfortune to have been born with a disability and who does not use this benefit for any other reason maybe these cruel ministers would like to spent a month in [REDACTED] care home in her wheelchair then tell her she does not need this mediocre benefit It makes me ashamed to work for a department that would even consider this</p>
EM972	<p>Sirs. I am quite dismayed that there is a proposal to disallow the Molbility Allowance to those in residential care. The chap I care for cannot live a reasonable life without this additional income for his mobility. I should like to talk to you personally about this, kindly give me a land line number to call you, Thank You, Your truly</p>
EM973	<p>I have a 43 year old son who is in a residential care home, he receives SDA. Income Support & DLA (mobility), from this he has to contribute approx £70.00 per week to Norfolk County Council for his care, I am very concerned to hear that he may lose his DLA allowance fom next year</p> <p>I do agree with what is being said regarding the duplication of payments, as transport is included in his package but that solely allows for staff, vehicle and petrol costs but I strongly feel that mobility is not just about transport. People such as [REDACTED], living in residential homes need to go out and have access to other amenities, His income each week without the DLA will be only £22.30 per week, which has to cover all his costs not met by the home, which includes clothes, toiletries, magazines, DVD's & entertainment etc It is not possible for anyone to live on such a small amount these days. The value of what he receives has diminished greatly over recent years.</p> <p>It is also very annoying to us that if he were in [REDACTED] Hospital, as he has been on a couple of occasions for periods of 18 & 24 months, he would receive the full £ 93.45 to spend as he liked. Why should people, who are long term patients in hospital and have no homes to maintain outside the hospital, receive so much money, when his need is actually far greater as he has the freedom to go out (with staff). It is all about quality of life.</p> <p>I do hope that this cut may be reconsidered or people such as my son be recompensed by other means.</p>
EM974	<p>.</p> <p>Please note that many severely people in care homes are a long way away from families because suitable care is not available locally. Often they are several hours drive away.</p> <p>Removing the mobility allowance from this group, may well mean that they never or very rarely see their families.</p>
EM975	<p>I am writing with concerns about the proposal to withdraw DLA mobility for residents in nursing homes. I understand that the proposals are that local authorities carry out an assessment, and that "the assessment will cover activities of daily living, which may include mobility needs". The word "may" concerns me as it seems that the assessment may not necessarily include mobility needs. This needs full consideration and clarification.</p>

Respondent Number	Response
	<p>Assuming that the assessment shows the resident needs full mobility support, will extra funds be made available to local authorities to cover this additional cost? As it is unlikely that at current levels of central Government funding to local authorities that they could provide this additional service, without additional funding from central government.</p> <p>My brother is currently in a residential home. He is aged 52 and suffers with severe cerebral palsy, unable to talk, walk, dress or feed himself. He is totally reliant on a staff member for his basic needs. Without the support of funding for mobility needs he would be confined to the nursing home. His quality of life would be severely impaired if he did not receive extra funding for his mobility needs, as at present, his DLA mobility helps to cover the cost of outings to the bank, trips for shopping, haircuts, dentist, doctor etc.</p> <p>I would like the committee carrying out this review to take into account that not all residents in nursing homes are over pension age, that severely disabled people in nursing homes need help with mobility for the simple pleasures in life, shopping, going to the bank, generally going out. My brother can signal what he likes and doesn't like by making noises, he likes to go out and watch life going on around him, to be a part of the community and society.</p> <p>God knows; he has little pleasure but if he is deprived of financial support for his mobility his life would be quite unbearable.</p> <p>The manager of my brother's home is aware of the proposals but, as far as I am aware, she is unaware of this consultation process.</p> <p>Has this consultation process been widely publicised?</p> <p>Please contact me if you would like further information or need another representative in your consultation process.</p> <p>Kind Regards</p>
EM976	<p>Dear DLA Reform Team</p> <p>My daughter [REDACTED] is 52 years old, severely disabled and needs physical 'hands on' support in everything that she does. She has numerous health conditions and lives in an excellent Registered Residential Care home that is able to support her fully and ensure that all of her health needs are met.</p> <p>The reforms propose to remove the DLA Mobility component from her benefits. That will make her a virtual prisoner in her home since she can only travel in a specially adapted vehicle that she currently shares a lease on with people who have similar needs. She will become unable to access any community activities, go to the Doctors, Dentist, Optician or Hospital appointment. It will even make her unable to visit her elderly, infirm parents or attend any family events.</p> <p>Her only course of action to avoid the loss of Mobility Allowance will be to</p>

Respondent Number	Response
	<p>move into Supported Living. Government Policy is promoting that as it's preferred option but with limited resources it is an expensive form of action. My research shows that it will cost an extra £500 per month, a net loss rather than a saving.</p> <p>Please revisit this proposal and reflect on the consequences for individuals in my daughters situation and the costs of alternative care systems.</p> <p>Yours sincerely</p>
EM977	<p>Dear Sir,</p> <p>We are writing on behalf of our 44 year old daughter [REDACTED], in the hope that there can be a change of heart in relation to the proposed removal of the mobility benefit for people living in care homes.</p> <p>[REDACTED] has severe learning and physical disabilities and is registered blind and we cared for her at home for 40 years. We always encouraged her, as far as possible to live an active and outgoing life (eg swimming, horse riding with RDA, going out and about).</p> <p>As parents we were shocked at the proposal to remove the mobility benefit which will cause isolation in place of inclusiveness. The loss of friends, contacts and routines built up over years will have a great impact on vulnerable people such as [REDACTED].</p> <p>She has a weekly allowance from her benefits of £22 to purchase clothes, toiletries, hairdressing, outings, leisure activities etc. How can she afford any transport if the mobility benefit is withdrawn?</p> <p>People should not be excluded and discriminated against simply because they live in a care home. We request that changes are made to the DLA proposals to give equal rights regardless of where people live and the retention of the mobility benefit for those in care homes.</p> <p>Yours sincerely,</p>
EM978	<p>for attention of DLA REFORM TEAM</p> <p>DLA Reform Consultation Response</p> <p>I have been asked by my son [REDACTED] and his wife [REDACTED] to respond on their behalf. Both are disabled, and cannot type or use a computer. They live in residential care at the [REDACTED].</p> <p>Reference Question 5 Para 21, Page 15: the payment of the mobility component of DLA (or the PIP equivalent to this allowance) should depend on the needs of individuals rather than their place of residence. To obtain the mobility component of DLA, the disabled in residential homes should have to show that they need and can use it. This is the opinion of my family, the residents in their home, those who run the home and their care managers. They make the following points:</p> <p>1. The Governments proposal to remove the DLA mobility component from people living in residential care is due to a mistaken belief that the disabled in residential homes are like hospital patients or residents in nursing homes and residential homes for the elderly, where residents spend the vast</p>

Respondent Number	Response
	<p>majority of their time in the homes or, as patients, unable to go out or being nursed. This is not the case at the Disabilities Trust and similar homes for those with physical disabilities where getting out and about in the local community is a vital aspect of residents everyday way of life. Residents in these homes must meet their own transport costs from their DLA mobility to access specialist transport to education, volunteering, day opportunities, libraries, shops, banks, public life and services, church, fitness activities, visits to friends and families. Many residents live at a long distance from their families who cannot help them with mobility needs.</p> <p>2. The Government mistakenly thought that there was an element of double funding in that local authorities were already meeting the mobility needs of these residents. This is not the case. The cost of transport is not included in contracts with residential homes other than to cover needs deemed to be substantial and critical (usually medical). At the Disabilities Trust and similar residential homes residents must meet their own transport costs from their DLA mobility to access all the services listed in 1. above. The care home provides free transport to medical appointments and for medical matters but residents must pay for transport to support their normal activity.</p> <p>3. Maria Miller, Minister for Disabled People, has now written to MPs and the public to say that, where individuals needs are met through residential care, the local authority contracts with the care home to ensure that the agreed services are provided. The Ministers letter is seriously misleading. Her letter implies that transport to all the services listed in 1. above is provided free of charge in a contract and that residents therefore do not need a mobility allowance. This is not true.</p> <p>Local authorities, whose budgets are already under considerable pressure, do not have the funds available to pay for these transport services nor do they have a statutory duty to do so. Generally their existing contracts with care homes do not cover assessed mobility. It has been confirmed to me that this is the case at the Disabilities Trust and that such arrangements are standard in the industry.</p> <p>4. The Disabilities Trust points out that they do not have the staff, resources, finance or vehicles to provide the services to their residents which at present the residents provide for themselves out of the mobility component of DLA. I have been assured that the same would be true of similar residential homes. If they were legally obliged to assume this function, Government would ultimately have to fund their extra costs, costs that would be far greater than the current DLA mobility costs of 160 million. This amount is tiny when compared with the 81 billion of spending cuts planned by Government.</p> <p>5. I question how much background research has gone into this proposal, whether it has been properly thought through and whether the Government fully understands how a particularly vulnerable sector of society will be hit hard if these changes are introduced in 2012. Article 20 of the UN Convention on the Rights of Persons with Disabilities commits signatories</p>

Respondent Number	Response
	<p>to take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost. Removing the DLA mobility component from disabled people jeopardises this right. If the Governments proposal is carried, these disabled people will have no means to pay for transport, will be confined to their homes, will be denied their independence, will be denied the right to access services and to participate freely in society. This is inhumane and tantamount to being imprisoned - in many cases for life.</p> <p>6. This proposed cut is discriminatory and unjust in that disabled people who live at home and get help with personal care will continue to receive a mobility allowance, whereas those living in residential homes and getting help with personal care will be denied a mobility allowance. The latter are already means-tested for their care costs.</p> <p>7. Confining a large number of disabled and vulnerable people in their homes, denying them the right to access services and participate freely in society, runs counter to the Governments claim in the Coalition Agreement document that fairness would be at the heart of its decisions so that all those most in need would be protected.</p> <p>8. Those who live in the Disabilities Trust and similar homes are very active people who have profound or complex needs. Many will need to live in this residential setting for the rest of their lives for long term assistance and support. Many will have no family to help them financially. If their only allowance to pay for their transport to the outside world is stopped, it will be of little consolation to tell them that their underlying entitlement remains so that they will not have to reapply when they leave the care home.</p> <p>9. The proposed change is in conflict with other government policies on personalisation, independent living, ideas about dignity, respect and choice. Residential homes are not hospitals or nursing homes, nor are they prisons, or places to hide people away and then deny them opportunities that the rest of us take for granted Residential care homes are homes for people who need additional care, these people are full citizens and should be afforded their allowance to be mobile and participate in society as they see fit.</p> <p>We know that savings are needed but this is too great a price to pay. This is not fairness and togetherness, this is unfair, unjust, cruel and, frankly, offensive, inflicting isolation on the most vulnerable who are the least able to protest for themselves. Please withdraw this particularly nasty proposal.</p> <p>Yours sincerely</p> <p></p>
EM979	Minister

Respondent Number	Response
	<p>As the Parent of a Disabled daughter in Residential Care my husband and I are very concerned about the Government's proposals with regard to the review of DLA and in particular the notion to remove the Mobility Element from DLA for those in Residential Care.</p> <p>My husband is in his mid sixties and I am in my late fifties and cannot physically look after our daughter full time 24/7 - as she has multiple handicaps - both mental and physical - which means she needs 24 hour care and is totally dependent upon another human being to survive. We have entrusted her care to SCOPE and they are doing a magnificent job within the financial constraints that Funding (from Local Authorities and Government) will allow. This means, at the moment we can have her home most weekends. She lives at the [REDACTED] Bungalow and attends The [REDACTED] Centre in [REDACTED] for her daycare. We need transport in order to see our daughter. We use her mobility allowance to fund a car so we can maintain contact with her and take her out on a one-to-one basis. If the Mobility element of her DLA is removed we will have no transport to be able to see her or bring her home at weekends.</p> <p>I would point out that many Parents/Carers wish to maintain contact with their children and have vehicles specially adapted for wheelchair and other use. A number of these vehicles are leased through Motability. If you remove the Allowance then parents/carers will not be able to pay the leasing fees and the cars - vast numbers of them - will have to be returned to Motability</p> <p>What about the Resident who uses his Allowance to access social and other groups? The personal allowance hardly covers clothing and small extras- such as soap, toothpaste and other personal requirements that the Centre does not provide. It does even not allow for the cost of a small holiday. So if you take away the mobility element you will prevent them accessing any outside activity and virtually incarcerate them in the Centre - is this really what this caring Government wants to see happen to the most vulnerable members of Society?</p> <p>I would plead with you to reconsider this matter. Do you really want to stop family contact, to stop social intercourse, to lock up disabled people so they cannot be seen (as happened decades ago) are you really wanting to turn the clock back. If you do - we and thousands of others will never forgive you.</p>
EM980	<p>In case the attachment does not work the response to question 5 is as follows: -</p> <p>The withdrawal of the mobility element of the DLA for those in care homes will have a devastating effect on the quality of life for those who are wheelchair bound. It will leave them isolated from the community, friends and relatives. This should not be the same for those who are in receipt of the mobility element but are able to sit in a normal car. All that is required is a wheelchair which can be folded and put in the boot of the car. Such a</p>

Respondent Number	Response
	<p>person can therefore be transported by anyone with a medium sized car. The same is not the case for someone who has to be transported in a specifically adapted vehicle. As this normally requires the removal of all the seats apart from the driver and front passenger seat and the lowering of the floor it is something which would not be possible without the financial support of the mobility element of the DLA. The withdrawal of the mobility component will therefore affect the human rights of those in care who are wheelchair bound. If the Government goes ahead with withdrawal of the mobility element for those in care an exception should be made for those permanently wheelchair bound who can only be transported in a specifically adapted vehicle.</p>
EM981	<p>I have received a letter from my MP Geoffery Clifton Brown, regarding your reforms to the DLA mobility component. I feel the letter that was attached was a useless waste of time. The information has not helped my son whatsoever. He will be going into residential care permanently at 19 yrs old. I thought all of his money will go with him but no. He will not have his mobility component. You are hell bent on making things harder for my son and my family.</p> <p>The money my son receives would help him go out into the community. On days out etc.</p> <p>I feel you are trying to take money from disadvantaged young adults and my family</p> <p>I have seen what Scope and mencap have said, you will institutionalise my son and others like him through no fault of their own.</p> <p>I feel this is unfair, and unjust. Mr Cameron must understand due to the history running in his family. It is so difficult to find a care home suitable for my son, not alone more pain that will cause more pain for my family. I will not let this go without a fight. I strongly believe we are easy targets to save money on. My son is severely autistic, he is going through a lot of health issues right now and more in the future. my family do not need anymore pain and anguish, because now we can't cope. he must go into care at 19 years old.</p> <p>The years have driven my family apart, due to the strain of a disabled son. We are scared of the future and what lies ahead.</p> <p>Thank You</p>
EM982	<p>Dear sir/madam</p> <p>The government should think again about the proposal to remove the DLA mobility payment to those living in care homes.</p> <p>My daughter, who has a learning disability, needs her DLA mobility to be able to visit her own family (not a care home activity or responsibility). She has very little other money left over for necessary personal expenditure</p>

Respondent Number	Response
	<p>such as clothing and personal effects and would have none to spare. The removal of the mobility component of DLA would leave her unable to keep contact with her family. The result would be her becoming "trapped" in the care home, unable to exercise any personal choice about her own mobility and cause sever depression.</p> <p>Please DO NOT go ahead with this proposal, it will have serious consequences for my daughter.</p> <p>Yours faithfully</p>
EM983	<p>Consultation.dlareform@dwp.qsi.gov.uk</p> <p>We are very concerned that the DLA Mobility benefit will cease from October 2012 for our eligible residents.</p> <p>We support four small Registered Residential Care Homes (15 beds in total).</p> <p>We have been supporting people with learning disabilities for twenty years. Our Inspection Reports have been in the outstanding category.</p> <p>Our residents are young adults who greatly benefit from integrating with their local community.</p> <p>Without the DLA Mobility benefit our resident's life styles will be significantly curtailed. They use their mobility benefit to access community facilities. Examples include: transport to RDA riding lessons, transport to visit friends and relatives, transport to places of interest, day centres, social activities and appointments.</p> <p>We agree with most of the benefit reforms and understand that budgets must be cut but please consider the implications to our residents of withdrawing their DLA Mobility benefit. We cannot fund these costs from revenue with the cost of living going up and a 0% fees increase for two years</p> <p>If you require further evidence or information or wish to speak to residents, please contact us.</p>
EM984	<p>My name is [REDACTED] and although I work for an organisation providing support for adults with learning disabilities, I am responding in an individual capacity rather than as a representative of the organisation.</p> <p>Please see attached response.</p> <p>As a Services Manager for a Christian, voluntary organisation providing services for adults with learning disabilities, I have grave concerns over the proposed changes to the DLA system.</p> <p>The consultation document states that, "We will maintain the key principles of DLA, providing cash support to help overcome barriers which prevent disabled people from participating fully in every day life" and, "It is only right</p>

Respondent Number	Response
	<p>that support should be targeted at those disabled people who face the greatest challenges to leading independent lives.”</p> <p>However, with regard to the eligibility criteria, (page15, paragraph 21), you say that you will remove the DLA component from those in hospital or living in residential care.</p> <p>This will have a catastrophic effect on the quality of life of those living in residential care.</p> <p>There has been a slow but steady improvement to the lives of those with learning disabilities. They have been given a “voice,” and gained greater independence. They have been able to exercise rights and choices to a degree. But the most significant improvement has been a presence in the community leading to greater acceptance by the community at large.</p> <p>Some of the people we support have severe learning disabilities and require a residential care setting to support their needs. The learning disability may be coupled with other physical disabilities which limit mobility or communication. They may have epilepsy or mental health conditions. They may be unable to access public transport. DLA provides the means to get out into the community, especially for those whose disabilities necessitate the use of specially adapted vehicles. DLA funds the purchase, maintenance and running costs of the vehicles.</p> <p>As a voluntary organisation, we do not aim to make a profit but to cover costs, whilst offering the people a good quality of care, and assisting them to live their lives to the full.</p> <p>The vast majority of the fees paid by Social Services are to cover the costs of staffing services. Cuts cannot be made to salaries if we are to continue to staff our homes with sufficient numbers of competent staff to maintain quality of care and standards of health and safety. Cutting other areas of the organisational budget would have little effect on the overall savings but a significant impact on the quality of life of those we support.</p> <p>Other than those in hospitals or prisons, there are few people in society with less liberty than those living in residential care.</p> <p>To remove DLA would condemn those living in residential care to a life of isolation from the community – a return to the “dark ages” of the institutions when disabled people were neither seen nor heard.</p> <p>If you truly intend to protect the most vulnerable in our society, I urge you to reconsider this proposal.</p>
EM985	<p>My son and his wife live in residential care in West Surrey. They are unable to use a computer but are fully active in their local community. Your proposal to remove DLA from them, despite the fact that they rely upon this benefit to live that active, participating life, will result in them being</p>

Respondent Number	Response
	<p>imprisoned in their care home. Your proposal is lazy, deceitful and mendacious. The proposal is based on the lie that local authorities and/or care homes provide All the needs of the disabled. Either no research was done to uncover the true situation or the evidence of such research was deliberately ignored. The (presumably) senior and seriously-overpaid civil servants who permitted this proposal to make it into print should be sacked as incompetent and the minister responsible should consider her position and, having done so, offer her resignation as a person utterly unfit to serve the needs of the disabled.</p>
EM986	<p>I attach a letter for your consideration regarding the above and hope to hear further in due course.</p> <p>Dear Sirs,</p> <p style="text-align: center;">Disability Living Allowance</p> <p>I am writing to you on behalf of the [REDACTED] regarding the proposed changes in the above allowance.</p> <p>We are gravely concerned that the removal of the mobility component of the Disability Living Allowance (DLA) for those living in residential care will greatly reduce the independence, autonomy and opportunities of this group of people.</p> <p>If the government goes ahead with this proposal, it will have a significant and adverse impact on the everyday life of those affected. The possible outcome can only be one of two things: people will be forced to remain indoors and have a diminished quality of life; or social services will be forced to make up the difference in funding. Given the current climate, we do not expect local authorities to be able to do this.</p> <p>Before the election we were assured by David Cameron and George Osborne that the most vulnerable people in society would not be affected by the benefit cuts, however, removing the mobility component of DLA will significantly restrict the ability of those in residential care to play an active role in their local community, be independent and maintain relationships with family and friends. Activities that will be threatened by the removal of the DLA Mobility component include access to work and volunteering, access to friends and family, the ability to maintain relationships with a partner, access to church and faith activities, access to community activities, access to healthcare services and access to leisure activities such as swimming, shopping and going to the cinema. Limiting people's ability to do these things goes against the concepts of choice and independence, and goes against the principles of the government's personalisation agenda.</p> <p>We therefore strongly urge the government to reverse this decision in the interest of social justice and strength of feeling regarding this measure.</p> <p>Yours sincerely</p>

Respondent Number	Response
EM987	<p>To whom it may concern,</p> <p>Please find attached my responses to the DLA Consultation Questions.</p> <p>I found the form very long and complicated to complete and have therefore written my own suggestions at the end of the paper.</p> <p>22. Is there anything else you would like to tell us about the proposals in this public consultation?</p> <p>Your response:</p> <p>This form is too long for me to fill in so let me recap the main points that I would like the Government to take into consideration. As a mother of a severely handicapped son I would like the following things to be done:</p> <ol style="list-style-type: none"> 1. STOP THE POST CODE LOTTERY i.e. provision for the disabled in different regions differs vastly and depends on the local resources. Meaning that if you are lucky to live in a wealthier borough (or part of the country) your child gets all he needs. If not – all you hear is ‘sorry, we don’t have funds’. 2. DISABILITY PASSPORT. Every disabled person should have it for the easy and immediate identification of all his/hers needs regardless where he lives. 3. MOBILITY COMPONENT OF DLA. Do not even think of touching it! Although my son lives in residential care, his weekly visits home give him the stability and the link with his family and familiar environment. This is thanks to the mobility deal that affords me a car large enough for the specialist equipment to be carried on board. <p>TO: DAVID CAMERON,</p> <p>When you said in your speech that you will make sure the parents of the disabled children would not have to beg on their knees for the necessary provision for their children – I really believed you. Please, do not go back on your word!</p> <p>Yours faithfully,</p>
EM988	<p>I am writing on behalf of my Mum, who is my Dad’s full time carer.</p> <p>My Dad has advanced Multiple Sclerosis, epilepsy and a range of medical issues associated with his condition.</p> <p>He has worked, paid his taxes and his National Insurance contributions until he was absolutely no longer able to, and after that volunteered and brought up his family, refusing to succumb to this awful disease. He has done so with a grace and dignity few able bodied people – and certainly few politicians - can aspire to.</p>

Respondent Number	Response
	<p>The very fact that I am writing on my parents' behalf should show tell you what life is like for someone who cares for someone they love 24 hours a day, 7 days a week, 365 days a year. Even finding the time to write an email can be a major challenge.</p> <p>Carer's Allowance</p> <p>It does not take a medical expert to know that many neurological conditions, including MS, are very changeable and that assessment on one day would produce very different results on another. It is not an accurate, nor a fair assessment and causes indignity and huge stress for people whose conditions can be exacerbated by this.</p> <p>Losing the Carer's Allowance would ensure that my Mum would have no chance of living a life that most people take for granted. It would threaten her ability to buy even the basics such as clothing and food. It would be impossible for her to return to work unless my Dad went into residential care – something she does not want to happen as she wants to care for him - and which would cost the state considerably more than the paltry allowance she gets for being his full time carer.</p> <p>It is risible that this government, which claims to be committed to the needs and independence of disabled people and their carers should be contemplating measures which will so fundamentally impact on the lives of those who work harder than any minister ever has.</p> <p>Mobility Component of DLA</p> <p>My Dad is cared for at home, but many, if not most people with his level of disability are cared for in residential settings. Under these plans if my Dad were to go into residential care he would lose the mobility component of DLA.</p> <p>My Dad is 6'5. His wheelchairs have to be especially made for him. His wheelchair does not fit in a taxi and doesn't fit on a bus. Therefore he needs the car that we have under the Motability scheme for vital hospital appointments and to be able to leave the house at all and thus access something resembling a normal life experience.</p> <p>If these plans go ahead people like him in residential settings will be unable to return to their own home for visits, unable to go out for a walk, for a coffee, to the theatre, to the shops, and unable to access the vital medical care that they need. They will be unable to exercise choice and free will – why is this acceptable?</p> <p>Cutting the mobility component will imprison disabled people in residential settings, a cruel and unwarranted move which indicates that they have no right to the everyday experiences that the rest of us take for granted - experiences which are even more crucial because so many opportunities are already denied them. It is ironic that a government that is - rightly -</p>

Respondent Number	Response
	<p>considering how many people it sends to prison should be so blasé about effectively incarcerating people with disabilities.</p> <p>It is a travesty that in a civilized society the government should be attacking those who are the most vulnerable and in many cases have no voice or advocate. No one denies that the benefits for disabled people and those who care for them are ridiculously complicated and are in need of reform. But to make cuts in the guise of reform is a cowardly act which betrays those for whom life has already dealt a particularly unfair hand.</p> <p>Yours sincerely</p>
EM989	<p>please do not withdraw this benefit. I am disabled by fractured spine and hip,also I have osteoporosis and a number of other problems. I walk a few steps with crutches and use an electric wheelchair to get around the building and the garden, also to the library,post office and bank.servicing and repairs,insurance for the chair are all paid for by the mobility allowance also any need to go outside this small town can only be met by specialised transport which is expensive and paid for by the allowance as I only receive the minimum allowance from my pensions. to me to it is very important to me to retain what independence i do have You rightly promise to care for ex servicemen who are disabled but what about elderly ex servicemen who have become disabled ? Please do not confine us to barracks</p>
EM990	<p>Dear Sir/Madam</p> <p>I am the parent of 3 adopted young people with sever special needs/disabilities</p> <p>██████████ aged 25yrs with physical difficulties and sever learning difficulties, he lives in a care home a few miles from us. His mobility allowance is used to purchase electric wheelchairs he cannot have an outdoor NHS one because he needs to have someone with him at all times, NHS electric outdoor chairs are only provided if you can cross the road safely on your own. The money also contributes to college transport and allows him to follow his own interests and encourage healthy living activities like trips to the swimming pool. Without his mobility money ██████████ will be trapped indoors at the age of 25yrs, we have given 22yrs of our life caring for ██████████ saving the state huge amounts of money and getting him to a better level than ever thought possible now it appears we should have left him in the care home we adopted him from as we have only raised his expectations of a better life in the community which is now to be taken from him.</p> <p>██████████ 22yrs Downs Syndrome, Autism and has mental health problems, adopted by us at 6months and went to a small specialist care home at 19yrs. The care home take 2/3rds of ██████████ mobility money to run a vehicle to get ██████████ to actives, the rest is used by us to allow ██████████ to do fun things like go to 50's shows which he is totally obsessed with and can be used as a reward for acceptable behavior. With out his mobility money ██████████ will also become housebound which is likely to lead to admission to closed mental unit and the end of his life in the community.</p>

Respondent Number	Response
	<p>██████ 20yrs Downs Syndrome she has learning difficulties and mobility problems. Although ██████ still lives at home in college holidays she is at ██████ college and while at college contributes to her costs so she is only left with just over £20 per week as the people in residential care, this has to be paid to the college to provide pocket money and access to weekend activities. The college is 3 hour drive from home and ██████ wants to participate in community activities when at home (a taxi to bowling is £12) she is not able to travel on public transport as she uses an electric scooter, which also has to be maintained and replaced.</p> <p>Please see the impact this is likely to have on younger included people with disabilities and leave mobility allowance at least for under 70's in residential care.</p> <p>Yours Sincerely</p>
EM991	<p>Dear Ms Miller,</p> <p>On 20 October your government announced that it is going to remove the mobility component of the Disability Living Allowance from people living in residential care homes. This change will affect 58,000 disabled people.</p> <p>People use their DLA mobility in different ways. For some, it may be spent on adapted taxis to enable an individual to go to the shops. In some care homes there are schemes where people's DLA mobility allowance is pooled and used to buy or lease a car which staff can then use to take them to see their family. Most care homes do not cover this cost and most will not be able to.</p> <p>I believe the government has misunderstood how this benefit is used. By removing it, people living in residential care will only have around £22.30 a week personal allowance. How can anyone be expected to live a fulfilling and independent life with so little money?</p> <p>I am therefore asking you to look again at the impact this will have on disabled people.</p> <p>I understand that difficult decisions have had to be made, but by removing this benefit the government is turning back the clock to a time when disabled people were kept out of sight and out of mind.</p> <p>Yours sincerely,</p>
EM992	<p>Addendum - just in case constipation is not taken seriously - I regularly had to make a 480 mile round trip from home just to give my daughter an enema - otherwise the self injury could have been so serious as to cause blindness. Although the NHS doctors did their best - it was only with expensive private intervention that any progress was made.</p> <p>When I say there are no specialists in the NHS I am referring to her narrow field of Autism - most reaeach being undertaken in the USA.</p>

Respondent Number	Response
	<p data-bbox="379 264 1452 450">Dear Sir / Madam - we are the parents of a severely autistic 28 year old who has a mental age of two following meningitis whilst a small child. She also has very challenging behaviour. I am most concerned about the potential loss of mobility allowance as she is based in a care home although comes home very regularly regularly for long periods.</p> <p data-bbox="379 488 1465 667">Background: After my daughter became ill and disabled my wife had to give up work as a deputy head teacher and become a full time carer. We lived in Surrey and had extreme difficulty in getting our daughter [REDACTED] into any sort of school - and her long spells at home have indeed had a very significant detrimental effect on my wife's health.</p> <p data-bbox="379 705 1452 813">When [REDACTED] was 14, Surrey CC advised they could no longer accomodate [REDACTED] in school, and she was sent to a care home 240 miles away in Preston, there being no suitable one in the south east.</p> <p data-bbox="379 851 1465 1104">[REDACTED] had/has severe problems with self injury,allergies and constipation, as well as loving here home. Thus for 13 years I travelled 480 miles every week - indeed equivalent to the Moon and half way back, for her health and well being, as well as spending tens of thousands of pounds on private medicine - even funding medical specialists from the United States to fly over and see [REDACTED] on two occasions as there are no specialists on the NHS.</p> <p data-bbox="379 1142 1465 1328">Over a decade we have significantly reduced the amount of self injury, allergy and constipation problems - but only with incredible effort, and have utilised her allowances such as the mobility component to this effect. Indeed - at times here medicines alone have cost over £500 per month - not being available on the NHS.</p> <p data-bbox="379 1366 1452 1473">Because of my wife's poorer health, I have handed in my notice at work - here at the Highways Agency - we have moved to Shropshire in the middle of the country and will continue to have [REDACTED] home regularly.</p> <p data-bbox="379 1512 1452 1619">I now only need drive 240 miles a week and am based centrally in the U.K. should she be moved elsewhere, and we will continue to have [REDACTED] at home regularly - which is what she wants.</p> <p data-bbox="379 1657 1465 1877">I - her father am the only person on this PLANET who can for instance take [REDACTED] to a shop, market, tourist attraction, and indeed - when at home I take her out 3 times a day for walks and visits - often using here mobility car - she just loves it. Being here father and reasonable strong I can do this safely for all concerned by holding both here hands when there are people around. The care home CANNOT do this.</p> <p data-bbox="379 1915 1452 2022">Again I use the mobility component of the DLA towards undertake the weekly 240 mile trip and taking her out to see life - a basic human right, which I will defend in the courts if necessary.</p>

Respondent Number	Response
	<p>IT WAS NOT OUR FAULT THERE WAS NOT A CARE HOME AVAILABLE LOCALLY IN SURREY, indeed over the last 14 years we have spent far more on travel than the circa £50 a week payment, plus a small, fortune medically etc etc.</p> <p>Please Do Not Pick on the weakest on society - I believe they are already having their benefits frozen re inflation. I understand savings in welfare need to be made - here are my suggestions based upon experience in Surrey.</p> <p>Case 1: A young teenage couple with a baby - both children of extremely wealthy parents with large properties in Surrey - are found an attractive modern terrace house around the corner at £1,000 a month housing benefit. Why - if they were moved to a more affordable area - like my disabled daughter no doubt their parents would find space for them.</p> <p>Case 2: Near neighbours circa 70 years old haven't worked for over 20 years. Live in a small but very nice £700 a month flat in a very attractive area - funded by housing benefit. WHY ? If they were housed in some cheap skidrow estate no doubt they would have gotten off their backsides and worked to afford a better place to live in.</p> <p>Please think again and don't pick on the most vulnerable even if they spend much time in a care home.</p> <p>Lastly - as I will be finishing work (having resigned after being turned down for Approved Early Retirement), please can you also respond to our home E mail address above</p>
EM993	<p>I am trustee, current Chairman of ██████████ and retired learning disability nurse of some forty years.</p> <p>My concern about reducing DLA from people who are admitted to long stay care is that these places are staffed to cover only minimum standards of care (see today's news about the care of older people in the nhs for example).</p> <p>Personal benefits in these circumstances are important to permit individual support in the form of community presence and inclusion in the ordinary activities that people enjoy and benefit from.</p> <p>Nursing homes and group homes never have the resources to permit other than large-group outings and activities, the individual social wants and needs are not met and, ultimately, not seen – the group answer becomes the only option.</p> <p>There is also the point that reduction of a universal benefit on these grounds serves to point up, and enshrine in social policy, differences and disadvantages between participating citizens and people who are put away and, ultimately, lead to the feel that severely disabled people do not quite have the same human needs as other members of society.</p> <p>Disability supported in the family home is a family concern and the disabled person's DLA helps the family to cope with the disabled persons needs and to continue to support them in a place where they wish to be and where most families would want them to be; the alternatives of institutionalised</p>

Respondent Number	Response
	<p>care cost more. The proposed cuts will be a false economy and cuts to social and health care budgets should not be borne by people and families who are providing a most economic part of the care and support system.</p>
EM994	<p>I object most strongly to the assertion that people in care homes do not need 'mobility'.</p> <p>My son [REDACTED] is 29 and is quadriplegic and suffers from epilepsy, he requires 24 hour care but at the same time is able to vocally take part in the community i.e. he is NOT a vegetable of any sort.</p> <p>Removal of the mobility portion (or not replacing it under PIP with similar financial support) allowing him to go out and meet his friends at the cinema, theatre or other local locations mean that he is being discriminated against (Illegally IMHO) and will become isolated within the care home which is not in his or societies best interest.</p> <p>Perhaps as an alternate you might like to consider the cost of caring for him in his home;</p> <ol style="list-style-type: none"> 1. Paying off my mortgage 2. Payment of £100,000 to build a purpose built bungalow in the garden to allow him to have direct access to his family but at the same time give him independence 3. Payment of £100,000 per annum to provide round the clock specialist cover for him + increments as required per year 4. Payment for my loss of income to allow me to act as the 2nd carer since as you know due to health and safety legislation you need 2 people to handle someone with his physical impairments <p>I require you to re-assess the 'mobility' component or act on the above four proposals.</p> <p>Regards</p>
EM995	<p>Hello</p> <p>I attach our consultation response on behalf of our son, who will be seriously adversely affected by the Coalition Governments removal of Higher Rate Mobility allowance for residents in care homes:</p> <p>Yours sincerely 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</p> <ol style="list-style-type: none"> 1. What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives?

Respondent Number	Response
	<p>Your response: The main current serious problem is that the Coalition Government has arbitrarily and quite ruthlessly decided to remove the Higher Rate Mobility element of DLA from those people living in residential care homes.</p> <p>2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?</p> <p>Your response: The current entitlement for disabled people to retain the Higher Rate Mobility element of DLA when in residential care, should remain. The individuals can then choose the method by which they spend the money on mobility issues in line with the governments social model of disability. Providing the higher rate mobility allowance is retained to protect the genuine, the alleged of abuse of the system (ie the non disabled using a Motability car entirely for non approved purposes) could be tackled separately as described below. The Government has entirely missed the fact that if you are wheelchair bound and have other medical problems can only go out in a specialised wheelchair adapted vehicle that meets your own specific needs. Within our experience care homes don't have suitable or sufficient vehicles to meet there residents needs and if they do they require additional funding from the residents..... In many instances without the Higher rate DLA the seriously disabled person will be trapped for life within four walls treated worse than a serial offender in prison....,</p> <p>3. What are the main extra costs that disabled people face?</p> <p>Your response: From our family perspective for those disabled people living in residential care homes, the DWP is under the rosy illusion that all the disabled persons needs are being met. The stark truth is that they aren't. In my sons case although in theory his care home fees are paid by the state, the reality is that my son and ourselves are having to pay enormous costs to ensure he lives a tolerable life rather than that of a refugee. As a family we have to provide all his clothes, most of his laundry, his bedding, one of his special wheelchairs, a special reclining chair, all his fuel costs, some of his furniture, and whole host of incidentals none of which would otherwise be funded. The care home in which he resides is one rated good by the care standards commission but the reality is that without our input our son would be poorly treated and he would be liable to serious neglect and inadequate care by the authorities. His time at the home has been proliferated with proven incidents and investigations. Yet this home is better than average.....</p> <p>4. The new benefit will have two rates for each component:</p> <ul style="list-style-type: none"> • 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?

Respondent Number	Response
	<p>Your response: The current system is complex and the Government is correct to consider review. However like all Government initiatives the usual problem is that the Department and Ministers have an attitude of ‘ We have made our minds up so please don’t confuse us with reality’ . You are in too much of a rush. The devil will be in the detail. You need to take care over the final wording of legislation and carefully consult the text with disabled organisations to try and make sure that you don’t seriously disadvantage in a very unfair and unjust way those who cannot speak for themselves. On the face of it having two rates per component contradicts the aims stated elsewhere in the consultation to make the allowances more person specific</p> <p>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?</p> <p>Your response: Again you have muddled thinking.... You say you want to tailor the allowances to individual needs but conversely say you want the forms to be less complicated and less automated. The two things seem mutually exclusive.. If you want to know exactly what assistance needs to be given then you have to ask a lot of questions n the forms and seek a lot of expert advice.....</p> <p>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?</p> <p>Your response: Well for one thing no one but a complete scoundrel would just arbitrarily cut the Higher Rate Mobility allowance for those in care homes as the Coalition Government has done, without carrying out a full and proper assessment and dialogue with those that will be affected....</p> <p>7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?</p> <p>Your response: Only by sending out an annual update form with some carefully tailored questions on it... A bit like a tax form... But what of the cost?..</p> <p>8. Should the assessment of a disabled person’s ability take into account any aids and adaptations they use?</p> <ul style="list-style-type: none"> • 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? <p>Your response: This seems a catch question. What a disabled person needs to carry out the essentials of a reasonable persons expectations of a normal life should be funded by us all out of central funds. (Unless that person is</p>

Respondent Number	Response
	<p>capable of undertaking appropriate employment). In those circumstances the allowance should be on a sliding scale of support depending on their total income and essential outgoings..</p> <p>9. How could we improve the process of applying for the benefit for individuals and make it a more positive experience? For example:</p> <ul style="list-style-type: none"> • 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? <p>Your response: No comments to make</p> <p>10. What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this?</p> <p>Your response: The family and the GP, supported as necessary by consultant, or care worker having regular contact with the individual....,</p> <p>11. An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.</p> <ul style="list-style-type: none"> • 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? <p>Your response: People can be inarticulate when faced by authority, they may say the wrong thing unintentionally, or not give the full picture. This is the case irrespective of whether its the individual applicant or family attending discussions etc. The key thing is that anything that the professional records should not be set in stone but be in draft format and put back to the applicant to ask for amendments clarifications, additions etc.</p> <p>12. How should the reviews be carried out? For example:</p> <ul style="list-style-type: none"> • 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? <p>Your response: The applicant should have the right to ask for a review. The type of review should be linked to the needs/ issues.</p> <p>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</p>

Respondent Number	Response
	<p>report changes in circumstances?</p> <p>Your response: I do not necessarily agree with the presumption. What evidence does the Department have to support their hypothesis that the new system will be easier.....</p> <p>Perhaps it would help if the Department were to publish a list of what constituted a 'change in circumstances'.. The phrase is void for uncertainty.</p> <p>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?</p> <p>Your response: I imagine it would be largely the same as they currently need to do for DLA</p> <p>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?</p> <p>Your response: Yes it could. However the Coalition Government is currently decimating Local Government finances and thereby the support given to local voluntary groups. Hence the avenues for disabled people to access support are going to be severely derailed. They will have to rely on the Little Society ie their family as there wont be a 'Big Society' to help them.</p> <p>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?</p> <p>Your response: A hotch - potch of arrangements. The Government is right to be concerned about this issue but runs the risk of severely curtailing the current supply arrangements the individual has managed to sort for themselves....</p> <p>17. What are the key differences that we should take into account when assessing children?</p> <p>Your response: The fact that the parents may be under considerable emotional and physical strain in dealing with their child. They may not be able to correctly deal with the red tape that they have to get to grips with as it is currently spread over a variety of different central and local government arrangements.</p>

Respondent Number	Response
	<p>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?</p> <p>Your response: The government is poor at telling people what they are entitled to as they spread it over lots of different departments and organisations with no joined up thinking</p> <p>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?</p> <p>Your response: Not much difference to the current arrangements then</p> <p>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?</p> <p>Your response: All the benefits for the disabled, carers, incapacity benefit (esa)etc need to be dealt with in one place as a 'one stop shop'.</p> <p>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?</p> <p>Your response: No comments to make</p> <p>22. Is there anything else you would like to tell us about the proposals in this public consultation?</p> <p>Your response:</p> <p>The consultation is flawed and a sham, because key elements have already been determined by the Coalition Governments Comprehensive Spending Review :</p> <p>We object to the removal of Higher Rate Mobility allowance from 2012 for disabled people in residential care.</p> <p>Our own son receives this allowance and we have a specially adapted wheelchair accessible vehicle to provide for all of his transport needs and social outings. This includes transport to and from medical appointments and when discharged from hospital etc. We take ████████ out as much as we are able- a minimum of three time a week for social outings, in addition to any medical /care related journeys.</p> <p>Our son/ family fund the fuel for the Motability vehicle, and this fact is also being ignored by the Government.</p>

Respondent Number	Response
	<p>We only use the vehicle for our son, we have a separate vehicle for family requirements.</p> <p>The Government's presumptions that these needs are being fully catered for elsewhere by the care home or authorities is untrue.</p> <p>Our son has complex needs He is doubly incontinent, and requires to be hoisted when being changed.</p> <p>He is wheelchair bound, PEG fed and has clonic tonic seizures.</p> <p>He cannot travel in taxis on outings even if the vehicle is adapted. This is because the taxi driver would have to accompany us throughout the outing as we would never know when we might have to curtail the outing to take him to be changed.</p> <p>Our son requires one to one support with a carer at all times in addition to any vehicle driver.</p> <p>Most care homes do not possess sufficient vehicles available to meet the all their residents needs. They may take their residents out on a group trip from time to time, but these tend to be restricted to those more able or with learning disabilities using standard vehicles -not those wheelchair bound, or with complex needs, requiring adapted vehicles.</p> <p>Therefore for our son, the curtailment of the specially adapted Motability vehicle will seriously diminish his quality of life to such an extent that it would be worse than that of an offender in prison..</p> <p>Whilst we accept that some families may abuse the system, the disabled who are most vulnerable, like our son, shouldn't be penalised because of the faults of others.</p> <p>We ask for the Higher rate Mobility allowance to be retained for those people like our son who are resident in care homes, but with additional safeguards to prevent abuse:</p> <p>A method to curtail abuse would be as follows:</p> <p>A legal requirement for the allocated person of a Motability vehicle to maintain a log of journeys undertaken the starting point and destination and the mileage.</p> <p>These records to be supplied annually to the DLA/ Motability when the vehicle is serviced.</p> <p>Removal of the vehicle from the allocated person or imposition of fines could be the penalty if the Log of journeys and mileage is not properly maintained.</p> <p>In our submission such steps would curtail abuses of the system. However it would retain choice for the disabled person in selecting how their mobility</p>

Respondent Number	Response
	<p>requirements are met, yet retain their human rights to be able to freely visit and associate with their families, as at present.</p>
EM996	<p>My comment relates to paragraph 21, questions 5 and 6, together with question 17.</p> <p>I am concerned about the proposal to remove the entitlement to the mobility element for people who are living in care homes. My friend's autistic son lives in a care home and his regular visits home to see his family are only made possible because his transport is funded by his mobility allowance. My friend is a lone parent with two other children. She does not have a car and is not able to keep ██████ safe on public transport, since he is bigger and stronger than her and is inclined to run off. I am sure you agree that it is important for ██████ to maintain contact with his family, so I urge you to retain an entitlement to funding for this purpose, especially for children but I don't think this need will cease when ██████ turns 16.</p> <p>Many thanks for your attention.</p>
EM997	<p>Dear Sir/Madame,</p> <p>I have a severely disabled son ██████, who is 17, and a 52 week resident at ██████, a fantastic school for Autistic and epileptic children in Surrey. He will soon be moving to a similar center, but for Adults at the ██████ in Bucks.</p> <p>He values the chance to see us and we to see him. We like him to visit us over the weekend and we make use of an excellent specialized taxi firm to pick him and and take him home. As he is prone to epilepsy they provide a driver and specialist helper. Not surprisingly a 1 to 2 hour journey is not cheap, and so would not be an option is he did not receive the mobility element of the DLA.</p> <p>I therefor ask you not to cut this vital funding for ██████. I am sure all the thousands of families in the UK in a similar situation would suffer as much as we, if it were to be cut.</p> <p>Yours faithfully</p>
EM998	<p>I would like to respond by saying that I am wholly against the replacement of DLA by the Personal Independence Payment.</p> <p>The Government claims to bring in a fairer system, but has stated from the outset that it will impose significant percentage reduction in those receiving the benefit, regardless of need, which is to be implemented by a company, ATOS, which has already received significant criticism of the way in which it deals with disabled and ill people.</p> <p>The removal of the benefit from people in residential care homes is nothing short of shameless.</p> <p>Please do not implement these proposals, which undermine independent living.</p> <p>Yours sincerely</p>

Respondent Number	Response
EM999	<p>We would like to make the following points concerning proposed changes to DLA:</p> <ol style="list-style-type: none"> 1. The proposed change to the mobility component of DLA is not mentioned in the summary of the proposals, but we understand that adults who receive the mobility allowances and live in a residential placement, publicly funded, will lose this benefit. We feel that this is important for visits to parents/relatives and leisure activities. Homes do not provide transport for these areas, and are unlikely to do so in future. Cuts in benefits will also coincide with cuts being imposed by local authorities to such schemes as the Taxicard scheme in London. Withdrawal of the allowance will have a profound effect on the quality of life of individuals. 2. We are concerned that the proposed assessments and re-assessments for DLA/PIP will be required too frequently for adults with conditions such as Down's Syndrome. When the condition of DS sufferers is unlikely to improve in adult life, it is possible for significant deterioration to take place, so re-assessment can be useful in determining need. But these assessments can be very stressful for all concerned, and we would argue for a minimum of ten-year gaps, with the possibility of earlier re-assessments in the case of deterioration.
EM1000	<p>I do not support the replacement of the DLA with a system that is clearly designed to save money on many levels. Of particular concern is ending the Allowance for people living in residential care as it helps pay for necessities that result from being disabled and could not be funded from core local authority funding. People living in residential care have every right to get out and about as their more able bodied colleagues can. The cost of purpose built wheelchairs, accessible taxis are often paid for from the DLA which allows disabled people attend community centres, day centres or undertake whatever they want within their wider community. To cease the DLA for this group of vulnerable people is to condemn them to isolation within their residential home which I find shocking.</p>
EM1001	<p>Minister.</p> <p>We are the parents of a disabled daughter in residential care. We feel to remove the mobility element from d.l.a would have a detrimental effect upon her. She depends on the care staff and us for her every need as she is multiply handicapped and requires 24hr care.</p> <p>We bring our daughter home every week for 3 days and have done so for 30yrs. We have a journey of over a hundred miles each time we pick her up and return. This is not including trips to the town and countryside, holidays and visiting family which abled people take for granted.</p> <p>We have a car to accommodate her wheelchair, her mobility allowance is used for petrol, wear and tear and insurance, in fact it does not cover it all and so we pay the extra ourselves. We are both in our sixties and it would be a struggle financially for us without the mobility allowance.</p>

Respondent Number	Response
	<p>Our daughter is unable to voice an opinion herself so we are desperate for you to reconsider this matter as her life would not be the same.</p> <p>The care staff are all very good but to take any resident out has to be on a one to one basis and they just don't have the staff to do this. Some more able residents rely on taxis to take them for outside activities, their personal allowance alone would not cover this. To stop family contact and any outside contact would be unfair. They need this benefit more than anyone otherwise they are isolated from the outside world.</p> <p>Our daughter can only speak single syllables, two of her words are car and book. That is her way of saying to us she would like to go out in the car to buy a book, not much to ask for is it? and the government now wants to take that away from her. I can only hope you have a heart for all of these people and not shut out and exclude them from our world.</p> <p>Ted Heath understood their needs when he awarded mobility allowance to the disabled, I wonder what he would think of the discrimination for those in care, having it taken away from them if he was still alive.</p>
EM1002	<p>Dear [REDACTED]</p> <p>The Down's Syndrome Association have suggested that I should write to you since my son [REDACTED] is financially dependent on receipt of DLA at the higher level.</p> <p>[REDACTED] is 26 and living in Kent in a care home owned and run by a charity called The [REDACTED]</p> <p>Any reduction in his entitlement to DLA would be absolutely catastrophic to the quality of his life. Although he is aged 26, he functions at a 2/3 year old level with little or no speech. He has a combination of Down's Syndrome, Autism and a hole in the heart.</p> <p>The mobility component of his DLA entitlement is the key to him living as near as he can (given his considerable limitations) to a "normal" life. Without it, he would be condemned to staying at home and never getting out to do the activities he loves - such as horse riding, tenpin bowling, visiting the pub, dance classes, visiting local farms etc.</p> <p>Please, please persuade the government that to deny people like [REDACTED] the full DLA will destroy their lives.</p>
EM1003	<p>Dear Sir,</p> <p>I have just received a letter bringing to my attention the Government proposal relating to the Disability Living Allowance (DLA) and the proposed removal of the mobility component, for children and young people in residential schools and colleges.</p>

Respondent Number	Response
	<p>I would like to register my objection on behalf of my disabled son Sam, as he is unable to compose an objection for himself.</p> <p>For disabled children and young people in school or college, DLA mobility allows them to keep active during the school holidays and enables family members to visit during term time and take them out on weekend day trips. The DLA mobility allowance enables disabled children and young people to maintain strong links with friends and family and participate in leisure and other activities.</p> <p>Whilst I understand the needs for reducing Government cost I am disappointed that you appear to be targeting the weak and vulnerable who remain the most needy members of society through no fault of their own.</p> <p>Best regards,</p>
EM1004	<p>Response to consultation on DLA cuts:</p> <p>Starting from the objective of a 20% cut shows what this consultation is really about. The cabinet volunteered for 5%. What's fair about that?</p> <p>It is disproportionate and unfair. It will lead to isolation and hardship.</p> <p>Is removing the mobility component from people in residential care protecting the most vulnerable? No, it is shameful. This is a huge loss of independence.</p> <p>You will realise what you have done in around 4 years time when various cases hit the media, with people living isolated and vulnerable lives either in their own homes or institutionalised.</p> <p>There is no need to reform a system that is largely value for money and working well. Would you bother reforming DLA if you were not reducing the budget? I suspect the answer is no.</p> <p>Section 5 responses:</p> <p>Targeting the most in need - people who receive DLA are the most in need. Admitting that some folks need DLA but will not need PIP is dishonest and degrading. It makes a competition out of disability.</p> <p>Equipment - bringing this into the assessment is wrong and counter productive. Just because one person has found a way of undertaking some tasks should not prejudice them from the support they need for other activities, and should not be used against those people who have not found a way to use equipment or technology. It is judgemental, subjective and discriminatory.</p> <p>Moreover it will have a negative effect. You are actually stating that costly human dependency is what you pay for.</p>

Respondent Number	Response
	<p>Exemptions from examinations - Yes, cut the assessments down to cases where not enough information is provided to take the right decision. Registered blind people have already been assessed by a health professional, why duplicate resources? Unless it is your intention to catch some people who are not good at interviews.</p> <p>Different people will require different help but so what, for God's sake try to keep the criteria objective, otherwise you will be faced with everybody reapplying every 6 months.</p> <p>Summary:</p> <p>The minister concerned has asked for responses to be realistic. The reality faced by disabled people goes like this:</p> <p>You make the plans We all object You ignore the objections but say otherwise</p> <p>Suggestion:</p> <p>Ask the Minister for disability to spend just one day with a blindfold on. Give her a carer. Both should take notes. Use this experience and perhaps even go to one of your new PIP assessments. Then respond to your own consultation, with your blindfold on.</p> <p>End of response.</p>
EM1005	<p>Dear DLA reform</p> <p>I am writing as the parent of a young man with complex needs and learning disabilities.</p> <p>I have briefly read the proposed reform document and I wish to comment on 3 sections:</p> <p>1. Costs of being disabled. [REDACTED] disability is extraordinarily expensive. He can be incontinent, costs of bedding, washing (incl wear and tear on a washing machine) he wears out footwear quickly (latest shoes lasted 6 weeks) , he has to have his clothes washed at least daily and often stains shirts with food drops. He can exhibit challenging behaviour (wear on furniture, bedroom door etc). He needs support 24 hours a day, sometimes 2 adult carers required. He want to go fishing (2 cares for safety near water), watch football and rugby matches, see rock bands, and he has to pay for carers ticket, taxi, etc. He likes going to station to watch trains, now has to pay £4 to park even with blue badge. One of his parents has always had to doflexible work part time to care, fill forms, arrange appointments, fight for funding for excellence for our son. (even take funding issues to high court at one stage). Parents now approaching pensionable age to find govt will postpone pension for mother from 60-64-67years. Occupational pension mearge because of part time employment. Very expensive being a carer too.</p> <p>2. Face to face meetings and assessment of needs. [REDACTED] does not read or manage phone calls. He would need a carer to arrange appointment and</p>

Respondent Number	Response
	<p>take him. [REDACTED] does not have the judgement to answer questions and does not regard himself as disabled. He would be extremely distressed to hear the reality of his life described to a medical assessor. He may even refuse to attend.(He is over 6' 4" and a strong young man). He might well run away from meeting.</p> <p>3. cutting mobility allowance to people away at college. [REDACTED] needs care because he is disabled and his college is deemed a residential care setting when in fact it is just like universtity (with care because of disability). He needs his mobility to pay for support to goto watch his rugby team play, to pay for taxi to get there, to pay for carer to arrange tickets etc. He needs his mobility to pay to get home to family in college holidays(including cost of carers, their travel costs etc). He needs his mobility to pay to have a fulfilling life with a choice of activities while he is away at college.</p> <p>Please do not cut mobility to people in residential care.. it would make them prisoners in their care setting. Please recognise the enormous cost of being disabled. Please do not enforce an assessment on people who cannot endure it.</p>
EM1006	<p>The above reform will have a major impact to our family life. I have a 12 yr old severely mentally and physically disabled daughter, she has had her DLA agreement renewed for life at the recent review due to the severity of her disability and needs. My daughter has Rett Syndrome, severe Scoliosis (which is now unique due to a failure of spinal surgery last yr and will mean she will always have a deformed spine as her spinal cord cannot be put straight without her life being at risk), epilepsya, also unable to undertake any personal care, has no form of communication and she has to be fed and given drinks by an adult as she cannot do this for herself. My daughter requires the same day to day care as a 12mth old baby with the added growth/weight of a 12yr old Due to the level of teaching, professional support and continuing care required by our daughter we found the most appropriate school for her to attend is The School for Profound Education at [REDACTED] (part of the Childrens Trust). This is a residential placement, (48 week school) as she cannot be placed within a school local to us.Her placement allows her to return home every other weekend and for 3 school holidays during the year the transporting of my daughter has to be done by ourselves, in our WAV (Wheelchair adapted Vehicle), as our local authority was unable to find anyone/any company to undertake this for us. I presently receive the higher rate payment for care of my child along with the higher rate of mobility payment.</p> <p>I have many concerns about the proposed changes to the mobility payment within DLA. If payments were only made to cover the days when our daughter is at home i am concerned at how the missing amount of money from the payments made to motability will have to be made up to allow us to keep the vehicle. If it has to be met by the family this puts further hardship on an already pressured family purse. If we were to loose the WAV, due to unable to afford payments, how will our</p>

Respondent Number	Response
	<p>daughter come hme to be with her family. If this meant she had to stay at school as a 52 week student the increase cost to the public purse would surley out weigh the present payments to us in mobility allowance. If as a family we were unable to have our WAV we could not take our child on normal family trips/visits or on holidays all of which are extremley important.</p> <p>All these changes seem to imply that the consideration or importance of family structure is actually not important if you have a disabled child. I find this rather offensive.</p> <p>Changes to the structure of DLA for families of children with Severe physical and mental disabilities can only be viewed as worrying as we have spent so much of our time trying to convince the DLA of our chids needs and now feel that we will only be starting again. This is not really a pressure needed by families.</p>
EM1007	<p>Please find attached recent emails that I have sent to both my MP and the Minister for Disabled People which outline my concerns on changes to DLA with specific concerns in cutting the mobility component for disabled children who attend residential schools.</p> <p>My daughter is 13 and has cerebral palsy and has severe physical and communication disabilities and has some associated learning disabilities. She attends the most appropriate school for her needs which is located 50 miles from our home and as a consequence stays there for 4 week nights during normal term time. She is not on a 52 week placement.</p> <p>I take her to school on Monday morning and collect her on Friday afternoon at my own cost, as agreed with the local county council. We have an large, adapted vehicle to carry my daughter and her wheelchairs and other equipment. I use the mobility component of the DLA to go towards renting this adapted vehicle through Motability. I pay for the fuel costs.</p> <p>I am concerned that by taking away the mobility component of DLA for my daughter we will be unable to afford a vehicle to transport her to and from school, we will not be able to visit friends or family or take part in any holiday activities, we will be unable to get to and from hospital appointments. We will be prisoners in our home - we live in a rural area where the buses are infrequent and are not adapted for wheelchairs.</p> <p>However, day children at her school, who have their school transport paid for by the local authority, will continue to get the mobility component of DLA and just because they live closer to school.</p> <p>I am concerned too that by removing the mobility component of DLA from my daughter she will be unable to apply for a Blue Badge for disabled parking and, assuming that we could afford our own adapted car, she will not be entitled to claim the exempt rate for Road Tax. On the sort of car we will need to get around, it is likely that this cost will over £300 per year!</p> <p>The realities of having a child with a disability are enormous to families like</p>

Respondent Number	Response
	<p>mine. Financial support helps take some of the stress away. These proposed changes have caused me a lot of added stress and anxiety and our lives will be even more affected if they go ahead. I can just about cope with dealing with the day to day needs of my daughter what I can't cope with it all this uncertainty and stress this sort of thing brings.</p> <p>Dear Mr Holloway, Proposed changes to DLA - [REDACTED]</p> <p>I am writing, again, about my concerns on the Government's proposed changes to Disability Living Allowance (DLA) and how these may impact on disabled children like my daughter, [REDACTED], who you met in November at our home.</p> <p>As you know DLA is a benefit that families with disabled children receive to help them meet the additional costs of raising a disabled child. It is a vital part of enabling families like ours to live ordinary lives. I welcome the Government's efforts to simplify the benefits system for families with disabled children. However some of the changes that the Government has proposed in its consultation on DLA reform may, if applied to children, reduce financial assistance to families and therefore reduce their ability to live ordinary lives. In particular I am concerned about proposed changes to:</p> <p>Public funds: The Government's DLA consultation asks when assessing for DLA 'whether or not we should take into account a child's support needs if they are being met from public funds by another institution, such as a school'.</p> <p>Disabled children have the right to attend school, like any other child. As you know my daughter [REDACTED] attends a school away from home as a weekly boarder. She only receives the DLA care component for the days spent at home anyway. Families with disabled children face higher costs in their day to day lives such as extra heating, higher transport and housing costs, different types of food, extra clothing, more washing. Public institutions such as schools do not cover day to day living costs for families with disabled children.</p> <p>If the Government was to take into account the funding that disabled children receive in schools when calculating their entitlement to DLA, this would represent an erosion of the core purpose of DLA as an "extra costs" benefit which provides income to families with disabled children to help meet the unavoidable additional costs of raising a disabled child. Also, remember that families with disabled children are less likely to have 2 full time earners. Many are single parent families as the pressures of life with a disabled child can have a severe impact on relationships. Those that do manage to stay together often find that work, even part-time, is difficult to come by as one parent needs to be at home for holidays and for numerous hospital and doctors appointments. It is generally difficult to get childcare for a 13 year old, wheelchair bound, non-speaking child with cerebral palsy - can't just leave them at home watching a DVD at day!</p> <p>Aids and Adaptations: The Government's DLA consultation asks 'should the assessment of a disabled person's ability take into account any aids and adaptations they use?'</p>

Respondent Number	Response
	<p>It would be extremely damaging to financially penalise disabled children and their families for having suitable equipment - such as a wheelchair. It would reduce families' ability to contribute towards aids and adaptations that meet their child's wider wellbeing needs and that help that child live a more independent and ordinary life. It would also not take into account that having an aid or adaptation does not create a completely accessible society.</p> <p>I would draw to your attention that this could be deemed to be discriminatory - severely physically disabled children NEED to have equipment to give them a reasonable quality of life - it is not a lifestyle choice!</p> <p>Mobility component of DLA – residential care and schools: The Government's DLA consultation proposes to remove the mobility element of DLA from children in residential care or schools for more than 84 days a year.</p> <p>Disabled children should be able to spend time with their families and to lead an ordinary family life. They should also be able to spend time with their friends outside of school. This will not possible for many children and families without financial support due to the high unavoidable costs related to travel and leisure activities for disabled people. You must also be aware that families with wheelchair using children cannot drive around in a Nissan Micra - we need large, costly vehicles to carry all our equipment everywhere we go - popping to the shops in an expedition every time. [REDACTED] stays away from home for 4 nights a week during term time - we need an adapted car to get her to and from school - and she needs a social life outside school and to get to and from endless appointments. The adapted car we get part funded through Motability is one of the keys benefits we value. It keeps us as able to join in with life and we don't feel cut off from the rest of the world.</p> <p>I know the Government is still formulating its ideas on how they will modernise DLA for disabled children. I believe if the proposals in the DLA consultation were applied to disabled children then this would be very damaging for disabled children and their families. I would like you to raise my concerns with Maria Miller, Minister for Disabled People as she considers how to modernise DLA for under 16s. I would be grateful if you could keep me informed on your discussions with the Minister.</p> <p>I have copied in the DWP consultation coordinator in the hope that my views can feed into the Governments consultation on this issue.</p> <p>Thanks for taking the time to read my letter and I look forward to hearing from you soon.</p> <p>Yours sincerely</p>
EM1008	<p>I am the parent of a severely autistic 18 year old boy who is about to make his transition from school to adult services.</p> <p>My son has severe challenging behaviour which requires help through the</p>

Respondent Number	Response
	<p>day and night and is severely mentally impaired; his IQ has been measured at 34. Consequently he currently qualifies for the Higher Rate Component of both Care and Mobility. Through this he has the right to a Blue Badge which is a lifesaver and means that he can be taken out and has the opportunity to do things that otherwise he would not be able to do.</p> <p>██████ problems are life long and will not get any better; in fact they have got worse as he has grown up and got bigger and stronger. His behaviour prevents him from participating in many activities that most people take for granted and whilst he is encouraged to lead a full and active life, he is not able to access a great many things.</p> <p>██████ has extra costs associated with his impairment. Some examples are that he needs continence pads for night time use. He requires many changes of clothes as he can be incontinent during the day and therefore has to have extras over and above the amount normally expected. He requires 24 hour care and support to guarantee his safety. Chews his clothes and won't wear anything with the slightest hole or rip in it and therefore clothes need constant replacing. He needs a special diet to help with his hyperactivity.</p> <p>I firmly believe that the automatic entitlement to the benefit for the list in Annex 1 should remain. My son qualifies under the severely mentally impaired condition and whilst he is able to walk without pain, it is impossible to take him out due to his behaviours. He has no idea of safety and its effect on himself and others and he is unable to travel on public transport and no amount of independent travel training will enable him to do so. He therefore needs a car to transport him around and most importantly needs his Blue Badge to allow him to park safely and in close proximity to where he is going. A walk through a car park is fraught with danger to both himself and other car drivers. I also believe that all of the other conditions are both fair and relevant and should not be removed from automatic qualification of the award. To remove this automatic qualification for people like my son will be a form of discrimination against those severe mental impairments who can walk (and therefore run very quickly) and will favour those with physical difficulties only.</p> <p>The current claim form is a nightmare and is long and complicated. I believe a radical review of this form is due. When I last filled out the form three years ago, it was very hard for people with severe learning impairments to get their point across in the mobility section and was very geared towards those with physical impairments. This section needs to be looked at for those with severe mental impairment to be able to complete this form.</p> <p>The form is too long and takes hours to fill in. It needs to be restructured in a clearer and concise way.</p> <p>Supporting evidence should be sought from those who know the applicant</p>

Respondent Number	Response
	<p>well; this could be a GP, Hospital Consultant, Speech Therapist or anyone else with good knowledge of the applicant. Their views should be listened to and not disregarded by the Decision Maker as so often happens.</p> <p>Whilst I would be happy to take my son for a face-to-face discussion, this would be very stressful for him and he would become anxious and therefore could turn violent. I am not sure that this type of assessment would be suitable for autistic adults.</p> <p>Any review of benefit should take into account whether or not the condition is life long and therefore if it is going to improve. I am all for reassessment if the likelihood of an improvement is going to happen, but in many cases of those with a mental impairment this is not the case.</p> <p>DLA has been very helpful in getting access to other benefits, particularly the Blue Badge, without which my son would be unable to go out. It has also helped him to obtain Incapacity Benefit for Youth.</p> <p>I would be very happy if there was one form to fill in as this is a tedious process and the information tends to be repeated on all the forms. As a consequence, I would be happy for information to be shared between departments.</p> <p>I am most concerned about point 21 on page 15 of the consultation document. My son will be entering a residential care home later this year. As he has been in a residential school, the Care Component of his DLA has only been paid for time that he has spent at home during that time. However, the new proposals mean that his mobility component will now cease from 2012 which will have a major impact on how he is able to get around either by taxi or his own vehicle. I do not think that it is right or fair to expect overstretched care homes to fund this from their core fees which are being squeezed by cuts within Local Authorities and the NHS and I am therefore certain that these homes will not be able to fund the extra costs. The result will be that those affected by this will spend much of their time in their care home and will be unable to access the community which is a basic human right for their health and well being. Why should they be denied what able bodied people take for granted. Life is hard enough as it is and I would urge the Government to reassess this cut in benefit and concentrate on those who abuse the system rather than those who really need it. If this goes ahead, I would expect a challenge to be mounted to see if this is indeed lawful.</p> <p>I do hope my points above are taken into account.</p>
EM1009	<p>Dear Sir</p> <p>The planned removal of Disability Living Allowance (DLA) mobility component for people living in residential care.</p> <p>The Comprehensive Spending Review announced the government's proposal to remove the mobility component of DLA for people who live in residential care. The mobility component of DLA provides support to people who need help getting around and helps them to leave their home</p>

Respondent Number	Response
	<p>independently and participate in everyday activities that many people take for granted, such as meeting friends or attending a leisure centre.</p> <p>This money is essential for people living in residential care to ensure they get the personal support they need and are able to get out and take part in activities they enjoy and live a fulfilled life. This mean spirited proposal will hurt the most vulnerable in society the most.</p> <p>I am deeply concerned at the government's refusal to accept that the removal of the mobility component of Disability Living Allowance (DLA) for people in residential care contradicts its stated goal to protect the independence of disabled people. The decision has been based on an assumption of 'double funding', which is simply wrong.</p> <p>The 'Don't limit Mobility' report, produced by 27 charities and organisations, shows that the plans will have a huge impact on people who currently rely on this benefit to be able to access their local communities. Removing the mobility component of DLA will reduce equal opportunities and restrict participation in family, social and cultural life for almost 80,000 disabled people living in residential care.</p> <p>While I understand the need to reduce the deficit, the government has promised cuts that are fair and proportionate, and this is anything but that. It is based on assumptions about funding that do not stand up to scrutiny. Evidence has shown that there is no 'double funding'. If the government still refuses to accept the evidence, it must produce its own evidence to prove 'double funding' exists.</p> <p>I urge you to consider the recommendations laid out in 'Don't limit Mobility' and protect the mobility component of DLA for people in residential care.</p> <p>Yours faithfully</p>
EM1010	<p>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</p> <p>1. What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives?</p> <p>Your response:</p> <p>Access issues. Attitudes to disability in general. Lack of understanding surrounding the awareness of disability. Cost of living expenses. Some disabled people need specialist equipment and accessible transport. Poor provision of personal care services. Poor respite facilities. Cost to buy in care and support is too expensive. Stuck in the benefit trap. Access to work provision is inflexible and any assistance is complicated for both the employee and employer. Lack of understanding e.g. where public transport is available disabled people cannot access it because of the significant distance to the bus stops. Cost of care too expensive, Lack of Disabled Facilities Grants. The problems and barriers are as diverse as the disabilities people suffer from. Problems for deaf people for example include communication difficulties, no access to BSL interpreters, inability to ask for directions (many do not speak) difficulties ensuring their own safety when crossing</p>

Respondent Number	Response
	<p>roads for example. Those with limited mobility, however caused have difficulties getting from one place to another, limited or no access to mobility scooters, limited places/areas to sit and rest, difficulties in accessing buildings to name but a few. Some with mental health conditions simply could not access society at all without the assistance and encouragement of their carers.</p> <p>Society continues to be a discriminating place for disabled people and rather than getting better, it appears to be getting worse with the relentless attacks from central government and the media on the relatively few people who abuse the system resulting in able-bodied people tarring all disabled people with the same brush.</p> <p>2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?</p> <p>Your response:</p> <p>Low rate mobility should stay. High rate mobility should stay for people who cannot walk at all. There should be a middle rate for people who can walk but who have limited mobility. All care rates should stay the same. There should be 3 rates.</p> <p>The middle-rate care component should absolutely stay. To remove this component will inevitably lead to the majority of those currently in receipt of it being moved to the lower rate.</p> <p>This will have a significant impact on those who require constant supervision to ensure their safety. Without this component those with mental health conditions are less likely to be able to access society in general as without a carer to accompany them they would be at risk. A significant number currently in receipt of the middle-rate are unable to identify dangers, may be likely to wander, are overly trusting placing themselves in potentially vulnerable situations and more likely to lose concentration, get side tracked and potentially become lost.</p> <p>Those whose physical conditions are such that they need frequent attention throughout the day but are able to sleep comfortably throughout the night will also no doubt be moved to the lower rate. This will again significantly limit the care they are able to afford, in turn limiting the opportunities outside their home. Care component does not just take account of the assistance needed within the home but the personal care/supervision assistance needed on accessing the community too.</p> <p>The fact is that it is significantly more difficult for a new claimant to secure an award of this benefit now than it was even 3 or four years ago. We do not accept there needs to be any changes in the current criteria at all.</p> <p>However, we accept that “virtual inability to walk” is a stringent test, intended to assist those with extremely limited mobility in gaining an award of the higher-rate mobility component. Since the lower-rate only covers</p>

Respondent Number	Response
	<p>those that need guidance or supervision when walking outdoors, we would suggest two alternatives.</p> <p>The first and preferred option would be to create a middle-rate of the mobility component. The current mobility component does not recognise the significant difficulties and additional costs faced by those who are able to walk but are limited unless they are limited to approximately 30 metres. We suggest a middle-rate could be created to recognise the difficulties faced by those who can walk, perhaps up to 100 metres, but no further. The problems faced by this group are that they still need to access private transport or taxis rather than buses for example, still require wheelchairs or mobility scooters when going out for any length of time and there are limited facilities to sit and rest leading to the use of cafes for example to recoup their strength.</p> <p>The second option would be to expand the current low-rate criteria to take in those who have limited mobility and are unable to walk approximately 100 metres.</p> <p>It appears bizarre to us that the heavily criticised ESA assessment rightly recognises limited mobility up to 200 metres awarding points for the same yet DLA, which can actually assist in the additional costs involved does not.</p> <p>Finally, the current conditions that trigger automatic awards should remain. To expect those dealing with laborious treatments such as renal dialysis and those who are both blind and deaf to undergo further assessment is in our view unnecessary, arbitrary, administratively costly and completely dispassionate.</p> <p>3. What are the main extra costs that disabled people face?</p> <p>Your response:</p> <p>Heating, lighting and daily living expenses. High cost of care and equipment to assist with daily living. Medication, transport, domiciliary care costs. Carers, transport, specialist equipment for the home, alterations to their home, particular dietary requirements, travelling costs to appointments, specialist centres, the list goes on.</p> <p>4. The new benefit will have two rates for each component:</p> <ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>DLA has evolved over the years through case law and if you radically move from the model that exists today you will just cause more confusion and in long term it will cost more money to administer. Clear concise guidelines</p>

Respondent Number	Response
	<p>are what is needed. There should be 3 rates because of peoples needs i.e. 1 Supervision 2 Day and some night time needs 3 Day and night time needs</p> <p>It will no doubt result in the majority of those currently in receipt of middle-rate care component losing this and being moved to the lower rate. Not only will they then lose any additional premiums they receive in relation to other benefits, but it will have additional consequences in that any family-member currently caring for them and receiving Carers Allowance will also lose that benefit along with the additional premiums currently added to any means-testing for other benefits such as housing and council tax benefit.</p> <p>There is also a real danger that those with mental health conditions will face significant difficulties and potentially be placed in a dangerous position without the constant supervision they require. For example, as a result of the more stringent assessment process already being implemented by the DWP, in the last three months alone, two of our client's have attempted suicide as a direct result of losing their DLA. They have been detained under the Mental Health Act and their benefit has now been reinstated. But is it really necessary for a client with long-term, diagnosed mental health conditions to be forced to undergo assessment when evidence from a GP illustrates the condition is unchanged? Do we really have to see complete mental break-downs and suicide attempts before we start to believe the claimant?</p> <p>If the current clamp-down on claimant's and the recently implemented stringent application of the assessment is in any way geared towards the proposed new system, it is deeply concerning for all. Finally, if medical assessment is going to be compulsory, the contract to carry out these assessments should go to an organisation other than ATOS; their record with our clients is questionable at best.</p> <p>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?</p> <p>Your response:</p> <p>Of course applications under the special rules should automatically be granted and certain conditions should also mean automatic entitlement such as paraplegia, quadriplegia, blindness and deafness.</p> <p>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?</p> <p>Your response:</p> <p>Disabled people need to have the maximum support available to them when accessing local services whether it is through social services or</p>

Respondent Number	Response
	<p>through the voluntary sector. Affordable services are essential and maximising income plays an important part.</p> <p>Being unable to access the outside world due to physical or mental disabilities leads to further isolation, frustrations, depression and anxieties. So it is essential we enable people to access the wider community. However, how will they be able to do that if they are unable to wash and dress themselves, prepare themselves a meal, and go out alone due to significant anxiety? So help to assist people in their personal care is as essential. Without one, the other is almost impossible. The help claimant's currently receive is not a luxury or a desired optional extra, the help is essential simply to maintain a basic standard of life and a little dignity, anything above that is already provided for the majority outside of the benefit concerned by their loved ones.</p> <p>7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?</p> <p>Your response:</p> <p>By listening to the disabled community and working with disability organisations and health professionals to consider how a condition affects a persons needs. Everybody's needs are different and a purely objective assessment will lead to the effects of conditions such as Fibromyalgia, MS and Chronic Fatigue Syndrome not properly being considered. Individual stamina, pain thresholds and ability to pace themselves are a necessary part of the assessment process in these cases and can surely only be subjective.</p> <p>When evaluating evidence Decision Makers should give more weight to the medical professionals treating these claimants rather than just rubber stamping ATOS and EMP reports.</p> <p>Besides personal care, disabled people require domiciliary care and help to go out for social activities. Regular review periods</p> <p>8. Should the assessment of a disabled person's ability take into account any aids and adaptations they use?</p> <ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>A common misconception is that aids and adaptations mean a need is now met and so no assistance is required in that regard. This is untrue. Many people have aids/adaptations but still require assistance to use them or simply cannot get used to them. Other aids, while assisting with one problem cause a number of others making the use of the relevant aid unreasonable.</p>

Respondent Number	Response
	<p>Only those aids the person already has should be included and only then when it is clearly evidenced that the person no longer requires any assistance in relation to it.</p> <p>9. How could we improve the process of applying for the benefit for individuals and make it a more positive experience? For example:</p> <ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>In the claim package there should be a help leaflet to assist in completing the questions. These should allow people to understand the criteria. The existing questionnaire is ineffective. The questions are not sufficiently specific and are open to wide interpretation.</p> <p>The current claim form is a minefield yet there is a danger that by simplifying it, valuable information will be lost. Claimant's with little or no knowledge of the benefit system often answer the questions literally, as they are set out, so it is crucial that the wording of the questions adequately reflects the statutory criteria they need to meet. On balance, the claim form should not stray too far from that already existing and must ensure the questions adequately represent the qualifying criteria.</p> <p>10. What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this?</p> <p>Your response:</p> <p>As a general rule, when a claim is straightforward there should be no necessity to wait for supporting evidence. This should only be a critical factor where there are questions over the claim which only a health professional can support or deny.</p> <p>Reports and test results from the clinicians currently treating the clients will provide the most reliable evidence. The specialists involved in the persons care should also not be overlooked. So heart failure nurses, MS nurses, physiotherapists and CPN's should not be considered a less authoritative or qualified person to comment since clients are often discharged by their consultant into the care of these specialist support staff as a result of no further interventions being possible. A person's own GP should also be better consulted.</p> <p>11. An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.</p> <ul style="list-style-type: none"> • 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?

Respondent Number	Response
	<p>Your response:</p> <p>Where there is clear evidence provided by medical professionals, a person should not be forced to attend a HCP “discussion”. It is unnecessarily intrusive and causes extreme anxiety for a substantial majority of claimants. They have often faced HCP's in the context of claims for other benefits such as ESA and Incapacity Benefit and are often appalled at the resultant report. A distinct distrust of HCP's now exist among claimants and will inevitably lead to further distress for them.</p> <p>If a face-to-face interview MUST be required then this should be in a claimant's own home and the contract for such should be put out to tender. ATOS currently lack credibility, illustrate a dispassion, lack of empathy and complete lack of understanding for some conditions. They appear unable or unwilling to listen to what the person is saying, regularly recording untrue and/or misleading statements from the claimant. In the case of those suffering mental health conditions, these interviews/assessments MUST be carried out by an HCP specialised in mental health conditions and statements from carers/family members should also be recorded in these cases.</p> <p>12. How should the reviews be carried out? For example:</p> <ul style="list-style-type: none"> • 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? <p>Your response:</p> <p>Decision Makers should decide the length of the award depending on the evidence in the claim pack. Give the Decision Makers the confidence to use their discretion.</p> <p>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?</p> <p>Your response:</p> <p>People do not understand the present system. By changing it so radically it will only cause more confusion and less reporting of changes to circumstances. Ensure that a leaflet is available to specify what a change of circumstances is and ensure, for example, it is available on hospital wards. Additionally, a periodic reminder may assist so for example, the leaflet could be automatically sent out half way through the award or every six-twelve months for example.</p>

Respondent Number	Response
	<p>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?</p> <p>Your response:</p> <p>Access to free, impartial advice is crucial to support claimant through the application and potential appeals process. So sign-posting to local organisations at the point of requesting a claim pack would be very helpful. Additional signposting might include information on other potential benefits, local authority services and other charitable organisations.</p> <p>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?</p> <p>Your response:</p> <p>Absolutely not. Those who you describe as a minority of claimants who do not take action are probably the most vulnerable! No-one chooses to live the restricted lives these people find themselves in. The question itself illustrates the complete misconceptions those unaffected hold of certain groups of disabled people. It is offensive, discriminatory and goes against any fundamental principle of human rights and personal integrity.</p> <p>Each individual has their own, very real reasons in not accessing potential support. Every able-bodied person has a right to refuse medical treatments (whether physical interventions or counselling, access to aids and adaptations, etc) and if we are to treat those with a disability differently, that is discrimination.</p> <p>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?</p> <p>Your response:</p> <p>Funding is mainly through social services and health once a need has been identified. Other services e.g. Charities, Motability and Access to Work (if in paid employment) and self-funding.</p> <p>No PIP should not be used for one off costs.</p> <p>17. What are the key differences that we should take into account when</p>

Respondent Number	Response
	<p>assessing children?</p> <p>Your response:</p> <p>On the claim form evidence from a professional should be compulsory and if this means paying a GP to provide the report then it should be mandatory. No child should have to go through a face to face interview. The proposals show an intention to exclude any assistance provided to children through a SEN assessment and therefore any assistance provided at school. You need to take account of the fact that despite any individual assistance provided through the LEA's, parents and carers still have a considerable role both in the process of getting the SEN assessment and in assisting the school to implement the provided additional assistance to maximise the benefit of such for the individual child concerned.</p> <p>Some children with identified needs find they are unable to cope with school environments and are placed on part-time timetables, requiring significant care again for the parent/carer including additional costs of travelling to and from school much more often.</p> <p>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?</p> <p>Your response:</p> <p>It has played a significant role in providing access to other benefits and services and the present system should only be tweaked rather than changed beyond recognition. The current passporting arrangements are crucial in assisting disabled people, not least to pay for care. To improve the passporting arrangements, they should be given statutory effect. Some services are provided simply because a claimant is able to say they are currently in receipt of DLA. Providers are willing to accept that as proof that their own qualifying criteria would be met. Giving these statutory effect would assist.</p> <p>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?</p> <p>Your response:</p> <p>If entitlement to Carers Allowance is affected (which is inevitable if the middle-rate is removed as proposed) we may see more families forced to make the difficult decision to place their child or loved one in care to ensure they are able to meet the claimant's needs. Further pressure will be placed on local authorities to provide adequate care when they face unprecedented cuts in funding. The entire system might well collapse.</p> <p>DLA is one of the only sure things disabled people have felt able to rely on. For other benefits and services they face constant assessment and</p>

Respondent Number	Response
	<p>reassessment, constant pressure to present more and more evidence to support their claims on renewal leading to further pressures placed on GP's, Consultants and other specialists. They feel, and are, targeted as burdens to society and now the only source of financial assistance available, free from means-testing is also under threat. In our opinion, the only option and the right option is to Leave DLA alone.</p> <p>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?</p> <p>Your response:</p> <p>ESA and DLA and IIB all are dependant on different criteria. Decision Makers should be allowed to make their own decision as to a person's suitability for that particular award. It would be only marginalise disabled people more.</p> <p>The statutory criteria for the different benefits requires different assessments. They are completely different both in terms of their intended purpose and the activities they are intended to support. You cannot have it both ways, either DLA/PIP IS NOT an earnings replacement benefit or it is. To decide an award for DLA based on a WORK-BASED assessment is to say, "If you are able to work, you do not qualify for DLA." It really is that simple.</p> <p>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?</p> <p>Your response:</p> <p>Removing automatic entitlement is in our opinion an infringement on a person's Human Rights, by subjecting them to unnecessary intrusion of their personal dignity.</p> <p>22. Is there anything else you would like to tell us about the proposals in this public consultation?</p> <p>Your response:</p> <p>Leave it alone and listen to disabled people. If you get it wrong you will disadvantage a significant number of disabled people.</p> <p>We understand the problems identified with regard to the number of claimant's currently receiving DLA and understand that case law has developed and widened the pool of people who may now qualify through interpretation of the relevant provisions. We know this probably was not what Parliament initially intended when bringing in the relevant legislation and regulations. But changing the entire system beyond recognition will only serve to increase administration of the benefit with unprecedented appeals (such as we have seen with ESA) and unnecessary, unjustified and completely intrusive assessments.</p>

Respondent Number	Response
	<p>Your entire working model appears to be based on firstly, a view that objective evidence is the best evidence and secondly that advances in medical interventions, adaptations and changing social attitudes, due in part to the Equality legislation, mean that the barriers perceived in 1992 no longer exist or no longer present the same level of barrier. We wish this were true.</p> <p>Despite legislation to ensure access to services, still disabled people are unable to access even basic services. Shops have steps, isles not wide enough, toilet facilities are significantly lacking, appropriate rest areas in town centres are none existent and bus stops too far apart to use to name but a few.</p> <p>I hasten to add that although we felt strides had been made in raising awareness of disability, the current Government policies have already managed to set social attitudes against disabled people in general, who are now viewed, and feel, a burden to society and feel a constant need to justify the slightest assistance they receive.</p> <p>I cannot believe this was intended but it is the net result of current policy coupled with persistent negative press and things can only get worse the more you choose to highlight the tiny minority who abuse the system. By all means, legislate to close any loop holes, to tighten the criteria to cover those it was intended to assist and where there are genuine concerns regarding an individual's application, require a medical assessment. In other words, tweak the current system and protect the majority of claimants from the minority. To overhaul the entire system is to punish and marginalise the majority for the sins of the relatively few minority and risks serious consequences to an envisaged inclusive, non-discriminatory, compassionate society.</p>
EM1011	<p>Our son [REDACTED] is profoundly disabled and is due to lose his mobility allowance unless he leaves his residential care home as we understand the Government's intentions.</p> <p>We and he have been happy with the present arrangements and to make arrangements for the change would be a huge undertaking with no guarantee that he will be any better off as a result.</p> <p>The withdrawal of his entitlement to mobility allowance will mean among other things, that he will not be able to visit and see his 102 yr old grandmother who lives 300 miles away, as he did last year.</p> <p>He also will be unable financially to access the community services which considerably enrich his quality of life.</p> <p>Has the government made any alternative transport arrangements for these extremely disabled people?</p> <p>Yours sincerely</p>
EM1012	<p>Disability Living Allowance, Mobility Component. Government announcement of intention to withdraw this benefit from people living in Residential Care.</p> <p>I am extremely concerned that the government, in bringing forward this policy, has failed adequately to understand the importance of this benefit to</p>

Respondent Number	Response
	<p>the health and mental welfare of many many Learning Disabled and severely Physically Disabled people, OF ALL AGES (not merely the elderly infirm) who live in residential care. They live in care homes not from choice, but because they are too disabled to be cared for in any other way. But “living” implies a need and an ability to access the Normal Life outside a care home.</p> <p>Mr.Duncan - Smith, when interviewed on the World at One when the Consultation was announced suggested that recipients of this benefit ,as a general rule, did not necessarily need it to assist them to travel about , since , if they went out at all , (which many did not very often , he seemed to think) this was usually with transport arranged by the Home in which they lived , and largely catered for in the fee package paid by the relevant Social Services sponsor This a completely flawed assumption, and has produced an unjust decision to withdraw this benefit in its entirety . Please reconsider it.</p> <p>I am particularly concerned with its withdrawal from people on Higher Rate Mobility Allowance, and wish to suggest that, in the exceptional life circumstances they face , that they be excluded from these plans, and allowed to keep their mobility allowance in its present form, whatever name it is in future to be given!</p> <p>What was the evidential basis for the Secretary of State’s assertions about the lack of continuing need for this particular benefit by severely Disabled people.? All people with disabilities, needing help to get about, cant be lumped into one category Its withdrawal from those who are on Higher Rate DLA is exceedingly troubling, because these are the people who, by definition have no ability to get about unaided, and many of whom are forced by their grave disabilities to live in residential care for their whole lifetimes. They don’t CHOOSE this way of life. Their circumstances impose it and their choices about HOW to live their lives are severely curtailed ,</p> <p>What information will be before the Secretary of State about precisely how this money is used by such recipients, (who have little or no capacity at all to walk or get about unaided,) to deal with even the simplest normal daily needs like shopping, travelling to visit family , going to church, or the pub, or going away on even the most modest of holidays ?</p> <p>What evidence will be before him about how the withdrawal of this benefit might affect their health, and the lives and health of those who care for them and have to assist their travel to access the normal things in life?</p> <p>Does the Secretary of State understand that without the mobility component to facilitate the purchase and servicing of specially adapted vehicles, hoists , slings , and wheelchairs many people on Higher Rate DLA mobility component in Residential care COULD NOT PHYSICALLY GO OUT AT ALL, for any purpose , (whether in receipt, or not, of Social Services funding for “ essential travel” – to the doctor or dentist or hospital.)</p> <p>I have 31 years of first hand experience of caring for such a person. My 31 year old son ██████, (who suffers from a genetic disorder causing gross physical and mental impairment,) has no speech, no ability to weight bear on his feet, is wheel chair and hoist bound, is doubly incontinent, low intellectual capacity and has to be fed on liquidised food. However, he has a long life expectancy, lively “locked in” intelligence, is extremely sociable and attractive, and is (very happily) accommodated in a private residential</p>

Respondent Number	Response
	<p>care home, with (most) costs met by his sponsoring Local Authority Social Services. He is entitled to Income Support and DLA Mobility Component at - obviously – the Higher Rate .</p> <p>Have people such as ██████ REALLY been assessed by the DWP as unlikely to need to go out much?!, and trhen only for essential trips to the doctor etc?</p> <p>██████ formal annual Care Plan states that he has a CRITICAL NEED (as might any young male of 30) to be able to access pursuits outside the care home, such as swimming , going to football, to the pub, to church, to the cinema, having a holiday, in order to ensure that he is stimulated, motivated and does not become depressed (a familial ailment). His nearest family live an hour away by car and regular trips to see them and maintain family contact are said in his Care Plan to be essential to his welfare. He needs, of course to make regular trips for medical and dental attention and is enabled, by saving up part his Mobility benefit, to travel on holiday once a year. Not a lot to ask.</p> <p>If he no longer able to afford to access such things, or to take occasional holidays, his health will undoubtedly be affected and he will end up becoming a charge elsewhere on the system in the NHS. Those who care for him will inevitably be affected by these curtailments as well, with consequent added stress to their lives and health. HE IS VERY HARD WORK to move about . This needs financial help!</p> <p>If he takes a holiday, he has to have a specially adapted motorised wheelchair and pay, not only for himself, but also for the cost of his 24 hour Carer to go as well . Obviously.</p> <p>Without saving his mobility allowance he could never do this, nor go to the Cinema or to football or to stay with a friend sometimes, or to go on a day trip to see the lights at Christmas. Things you take completely for granted however poor you may be. Not exactly a ritzy life style, but one wholly enabled by the DLA Mobility benefit.</p> <p>True it is, that the costs of transport for a number of these essential activities- such as doctors visits, home visits and some leisure trips out, are factored into his Fee Package and provided by the Home. But many are not, and need to be paid for by ██████ himself, from his Mobility benefit. But Life is not JUST about trips to the hospital!</p> <p>If this benefit is removed from him, he will no longer be able to access many of the most basic “travel” needs to make the most of his otherwise very limited life, nor take holidays. There is NO QUESTION that someone as disabled as ██████, who is young and healthy save for his disabilities, must be to be able to get out and about on a daily basis. It is not a choice, or a luxury, or an option to be done without when “times are hard.” It is a very basic human necessity for someone of his vulnerability and helplessness. Many, many people in care homes have lives similar to ██████, and very, very similar needs. Please - you must understand a whole lot more about such people’s lives before announcing apparently arbitrary policies seriously disadvantaging them. They are disadvantaged enough already.</p> <p>I fear that some very basic misunderstanding, informed only by anecdote and not by research must have occurred here, about what Mobility Allowance MEANS to its recipients - especially to those who are totally</p>

Respondent Number	Response
	<p>disabled and on Higher Rate. I cannot believe that this Compassionate Conservative- Liberal Coalition really intends the sort of consequences implicit in withdrawing this benefit from people in THE most vulnerable section of the community it is possible to imagine.</p> <p>Please reconsider this unjust policy soon. The most charitable thing that can be said of it is that it was made too hastily, in the context of many many other difficult decisions needing to be made at double quick speed to reduce our national deficit.</p> <p>But people like ██████ are absolutely the least to blame for “the state we are in”and the least able to argue their case! They deserve another thought or two.</p> <p>Dont jmove the Mobility Component chairs around the Titanic’s deck so they just fetch up on the desks of the Social Workers, and on the Budgets of the Local Authorities . This is a completely futile and arbitrary gesture. PLEASE MAKE AN EXCEPTION FOR HIGHER RATE MOBILITY RECIPIENTS AT THE VERY LEAST</p>
EM1013	<p>Removing the mobility element of DLA and paying a sum to the care home</p> <p>It has been suggested that “mobility for the disabled” is the responsibility of Local Authorities. We all know that their budgets are stretched to the limits. They outsource to voluntary organisations to provide essential services – mainly for the elderly to get to hospitals and GP appointments. They too struggle for funds to purchase vehicles. How will they provide enough transport to include disabled people who merely wish to visit family?</p> <p>I believe that all benefits should be reviewed, but for some people this will be a useless exercise, their condition will always render them vulnerable and in need of support to access all that the rest of us can manage independently.</p>
EM1014	<p>The following comments are submitted as part of the ongoing consultation, as a sibling of someone affected.</p> <p>While I welcome the review of DLA however, there are serious problems arising from the loss of mobility component of DLA . Its removal is counter-‘personalisation’ for adults with learning disabilities, like my sister Anne, who need a supportive registered residential care environment.</p> <ul style="list-style-type: none"> • Residential care for adults with learning disabilities is vastly different to that required for elderly persons Elderly care supports those nearing the end of their lives, who are at a 'winding down' life stage. In contrast, adults aged in their 20s-50s need to be engaged in a wide range of opportunities in the wider community. <p>Since the age of 32 ██████ has lived in a sheltered village community, run by the charity Self Unlimited (formerly C.A.R.E.) which has offered her as full a lifestyle as she is able to enjoy. Previously she grew up in our family home. Because of her intellectual disabilities, she can display challenging behaviours, and it is this which is often a limiting factor. She enjoys going shopping on foot, attending varied activities, going out for meals and taking part in short guided walks run by the charity which supports her. Her</p>

Respondent Number	Response
	<p>support needs include car travel to places where she can take part in these normal activities, as public transport is unrealistic and unworkable, and would be so even if she lived in a more 'urban' location. Her home, is in a semi-rural location...(see map below), but near to a pub, and bus stop (20 minute walk for a person without disabilities) As ██████ walks awkwardly, and can display challenging behaviours, her mobility needs are more related to her intellectual disabilities than poor limb function. She receives currently the lower level mobility component of DLA, which the charity uses to fund transport for such leisure, training and enrichment activities.</p> <ul style="list-style-type: none"> • If the DLA mobility allowance component for learning disabled adults in residential care is cut, the fee charged to LAs will have to increase by the same amount and until this can be negotiated at a national and individual level the benefit should be preserved for this particular group. The antediluvian funding system for residential care, which gives its clients and providers few rights, and directly denies 'personalisation' must be reformed in order to make up the deficit. The fee charged by my sister's charity, has historically, not kept pace with inflation or changing philosophies of care/support. It is supposed to cover most activities and day to day living. (like an 'all in one' holiday option) However, it cannot not cover transport other than for essential appointments e.g. GP, dentist. The main reason for this its postcode link to Local Authorities and their non regulated, non ring fenced, approach to funding. <p>Like many voluntary providers with a national or at least regional 'catchment', my sister's charity provides its services for many local authorities, and has to negotiate the fees individually, and re-negotiate them annually. They vary greatly. Some cover full costs, most do not. New placements are negotiated at much more realistic fees, but what of those which have lagged behind? Few charities have significant resources to put into arguing their case, and less still for legal action. My sister's fee level is an example which proves this point.</p> <p>██████ placement is funded by Cheshire West and Chester . I understand they currently pay only £466.65/week, with an additional £69.90 which includes the mobility component. This year CWAC attempted to impose a cut of 3.75% upon this already very underfunded fee. How on earth, in these circumstances, can the loss of the DLA mobility element be permitted, when a local authority is already refusing to meet its obligations? The basic fee, which should be paid at a minimum of £675/ week, even if paid in full, only covers 'essential' travel, e.g. to the GP. Without the mobility component of DLA, my sister's life would be very much restricted and would become more institutional.</p> <ul style="list-style-type: none"> • 'Out in the Community' policy is already leading to extra transport costs. It is deeply unjust to remove the mobility component because a change forced on a charity's operating model by govt (and particularly the host local authority, Lancashire) has resulted in result in extra transport costs which cannot be met from of the existing fee.

Respondent Number	Response
	<p>Recent policy for people with disabilities promoted 'out in the community' provision at the detriment of residential. Responding to this, my sister's support charity has already moved many of its activities off the residential site .e.g. the pottery was relocated to a country park...15 minute drive away. There is no easy way of accessing such activities by public transport and personal transport is now needed for activities which used to be onsite. A group minibus doesn't meet these needs, as everyone scatters to their choice of activity over the wider area....isn't this is what personalisation should mean? But 'personalisation' increases transport costs!</p> <p>I trust the current administration will not penalise further the not-for-profit organisations which care for the most vulnerable, whose fees are already cut to the bone.</p> <p>I am happy to be contacted for further input.</p>
EM1015	<p>I am somebody who works as a Senior Mental Health Practitioner in the Exeter Assertive Outreach Team. My professional qualification is that of an occupational therapist.</p> <p>A significant number of those people referred to the assertive outreach team have a dual diagnosis of a severe psychotic illness and significant substance misuse. Many are in receipt of DLA and do not spend the money awarded to them on goods or services that assist them with their care and mobility needs. In fact the DLA award allows them to purchase copious amounts of illegal substances that hampers their recovery and causes them to neglect themselves to the point where they become malnourished, in arrears with their rent and utility bills and frequently homeless due to these financial difficulties and neglect.</p> <p>I would ask you to place a responsibility on recipients of DLA and its successor to spend the money for the purpose it is awarded for or have the award withdrawn. In my experience DLA merely exacerbates problems rather than mitigate them.</p>
EM1016	<p>I work for a CIL in London on benefits advice and have a background in mental health.</p> <p>I think savings could be made in no longer having the low mobility component of DLA which is often awarded for Mental Health issues which really don't necessarily effect mobility. This saving could then be used to boost the component for those who do have a serious mobility problem.</p> <p>I see a lot of people from overseas...particularly Africa and the middle east who have been primed as to how to fake schizophrenia claiming that they have a long history of mental illness but that they have left their medical records at home as they had to leave in a hurry. Either we have more contact with medical authorities in other countries to sort this out or no DLA for mental illness should be given out without proof. Unfortunately, psychiatrists seem vulnerable to pressure from this group and are often too willing to take patients word when it comes to past history. Perhaps professionals could be made aware of the waste of resources that this fraud is causing.</p>

Respondent Number	Response
EM1017	<p>I have read the proposals & agree that there should be reform to the DLA.</p> <p>It should be means tested.</p> <p>Why can individuals who are registered as disabled draw DLA & draw above average wages from a co. That they own. People who are able to work or manage their own businesses & get at least min. Wage should not be getting DLA.</p> <p>The money available needs to go to those who are unable to work due to their disability & have no other stream of income.</p>
EM1018	<p>Re the Disability Living Allowance reform, please find below some of my personal and not organisational thoughts.</p> <p>The idea is sound to review DLA as there are many people who are in receipt of this benefit who are more capable than they present.</p> <p>As in many benefits the focus at times can be on physical health and the issue of Mental Health is often overlooked and not understood. Therefore training or experienced Mental Health practitioners are required to be involved in these face to face interviews. This will ensure those who need the most help receive it.</p> <p>The forms must also have more open questions to enable people to expand their answers; some current forms that ask about an individual's health are full of closed questions.</p> <p>Interesting to see the use of a person centred approach at last as the one size fit all approach penalises some of the most vulnerable and deserving within the benefits system.</p>
EM1019	<p>the proposals seem on the face of it quite good but as with most other things the devil is in the detail</p> <p>i am sure there are some people who do not deserve to get DLA and i welcome any efforts to weed them out but for those of us that are genuinely disabled following a condition over which they had no control any reduction in the rates should be contrasted with its effect</p> <p>in my case i had a stroke which left me without any balance or function in my right arm or vision in my left eye</p> <p>because of the action of the RAF benevolent fund i have a stair lift and care for my two eldest daughters but they are on the verge of leaving home. Without DLA then i will be a prisoner in my own house and i may as well go into a home but that will involve the tax payer in a far greater expense</p> <p>thankyou</p>

Respondent Number	Response
EM1020	<p>To whom it may concern,</p> <p>I am an Occupational Therapist working in Social Services within Adult physical Disabilities. I also have a son and Brother in law who has Aspergers . My son receives DLA, but my brother in law does not.</p> <p>There are several aspects of this proposal that I welcome:</p> <ul style="list-style-type: none"> • I am pleased that you will be involving Health Professionals in the assessment process. As an OT I feel that our profession would be very well suited to carry out this assessment as assessing a person's ability in daily living tasks is our "bread and butter". I understand that COT are liaising with your Dept in this matter and hope that you will use OT's as your primary source of assessment. However if you plan to do this via OT's currently employed within Social Services I hope that appropriate funding will follow as this would be a huge increase to our case load. • I am pleased that you plan to recognise the aids and adaptations that a person may have as this can substantially increase a person's independence. • The sharing of information with other forms of support could be of great benefit and it good sense. People get fed up with giving the same information over and over again. <p>I do have a few concerns as well:</p> <ul style="list-style-type: none"> • If you only have 2 levels of the Care component and you are meeting the needs of the most severely disabled this would suggest that those who currently receive the lower rate will no longer be eligible. These are often the people who are also not eligible for Social Services support, especially as many Local Authorities are now only meeting the needs of those with "Critical" needs (as per the so called Fair Access to Care which is incidentally anything but fair!) Those who require assistance with Housework, shopping and Laundry will fall between 2 stools and will get neither PIP nor assistance from Social Services. In fact these are the very people who need the financial assistance most as they have no way of paying for these services and cannot do themselves. Many do not have family or friends that can help. Generally those with the highest needs are having their needs met by Social Services. • I am also concerned this new benefit may be even worse than the DLA for serving the needs of those with Mental Health issues and Social communication disorders, such as my son and brother in law. My brother in law has already been turned down for DLA despite the severe restrictions he has to leading a "normal" life. He cannot cope with the idea of appealing as he found the whole application process traumatic enough without having to go through an appeal! • I think that the Benefit should take into consideration the additional costs that having that Disability incurs. For example, my son has sensitivity to certain materials and I have to carefully buy and wash many times over his clothes before he will wear them. Even then clothes are often unworn because they "itch" and so I spend some of my allowance on more clothes

Respondent Number	Response
	<p>than most children! If someone is unable to clean or shop, then they need money to pay someone. If someones disability means that they have to keep warm (e.g Arthritis) then they need money for additional heating. therefore the assessment form should revolve around a person's additional costs rather than what they cannot do. If a carer paid by Social Services come to assist with personal hygiene then they do not need money for this. If they have a level access shower which means that they do not need help then they do not need money for this task. Some consideration would need to be given to those who do not qualify for Social Services help due to the financial assessment or have to contribute to their care. Whilst it would not be practical to have different amounts for everyone, the form could be geared so that these issues are catered for and allowed for in the levels of Benefit.</p> <p>I hope you will bear these comments in mind.</p> <p>Yours sincerely</p>
EM1021	<p>I am in total support of your position.</p> <p>Please send me your final response to government.</p> <p>Kind regards</p>
EM1022	<p>Reform of the DLA is long overdue.</p> <p>There are too many parasites receiving this benefit, I know of 'lead swingers' who forget which leg to limp on and blue badge holders who manage 2 hours of snooker on their feet.</p> <p>The appraisal boards seem to make their decisions based on interviews. The, highly paid GPs, must take more responsibility in identifying and reporting the fakes.</p> <p>Only genuine claimants must be fully endorsed by their GP and if not why not?</p>
EM1023	<p>Hi there,</p> <p>Have read the document and have some reservations. I have a slightly different take on it but one which I believe will save a lot of money. What got me thinking was that there is a need to save/reduce spending given that it was not design intended to be open to so many people. At the same time you do not want to have x amount of people angered – with a feeling that they have been wronged etc. People do see DLA as income and in some cases I can understand this given that life on benefits is not great and given some individuals disabilities I ask myself should they have to live at or around the poverty line. However, I am a firm believer that people in receipt of DLA – including myself – should be utilising the money to promote wellbeing/participation within society. So I have a plan. One in which you could save up to 40-50% of payment (potentially). It is simple and fits into any model. Would like to discuss it with someone. Would my local MP be the person to speak to about this or is there someone specialising in this reform that I could speak to directly?</p>

Respondent Number	Response
EM1024	Hi Just to say we support your position. Many thanks