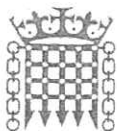


Received 21/2/11 470



[REDACTED] MP  
[REDACTED]

15 February 2011

DLA Reform Team  
1<sup>st</sup> Floor  
Caxton House  
Tothill Street  
LONDON  
SW1H 9NA

Dear Sir or Madam,

[REDACTED]

My above constituent has contacted me regarding the public consultation on Disability Living Allowance.

I enclose a copy of his email sent to me, which he would like me to submit on his behalf as part of the official consultation process.

Yours sincerely

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Dear [REDACTED]

In my capacity as a registered disabled person please find attached a reply to the DWP consultation on the replacement of Disability Living Allowance with Personal Independence Payments for your perusal and support.

Kind Regards  
[REDACTED]

## **CONSULTATION ON THE REPLACEMENT OF DISABILITY LIVING ALLOWANCE WITH PERSONAL INDEPENDENCE PAYMENT**

### **Abstract**

I am replying to your consultation in my capacity as a registered disabled person.

The scope of the consultation is misrepresentative, the questions incomprehensive and the time scales a barrier.

The proposed changes contravene my Human Rights.

The proposed denial of mobility allowance for residential disabled is a contemporary socially engineered ghettoisation of the most vulnerable.

The societal ceilings of impairment aren't addressed in the consultation.

**Thank you for the opportunity to contribute to this consultation.**

## Response to DLA Questions

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

### Response

Given the diversity of disabled people in terms of age, gender, class, ethnicity, impairment, social deprivation and location, the bureaucratic, institutional, societal and systemic barriers preventing disabled people participating fully and actively in society are enormous.

A significant number of disabled people feel excluded from society, unable to lead meaningful and purposeful independent lives due to purposely or inadvertently restricted access to social housing, education, employment, goods and services, leisure facilities, events, buildings, societal and career impairment ceilings.

In addition to feelings of being excluded by society disabled people live in fear of bullying, victimisation, intimidation, hate crime as well as societal undermining, labelling and negative political and press discriminatory reporting all disabled people as "scroungers, cheats and a burden on the welfare state".

All this at a time when the recession recovery is weakening with negative growth, rising inflation, significant increases in indirect taxes, fuel, food, clothing, rents, heating and lighting costs, that together are perpetuating the widening of the extra cost gap of disability, whilst at the same time voluntary sector funding is being cut, employment opportunities are negligible and there is a postcode lottery for medical care and/or prescribed medication.

In addition to the aforementioned, as the barriers faced by disabled people are either caused by or result in their financial exclusion; this is why DLA is invaluable to so many disabled people.

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

### Response

The claim Disability Living Allowance is no longer fit for purpose may be over stated particularly with regard to self-assessment and therefore urge the retention of self-assessment applications.

The qualifying period should remain the same for those diagnosed with incurable disabilities as the new timescales may have a substantial adverse impact on new claimants.

An example of this is a spinal cord injured patient, discharged within four months of their accident - qualifies for DLA/PIP - but has a further two months before they can apply, which effectively stops them exercising their housing and care rights, whilst exacerbating their psychological and emotional wellbeing and institutional dependency.

The necessity for periodically reassessments for severely disabled (already assessed indefinite awards) in many cases may have a severe adverse impact as it would serve as a reminder of their disability and review of their static situation, particularly as there is no cure for severely mentally impaired, amputees, deaf/blind, haemodialysis, severely visually impaired, cerebral palsy, spinal cord injury, multiple sclerosis, etc.

There should continue to be the separation of mobility and the care components in the new allowance.

The allowance is not a benefit and therefore should not be combined with any Universal Credit proposals.

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

#### **Response**

The extra cost of disability is the amount of additional income a person with a disability would require - so as to achieve the same standard of living as a similar person without a disability - albeit problematic to assess, estimates range from £7.24 to £1,513 per week.

The calculation is problematic in so far as the main extra costs for a child, young adult, middle aged adult, pre-retirement aged adult, married, partner, parent or single person are complex (with many hidden costs) and varied and dependent upon other factors such as Gerontology, demographics and categorisation.

Albeit a conceptual definition of extra costs maybe subjective (goods and services required), comparative (goods and services used) equivalent (standard of living) the diverse grouping above incur many additional extra costs including support services inside/outside the home (dressing, bathing, toileting, cooking, eating, household chores), dietary needs, health services, transport, education, heating, disabled aids, repair and maintenance of disabled aids, sports and leisure activities.

However, the extra costs calculation for disabled people on the poverty line can be even more problematic as individuals substitute goods and services for cheaper alternatives or disregard them altogether as they cut back (heating use during winter) on actual activities (petrol costs of travel) to remain within budget constraints (buying from cheaper frozen food shops with its adverse impact on health/well-being).

The cut backs disabled people face because of their disability range from socialising, social interaction with friends and family, going shopping, going to the cinema, going to shows, going to events, hobbies, holidays and other activities of daily living.

As these activities produce a feel good-factor; build self-esteem, self-worth, meaning and purpose in life - as well as physical and psychological well-being that enable significant reductions in health care budgets, whilst at the same time facilitating a more active, inclusive and integrated UK society within the Governments own 2025 target.

4. ***The new benefit will have two rates for each component:***
- ***Will having two rates per component make the benefit easier to understand and administer, while ensuring appropriate levels of support?***
  - ***What, if any, disadvantages or problems could having two rates per component cause?***

#### **Response**

Any numerical reduction in the number of components to any allowance or benefit should make it simpler to understand but not necessarily easier to administer, particularly where there is a lack of clarity, a degree of complexity and poor objectivity all of which are characteristics evident in the two care rate proposal.

At present the middle band rate is approximately a 2.5 multiple of the lower band rate whilst the higher band rate is a 1.5 multiple of the middle band rate and approximately a 3.8 multiple of the lowest band rate.

A medium rate calculation between the middle and lower band rate components is approximately less than half the higher rate at £33.38 and based on the assumption the higher rate remains the same, those claimants mistakenly reclassified downwards will suffer a significantly greater cost of disability.

The claim assessments are to be objective, transparent, reflective, specific and targeted to individual needs neglects to state what assessment information – in accordance with natural justice – they will provide back to claimants?

Improved two-way communication would essentially allow claimants to make empowered decision-making judgements regarding changes in their condition, reporting them timelessly and accordingly whilst at the same time alleviating the need for periodic reviews.

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?***

**Response**

All assessments should be based on the principle of allowing the individual their human right to live a dignified, independent role in society.

As the effects of numerous conditions or impairments are extremely well documented in leading International Medical Journals then surely this, above all other considerations fully endorses the case for automatic allowance entitlement for certain conditions.

The idea of reviewing and reassessing individuals with medically registered conditions or impairments is preposterous just as viewing a wheelchair as part of an individual's ability rather than its essential use to get around.

As this could mean needs are assessed on an individual's ability in a wheelchair rather than the fact they need a wheelchair to undertake anything at all!

Indeed, the list of conditions or impairments resulting in automatic entitlement should be lengthened to simplify the process and make the system easier for everyone to understand.

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?***

**Response**

There are several evaluation tools available to measure Activities of Daily Living including the Katz and Lawton scales that cover self care, fundamental functioning and social interaction that are considered essential activities for everyday life.

Impairments are not only diverse but also multiple making essential activities of everyday living, time consuming with varying prioritisation on an individual basis, including but not exclusive to; personal hygiene, grooming, dressing, undressing, feeding, functional transfers, bowel and bladder control, medication, ambulation, housework, cooking, gardening, shopping, social activities, social interaction, exercise, relaxing, skin care, health care.....

Prioritising support on the basis of essential activities is undeniably flawed should it be functional assessment is based on the ability of a

Higher Rate Two	–	permanent disabled / 24 hour care needs
Higher Rate Three	–	permanent disabled / medium care needs
Higher Rate Four	–	disabled / daily activity needs
Higher Rate Five	–	disabled / low care daily activity needs

The process can then develop review criteria for each banding (above) so claimants are clear about what specific changes they need to report.

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?***

#### **Response**

In the vast majority of cases the under reporting of changes can be contributed to a number of mitigating circumstances.

An insignificant change over a considerable period of time differs from a significant change over a short period of time with the latter being significantly less difficult to notice/identify and report.

There can be a tremendous demoralising impact on a disabled person's quality of life - when they hope - above everything else - that their condition is improving, only to be shattered when told otherwise by a specialist consultant, illusions of the mind! Thinking there has been a change when there hasn't - or there hasn't - when there has!

In regard to those with a spinal cord injury, autonomic dysreflexia or a urinary tract infection can have a significant impact on well-being, both over the short and longer term and therefore is almost impossible to accurately quantify the level of physical and/or psychological changes.

A wheelchair user may think the reason why they can no longer push themselves as far in their chair is down to weight gain, smoking, aging and/or just a lack of physical exercise when the real reason is a respiratory ailment, a secondary complication associated with their disability.

These examples hopefully demonstrate the complex nature of disability as well as providing an understanding as to why many changes are under reported as well as highlighting the potential administrative nightmare of over reporting with the need to clarify changes!

Improvements to encourage reporting of changes needs the person reporting the changes - having a better understanding and knowledge (two-way information agreement) of what to look for and how to identify reportable changes as well as how to report them.



eating, was hospitalised for a year and his death certificate stated malnutrition as the cause!

There is a considered concern that independent medical assessments will discriminate against those with complex, variable and/or hidden conditions which might not be fully appreciated by the assessor.

A disabled woman with a hidden stress condition resulting from her disability became depressed, stopped looking after herself, which led to both her legs being amputated (pressure sores) followed by her death shortly afterwards from associated complications from the amputation!

It is also considered highly unlikely that medical assessments would result in cost savings as assessment by independent medical officers would increase bureaucracy along with the additional costs of employing specialist medical officers, office rents and the legal and administration costs involved in legal challenges and appeals.

**12. *How should the reviews be carried out? For example:***

- *What evidence and/or criteria should be used to set the frequency of reviews?*
- *Should there be different types of review depending on the needs of the individual and their impairment/condition?*

**Response**

The objectivity of any review is a balanced assessment of a claimant's past, present and future medical and psychological condition.

The process must be an open, transparent two-way relationship built on trust.

The process must be clear, concise and unambiguous with no hidden agendas.

The process must be two-way.

The process must provide more information than a fail/qualify reply.

The process must tell the claimant how to exercise their rights.

The rights to appeal, the right to information - Freedom of Information Act 2000, Data Protection Act 1998, Disability Equalities Act – the right to protection from the Disability Discrimination Act 1995 and the Human Rights Bill 1998.

The process must allow the claimant to know the level at what they were assessed: For example:

Higher Rate One – terminal illness

It is claimed, social structures and environmental factors that serve to contextualise age and the life course are factors that can influence the timing, meaning and experience of disability. Spinal cord injury research indicates patients are better equipped to deal with a spinal cord injury at an early age compared to later in life's course.

Capturing supporting evidence of the social, psychological and biological aspects of aging, with limited activity and restrictive participation during life's course is essential to assess a disabled individual's ability and not just a periodic snapshot. In essence a clearer brighter image is what's needed!

The coalition government's commitment to measuring the 'nation's happiness factor' through a 'well being exercise' with questions on emotional health, social isolation, interpersonal relations and access to holidays, consumer goods and services may well be an ideal opportunity in collaboration with the DLA/PIP assessment exercise to actually gauge the well being and happiness of being disabled in modern day Britain!

11. *An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.*
- *What benefits or difficulties might this bring?*
  - *Are there any circumstances in which it may be inappropriate to require a face-to-face meeting with a healthcare professional – either in an individual's own home or another location?*

#### **Response**

There are significant obstacles relating to face-to-face discussions with regard to location, travel, scheduling, health-care expertise as well as the hidden costs that make this policy highly inappropriate to pursue.

Societal barriers mean no location meets everyone's needs due to numerous factors including parking restrictions in town or poor transport links out of town. A disabled car owner recently had to turn back from a hospital appointment because they were unable to find a disabled parking space.

The scheduling of appointments can be horrendous for those with severe disabilities who struggle to cope with the fluctuating time it takes to complete some of the most basic everyday tasks, hence high non-attendance rates.

What happens if appointments are missed due to non-attendance?

The hidden costs are the psychological, stress related impact on the wellbeing of disabled person. A registered disabled man had his DLA care-component wrongly reviewed; he became depressed, stopped

The claimant should be able to complete the claim form in a reasonable amount of time, questions must not overlap and the claimant must feel comfortable (questions not overly-intrusive) with what is being asked.

The claimant should receive one-to-one support where it is necessary for a claimant to negotiate the application/form.

The current online surveys by commercial organisations are a good indicator of how to gather the most relevant information whilst at the same time sustaining the interest of a diverse group of customers.

The effectiveness of any changes to the forms necessitates input from the end user and disabled people throughout the testing and identifying of the optimal point between user needs and information requirements.

The experience of disabled people and their potential input to the process of designing, implementing and providing information would be invaluable to coproduce a claim form and/or any public information on PIP.

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

**Response**

It is a recognised fact that people with severe disabilities have a lower health related quality of life than those in the general population and this could be contributed to the associated psychological functioning.

Whilst some impairments are degenerative others although not degenerative, only become manageable because the disabled person learns how to make institutionalised sacrifices.

The presence of mental health problems (anxiety, cognitive issues, consistent negative thoughts, out of proportion reactions to a problem) manifests itself in those groups with severe disabilities which can have a significant impact on the individual, their families, friends, colleagues and carers, so much so it is vital issues are addressed as early as possible.

How to capture such vital supporting evidence is challenging due to there hidden costs and most likely can best be provided by knowledgeable disabled associations, specialist consultants, therapists and psychologists specialising in disability.

In addition to the supporting evidence from professionals the timing of assessment evidence by the applicant is just as important and should take account of their status, age and whether they are newly or long term disabled.

8. *Should the assessment of a disabled person's ability take into account any aids and adaptations they use?*
- *What aids and adaptations should be included?*
  - *Should the assessment only take into account aids and adaptations where the person already has them or should we consider those that the person might be eligible for and can easily obtain?*

#### **Response**

In the case of a disabled spinal cord injured wheelchair-user the use of the wheelchair could be viewed as part of that person's ability rather than its essential function as a means of getting around. This could mean that a wheelchair user would be assessed on their ability in the wheelchair rather than the fact they need a wheelchair to undertake anything at all!

Although a puncture at work necessitated time out of the office; travel to and from a cycle repair shop, the time to repair plus the monetary cost of the repair – with the true cost to me of the puncture was sacrificing employment prospects as well as the need to divert budgeted expenditure to cover these hidden - true costs of disability!

The removal of employment barriers could effectively be impeded by unscrupulous employers applying the precedence set by this proposal.

The suitability, practicality, ownership, usage, cost and classification of personal aids makes it unrealistic, unfair and overly complicated to take a person's aids and adaptations into account when assessing their mobility.

Who decides what aids or adaptations is appropriate, the basic one or one of the more expensive ones? Is it the assessment officer, the person with the disability or some other bureaucrat?

As to whether the assessment should take into account aids and adaptations a disabled person could have is ambiguous and could have substantial adverse impact on those forced to substitute goods and services downwards!

9. *How could we improve the process of applying for the benefit for individuals and make it a more positive experience? For example:*
- *How could we make the claim form easier to fill in?*
  - *How can we improve information about the new benefit so that people are clear about what it is for and who is likely to qualify?*

#### **Response**

disabled person to carry out essential activities, impacting their life chances and choices.

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

**Response**

The best way to ensure the assessments are appropriate, meaningful and provide a comprehensive account of individual fluctuating health conditions is to forge good relationship links between all parties involved in the process.

In the case of a spinal cord injury patient, they may have better knowledge as well as an 'uncanny ability' to interpret, diagnose and request medical or nursing attention for their physical ailments whilst at the same time fail to recognise psychological and/or emotional issues associated with their disability.

The psychological/emotional aspect of sustaining a spinal cord injury can present far greater challenges than adjusting to the physical aspects – "the wheelchair bit is the easy part, dealing with the associated complications is the difficult, challenging task"

In the immediate aftermath of spinal injury the individual is forced into considering their feelings about themselves, how and where they slot back into society whilst at the same time face significant challenges to their identity.

Therefore a sensitive and considerate approach to assessment must ensure contributions from numerous sources of expertise, take a comprehensive account of fluctuating and variable physical and psychological issues going forward. Because, even after effective rehabilitation, integration and return to meaningful living/employment, the psychological aspect of disability can be a ticking time-bomb just waiting!!

Additionally, periodic reassessment of spinal cord injured may only serve as a reminder about their incurable static physical condition and in doing so may only serve as a thrust towards negative thoughts concerning their plight with the knock-on psychological/emotional functioning and perceived further loss.

Easy continued free access to an information line for help with filling out forms and guidance through the application process and forms should continue to be available in different languages.

Retention of the Motobility scheme-which could be widened to include other forms of transport.

The higher rates of awards should continue to act as a gateway to other benefits, e.g. Blue Badge Scheme, Council Tax rebate and free bus passes.

### **Question 3 What are the main extra costs that disabled people face?**

DLA is a LIFELINE to people claiming it. Without DLA or reducing it, will mean people will no longer be able to cope with their lives and it will cause further mental health issues and suicides.

Extra heating and lighting costs, as disabled people are often at home more both in the day and evening.

Special diets and nutritional needs e.g. diabetes, vitamin B or D deficiency. Food and drug Intolerances.

Provision of suitable transport, e.g. the cost of purchase and running of a car including any necessary adaptations-this might mean using the Motobility scheme or for others being able to have a free bus pass rather than having to pay to take more bus rides. Taxis are costly and often do not have ramps. Taxis with ramp adaptations are often not easily available.

Disabled people often benefit from having extra therapies and these can act as a way of "keeping going" or/and maintaining mobility e.g. physiotherapy, osteopathy, massage, gentle exercise /hydrotherapy etc. However, because of the health problem concerned the person is likely to need more of these therapies and sometimes they will be ongoing - all of which increases cost.

The extra cost of paying for a carer, cleaning, gardening, changing a light bulb, decorating, D.I.Y. and the many odd jobs that cannot be carried out by somebody with a disability e.g. moving heavy items, changing the curtains, going into the loft as well as other household shopping, ironing, washing and for example.

Paying for either ongoing physical care or ad hoc personal care during or after illness or after periods of hospitalisation.

Clothing suitable for people with a range of different disabilities, can include front opening or Velcro fastenings, plastic protective coverings or special footwear and hose.

Personal care supplies e.g. incontinence pads, nappies and special creams for skin suppleness and to prevent bedsores.

The cost of home adaptations e.g. having an extra room or W.C. added on the ground floor or having a shower or wet room installed. In addition there may also be the high cost involved in moving to a ground floor flat, bungalow or sheltered accommodation.

There are extra costs incurred from wear and tear on the home and furniture or bedding e.g. more frequent washing of sheets, clothing as well as wheelchair damage to floors and walls. It follows that special flooring and adapted furniture/furnishings are also sometimes required



Holidays-there are extra costs for disabled needs e.g. transport and accommodation.  
Prescription costs are likely to be greater because more prescriptions are often required for complex health conditions. Medicines and Supplements of vitamins and minerals for those who have intolerances to chemical drugs.  
Extra cost should be considered for those people living alone with a disability.

#### **Question 4**

**The new benefit will have two rates for each component (currently there are two rates for the mobility component and three rates for the care component). Will having two rates per component make the benefit easier to understand and administer, while ensuring appropriate levels of support? And, what, if any, disadvantages or problems could having two rates per component cause?**

There should be three levels for mobility and care so that a person can work to improve their health, so as to go to the next level down, thereby reducing dependency. To have just two levels would represent too big a gap and act as a disincentive to work towards this reduction. A three level system should not imply that being on one level for one component, would automatically mean that you would be on the same level for the other component. It is also very important to note that in a two level system, not everybody would be able to be fitted into either of the two levels because of the varying symptoms and health conditions.

It follows that it is also important to be able to move to a higher level/rate if symptoms increase.

A three level system is in line with an Occupational Therapist type assessment- a pre-completed O/T assessment could then be used (with the claimants agreement) as a major part of any applicants award assessment, or obviate the need for one altogether-therefore reducing time and cost.

#### **Question 5**

**Should some health conditions or impairments mean an automatic entitlement to benefit, or should all claims be based on needs and circumstances of the individual applying?**

Entitlement should remain automatic for terminal disease and also for certain other conditions e.g. blindness, hearing disability, M.S. and Muscular Dystrophy.

Entitlement needs to be on the grounds of disability alone-as that in itself always causes problems and difficulties in life. Other circumstances should not be taken into account, either those of a support or financial nature- i.e. awards should not be means tested.

Special entitlement should be acknowledged for those people living alone with a disability.

#### **Question 6**

**How should the Government prioritise support to people least able to live full and active lives? Which activities are most essential for everyday life?**

It should be accepted that many disabled people will never be able to live full and active lives. That said suitable housing and shelter with secure tenure and

adequate income are pre-requisites for activities which are essential for everyday life.

These are:- Being able to have a properly cooked meal regularly, being able to sleep well and regularly and feel safe at home, being able to keep self, home and clothes clean, to have social contact and activities - hobbies, interests, visiting relations/friends – being able to go out of home, having a telephone and computer for communication, and a radio and TV for company and accessible entertainment purposes.

Being able to keep a pet or a working animal e.g. a guide dog

#### Questions 7 & 10

**How can the Government best insure that the new assessment appropriately takes account of variable and fluctuating conditions?**

By allowing the claimant to use supporting evidence for their application for example using medical information from their GP or Consultant, and reports or social & community evidence e.g. from carers, friends or diaries-of symptoms or medical appointments.

By allowing the evidence of employers, teachers/ complimentary therapists, social services, Occupational Therapists in the assessment process, but ensuring that the clients worst days and times be taken into consideration.

It would be helpful if the forms were less repetitious and of shorter length, also-benefits advice should be easily available, either face to face or on a free telephone line. The process should also have shorter waiting times

The assessment process should be carried out by a team of regularly employed doctors or nurses-part of a team within a Government department, and doctors should not be brought in on an ad hoc basis as is at present the case.

Appeals and tribunals should be made less formal and easier to access.

#### Question 8

**Should the assessment of a disabled person's ability take into account any aids and adaptations they use? If so, what aids and adaptations should be included? And should the assessment only take into account aids and adaptations the person already has or should it consider those that the person might be eligible for and can easily obtain?**

No, aids and adaptations should ever be taken into account for an awards assessment. Because aids and adaptations often take a great deal of extra time and energy to use - therefore it would be unfair to see someone using a wheel chair for example as mobile in the usual sense

#### Question 9

**How could the Government improve the process of applying for the benefit for individuals and make it a more positive experience? For example, how could the Government make the claim form easier to fill in? And, how can the Government improve information about the new benefit so that people are clear about what it is for and who is likely to qualify?**



It would be helpful if the forms were less repetitious and of shorter length, also-benefits advice should be easily available, either face to face or on a free telephone line. The process should have shorter waiting times.

Tribunals should be less formal

There should be leaflets/forms at all GP Surgeries social work Departments and Post Offices.

Put information about the new benefit on TV and Radio before and when it is first introduced, and then as part of an ongoing information service.

Train GPs and hospital Doctors, as well as other health professionals to mention this benefit.

Assessing doctors should never turn up without warning.

Accept the extra difficulties experienced by people living on their own.

#### **Question 10**

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

By allowing the claimant to use supporting evidence for their application for example using medical information from their GP or Consultant, Alternate and Complimentary therapists reports, and reports and social/community, diaries-of symptoms or medical appointments.

By allowing the evidence of employers, teachers/ complimentary therapists, social services, Occupational Therapists into the assessment process, but ensuring that the clients worst days and times be taken into consideration.

#### **Question 11**

**An important part of the new process is likely to be a face to face discussion with a health care professional. (What if any) benefits or difficulties might this bring?**

A doctor should be used where complex cases are involved, nurses and other professionals e.g. O/T could be used for less complex cases providing they were given adequate training with regard to the nature and difficulties caused by disability.

An assessment would probably take over an hour, or in some cases more time and second appointments needs to be allocated for more complex or distressing cases.

Carers-or an advocate, or supportive person should be allowed to be present at an interview.

This would help as claimants cant necessarily articulate very easily.

A translator or signer may also be necessary.

Cultural needs should always be taken into account.

There should be a choice of where the interview should be held-at home or in an office-but if in an office it should not be up flights of stairs unless there is a lift.

The cost of a taxi or other form of transport should also be provided.

These sessions should be as informal as possible to take account of peoples pain, stress and anxiety-and should not be about ticking or filling in a pro forma. Nor should the claimant feel that they are on trial.

#### **Question 12**

**And are there any circumstances in which it may be inappropriate to require a face-to-face meeting with a health care professional-either in an individuals own home or another location?**

Yes-the following would be circumstances in which a face-to-face interview would be inappropriate. If someone is terminally ill or in hospital, or is unable to communicate for themselves.

Some religions don't allow women to speak to males for example.

It is not appropriate to interview a young child regarding a claim, this would have to be done by an adult responsible for their care.

Similarly, an adult with learning difficulties for example might either need to have an appropriate adult present to answer the questions and/or represent them.

### **Question 13**

**How should the reviews be carried out? For example what evidence and/or criteria should be used to set the frequency of reviews? And, should there be different types of review depending on the needs of the individual and their impairment/condition?**

The terminally ill should not be re-assessed.

The claimant should be allowed to report if they are feeling better or worse, this is a matter of personal responsibility.

Reviews should be variable-someone who has a serious condition e.g. Multiple Sclerosis should not be reviewed unless they request it, but claimants with other conditions might be reviewed after a standard period, or again if they request it.

Extra consideration from those people living on their own with a disability.

### **Question 14**

**The system for personal Independence Payment (the new name for DLA the Government has proposed) will be easier for individuals to understand, so the Government expects people to be able to identify and report changes in their needs. How can the Government encourage people to report changes in circumstances?**

Don't change the name of DLA as it is well known.

The claimant should be allowed to report if they are feeling better or worse, this is a matter of personal responsibility-a telephone help line should be free, and easy to access in order to do this.

It should be recognised and acknowledged that some claimants would have difficulty in reporting a change in their circumstances-because of their condition e.g. bi-polar or other mental health conditions especially, but not exclusively. In such cases perhaps a box could be ticked on the application form asking if they wish to be sent a pro forma at intervals to help them to do this. **THERE SHOULD HOWEVER BE NO QUESTION OF PROSECUTION IF SOMEONE FAILS TO REPORT AN IMPROVEMENT BECAUSE OF THE ABOVE.**

### **Question 15**

**What types of advice and information are people applying for PIP likely to need**

**and would it be helpful to provide this as part of the benefit claiming process?**

Yes, it would be helpful to have advice and information about the application process, this could include:- a leaflet with every application form, explaining the whole application process and saying how to contact a free help line who would say where to get advice, or give advice and help to fill the application form in

#### **Questions 16**

**Could some form of requirement to access advice and support, where appropriate, help encourage 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?**

A leaflet and application form should be available in all Gp surgeries Social Workers Departments Post Offices and noted on all communications from Government, e.g. at the end of a tax return form- Put on the such forms - do you need a DLA or other benefit application form? or include a leaflet about the benefit with the forms

**THERE SHOULD BE NO REQUIREMENT OR COERSION** to take or agree to a medical opinion on how to treat a claimants disability or other health condition as this infringes personal freedom, and the right to treat any health problems in the way an individual may choose.

#### **Question 17**

**How do disabled people currently fund their aids and adaptations?**

By grants from the Local Authority for housing adaptations

Social Services – Occupational Therapist provision

Motability

Hospital loan

Own savings

Charitable loans

#### **Question 18**

**Should there be an option to use personal PIP (the new DLA) to meet a one off cost?**

Yes, there should be provision for one off costs under the new PIP scheme for large expenditures e.g. requirement to move house, computers or a costly item to help with disability such as a mobility scooter, but not instead of or included as part of an award, it should be over and above any regular payments.

#### **Question 19**

**The Government might also use the new assessment for children. What are the key difficulties the Government should take into account when assessing children?**

**It is not appropriate to interview a young child regarding a claim, this would have to be done by an adult responsible for their care.**

Schooling – special needs children often have extra cost.e.g.aids at a mainstream school or the cost of special schooling e.g. transport to and from school for the child, but also for the family to visit if the school is residential.

Personal care supplies and needs e.g. nappies, rubber gloves, transport, relief care and special diets.

#### **Question 20**

**How important or useful has DLA been at getting disabled people access to other**

services or entitlements? Are there things the Government could do to improve the "passporting" arrangements? And 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?

PIP would be most important to disabled people as a gateway to other services and benefits:

- 1) High rates of mobility awards should equal a free bus pass and a Blue badge entitlement. Special consideration for a Blue Badge should be given to people living alone.

Higher award rates should equal automatic access to council tax discount.

These gateway benefits should be put on the DLA/PIPs information leaflet.

The above keep people mobile, independent and also help with mental health- it follows that without them people would become more dependent and isolated.

#### **Question 21**

**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?**

When a claimant applies for sickness type benefits information could be shared (but only with claimants agreement,) it could go towards a DLA application.

The reverse would also be true.

#### **Question 22**

**What impact could the Government proposals have on the different equality groups ( disability, age, ethnicity, gender, sexuality, and faith/religion) and what else should be considered in developing the policy?**

A monetary award could help a disabled person to be ,and feel more integrated into the local community.

Help with the costs of schooling – special needs children often have extra costs.

eg. aids at a mainstream school or the cost of special schooling e.g. transport to and from school for the child-this could help integrate disabled children more into the educational process.

With face-to-face interviews there should be a choice of male or female interviewers for reasons of ethnicity and religion.

Cultural, religious and gender differences should also be taken into account to help alleviate the problems of minority groupings.

The forms should be in other languages and a translator should be provided where necessary.

#### **Question 23**

**Is there anything else you would like to tell the Government about its plans?**

An advocate should always be allowed to help with assessments and reviews etc.

No one should be coerced take medical treatment or advice etc this is an important issue with regards to personal freedom and erodes the individuals right to treat their condition in the way they feel best including the use of complimentary therapies.

PIP should not be administered by a Local Authority, but continue to be administered by Central Government and awarded on grounds of disability only, and not in any way means tested.

There should be three levels of award for both mobility and care. Keeping the different levels for care and mobility is essential-and adding to them by one level to the mobility component highly desirable.

DLA represents a real lifeline to many people-it is the difference between having self respect (or not) and between having a reasonable lifestyle and level of mental health rather than having to live on a very low income for long periods. It stops claimants being dependent on others and also on Government provided services.

This independence end would continue on the condition that a claimant would have the freedom to spend the money as they would choose-it treats people with the respect and dignity that they should have. It keeps costs to the authorities down especially with regards to mental health, as having a physical disability and all that that entails can easily cause mental ill health and breakdown. Extra stress can be caused from dealing with forms, hospital situations and the illness or disability in itself.

Allowing one off payments under the new PIP's scheme for items of large expenditure would help with financial stress and long term low income issues, but should not be instead of or included in an ongoing award. Receipts should be provided by a claimant after the purchase of the item in question.

A claimant in a care home should not be deprived of financial assistance to get out and about, as this is really important for the maintenance of mental health, and having a full and active lifestyle.

Plans already announced to remove the mobility component from residential care residents - when there is virtually NO overlap of funding by Social Services - condemns such severely disabled people to further exclusion from society and probably breaches their human rights.

The most wasteful (in terms of public funds) proposal by far is to greatly increase unnecessary DWP healthcare assessments.

The emphasis on these so-called "objective" assessments contradicts the Government's Personalisation Agenda, which encourages self-assessment.

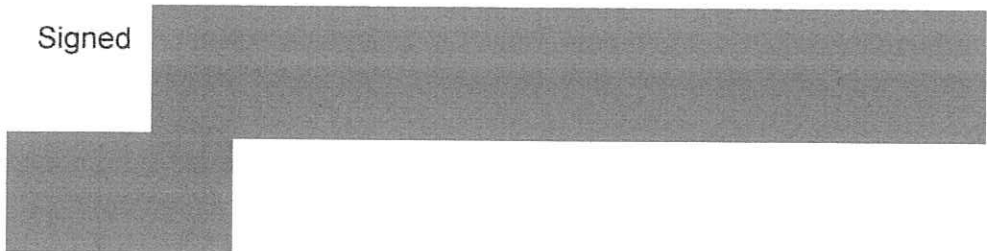
This consultation is (a) rushed and (b) short on examples and therefore clarity.

PIP's should continue after age 65 for everyone-this would save on the cost of changing to Attendance Allowance for example.

Applications and assessments for Pip's should not be processed by private companies, but instead continue to be administered by Central Government, and to take into consideration the claimants choice of supporting evidence.

Claimants of DLA who have been given lifelong awards should not have to be reviewed- there is good reason for the awards.

Signed

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