

Rec'd
11/2/11



Consultation about changing Disability Living Allowance to a new benefit

Tell us what you think

December 2010



Easy Read

DWP

Department for
Work and Pensions

DWP About changing Disability Living Allowance

Some things will stay the same.

- The new benefit will be money that people can spend any way they want to.
- People will not need to take a **means test** to get the benefit.

Means test

This is a test to see if someone can afford to pay for the services they need.

Disagree as I know Milmans who get components of DLA.

- People will not have to pay tax on the benefit.
- The new benefit will support children and adults up to age 65. People who get the benefit when they reach age 65 will keep the benefit if they still need it. But you will not be able to claim the benefit if you are aged 65 or older. *think it should be age unlimited*
- There will still be special rules for people who are terminally ill. This means that if someone is expected to die in the next 6 months their benefit claim will be sorted out very quickly.
- We are not going to make any changes to **Attendance Allowance** at the moment.

Attendance Allowance

This is money that people aged 65 or over may be able to get if they need someone to help look after them because they are disabled.

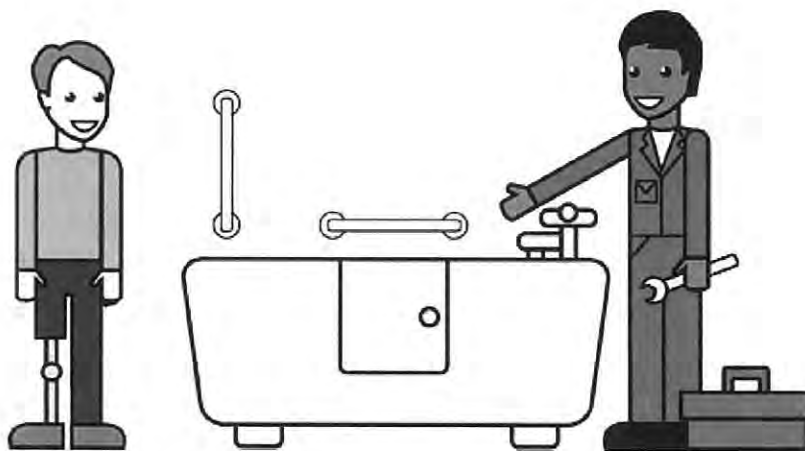
DWP About changing Disability Living Allowance

To help us do this we may look at what your doctor says about you and the things you have told us about yourself.

We may also ask you to see an independent person to talk about how well you can do the things you need to do to take part in everyday life. — *this causes a lot more stress & can make the person ill — can be + Consultant's reports should be adequate*

Aids and adaptations

We know that many people use aids and adaptations to help them live independently.



We will look at the way these aids and adaptations help disabled people to live an independent life. This will make sure the new benefit reaches those people who need it most.

This may mean looking at things like how a disabled person can get around using a wheelchair. At the moment we do not look at this for Disability Living Allowance. *if a person uses a wheelchair then their need is justified coz there will be days they won't feel well enough to use it*

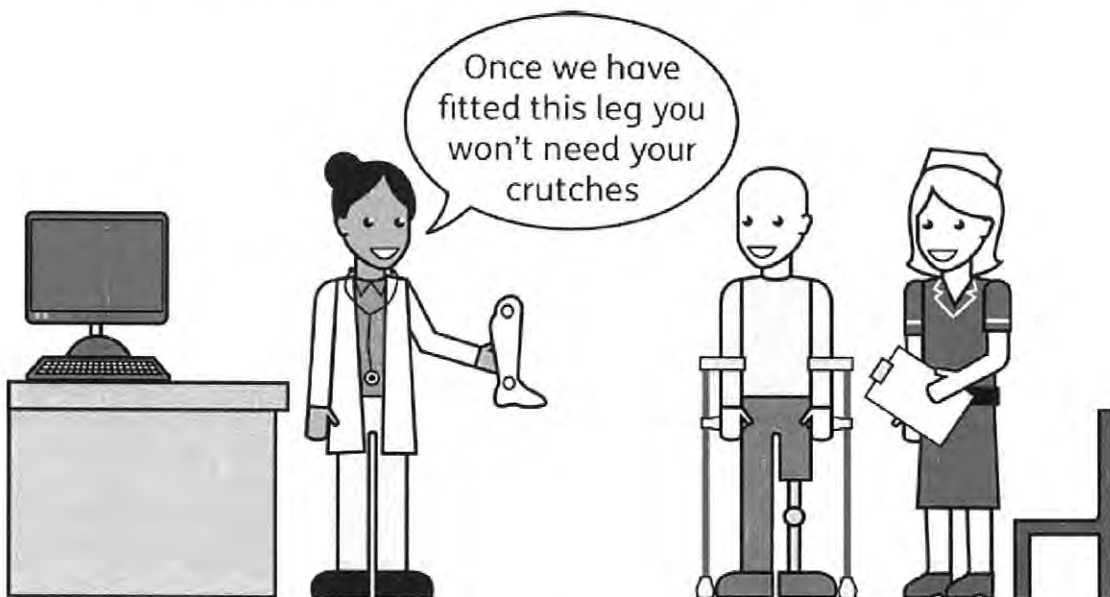
Getting the benefit automatically

At the moment some disabled people automatically get some Disability Living Allowance because of their health condition or disability.

We want to change this so that we look at everyone asking for the new benefit to see what their needs are. *- Again the DSS reports & Medication should tell you this*

Telling us about changes in your life

Some people's needs will change as time goes by. We want to make sure that the new benefit deals with these changes.



We will regularly look at the benefit people get and check to see if there have been any changes. We will do this in many different ways, like getting people to fill in forms and talking to people who help the disabled person, like doctors and carers.

People will still need to tell us if things in their life change. *that illustration is exactly what I mean above - there will be times a prosthetic leg will be too uncomfortable to use.*

Children and people aged over 65

The new rules will be for people aged 16 to 64.

We have not decided yet whether claims from children and people over 65 should follow the new rules. — why should we be different isn't that age discrimination

When the new benefit will start

The new benefit will start in 2013.

We will then start to look at people who already get Disability Living Allowance to see if they should get the new benefit.

We will get in touch with everyone who will have their claim looked at to let them know what they will need to do.

from now till then I know a lot of people who are worried about what cuts will happen & it is causing them unnecessary stress. MPs should be aware of what they are doing as it will eventually affect the NHS funding as these folk will need extra care from GPs & Hospitals

Questions

Question 1

What things stop disabled people joining in with other people and living full, active and independent lives?

Mobility - can't shop, don't go on holidays, find anything physical impossible. due to pain + breathing difficulties
Mentality - find it hard to communicate or are embarrassed about their condition - may have a learning problem which makes it hard to understand. Or even ask for help + that applies to mobility too.

Question 2

What parts of Disability Living Allowance do you think we should keep?

All that covers mobility, Mental Health, learning difficulties, general hygiene, housework, shopping etc

Question 3

What extra things do disabled people need to spend money on?

Heating, transport, personal diet, adaptations + little
gadgets that help them be independent, special clothing
like shoes that slip on or have Velcro No clothes with
buttons, zips etc. laundry. Everything to make life worth living

Question 4

The new benefit will have 2 amounts for each of the 2 parts of the benefit. Do you think this will make the benefit easier to understand and also easier for us to run?

Do you think just having the 2 amounts for each part will cause any problems?

I would rather have just 1 component because the
majority of disabled have to rely on others to allow
them to live independently.

Question 5

Do you think some health conditions or disabilities should allow people to get an amount of the benefit automatically?

Or do you think that all claims should be based on the needs of the person asking for the benefit?

Certain illness are known to have the same problems but
also affect people differently so there should be a
criteria set which is simple & easy to understand.

Question 6

How can we make sure that disabled people who most need the new benefit can get it?

What activities or actions are the most important to live an independent life?

By trusting GP & Consultants reports more.
To have an independent life means you do your own
thing when you want too this will sometimes mean the
person needs help from someone else.

Question 7

How can we make sure that the new benefit takes into account the way a person's health condition can change?

Again GPs & Consultants records & medication clearly show if a person is improving or getting worse.

Question 8

When a person makes a claim to the new benefit, should we take account of any aids or adaptations that they use?

What aids and adaptations should we take into account?

Should we only take aids and adaptations into account if the person already uses them? Or should we take aids and adaptations into account that a person could use and get hold of easily?

Adaptions are not always necessary as the person could physically cope without them but mentally, needs help. Some folk can manage some days without their aids & adaptions other days they cannot even get out of bed without help.

Question 9

How could we make the way a person asks for benefit better.
For example

- How could we make the claim form easier to fill in?
- How could we tell people about the new benefit so that they know what the benefit is for and who is likely to get the benefit?

The form should stop asking the same question over & over again. If you say you have difficulty climbing stairs & getting out of a chair that should be adequate & not keep asking about steps, getting out of bed because it has already dealt with. It could be cut in half if the DASS used disabled people to put the questions instead & then try to guess

Question 10 Who are the best people to tell us about the needs of the person asking for benefit?

What information will we need to make it clear what the person can and cannot do?

DAS Consultants, Family, Friends & anyone else who helps them. i.e. Someone who takes them shopping, helps with hygiene, housework etc.

Question 11

An important part of the new benefit may be talking face to face with an independent person about how well you can do the things you need to do to take part in everyday life.

What good things and bad things may this bring?

Is there any time when it would not be right to say that a person had to meet an independent person face to face, either in the person's own home or somewhere else?

BAD It may be a good day & they would be able to do most tasks. Also by reading reports & medication lists making sure a person is not being put under undue stress due to them having to face a stranger & feel as though they are criminals/keggars - asking/taking something that they are not entitled too.

GOOD
I cannot think of 1 good thing!

BAD Mental Health Patients should not even be asked to do this!

Question 12

What should we use to decide how often we should look at a claim again and check it?

Should the way we look at a claim again depend on the needs of the person and their health condition or disability?

At least every 3 years the Dr & Consultant should be asked to report & also a copy of latest prescription to see if anything has changed.

Question 13

The new benefit will be easier for people to understand, so we will expect people to tell us when things change in their lives.

How can we get people to tell us about the changes in their lives?

People will always be afraid their condition will return & unless the Dr & Consultant tells them to report it I cannot see that happening.

Question 14

What types of help and advice are people who will ask for the new benefit likely to need?

Would it help if we told people to get help and advice and where to get it from?

PROPERLY TRAINED WELFARE BENEFIT OFFICERS WHO CAN EMPATHISE WITH THE CLAIMANT. NOT LIKE NOW A POST CODE LOTTERY AS TO THE HELP AVAILABLE. I.E. BREWASH, VERY GOOD, COVENTRY NON EXISTANT!

Question 15

How do disabled people pay for their aids and adaptations at the moment?

Should disabled people be allowed to use the new benefit to pay for a one-off cost?

MOST GET ADAPTIONS THRO DCC, BBC OR TWH OR PAY PRIVATELY
I DON'T AGREE WITH A "ONE OFF PAYMENT" BUT HAVE NO
OBJECTION TO THEM PAYING A % OF A LARGE ADAPTION OR EXTRAS
FROM THEIR BENEFIT. I DO THINK THE PROVISION FROM THE
PROVIDORS AGAIN IS A P.C. LOTTERY & IS INADEQUATE & LONG
WINDED.

Question 16

What are the main differences we should think about when we are dealing with claims for children instead of adults?

Once a child becomes a toddler + if the parent does not have the means for mobility then the 3 year start should be done away with. No one should have to struggle.

Question 17

How important or useful has Disability Living Allowance been in getting people to use other services or to get other benefits?

What can we do to make things better?

At the moment people who get Disability Living Allowance automatically get help from other benefits and services, like the Blue Badge scheme and the Warm Front scheme.

What would it mean to disabled people if they did not automatically get help from these other benefits or services?

They wouldn't survive. They automatically get it "YOU HAVE ASK FOR IT". What is warm front for the younger person i.e. under 50s. Because in that age groups I have asked don't say thing about eligibility.

Question 18

What information about the disabled person could we share with other services or government departments to stop the disabled person having to tell lots of people the same thing?

IT SHOULD BE AGREED WHEN THIS EVENTUALLY DECIDED UPON WHICH
AGENCY SHOULD HOLD ALL DATA THUS MAKING IT EASIER FOR
OTHER AGENCIES TO GET ANY INFO THEY NEED. LIKE MEDICAL
REPORTS & MEDICAL REQUIREMENTS.

Question 19

How would our ideas for the new benefit affect different equality groups? For example, the equality groups looking at disability, age, race, gender, **sexual orientation** and religion and belief.

Sexual orientation

This is about whether a person is

- heterosexual – sexually attracted to people of the other sex.
- lesbian – a woman who is sexually attracted to women.
- gay – a man who is sexually attracted to men.
- bisexual – sexually attracted to men and women.
- asexual – not sexually attracted to men or women

IT SHOULD NOT MAKE ANY DIFFERENCE TO ANYONE AS
THEY SHOULD ALL BE TREATED EQUALLY. SEXUAL ORIENTATION/RELIGION ETC.
HAS NOTHING TO DO WITH DISABILITY

Question 20

Is there anything else you would like to tell us about our plans?

AS SOMEONE WHO HAS DLA FOR APPROX 17 YEARS EXCEPT FOR 6 MONTHS
WHERE IT WAS STOPPED & I HAD TO GO TO TRIBUNAL TO GET IT RE-INSTITATED
& NOW I AM 71 I AM WORRIED THAT I WILL BE UNFAIRLY CLASSED
AS BEING TOO OLD & MY INDEPENDENCE WILL BECOME VIRTUALLY
100% ON MY FAMILY & FRIENDS.