

- 1 What are the problems or barriers that prevent etc:
 Perceptions of others, demands of environment, events, other people; pain, effects of medication, finances, energy, time taken up by treatment + therapy regimes, finding appropriate work. Support of employers, transport,
- 2 Is there anything else about DLA that should stay the same?
 It should continue to be non means tested with the aim of assisting recipient to stay in work or voluntary employment.
- 3 What are the main extra costs
 Clothing after damage from splints, equipment, heating, travel costs, food (ie. prepared foodstuff), damage to home from equipment, breakages, help with home + garden maintenance, hospital travel + costs, time out of life to rest,
- 4 The new benefit will have 2 rates:
 2 rates will be easier to understand, Disadvantages will be to those whose needs cross over the criteria for which level they are awarded. Could be increase in appeals.
- 5 Should some health conditions etc.
 Some health conditions should automatically be entitled once person has fulfilled the criteria for award to be granted e.g. cerebral palsy, rare syndromes, i.e. there should be a threshold of entry to DLA for all but after this is passed entitlement

Should be automatic,

6a How do we prioritise support to those etc?

As this is to aid independence then those who are already having to manage alone - or who, with a little more help, would achieve genuine independence. For some attendance allowance might be more relevant award than DLA.

6b Activities essential for everyday life?

Nutrition, hydration, activity, personal care, interaction with others, mobility, socialising, work (sense of purpose), health, clean living environment,

7 How can we best ensure . . .

By report from person under review, others who see them (especially non health care witnesses) day to day, diaries, . . . Work record may not be good measure as those with disabilities in work avoid taking time off, especially if they face health emergencies and need sick leave keep.

By interviewing/assessing after they have carried out a daily living activity which makes their condition really react eg. shopping, cleaning,

8 Should the assessment of dis. per ability etc.

No! Simply by needing an aid, even hearing aid, beyond glasses a person is facing life ^{with} difficulty of functioning. Aids such as splints can hurt, wheelchairs create stiffness, pain, sores, using aids/adaptations take longer and often in themselves create pain, they also restrict where person can function if adaptati. are not available in all environments.

Help and advice of what aids may be

available could be helpful but advisers must accept if dis. person says the aid does not help. Who will fund the aid if it is costly e.g. a voice output communication device at several thousands?

9a How could we improve etc

Perhaps by having a brief introductory tick box form which will indicate if it is appropriate for person to continue to full form.

On main form avoid repetition and use simple language rather than bureaucratic.

b Advisers, clear information leaflets, advice line. Any bureaucratic form will have threats for many!

10 What supporting evidence... etc.

Personal from dis. per themselves, friends, family or employer, professional reports. Reference to information on any underlying condition(s). Their own history of events, medical interventions,

11 An important part of new process...

a. Time for both assessor + disabled person,

Personality conflict,

Lack of information on healthcare professionals part,

Preconceived ideas within either party,

Anxiety on part of dis. person,

Conflicts of interest

Benefits - Positives of the above,

Opportunity for dis. person to share their difficulties, explain to assessor, answer questions,

} difficult

b If people wish the benefit then they should accept the assessment in a location practical to them, with/without others present. The person being assessed

Should be able to direct who else is present.

12 How should the reviews etc.

- a Frequency of reviews? according to changeability of underlying condition of person, otherwise every 3 years.
- b No

13 The System for PIP etc.

Provide a form or phone number to contact if things change,
Inform Dis. Per that their GPs are asked to tell DHA / PIP when/if things change just as they would if person was unsafe to drive and they told DHA.

14 What types of advice and information -
Other benefits,

Support Groups,
? helpfulness of giving this in claiming process.

15 Could save form of requirement . . .

Anyone living with a disability/impairment is keen to access help, but the bureaucracy/cost involved can deter them. If this was to become an area included in receiving DLA/PIP it would not have to be seen as, or become, another "hurdle".

16a How do dis. people etc.

NHS provided aids, Social Services for adaptations, charities, privately.

I currently buy my cervical collar, hand splints and knee brace privately as NHS provided ones did not help. In fact in case of knee brace it caused damage to my knee.

16b - meeting one off costs -?

If this option is taken up then just how is PIP still available to help with day to day additional costs?

17 What are the key differences etc.

Developmental changes,
Additional costs - financial, social, environmental
to the family,
where having PIP may really help a child to
develop independence early,

18 How important or useful - - -

Very important and useful to things such as
Warm Front and Blue Badge system. To improve
the system closer working between DWP and
councils re-insuring Blue Badge.
Passport to Mobility charity a Godsend!

19. What would be the implication etc.

Increased difficulty in managing the physical
areas of their lives. Possibly additional financial
costs.

20 What different assessments could be combined?

Surely this would depend on eligibility
or need of the individual receiving PIP to be
considered for these. Perhaps a "pathway"
is needed between benefits and services?

21 What impact could our proposals . . .

Feel this is covered well but there
needs to be equality between under 65's whether

They are able to work or not.