

3.1/11



### My personal DLA Reform Response

As the DLA is the benefit that has least fraud it does seem that this reform is not needed for this reason but to purely save money by restricting the people who will receive it and the amount they will receive.

Up to now I have never heard of any complaints about the system for receiving it nor the amounts awarded, but plenty of "I am so glad I get it as it helps with all the higher costs of being disabled."

I find the award is essential to keep me living an independent life, able to pay for the help I need, mobility/other aids when I feel they are needed and finance my car, insurance and petrol as I cannot walk very far. Without this money on a monthly basis I would not be able to get out of the house, get shopping, attend hospital and other health visits nor participate in the community voluntary work I can just about manage.

I understand that the automatic entitlement to DLA/PIP, if you have a certain condition will go but, you state, it will be only for those people with long term health/impairments whose disability significantly affects their life. How are assessments to be carried out if the nature of some long term illnesses are not to be taken into consideration. For example Rheumatoid Arthritis, where it is well recognised that it fluctuates in degree and severity from day to day and month to month. Unless an assessor spends considerable time with the claimant or accepts the claimants word on the effect on their life there is never going to be a realistic assessment. It must be accepted that people cope with their health problems in a multitude of ways, some unconventional. But, financial support in most cases eases the burden of worry about how to plan to cope and manage their problems for the safest and most effective life plan.

It seems to me reading between the lines that there is a suggestion some of the benefit that can be attributed to mobility or other aids would only be paid for as a one off when the item is bought if deemed to be needed by a health professional. Considering how long it takes for assessments, outcomes and taking recite of anything to do with the NHS or Social Services at present this is a very worrying concept that would be a retrograde step. The worry would also be that the cheapest would have to be accepted and not the most suitable to a persons needs.

People with disabilities need to be in control of their lives to have any self esteem. Their lives are difficult enough without extra problems.

I also note that the new benefit will only be for people with the greatest need. Will there be a set criteria of needs greatest to least that can or cannot be met. What the most knowledgeable Consultant/Heath professional may perceive as a persons need can never take into account how that person may wish to

organise and participate in life. If you take two people with very similar disabilities, age, background and social factors they will very probably have very different expectations of what they can do or how they feel best to achieve it .

I think that periodic reviews are acceptable, after all they were always allowable under DLA but rarely seemed to be used.

To remaind non taxable, non means tested and not linked to NI contributions is a good proposal otherwise the extra financial help is no help at all.

As a passport to a Blue Badge this is saving another asesment and management costs while maintaining a partial register of who has an entitlement.

