

[REDACTED]

6<sup>th</sup> February 2011

DLA Reform Team  
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rec'd  
14/2/11

Dear DLA Reform Team

I enclose my responses to the public consultation questions arising from the proposals and questions outlined in **Disability Living Allowance reform** and presented to Parliament by the Secretary of State for Work and Pensions, December 2010.

Although I am not myself disabled, I have formulated my responses to the questionnaire after close discussion with a disabled person and after reading the extensive survey by the think tank Demos **Counting the Cost** by Claudia Wood and Eugene Grant.

Yours sincerely

[REDACTED]

[REDACTED]

## Disability Living Allowance Reform Questions

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

Barriers vary according to circumstance, taking many forms. Some barriers apply to all, others do not.

Inflexible systems ( e.g. in employment), attitudes, barriers in the built environment, modes of transport which assume that drivers and passengers are non-impaired, public information presented in forms that assume a common level of visual and aural ability. Lack of resources due to low pay or none, and greater costs.

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

Any reform of DLA should genuinely and demonstrably take account of the social model of disability.

It should continue to take account of individual circumstances in their varied and complex forms.

It should meet the extra costs of disability in a way that is responsive to the individual's need and which can be used at their discretion.

It should not be means-tested or related to employment status.

The aim should continue to be to meet extra costs so as to enable the disabled person to participate fully in society.

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

This is a problematic question to answer. The DEMOS document entitled " Counting the Cost" (December 2010) outlines how complex it is. It cannot be meaningfully answered in one paragraph.

### **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?**

It works reasonably well currently. Why change it?

**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?**

There should be no change to the current provision for automatic entitlement.

**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?**

The eligibility criteria for DLA already prioritise support for disabled people to enable them to live full and active lives and participate in society. Disabled people value the freedom DLA affords them to determine for themselves those activities they deem most essential for their lives. People in nursing and residential homes need to participate in society. A priority should be to reverse the decision not to provide them with the higher rate mobility component of DLA.

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

We live in a society that does not easily accommodate variable or fluctuating conditions. The assessment should acknowledge this by taking into account the disabled person's actual experience and needs over a period of time e.g. in the form of a diary augmented by reports from health professionals and others who are familiar with the condition(s) and who know the person well.

**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?**

No.

None.

**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?**

It should be made clear that the allowance is for the extra costs of living with a disability. Applicants should be given a leaflet accompanying the application form giving details of where they could get advice and support (e.g. CAB) in making the application. They should be encouraged to talk positively about how having the benefit could improve their lives as well as describing the needs arising from their impairment. The applicant should be made aware that they should be able and encouraged to bring a person of their choice to the assessment should a meeting be deemed necessary.

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

Disabled people themselves are always the people most knowledgeable about how needs arising from their impairments affect their lives. Beyond this, any further evidence could be co-produced with a health or social care professional familiar with the circumstances of the individual disabled person.

**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?**

A face-to-face discussion with a previously unknown health care professional could be very intimidating and even more so if it is conducted using computer-led set questions that do not take account of the individual's impairment(s). The healthcare professional would need to be sympathetic and knowledgeable about the individual's impairment(s), as well as an attentive listener if an accurate assessment is to be obtained. The disabled person would need to be allowed to bring a supporting person to any assessment. An accurate record of the interview should be given to both parties. Repeated interviewing of those with long-term and/or incurable conditions would be an unproductive and unnecessary waste of public money.

Surely, information could (as now) be obtained from the completed form without the stress of interview. Moreover, additional costs to the taxpayer resulting from face-to-face meetings must be borne in mind.

**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?**

What is the purpose of the review? There should be no review unless the individual together with a health or social care professional requests it (e.g. to request an upgrade). Face-to-face interviews can be extremely stressful especially for people with certain mental health conditions. The needs of the disabled person to help cover the extra costs of their disability are unlikely to change much unless their condition is strictly temporary or a health condition worsens. If the impairment is long-term, then frequent reassessment should not be necessary.

**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?**

Changes that are difficult to assess, whether temporary or permanent, are particularly those experienced by people with variable and/or fluctuating conditions. It is pointless to keep reporting changes when change is intrinsic to a condition.

**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?**

Applicants need to know what criteria will be used by the decision makers to confirm or refuse an award. Information such as how to obtain help from advice agencies (e.g. CAB) and disabled people's organizations must be provided along with claim forms.

**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?**

A sense of compulsion must be avoided, as this is highly likely to prove counter productive. Information about organizations such as those mentioned under Question 14 above should be provided. Any further request for advice and support must come from the disabled person concerned.

**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?**

**17. What are the key differences that we should take into account when assessing children?**

**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?**

DLA has been crucially important in facilitating access to services and entitlements. Information about their availability and how to access them could still be improved.

**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 other benefits and services?**

Increased ignorance of services, added bureaucracy, impoverishment, unnecessary duplication of effort with consequent stress.

**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?**

**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?**

This question cannot be answered without extended in depth research.

**22. Is there anything else you would like to tell us about the proposals in this public consultation?**

Since the proposals in this consultation are considered by Demos (supported by Scope) in their report entitled "Counting the Cost" ( 2010) to have serious flaws, as well as being very expensive to execute, it is urged that the consultation be withdrawn and its basis reconsidered.