



DWP Department for
Work and Pensions

Public consultation

Disability Living Allowance reform

Presented to Parliament by the Secretary of State
for Work and Pensions by Command of Her Majesty
December 2010

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Ministerial foreword

The Coalition Government is committed to helping disabled people to exercise choice and control over their lives. Disability Living Allowance (DLA) helps us to deliver on this commitment.

We have been absolutely clear that our welfare reform plans are designed to protect people in the most vulnerable situations, including disabled people. We are committed to a sustainable and fair system that allows people to work when they can and provides unconditional support to those who are unable to work. As we move towards legislating for and implementing major reform through Universal Credit and our flagship Work Programme, I believe it is also time to bring disability benefits into the 21st Century.

We are steadfast in our support for the principles of DLA, as a non-means-tested cash benefit contributing to the extra costs incurred by disabled people. However, we need to ensure that the benefit reflects the needs of disabled people today, rather than in the 1990s. It is time that we had a disability benefit which is easier for individuals to understand and provides clear criteria and consistent awards.

This is why I want to replace DLA with a new benefit – Personal Independence Payment. This is our opportunity to improve the support for disabled people and better enable them to lead full, active and independent lives. Personal Independence Payment will maintain the key principles of DLA, providing cash support to help overcome the barriers which prevent disabled people from participating fully in everyday life, but it will be delivered in a fairer, more consistent and sustainable manner. It is only right that support should be targeted at those disabled people who face the greatest challenges to leading independent lives. This reform will enable that support, along with a clearer, more straightforward assessment process.

Personal Independence Payment will also be a more dynamic benefit – it will take account of changes in individual circumstances and the impact of disabilities, as well as wider changes in society, such as social attitudes and equality legislation.

Just as we are committed to providing unconditional support to those who are unable to work, we know that work is the best form of welfare for those who are able to do so. That's why I want as many disabled people as possible to benefit from employment – it is not acceptable for anyone to be trapped in a cycle of dependency. By giving people the right level of support through Personal Independence Payment, I hope that many more disabled people will be able to work and enjoy the advantages that an active working life can bring.

This is why I believe the time is right to reform DLA. We need to create a new, more active and enabling benefit of which British people can be proud – a benefit fit for the 21st Century.



Maria Miller MP

Parliamentary Under Secretary of State and Minister for Disabled People

2 Purpose of the consultation document

Purpose of the consultation document

The Government proposes to replace Disability Living Allowance (DLA) with a new benefit – Personal Independence Payment – which enables people to remove the barriers they face to leading full and independent lives. This consultation document seeks your views to inform our policy for reforming DLA and introducing a new objective assessment. We would especially like to hear from disability organisations and disabled people. The public consultation applies to England, Wales and Scotland.

This document will give you some background information about DLA and explains why we want to reform the benefit. We will be clear about what we will change, and what will remain the same. We explain the changes and ask you questions on how we might change the benefit. The questions we want to ask are clearly highlighted and at the end of the document we ask if there is anything else you would like to add.

This document was published on 6 December 2010. We need you to respond to the questions by 14 February 2011. Details of how to respond are in Chapter 6.

If you have any queries about this consultation, or would like to receive the consultation document in a particular format, for example, large print, Braille, audio, or Easy Read, please contact:

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Executive summary

1. The Government is committed to supporting disabled people to lead independent and active lives. We recognise that disabled people can face additional challenges to leading independent lives and we are committed to maintaining an extra-costs, non-means-tested disability benefit to support disabled people.
2. Disability Living Allowance (DLA) has become confusing and complex. The rising caseload and expenditure is unsustainable, the benefit is not well understood and there is no process to check that awards remain correct. That is why the Government will reform DLA, to create a new benefit, Personal Independence Payment, which is easier to understand, more efficient and will support disabled people who face the greatest challenges to remaining independent and leading full and active lives.
3. We plan to introduce the new benefit in 2013/14, when we will begin reassessing the working age (16-64 year olds) caseload. We are considering whether to reassess children and people aged over 65.
4. Currently DLA measures an individual's 'care' and 'mobility' needs, and uses this as a proxy for the extra costs faced. Personal Independence Payment will consider the impact an individual's impairment or health condition has on their daily life. We will prioritise support on those individuals who face the greatest day-to-day challenges and who are therefore likely to experience higher costs. Personal Independence Payment will have two components. The 'Mobility' component will be based on the individual's ability to get around, while the 'Daily Living' component will be based on their ability to carry out other key activities necessary to participate in everyday life.
5. To ensure that support goes to those who face the greatest challenges, the benefit will only be available to people with a long-term health condition or impairment. Individuals will have to qualify for the benefit for a period of six months and be expected to continue to qualify for a further six months before an award can be made.

4 Executive summary

6. Currently individuals on DLA with certain health conditions or impairments are automatically entitled to specific rates of the benefit without a full assessment. We propose that for Personal Independence Payment there are no automatic entitlements, other than the special rules for people who are terminally ill. Instead, each case will be looked at individually, considering the impact of the impairment or health condition, rather than basing the decision on the health condition or impairment itself.
7. Key to the benefit will be an objective assessment of individual need, which we are developing in collaboration with a group of independent specialists in health, social care and disability, including disabled people. The new assessment will focus on an individual's ability to carry out a range of key activities necessary to everyday life. We will gather information from the individual, as well as healthcare and other professionals who work with and support them. We also believe that advice from an independent healthcare professional should be an important part of the new process. In most cases, we envisage that this will involve a face-to-face meeting with an independent healthcare professional, allowing an in-depth analysis of an individual's circumstances.
8. Successful use of aids and adaptations can increase an individual's ability to lead a full, active and independent life. We believe that Personal Independence Payment should take greater account of aids and adaptations. We are considering how best to take account of aids and adaptations in the assessment in a way that reflects how they are used and paid for.
9. We know that some people's needs may change over time, and sometimes so gradually that the customer themselves won't notice. To ensure that everyone continues to receive the correct amount of benefit, we plan to periodically review all awards. Individuals will still be responsible for reporting changes that occur between reviews and, in line with the Government's new strategy on fraud and error, there will be penalties if an individual knowingly fails to report a change that would have resulted in a reduction in benefit.
10. We want to make Personal Independence Payment a more active and enabling benefit and we are exploring ways to help individuals manage their health condition or impairment. For example, as part of the administration of the benefit we could signpost individuals to other support, or ensure they have the opportunity to discuss their health condition or impairment with an appropriate professional.
11. As well as providing cash support, DLA currently entitles or 'passports' the individual to other help and support. We recognise the importance of this feature and will take it into account in developing our reforms. In addition, we will consider how the benefit interacts with other forms of support, for example adult social care, and explore whether it is possible to share information at the assessment stage and eliminate areas of overlap.
12. Responses from this consultation will inform secondary legislation on the detailed design of the benefit, including requirements for the new assessment. We would like to hear from anyone who is interested, especially disabled people and disability organisations.

Introduction and context

1

The need to reform Disability Living Allowance

1. The Government is committed to supporting disabled people to exercise choice and control and lead independent lives. We believe that, with the right levels of support, everyone including disabled people can play a full part in society. We recognise that financial support plays an important role in enabling disabled people to lead full and active lives and we are committed to maintaining an extra-costs benefit for disabled people. The system that we have inherited has, however, become confusing and complex over time. People are unclear about who can qualify and decisions about qualification are inconsistent and subjective. For example, many people incorrectly believe that Disability Living Allowance (DLA) is an income-replacement benefit for people who are unable to work due to disability.
2. We believe that now is the right time to reform DLA, creating an affordable and sustainable system that will support disabled people to overcome the extra barriers which prevent them from leading full and active lives.
3. We must ensure that our resources are focused on those with the greatest need. We will continue to support disabled people who face the greatest barriers to participating in everyday life by contributing to the extra costs of overcoming those barriers.
4. Our reform of DLA is part of our wider reforms to build a welfare system fit for the 21st Century. We will create a welfare system based on the principles of fairness and responsibility; one which supports the most vulnerable, tackles the root causes of poverty and social exclusion, and is financially sustainable for the long term.

5. The new Universal Credit – which will replace a range of existing benefits with a single income-replacement payment – will finally ensure that people are always better off in work. The new Work Programme will start in the spring, and we have already launched Work Choice to provide personalised support to help disabled people make the transition into sustainable employment. For more information on Universal Credit, see the Glossary on page 38.
6. Our recent White Paper *Universal Credit: welfare that works*¹ confirmed that DLA will remain outside of Universal Credit. The reformed benefit will continue to be paid to people in and out of work and will not be means tested. It will remain a benefit focused on helping people to meet the additional costs arising from their impairment or health condition. Personal Independence Payment will retain DLA's role as a central pillar of the Government's support for disabled people.

History of DLA

7. Most disability benefit provision comes from legislation introduced in the 1970s. Before DLA was introduced in 1992, there was Attendance Allowance (AA) and Mobility Allowance (MobA). AA provided support for care needs and was originally expected to help approximately 50,000 people. MobA was expected to help 100,000 people with severe mobility needs.
8. In 1992 AA and MobA were brought together into a single benefit – DLA – for disabled people under the age of 65 when they claim. DLA increased the numbers of disabled people who could qualify for support by introducing the lowest rate of the care component (initially expected to help 140,000 people) and the lower rate of the mobility component (initially expected to help 150,000 people)².

What is DLA and how does it work?

9. DLA is a benefit that provides a cash contribution towards the extra costs of needs arising from an impairment or health condition. DLA is a non-means-tested benefit payable regardless of employment status. It is part of a wider range of support and services available to disabled people, including support with housing and Council Tax costs, and in the form of services or direct payments from Local Authorities to meet social care needs.
10. Although it is intended to contribute towards extra costs, measuring each individual's expenditure would be administratively complex and expensive. Entitlement and award levels are, therefore, based on proxies – care and mobility – as research at the time of DLA's introduction showed that they were the greatest sources of extra costs³. The decision about whether to award benefit is not made on the basis of an individual's costs, but on the severity of their care and mobility needs.

1 *Universal Credit: welfare that works*, Cm 7957, November 2010.

2 Department of Social Security, 1990, *The Way Ahead Benefits for Disabled People*, Cm 917, HMSO.

3 Office of Population Censuses and Surveys, *The financial circumstances of disabled adults living in private households*, 1988.

11. To apply for DLA, individuals complete a lengthy DLA claim form which requests detailed information about the impact that their impairment or health condition has on their ability to manage their care themselves and/or get around. The claim form is considered by a Decision Maker alongside other evidence such as reports from the claimant's General Practitioner (GP) or consultant. Currently, additional medical evidence is gathered in around half of all cases. The Decision Maker either awards or turns down the claim. Awards are currently payable at two mobility and three care rates leading to a possible 11 different combinations of payable rates of benefit. Awards can be made for any duration, including indefinitely. Awards are reviewed if an individual reports a change, but there is currently no process to systematically review all awards.

The changing approach to disability

12. Since DLA was introduced in 1992, there have been significant improvements in medical treatments and in aids and adaptations that assist disabled people. Attitudes to disability have also changed. The introduction of legislation, for example the Disability Discrimination Act 1995 and Equality Act 2010, to protect the interests of disabled people and prevent discrimination has helped many disabled people lead more independent lives. It is now universally accepted that disabled people should have the same choices and opportunities as non-disabled people.
13. We are committed to further breaking down the barriers in society that prevent disabled people from exercising choice and control, and living active and independent lives. Just as society is changing and advancing, so too must our benefits system to reflect those changes. The new benefit, Personal Independence Payment, and the guidance used to award it, will reflect this and be fit for the 21st Century.

The problem: a benefit not fit for purpose

Caseload and expenditure is increasing at a rate never envisaged

14. Over 3 million people currently receive DLA (1.8 million are people of working age) with the total amount spent on the benefit this year forecast to be £12 billion – a lot more than was originally expected. For example, the introduction of the lowest rate of the care component in 1992 was estimated to help 140,000 people; today there are 880,000 people in receipt of lowest-rate care.
15. In just eight years, the numbers receiving DLA has increased by 30 per cent. The complexity and subjectivity of the benefit has led to a wider application than originally intended. To ensure that the new benefit is sustainable and affordable in the long term, we must reform DLA to make sure we focus on those that need the greatest help to live independently.

Figure 1 DLA expenditure (in 2010/11 prices including exportability and reinstatement estimates), by client group

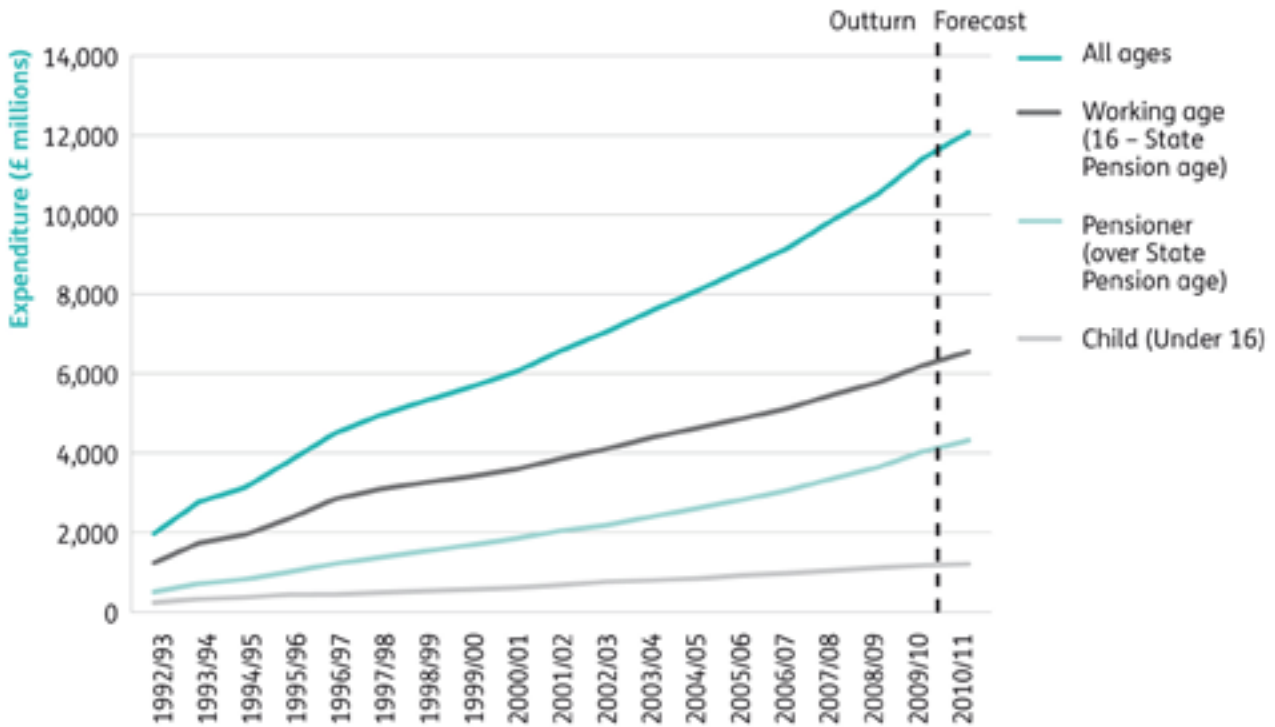
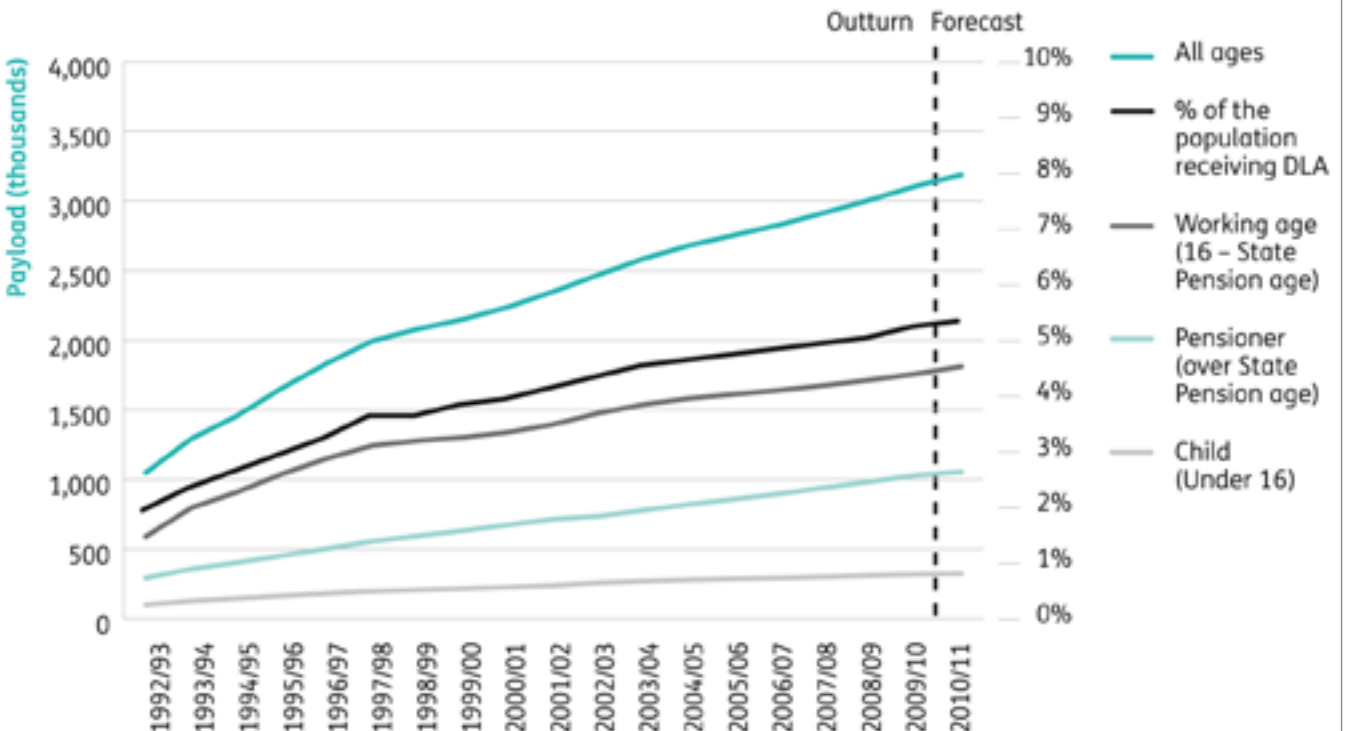


Figure 2 DLA payload (excluding exportability and reinstatement estimates), by client group



The current system is too complex and the benefit is not understood

16. Disabled people tell us that the current system is too complicated and the claim form is difficult to understand. People are unclear about whether or not they are likely to qualify⁴ and there is evidence that people awarded DLA do not fully understand what the benefit is for⁵. For example, some view the benefit as a form of compensation for being disabled, some don't view themselves as disabled and others incorrectly believe that their DLA payments will stop if they return to work. The 11 possible different rates of the benefit also make the benefit complex to administer. The table below shows the number of people who receive the different rates of the benefit.

	Higher Rate Mobility	Lower Rate Mobility	No Mobility Rate
Highest Rate Care	510,000	180,000	40,000
Middle Rate Care	460,000	480,000	120,000
Lowest Rate Care	420,000	210,000	250,000
No Care Rate	390,000	100,000	-

Total caseload – 3,200,000

Source: Department for Work and Pensions Longitudinal Survey, May 2010

17. A significant proportion of DLA recipients believe that DLA is an out-of-work benefit. Applying for DLA is widely linked with the process of leaving or being out of work due to disability. A common assumption among people receiving DLA is that entering or returning to work will lead to a review of their circumstances and a loss of the benefit.

There is no system to check that awards remain correct

18. Currently, people are not always aware of how changes to their impairment or condition might affect their award. There is no straightforward way of reviewing people's entitlement to DLA on a regular basis to ensure that they receive the right level of benefit. Two-thirds of people currently on DLA have an indefinite award, which means that their award may continue for life without ever being checked to see if it still reflects their needs. This is not in line with other benefits, where we check for changes in individuals' circumstances. We will rectify this to ensure that the new system easily identifies if an individual's condition has deteriorated or improved.

⁴ *Disability Living Allowance and work: Exploratory research and evidence review*, 2010, DWP Research Report No. 648.

⁵ *The impact of Disability Living Allowance and Attendance Allowance: Findings from exploratory qualitative research*, 2010, DWP Research Report No 649.

The benefit can act as a barrier to work

19. Evidence suggests that DLA can also act as a barrier to work⁶, when it should enable people to lead independent lives, including having or getting a job. DLA is widely perceived to be an out-of-work benefit and receiving it appears to reduce the likelihood of being in employment, even after allowing for the impact of health conditions or impairments. There is evidence that people who receive DLA have lower work expectations. One reason for this appears to be that people fear they may have less money if they enter work. This is particularly the case for recipients of higher-rate DLA awards, who are often in receipt of a range of benefits. Universal Credit will reduce the complexity of the system, making it easier for people to see for themselves how much better off they will be in work. It will also ensure that all amounts of work will be more financially rewarding than inactivity and remove the current barriers to small amounts of work.
20. We want to simplify the application process, creating a benefit and system that is more efficient, easier to understand, and identifies those most in need of extra support to live independently and participate in everyday life. We also want to ensure everyone continues to receive the correct amount of benefit. We hope that making the benefit clearer, alongside the introduction of Universal Credit and the Work Programme, will help many more disabled people to work and enjoy all the advantages that an active working life can bring.

6 *Disability Living Allowance and work: Exploratory research and evidence review, 2010, DWP Research Report No. 648.*

The new benefit: our proposals

2

Our approach to reform

1. We propose to replace Disability Living Allowance (DLA) with a new cash benefit – Personal Independence Payment – which will contribute to the extra costs⁷ of overcoming the barriers faced by disabled people to lead full and active lives.
2. The benefit will reflect changes in society, such as legislation. Disabled people are rightly not prepared to accept being restricted from playing an active part in society. We need a benefit that helps contribute to the extra costs of living independently, in a way that is right for each individual.
3. The benefit will continue to take account of the social model of disability. The assessment will be objective, reflect the impact of the barriers disabled people may experience, and make sure they are treated as individuals.
4. Central to Personal Independence Payment will be a new, fairer, objective assessment, which will allow us to identify those who face the greatest need, in a more consistent and transparent manner. We are developing the new assessment in collaboration with a group of independent specialists in health, social care and disability, including disabled people.
5. Personal Independence Payment will be based on need not income and will be a more active benefit, recognising changes to individuals' situations and taking account of the support that disabled people can access to help them live independently. Where possible, we will signpost individuals to support that may help them manage their condition. We will ensure that the award continues to reflect the individual's changing needs over time by building in periodic reviews.

⁷ *Review of the existing research on the extra costs of disability*, 2005, DWP Working Paper 21.
Review of the international evidence on the cost of disability, 2008, DWP Research Report 542.

6. The new benefit will be introduced in 2013/14, so there will be further opportunities to feed in views on how we might deliver it. We are already involving disabled people in developing the new benefit and will continue to do so.
7. We will introduce a Bill that will set out the high-level legal framework underpinning the new benefit, with the detailed requirements set out in secondary legislation. Responses to this consultation will be used to inform secondary legislation on this detailed design, including the new assessment process. Where possible, and in particular on the new assessment, we will be publishing draft regulations during the passage of the Bill.

Question 1

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

What will stay the same?

8. We want to be clear about what we propose will remain the same under the new system. We recognise that there are a number of features of DLA which many disabled people value, in particular the ability to spend the money in a range of ways to meet their personal circumstances. That is why Personal Independence Payment will remain an extra-costs benefit, providing cash support and allowing disabled people to spend the benefit in the way which best meets their individual needs.
9. The new benefit will not be means-tested or taxable, and payment will not depend on having paid National Insurance contributions. It will continue to be available to those who are in work, as well as those who are out of work.
10. Support will continue to be provided to children and adults up to the age of 65. Individuals who receive the benefit before reaching 65 may continue to receive Personal Independence Payment if their needs continue. We will keep the upper age limit for receiving the new benefit under review, given the changes being made to the State Pension age.
11. We will continue to support those in the most difficult circumstances by maintaining special rules for people who are terminally ill⁸. Claims submitted under these rules will be fast tracked to provide financial support as quickly as possible.

⁸ A person is 'terminally ill' at any time if at that time he suffers from a progressive disease and death in consequence of that disease can reasonably be expected within six months; Social Security Contributions and Benefits Act, Section 66, Subsection 2(a).

Question 2

Is there anything else about DLA that should stay the same?

Detailed proposals for a new benefit

A broader focus on disability

12. The criteria on which DLA is currently based, on care and mobility needs, are subjective and unclear. They lead to inconsistent results and support which is not always focused on those who face the greatest challenges to leading an active and independent life. We want Personal Independence Payment to be a more consistent and more focused benefit.
13. As with DLA, Personal Independence Payment will contribute to the extra costs faced by disabled people. As it is difficult to measure costs objectively on an individual basis, DLA currently looks at ‘care’ and ‘mobility’ as proxies for the extra costs disabled people are likely to incur, giving priority to the people with the greatest care and mobility needs. Although these are important issues and reflect some disabled people’s biggest challenges, they do not necessarily remain the best proxies for cost. In fact, there is currently conflicting evidence on the factors that affect the extra costs that disabled people face in the 21st Century⁹.
14. The definitions currently used are subjective and reflect views of disability from the 1990s, not the modern day. For example, ‘mobility’ as currently defined concentrates on an individual’s ability to walk, not their ability to get around more generally.
15. Introducing Personal Independence Payment offers an opportunity to rethink our approach and focus resources on individuals whose impairments have the most impact on their lives. As such, we intend to consider individuals’ ability to carry out a range of activities key to everyday life, including some related to a broader definition of mobility. Those least able to do so will be awarded the greatest support in the new benefit. There is some evidence to suggest that individuals whose impairments have the greatest impact are likely to experience higher costs. The new assessment will therefore allow us to prioritise support to individuals who face the greatest challenges and expense. As we implement the new assessment we will assess the extent to which it accurately meets these aims.

⁹ *Review of the existing research on the extra costs of disability*, 2005, DWP Working Paper 21.
Review of the international evidence on the cost of disability, 2008, DWP Research Report 542.

Question 3

What are the main extra costs that disabled people face?

Structure of the new benefit

16. The new benefit will have two components, linked to a range of activities that will be considered in the new assessment. One will be awarded on the basis of the individual's ability to get around (the mobility component), the other on their ability to carry out other key activities necessary to be able to participate in daily life (the daily living component). We propose two rates of benefit payable for each component; this will simplify the overall structure, make it easier to understand, and reflect the range of individual needs.

Question 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?**

Eligibility

The individual must have a long-term disability

17. Assessing the likely impact that impairments and health conditions will have on individuals over time is often very difficult. For example, while a stroke may have a significant impact immediately after its onset, many individuals will recover and suffer little or no effects in the medium to long term. Others may need substantial support for the remainder of their lives.
18. To ensure that support goes to those with the greatest need, Personal Independence Payment will only be available to those with a long-term health condition or impairment. We propose that to qualify an individual must have met the eligibility criteria for a period of six months (the 'Qualifying Period') and be expected to continue to satisfy the entitlement conditions for at least a further six months (the 'Prospective Test'). This means that, to be eligible for the benefit, an individual's health condition or impairment must be expected to last a minimum of 12 months. This brings the rules for Personal Independence Payment closer in line with those on Attendance Allowance and ensures this qualifying condition meets the definition of long-term disability in the draft guidance¹⁰ for the Equality Act 2010. People who are terminally ill will continue to be exempt from the Qualifying Period and Prospective Test. We are considering how to apply these rules to people with varying and fluctuating conditions.

¹⁰ Office for Disability Issues, 2010, *Equality Act 2010 Guidance: Guidance on matters to be taken into account in determining questions relating to the definition of disability.*

Automatic entitlements

19. The current DLA legislation provides automatic entitlements to certain rates on the basis of specific conditions and impairments, or the treatment an individual is receiving (a full list of the current automatic entitlements is available in Annex 1). For example, someone undergoing renal dialysis in specified circumstances would automatically receive the middle-rate care component without an assessment of their needs. As a result, eligibility for DLA is sometimes based on medical condition rather than the impact of that condition, meaning that support is not always appropriately targeted. In Personal Independence Payment, we intend to move away from a system that awards automatic entitlement for certain conditions; instead we propose to treat each application individually. This will deliver a more personalised service that ensures resources are targeted where they are most needed.

Question 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?

The individual must comply with residence and presence rules

20. We will continue to apply residence and presence conditions as part of the eligibility requirements for the receipt of Personal Independence Payment. Currently one of the conditions of receiving DLA is that someone is ordinarily resident in Great Britain. However we are considering moving towards a form of the habitual residence test to be consistent with other Department for Work and Pensions benefits.

Payment will stop if the individual is in hospital or a care home

21. Payment of the care component of DLA has always stopped if an individual's needs are being met by public funds in a hospital or similar institution or care home. As part of the Comprehensive Spending Review, we announced that the benefit will cease to be paid for both components after the individual has been in that hospital or care home for 28 days (84 for children in hospital). Although payment is stopped, the underlying entitlement remains, meaning that the individual will not have to reapply for the benefit on leaving the hospital or care home. This does not, however, apply where the individual is paying for his or her care, in which case payment will continue throughout. This will come into force in 2012.

The application process

22. The current assessment for DLA consists of a claim form completed by the individual and considered by a Decision Maker in the Department, alongside other relevant evidence such as General Practitioner (GP) reports. The process is based on unclear criteria and often does not make the best use of available evidence. As a result, awards can be subjective, inconsistent and do not always focus support on those who need it most. Disabled people also tell us that the DLA claim forms are too long and can be difficult to understand. We believe that the existing assessment for DLA is therefore no longer fit for purpose.
23. At the heart of Personal Independence Payment will be a new, fairer, objective assessment of individual need. We want the new assessment to be objective and evidence-based, to ensure that support is targeted to those individuals whose health condition or impairment has the greatest impact on their day-to-day lives. A greater emphasis on objectivity and increased use of evidence will lead to more consistent outcomes and greater transparency for individuals, as the process will be easier to understand. To enable us to focus support on those who need it most, we believe it will also be important for the new assessment to have a stronger focus on individuals' specific needs and how these may change over time.
24. We remain committed to the social model of disability. The new assessment will not be based solely on the medical model of disability and focused entirely on an individual's impairment, but will instead focus on the ability of an individual to carry out a range of key activities necessary for everyday life.

The activities that will be assessed

25. Our work to develop the detail of the assessment is not complete and we are taking this forward in collaboration with a group of independent specialists in health, social care and disability, including disabled people. We want the assessment to provide a broader, more objective measurement of the impact of an individual's health condition or impairment on everyday activities than those currently captured on the DLA claim form. Our initial proposal is that the assessment should consider activities related to an individual's ability to get around, interact with others, manage personal care and treatment needs, and access food and drink.
26. Activities we assess could include, for example, planning and making a journey, and understanding and communicating with others. The extent to which an individual could carry out these activities would determine their eligibility for Personal Independence Payment and the level of their award. This should ensure that priority is given to those individuals who need to overcome the greatest barriers to living full and active lives. As part of this work, we know it is essential to ensure that the assessment adequately reflects the support needs of variable and fluctuating conditions.

Question 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?

Question 7

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

Taking into account aids and adaptations

27. We know that many disabled people use aids and adaptations to increase their ability to participate in everyday life. Currently, DLA takes account of some adaptations, such as prosthetic limbs, but not all, wheelchairs for example. We believe we should take greater account of the successful use of aids and adaptations as part of the Personal Independence Payment assessment, to ensure that support is appropriately targeted on those who need it most, and that the benefit reflects the advances made in this area. This might mean, for example, considering an individual's ability to get about in a wheelchair, rather than ignoring the wheelchair, as we do currently.
28. We recognise that some aids and adaptations are provided by government while others might be paid for out of an individual's DLA itself. We are considering the best way to prioritise support in this situation. We also recognise the need to ensure that taking aids and adaptations into account does not discourage individuals from using them.

Question 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?

Gathering evidence

29. Using the best and most appropriate evidence will be essential to ensuring that the Personal Independence Payment assessment is objective. Disabled people are experts in their own lives and information they provide will continue to be vital. We need to gather this information in a way that is effective but simple for the individual. Disabled people have told us, for example, that the claim form for DLA is too long and complex and can require them to talk about their disability in a negative way, focusing on what they cannot do rather than what they can do.

Question 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?

30. We believe that advice from an independent healthcare professional, such as a doctor or occupational therapist approved by the Department, should be an important part of the new process. In most cases, we envisage that this will involve the individual having a face-to-face meeting with the healthcare professional, allowing an in-depth analysis of their circumstances. But we recognise that there may need to be some exceptions – for example, in the case of terminal illness and those disabled people who face the most complex barriers. It will also be important that we consider information from healthcare and other professionals who work with and support the individual, such as their GP or social worker.

Question 10

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

Question 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?

Reviewing awards and reporting changes in circumstances

31. The new benefit will be simpler and easier to understand, therefore individuals should be better able to recognise when they need to report a change in their needs. However, we also recognise that some people's needs may change gradually over time, and that these changes can sometimes happen so gradually that the individual themselves may not notice. Most of the under- and overpayments of DLA identified in the most recent formal review of the caseload were because of unreported changes in individuals' circumstances¹¹. This can mean that, over time, support is not always targeted at those who need it most. Within DLA, there is no systematic process for checking the ongoing accuracy of awards which means individuals could carry on receiving an incorrect award for a significant period of time.

¹¹ *Fraud, error and other incorrectness in Disability Living Allowance: The results of the Benefit Review of Disability Living Allowance, 2005.*

32. We want to change this approach. We want Personal Independence Payment to recognise an individual's changing needs over time. This will help us to ensure that everyone continues to receive the correct level of award and that Personal Independence Payment is better equipped to reflect further changes in our society. We will, therefore, periodically review all Personal Independence Payment awards.
33. During these periodic reviews, individuals will be assessed against the same criteria as used in the new assessment. The frequency and format of reviews will vary depending on the individual's needs, the likelihood of their health condition or impairment changing and, potentially, the successful use of aids and adaptations. Depending on individual circumstances, these reviews might involve gathering evidence from various sources, including self-report forms, information from relevant professionals who support the individual and face-to-face or telephone discussions.

Question 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?

Penalties for not reporting changes in circumstances

34. The individual will still be responsible for reporting any changes that occur between reviews. We will explain clearly at the award stage how people should report changes which might lead to a reduction in an award. There is evidence that, currently, individuals do not always report changes in circumstances¹². Personal Independence Payment will be easier to understand, therefore we would expect claimants to be able to identify changes in their needs and report the changes accordingly.
35. In line with the Government's new strategy on fraud and error¹³, there will be penalties for failing to report changes in circumstances. If an individual is found to have knowingly withheld information about a change in circumstance which would have resulted in a reduction in benefit, they will have to repay the amount claimed. In addition, a penalty or a prosecution may result.

¹² *Fraud, error and other incorrectness in Disability Living Allowance: The results of the Benefit Review of Disability Living Allowance*, 2005.

¹³ *Tackling fraud and error in the benefit and tax credits systems*, October 2010.

Question 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?

Linking people to support

36. We want Personal Independence Payment to be a more active and enabling benefit, so we are exploring ways to help inform individuals of the positive steps they might take to better manage or improve their situation if appropriate – for example, by accessing other forms of support in the health and social care systems. We are therefore considering whether there are ways of doing so as part of the administration of the benefit. There are a range of possible options, including providing guidance to individuals on the options open to them; signposting them to the support available elsewhere; or ensuring that they can discuss their situation with an appropriate professional who would be able to offer advice and help them access specialist support. We could potentially explore making elements of this part of the requirements of the benefit, where appropriate.
37. Aids and adaptations help some individuals to lead fuller and more active lives. For some people these are provided by other parts of government, like the National Health Service (NHS) or through one-off grants, but we are aware that others may use DLA to fund their aid or adaptation. For example, some individuals currently use some of their DLA to lease a Motability car, where others may put it towards paying for an assistant. We will explore the funding sources available at a national and local level for one-off aids and adaptations, and consider the role of DLA in meeting one-off costs as well as providing ongoing support.

Question 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?

Question 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?

Question 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?

Carers

38. We recognise the important role that carers play in supporting disabled people. The White Paper *Universal Credit: welfare that works*¹⁴ states that the Government is considering whether changes to Carer's Allowance will be necessary to take account of the introduction of Universal Credit.

Children

39. We are considering whether to apply these new eligibility and assessment criteria to children to ensure that they are also assessed in an objective and consistent manner. We recognise that the needs of disabled children and adults are different, and that children's needs may change gradually as they approach adulthood. Personal Independence Payment needs to reflect these issues appropriately. In discussion with specialists in this area, we are considering to what extent we could apply the new assessment to children, and whether eligibility requirements should differ depending on the age of the child.
40. We are also considering how we could share information from other assessments which disabled children undergo, for example to determine special educational needs, and whether or not we should take into account a child's support needs if they are being met from public funds by another institution, such as a school.

Question 17

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

Over 65s

41. People who become disabled after reaching 65 will remain eligible to claim Attendance Allowance, which provides support based on care needs. However, at present claimants who are already in receipt of the benefit when they turn 65 may continue to receive it past the age of 65, for as long as they require support.
42. We will consider whether the upper age limit for new claims to Personal Independence Payment should rise in line with State Pension age, once it has equalised for men and women in 2018.

¹⁴ *Universal Credit: welfare that works*, Cm 7957, November 2010.

Delivering the new benefit

3

The claims process for new and existing claimants

1. Once the new benefit is introduced in 2013/14, new claimants will submit a claim for Personal Independence Payment and will be assessed under the new system (see figure 3 opposite).

Reassessing existing claimants

2. Individuals who are currently receiving Disability Living Allowance (DLA) will remain on the existing benefit until we begin the process of re-assessment. From 2013, we will begin a managed programme to reassess the existing caseload and transfer people to the new benefit, starting with those of working age. The reassessment will require claimants to submit an application for the new benefit and further information will be gathered from a combination of different sources, including face-to-face meetings and factual reports, to decide eligibility under the new assessment. We will contact individuals before the reassessment, giving them plenty of notice and explaining what will be required (see figure 4 on page 24).
3. Individuals who believe the decision made at the point of reassessment is incorrect can ask for the case to be reconsidered by the Department. If the individual still believes the decision to be incorrect following the reconsideration, they can submit an appeal.

Figure 3 Claims process for new claims from 2013/14

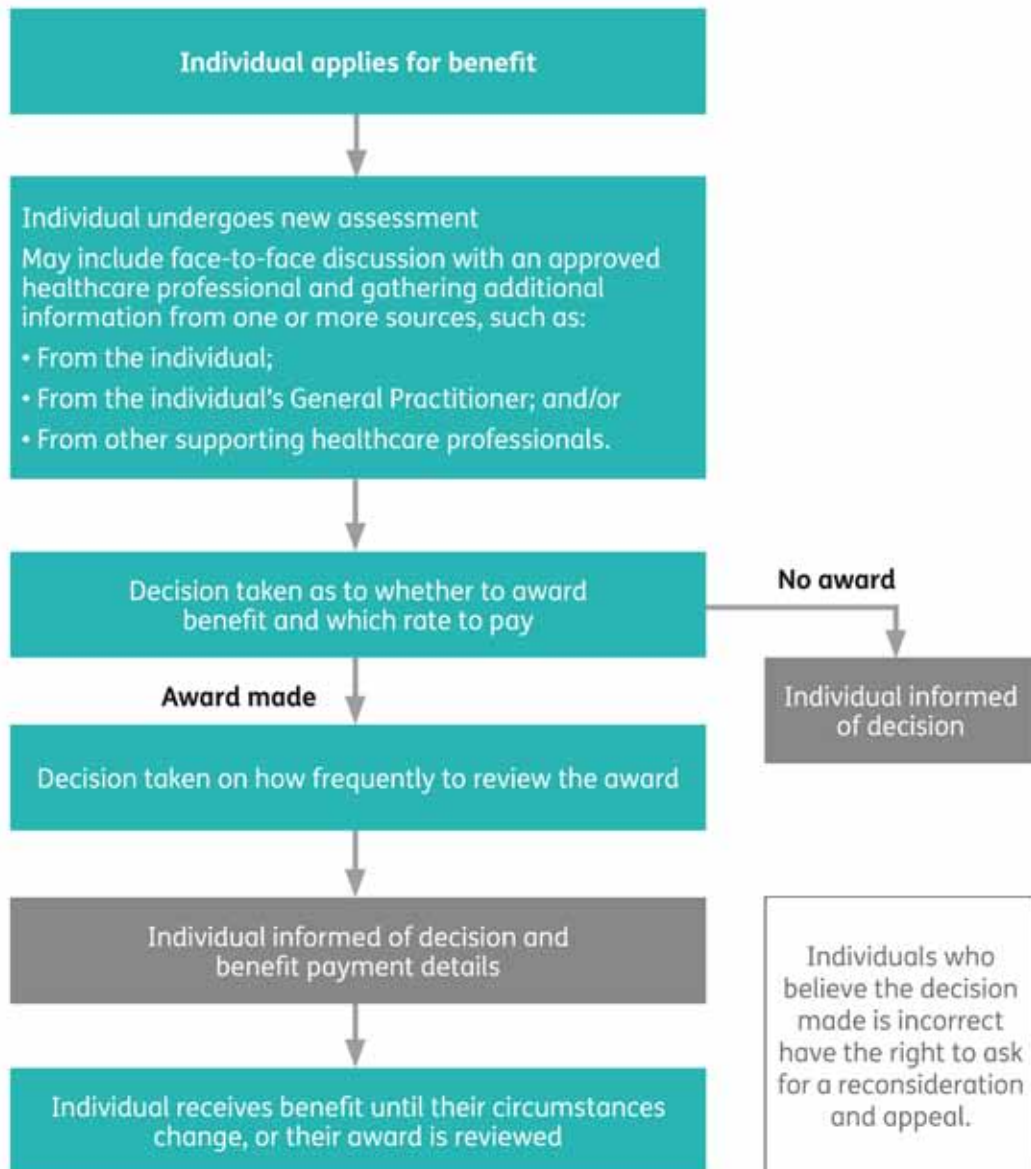
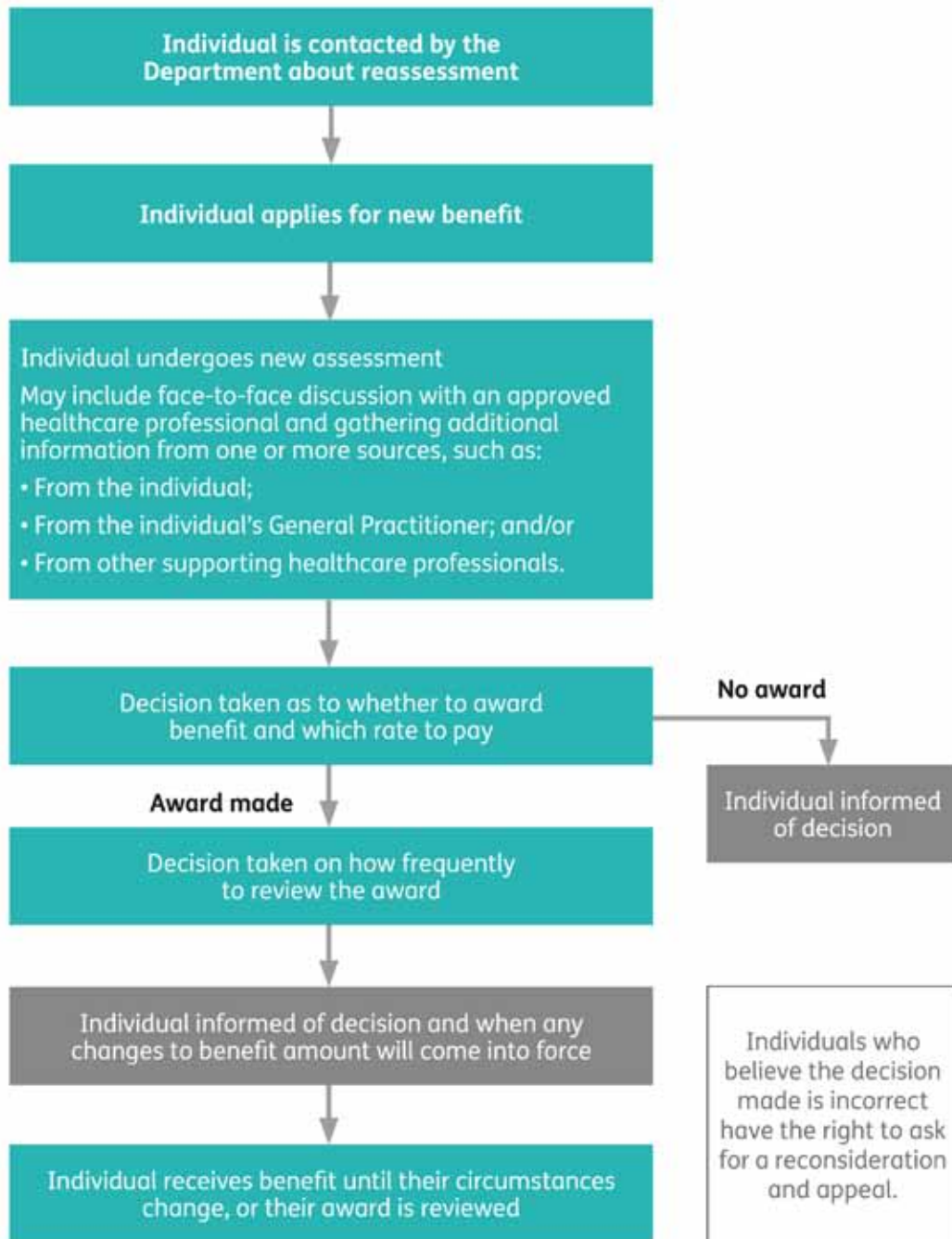


Figure 4 Claims process for reassessing existing DLA recipients from 2013/14



A passport to other support

4. As well as the cash support provided by DLA, entitlement to the benefit ‘passports’ the recipient to a range of additional help and support (both cash and in kind) administered across central and local government. This includes things such as access to Warm Front Grants and the Blue Badge Scheme. We recognise the importance of passporting, both to disabled people and administratively, as people do not have to be assessed twice. We will, therefore, take into account DLA’s role as a passport to other support as we design the new benefit.
5. Under the current system, DLA passports to disability premiums in the means-tested benefits. The White Paper, *Universal Credit: welfare that works*¹⁵, stated that the Government believes the existing structure of overlapping disability premiums is overly complex and causes confusion, and that consideration is being given to what, if any, extra support may be needed for disabled people in Universal Credit.
6. Currently, some people choose to exchange their DLA for a Motability vehicle. We will work with Motability to ensure this is still supported under the reformed system.

Question 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?

Question 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 to other benefits and services?

Sharing information

7. We are exploring whether it might be possible to share information, with the individual’s permission, from an individual’s assessment with other government departments or Local Authorities that are responsible for administering other benefits or services for disabled people. This could include an electronic link to Department for Work and Pensions data so that other authorities could automatically check entitlement on the basis of a Personal Independence Payment award.

¹⁵ *Universal Credit: welfare that works*, Cm 7957, November 2010.

Integrating with other provision

8. We recognise that there are many different funding streams available to disabled people and there are some areas of overlap, for example between the current care component of DLA and adult social care. In addition, some people may undergo many different assessments to access various forms of disability support, for example, during the assessment for Employment and Support Allowance and Local Authority care assessments. We will explore whether it is possible to share information from other assessments and eliminate areas of overlap.

Question 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?

Social care

9. One of the biggest challenges society faces today is reforming adult social care to ensure that older and disabled people have more choice and control, and reducing the insecurity they face. The Government has set up the independent Commission on the Funding of Care and Support, chaired by Andrew Dilnot, to consider how we ensure affordable and sustainable funding for care and support for all adults in England, both in the home and other settings, in the face of growing demand. The Commission will consider how adult social care and the support provided by the benefits system interact in any proposals it might make.
10. Many people receiving social care want to live independently and remain in their own home, wherever possible and for as long as possible. We recognise that the cash support provided by the benefits system or through the social care system is playing a crucial role in helping people to stay independent, as they can choose how to spend it according to their needs. We will explore, with the Department of Health, how the support provided by Personal Independence Payment along with other forms of support from public agencies or the voluntary sector can help disabled people lead independent lives and remain in their own homes if that is what they want. We will also carefully consider the recommendations of the Dilnot Commission on the interaction between Personal Independence Payment and the social care system, to ensure people receive the support they need, when they need it, in the way they need it.

Impact Assessment and Equality Impact Assessment

4

1. The purpose of this public consultation is to inform secondary legislation on the detailed design of the benefit. We are seeking views on the ideas covered by this document to inform the development of firm proposals. We will assess the impact of our more detailed proposals and we will produce a full Impact Assessment at the appropriate time. We are considering equality impacts as the policy develops and we will produce an Equality Impact Assessment. The overview below is our initial assessment of the potential impacts for the different equality groups, based on what is known at this stage about the proposals for reform.

Table 2 Overview of Potential Equality Impacts

Equality Area	Impact
Disability	<p>By definition, all people affected will be in receipt of Disability Living Allowance (DLA), the vast majority of whom will also be defined as disabled according to the Disability Discrimination Act (DDA) definition. Proposals to replace DLA with a new benefit that is better focused on helping disabled people to lead independent lives provide an opportunity to promote equality of opportunity to those least likely to live full and active lives. It is likely that some disabled people with lesser barriers to leading independent lives will receive reduced support, but this has been justified by the policy aim to focus support on those with greatest needs.</p> <p>Proposals to move away from automatic entitlement on the basis of a specific impairment to assessments based on the impact of impairments and to regularly review all cases, should help to remove differences in treatment which can currently arise depending on an individual's impairment or whether an award is made on a fixed or indefinite basis.</p> <p>If the new benefit improves understanding that support is available both in and out of work then it is possible that it may remove a barrier to working for some disabled people, promoting equality of opportunity.</p> <p>As well as this formal public consultation, we are working informally with disabled people and disability organisations throughout the policy development process. They are helping us to understand the impact of our proposals on disabled people. We will consider further the impacts on disabled people, including analysis by income distribution, once information on who will be affected by the policy is available.</p>
Age	<p>The majority of people receiving DLA are aged 16 to 64. This reflects the DLA rules whereby all recipients have to be aged under 65 on application, but may retain an award of DLA beyond 65 provided conditions of entitlement continue to be met. It is proposed that these arrangements will continue under the new benefit. This is justified as we recognise that many people who have become disabled earlier in life have had fewer opportunities to work or save for later life. At this stage, it is not possible to assess the impacts of the policy on different age groups, beyond continuation of the rules relating to the age at which benefit can be claimed, but this will be considered further once information on who will be affected by the policy is available.</p>
Race	<p>Although no administrative data is collected on the ethnic background of DLA recipients, based on the Family Resources Survey, people from ethnic minorities are slightly less likely to receive DLA than white people. At this stage, there is no evidence to suggest that the policy would impact disproportionately on any ethnic minority group, but it will be important to consider this further, particularly in relation to the claiming and assessment process.</p>
Gender	<p>Overall, the number of men and women receiving DLA is almost equal. At this stage, no disproportionate impacts on either gender have been identified, but it will be important to consider further once information on who will be affected by the policy is available.</p>
Sexual orientation	<p>No data is collected on the sexual orientation of DLA recipients. However we believe that there are no grounds to suggest this policy will adversely affect DLA recipients based on their sexual orientation.</p>
Religion/Belief	<p>No data is collected on the religion/beliefs of DLA recipients. However we believe that there are no grounds to suggest this policy would impact disproportionately on any faith group.</p>

2. We will continue to consider equality impacts as the policy develops, working with disabled people and disability organisations to inform our thinking. During the consultation process we would welcome views on the impact of the ideas on the people covered by equality legislation to inform the Equality Impact Assessment.

Question 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?

Questions

5

1. What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives?
2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?
3. What are the main extra costs that disabled people face?
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?
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?
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?
7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?
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?

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

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

How to respond to this public consultation

6

Purpose of the public consultation

1. This consultation seeks views to inform our policy for reforming Disability Living Allowance and introducing a new objective assessment. We would like to hear from all who are interested, including disability organisations and disabled people. The public consultation applies to England, Wales and Scotland.

Duration of the public consultation

2. The consultation period begins on 6 December 2010 and runs until 14 February 2011.
3. The Government Code of Practice on Consultation recommends a minimum 12-week consultation period for public consultations, unless there are good reasons for a limited consultation period. In this case, we are consulting on general principles only. We intend to further consult on specific details as these are developed, and therefore our Minister has agreed that a limited consultation is appropriate.

Northern Ireland

4. Social Security is a devolved matter in Northern Ireland. The Government will continue to work closely with the devolved administration in Northern Ireland to seek to maintain a single system across the United Kingdom.

Consultation arrangements

5. Please send your consultation responses to:
DLA Reform Team
1st Floor
Caxton House
Tothill Street
London
SW1H 9NA
Fax: 020 7449 5467
Email: consultation.dlareform@dwp.gsi.gov.uk
6. Please ensure your response reaches us by **14 February 2011**. We will acknowledge all responses. Please say whether you are responding as an individual, or on behalf of an organisation. If responding on behalf of an organisation, please make clear who the organisation represents, and how the views of members were obtained.
7. If you have any queries about this consultation, or would like to receive the consultation document in a particular format, for example, large print, Braille, audio, or Easy Read, please contact:
DLA Reform Team
1st Floor
Caxton House
Tothill Street
London
SW1H 9NA
Tel: 020 7449 7688 – answering machine only
Textphone: 18001 020 7449 7688 – answering machine only
Fax: 020 7449 5467
Email: consultation.dlareform@dwp.gsi.gov.uk
8. We have given notification about this consultation to a large number of people and organisations who have already been involved in this work or who have expressed an interest in it. Please share this document with, or tell us about, anyone you think will want to be involved in this consultation.
9. We will publish the responses to the consultation in Spring 2011. A pdf of the responses publication will be available online on the consultations section of our website **<http://www.dwp.gov.uk/consultations/>**
The publication will summarise the responses and the action that we will take as a result of them.

Freedom of information

10. The information you send us may need to be passed to colleagues within the Department for Work and Pensions, published in a summary of responses received and referred to in the published consultation report.
11. All information contained in your response may be subject to publication or disclosure if requested under the Freedom of Information Act 2000. By providing personal information for the purposes of the public consultation exercise, it is understood that you consent to its disclosure and publication. If this is not the case, you should limit any personal information provided, or remove it completely. If you want the information in your response to the consultation to be kept confidential, you should explain why as part of your response, although we cannot guarantee to do this.
12. More information about the Freedom of Information Act can be found on the Ministry of Justice website:
<http://www.justice.gov.uk/guidance/freedom-of-information.htm>

The consultation criteria

13. The consultation is being conducted in line with the Government Code of Practice on Consultation:
<http://www.bis.gov.uk/policies/better-regulation/consultation-guidance>
and its seven consultation criteria:
 - **When to consult.** Formal consultation should take place at a stage when there is scope to influence the outcome.
 - **Duration of consultation exercises.** Consultations should normally last for at least 12 weeks, with consideration given to longer timescales where feasible and sensible.
 - **Clarity of scope and impact.** Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence, and the expected costs and benefits of the proposals.
 - **Accessibility of consultation exercises.** Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is designed to reach.
 - **The burden of consultation.** Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.
 - **Responsiveness of consultation exercises.** Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.
 - **Capacity to consult.** Officials running consultation exercises should seek guidance in how to run an effective consultation exercise, and share what they have learned from the experience.

Feedback on this consultation

14. We value your feedback on how well we consult. If you have any comments on the process of this consultation, for example, how it could be improved, but not about the issues raised, please contact our Consultation Coordinator:
Roger Pugh
DWP Consultation Coordinator
1st floor, Crown House
2, Ferensway, Hull HU2 8NF
roger.pugh@dwp.gsi.gov.uk
15. In particular, please tell us if you feel that the consultation does not satisfy the Government Code of Practice on Consultation, or if you have any suggestions about how our consultation process could be improved further.

Annex 1

Table 3 Conditions and impairments which currently lead to an automatic award of DLA

Condition/Impairment	Description	Award
Severely mentally impaired	Severe behavioural problems which require help day and night	DLA higher rate mobility component
Double amputee	Born without legs or later amputated	DLA higher rate mobility component
Deaf/Blind	80% deaf and 100% blind	DLA higher rate mobility component
Haemodialysis	Renal dialysis carried out in own home	DLA middle rate care component
Special Rules	Terminally ill and not expected to live more than a further 6 months	DLA highest rate care component
Severely visually impaired*	Visual acuity of less than 3/60 or a visual acuity of 3/60 and a central visual field restricted to no more than 10°	DLA higher rate mobility component

* This provision will come into place in April 2011

Annex 2

Glossary of terms

Decision Maker

Someone who works for the Department for Work and Pensions and makes decisions on whether an individual is eligible for DLA and at what rate.

Devolved administrations

The countries of Scotland, Wales and Northern Ireland. These countries have some powers to decide what happens in their countries.

Disability Discrimination Act

The Disability Discrimination Act 1995 is an Act of Parliament which has now mostly been repealed and replaced by the Equality Act 2010. It made it unlawful to discriminate against people in respect of their disabilities in a wide range of areas of society, including employment, the provision of goods, facilities, services and premises, access to larger private clubs and to functions carried out by public bodies.

Disability premiums

Additional amounts of certain benefits which are paid to disabled people on top of the standard rate of benefit.

Equality Act 2010

The Equality Act 2010 simplifies previous equality laws and puts them together in one piece of legislation which aims to tackle discrimination and inequality. It provides protection from discrimination for people with a protected characteristic, one of which is disability. It provides legal rights for disabled people in the areas of:

- work
- education
- access to goods, facilities and services including land-based transport services
- functions of public bodies, for example the issuing of licences
- access to associations, including larger private clubs
- buying and renting land or property.

Green Paper

A government publication which seeks views from the public.

Impairment

Impairment is an injury, illness or a physical, sensory or cognitive condition for example being blind, having a learning difficulty, having restricted mobility or having multiple sclerosis.

Independent living

Independent living is about disabled people having the same level of choice, control and freedom in their daily lives as any other person.

Local Authority

Local Authorities are elected independent bodies. They are largely independent of central government and are directly accountable to the people who elect them. They are responsible for delivering some services locally, including social care services.

Medical model of disability

Many people think that disability is caused by an individual's health condition or impairment. This approach is called the medical model of disability.

The medical model says that by fixing their body, disabled people will be able to participate in society like everyone else.

Motability

Motability is an independent charity which operates a scheme allowing people to exchange either their higher rate mobility component of DLA or their War Pensioners' Mobility Supplement to obtain a new car, powered wheelchair or scooter.

National Insurance contributions

Individuals pay National Insurance contributions to build up entitlement to certain state benefits, including the State Pension. The contributions paid depend on how much is earned and whether the individual is employed or self-employed.

Public body

An organisation providing public services or functions, such as a local authority or Jobcentre Plus.

Social model of disability

The social model of disability says that disability is created by barriers in society. These barriers generally fall into three categories:

- the environment – including inaccessible buildings and services
- people's attitudes – stereotyping, discrimination and prejudice
- organisational barriers – inflexible policies, practices and procedures.

The social model argues that these barriers, unlike most impairments, can be changed or removed: for example physical barriers in the workplace can be removed and attitudes of employers changed so that disabled people no longer face discrimination in the workplace.

Universal Credit

Universal Credit is a radical new approach to welfare:

- It will bring together different forms of income-related support and provide a simple, integrated, benefit for people in or out of work.
- It will consist of a basic personal amount (similar to the current Jobseeker's Allowance) with additional amounts for disability, caring responsibilities, housing costs and children.
- As earnings rise, we expect Universal Credit will be withdrawn at a constant rate of around 65 pence for each pound of net earnings. Higher earnings disregards will also reinforce work incentives for selected groups.

White Paper

A government publication which says what government intends to do.

Work Programme

The Work Programme will provide more personalised back-to-work support for long-term unemployed people and for those with more significant barriers to employment. It will be delivered by contractors drawn from the private, public and voluntary sectors, as well as social enterprises.



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