



- 1) The over generosity of DLA for some claimants who could potentially work are a major disincentive to work. For example I have a friend with schizophrenia who is stable enough to work but why would he? He receives a total of £369 per week in DLA, IS, HB and Council Tax exemption. This equates to a gross annual salary of £19188. This means were he to work 40 hours per week at £6.00 per hour he would be £141 per week worse off. Such levels of DLA should only be considered for physical severe disablement or permanent brain injury etc and not for people who have potential to work.
- 2) Not sure.
- 3) For people with physical disabilities these include increased income for transport, diet and heating. I do not see that these apply frequently for mental health problems. When DLA claimants with mental health problems receive free bus passes and free care from CPN' etc it is not always clear what their care and mobility components are supposedly covering.
- 4) Two rates would be easier to understand and to categorise.
- 5) Only terminal illness and permanent severe physical disablement/brain injury should not be subject to regular and thorough reviews.
- 6) Payments should be prioritised to cover actual additional costs e.g. heating, paying for care and mobility vehicle etc. At present DLA can be claimed for care/support but spent entirely at the claimants choice on anything they like. My schizophrenic friend's attempt to reduce his alcohol consumption are wholly thwarted by the over generous DLA payments for care and mobility costs that he does not incur. It is hugely wasteful of public funds and detrimental to claimants health to allow such unaccounted payments to continue.
- 7) Regular thorough review via GP or other qualified health professional.
- 8) Yes.
- 9) The form should be reduced where the claimant accounts for their disability and actual living costs, with the medical report from the GP given highest priority.
- 10) Report from GP or other senior health professional.
- 11) This would serve to get a professional assessment of the claimants medical needs and other information such as their relation to other health issues such as drug or alcohol abuse and potential for DLA award to impact negatively on this.
- 12) A yearly intensive review and shorter six month update review to identify early any changes in circumstances.
- 13) DLA should be suspended, not cancelled, when a claimant fails to co-operate with any review and reminded by letter periodically to volunteer changes in circumstances.
- 14) Sign posting to appropriate advice agencies.
- 15) Not sure.
- 16) One off payments to cover such things as special flooring etc would be a good idea as not always met via social fund or occupational therapist, as long as it was verified that the award was used for this purpose.
- 17) Increased awards to take account of recreational/development needs of children with physical disabilities, autism etc. Behavioural conditions such as ADHT etc are not always reliably diagnosed or prove to be long term however and need to be reviewed.

- 18) DLA has been useful in increasing Housing/Council tax benefit awards as it is disregarded as income. This, however, is a disincentive to work for claimants who are able to do so as it impacts significantly on any attempt to return to employment.
- 19) Depends on the individual circumstances.
- 20) Not sure.
- 21) None.
- 22) There should be more control that DLA is awarded to those most in need at a level which meets actual required additional extra living expenses incurred due to the disability or illness. It should not be able to be obtained as an income well in excess of minimum age full time work for those who are able to find work.

Responding as an individual