

DWP About changing Disability Living Allowance

Questions

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Question 1

What things stop disabled people joining in with ~~other people~~ and living full, active and independent lives?

Mobility, communication & physical
limitations

Question 2

What parts of Disability Living Allowance do you think we should keep?

I think the current system is fair to
all. The rules are flexible to cover
those people who have a less
recognisable disability and is based
on meeting a persons needs, not their
diagnosis.

Question 3

What extra things do disabled people need to spend money on?

Laundry, heating, lighting, petrol, clothing, food, carers losing wages to cover appointments (medical) has an impact too.

Question 4

The new benefit will have 2 amounts for each of the 2 parts of the benefit. Do you think this will make the benefit easier to understand and also easier for us to run?

Do you think just having the 2 amounts for each part will cause any problems?

As far as I'm aware the mobility part already has 2 rates + the care 3.
- I think it will make little difference.

Question 5

Do you think some health conditions or disabilities should allow people to get an amount of the benefit automatically?

Or do you think that all claims should be based on the needs of the person asking for the benefit?

Yes - terminal illness or conditions
where treatment takes over someone's life
ie kidney problems needing dialysis
- claims will be based on the needs
as the person has the specified condition

Question 6

How can we make sure that disabled people who most need the new benefit can get it?

What activities or actions are the most important to live an independent life?

Use medical reports - this is done now.
Walking, eating, drinking, speaking,
being able to do things such as
cooking + cleaning for yourself

Question 7

How can we make sure that the new benefit takes into account the way a person's health condition can change?

- DLA is already reviewed - continue with this.

Question 8

When a person makes a claim to the new benefit, should we take account of any aids or adaptations that they use?

What aids and adaptations should we take into account?

Should we only take aids and adaptations into account if the person already uses them? Or should we take aids and adaptations into account that a person could use and get hold of easily?

Depends - just because someone uses an aid to enable them to walk/bath/wash etc... doesn't alter the fact they are disabled and incur costs (extra) compared to those who don't.

Question 9

How could we make the way a person asks for benefit better.
For example

- How could we make the claim form easier to fill in?
- How could we tell people about the new benefit so that they know what the benefit is for and who is likely to get the benefit?

I think medical advice should
determine the amount. The current
form is unbearable at times and
something I have to be strong willed
about when filling in. It's hard to

Question 10

be positive about my sons
disability and encourage
Who are the best people to tell us about the needs of the
person asking for benefit?

What information will we need to make it clear what the
person can and cannot do?

In my sons case, teachers,
paediatricians, physio's, OT,
speech + language therapists

They work with him all the time

and know what his needs are.

16 He also has a statement for
school that could be used.

P.T.O

independence when I
have to write about
all the
things
he can't
do
+ v. depressing
+ de-motivating
as his
carer.

- how the debility affects them.
- this is part of every report I get from healthcare professionals - a portfolio of these would easily identify what he can and can not do ~~to~~ to make an assessment.
- the worst part of claiming benefits + DLA is the constant repetition in questioning + forms!

Question 11

An important part of the new benefit may be talking face to face with an independent person about how well you can do the things you need to do to take part in everyday life.

What good things and bad things may this bring?

Is there any time when it would not be right to say that a person had to meet an independent person face to face, either in the person's own home or somewhere else?

This person will not know you or
your condition. An independent
decision can be made by assessing
reports from professionals that do
know you, your condition and how
it affects you. These reports are
already written after every
appointment so there is no extra
work involved just an extra
department to copy in!

Independent consistent decisions to
ensure the benefit is fair to all
is a good idea but it is important
that a disability is not judged in

one 20 mins session with an
individual. To be fair it would
need to be regular contact over a period
not

of time -

Question 12

What should we use to decide how often we should look at a claim again and check it?

Should the way we look at a claim again depend on the needs of the person and their health condition or disability?

Again, up to date medical reports

Question 13

The new benefit will be easier for people to understand, so we will expect people to tell us when things change in their lives.

How can we get people to tell us about the changes in their lives?

have medical reports copied onto DWP.

Question 14

What types of help and advice are people who will ask for the new benefit likely to need?

Would it help if we told people to get help and advice and where to get it from?

Citizens Advice is always there.
Plus, certain outreach groups for
disabled - it would help to
promote these to people.

Question 15

How do disabled people pay for their aids and adaptations at the moment?

Should disabled people be allowed to use the new benefit to pay for a one-off cost?

Main equipment is provided
through the Red Cross - on loan.
Other specialist equipment is fund
raised for or grants or family
debt.

Question 16

What are the main differences we should think about when we are dealing with claims for children instead of adults?

Mobility is more of a factor as
to be an independent child and
mix with your peers - mobility is key.

My son is isolated from many family
activities due to his mobility issues.

Question 17 - children like to be active

How important or useful has Disability Living Allowance been in getting people to use other services or to get other benefits?

What can we do to make things better?

At the moment people who get Disability Living Allowance automatically get help from other benefits and services, like the Blue Badge scheme and the Warm Front scheme.

What would it mean to disabled people if they did not automatically get help from these other benefits or services?

DLA has good links to other
benefits - no automatic link =
more forms, more time, more expense
in phone calls, appointments etc...

AD = MORE HASSLE THAN DEALING
WITH THE CONSEQUENCES OF
THE DISABILITY ITSELF!!

Question 18

What information about the disabled person could we share with other services or government departments to stop the disabled person having to tell lots of people the same thing?

Medical Reports

Question 19

How would our ideas for the new benefit affect different equality groups? For example, the equality groups looking at disability, age, race, gender, **sexual orientation** and religion and belief.

Sexual orientation

This is about whether a person is

- heterosexual – sexually attracted to people of the other sex.
- lesbian – a woman who is sexually attracted to women.
- gay – a man who is sexually attracted to men.
- bisexual – sexually attracted to men and women.
- asexual – not sexually attracted to men or women

It won't? I don't think?

Question 20

Is there anything else you would like to tell us about our plans?

It seems as though little will change
The people who play the system
always will and those who are
22 honest always fall between the cracks #
More emphasis on catching those who
cheat the system than changing a system D.T.

that when used properly for the right reasons in my experience works.

One rule will never fit all - a cluster of medical reports all highlighting the same issues will clearly show the person's abilities and an independent medical expert could make a decision based on that evidence in writing.

* when blanket changes are made to fit all circumstances.

I would much prefer this approach and a 6 monthly visit to my home to see the person, rather than endless form filling to check to see if anything has changed.