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14 DEC 2010

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9<sup>th</sup> December 2010

Dear Sir/Madam

I am writing to you concerning the abolition of Disability Living Allowance (DLA), and its replacement by the proposed Personal Independence Payment (PIP).

I have read the DWP publication "Public Consultation: Disability Living Allowance" which outlines this change, and I am extremely angry and worried by what it says.

I have the following concerns.

There is currently a pilot DLA recipient assessment scheme run by French company ATOS, on a £300m contract with instructions, I understand, to pass 75% of IB/ESA recipients as fit for work, with the resultant withdrawal of their IB/ESA entitlement. Quite apart from the stupidity of such an arbitrary target, far from saving money for the DWP, I understand from the press, including The Guardian and Daily Mirror that currently over 40% of appeals are upheld, costing DWP even more time and money.

You want to get working age disabled people into work and lead "fulfilling lives" I read that as you are trying to do the same as you are doing with Incapacity and ESA, chucking people who need the money most off the benefit they are on. By denying genuine disabled people DLA or PIP or whatever you bring in YOU are stopping them from leading an independent full and active life.

The government's own assessment of DLA fraud is that it amounts to a half of 1%.

This is my response to the Consultation Document.

### Consultation Questions.

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

Ignorance and prejudice among the general public, also with employers who do not want to take on disabled people no matter what legislation or laws you bring in. You want to get working age disabled people into work and lead "fulfilling lives" I read that as you trying to do the same as what you are doing with Incapacity and ESA, chucking people who need the money most off the benefit they are on. By denying genuine disabled people DLA or PIP or whatever you bring in **YOU** are stopping them from leading an independent, full and active life.

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

It needs a change but you are going too far in what you are proposing to do. Yes the ones who are not disabled and are claiming need to be stopped, but I fail to see how assessing children will help you do this.

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

Each disabled persons needs are different. You are asking for a breakdown of costs for a section of society. I do not think this question is a good question to ask. You say in the white paper that disabled people spend their DLA on a wide range of things personal to them. And that is what it should be personal to their needs. A list should not be drawn up and used as a yard stick by which the DWP can say you can spend you PIP on this or that.

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?

I suspect that the only reason you want two levels is so that you can take away a level of care. I read it like this. Keep middle and higher get rid of lower = government saying you are not disabled enough so no help or money for you.

- What, if any, disadvantages or problems could having two rates per component cause?

I think taking away a "Care Component" is just the government degrading DLA/PIP to save money. Which one will you take away low middle, higher? I think if you take away one level of care, you will be taking away a "gradient" of money. You are saying you are very disabled if you keep higher, you are quite disabled if you keep middle rate, what about the people on lower rate? Presumably you feel they are not bad enough to qualify for any help.

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?

Yes I do. My son has Autism it is a lifelong condition. He will not grow out of it. It is stressful enough as it is without having to re apply and be assessed at a given time limit by the government.

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?

To have a full and active life is to do what the person them self thinks is a full and active life. It is not for the government to decide what a full and active life is. For some (able bodied people as well) this can mean playing computer games and going to a foot ball game, to others going to the shops. Again you are asking a question, when you really are not interested in the answer. You will have it all worked out, what you "deem" to be a full and active life. I personally would say getting out of the house, going to the shops meeting people, BUT I am not disabled. What I would like my son to do to have a full and active life, is probably different to what he would want. I feel that whatever the public say you are not interested.

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

Not to use some out-sourced private company to make decisions they are not medically qualified to do. Make sure you have brain disorders including Autism and Aspergers and Mental illness taken into account. Disability is not **JUST PHYSICAL**. For god's sake use medically qualified people, not doctors that are by implication **PAID** by you to fail people so as to satisfy a quota (we all know it goes on) Being able to pick up a book when you have a mental illness or a brain disorder is not an indication of being able to work.

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?

No they should not , why should an ex soldier who has had his legs blown off be **DENIED** (DLA) because he can get around on his prosthetic limbs, why should a blind man be told he **can't** have DLA because he has a seeing dog.

- 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?

You should take into account what their disability is. What aids they **CHOOSE** to use or **CHOOSE** to have is none of your business. In so much so – you may say that MR X has the inadequate NHS false legs so he can use them to get around, that could be in your new hand book. But consider this: MR X gets so much pain from his false legs, his stumps bleed, he would **PREFER** to use his chair. I suppose you would then deem him to **UNCOPERATIVE**? So what is MR X to do? Go to your assessment and be told that he has to use badly made legs, because they are **THERE** for him to use, or be told he is not eligible for any benefits because he chooses to use a chair as it doesn't hurt him. I doubt the government would pay out for a decent pair of legs now would it?

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?

Make it shorter and easier to understand. None of this “How many minutes a day does it take you to do x”

- 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?

My personal opinion it should not be for alcoholic and drug addicts. Use plain language on any forms or advertising.

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

The person's paediatrician, consultant, GP, social worker, occupational therapist, school, or whoever knows the person's condition. **NOT** one of your appointed contractors, who are **NOT** medically trained.

11. An important part of the new process is likely to be a face-to-face discussion with a healthcare professional. What health professional, paid for by **YOU**. What qualifications will they have? More importantly, will they have qualifications relevant to **YOUR DISABILITY**?

- What benefits or difficulties might this bring?

For adults who are claiming and are not truthful, it will help weed out the ones who are lying. It will also cause the ones who should have nothing to worry about, the genuine people with a disability more stress. Not only do they have to deal with their disability they then have to go and **PROVE** it to one of your doctors. Stress and worry they should not have to deal with.

- 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?

**YES - FOR CHILDREN** – as I have said before children for the most part have to be seen by several professionals to get a diagnosis. You will be saying we do not believe you or your child's care team we now want you and/or your child to **PROOVE** that they are disabled. How can you justify interviewing a 3 year old, how can you justify interviewing a child with autism, who is scared of strange people, how can you justify interviewing **ANY CHILD**? I do not care what location you want to do it in, this is **WRONG**. Children with special needs often behave differently at home & school. This is called “non transference of skills” a child will associate one set of skills or way of doing things at home, and will have a completely different way of doing things at school. Your oh so qualified interviewer will see on paper what a child is like at school or another setting, see the child and not believe a word of what the parent says! This is an outrage. Why can you not believe what the care team your child is in **CONTACT** with on a **REGULAR** basis say? Not some unqualified “person” who will see the child for a matter of minutes.

12. How should the reviews be carried out? For example:

- What evidence and/or criteria should be used to set the frequency of reviews?

If you have a diagnosis of whatever it is you have, talk to the people involved in the persons **CARE**, who see them on a **REGULAR** basis. If it is a lifelong condition the reviews should be further apart, if it isn't a bit more regular. But think of this; if this is not a lifelong condition and you will eventually get better, having the stress of reviews hanging over you isn't going to help with the healing is it?

- Should there be different types of review depending on the needs of the individual and their impairment/condition?

So you would deem it appropriate to have the same review for a person who had good speech and comprehension and had the ability to understand what was being said, and to an autistic adult, who had poor speech and comprehension and had anxiety levels through the roof? No it is **NOT** appropriate. One peg fits all will **NOT** do. As for interviewing **CHILDREN**, I think that this is **NOT ACCEPTABLE**.

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?

Just do what you are going to do, fine people.

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?

If people want advice they will ask for it. It should **NOT** be made a requirement in the claiming process. The advice and help should be there, **BUT** not made a pre requisite to making a claim.

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?

As a government you really shouldn't be trying to interfere with people's lives, however it seems that you are insistent on doing so. If a person wants information on their condition they should be able to **ASK** for the information not have it deemed as a **REQUIREMENT**.

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?

So a one off payment – and that is it, there you go you have your wheel chair, you can get around now, oh and you're not getting any other benefits either.....

My friend had his wheel chair condemned **14 MONTHS** ago. He has only just had the wheel chair **LOOKED** at – not fixed or replaced – looked at. He has now got to wait for god knows how long to see if he will get a **CONTRIBUTION** to his chair, he will have to pay the rest.

How about not having to wait 14 months just to get an aid **LOOKED** at?

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



You should **NOT** be assessing children. Currently if you claim as an adult or child it is based on need rather than condition. Adults can get DLA at higher rates providing **LESS** evidence than I can provide for my son who has had a full diagnosis. My son saw a number of health professionals to get this diagnosis. By you saying you want to re assess my son you are saying to me that the:

Paediatrician

Health Visitor

GP

Speech and language therapist

Occupational therapist

Educational psychologist

are **not** qualified enough to diagnose my son as Autistic.

What you are saying is that you doubt my son's condition is real, that I and the professionals may be lying or incompetent.

You want to re assess **CHILDREN**, it is disgusting that you are even considering this. The government want to get **working age DISABLED PEOPLE** to work; where is the sense in putting **children** and **families** through even more stress.

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 is a lifeline to many disabled people. Where I live you have to fight for a blue badge, DLA does not mean you get anything extra in my area.

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?

You have to fight for everything when you are disabled, if PIP is not able to get you access to other benefits, many more disabled people and their families will fall into poverty. If a person was not able to use PIP to pay for services then where are they supposed to get the services they need?

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?

I don't know, but seems like you want a nice big, and if past government performance is anything to go by, **unsecure** data base. As you are aware of my feelings on assessing children, I do not think you should use the fact a child has a statement of educational needs as an "excuse" to say "well the child is at a special school the school are dealing with that Childs needs" so you would not want to provide extra help or PIP for said child. After reading the paper it stands out that you are saying we will combine all the reports and assessments, if the child has SEN and is at a SN school the school are meeting the child's needs we do not will not provide anything extra. What happens when that child

goes home for the day? Who provides for their needs then other than the primary carer? It's a cop out on the government's part, saving money is not the be all and end all.

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?

Whatever anyone says on this matter it will not make a difference. You have your table in the proposals that is that.

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

I have made my views quite plain. I am very angry that yet again the genuinely needy and vulnerable have been picked on by this government. We can't make savings or increase the tax charges for the ones at the top, it is clear.

I am a mother, my son is a child at the moment, what you are proposing may or may not affect him yet, but certainly will in the future.

I am all for the liars to be weeded out, DLA should not be paid for alcoholics and drug addicts. But you are picking on people who have real disabilities. Disabilities are not always physical, as I have said mental disorders and Autism will get an unfair dismissal rate I think.

I think it is an absolute outrage you are proposing to assess children, as I have outlined above what I think, I will not go through it again. I think it is the lowest of the low to subject families and especially **CHILDREN** to an assessment.

I also see from reading the paper that you are considering what to do with carers allowance whether it should go in the universal credit. From this I am assuming you want to means test carers allowance or get rid of altogether. If so, then that again is disgrace. Why should you means test this allowance? As a carer you practically give up any chance of getting a full time job, as there are restrictions on what you can earn, and care. Carers allowance makes life a little more bearable. If you means test it as I think you want to, how can it be fair a family in one house does the same caring, but because they would in theory earn above whatever paltry level you would set it at, they would get **NOTHING**. But considering what happened with child benefit I know you would stoop that low. Carers **SAVE** the government billions, and now they want to take away what little help they get in return for a sometimes thankless job, £53.90 a week in return for saving the government thousands per household.

The government continually wheel out their hollow mantras: "We're all in this TOGETHER", "We are FAIR" and "The broadest shoulders will bear the heaviest burden". All untrue. The government have proven they are anything but fair. Expect a lot of angry people.

Yours faithfully