

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?

Societies unsympathetic attitude to disabled people which, in turn makes us even more disabled!!!

The government's plans to take DLA

mobility component from people in care homes

At present this is the only way my mother can get days out with my father or go on holidays etc. if this plan goes ahead she will be institutionalised in the care home and have no feasible means of getting about - this will have an extremely

Question 2 detrimental affect on her autonomy, mental wellbeing and ultimately her health overall.

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

All parts ^{need to be kept} as you cannot pigeon hole people into ^{even} smaller boxes.

At present at least there is plenty of leeway to try and categorise people - if you reduce the options many people will not receive the help they need.

Question 3

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

Extra costs:

Taxi fares, heating, electricity, toiletry needs adaptations in home (O.T. cannot or won't provide money!)

Everything that relates to disability is always considerably more expensive.

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?

Yes. again trying to pigeon hole people into stricter criteria will cause people to not get what they need. This as is happening at present will put even more strain on the appeals service.

The benefit is really easy to understand at present, it is the people enforcing the system that do not understand peoples conditions.

In many cases people are put in the wrong categories (e.g. Fibromyalgia is currently seen as a form of Arthritis, when in fact it is a neurological disease - brain receives the wrong signals and says you have severe pain all over.

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?

I would definitely agree that some conditions should get benefit automatically. Many conditions only get worse over time and no amount of medication helps. Also the individuals needs should always be taken into account by a qualified Doctor and not someone who has had some training and therefore doesn't know how the new benefit can get it? debilitating it can be.

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

Better training for doctors and also by not using agencies (e.g. ATOS) who do examinations and get ludicrous sums of money to only take a snap shot of the persons circumstances.

Patient who have reports from hospital consultants which detail their disabilities/illnesses. Also use this information in conjunction with the persons' own G.P. as they know how the patient is on a more intimate basis and is better placed to give a more comprehensive analysis of how they live.

with their disability and how it impact on their daily lives.

It is vitally important that the various medical opinions, and data obtained (MRI, X-RAY, blood results etc.) by the consultant and G.P.'s is not brushed under the carpet by these agency 'specialists'!!!

It is crucial that the person is given monetary and/or physical support to help them to live as 'normal' a life as possible. In addition, if it is found that the person needs help that they are not subjected to unnecessary and stressful examinations by people who are only interested in how many they can get through and thereby increase their agencies and their money.

Question 7

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

Use the reports from the individual's Specialist and own G.P. instead of relying on some medical given by some agency who only sees a snap shot of the person concerned.

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?

Yes all aids and adaptations as this is an indicator as to how disabling normal environments are to people. In a lot of cases people are awaiting the outcome of their DLA claim before they are then able to buy aids themselves or in some cases before local authorities recognise them as being disabled.

A prime example is for a blue badge¹⁵

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?

Put forms in 'plain' english and stop trying to 'trip' people up by using the same question over and over again but worded differently. leaflets (again in simple plain english.)

Question 10

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?

Hospital Consultants and patients own G.P.
* NOT an Agency Doctor who is quota led *
Assessments by Consultants, G.P.'s, OT's,
Physio's etc.

Does standing cause pain and discomfort instead
16 of walking distance. e.g. I am in extreme
pain when I stand up let alone having to walk
any distance.

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?

Good	Bad
they can see how much pain the person is in and their limited ability	person doesn't look at or examine person, but just sits typing at computer.
It may allow the person to give a more detailed account of their abilities rather than trying to cram everything onto the forms.	not having proper access to assessment base. trying to force person to do things they cannot do.

A house visit is good when travel would exacerbate the person's condition.

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?

*Important that you use consultants + G.P.s
Reports which may indicate that condition would
stay the same or degenerate.*

*Yes it would depend on the persons condition
and how many different conditions that the person
has and how each condition affects
them.*

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?

*Instead of just stopping the claim
instantly, taper it off or say to them that
any monies paid are conditional of any appeals
processes. You should also add that if after
appeals they still lose that any monies have
to be paid back. However, this will probably
cause even more stress.*

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?

Inform them to get help from social services, welfare rights, CAB etc.

Many people will need help from the above due to their disabilities. Even the simplest of forms are daunting especially if you have learning disabilities or a mental disorder.

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?

Many pay for aids/adaptations out of their own money initially then from DLA if successful (e.g. motability, care services).

people should be allowed to use the money that best suits their needs even if it is just for food or heating.

OAP's are lucky to have winter fuel payments even if living in a home, whereas the disabled only get £25 if it stays below 0°C for 7 days.

Because of their disabilities they are often just as house bound as OAP's and a bit of extra money would be the difference between heat or food.

Question 16

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

Children are still growing so care/mobility needs may require more assessments until Adulthood

Question 17

① How important or useful has Disability Living Allowance been in getting people to use other services or to get other benefits?

② What can we do to make things better?

③ 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.

④ What would it mean to disabled people if they did not automatically get help from these other benefits or services?

① It is vital in many areas of the country especially to get a blue badge.

② Standardise the system country wide, -not a postcode lottery.

③ very important service.

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④ It would have a dramatic detrimental effect on their autonomy and would also put greater strain and stress both on themselves and family members.

D.T.D

In addition, they would find it extremely difficult to find money services that they could then access.

It would also mean that to get these services would mean a lot of hoop jumping and ~~trying to convince~~ a greater length of time they would have to wait to qualify for said services they needed.