

DWP

# Questions

## Question 1

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

① SOCIETIES ATTITUDES ② PHYSICAL BARRIERS/LACK  
OF ACCESS ③ LACK OF INFORMATION

## Question 2

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

DO NOT THINK HAVING 2 LEVELS OF CARE AND 2 LEVELS  
OF MOBILITY WILL SIMPLYIFY DLA.

D.L.A SHOULD BE ONE BENEFIT WITH 4 OR 5  
DIFFERENT LEVELS OF PAYMENT

### Question 3

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

- ① ITEMS SPECIFICALLY DESIGNED FOR DISABLED PEOPLE ARE PRODUCED IN LOW VOLUME THEREFORE IT IS MORE EXPENSIVE.
- ② OFTEN HAVE TO PAY EXTRA FOR A CARER/GUIDE/COMMUNICATION SUPPORT.

### 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

- NO DO NOT THINK IT WILL BE EASIER TO UNDERSTAND
- SUGGEST 1 BENEFIT WITH 4 OR 5 DIFFERENT LEVELS  
1 = LOW NEED WITH ONE DISABILITY = PROFOUNDLY DEAF  
= BLIND  
↓ TO  
5 = COMPLEX/MULTIPLE DISABILITIES AND A NEED FOR CARE OVER A 24 HOUR PERIOD

## 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?

AT LEVEL 1 WITH SOME 'MEDICAL' EVIDENCE eg CUI  
ABOVE LEVEL 1 THEN BASED ON THE PERSONS DISABILITIES/NEEDS

## Question 6

- A) How can we make sure that disabled people who most need the new benefit can get it?
- B) What activities or actions are the most important to live an independent life?

- A) - MAKE THE BENEFIT MORE TRANSPARENT.  
- APPLICATIONS EASIER TO COMPLETE (CURRENTLY TAKES AT LEAST 2 1/2 HRS)
- B) EQUIPMENT OR PERSONAL ASSISTANT TO ENABLE THE PERSON TO BE AS EQUAL AS POSSIBLE.

## Question 7

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

Assess benefit over a period of time eg review every 5 years.

## 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?

No - Person should be assessed without taking into account any existing aids/support/adaptations, as 1) they may not be available everywhere the person goes 2) they cannot always rely on them.

eg - carer fails to turn up  
- lift breaks down  
- no alternative to an audible warning/information system

## 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?

- STOP THE NEED FOR REPETATING INFORMATION
- MAKE PART OF IT LIKE A DIARY FORMAT
- GIVE GREATER EMPHASIS TO SUPPORTING EVIDENCE eg CVI

## 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?

- THE PERSON THEMSELVES
- PROFESSIONALS
- CARERS
- CLOSE FAMILY/FRIENDS.

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## 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?

ABOVE THE LOWEST LEVEL EVERYONE SHOULD BE SEEN  
FACE TO FACE WITH AN OPTION OF HOME VISITS

\* COMMUNICATION MAY BE AN ISSUE

## 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?

- REVIEW EVERY 5 YEARS, UNLESS THE PERSON HAS A LIFE LONG CONDITION.
- SELECT A PERCENTAGE eg 20% FOR REVIEW  
FOR THOSE WHO HAVE A LIFE LONG CONDITION (THEY WOULD THEN NOT BE REVIEWED FOR AT LEAST 10 YEARS).

## 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?

\* SHOULD BE A LEGAL REQUIREMENT TO INFORM YOU  
IF THEY WOULD NO LONGER QUALIFY FOR THE BENEFIT

ANNUAL REMINDERS WHICH THE DLA RECIPIENT NEEDS  
TO ACKNOWLEDGE eg COULD BE VIA POST, EMAIL, TEXTMESSAGE



## 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?

① TO UNDERSTAND THE QUESTIONS.

② TO PHYSICALLY COMPLETE THE FORM

- \* YES - PAY LOCAL VOLUNTARY ORGANISATIONS FOR EACH BENEFIT CLAIM THAT THEY COMPLETE

## 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?

STOL HOSPITALS, OCCUPATIONAL THERAPISTS, LOCAL AUTHORITIES PROVIDING EQUIPMENT (MOSTLY FREE) AND GOT PEOPLE TO PAY FOR THEIR AIDS + ADAPTATIONS FROM D.L.A.

- \* YES



## Question 16

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

CHILDREN HAVE VERY DIFFERENT NEEDS AND ALSO  
NEED TO COMBINE WITH A CARERS ALLOWANCE  
A FAMILY SHOULD NOT BE IN POVERTY DUE TO A  
DISABLED CHILD IN THE FAMILY.

## Question 17

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?

DISABLED PEOPLE OFTEN RECEIVE DUPLICATE BENEFIT  
DUE TO THEIR DISABILITY - THIS COULD BE ONE  
AREA FOR COST SAVINGS.

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## 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?

A SUMMARY SHEET WOULD BE HELPFUL WITH  
A TICK BOX AND SIGNATURE GIVING THE PERSONS  
PERMISSION TO SHARE THE INFORMATION  
IT WOULD ALSO ASSIST DWP IN SCREENING  
INITIAL APPLICATIONS.

## 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

DLA SHOULD BE BASED ON THE PERSONS ABILITY/  
INABILITY TO BE EQUAL WITH THEIR FELLOW  
CITIZENS. DLA SHOULD THEREFORE BE BASED ON  
REDUCING INEQUALITY.

## Question 20

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

- ALLOW EVIDENCE IN OTHER FORMATS eg VIDEO.
- NOT SURE HOW YOU OVERCOME THE APPLICATION FOCUSING ON THE NEGATIVE ASPECTS OF A PERSONS LIFE.

