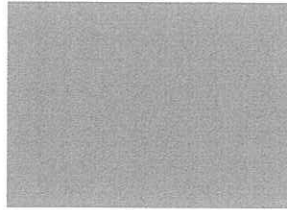


27/1/11

073 . Con . Res . Wr



24th January 2011

DLA Reform Team
1st Floor, Caxton House
Tothill Street
London
SW1H 9NA

Dear Members of Reform Team

I have read the read the DWP's public consultation document for DLA Reform in conjunction with the introduction a Personal Independence Payment. I have considered the questions in section and 5 and offer my views below.

Firstly, however, I would like to explain my reasons for responding to this document. I act as an unpaid carer and advocate for my son who has Down's Syndrome and associated learning difficulties. He also has significant hearing and severe language disabilities. Under the current DLA (and other benefits') arrangements, I have attended all face-to-face meetings and have completed assessment forms on his behalf. His disabilities mean he cannot do these tasks for himself. I feel there is an obvious absence of mention of people, such as myself, within the DWP's reform consultation document. The emphasis appears to rest on "*collecting information from the individual, as well as healthcare and other professionals who work with and (provide) support.*" My experience is that healthcare workers and other professionals (including social workers) have very limited contact with the disabled individual - and would not be in a position to provide the nature of information required to ensure the disabled individual was fairly represented in the assessment process.

My first response to this document is, therefore, that the disabled individual should be entitled to an advocate to represent or accompany them at any part of the assessment process and that the advocate's responses should be taken as representative of that individual's needs where the individual is unable to make his/her own responses.

Whilst the Reform Team imply a movement away from the current 'medical' assessment of an individual's needs, I feel the Reform document focuses very heavily on an individual's physical abilities and pays little (if any) attention to an individual's cognitive ability to "*make day to day judgements to carry out key activities necessary to participate in everyday life.*"

In response to the specific questions raised in Part 5 of the Consultation document, I would respond as follows.

1. Clearly the extent of an individual's disability -- whether physical, learning or medical creates a barrier towards independence and participation within society. A disabled individual is immediately at a disadvantage against able bodied people when applying for work. This might not be the desired view, but it is reality. Unless employers receive financial incentives to employ disabled people, it is very unlikely that they will be given employment over an able bodied person who it will be assumed (rightly or wrongly) to be more productive. The Reform of DLA and other benefits must take this factor into account and not aim at unrealistic targets for disabled individuals.

2. DLA should remain as a separate, non means tested, benefit which the recipient can use according to their individual needs.
3. There is a constant increase in the cost of employing carers/support workers for those receiving direct payments. The present DLA care component does not increase accordingly. Travel expenses, parking expenses are also constantly increasing and likewise, there is no corresponding DLA increase. Whilst ILF will consider contributing to these costs, not all disabled individuals are in receipt of ILF.
4. Without knowing what qualifying criteria each component would contain, it is difficult to assess whether this would make it easier to understand. Each component must, however, incorporate criteria relating to cognitive ability as well as physical ability to carry out daily tasks within and outside the home. Priority for the higher rate should not be based purely on physical ability.
5. Some **severe** health conditions and impairments should mean an automatic entitlement to DLA. These conditions and impairments could easily be identified from the existing DLA system where individuals have been identified as severe for care and mobility and where their impairment is lifelong and will deteriorate rather than improve.
6. DLA reforms should adopt the same process as Direct Payments. Disabled individuals want to live as full and as active a life as anyone else but what is essential to one might not be to another. It should be down to the individual – with assistance of carer or advocate where necessary – to prioritise activities essential for their everyday life. These activities might also be subject to change. To be 'independent' means an individual makes choices as and when necessary about the priorities in their life.
7. The DWP could send out an annual or biannual one page questionnaire to all recipients about changes to conditions. If a change is reported, a lengthier follow-up assessment will take place.
8. Wheelchairs need to be taken into account when assessing the mobility element but the ability of the individual using the wheelchair must not be assessed also. It should not be assumed that because some aids are available, that all disabled people can make use of them. Aids assist people but they do not remove disabilities for the most severely impaired. Not all hard of hearing people can use hearing aids for example.
9. Having assistance to complete forms from advocate or similar could be beneficial for some people. Having telephone or online support could assist some applicants but such people need to be well informed if they are to be truly helpful.
10. Where an individual has a clear understanding of their disability and are able to express this to an assessor, they are likely to also understand what evidence will assist them in their application. Where an individual does not have that understanding or ability, an advocate will be essential. Medical evidence of long term impairment is an obvious requirement as would be any occupational therapy reports, employment records or carer's reports relating to an individual's abilities and needs. There will always be requirement for the assessor to accept the 'subjective' element of such evidence.
11. Having a face-to-face interview with a healthcare worker is unlikely to produce a clear assessment. Few GP's have an in-depth knowledge of having to live with a disability. Very few know how to communicate with someone with cognitive disabilities and speech and language difficulties. Occupational therapists tend to focus on physical disability rather than cognitive. Many people with cognitive/learning disabilities take considerable time to form relationships with people – including healthcare workers. Clearly, a one off face-to-face assessment meeting will not produce a realistic assessment of an individual's needs – whether it is conducted within the individual's home or elsewhere. A one off face to face assessment should be the starting point for collecting evidence.

12. See my response to 7 above. The needs of the individual will undoubtedly mean that different forms of review have to be implemented. See 11 above.
13. See 7 above.
14. The ILF have a series of booklets which provides information about how monies can be used. Student loans applications have a separate booklet which accompanies the application form. These are examples the DLA could adopt. Lists of the difficulties a disabled person would need to have in order to apply would be useful – i.e. cannot dress/undress themselves; degrees of sight or hearing; cannot walk; use a wheelchair etc. There should be information about permitted working hours, personal income levels, etc. These already exist for other benefits and could be collated into a booklet to accompany the DLA application. Most individuals simply need to know the qualifying parameters when applying for a benefit.
15. -
16. If an impaired individual requires a specific aid to assist them with their everyday life, then using their Personal Independence Payment should be allowed. There is no point calling a benefit 'personal' or 'independent' if it is going to restrict both those concepts! If they then have to scrimp or go without a few other things for that week or month, then so be it – this is life for most of us!
17. -
18. See 14 above. If the DLA provides information booklets with the DLA application form, it can list other benefits which could be applied for. I did not know DLA provided access to other benefits – it was a case of slowly finding out by asking other Carers. Social Services are usually good at providing information about other resources.
19. See 18. It would mean reduced services for many people. It would also mean a duplication of unnecessary applications and assessments.
20. I believe there is already a sharing of information between benefit agencies – this could be more transparent however.
21. I do not think it does impact differently at present; therefore, I assume it will not do so in the future.
22. I sincerely hope that this Reform Process is not used as a process of reducing financial help to those most vulnerable within our society. Those genuinely in need of DLA – particularly those on the higher rates should continue to receive at least their current funding. I also hope that the DLA Reform process does not adopt a similar process to the Tax Credit or Child Tax Credit system which no one understands and which creates unforeseen debts and problems for so many.

Thank you for taking the time to read my responses. I hope they are useful.

Yours faithfully

