

## DWP About changing Disability Living Allowance

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# Questions

### Question 1

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

Their illness, conditions and Disabilities themselves including Personal undocumented problems that impair compromise incapacitate normal functioning. Housing circumstances. The Benefits assessment processing System!

### Question 2

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

All parts of course. Each claimants needs, problems, disabilities, vulnerabilities, conditions, illness, circumstances, impairments and traumatic history are unique. Benefits should be given according and relative to these using magnitude, severity, and other factors to determine level of Benefits. Quantification.

### Question 3

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

*Whatever they need to help them cope and manage their health related problems and Disabilities eg, special diet, private healthcare, pain management, motor car, therapies, whatever NHS cannot provide, that disabled/ill people need to manage their lives.*

### 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?

*Potentially Yes if it means that the claimant is categorised or categorised to a financial disadvantage when this 2 amount 2 part system fails to cover certain claimants health related problems. What is unseen or not understood fails to get the quantification it deserves. The iceberg is greater under the sea. A more expansive system or spectrum may be needed so that claimants don't lose out.*

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### 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 but relative to quantification of the effects  
a claimants disabilities have on their lives. Should  
be needs based. No 2 people are the same. Many  
degrees and variables. Health is relative to the individual,  
and not others. Need to look  
at ALL the facts.

### 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? — Independent transport/Suitable Housing  
Reach out to them in a Humane way!  
Need to Create a Wholistic System that is capable of  
looking at ALL the facts relating to quantification of  
how a Claimants Disabilities affect their normal  
functioning. To allow for Subjective input over  
long term periods as well as objective evidence.  
Standard orthodox clinical assessments are  
erroneous, unrealistic and dangerous in many  
cases.

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**Question 7** *System should allow a claimants subjective feedback but subject to correct interpretation*

How can we make sure that the new benefit takes into account the way a person's health condition can change? *Standard current assessments by G.P.s are Potentially Dangerous and Damaging as my Personal experience testifies! Again we need to look at all the facts and worst-scenarios relating to claimants Disabilities.*

*Benefit System needs to incorporate people who have the necessary knowledge, understanding, sensitivities to gain insight and appreciation into claimants human experience in his/her real world.*

**Question 8** *human experience in his/her real world.*

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

What aids and adaptations should we take into account? *Any and All.*

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?

*Ofcourse we should and we should not assume that adaptations solve the problems caused by the disability as problem. Even with adaptations a persons quality and functioning of life is impaired.*



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### 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?

*By having a more user friendly people friendly more humane system that strives to gain insight into a persons problems, disabilities etc but more importantly how they affect that persons life.*

### Question 10

Who are the best people to tell us about the needs of the person asking for benefit? *The claimant himself/herself!*

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

*Not always G.P. They have many patients. But they can potentially contribute towards completing a picture of needs. Best people could be any professional person, a friend, family - anyone who understands with insight. Maybe social worker, psychologist. Claimants own input needs to be encouraged. A Partner.*

### 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?

*The above is dangerous and traumatic (even the thought) in certain cases. Dissecting a persons illness is traumatic. The above reductionism is not a holistic way of quantification. But then it may depend on the level of communication, understanding, knowledge of the above person. Due to the nature and complexities of some peoples illnesses etc they are to a degree unassessable. From my experience and others the above is always traumatic and damaging and always subject to erroneous clinical assessment. In my case any such assessment is going to give a false positive, due to my presentation which gives impression of functionality, fitness, able bodiness or independence etc. The above system can create a terrible injustice to persons with Personality disorder, Aspergers Syndrome, dissociative state etc and emotional torture. Those with long term/life illnesses which have already been proven/documentated should be made exempt from such harmful process but helped in other ways.*

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### 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? *Yes and also the effect that unnecessary assessments can have on the claimant in terms of traumatisation/emotional torture + Duration of time of Claimants DLA. Age of Claimant.*

*History of Claimant. The nature and complexities of persons disabilities, problems, illness etc and the evidence (objective and Subjective) already documented. The intensity and Severity of the illness.*

### 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?

*Even if there are any significant changes relating to Benefit claims they can be for the worse or the better or both. Many health conditions may over the years progressively deteriorate. User friendly and simple questionnaires designed with elements of sensitivity can help. The danger here (in certain cases) is a misinterpretation of the facts. Also looks/impression are deceiving.*

## 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?

Professionally skilled help with completing the appropriate forms and assessing their condition. Where to obtain such help including their rights of potential entitlement. And also what is involved.

## 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?

Certain aids etc are not available / supplied from NHS  
Eg I pay for my Bespoke orthotics from my welfare Benefits. Disabled people should not be told how to spend their Benefits - only advised not controlled.



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### Question 16

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

Developmental needs. However unseen or unrecognised needs apply to children and adults. Family upbringing and family environment should be looked into to assess positive and negative inputs.

### 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?

Denial of helpful services would increase levels of hardship.

If things are working properly they should be left alone - is a general rule in life. Change is Good ONLY if it is for the Better. The above is extremely useful/needed in giving help to those who need such. Disabled People are Disadvantaged People Please treat us with the Sensitivity Dignity respect we need and deserve.

## 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?

That Disabled people are Disadvantaged people who have reduced quality of lives sometimes down to zero. That the Disabled person has enough problems in coping and trying to manage his/her life and should not be subject to periodic interviews/assessments as part of Governmental Departmental Bureaucracy which in many cases causes untold stress/traumatisation to the individual. Having to explain or prove again and again ones Disabilities, illness, problems is very painful for the individual and can have the effect of re-opening old wounds and a dissecting effect. Emotional torture as a result of the above can cause secondary effects in the form of a "Secondary illness"/psychological problems which will only further a persons illness and problems as has been the case with myself from my own personal experience with the Benefit agencies.

We should be treated as individuals and given dignity, respect and consideration according to written and unwritten law and not treated as cattle.