

## DLA Reforms Meetings: 3<sup>rd</sup> & 4<sup>th</sup> February 2011

### Question 1

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

Loss of mobility to get out into the community to use these facilities eg Day Service, hospital appointments, GP appointments, hairdressers, Church, Church of England, Social Clubs, holidays, day trips, functions, parties, trips out to visit family/friends. Bereavement - having to make a decision, reductions in their services due to cuts, reduction of all the facilities they presently enjoy.

### Notes:

The new benefit will continue to have:

- No means test and not taxable; it doesn't matter whether you are in full/part time employment or unable to work
- People will be able to spend the money the way they want to and will not be held to account
- Fast track for terminal illness

### Question 2

Is there anything else about DLA that should stay the same?

The mobility element should stay the same, except that it should go up to age 16 with the person, rising out of being the mobility component of DLA should not be taken away from community, because having as it will restrict the actions of the disabled person and experience.

### Question 3

What are the main extra costs that disabled people face?

The extra costs are principally equipment, lifting, bath chairs, specialist motor chairs, special adapted beds, toilet equipment, the therapies, physiotherapy, nursing, nursing, carers, care, kitchen, specialist chairs, a food bank & attending training centres.

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

No serious disadvantages in having 2 rates, unless the balance is tilted. Higher & both women & men same price. The price for higher rate may never be introduced in the early rate when that disadvantage has not changed.

#### Notes:

The new payments will only be made after a qualifying period. It is likely that a person would have had to have a condition for 6 months before becoming eligible for an assessment and the condition would be expected to last for a further 6 months (so 12 months in total).

The consultation is looking at the difficulties some people have with assessments when they have a fluctuating conditions that can worsen at times.

People with terminal illnesses will still be fast tracked through the assessment process and may in some cases still be automatically entitled to claim.

Currently, DLA is paid due to the condition or impairment and not based on how it might affect a person. The reforms will amend this to ensure the assessment takes into account the impact the condition has on an individual.

#### Question 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?

It should be claimed on the needs and the circumstances of the individual. The entitlement to receive DLA should not be following placement in care. It is a right as defined in the Act as made permanent in the Care in the Community Act. They were protected.

### Notes:

At the moment, if you enter hospital or a care home, the entitlement to the care component stops after 28 days.

The reforms propose that the mobility component should also be discontinued unless a person pays for their own care. It is planned to make this change in 2012.

### Question 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?

By ensuring all financial support for those who are disabled. Our disabled people should have a wide sphere of life experience and social interaction as much as possible. Such activities are being brought back to education, learning social skills of basic care, many activities involved in looking after people, therapy, going to the environment (understanding, speech, language, literacy, numeracy and social skills).

### Notes:

The DLA assessment looks at what a person cannot do and not what they could do if given more support. It is a very negative view of a person's life.

Future assessments will be based on a broader, more objective measurement of the impact of a person's health conditions or impairment on everyday activities.

### Question 7

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

The assessment should be done by a Specialist Team with national wide guidelines to ensure consistency to make sure that everybody is treated fairly and not a postcode lottery.

### Notes:

At the moment only aids such as prosthetic (false) limbs are taken into account when making an assessment.

In the future, the assessment will look at other aids such as wheelchairs and take into account how these aids are used successfully.

### Question 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?
- 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?

...see the above information also as to be included in the disabled person's line package. Depending on their needs to be successfully employed or to learn a skill etc. They should have appropriate aids to help. It should take into account both types of individual above, but not to the extent that they are then allowed to be able to work - thereby their mobility will be lost???

No Aid hypermarket/compares should be given to the disabled people to fill in the claim form for DLA is too long and complex is looks at their impairments and health conditions in a negative way.

### Question 9

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?
- 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?

We could make the filling in of a claim form for the disabled by having specialist friends who are able and experienced to fill in a claim form.

We can improve information through the local paper Council Newsletters, Local TV and radio to experts.

### Notes:

The assessment process will need face to face meetings with an independent healthcare professional (a doctor or occupational therapist). There will be an opportunity for extra evidence from your own GP or social worker.

People with a terminal illness or complex conditions may be excluded from these types of assessment.

### Question 10

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

The supporting evidence to give a clear assessment at Dementia Care Home for the person, the senior nurse, key worker & social worker and parents if any, also a member of staff from the family centre.

### Question 11

An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.

- What benefits or difficulties might this bring?
- 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?

All assessments are done at our care at regular 6 monthly intervals by a health care professional on the premises with attending parents if related and appropriate staff. There are no exceptions to this rule.

Benefits: You get a very thorough assessment right across the board, any aspect of the residents problems, difficulties, learning skills are looked at, also needs.

### Notes:

One of the major changes being considered will recognise a person's changing needs over time. A regular review of people using the new Personal Independence Payment will ensure a person's needs are being met appropriately.

These reviews might involve gathering evidence from various sources, including self-report forms, information from relevant professionals who support the individual and face to face or telephone discussions.

### Question 12

How should the reviews be carried out? For example:

- What evidence and/or criteria should be used to set the frequency of reviews?
- Should there be different types of review depending on the needs of the individual and their impairment/condition?

See answer for Q11. At Dunelm we do have individual personal programmes, which are developed & are updated. Reports from the individual & communication development team, e.g. 6 months, 1 year, 2 years, etc.

### Question 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?

It will only be easier for some people, but not all, in the case of Dunelm our clients are not literate, not verbal communication. Therefore an outside member from the Learning Disability team attends yearly at individual's care conference.



### Notes:

It is possible that the assessment process will include an element of information, advice and guidance around the options available to them.

It may become necessary for this to become a compulsory part of the assessment process.

### Question 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?

Yes it would be helpful to provide this as part of the benefit claiming process.

### Question 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?

There should be a free answer phone service and internet service where they can access more information and support.

### Question 16

How do people currently fund their aids and adaptations? Should there be an option to use PIP's to meet one-off cost?

The example of our disabled son, part of his disability allowance paid for his wheelchair and electric wheelchair. Any other aids then required is paid for through their care package.

**Notes:**

It is recognised that disabled children and adult's needs can be very different.

**Question 17**

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

Not applicable

**Notes:**

People receiving DLA at present are also sometimes eligible for other benefits that are means tested.

It is recognised that it is important for many people that they do not have to be reassessed for all benefits and this makes it easier for them to apply.

**Question 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?

**Question 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?

It could have devastating effects because many are relied on DLA to get vehicles to transport car clients to education events, camps. At the moment, time we are doing the weekly element of the DLA to provide this. Without this our clients will be stranded in our own home.



### Question 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?

The assessments shared combine his health package, social skills and mobility shared by his behaviour. Also training, the occupational therapist services should all have under one time package & also equipment.

### Question 21

What impact could our proposals have on the different equality groups and what else should be considered in developing the policy?

If the funding is not ring fenced, then there will be a fall of inequality and therefore have different methods for the same disabilities which would lead to a part time system which was in existence prior to the Community Care Act.

### Question 22

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

It was not widely reported and therefore not known by the general public involving learning difficulties foundation. It also took place at the same time as local authorities were announcing cuts to services & became mixed up with the DHA reforms causing much confusion.

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