

Thurrock Coalition



Response to the Consultation on the PIP Assessment “Moving Around” activity.

About Thurrock Coalition

Thurrock Coalition is the User-Led Organisation for Thurrock. We are a company that has been set up to ensure that people who live in Thurrock have access to all the information they may require to get the support and care that they need.

Thurrock Coalition is an 'umbrella' company that consists of 4 organisations, all of which follow the Social Model of Disability and aim to improve the lives of disabled and older people living in Thurrock by seeking to remove environmental, attitudinal and physical barriers that exist in society. We connect to over 1500 individuals and organisations with an interest in disability issues.

1. General Views on the current criteria.

Personal Independence Payment, as with DLA, will be a vital source of independence for Disabled people. The positive impact of entitlement to the Enhanced Rate of PIP will be multi-faceted in improving full enjoyment of civil, social, economic and cultural rights of Disabled people, particularly given the effect of “passporting” to other schemes such as (but not limited to) Motability, Disabled Persons Railcard and Disabled Persons Buss Pass. It is important not to make the entitlement criteria so strict so that vast numbers of Disabled People suddenly become ineligible and have to seek support from statutory services and other sectors.

2. The definition of the ability “to stand”

Under the current Criteria, “to stand” is defined in the Consultation document in the following terms:

Stand is defined as standing upright, with a least one biological foot on the ground, with or without suitable aids and appliances. A prosthesis is considered an appliance, so this means that a claimant with a unilateral prosthetic leg may be considered able to stand, whereas a bilateral lower-limb amputee would be considered unable to do so.

There appears to be a disparity between single amputees (with one prosthesis) and a double amputees (with two prostheses). It is bizarre that one group is currently

considered able to stand and the other group not. In fact, someone with a single prosthesis may have to exert more effort, take longer and have a more affected gait than someone who is a double amputee. It would be interesting to know the reasoning by which this differentiation was reached, by whom and whether relevant DPOs and ULOs were involved. Although statements suggest that each individual will be assessed in relation to their own individual circumstances, our concern would be if caseloads, numbers of claimants and pressures upon assessment and re-assessment completion timetables affect the thoroughness and objectivity of the assessment processes both for face-to-face and (in some exceptional instances) paper-based assessments.

The current Criteria as it relates to wheelchair-users is as follows:

In order to be considered able to stand and then move, the individual must be able to stand and then move independently while remaining standing. This means that individuals who stand but then must transfer into a wheelchair or similar device to move will not be considered able to move the distance.

Disregarding the ability of full-time wheelchair-users to transfer into and from wheelchairs or similar devices is welcome. It is right that transferring should not be considered as amounting to moving a distance.

Whilst the criteria contains a rather strict interpretation and takes permanent wheelchair-users into account, this area could benefit from more flexibility and perhaps consider those individuals who need to split their time between walking with the aid of a stick or similar device and who are reliant upon a wheelchair (or similar device) for the remainder of the time.

3. Current Thresholds

a) 20 metres

We believe the 20 metre threshold to be too low. The reduction 20 metres under the current criteria serves only to constrain the independence of Disabled people rather than to champion and support disabled people to exercise full choice and control over their daily lives.

Imposing the 20 metre threshold will have a disproportionate impact upon disabled people who can move between 20 metres and 50 metres.

20 metres is an insufficient walking distance for a person to carry out out-of doors daily moving activities for example, getting to a bus stop, walking to a shop or even from a parked car and using a shop, even if they can rest before returning to the car.

People who currently qualify for a Motability car, who can walk more than 20 metres but no more than 50 metres would, under the current thresholds then lose their support, car or scooter, and potentially their job. They would then be forced to use

public transport (if indeed, the bus stops/stations or other transport hubs are close enough to their home to allow them to catch a bus or train) for all journeys to the shops, hospital, G.P. or to visit friends. Many Disabled people only use public transport as a last resort as the journeys are often long ordeals filled with apprehension, which in turn lead to extensive exhaustion and pain.

The Enhanced Rate of PIP is a vital lifeline to enable Disabled people to live independently. If they were to lose the Motability vehicle, this would lead to social isolation, not being able to move far enough to get to public transport, not being able to access social networks, friends, families and in turn resulting in reduced choice and control around how and when to try and leave the house. Wider consequences are also likely to include severely reduced inclusion, participation and involvement and even the potential onset of mental health problems and a need for intervention from social care, health and other statutory services, leading to a greater need for more frequent journeys to the G.P. and/or hospital for the individual and also greater cost implications for national and local authorities in the long term.

Furthermore, it must be noted that PIP is an added-costs benefit, which is not means tested and is payable to Disabled people who are in or out of work. In fact, it enables a lot of people to travel to work and within work - be that through use of the cash payment to book taxis or through leasing a Motability car with greater flexibility, freedom, choice and control than that currently offered by Access to Work.

b) 50 metres

Someone who can walk up to 50 metres using an aid or appliance such as a stick, crutches or walking frame (Descriptor (d)) does not necessarily have more mobility problems than someone who can walk that distance without an aid (Descriptor (c)). In fact, someone who can move that distance without an aid may move at a slower pace, may find it more tiring and/or painful and it may take that person much longer to do so. We suggest that the allocated points be revised to reflect this.

Furthermore 50 metres is commonly used as an indication of severe/significant mobility impairment in terms of assessment of eligibility for a Blue Badge as well as the location of Disabled Parking Bays. See, for example the “Inclusive Mobility” Report¹

4. Impact of the current Criteria

The cumulative relationship between the “Planning & Following a Journey” and the “Moving Around” activity is welcome. In essence, this recognises that an individual’s ability to go out, can, and often is limited by factors other than difficulties with the

¹ “Inclusive Mobility: A guide to best practice on access to pedestrian and transport infrastructure.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/3695/inclusive-mobility.pdf
page.27

physical act of "standing and moving". For example, mental health difficulties, sensory impairments or learning difficulties or dual impairments.

5. Suggested considerations when assessing the mobility component

We suggest that physical mobility should be assessed with a focus upon moving outdoors.

We welcome the approach contained in the consultation document (paragraph 2.3), regulations and subsequent assessments that very little, if any weight should be given to the use of aids or appliances.

Individuals should not be penalised for making use of aids or appliances. It must be noted that the mere use of an aid or appliance does not remove the myriad of significant barriers that exist throughout the built environment. Whilst someone may be mobile within the parameters of their own home, and have various assistive aids, adaptations and appliances with which they are able to function (for example, a wheelchair, frame, rollator, grab stick/rails, adapted bedroom, wet room etc). There needs to be recognition of the barriers faced by disabled people as soon as they get outside. For example additional costs incurred when accessing to transport, education, goods, services, housing, facilities and other key sectors of society.

6. General impact of the DLA/PIP Reforms upon Thurrock

With reference to the numbers of individuals in receipt of Disability Living Allowance (DLA), which include those aged 16 and 17 who can claim in their own right, there are currently 6,915 claimants in Thurrock (as of November 2012).²

Of whom 3,720 currently receive Higher Rate Mobility Allowance (£54.05 per week / £2810.60 per year) therefore totalling: £10,455,432 per year in Thurrock.

As we understand it, it is government policy to reduce DLA expenditure by 20%. Looking therefore specifically at Higher Rate Mobility/Enhanced Mobility Component PIP in Thurrock – an indicative 20% reduction would mean 744 fewer people receiving the Enhanced Component, losing a total of £2,091,086.40 per year to the borough's economy overall but also requiring some attention to be paid to the needs of those who are on the margins of eligibility. Fraudulent claims for DLA run at around 0.5%³ so the majority of individuals who are likely to lose out under the new PIP system will be genuinely disabled.

Thurrock Coalition – August 2013

² DWP Neighbourhoods Statistics Data – Accessed August 2013

³ http://statistics.dwp.gov.uk/asd/asd2/fem/fem_oct08_sep09.pdf