

## **DLA reform**

### **Consultation questions and North Tyneside LINK responses Jan 2011**

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

**Barriers include:**

**Mobility difficulties including accessing public transport or funding an alternative**

**Gaining and keeping employment because of possible fluctuations in conditions.**

**LINK members also highlighted an over reliance on the community and voluntary sector to provide support services which are often subject to short term funding.**

2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?

**The mobility component, a long term commitment of financial support to those with enduring conditions and the ability to claim from a young age.**

3. What are the main extra costs that disabled people face?

**Specialised equipment, furniture, clothing**

**Transport**

**Personal assistance with daily tasks**

**Increased costs of every day items if you are not able to shop around**

**Any type of leisure activity or holiday**

**Extra laundry and associated costs**

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?

**The difficulty could be that if someone's condition changes it will require reassessment which will take time and be costly. However, as the effects of disability and the range of disability that people experience is so wide ranging there does need to be some recognition of people's differing needs.**

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?

**There should be some conditions or impairments that automatically qualify the person for basic entitlement.**

**Also those carrying out assessments need to be better trained at knowing automatic entitlement (e.g. asking when Down's syndrome began or may end is not acceptable).**

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?

**The means to access the community and its resources should be something that is available to all. Without special assistance to do this many people with a variety of disabilities would suffer greater physical and mental health difficulties. It would be a false economy not to support this type of access.**

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

**Most people are honest and would not wish to continue to have support they do not need. GPs are in an excellent position to monitor any condition that disables an individual and assess any changes they experience.**

**The independent healthcare assessment required by PIP would not be able to take into account the knowledge accumulated about a person's condition, as with their own GP/physician, this is a major concern.**

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?

**Yes, aids and adaptations should be taken into account, but the maintenance, renewal and extra costs of running the aid or adaptation must also be taken into account.**

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?

**Some conditions can't be quantified in units of time.**

- 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?

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

**The individual themselves, their carer if they have one, and a health professional who knows the individual well.**

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?

**An unknown healthcare professional may not know/understand the person or their condition and one interview may not be enough to understand an individual's personal situation and the effect this has on their daily life.**

- 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?

**Yes – having to go to an assessment centre and meet an individual you have never met and talk about health is not a good experience for an individual or carer.**

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?

**Some conditions are life long and assessors need to be aware of these.**

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?

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?

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?

16. How do disabled people currently fund their aids and adaptations? Should there be an option to use Personal Independence Payment to meet a one-off cost?

**Yes, but ongoing maintenance and the energy costs associated with running some aids need to be taken into account.**

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

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?
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?
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?

**Carers Allowance should be promoted to any recipient of PIP.**

21. What impact could our proposals have on the different equality groups (our initial assessment of which is on page 28) and what else should be considered in developing the policy?
22. Is there anything else you would like to tell us about the proposals in this public consultation?