

Reforming the Disability Living Allowance

Response from the Mayor of London

The Mayor of London welcomes this opportunity to respond to DWP's consultation on reforming Disability Living Allowance and submits this response having consulted and considered the diverse views of London's deaf and disabled community, as well as the strategic agencies that serve and work closely with these communities.

Response to consultation questions

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

Unfortunately, Deaf and disabled people living, working in or visiting London continue to face many barriers to full civic participation.

Disabled people experience greater financial hardship as a consequence of essential additional living expenses associated with their disability and employment rates remain low.

Some employers also continue to discriminate against disabled people when recruiting to vacancies even though disabled candidates may be suitably qualified and experienced.

Deaf and disabled people can also be excluded as a result of organisational discrimination, as some organisations or companies do not always make information fully accessible which can prohibit disabled people from accessing full service provision

While the Mayor and Transport for London have made advances in relation to accessible transport, the reality is that even with complete Mayoral commitment a fully accessible service will take many years to achieve.

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

The three-month benefit qualification period should be retained, rather than extending this to six months as proposed, which will disadvantage certain disabled people. For example those diagnosed with a terminal illness would have to wait six months before they could access support.

The proposed reform should be based on the "social" rather avoid any drifting towards the "medical" model of disability, especially in relation to the proposed assessment process. Disabled people and their medical professionals must remain central to any reformed benefits system.

While some reform may be necessary and some proposals are positive in terms of simplifying the benefit and reducing bureaucracy, the Mayor is concerned that if the focus of this reform is solely efficiency driven government, may fail to ensure that the needs of disabled people are adequately met and many will suffer additional hardship and isolation.

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

This question is difficult to answer as the needs of disabled people vary from person to person and from one disability, (or range of disabilities), to another.

It is well documented that disabled people experience higher levels of poverty than average and that economic activity is lower for a number of reasons. Extra costs associated with a disability can include equipment, travel costs, parking costs, extra heating or lighting, dietary costs, and fees for sign language interpretation etc

It is important as part of the reform process that deaf and disabled people keep their independence and freedom to decide how to spend their benefit entitlement as some additional expenses may vary from day to day.

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 government reform proposes to change from DLA to PIP (Personal Independence Payment). Under the new rules for PIP there will be a higher and lower rate for daily living and mobility components, instead of the current three levels, (higher, middle and lower rate) of the care component of DLA and two levels of the mobility component.

The Mayor does not support this change, as those on the lower rate care component may have additional costs as a result of their impairment but may lose their access to this benefit as part of the proposed removal under the reforms.

The Mayor feels that the removal of one of the three care components will financially disadvantage disabled people and push them further into poverty. The Mayor is also concerned that there is no detail in the consultation regarding the eligibility criteria for the two levels of the care and mobility components. This needs to be clarified.

There will also be knock on effects for families, individual and carers if benefits are removed or reduced and Carer's Allowance is also removed as a result.

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?

The Mayor is concerned about the government suggestion to remove automatic entitlement for certain groups. Claims should be based on the needs and circumstances of the individual applying. Groups that are currently listed in the 'automatic award section' (Annex 1, page 37) already have to supply medical evidence satisfying specific medical criteria to receive DLA. Automatic entitlement should remain the same for these claimants.

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?

As stated previously, the Mayor's opinion is that each case will need to be assessed on case-by-case basis seeking expert medical advice from an individual's GP/ consultant.

It is difficult to respond to this question outlining which activities are most essential for everyday life. This will differ from person to person and their individual circumstances. Disabled people have extra costs associated with their disability and these can include heating, transport, fuel, housing, shopping, clothing, aids and equipment and paying for care etc

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

People who have fluctuating conditions can experience difficulties in being awarded DLA. The Mayor would call for the Government to retain the three-month qualifying period as the increase to six months will mean that people with fluctuating conditions have increased difficulty meeting the qualifying period. People with fluctuating conditions face the same barriers that all disabled face in relation to higher costs of living and DLA is essential to maintain a decent quality of life.

8. Should the assessment of a disabled person's ability take into account any aids and adaptations they use?

Some people can effectively use aids and adaptations to assist daily living while others struggle. The Mayor does not believe that an assessment taking aids and adaptations into account will accurately reflect the extra care and mobility needs and costs experienced on an individual basis.

Using aids and additional equipment may assist daily living/ mobility but it does not reduce the additional costs associated with living with a disability.

Using aids and adaptations may also assist the individual with certain but not all barriers encountered on daily basis, which could result in an inaccurate assessment of need.

9. How could we improve the process of applying for the benefit for individuals and make it a more positive experience?

Documents should to be produced in accessible formats which include versions for people with learning difficulties and visually impaired people, (e.g. easy read, large print, audio, Braille etc.)

Questions should be phrased to cover a wide range of impairments, including learning difficulties, mental health difficulties and those with sensory impairments.

Use a variety of media to promote the benefit including radio, television, newspapers, disability organisation networks and social networking sites.

Details are needed about the appeals process.

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

The Mayor is opposed to using independent healthcare professionals to provide advice on an 'individual's condition'. Supporting evidence should only be sought from healthcare professionals who are familiar with the individual, for example their GP or Consultant. They will be familiar with the claimant's case, the barriers they face and will be much more aware of their particular circumstances.

Using an "independent" assessor to gather evidence could severely disadvantage some claimants especially those with mental health and learning disabilities who will have more difficulty stating their needs due to the effects of their condition/ disability.

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?**

As outlined above, evidence from the individual's GP and/or Consultant will provide an accurate assessment of need. It would be difficult for a healthcare professional, in a one-off meeting to elicit a comprehensive response about the daily reality for each claimant.

Face-to-face meetings with a healthcare professional could prove difficult and inappropriate for an individual who may have difficulty with social contacts such as those with autism, or for those with an intellectual or mental health disability.

Other circumstances where difficulties may arise is if an efficient interpretation service is unavailable for deaf people or for those people that communicate primarily in languages other than English.

It is also essential that if healthcare professionals are employed to perform assessments they must have the skills and awareness necessary to make informed and accurate decisions about a range of conditions.

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?**

While there may be a case for medical reassessment/review in certain cases, the Mayor would be concerned if the government were to introduce reviews for all PIP awards, particularly for those with permanent, untreatable conditions that are likely to worsen over time.

Unfortunately, many people's conditions do not alter over time and this would put vulnerable people under unnecessary stress. The government could design PIP in line with the DLA and retain the periodic random review process that currently exists to ensure eligibility.

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?

The government proposes imposing penalties if disabled people do not inform the government in changes in their circumstances. However, the Department of Work and Pensions statistics give the overall fraud rate for Disability Living Allowance as being less than 0.5%¹.

For those with fluctuating conditions asking them to report every change to their condition would prove very stressful. Rather than penalties the government should issue very clear guidance about what constitutes change and in relation to which conditions.

A reminder letter could be sent to all claimants at regular intervals and other conventional media including radio and television could be used. The government could design PIP in line with the DLA and retain the periodic random review process that currently exists to ensure eligibility.

This response does not provide a Mayoral position in relation to questions 14, 15, 16, 21 and 22.

Deaf and disabled organisations and services users will be best placed to respond to these specific points.

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

The Mayor is concerned that the Government is considering looking at how children's needs are met. The Government should clarify if they intend to remove DLA for children under 16 years of age and replace it with PIP as this could potentially condemn the parents of disabled children and young people, and the children themselves to a life of financial hardship rather than financial assistance. This approach also seems at odds with government's proposals to simplify and streamline existing processes as introducing this additional element would make the system more complex and bureaucratic.

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?

From the intelligence that the Greater London Authority has gathered we would recommend that the passporting system remains the same as under DLA as it has worked well when signposting people to additional benefits to which they may be entitled.

¹ <http://www.disabilityalliance.org/dlaass.htm>

19. What would be the implications for disabled people and service providers if it were not possible for Personal Independence Payment to be used as a passport to other benefits and services?

The impact for disabled people will be to increase bureaucracy, the amount of time, barriers and stress in applying for benefits.

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 Mayor recommends that the same system of passporting remains in place as under DLA.

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