North Lanarkshire Disability Forum

North Lanarkshire Disability Forum is a voluntary organisation operating within the Local Authority area of North Lanarkshire Council, from whom we receive the biggest proportion of our funding. The Forum provides the means for disabled people in North Lanarkshire to have a voice in matters that affect them primarily within North Lanarkshire Council and Lanarkshire Health Board, but also where appropriate the Scottish and U.K. Government. We regularly work in partnership and contribute to consultations and surveys from kindred local and national Disability Organisations.

Without a doubt, the U.K. Government’s proposal to replace the existing Disability Living Allowance with Personal Independence Payment will completely change the way 12million\(^1\) disabled people receive a cash benefit that helps them to lead a full and active life. A Consultation event took place on 3\(^{rd}\) February 2011 and involved 56 people representing 26 organisations, including 2 B.S.L. Interpreters, and an independent facilitator, Twimukye Macline Mushaka, Fieldwork Development Officer, The Poverty Alliance.

The event took the form of an explanatory introduction from Twimukye Mushaka, and then we had 6 table discussion groups with each table having a facilitator and a scribe. 5 of the tables were allocated various questions that the D.W.P.’s Consultation wanted answered, the 6\(^{th}\) table had 5 members from the deaf community with interpreters, facilitator and a scribe. They held a general discussion about how the changes in D.L.A. would affect them and their community.

After the discussion groups, the facilitator from each group reported back to the meeting and questions were asked from the floor. The following Report is a fair and accurate view of what was said at the event.

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

Barriers are:

Accessibility to premises/transport/services and the environment (too hilly)
Attitudes/prejudices of able bodied people
Feelings of isolation
Condition of pavements/roads
Fluctuation of medical conditions (good days/bad days)
Barriers differ from person to person
Climatic problems, e.g. a person in a wheelchair cannot use an umbrella, even when being pushed by an escort.

\(^1\) The figure is based on DWP’s own figures
2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?

Care component and mobility component are needed, especially for people with mental health problems.

Leave levels unchanged. Existing 3 levels of care component are considered to be essential as the disparity between Lower and Higher would be too great.

Although the DLA application form is complex, with assistance from a Welfare Rights Advisor to complete it, this allows for both the social and medical models of disability to be included so the form should remain much the same with minor changes (mainly in the language used).

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

- Travel
- Heating
- Help – personal care/getting around
- Special diet
- Appliances
- Equipment – special
- Adaptations
- Prescriptions
- Clothing
- Bedding/Furniture/Carpets
- In cases of children, it must be noted that the cost of many aids and adaptations will be recurring as the child grows/becomes older and also wear and tear can be greater.

4. The new benefit will have two rates for each component:

(i) Will having two rates per component make the benefit easier to understand and administer, while ensuring appropriate levels of support?

(ii) What, if any, disadvantages or problems could having two rates per component cause?

Part (i) – Can see no reason why having 2 rather than 3 rates in the Care Component would make it easier to understand – having only 2 means there will be people who will lose out (range of care needs is so great that having only 2 rates of care is not sufficient to accommodate them).

Part (ii) – this seems to make it easier for administration of the benefit (DWP) and not disabled people.

**There is yet to be a benefit application form designed to make for easy understanding.** (This view was expressed repeatedly throughout our consultation).
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?

Yes, people with permanent and enduring conditions including a range of mental impairments should have automatic entitlement.

The assessment has to be based on needs and circumstances.

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?

Equality of assessment should be applied to all applicants, i.e. there should be no presumptions made before assessments regarding who has a high or low level of need.

Activities –

- Being able to get in and out of bed
- Being able to wash and dress
- Preparation/cooking/eating of meals
- Housework
- Shopping
- Being able to go outdoors
- Social/community activities (meeting friends/going to church, etc)
- Be able to access suitable transport
- Activities that promote wellbeing
- Access to alternative forms of communication for people with speech/language difficulties

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

Differentiate between enduring disability and fluctuating conditions/disabilities. The former should have no reviews or assessments, the latter should be reviewed at 1/3 yearly intervals depending on nature of disability, not at 6 monthly intervals as is being proposed.

Ability to communicate must always be taken into consideration.

Frequent reviews for children should be carried out as they go through their ageing/growing process.

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

(i) What aids and adaptations should be included?
(ii) 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?

No, aids and adaptations should not be taken into account. The trauma of acquiring their condition or injury makes it very difficult for some people to have the same level of mobility, or ability to use an aid or adaptation such as a wheelchair or a prosthetic limb, as someone who has been using these aids for most of their adult life. It is their disability that has to be assessed not their ability to use an aid or adaptation.

Many people in West of Scotland require amputations as a result of diabetes and as such have weight problems. This results in a high degree of discomfort when adapting particularly to a prosthetic limb which is so heavy it requires an additional support harness worn over the shoulder. The fact that a prosthetic limb is available should not be a primary issue in their assessment – the issue of practicality and personal choice should be taken into consideration.

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

(i) How could we make the claim form easier to fill in?

(ii) 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?

Although the form is complex, with assistance from a trained Welfare Rights Advisor to complete it, it allows for both the social and medical models of disability to be included which is an important element.

The form must be in plain English with no medical jargon.

Audio transcription must be available for people with sensory impairments.

Easy read versions must be available for people who may benefit from this.

Support from trained Welfare Rights Advisor to complete the form is vital.

Disability Advice agencies should be encouraged to have supplies of the form and accompanying explanatory notes. The explanatory notes should include advice for the applicant to get specialist assistance from a trained Welfare Rights Advisor.

Proper awareness raising and publicity – displayed in G.P. Surgeries, Hospitals, Libraries, Community Centres, and other public places. Make a freephone service available.

10. What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this?
Medical evidence from G.P. or Hospital Consultant. Supporting evidence regarding mobility should come from the principal Carer.

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?

The healthcare professional who carries out the assessment has to be a Doctor using all the relevant information supplied by various agencies and such information should be available to the applicant and the Welfare Rights Advisor (if they have one).

An applicant must have the right to have support from a third party of their choice.

For people with sensory impairment, they must have trained support (paid for by DWP) e.g. signers, guiders.

Where English is not the first language, alternative translations must be available.

At present, people have a choice whether they want the assessment to take place in their own homes or at a location close to their homes. This choice must be available in the new benefit.

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?

Long term and enduring conditions e.g. diabetes, or enduring immobility should have a longer review interval or none at all.

Evidence should come from doctors/hospitals for patients with long term conditions. These professionals know medical history of applicant they have been treating.

There should be different time scales of review for different conditions but all assessments should be carried out by doctors only although supporting evidence may be submitted by healthcare professional, but as stated above, the applicant must have prior notice of such submissions.
After 3 reviews, it should be assumed applicant has a long term condition and does not require 6-month reviews as suggested.

There should be different types of reviews depending on the needs of the individual and their impairment/condition, e.g. people with sensory impairment. It was strongly pointed out during our consultation by people with a sensory impairment that they often develop secondary health problems, including mental health problems.

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?

If an individual does not report a change of circumstances, when it is proven that a change has occurred, then any payment after the change will be reclaimed back by the DWP.

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?

People would benefit from independent advice, Cab, Disability agencies, Local Authorities Welfare Rights staff. Advice they need would be on their eligibility, help to fill in the form, support during the assessment and assistance with any subsequent appeal. Decisions should be made quicker and the appeals process needs to be shortened. Would be helpful if DWP advised applicants where they could get this independent help.

All of the above is essential part of the 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?

Answer as 14.

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?

Aids and adaptations that are currently free and supplied by Local Authority and/or Health Board should continue to be free. If a disabled person decides to buy an aid, e.g. a hearing aid from a hearing clinic, then that is their choice. However, it should not impact on aids and adaptations currently provided free.
17. What are the key differences that we should take into account when assessing children?

In cases of children, it must be noted that the cost of many aids and adaptations will be recurring as the child grows/becomes older and also wear and tear can be greater.

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?

DLA is the most important way of accessing a Blue Badge. Similarly, it is a way for a disabled person to get a Concessionary Travel Pass if they do not qualify by age, so DLA is very important.

Some Local Authorities give free/reduced rates to leisure services and helps disabled people to have a sense of wellbeing – these benefits should be available to all disabled people.

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?

If PIP was not used as a passport to other services, then the PIP payment would have to be increased to pay for them.

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?

Employment Support Allowance and Attendance Allowance assessments could be combined.

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?

Different equality groups are protected by specific laws; therefore DLA/PIP should have little or no impact on such groups. If members of such groups are disabled, they will qualify by right of their disability.

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

1. When a person is in hospital, their care costs continue e.g. laundry, toiletries, etc. A carer has to spend time performing these tasks and the care component should still be paid to facilitate these tasks.

2. In the cases of residential care home, the mobility component is essential to allow the resident to maintain family, social, community contacts.
3. The proposal that the person must comply with residence and presence rules is accepted, e.g. it is ridiculous that a person who lives abroad and receives the State Pension qualifies for the Winter Fuel Allowance.

The Committee,
North Lanarkshire Disability Forum
17 November 2011