



**Department of Work and Pensions Consultation:  
“Disability Living Allowance reform”**

**Response by the Association of Directors of Adult Social Services**

The **Association of Directors of Adult Social Services** (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils.

ADASS members are jointly responsible through the activities of their departments for the well-being, protection and care of their local communities and for the promotion of that well-being and protection through the use of direct services as well as the co-ordination of and liaison with the NHS, voluntary agencies, private companies and other public authorities.

ADASS welcomes the opportunity to contribute to this important consultation and to work closely with the Department of Work and Pensions to secure improved outcomes for individuals, their carers and the wider population in general.

**Context:**

The Government's proposals for change in the public consultation paper, Disability Living Allowance reform was published on 6 December 2010.

According to the consultation document, Disability Living Allowance needs to fit better with the needs of disabled people today and the extra costs they might face.

Central to the proposals in the consultation is the creation of a new benefit to replace DLA – Personal Independence Payment (PIP), based on a medically-led assessment of individual need.

Personal Independence Payment will continue to be non-means tested, will not depend on having paid National Insurance contributions and it will be available to people in and out of work. PIP will be introduced for those of working age (16-65) although the Government are still considering whether to extend it to the Under 16's and those aged 65+ who qualify before age 65 and keep their entitlement.

Currently almost 3 million people receive DLA at a forecasted cost of £12 billion in 2010/11. The Government has indicated that they anticipate the reforms will, by 2014/15, reduce caseload and expenditure by 20% (this

prediction was first made in the June 2010 Budget, in advance of the details of PIP being decided or announced).

The change to PIP, if correct, will mean all existing claimants aged 16-65 being reassessed over a 2-3 year period, as well as all new claims coming under the same assessment.

The main areas for reform within the consultation are:

- **Simplification:** the Government believes that the current system has grown too complex and the purpose of DLA is misunderstood. The proposals would reduce the current 3 rates for 'care' to 2 rates for 'help with daily living' and would maintain the two rates for 'mobility' (essentially, walking), although this would be based on 'ability to be mobile' instead, which could exclude, for example, those who are mobile but through use of a wheelchair. At odds with the notion of simplification however is the proposal that those DLA claimants who qualify at present because of their medical condition (people undergoing dialysis, people who are blind and a few others) will no longer qualify automatically - they will have to go through assessment (see below),
- **Assessment:** the current assessment is primarily based on a lengthy claim form, backed up by medical or social care evidence on occasions, and subject to further assessment by a DWP-contracted examining medical practitioner (EMP). The Government claims that there is no systematic way of regularly checking that an award remains correct but this seems at odds with claimant and adviser experience, as DLA claims are subject to regular and periodic reviews and reassessments. The proposals will place much greater emphasis on a mandatory EMP report. These will be similar in style (but not content) to the controversial assessments being carried out on Employment and Support Allowance claimants that has led to much higher refusal rates for that benefit (and much higher than was predicted). The consultation suggests that further consideration will be given regarding the sharing of assessment information between the DWP and health/social care staff. Greater emphasis will also be placed during the assessment of the aids and adaptations that a disabled person could use to alleviate their condition.
- **Fairness:** the consultation states that DLA awards can be inconsistent and unfair; this would be echoed by many claimants, social care staff and advisers, as the quality and accuracy of decision-making on DLA is not universally good (a fact acknowledged by the DWP). However, experience of the EMP-led ESA assessment does not inspire confidence in a more accurate system being in place for PIP. The number of ESA appeals has risen by 56% in the last two quarters and the success rate of those who are represented at appeal remains very high.

In addition, one measure (announced in the October CSR) of 'consistency' has led to many complaints and concerns. In order to make DLA (Mobility) for people in residential care 'consistent' with the way it is paid to people in hospital, the Government has proposed withdrawing payment after 4 weeks, from October 2012. This will lead to around 80,000 disabled adults and children each losing over £50 per week in some cases or almost £20 per

week in other cases. The proposal has been criticised for 'cost-shunting' the payment of transport and travel onto those who contract or supply the residential care (mainly local authorities) as well as running counter to the needs and requirements of disabled people to control their own lives, and make and implement independent decisions about transport and travel.

Other features of the Government plans:

- people must experience conditions for 3 months before qualifying for PIP and be expected to continue to experience conditions for a further 6 months in order to qualify for the new benefit (including people likely to want to transfer from DLA). The current qualifying period is 3 months;
- there will be penalties if people receiving the benefit knowingly fail to report a change that would have resulted in a reduction in benefit; signposting of people to other support will occur (eg opportunities to discuss health conditions/impairments with appropriate professionals); a review of how the new benefit will support people to access other support (including social care) will occur alongside the Government reform.

### **Comments**

DLA, and its successor, PIP, are the only benefits specifically designed to contribute towards the extra costs of living with a disability. However, a recent report (Counting the Cost from Demos/Scope), highlights serious flaws in the proposed eligibility test for PIP, which could compound disability poverty.

The PIP assessment will test the functional impact of a person's disability. Yet, the report finds that the cost of living with a disability cannot be accurately measured in this way. Rather, disability-costs are driven by a range of factors, including employment status, housing and transport. This means many disabled people with less complex needs but very high disability-costs will be left without vital support.

With regards to the proposal to remove DLA Mobility for care home residents, major charities have already rebuffed the government's key justification that publicly-funded residents already received council funding for mobility in their care packages. A survey of 22 care home providers found half received no specific contribution from councils towards the costs of transport, while those that did were funded only for travel costs deemed necessary to meet residents' assessed care needs. None was funded to provide personal transport for residents, for which the DLA mobility component is used.

A second survey for the report found that half of disabled people who live in residential care give either the majority or their entire DLA mobility component to their care home. Of these, 40% said that it pays for a motability car, and 21% said the money goes towards petrol for staff or relatives to take them out.

Mencap, Carers UK, Scope, the Disability Alliance, Leonard Cheshire and Mind are amongst the 27 organisations, including ADASS, that have called on ministers to reverse the proposal to remove DLA Mobility Component for care Home residents. [Don't Limit Mobility](#)

## **Conclusion**

ADASS would be interested to work with the DWP in creating holistic PIP assessments that are both more accurate and less intrusive for the service-user. It has to be recognised that one shared assessment may have to meet two distinct purposes – services and cash payments, but there is merit in exploring this further.

ADASS also welcomes the chance to review DLA and consider what financial provision is required to maintain disabled peoples independence, and to work in a complementary fashion with health and social care to provide a fully-rounded package of support. Unfortunately, this review fails to provide an adequate framework for that package to be a reality. It appears to be driven by the need to reduce expenditure by 20%, and the proposals for PIP seem to have been almost 'worked backwards' from that requirement. The benefit has been made to fit the budget, not the reverse.

ADASS are concerned that the reassessments of large numbers of DLA claimants will lead to pressure on front-line social care and health staff to provide supporting evidence, as well as demands for additional funding for advice services.

ADASS are concerned about the possible 'double whammy' for some service-users, especially those with mild/moderate acute conditions, who could find themselves denied Employment and Support Allowance because they are declared fit for work and denied PIP because they have fluctuating conditions or those, such as mental ill-health, which are less obvious and are often not fully recognised by current DWP assessments. This loss of income would then lead to greater poverty and a resultant breakdown of health and social functioning – the link between poverty and ill-health is well-recognised and the link between poverty and mental ill-health in particular is of significant concern, and these proposals are not consistent with the Government's [Vision for Adult Social Care](#), as well as the recently published [Think Local Act Personal](#) sector wide commitment towards personalisation and community based support.

The proposal to remove DLA (Mobility) entitlement to people in residential care is supported by neither evidence nor experience and is a retrograde step for all concerned, It takes away choice and will simply result in increased costs for local authorities who will be asked to make-up, through their contracts, the loss of income for personal transport. ADASS does not believe that the comparison with hospital is accurate or appropriate, and is concerned about the statement this makes about a person's entitlements and liberties in residential care, which is still their home."

**John Nawrockyi: Joint Chair ADASS Physical Disability / HIV / Sensory Impairment Network**

**Richard Jones: President ADASS**

**14 February 2011**