

Crippling Choices

A Spartacus Network response to the 2015
DWP consultation on the use of aids and
appliances in PIP

C Richardson, E Nock, S Benstead
Spartacus Network

No-one chooses sickness or disability. No-one chooses the purgatory of an unfulfilled life of broken dreams.

~ Anon

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

~World Health Organization, 1948

Personal Independence Payment will remain an extra-costs benefit, providing cash support and allowing disabled people to spend the benefit in the way which best meets their individual needs.

~ DWP Disability Living Allowance reform December 2010

Summary

We reject all of the options put forward by the government.

We reject this consultation as inappropriate on the grounds that

- The DWP does not provide adequate or robust evidence for its claims.
- In particular, the DWP cites a review without permitting respondents to see the methods or results of this review.
- The consultation period was too short and insufficiently promoted.
- The questions and options promoted are complex, repetitive and confusing.

Needing to use an aid or appliance in at least four out of ten selective activities of daily living demonstrates an overall functional limitation that causes significant costs. The DWP should not be seeking to reduce the pay-out to people who qualify in this manner.

PIP has been deliberately designed to rely on ten specific activities as a proxy for all areas of disability-related cost (except for getting around outside the home). Some people with significant costs in areas not assessed by PIP may only qualify for PIP on the aids and appliances rules; it is vital to keep these in in order to ensure that they continue to act as a proxy measure for these other areas.

The DWP conflates tests on specific activities of daily living with tests on functional movements. For example, it attempts to test for bending in the washing and bathing activity (and therefore excludes it from cooking), and now is arguing for the removal of consideration for aids to assist with bathing the lower half, without acknowledging that this would remove the assessment of 'bending' and therefore the proxy assessment for cooking.

The DWP has not provided any adequate or robust evidence that people receiving PIP on the basis of aids and appliances do not have any further costs. The DWP cites a review, but does not provide copies of this review. This is a major failing as respondents cannot comment on the adequacy of the methods used and the interpretation of the results. Without providing a report from this review, the DWP should not be relying upon it as evidence. To the contrary, disabled people are able to identify numerous extra costs that the DWP appears to have overlooked.

The consultation itself is complex. Respondents have been given only seven weeks to respond, over the Christmas and New Year period. We are concerned that this consultation has been so poorly run.

Introduction

This report discusses the background and history of Personal Independent Payment (PIP), highlights the confusion surrounding aids and adaptations, responds to the Government's consultation regarding the use and funding of aids and adaptations (December 2015), and expresses our concerns regarding the procedure followed in that consultation.

PIP began to replace Disability Living Allowance from 8th April 2013 for new awards, and rolled out across the UK for people of working age (16 - 64) on existing fixed awards from October 2013. People of working age currently in receipt of DLA via an indefinite award are, from July 2015, now being invited to apply for PIP, as DLA is gradually being abolished.

When Personal Independence Payment was first consulted on in December 2010 it gave a list of reasons for the proposed change from Disability Living Allowance to PIP.¹ It also drew heavily from a report based on a small survey group, however the report was researching DLA and work, not the effectiveness of DLA as an extra cost benefit.²

The current consultation regards the use of aids, and suggests five alternative options for the funding of aids, and the reforming of PIP. All of these options involve reducing the payment given to people who are deemed to 'only' need aids and appliances. PIP, already controversial for reducing the pay-outs to disabled people, took three years to plan - and now after only two years of partial take up there is a suggestion of reform to further reduce payments to the individual. This is despite the government saying that

1.5 Following evaluation of all of the feedback received to our consultation, we now believe that we have an assessment that will be able to accurately and consistently assess individuals and result in a benefit award that reflects their ability to participate in society. This is supported by testing we have carried out.³

The change from DLA to PIP meant that many activities were no longer considered, such as getting up and down stairs, mobilising around the home and getting into and out of bed. The need for supervision in order to remain safe, and the need for assistance during the night, are also not considered. Other activities where a person needs help have never been considered by either benefit, such as cleaning, laundry, basic house maintenance and shopping. Similarly, costs such as higher utility bills and specialist or more expensive food continue to be excluded.

Because of these exclusions, disabled people are reliant on being able to demonstrate need in those activities that the government has included if they are to get the support they need to live full and independent lives. They might have many other needs, and associated costs, but PIP has no provision for this. Indeed, it was a deliberate decision of the government to rely on the twelve chosen activities as a proxy for all other costs.

In the 2010 consultation the government states

1. We recognise that financial support plays an important role in enabling disabled people to lead full and active lives and we are committed to maintaining an extra-costs benefit for disabled people.⁴

¹ DWP 2010. Public consultation: Disability Living Allowance Reform.

² DWP 2010. Disability Living Allowance and work: Exploratory research and evidence review.

³ DWP 2012. The government's response to the consultation on the Personal Independence Payment assessment and regulations.

⁴ DWP 2010. Public consultation: Disability Living Allowance Reform.

It seems contrary to now suggest that this financial support should be cut, without assessing whether the transition to PIP has actually enabled disabled people to the same extent as DLA did, whether the proposals regarding aids contradicts the commitment to maintaining an extra-costs benefit, and whether either DLA or PIP has ever provided adequate support to those who need it.

It should also be noted that poverty and ill-health have a direct link, and any decrease in income can impact negatively on mental and physical wellbeing. This creates additional costs to society as well as to the individual, putting them further away from both work and social interaction.

The rest of this report includes:

Chapter 1 Spartacus Network survey

Part A: Results from a survey conducted by the Spartacus Network, asking respondents to comment on: the five presented options plus options of maintaining the status quo or redesigning PIP to rely less on proxy measures; the appropriateness of including 'everyday items' as aids and appliances; examples of extra costs they experience that are not covered by PIP; and any further comments on PIP and on this consultation.

Part B: A response to the individual items of interest raised within the consultation document, using the responses to the Spartacus Network survey.

Chapter 2: The role of aids and adaptations in the design of Personal Independence Payment

Comments on the design of PIP, in particular the consideration given to aids and appliances and the use of the chosen ten daily living activities as proxies for all disability-related costs.

Chapter 3: The consultation process

A critique of the consultation process

Chapter 4: Rationale for introducing PIP

Comments on the adequacy of the reasons for the change from DLA to PIP

Chapter 1: Spartacus Network survey

The Spartacus Network carried out a survey, inviting chronically ill and disabled people to respond to a simpler version of the options presented by the government. The survey had to be more simple than the consultation questions, due to the complex and confusing nature of the questions presented by the government, and also because of the short timescale provided for the consultation.

We asked our survey respondents to comment on the appropriateness of including aids and appliances in the assessment, and to comment on each of the options presented by the government. We also asked them to comment on some of the reasons presented by the government for its consultation, namely the judicial reviews and the illustrative examples. We did this to find out whether disabled people agree with the DWP's contention that people relying on aids and appliances (only) do not have extra, ongoing costs.

Part A - PIP survey results

There were 61 responses to the survey but not everyone answered all questions. **There was overwhelming opposition to all the options presented by the DWP for changing the PIP assessment as it relates to aids and appliances.** A small number of respondents (9) indicated a preference towards one or more of the options but in general this was due to feeling that they were required to pick an option and so were choosing the least disliked option.

There was a strong consensus that the two illustrative examples given would not have had low, one-off costs.

Respondents identified a substantial number of activities and costs that are not assessed by PIP. There was a feeling that this consultation is simply a cost-cutting exercise, not based on research or an understanding of disability (20).

Activities not assessed and cited by our respondents include:

- Housework
- House and garden maintenance
- Many aspects of cooking and preparing meals
- Keeping safe
- Negotiating stairs
- Shopping

Identified problems with aids and appliances include:

- They don't bring functionality up to that of an able-bodied person
- An individual may need an aid in every room of the house
- An individual doesn't always have access to the aid, e.g. whilst travelling
- Aids may require repairs and involve running costs, e.g. electricity

We conclude that aids and appliances are a necessary indicator of extra costs in the assessment for PIP.

PIP does not adequately assess the costs experienced by disabled people.

The DWP, in its illustrative examples, appears to be grossly unaware of the costs experienced by disabled people.

The DWP should not cut the weighting given to aids and appliances.

The DWP should consider improving PIP to cover more areas and more adequately appreciate the costs experienced by disabled people.

Q1 For the DLA care component, if a person could do something with an aid, they were considered able to perform that activity. PIP awards points in some activities even if a person requires an aid to complete the activity.

Considered apart from other differences between DLA and PIP, what do you think of this difference?

There were 55 responses to this question. Of those, two didn't answer the question and two said they were unsure or didn't understand, leaving 51 respondents. Of these, three respondents felt that the awarding of points where an aid was used depended on the situation. Two respondents wanted to keep DLA and not carry on with PIP. Everyone else (46) thought that it was good that PIP took aids into account and this was an improvement over DLA. Needing an aid demonstrated a level of functional impairment (17) or showed that there was need or additional costs in other areas (12). Having an aid may not bring the person's ability up to that of an able-bodied person (13). It was also highlighted that it could still take longer to complete a task even with an aid (5) or the person may not always have access to an aid (5). 20 respondents explicitly stated that PIP should award points where an aid is used and the difference from DLA is fair.

Q2 The DWP consultation says that "Recent judgments have found that a bed or chair could be considered an aid or appliance if an individual is unable to dress standing up, as could a smoke alarm if a person with a hearing impairment used it to help them to cook a meal safely."

Do you consider it appropriate to use these aids and appliances to score points on PIP?

There were 55 responses, eight of which didn't answer the question. Four respondents felt the specified aids should not qualify for points as they were not an additional cost and four felt the aids should only qualify if they were specialised items. The remaining 39 thought these items should count as: the aids were a necessity (4); specialist and more expensive items are often needed (4); aids require replacing and maintenance (2); the use of aids indicates a broader functional impairment (6); PIP supports safety and independence (8) and the money may be required in other areas (2). Additionally, four respondents felt that the PIP assessment should look more closely at how an activity is performed.

Q3 The DWP gave 'illustrative examples' of cases where an individual, in their view, does not merit an award of PIP. These are copied below.

In these illustrative examples, do you agree that it is likely that these people have low, one-off costs? If not, explain where you think other costs might arise in relation to the difficulties described, including activities not covered by the assessment for PIP.

Do not include any costs related to getting around outside the home.

Illustrative example 1

61 year old man with chronic obstructive pulmonary disease. He cannot stand for long due to fatigue and breathlessness. He can help his wife prepare food, providing he sits down. He sits on a seat in the shower and holds the sink for support when using the toilet. He also sits to get dressed, which takes a long time due to breathlessness, and wears easy to pull on clothes. Low daily living extra costs reflect one-off costs for aids such as a perching stool. He already has a shower seat and grab rail, as his wife needs them, and other aids are unlikely to be of much benefit.

Illustrative example 2

58 year old woman with generalised osteoarthritis which causes her pain in the knees, shoulder, ankles, hands and lower back. She has difficulty standing for long to prepare food due to back pain. She can access her shower independently but finds it difficult bending to wash the lower half of her body. She uses the sink for support when getting off the toilet and dresses sitting down and wears slip on shoes for ease. Minimal daily living costs reflect one-off costs for a perching stool and some long handled aids.

There were 54 responses to this question, four of which didn't answer the question. **37 respondents identified areas where the people in the examples incurred costs above the one-off purchase of an aid.** These broke down into: higher heating and utility costs (8); expensive clothes or more regular clothes and shoe purchases due to extra wear eg shuffling wearing out heels or aid to pull on socks damaging the sock (11); a need for personal assistance with washing eg to prevent falls or better wash genital area (12); more expensive food costs as it needs to be delivered or ready meals need to be used (8); higher laundry costs from needing to do half loads or more frequent loads as clothes are soiled faster when the person can't wash themselves adequately (4); not a one off cost as aids wear out or require maintaining (12); person requires help with housework such as cleaning and tidying (9).

Additional to the identified costs, respondents highlighted that the use of an aid indicates a functional impairment that requires assistance in activities not currently assessed under PIP (13) and that the current aids could be considered inadequate anyway (5). Some respondents expressed a concern that the DWP may be assuming some of these additional costs are met by social services, but highlighted that this is not the case following cuts to social services funding (5). The risk of falls was identified for both examples (5) leading to a need for supervision. There was a concern that the examples given were overly simplistic (6) and deliberate propaganda (2).

For example, in Illustrative example two, the arthritic woman cannot bend over so uses long-handled aids. These can be deemed to be low cost. However, excluding her need for these aids would mean that her ability to bend for cooking (e.g. to reach a floor-level oven, or cupboards standing on the floor) is no longer assessed. This would be contrary to the government's stated intention that the ability to bend be assessed in activities such as washing and bathing, and dressing and undressing, as quoted below:

5.7 Several respondents noted that it was unclear why cooking food was restricted to 'heating food at or above waist height' and asked whether this was fair. While we accept that many ovens are at ground level, this activity is designed to focus solely on an individual's ability to prepare and cook food, **not to assess their ability to bend – this is taken into account elsewhere in the assessment in the Washing and bathing and Dressing and undressing.** We specify that food should be prepared at waist height and cooked on a conventional cooker or in a microwave because this ensures that individuals do not receive points twice for the same barrier. (emphasis added)⁵

Q4. What activities where you experience additional costs are not currently covered by one of the PIP daily living activities? Which of these are indirectly covered by scoring points for aids and appliances on a different activity, and how? (e.g., a person who needs to sit down to wash or dress, due to fatigue, may then struggle with housework).

There were 48 responses to this question, eight did not answer the question. Several activities that incur additional costs for disabled people but are not considered during the PIP assessment were identified. These were: housework eg cleaning or laundry assistance (27); basic maintenance eg changing a lightbulb or mowing the lawn (8); negotiating steps (3); shopping (10); and the need for physiotherapy sessions or equipment over and above that provided by the NHS (3).

A number of respondents answered this and other questions by listing where they or other people experienced additional costs. 26 questions were responded to in this way. Identified costs broke down into: higher utilities (10); laundry costs (3); wear and tear on aids and household items and furnishings eg carpets (6); assistance (10); need for supervision for safety reasons (separately from

⁵ DWP 2012. The government's response to the consultation on the Personal Independence Payment assessment criteria and regulations.

assistance) (10); maintenance and running costs of aids (4); housework (6); food costs (8); all the steps and actions involved in preparing a meal(7); and lack of provision from social services (5).

Q5 The DWP gave the following five options for what to do with PIP, in order to reduce the importance given to the need for aids and appliances in the Daily Living component of PIP. What do you think of these options?

- 1) A lump sum paid to claimants who score all their daily living points from aids and appliances. This could be discretionary and its use limited through the use of vouchers. The awards could be periodic, in order to cover the cost of replacing aids or appliances. It would not passport to other benefits or premiums and would not exempt claimants from the benefits cap. Claimants scoring at least some points from other descriptors would be paid at the relevant weekly rate, as now.
- 2) A lower monthly payment for claimants who score all their daily living points from aids and appliances. It would not passport to other benefits or premiums and would not exempt claimants from the benefits cap. Claimants scoring at least some points from other descriptors would be paid at the relevant weekly rate, as now.
- 3) A new condition of entitlement that claimants must score some points from a descriptor that does not relate to aids and appliances. Claimants scoring at least some points from other descriptors would be paid at the relevant weekly rate, as now.
- 4) A change to the definition of aids and appliances to exclude any that the DWP does not consider are a good indicator of additional cost and need. Claimants who use aids and appliances that are a good indicator of extra costs would be paid at the relevant weekly rate, as now.
- 5) Halving the number of points that can be scored for the use of aids or appliances from 2 to 1 for some or all daily living activities.

There were 54 responses to this question. Across all the answers, 13 people said they felt the consultation was a cost-cutting exercise. Respondents mentioned feeling demonised, discriminated against or unfairly treated both through the suggested alterations and the broader application of the welfare system (15). On six occasions the proposed changes were described as damaging and distressing, and it was suggested that the entire PIP process should be reviewed to be made fit for purpose (6). Six respondents highlight that the use of an aid did not mean that the person no longer had difficulties in completing the relevant task and that the person should still be considered to be disabled.

Option 1 was rejected by 53 respondents. The one respondent who felt this option may be acceptable was with the caveat that vouchers were not used as these were considered degrading and damaging, and people on disability benefits are already having their difficulties made worse by this government. The idea of using vouchers was rejected by an additional six respondents, who felt that it was unreasonable to restrict the use of the payment in this way and that the freedom to choose the most appropriate help should be maintained. Three respondents pointed out that the person is still disabled even while using an aid and one respondent mentioned the fact that new aids are developed and the person should be enabled to upgrade to better suit their needs.

Option two was rejected by 52 respondents. One respondent felt that option two may be the best option for people for whom adaptive behaviour is more beneficial than aids. Another respondent felt that options 2, 3 or 5 were better than the others but only if passporting to other benefits was retained and there would need to be a better consideration of the actual costs of any aids used. It was described as impractical (1) and discriminatory (1), while two people highlighted that PIP payments cover other costs, not just aids. It was again noted that the person using the aid is still disabled (1).

Option three was rejected by 49 respondents. Three respondents chose only option three, but with caveats. These were that the broader impact of this option must be considered (1), that it depends on the descriptors required (1). Two people chose option three and five; one felt that either option might be acceptable and one said they were good ideas. The respondent who chose 2, 3 or 5 again highlighted the need for passporting and fuller understanding of the cost of disability.

Option four was rejected by 52 respondents. The one respondent who chose this option gave no explanation. Six respondents felt that a list of aids that the DWP considered an appropriate indicator of cost would be flawed and unworkable. Two respondents who had previously mentioned PIP money being spent on other things repeated this here.

Option 5 was rejected by 51 respondents. For one respondent who chose option five (along with options two and three) it was unclear from their response whether they were completely happy with this option. The remaining two chose options three and five, again with one feeling either option might be acceptable and the other saying both were good ideas. It was mentioned five times that the use of an aid did not mean the person no longer had functional impairment. These were all from respondents who had raised this issue before in relation to other options.

Q6 Additionally, the Spartacus Network suggests that at least two other options should have been included by the DWP. There may be other alternatives.

What do you think of these options?

- a) There should be no change to the current system.
- b) The government should review its activities and descriptors, to ensure that individuals are appropriately assessed. This may include additional descriptors to cover costs such as special diets, higher utilities, shopping, and cleaning; or greater consideration within activities such as cooking to the full range of sub-activities that are involved, such as bending, reaching and walking.

There were 57 responses to this question, three did not answer the question. The responses broke down as:

Option A:	10
Either A or B:	12
Option B:	30
DLA:	1

Of the respondents who chose A, two respondents said that if there had to be a change they would prefer option B over any of the DWP options, two made no comment and six expressed a desire to be left alone without frequent changes.

Of the respondents who chose option B, four wanted option A as a fall-back option if the DWP refused to adequately update the descriptors and three made no comment. It was felt that there was a need for a proper consultation (5), that there should not be a one-size-fits-all approach (5) and that PIP is currently too limited in its assessment process (14). One person expressed concern that sensory, psychological and learning disabilities were not being given sufficient weight in the current system.

One person wanted to return to DLA. This appeared to be a misunderstanding of the options being compared, and other people may have chosen a return to DLA if this option had been presented.

Q7 Do you have any other comments?

There were 45 responses to this question. Several respondents were deeply unhappy about the proposed changes, particularly in the light of other disability changes. They felt demonised or unfairly penalised, expressing fear about their future (17). Two respondents felt that the disabled community was being used as a scapegoat for government inefficiency with nine responses stating that they felt the consultation was a cost-cutting exercise. Additional costs and difficulties, including higher utilities were mentioned (6), as well as the need for a proper review of PIP (8). One respondent suggested that continual changes to the benefits system costs more than the alleged savings and that there would be a financial impact on the NHS and social care if disability payments are cut. One respondent highlighted the importance of giving to those who need it and one wanted to revert to DLA.

Concluding remarks

Spartacus Network presented the options of either leaving PIP as it is or expanding the descriptors to cover more activities. These were widely preferred by respondents with a majority preferring an update to the descriptors, but with a general feeling that leaving PIP as it is would be better than any of the DWP options.

Respondents felt that if certain activities are being used as a proxy for others then the need for aids in those activities is a proxy for difficulties in other areas. This is how PIP was set up to work, and it seems odd to now conclude that the use of aids does not indicate need in the unassessed areas.

If the importance given to aids is to be changed then the whole assessment process and its capacity to accurately capture a person's disability will be negatively impacted. To counteract this, a review of the descriptors would need to be undertaken and the assessment updated to cover all activities, and not just use a small number of activities as proxies.

Such a major change would require a correctly carried out consultation, running for the standard twelve weeks with clear language and lay-out, adequate promotion, and occurring at a time that does not clash with other major events including other changes or proposed changes to the social security system, social care and NHS.

Part B - answering the DWP questions

Within its main six questions, the DWP asked for comments on a range of issues associated with the presented options. We did not ask about these specifically in our survey, as the lack of time for the consultation response and the overall complexity of the consultation questions meant we had to simplify the approach used for our survey. However, the survey responses still addressed the majority of the points raised by the DWP.

Overall, respondents felt that **awarding points where aids or appliances are used is a fair approach and assists in reflecting the broader costs and difficulties that the person is experiencing**. This is consistent with the policy intention that

1.4 The assessment is not designed to take into account every area of daily life, but to look at a range of activities which, as a whole, act as a proxy for overall level of need.⁶

The issues that the DWP raised in the consultation and asked for comments on were:

- receiving a regular, fixed monthly sum

A regular, monthly sum was preferred as it was felt this better reflected the ongoing costs associated with disability, compared to receiving a one-off lump sum.

- budgeting on a monthly basis

This issue was not covered in our survey. Respondents to consultations on Universal Credit indicate that fortnightly payments can be preferable to monthly payments.

- having to save to purchase aids and appliances
- being able to purchase aids and appliances immediately

Respondents highlighted that often more than one aid is needed, eg one in every room in the house, as the person may struggle with mobility to the extent they cannot carry their aids around with them. This means saving up more to buy extra aids. It was also mentioned in relation to lowering the monthly payment that the impact this would have on the ability to save for more expensive aids would have to be considered.

- targeting resources through a lump sum, which would be less than the cumulative value of the equivalent monthly payments, and whether this should be a fixed or discretionary amount
- a periodic payment, recognising that aids and appliances may need to be serviced or replaced

The idea of a lump sum was rejected by all but one respondent, who felt it may be appropriate for some cases, but only if vouchers were not used. It was highlighted that aids can break, require repair, replacement or have running costs, such that aids do not have a one-off cost that can be adequately met by a lump sum. Whether a lump sum should be a fixed or discretionary amount was not covered in our survey. However, this would pose an administrative burden on the DWP which itself will be costly.

- a fixed payment with only a broad relationship to actual extra costs

This question was not answered in our survey and it is unclear what the DWP intends by it, as distinct from the questions relating to lump sum or discretionary payments.

⁶ DWP 2012. The government's response to the consultation on the Personal Independence Payment assessment criteria and regulations.

- restricting what the benefit could be spent on through the use of vouchers, but potentially increasing value for money

Vouchers were widely condemned, being described as demeaning, degrading, and insulting as well as being too limited and removing the freedom of personal choice. One respondent expressed concern that vouchers would be open to abuse, as the companies selling the specific items the vouchers were for would increase their price, knowing the customer had no power to shop elsewhere.

- having no restrictions on how the benefit can be spent but potentially lower purchasing power

It was felt that the freedom to choose and purchase the most appropriate aid or assistance for each individual was highly important. For example, individuals often prefer to accept vouchers for wheelchairs over an NHS wheelchair, as they can then put the money towards a more expensive, more suitable wheelchair.

- a lower weekly rate than the equivalent rate for those scoring the same points but from other descriptors

A lower weekly rate was described as impractical or discriminatory, with respondents highlighting that PIP is spent on more than just aids. A lower rate would have to take into account the need to save for more expensive aids and the impact a lower rate would have on this.

- focusing eligibility on those scoring at least some points from descriptors other than aids and appliances

It was felt that if some points have to come from other descriptors, then the descriptors need to be updated and include more aspects of life as otherwise this option is too restrictive. The current system assesses a limited number of activities and uses these as a proxy for the unassessed activities. The need to use an aid should therefore be taken to mean the person has functional impairments that limit their ability to adequately perform the unassessed activities. To take out the use of aids as a proxy, the activities that these were a proxy for would need to be introduced and assessed.

- whether there should be a limit on points for aids and appliances or restrictions on where they are scored

The full picture of needs is not fully covered in the assessment and so it was considered that reducing the number of points awarded for the use of aids would be unhelpful, discriminatory (no reason was given, but it might for example be discriminatory against people who face more barriers in areas not assessed by PIP, compared to someone whose main barriers are in PIP activities) and lead to more inaccurate results. There was concern that this option would decrease the number of people eligible without recognising the full impact that the person's disability has on them. Two respondents suggested that two points for the use of aids may be insufficient.

- excluding eligibility for aids and appliances which are a poor indicator of extra costs

This question does not relate well to the option it is connected with. The option refers to aids available at low/no cost, readily available aids or aids used in the same way by non-disabled people. The question then asks about aids that are a poor indicator of extra costs. The government appears by this to be assuming that these low cost, readily available aids are a poor indicator of extra costs; however, respondents to the consultation cannot be relied upon to have made the same assumption, given that our survey shows that there are significant extra costs to the illustrative examples given by the government as having no extra costs.

The phrasing of the question has led into a particular response. People may agree that aids that don't indicate extra costs could be excluded, but it does not follow that they have agreed that low cost or readily available aids are not an indicator of extra costs. As already said, use of aids indicates functional impairment. Using a sink to stand up may have no costs (until it's pulled off the wall) but it indicates the person has difficulties moving, in a way that may incur costs elsewhere eg if she can't raise her own weight off a seat, how can she lift a load of wet laundry? The 'aid' is 'free' but the person has costs and barriers as indicated by her need for the aid. Again, it is necessary to remember the design intent of PIP to use proxies as an indicator of need.

Respondents were concerned that a list of ineligible aids would be flawed and unworkable, leading to costly appeals. It was not clear who would decide what aids to exclude or how this would be decided upon. Since it was well documented that the use of an aid indicates a cost in other areas of life, it was felt that excluding the use of some aids from the assessment would incorrectly lead to PIP being removed from people who have many additional costs. Furthermore, such a list would exclude from PIP those who need to have many low-cost aids, which cumulatively would cost significant amounts as well as showing a high level of impairment.

- which classes and types of aids and appliances are a good indicator of extra costs

There is no real answer to which classes of aids indicate costs, as this varies far too much based on the unique mix of impairments each person has and their living environment eg whether someone's kitchen has a waist-height oven, or a breakfast bar so that a person can use a perching stool effectively; whether a person has a wet-room; whether a more specialised or expensive aid would be better than the one used or provided by Adult Social Care/NHS; and whether the effect of activity on symptoms such as pain and fatigue means that any aid is of only minor benefit.

For each person, the use of an aid should be being taken as an indicator of the functional impairment they are experiencing, both in the assessed activity and the activities for which it is a proxy. Any aid therefore has the potential to be a good indicator of the extra costs the person experiences. To remove some aids from consideration would be to move further away from a personalised approach to assessment and instead restrict eligibility to those people who fit neatly within the assigned activities.

- the lack of passporting and exemption from the benefit cap

Respondents were very clear about the need to have the continuation of passporting and exemption from the benefits cap. There was concern that by removing passporting or the exemption, disabled people would be financially impacted in several ways at once, causing grave hardship.

Chapter 2: The role of aids and adaptations in the design of Personal Independence Payment

The 2010 consultation for PIP stated:

The Government is committed to supporting disabled people to exercise choice and control and lead independent lives. We believe that, with the right levels of support, everyone including disabled people can play a full part in society. We recognise that financial support plays an important role in enabling disabled people to lead full and active lives and we are committed to maintaining an extra-costs benefit for disabled people.

We are concerned that the government, in seeking to reduce support for those who need aids and appliances for PIP activities, is not supporting disabled people to lead independent lives, join in fully in society, or have choice and control of the support they need.

Aids and appliances

The government has presented us with a conundrum, in which using an aid or appliance to help with a need is considered to then remove that need. This allows the government to frame the debate as one about removing financial support from those who, through the use of an aid or appliance, are no longer 'disabled'.

This problem arises because the government is – perhaps deliberately – looking at the issue incorrectly. The government is incorrect to believe, or assume, that possessing an aid or appliance removes disability. The results of our survey, given in Chapter 1, confirm this.

Needing an aid or appliance is indicative of functional limitation. It cannot be assumed that the functional limitation that made the aid necessary applies only to the activity in which that particular aid is used. Nor can it be assumed that, for that activity, the aid achieves any more than making the activity safer or less difficult – it cannot be assumed that disability is fully removed within that activity. Aids and appliances do not remove disability associated with all activities of daily living, but only reduce the difficulty of a specific activity.

The activities used in PIP are supposed to represent a cross section of activities of daily living, so that functional limitations are picked up, rather than representing all the things people need to do. This was a deliberate policy intention of the government. In this context, to assume that people who use aids or appliances are not disabled would not allow for an assessment of need in the areas not covered by PIP.

Proxy activities

In this consultation the government itself notes that PIP was designed to cover

7. Everyday items that are in common use, such as food processors, where they are essential to the completion of an activity because of a health condition or disability. This decision was taken in order to recognise the potential barriers and costs individuals who use aids and appliances may face.

The government designed PIP in this way very deliberately, as can be seen in its response to feedback on its original proposals for PIP:

1.4 While we have incorporated much of the feedback we have received into the final draft of the assessment criteria, we have not taken on board all of the suggestions, for example:

We have not introduced an additional activity on maintaining a safe and clean home environment. We believe such an activity would be difficult to assess and is not needed. The assessment is not designed to take into account every area of daily life, but to look at a range of activities which, as a whole, act as a proxy for overall level of need. We are confident that the activities included in the final assessment will provide an accurate indication of levels of need and will award appropriate priority in the benefit as a result.

3.8 The activities have been carefully selected to act as a proxy for participation, levels of need and likely extra cost. We have not sought to assess each and every activity an individual might perform on a daily basis but rather we have selected a range of activities which cumulatively act as a good proxy. For example, individuals who have difficulties dressing and undressing are likely to have difficulties in other areas that involve bending and reaching, while individuals who have difficulty preparing food are likely to have difficulties carrying out other activities that require manual dexterity. Individuals who have difficulties making budgeting decisions are likely to face similar difficulties with decision making throughout the course of their lives. We believe it is therefore unnecessary to assess every aspect of daily living.

5.12 As explained in Chapter 3, we are now including non-specialised aids and appliances if they are essential to the completion of an activity. For example, an individual who is unable to open a can with a manual can opener, but who could do so with an electric can opener, would be considered as needing an aid or appliance to complete the activity.⁷

I.e. the DWP here recognised that as PIP was designed to assess only a subsection of tasks necessary to a daily life, and a subset of the costs associated with safe living, ‘everyday items’ had to be considered due to their proxy nature. It is therefore contrary to the design of PIP to now remove or reduce the consideration given to these aids and appliances.

The DWP argues that, for example, it is not necessary to assess the ability to bend when cooking because the ability to bend is assessed under washing and bathing, and under dressing and undressing. This would be an acceptable position if what was being tested was the ability to bend. However, this consultation treats the test for bending as actually a test for washing - and suggests an aid to wash the lower half would remedy this, without considering the ability to bend during cooking.

The government’s causes for concern

The government appears to have four pieces of evidence supporting its claim that there has been an excessive award of PIP for aids and appliances. These are: a reference to the opinion of case managers, as reported in the first independent review; the increase in awards being made on the basis of needing aids and appliances alone; a DWP review carried out on 105 claimants; and the decisions being made by tribunal panels.

The first piece of evidence is from the independent review conducted by Paul Gray and published in December 2014. In paragraph 15 of chapter five he says

15. There was a general perception amongst DWP staff that PIP is more generous than DLA. Aids and appliances were flagged by case managers as a contributing factor with claimant choice rather than need appearing to lead to higher scoring descriptor choices and subsequent awards.⁸

⁷ DWP 2012. The government’s response to the consultation on the Personal Independence Payment assessment criteria and regulations.

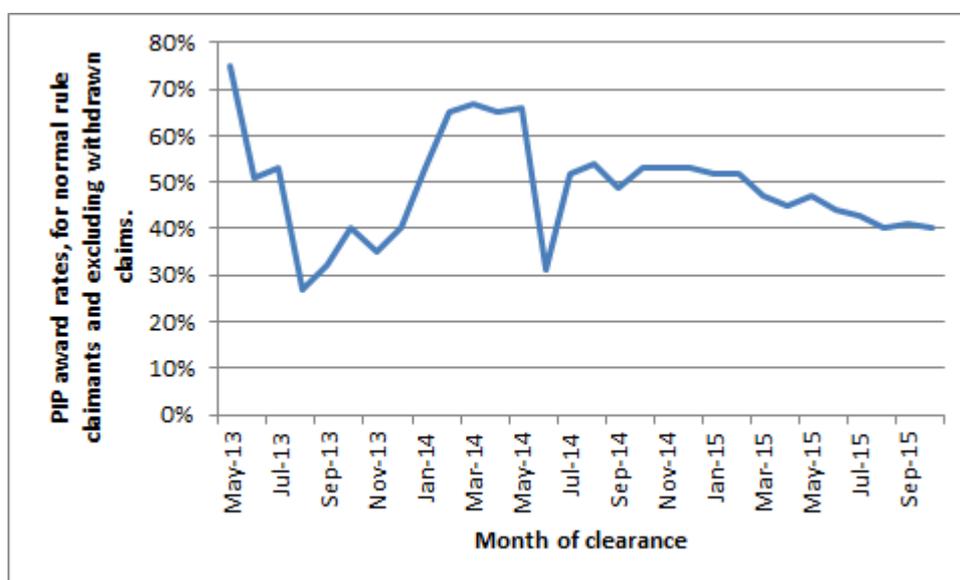
⁸ Gray 2014. An independent review of the Personal Independence Payment assessment.

However, he goes on to say

16. In contrast, some health and social care professionals perceive that the assessment is not always effective for [non-terminal illness] claims, especially for people with fluctuating conditions and mental health conditions.

These case managers appear, from the report, to be DWP Decision Makers. It is unclear why, if they feel that points should not be awarded, they then award points; DWP decision makers/case managers bear, as far as we know, the responsibility for the decision and can change it from that recommended by an Atos or Capita assessor. Nor is it clear how a DWP decision maker, who is not a medical person or a trained disability assessor, can comment on whether an individual they have not met is using an aid or appliance from choice or from necessity.

Whilst DWP staff perceive PIP as more generous, the data does not support this. Award rates for new claims for PIP have been falling, from around 65% in the early part of 2014 to the current levels of around 40%. In contrast, DLA awards were around 45% in the years 2006-2010.



9

The second piece of evidence used by the DWP is the increase in the proportion of claims that are awarded based on points for aids and appliances only. It is unclear from the presented information why this has occurred: did the initial backlog mean that easier, paper-based cases that naturally attract more points were fast-tracked? Are assessors becoming more skilled at understanding the issues facing disabled people? What has been the impact of decisions handed down by tribunals? What is the relationship between this and the overall fall in awards - could it be that all claimants are getting fewer points now than they would have done a year or two years earlier?

The DWP's third piece of evidence is a review it conducted on "a sample of 105 cases where claimants scored all, or the majority, of their points due to aids and appliance" in order to "assess the extent to which the award may reflect extra costs." The DWP reports that

10. The results of this review suggest that significant numbers of people who are likely to have low or minimal additional costs are being awarded the daily living component of the benefit solely because they may benefit from aids and appliances across a number of the activities, despite the relatively low point score awarded for them.

⁹ Data taken from DWP PIP Official Statistics October 2015

However, the DWP did not write up the results of this review into a formal report. Consequently, respondents to the consultation are unable to see what appears to be the main piece of evidence for the DWP's proposals to cut funding for those dependent on aids and appliances. Furthermore, respondents to our survey were able to identify numerous additional costs for the DWP's illustrative examples, suggesting that the DWP may also have overlooked additional costs for its 105 reviewed claimants.

Finally, the DWP expresses concern that "recent judicial decisions, based on the current legislation, have broadened the scope of aids and appliances to include articles, such as beds and chairs, which are unlikely to be a reliable indicator of extra costs." The DWP refers to these as "widely available and commonly used irrespective of the level of need".

As the DWP itself notes, these decisions were "based on the current legislation". That is, they are in line with the DWP's stated aims at the time. However, the DWP reports that they are "inconsistent with the policy intent of awarding the benefit to claimants with the greatest need."

That the DWP cite this policy intent in response to judicial decisions is concerning. For disabled people, it is easy to interpret this as a policy intent to cut support without consideration of the actual level of support needed by different people, or the impact of having that support reduced or taken away. It stands in contrast to the deliberate design of PIP in using a limited range of activities as proxies for all disability-related costs, and the policy intent of the government where it said that it

1.1 ... is committed to supporting disabled people to exercise choice and control and lead independent lives. We believe that, with the right levels of support, everyone including disabled people can play a full part in society. We recognise that financial support plays an important role in enabling disabled people to lead full and active lives and we are committed to maintaining an extra-costs benefit for disabled people.¹⁰

¹⁰ DWP 2010. Public consultation. Disability Living Allowance reform

Chapter 3: The consultation process

Numerous problems have been identified with the consultation process. The government has a set of Consultation Principles,¹¹ guiding the correct use of consultations to ensure a fair opportunity for the people affected to respond to the government's ideas. This consultation does not match up with those Principles, as we explain below.

In an article published by the Law Gazette, Steve Broach writes: "Whether or not there is a duty to consult, once a public body decides to consult it has to do so properly. This essential starting point was made clear in *R v North and East Devon Health Authority ex parte Coughlan* [2001] QB 213 (Coughlan). In other words, whether consultation is a duty or a choice, once launched the standard and quality of the consultation has to be the same."¹²

In this section, we first give the relevant Consultation Principle and then show how the government has failed to meet it. Principles E, F and G are similar so our response to these is grouped together underneath all three principles.

A. Consultations should be clear and concise.

Use plain English and avoid acronyms. Be clear what questions you are asking and limit the number of questions to those that are necessary. Make them easy to understand and easy to answer. Avoid lengthy documents when possible and consider merging those on related topics.

Issues within this consultation

- The seven questions are complex. They not only refer to each other, but contain multiple questions within themselves.
 - Six refer to each other, meaning the reader has to keep all five options and the current position in their heads. This is unnecessary, when all that needs to be asked is the suitability of each option as it stands.
 - The options given in the boxes are expanded upon underneath. For example in Option One, paragraph 24 then goes on to say "The award could be periodic, recognising that claimants may need to repair or replace their aids or appliances." However this is not in the box for option one, so respondents may have missed it.
 - Respondents are asked not only to comment on each option (and refer it to the other four options), but also to comment on a series of other issues such as receiving lump sums, restrictions on purchasing power and reduced pay-outs within each question.
 - These other issues are repeated throughout the questions. There is excessive repetition and similarity of phrasing.
 - The raised issues do not always appear relevant to the option with which they are associated.
 - The nature of the passported benefits is not made clear. Many disabled people may be unaware of what a PIP award makes them eligible for, and therefore cannot comment on the effect of losing this eligibility.
- The options are too similar, causing confusion over how to answer, to compare and to contrast the five options.
- Five options are given, but the numbered options do not match the numbered questions (i.e.. question two relates to option one, question three to option two, and so on). This is confusing in such a dense section of the document.

¹¹ Consultation Principles 2016

¹² Steve Broach, 10 March 2011, How the law can be used to fight cuts to services for disabled people, The Law Society Gazette

Comments sent to the Spartacus Network about the consultation include:

I lost the will to live after 'Going forward...' several pages down!

Have been unable to make head or tail of what changes to use of aids was about. Grim stuff.

C. Consultations should be informative

Give enough information to ensure that those consulted understand the issues and can give informed responses. Include validated assessments of the costs and benefits of the options being considered when possible; this might be required where proposals have an impact on business or the voluntary sector.

Issues within this consultation

- The consultation is overly long, and makes many claims without either evidence or links to evidence. There is a consistent lack of evidence given throughout the consultation. There are many unsubstantiated claims made.
- The DWP uses unclear and unsupported language. This includes using the words such as 'likely', 'suggests', 'low cost', 'minimal cost' and 'one-off costs'. Ambiguous phrases include "right level of support" (with no indication of how that is established), "suggests" for analysis of data (when the data is not made available) and "significant" where there is no benchmark for comparison.
- The information within the consultation document uses phrases such as "low cost" without any evidence of the cost. There are no validated assessments of costs. There is no reliable evidence presented for costs being 'one-off'. Indeed, the DWP itself recognises that costs do recur when it comments, in relation to Option One, that "The award could be periodic, recognising that claimants may need to repair or replace their aids or appliances."
- The DWP gives insufficient evidence of what it considers to be the low cost, one-off items that the individuals awarded PIP on aids and appliances only are likely to need. The items it names are food processors, electric tin openers, lightweight pans, perching stools, grab rails, beds, chairs and smoke alarms. The fact that receiving PIP based on aids and appliances alone requires meeting the relevant descriptors over four activities suggests that the number of aids and appliances needed may not be small. These items are likely to need replacing at different rates, creating ongoing costs, and are unlikely to remove all disability in the activity they are designed for, nor assist with activities not assessed by PIP. Lower priced items are usually of lesser quality, meaning that they need replacing more often and their design may not be suitable for a disabled person. Consequently, some of what the DWP considers to be low cost items, for example a food processor, may in reality cost a significant amount.
- The DWP cites a review, but does not provide copies of this review. This is a major failing as respondents cannot comment on the adequacy of the methods used and the interpretation of the results. Without providing a report from this review, the DWP should not be relying upon it as evidence. The DWP reports that "DWP doctors therefore reviewed a sample of 105 cases where claimants scored all, or the majority, of their points due to aids and appliances, to assess the extent to which the award may reflect extra costs". This review is not available. Following an FoI request by one of the authors for a copy of this review, the response received stated that, "We are not able to provide a copy of the review as such a document does not exist. DWP doctors reviewed a number of cases and their views on these were collated and this information included within the consultation

document to which you refer. We have considered providing the details of all the cases reviewed but this would involve releasing personally sensitive information and this is not appropriate or proportionate. All relevant information relating to these cases that can be disclosed is therefore already publicly available.”¹³

Consequently, all references to this review are unsupported from the point of view of respondents, as they cannot see the full methods or results of the review. For example, we cannot confirm whether the DWP’s statement that Option One “is based on evidence that many claimants who score all their points through aids and appliances may have low to moderate one-off costs from purchasing aids and appliances and no or limited on-going costs” is correct. The evidence available to us does not support the DWP’s view: respondents to our survey identified numerous additional costs for the illustrative examples given by the DWP, suggesting that the DWP’s review may have overlooked multiple additional costs.

- The benefits described are not for the respondent, but for the DWP/Treasury, and have no verifiable values assigned to them. Disabled people bear all the costs, as all the options involve cuts to PIP. No option to improve the validity of the assessment has been suggested.
- Under the proposals there is an additional cost to the NHS and Adult Social Care identified, but no costs have been given.
- Reference is made three times to the “financial sustainability” of PIP payments. However the consultation talks about continuous and repeated assessments, creating and maintaining an additional funding stream of vouchers, making payments variable and discretionary, and options for sporadic, one-off payments for aids and for replacement and repair. The additional costs of excessive assessments, managing equipment and managing new funding streams has not been assessed and may well exceed any financial benefits gained from reducing payments.
- The consultation feels unbalanced. There is a lack of evidence for the government’s position that a substantial proportion of PIP awards are going to people with low, one-off costs. All the presented options involve reducing payments, and are given in the context of financial sustainability. No consideration is given to whether disabled people are receiving the level of support which they need to live full and independent lives.

E. Consultations should last for a proportionate amount of time

Judge the length of the consultation on the basis of legal advice and taking into account the nature and impact of the proposal. Consulting for too long will unnecessarily delay policy development. Consulting too quickly will not give enough time for consideration and will reduce the quality of responses.

F. Consultations should be targeted

Consider the full range of people, business and voluntary bodies affected by the policy, and whether representative groups exist. Consider targeting specific groups if appropriate. Ensure they are aware of the consultation and can access it. Consider how to tailor consultation to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.

¹³ FoI response 5160, 11th January 2016

G. Consultations should take account of the groups being consulted

Consult stakeholders in a way that suits them. Charities may need more time to respond than businesses, for example. When the consultation spans all or part of a holiday period, consider how this may affect consultation and take appropriate mitigating action.

Issues within this consultation

- The consultation ran for 7 weeks and 1 day, including bank holidays, starting Dec 10th 2015 and running till 29th Jan 2016. This is an insufficient time.
- Alternative formats (easy read, audio, BSL video) were not made available initially, meaning that people relying on these formats had even less time to respond.
- The consultation took place over the Christmas and New Year period, which includes three bank holidays. Many people also take time off between Christmas and the New Year. This further shortens the time available.
- The consultation was not widely circulated and many disabled people and their organisations were not aware of it. There appears to have been no attempts to increase awareness. The consultation was not promoted before its start, meaning that disabled people and their representative organisations could not prepare for the work involved in responding.
- The stakeholders who would be affected by the consultation are disabled people and the consultation should have taken into account the additional needs of disabled people to formulate their responses.

Disabled people have stated that they didn't have enough time to consider the consultation and to finish their responses. These are the people who will be affected by any changes. Their responses should be heard and they should have enough time to absorb the detail and formulate their responses. We ourselves have had to simplify our response in order to complete it in time, and the work involved has had a negative impact on our health.

“I started it and it's definitely (deliberately) over complex and skewed. Not sure I'll get it finished in time.”¹⁴

- Other stakeholders who would have been affected by the consultation are charities and advice workers, who would have been affected by the Christmas and New Year break. Additionally, this consultation affects Adult Social Care and the NHS, whom this consultation reports as providing free aids to disabled people. These bodies would all have needed both to have this document brought to their attentions, and to have sufficient time to respond - particularly over Christmas, New Year and winter when there are additional pressures.

¹⁴ Response received by the Spartacus Network

Chapter 4: Rationale for introducing PIP

Disability Living Allowance

Disability Living Allowance (DLA) is an 'Extra Costs' benefit, to provide help towards additional costs incurred as a result of disability. It was originally aimed at those under pension age, although those on DLA when they reach pension age can continue to receive it. It is tax-free and not means-tested, and is ignored when assessing income for other means-tested benefits. It is therefore available to people both in and out of work.

The current caseload of PIP and DLA is comprised of 11% aged under 16, 60% working-age adults and 29% over 65.

Excessive growth in caseload?

The government has claimed that DLA

was insufficiently focused, with a 21 per cent increase in the working age caseload in the ten years to 2013 despite the prevalence of disability in the general population remaining broadly stable.¹⁵

This is essentially a re-write of its claim made in the first consultation on PIP, where the government said

15. In just eight years the numbers receiving DLA has increased by 30%. The complexity and subjectivity of the benefit has led to a wider application than was originally intended.¹⁶

Both these claims are misleading, as we demonstrated in our 2012 report *Responsible Reform*.¹⁷ We repeat the conclusion here and refer readers to the *Responsible Reform* report for the underlying method:

The contrast between the two periods [1995-2002 and 2002-2010] has an obvious explanation which is completely at variance with Government's claims that DLA caseload growth is driven by 'subjectivity'. The explanation is that DLA was introduced in 1992 with the aim of expanding the coverage of disability benefits. This meant that there was an inevitable 'catch-up' phase when rates of receipt rose quite rapidly for most conditions as the new benefit bedded down...

Once the catch-up phase was over, demographic change was the main driver of changes to DLA receipt for 'physical' conditions, as the prevalence of most disabling conditions does not change rapidly unless there is change to population size and age structure. There is therefore nothing mysterious or anomalous about recent trends in the DLA caseload for 'physical' conditions.

If Government wishes to argue that 'subjectivity' is a factor in increases in DLA receipt, it needs to explain why this is only the case for mental health and learning difficulties – and why this 'explanation' should be seen as more convincing than alternatives. In the case of learning difficulties, the rise in receipt is very concentrated among younger working-age people: the obvious explanation is earlier diagnosis (in childhood) of certain conditions, leading to people carrying DLA awards over into adulthood.

¹⁵ DWP 2015. Consultation on aids and appliances and the daily living component of Personal Independence Payment

¹⁶ DWP 2010. Public consultation. Disability Living Allowance reform

¹⁷ Campbell et al 2012. *Responsible Reform: A report on the proposed changes to Disability Living Allowance*

For mental health, the question is less about why receipt has grown as why it has taken so long to reach its current levels. Even after 15 years of continuous growth, only one in a hundred working age adults is in receipt of DLA associated with a mental health condition. This is far lower than estimates of the population prevalence of more severe mental health conditions from studies such as the *NHS Adult Psychiatric Morbidity Study* for 2007. By way of example, this study found that the prevalence of common psychiatric disorders with ‘a level of severity high enough to require treatment’ among people of working age ranged from 6.5% to 8.7% according to age. (These figures do not include psychosis, the fourth most common detailed condition category for DLA recipients.) Given these estimates, it is hard to see why the current rate of DLA receipt associated with mental health problems should be regarded as anomalous.

Too subjective and complex?

The current consultation says that,

3. The previous [Conservative and Liberal Democrat coalition] Government introduced PIP because DLA was no longer in step with the needs of a 21st Century welfare system for those of working age. The assessment process was inconsistent and subjective, with half of all awards being made on the basis of self-reporting of need with no additional medical evidence. It was also passive, with 70 per cent of claimants receiving indefinite awards.

This reasoning was also used in the original consultation on PIP:

1.1 The system that we have inherited has, however, become confusing and complex over time. People are unclear about who can qualify and decisions about qualification are inconsistent and subjective. For example, many people incorrectly believe that Disability Living Allowance (DLA) is an income-replacement benefit for people who are unable to work due to disability.¹⁸

It is unclear if claimants did in fact find DLA difficult to understand, or thought of it as an income-replacement benefit. No evidence has been provided of how DLA was inconsistent, or in what way PIP improves upon this.

A report into DLA concluded that ‘a significant number remained in work and were either still working, or still had a job from which they were absent on sick leave, at the time of making their application’ for DLA, and only 2% thought an award of DLA would make it less likely that they be working in six months’ time.¹⁹

The contention that half of claims were made without medical evidence is misleading. Whilst 48% did not have further medical evidence, 36% included evidence from non-medical professionals, leaving just 16% that did not have additional submitted evidence.²⁰ However, the DWP remained at liberty to request further evidence, to ask for a face-to-face interview, and to refuse the claim. Furthermore, when DLA was originally introduced it was on the grounds that the person best able to comment on functionality is the claimant themselves, as the below quotes taken from an House of Commons debate at the time show.

¹⁸ DWP 2010. Public consultation. Disability Living Allowance reform

¹⁹ Thomas and Griffiths 2010. Disability Living Allowance and work: Exploratory research and evidence review

²⁰ DWP. Analysis of Disability Living Allowance: DLA awards

Our emphasis in the Bill is very much on claimants' own perception of the problems that their disabilities cause them. I am convinced, as is my right hon. Friend the Minister for Social Security and Disabled People, that it should be possible to determine a sizeable proportion of claims without the need for a special medical examination, let alone two.²¹

We intend to place the emphasis firmly on self-assessment and on supplementary evidence from those in contact with the claimant, giving proper weight to the judgment of those in the best position to know the effect that a claimant's condition has on his or her life.²²

It is incorrect to say that 70% of claimants receive indefinite awards. There is a difference between the percentage of current claimants who have an indefinite award, and the percentage who receive such an award when they make their claim. In 2010, 77% of new claimants received a fixed award whilst 23% received an indefinite award. For people with fixed or progressive conditions, an indefinite award is likely to be appropriate.

Whilst disabled people agreed that DLA needed reform, it was generally in the direction of greater accessibility, not less; for example, in increasing the access to lower rate mobility of people who could walk distances between 50m and 200m, and increasing access to higher rate mobility for people who could walk but who had other difficulties getting around outside.

²¹ Mr Tony Newton, Conservative Secretary of State for Social Security. Disability Living Allowance and Disability Working Allowance Bill. HC Deb 21 November 1990 vol 181 cc311-53

²² Mr Nicholas Scott, Conservative Minister for the Disabled. *ibid.*