**Shaping future support:**

**Submission by Disability Law Service to the Health and Disability Green Paper consultation**

October 2021

**INTRODUCTION**

With three full-time benefits advisors, Disability Law Service helps over 2,000 disabled people with welfare benefits issues every year and has a detailed understanding of the challenges faced by disabled people.

This consultation response is supplementary to our contributions to the Disability Benefits Consortium Green Paper submission, which we strongly support.

As an organisation, we are very concerned at the implication in the Green Paper that the DWP is looking to spend less on disability benefits. Many disabled people already struggle to make ends meet given the current system of benefits. Indeed, one key issue on which the Green Paper is silent is the adequacy of the various benefit rates.

We strongly support the campaign for the retention of the £20 per week “uplift” to Universal Credit (and Working Tax Credit) and for its extension to “legacy” and analogous benefits. Below, we make further recommendations on how disability benefits can be changed to help ensure disabled people are able to live independent lives.

**Chapter 1: Providing the Right Support**

**What more could we do to improve reasonable adjustments to make sure that our services are accessible to disabled people?**

1.1 Provide claimants who need it, with additional time at each stage of the benefit application process, mandatory reconsideration and appeals process.

1.2 Give all disabled people more time to fill in complicated PIP and WCA forms.

1.3 Ensure there is face to face support to fill in forms and the option to fill in the PIP form over the phone.

1.4 Ensure disabled people who struggle to use online services are assisted to make telephone claims for Universal Credit – many clients who struggle to use online services are helped by someone to make an online claim, which they are then unable to access.

1.5 Provide the option of online PIP and WCA forms so people with dexterity impairments are better able to fill in forms.

1.6 If PIP are trialling new online forms on new applicants there should be additional guidance on how the new form compares to the existing advice and literature they may encounter about the established application process.

1.7 Provide email addresses for people to communicate with DWP, eg to inform DWP about changes in circumstances or request mandatory reconsiderations. This will help disabled people with mobility impairments who will struggle to leave the house to post a letter. It will also help those on low incomes who have no access to a printer and cannot afford postage.

1.8 Mental health conditions are often triggered and aggravated by prescriptive processes, prescriptive approaches and prescriptive expectations. From that perspective, the system would benefit from flexibility in those. It would also benefit from meaningful engagement with the service user from highly competent staff with good listening skills, and degrees of discretion in terms of targets and outcomes. Rigidity will often actually or effectively exclude.

**What more information, advice or signposting is needed and how should this be provided?**

1.9 People applying for PIP are led to believe that if they provide the contact details of their medical professionals on the application form, then the DWP will contact the specialists. However, in practice this rarely happens. As a result, many claimants don’t realise the importance of obtaining recent bespoke evidence from their specialists themselves. They then get told that they did not have enough medical evidence to support their claim. There should be clearer guidance on the PIP forms explaining that PIP will not necessarily contact their medical professionals and that it is helpful for claimants to request up to date medical evidence. It would also be helpful if this was explained to the client during the initial telephone call to claim PIP.

**What kinds of support do you think people would want and expect from advocacy?**

1.10 Advocates should have expert technical knowledge of benefits and excellent communications skills. They should not be trained by DWP and should be independent of DWP.

1.11 Many disabled people would benefit from support from an advocate who helps them to: work out what benefits they are entitled to, claim these benefits, understand letters they receive from DWP, communicate with DWP, fill in benefit forms and challenge benefit decisions.

**Are we meeting disabled people’s mobility needs? Please tell us why/why not.**

1.12 By restricting enhanced mobility PIP to those who cannot walk more than 20 metres, many disabled people with mobility impairments are slipping through the net. Unable to access the Motability scheme or pay for taxis, they report being essentially housebound.

1.13 We would like to see the ‘moving around’ activity descriptors amended so that the extent of people’s mobility impairments is properly reflected in the points they are awarded. The “20-metre rule” for PIP enhanced mobility support should be restored to a more realistic 50 metres.

1.14 We would also like to see the “planning and following a journey” descriptors amended, so that they take account of people not being able to go on journeys due to fear of incontinence and / or fear of falling over. Many of our clients with multiple sclerosis report that anxiety about incontinence and falling over, based on previous experience of going out, are key reasons why they remain at home instead of making a journey.

1.15 We would also like to see increased access to Motability vehicles as follows:

* Anyone who used to get Motability and is challenging the decision not to award them enhanced mobility, should be able to keep using Motability scheme for 18 months (rather than 6 months), to ensure they do not lose their Motability vehicle before the appeal hearing. This time period should be extended if there are delays to the appeal.
* The Motability scheme should be available to people on standard mobility PIP or low mobility DLA.
* Consider opening up Motability to any disabled person, this could be time limited to 18 months to give them time to apply for disability benefits.
* Anyone who qualifies for a Blue Badge should be able to access the Motability Scheme.
* Consider funding the Motability scheme independently of PIP, via a Motability Allowance.

1.16 Without a specially adapted vehicle or powered wheelchair, disabled people with limited mobility can be essentially housebound, unable to travel to medical appointments, to work, to the shops, to see their friends or attend health and wellbeing activities recommended by their medical professionals.

1.17 This is a particular problem during Covid 19, when aside from their mobility limitations, many disabled people would be ill advised to use public transport because of the potential exposure to Covid-19 and the risk that would pose given their current health conditions, especially if they have been advised to shield. In addition, people with damaged lungs from contracting Covid are more likely to have mobility problems. In normal times, it is also particularly relevant to disabled people who live in rural areas, with limited access to public transport.

1.18 The first thing many people say when they call our helpline is “I’ve lost my car”, not “my benefit has been reduced”. This highlights how it is access to a Motability vehicle, rather than the benefit itself, that is most vital for many people.

1.19 Pensioners receiving Attendance Allowance are unable to access the Motability scheme as it does not include a mobility component. However, many pensioners have mobility needs and would benefit from being able to use a specially adapted Motability vehicle.

1.20 Expanding access to the Motability scheme will ensure that disabled people can live independent lives, whether they are in the process of applying for PIP, are challenging a PIP decision, or receive a disability benefit.

1.21 Articles 19 and 20 of the [Convention on the Rights of Persons with Disabilities](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html) safeguard the right to personal mobility and the General Comment to Article 19 (2017 , para 85) explains that support of this nature is ‘a pre-condition for the full inclusion and participation of persons with disabilities in their respective communities’. However, the restrictive eligibility requirements for the Motability scheme mean that many disabled people with severe mobility problems are denied access. This is in contravention of both Article 19 and Article 20 of the Convention, which safeguard the right to live independently and be included in the community.

1.22 As a nation that lauds itself on its protection of human rights and the rule of law, it reflects very poorly on the UK to so flagrantly violate its obligations under international law. To comply with the convention, and ensure the independence and dignity of people with limited mobility, Motability vehicles must be made available to any disabled person who needs one, and not just those falling within the restrictive scope of the current scheme.

1.23 To this end, disabled people should be able to apply for a Motability Grant to pay for the scheme if they have supporting evidence from a medical professional that they need access to it. The grant would be paid at the same rate as the enhanced mobility component of PIP. People who get both the grant and the enhanced mobility component of PIP could have their enhanced mobility component reduced accordingly.

1.24 Additionally, we have had clients who qualify for the Motability scheme, but cannot drive, often due to their impairments. They often struggle to find carers or personal assistants with the necessary driving licence, which is an obstacle to their mobility.

**Chapter 2: Improving Employment Support**

**What more could we do to further support employers to improve work opportunities for disabled people through Access to Work and Disability Confident?**

2.1 There should be more of an onus on employers to engage with Access to Work and increased funding for Access to Work, which is an excellent initiative.

2.2 There should be tangible consequences for Disability Confident employers that fail to employ disabled people, fail to close the disability pay gap or breach the Equality Act 2010.

2.3 Disability Confident should be retitled Disability Committed to show recognition that the worker will encounter obstacles (to be supported through), as will the employer (and likewise). A Disability Committed employer should receive practical assistance and training.

2.4 Disability Passports recording the adjustments that an individual might need could follow disabled people through their careers and be easily enforceable.

2.5 There should be better enforcement of the reasonable adjustment duty. The Employment Tribunals need additional funding and resources.

2.6 A reasonable adjustment duty under the Equality Act for carers would help carers enter the workforce and remain in employment.

2.7 Steps should be taken to increase awareness and understanding of employee’s existing workplace rights and responsibilities.

2.8 All employers should receive training on how to support disabled employees.

**How can we support people who have fallen out of work to identify and consider suitable alternative work before their Work Capability Assessment?**

2.9 Work is not a suitable option for all disabled people. There needs to be realistic expectations about whether people are likely to be able to sustain a job. Work is not the only socially or economically worthwhile activity. Education, training or mentoring may be more suitable for some disabled people.

2.10 The starting point should be making sure people are getting the right benefits, including any entitlement to LCW/RA in ESA or Universal Credit. Many of our clients do not know what they are entitled to and fall into poverty as a result.

2.11 The ESA Work-Related Activity component (and the equivalent UC LCW component) should be restored. Their abolition for new claims from April 2017 has caused hardship to many disabled people who have no realistic prospect of work in the near future, while often detrimentally affecting their health and increasing social isolation, thus also stepping up pressure on health and social services.

2.12 There is also an adverse impact on undertaking work-related activity and looking for work. Sufficient resources are needed in order to take steps towards work – for example, paying for travel to appointments or volunteering opportunities, courses, appropriate interview clothing as well as access to the internet and phones to complete job applications.

2.13 Further, there is a direct financial work disincentive. If a claimant were to get a job and then lose it a few months later, or perhaps fulfil a short-term contract, then they would in effect become a new claimant and thus be put on the new lower rate.

2.14 Moreover, because of the way UC is structured, restoring this component would also help some disabled people in low-paid work, who generally fare badly in comparison with the legacy system.

**What further support or information would help work coaches to have more effective conversations with disabled people and people with health conditions?**

2.15 Overhaul training for work coaches and all Jobcentre staff so they understand disability and hidden impairments better. Work coaches need to show empathy and not use the threat of sanctions as a bullying tactic. They should believe everyone from the outset.

2.16 Work coaches need to receive training on Access to Work so they can inform claimants about it. It would also be helpful to bring back specialist disability officers.

**What can we offer that would encourage people in the Support Group or LCWRA to take up our employment support?**

2.17 There is an overemphasis in the Green Paper around how more people in the ESA Support Group can be supported to move into work. Evidence from the MS Society shows the vast majority of people with MS on ESA are placed into this group, and a majority of people with MS in this group do not feel they can move into work in the future and do not want any contact from the DWP. We strongly believe that the choice to take up employment support for those in the Support Group should remain entirely voluntary and people in this group should not be put under any pressure to move towards employment or have any contact with the DWP.

2.18 A key offer that might encourage people in the Support Group or LCW/RA to take up employment support would be to guarantee that people getting LCW/LCWRA, who start working, would not be reassessed, as we know clients worry about losing their LCWRA element and often don’t work as a result.

2.19 To encourage more people receiving ESA to take up employment support, it would help to increase the permitted work threshold, eg to £200 a week and increase the hours limit, eg to 20 hours a week. This would mean ESA claimants feel more able to try out part time work without worrying about losing their benefit, and have more part time options available to them.

2.20 Additionally, increasing the Universal Credit work allowances for disabled people, eg to the equivalent of the permitted work allowance in ESA, would mean disabled claimants would be less worried about losing their Universal Credit if they start working.

2.21 We are concerned about the implications for people in the ESA Support Group of introducing a Severe Disability Group which people with severe and lifelong conditions would fall into. We would not want to see the Severe Disability Group becoming, in effect, the new Support Group, and those currently in the Support Group becoming more subject to conditionality. This is a real concern as those with severe and enduring mental health conditions are already not being placed into the Support Group; the severe conditions guidance needs to reflect those with chronic mental health conditions.

**What should we consider when developing a digital support offer for disabled people and people with health conditions?**

2.22 Digital is a good idea but equipment can be difficult to purchase and it can be expensive. Moreover, not everyone has access to or competency with digital so there should be alternatives available. Claimants must not be sanctioned for failing to use a digital service.

**How can we better support young disabled people and people with health conditions who are moving out of education to find appropriate work?**

2.23 Incentivise employers to hire people with health conditions, eg introduce a Kickstart scheme for people with health conditions.

2.24 Disabled students should have an unfettered ability to claim benefits, to enable them to receive appropriate education and consequently find fulfilling work.

**Chapter 3: Improving Our Current Services**

**During the coronavirus pandemic we introduced assessments by telephone and video call as a temporary measure. In your view, in future, what mixture of methods should we use to conduct assessments?**

3.1 Telephone assessments work better for many of our clients than face to face, particularly as many of our clients struggle to get to assessment centres and find it difficult to arrange a home-based assessment. Telephone assessments also reduce the informal assumptions made by the assessor, which are often incorrect but not communicated with the client during the assessment, so that the client does not have a chance to correct the assessor during the assessment and consequently a wrong decision is made, and a mandatory reconsideration needs to be pursued.

3.2 We would recommend first and foremost that paper assessments are used much more frequently than they currently are. This could be enabled by asking GPs to provide bespoke medical evidence specifically commenting on relevant PIP descriptors.

3.3 If a paper assessment is not possible, we would recommend that all clients are able to choose from the following ways of being assessed instead:

* Telephone assessment
* Video assessment
* Face to face assessment in the client’s home
* Face to face assessment in an assessment centre

**How could we improve telephone and video assessments, making sure they are as accurate as possible?**

3.4 PIP medical assessors should note any informal assumptions they make during the interview and inform the client during the assessment – eg, one of our clients said that they were denied PIP and one of the reasons they did not receive many points is because they said they can get into a car. The assessor assumed this meant they could get into a bath unaided, which the client disagreed with and challenged at MR. If the assessor had said during the time of interview that they thought being able to get into a car meant they could get into a bath unaided, then the client would have had the opportunity to explain their disagreement at the time, rather than having to wait until they were rejected for PIP, sought independent advice and applied for a mandatory reconsideration to explain.

3.5 Ensure that the assessors are appropriately trained in the health conditions of the people they are assessing, and that they are aware that people may have multiple health conditions.

3.6 Ensure that assessors have enough time to conduct complex assessments, including checking whether clients can do activities reliably, and that they have enough time to write up the assessments afterwards. Clients often report feeling rushed during the assessment and not having time to explain themselves. They also report the assessor not asking detailed enough questions, which would help the assessor work out whether a client could do an activity reliably.

3.7 Claimants should have a clear option of audio or video recording of non-paper assessments. Assessment reports often contain errors and many disabled people do not trust assessors to act fairly and independently.

3.8 Where an assessment diverges from the account given of their condition by the claimant, this difference must be clearly explained.

3.9 All disabilities are different, so video hearings need to be done smartly – this EHRC report on remote video hearings makes the point very well: <https://www.equalityhumanrights.com/sites/default/files/inclusive_justice_a_system_designed_for_all_interim_report_0.pdf>

**What more could we do to reduce repeat assessments, where someone has a condition that is unlikely to change?**

3.10 People with degenerative and life-long conditions should be given ongoing PIP awards subject to any change of circumstances.

3.11 Claimants with chronic mental health conditions are being reassessed every two years which does not allow sufficient time for treatment especially with long waiting lists. The continual reassessment leads to a deterioration in many claimants’ mental health conditions.

3.12 If people with degenerative and lifelong conditions have to be reassessed, a detailed letter from their doctor should be requested, instead of the client having to fill in a review form again.

3.13 Most people on Disability Living Allowance had ongoing awards with no review dates set. This made sense for the many disabled claimants with degenerative and incurable health conditions. However, PIP often reassesses clients every two years.

3.14 PIP claimants find the process of applying and doing reassessments for disability benefits very stressful as they have to dwell on the negatives in their life and the things they are unable to do. Often their coping mechanism is to focus on the positives. Regular disability reassessments can make a PIP claimant’s mental health worse. Frequent reassessments can also negatively impact their physical health and the disability that they are receiving support for. PIP is supposed to provide support for people’s conditions that it can end up exacerbating. Additionally, when clients appeal a PIP decision, it can often take so long, that the award is up for review again almost immediately after the appeal decision is made.

3.15 Whilst we understand that people with short term health conditions might need more regular PIP reviews, it does not make sense to keep reassessing someone who has a degenerative or incurable disease, especially as they have a duty to report any changes in circumstances, regardless of any review dates.

3.16 Ending PIP reviews for degenerative or incurable diseases would therefore save the government money and more importantly reduce adverse impacts on mental health for those with such impairments.

**Decisions can be changed after an appeal has been lodged but before a tribunal hearing takes place. How can we improve the way we communicate a new decision in this situation?**

3.17 Clients should be informed that they will still have appeal rights if the decision is changed and should not be made to feel pressured into accepting an ‘offer’ – if a time frame is involved in accepting a decision, we recommend the client is given a month to seek independent advice about the changed decision. It may also be helpful to send a client a letter about the changed decision, giving them a month to respond, instead of calling them.

**What other changes could we make to improve decision making?**

3.18 Pay people whilst they are waiting for the outcome of a PIP mandatory reconsideration and / or appeal. Claimants should be paid the rate of PIP or DLA they were receiving before the decision they are challenging. They should not lose the related disability premiums in their means tested benefits and should remain exempt from non-dependent deductions if applicable.

3.19 Ideally this would be non-repayable (like income related ESA appeals or Scotland’s Short Term Assistance Model).

3.20 It can take 12 months to get a PIP appeal hearing, after which 76% of PIP appeals are successful and a backdated payment is made to the client. Over 192,000 PIP appeals have been successful at tribunal since PIP was introduced . It is not right that so many disabled people have had to wait over a year in financial hardship to get money they desperately need.

3.21 Many disabled clients on low incomes tell us they really struggle to make ends meet whilst they are waiting for the outcome of the appeal and many people lose access to their Motability vehicles during this time, which they tell us they need to live independent lives.

3.22 We propose that whilst people are waiting for the outcome of a mandatory reconsideration and / or appeal, they are paid the rate of PIP or DLA they were receiving before the decision they are challenging. This would help clients who rely on their PIP to pay for support services and mirrors the Scottish Government’s Short Term Assistance model. In line with that model, people would not have to repay the PIP if their appeal was unsuccessful, so as not to discourage people from appealing.

3.23 The DWP should ask GPs to provide bespoke medical evidence specifically commenting on relevant PIP descriptors.

3.24 Give clients two months rather than one month to request a mandatory reconsideration so clients have time to seek benefits advice and request medical evidence.

3.25 Send clients a full copy of the assessment report as a matter of course.

3.26 Ensure that where a client says they will send in further evidence or a letter after calling DWP to request a mandatory reconsideration, that no decision is made until the DWP receive the further evidence. Many clients tell us the DWP did not look at the additional evidence they sent in before making a decision on the mandatory reconsideration. Clients often need extra time to seek advice from a benefits adviser and speak to their medical professionals about getting additional medical evidence.

3.27 The system must allow for compassion, empathy, and support – this must filter through every part of the process. It will help put claimants at ease, meaning they will feel more comfortable talking about how their health condition affects them, and hence providing better evidence for decision makers.

**How could we improve the experience when people claiming Child DLA are invited to apply for PIP?**

3.28 Make it very clear that this isn’t a choice – they must claim or they will lose their DLA. Some people do not realise that if they don’t make a claim by the deadline their DLA will stop. Clients should be reminded to apply by phone call and / or email as well as by post.

3.29 Consider allowing people to continue to claim Child DLA until they are 18, as in Scotland.

**Chapter 4: Re-thinking Future Assessments to Support Better Outcomes**

**Is there anything about the current PIP activities and descriptors that should be changed? If yes, what changes to the PIP activities and descriptors should we consider?**

4.1 Yes. Please see 1.12 to 1.14.

**Is there anything about the current WCA activities and descriptors that should be changed? If yes, what changes to the WCA activities and descriptors should we consider?**

4.2 The WCA activities and descriptors should better reflect activities needed in common jobs. For example, most jobs do not require you to do things with one hand or lift an empty cardboard box. Working in a warehouse, or indeed in many workplaces, would require lifting with both hands.

**Should we seek evidence from other people, such as other health professionals and support organisations?**

4.3 Yes, seeking bespoke evidence on the specific PIP and WCA activities and descriptors would be very useful. Not all clients have regular contact with their GP so evidence from carers, friends and family members would also be very useful. The DLA forms used to ask for a ‘statement from someone who knows you best’, this should be an option.

**What type of evidence would be most useful for making decisions following a WCA or PIP assessment, and should there be a standard way to collect it?**

4.4 Asking GPs to provide bespoke medical evidence specifically commenting on relevant PIP or WCA descriptors. Asking carers, friends and family to provide bespoke evidence of the claimant’s difficulties with regards to the PIP and WCA descriptors.

**How could we make sure the evidence we collect before a WCA or PIP assessment directly relates to a person’s ability to do certain things?**

4.5 Asking GPs to provide bespoke medical evidence specifically commenting on relevant PIP and WCA descriptors, with reference to the reliability regulation. The report request forms for GPs are too vague; they need to be descriptor specific to capture the right information.

**How could we improve assessments or the specialist support available to assessors and decision-makers to better understand the impact of a person’s condition on their ability to work or live independently?**

4.6 Ensure assessors are specialists in the health condition of the client they are assessing.

4.7 Ensure that assessors have enough time to conduct complex assessments, including checking whether clients can do activities reliably, and that they have enough time to write up the assessments afterwards. Clients often report feeling rushed during the assessment and not having time to explain themselves. They also report the assessor not asking detailed enough questions, which would help the assessor work out whether a client could do an activity reliably.

4.8 The DWP should automatically issue claimants with a copy of their assessment report, in their required format. This would increase scrutiny and therefore help to raise standards. Assessors would know that all claimants will be able to see any inaccuracies or misleading statements, which should encourage greater care and accuracy.

**How can we make it easier for people to inform us if their condition or circumstances have changed so that a review of entitlement can be carried out at the right time?**

4.9 Currently people can inform the DWP of a change of circumstances by phone or post. It would be helpful for clients to be able to inform the DWP by email as well.

4.10 Claimants do not realise always what constitutes a change and that, if they report a change and don’t return the new claim form sent out to them, their benefit stops. With DLA if you didn’t return a form there was no change to your claim, this should be implemented with PIP.

4.11 Frequent PIP reviews, plus the lengthy and frequently necessary appeals process, mean clients feel like they are constantly having to fight to get their (degenerative/permanent) condition recognised and this causes a lack of trust with the system as they know reporting any change (even if it is one that they should benefit from) could trigger months or even years of financial hardship and stress.

**Chapter 5: Exploring Ways to Improve the Design of the Benefits system**

**How could we simplify the system for people applying for multiple health and disability benefits?**

5.1 If the DWP has already received relevant medical evidence for one health and disability benefit that will enable them to make a positive decision for another health and disability benefit, they should be able to use this evidence to help them make a paper based assessment for the other benefit.

5.2 If people are able to fill in the PIP and WCA assessment online, they should be able to save a copy of the answers given on their form. There could also be a way for answers to questions on online PIP or WCA forms to be auto populated with information the claimant has already provided for another health and disability benefit, which could then be edited by the claimant.

**Universal Credit (UC) has many features, such as the work allowance and taper, that aim to make it easier for people to move into work. How can we ensure that disabled people and people with health conditions are aware of these features, and encourage people to try out work on UC?**

5.3 Work coaches should receive training on how to do Universal Credit calculations for claimants, so claimants know in advance how their Universal Credit will be affected if they start work.

**How could the current structure of benefits be changed to overcome people’s financial concerns about moving towards employment?**

5.4 Something that might encourage people with health conditions to try out work on UC would be to guarantee that people getting LCW/LCWRA who start working would not be reassessed, as we know clients worry about losing their LCWRA element and often don’t work as a result.

5.5 Additionally, increasing the Universal Credit work allowances for disabled people, eg to the equivalent of the permitted work allowance in ESA, would mean disabled claimants would be less worried about losing their Universal Credit if they start working. See also 2.19 to 2.20 about increasing the ESA permitted work threshold.

5.6 Disabled people could also be offered a lower taper rate, eg 50%, which may mean they are less worried about being worse off financially if they start working.

5.7 It would also help to introduce a disabled worker element to Universal Credit, similar to the disabled worker element in Working Tax Credit, to incentivise disabled people, who are able to, to work.

5.8 Work coaches should be friendly and promote jobs that claimants would want to do.

**How could the current structure of benefits be improved so people can better manage changes in benefit entitlement?**

5.9 Clearer ESA letters and UC statements that clearly explain how the benefit has been calculated.

5.10 Ensuring people paid every 4 weeks are not penalised for being on Universal Credit in the months they are paid twice – there could be a manual adjustment in their UC based on their average monthly earnings.

5.11 Making it clear to people the best date to apply for Universal Credit, when they are due to receive their last payment from work.

**While continuing to focus financial support on people who need it most, how could we more effectively support disabled people with their extra costs and to live independently?**

5.12 We are concerned about proposals to combine ESA and UC with PIP into a single benefit which could mean PIP becomes means-tested, and the proposal to reduce the amount of PIP and focus more on providing practical support. These are both proposals we are strongly against.

5.13 A Motability grant could be introduced – see 1.23.

5.14 Ease criteria for taxi cards and Blue Badges.

5.15 Make it easier for people to claim Carer’s Allowance – remove or raise the earnings limit and allow students to claim it. Many of our clients work or are full time students as well as full time carers.

5.16 To ensure the Transitional Payments are not eroded by other income, a couple who both get LCWRA and care for each other should be able to receive 2 LCWRA and 2 Carer elements in their Universal Credit award.

**Should we explore options to make it easier for disabled people to access practical support such as aids, appliances or services, and why?**

5.17 Yes – Motability – 2.15 – 2.25

5.18 Yes – the DWP should advise people on needs assessments and the Disabled Facilities Grant in their award letters. Many of our clients are not aware of this help being available to them until we advise them of it.

**What particular types of practical support should we help disabled people access?**

5.19 We would like to see increased access to Motability vehicles – see 2.15 – 2.25

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If you have any questions, please email Bez Ely at [bez@dls.org.uk](mailto:bez@dls.org.uk)