

# Citizens Advice Scotland

Scottish Association of Citizens Advice Bureaux



## A response to the consultation on Disability Allowance reform

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Citizens Advice Scotland and its CAB offices form Scotland's largest independent advice network. CAB advice services are delivered through service points throughout Scotland, from the islands to city centres.

The CAB service aims:

to ensure that individuals do not suffer through lack of knowledge of their rights and responsibilities, or of the services available to them, or through an inability to express their need effectively

and equally

to exercise a responsible influence on the development of social policies and services, both locally and nationally.

The CAB service is independent and provides free, confidential and impartial advice to everybody regardless of race, sex, disability or sexuality.

The Scottish Association of Citizens Advice Bureaux - Citizens Advice Scotland  
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# Introduction

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1. Citizens Advice Scotland (CAS) is the umbrella organisation for Scotland's network of 81 Citizens Advice Bureau (CAB) offices. These bureaux deliver frontline advice services through over 200 service points across the country, from the city centres of Glasgow and Edinburgh to the Highlands, Islands and rural Borders communities.
2. In 2009/10, Scottish CAB dealt with nearly half a million new issues for clients. Over 150,000 of these issues related to benefits – over 400 for every day of the year. More than 55,000 of these new problems were issues related to the various sickness and disability benefits.
3. CAS welcomes the opportunity to respond to the Department of Work and Pensions consultation on Disability Allowance Reform.
4. Citizens advice bureaux provide advice to a significant number of clients who are unable to work because of ill health or disability – in 2009/10, around one in six Scottish CAB clients were in this category. In 2006, CAS carried out research on the costs of illness and disability for CAB clients claiming Incapacity Benefit (IB) and/or Disability Living Allowance (DLA) <sup>1</sup>, which highlighted the vulnerability of this client group. The report found:
  - Just over half reported a physical disability
  - Over a third reported a mental health condition
  - A quarter had multiple health conditions
  - Eighty per cent said that their condition was fluctuating or getting worse
  - Just under a third had a monthly household income of less than £400
  - Clients in this group were five times more likely than the general population to be in financial difficulty
5. During 2009/10, citizens advice bureaux in Scotland dealt with 188,969 new benefit issues for clients – just over a third of all issues brought to bureaux. That's over 500 new benefit issues for every day of the year.
6. More than 37,500 of those enquiries concerned Disability Living Allowance (DLA) – a fifth of benefit issues and nearly 1 in 15 of all new issues brought to bureaux.
7. CAB provide advice on many areas of the benefit process, including advising on entitlement, helping with the claiming process, advising and providing representation in appeals, and dealing with payment and administration problems.

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<sup>1</sup> *Paying the Price: The real costs of illness and disability for CAB clients* (July 2006)

# Disability Allowance Reform Consultation – Questions and Answers

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

8. Many disabled people want to work. A Joseph Rowntree research report found that around 800,000 disabled people aged 25 to retirement age across the UK are “economically inactive but want to work”. Additionally, it found that, for any level of qualification, disabled people were more likely to lack work or be in low paid work than the general population. The report concluded that this was evidence that the labour market discriminates against disabled people.<sup>2</sup>
9. In 2006, almost three quarters of CAB DLA clients stated that their disability had caused them to stop being employed, and for 12% it had prevented them from ever being employed. This translates into 84% of DLA clients solely relying on benefits to live their life and has left many of these clients in financial hardship and living in poverty<sup>3</sup>.

A North of Scotland CAB reports of a client who had worked as a painter and decorator for over twenty years. The client had recently become disabled and had to stop working, relying on DLA and other benefits to support himself. The client is struggling to make ends meet and can't afford to turn on the heating. The lack of heating is affecting his disability even more.

A West of Scotland CAB reports of a client who had two strokes and had to leave his job and claim DLA. The client came to bureau to see if he could access any other benefits as he needs more money to buy food. The client had been unable to eat properly for over two weeks and had been relying on food parcels from the Salvation Army.

10. DLA clients inability to work has left many struggling on low incomes and in poverty. In fact, CAB DLA clients are five times more as likely as the general population to be in some form of financial difficulty. DLA is a tax free benefit for disabled children and adults to cover extra costs you have from being disabled. Unfortunately many of our clients independence suffer because DLA doesn't cover these extra costs (More information given in answer to question 3)

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<sup>2</sup> Monitoring poverty and social inclusion across the UK, JRF Research Findings, 2005

<sup>3</sup> Paying the Price: The real costs of illness and disability for CAB clients, CAS, 2006

11. Over 50% of CAB DLA clients have outstanding debts, most commonly in relation to credit cards and Council Tax arrears. Around 40% of CAB DLA clients have debts over £5000. Many CAB DLA clients juggle their finances to cope with their debt, while others try to reduce expenditure or go without essentials to cope with their debts.

An East of Scotland CAB reports of a client who was appealing a reduction in his DLA which had meant that his Income Support had been stopped. The client had got into debt on credit cards to pay utility costs. The client also had rent arrears which meant he was facing being evicted and homelessness.

A West of Scotland CAB reports of a client who has had her Employment and Support Allowance (ESA) appeal rejected and is currently in the process of dealing with a DLA appeal. The client has no money, but has taken out a loan with a doorstep lender and can't afford to make her repayments. The client wanted to claim a crisis loan but cannot get through by telephone and has had calls that have had her waiting up to two hours. The client is now feeling suicidal.

12. A solution to the problem of CAB DLA clients living in financial hardship and poverty would be to uprate the components of disability living allowance to reflect the inability to work and the extra costs of living independently. The DWP's own statistics show that the poverty rate of disabled people is higher – without even attempting to take account of these costs.<sup>4</sup> Research shows that the rates of benefit are not adequate to meet the costs that many disabled people face and further changes could also act as barrier to independence.<sup>5</sup>

## **Question 2 - Is there anything else about Disability Living Allowance (DLA) that should stay the same?**

13. DLA should remain a non-means-tested benefit that can be used as the individual chooses, in recognition of the extra costs incurred by disabled people due to their disability.

## **Question 3 – What are the main extra costs that disabled people face?**

14. DLA is a benefit paid to people in recognition of the additional mobility and care costs of people who have a disability or illness. It is intended to help with the additional costs associated with illness or disability. The majority of CAB DLA clients face a financial exclusion from participating in society and leading

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<sup>4</sup>Households Below Average Income: an analysis of the income distribution, DWP, 2009

<sup>5</sup> Disability Poverty in the UK, Save the Children, 2008

independent, full and active lives as our evidence shows that the benefit rate doesn't suffice to cover extra costs of living with a disability.

15. Many CAB DLA clients have a range of extra needs which come at a significant financial cost which aren't reflected in the DLA benefit. The most common extra needs are prescription charges, other chemist items, transport and mobility related needs, energy costs, aids and adaptations, dental costs and childcare. These extra costs are not covered by DLA payments and have left many DLA clients in financial hardship and poverty.<sup>6</sup>

A North of Scotland CAB reports of a client who is claiming DLA. The client requires medication for his disability which costs over £50 a month. The client cannot afford these prescription charges from the money he receives from his DLA. The client is in a desperate position where he can't afford medicine to improve his condition.

An East of Scotland CAB reports of a client who suffers from MS who volunteers for the Salvation Army. The client's travel costs have recently increased and he can no longer afford to get a taxi to and from his place of volunteering. The client's DLA doesn't cover the increased costs and has left him without the opportunity to volunteer and socialise.

16. A solution to the poverty caused by the extra costs of living with a disability would be to increase the benefits levels to ensure people who claim DLA experience an acceptable standard of living.

#### **Question 4 – The new benefit will have two rates for each component:**

- **Will having two rates per component make the benefit easier to understand and administer, while ensuring appropriate levels of support?**
  - **What, if any, disadvantages or problems could having two rates per component cause?**
17. CAS welcomes moves to help simplify the benefits and especially the DLA system but is concerned that people currently receiving lower-rate care may not qualify for Personal Independence Payment (PIP). This could impact on people with mental health problems who may, for example, not require supervision during the day or night but need assistance to take medication. People who currently claim low rate DLA may not find themselves able to claim, and ultimately trying to support a disability without any income.

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<sup>6</sup> Paying the Price, Citizens Advice Scotland, 2006

**Question 5 - Should some health conditions or impairments mean an automatic entitlement to the benefit, or should all claims be based on the needs and circumstances of the individual applying?**

18. CAS recommends that some health conditions or impairments should mean an automatic entitlement to benefit. A solution would be to consult with third sector health organisations and healthcare professionals to decide what these exemptions should be.

**Question 6 - How do we prioritise support to those people least able to live full and active lives? Which activities are most essential for everyday life?**

19. It is sensible that levels of support be reflective of the impact that disabilities have on day-to-day living and the associated costs. However, the question of which activities are most essential for everyday life is subjective, and the answer will be unique to the person concerned. It is therefore impossible to quantify the value or necessity of any particular activity; for example, one person may hold visiting family as being 'essential' while another person may not. Another person's condition may dictate they have to use more electricity and gas than another person. It is essential support is flexible to cover these costs.

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

20. CAS is deeply concerned that the introduction of a medical assessment for DLA will be similar to that used for Employment and Support Allowance (ESA) claims. The consultation does not acknowledge the recently published review of the work capability assessment, which raises serious concerns over how the system functions and clearly highlights how ESA claimants are not being treated with dignity and respect<sup>7</sup>. The recommendations of the Harrington Review for wholesale change are enthusiastically accepted in the ESA context, whilst the same model is being promoted for PIP.
21. Citizens Advice Bureaux have reported a number of clients with fluctuating conditions who were found fit for work after their work capability assessment (WCA) when claiming ESA. Many of these clients voiced their frustration that the WCA did not reflect their capability on an average day. CAB have seen a number of clients with varying conditions, such as mental health issues, Multiple Sclerosis and Parkinson's Disease, who have been found fit for work after being assessed on a 'good day' for their condition. It is essential that the

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<sup>7</sup> An independent review of the Work Capability Assessment, Harrington, 2010

new DLA medical assessment is able to take into account both the 'good days' and the many other 'bad days' that a claimant may experience.

A West of Scotland CAB reports of a client who suffers from paranoid schizophrenia who was assessed fit for work. The client's condition is variable and can change on a weekly basis and he often ends up sectioned. On the day of his Employment and Support Allowance Work Capability Assessment, the client was having one of his better days and was found fit for work. No supporting evidence was taken into account from his healthcare professionals

22. Any one-off new medical assessment for DLA may be inappropriate for clients who have medically diagnosed fluctuating conditions. For these claimants, it is fundamentally important that emphasis is placed on supporting medical evidence from GP's, consultants and other healthcare professionals. These healthcare professionals are likely to have a much better impression of the capabilities of their patients over an extended period of time.
23. The new DLA medical assessment must be designed to assess the true disability of a claimant with a fluctuating condition. The medical assessment must be flexible enough to allow substantial input from a claimant, especially where a fluctuating condition has been diagnosed. This would ensure that claimants feel that their condition was accurately assessed.

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

- What aids and adaptations should be included?
- Should the assessment only take into account aids and adaptations where the person already has them or should we consider those that the person might be eligible for and can easily obtain?

No comment to add

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

- How could we make the claim form easier to fill in?
- How can we improve information about the new benefit so that people are clear about what it is for and who is likely to qualify?

24. CAS welcomes any improvement in a person's experience of claiming benefits. The process of claiming DLA is a complex maze for many clients and the primary reason for DLA being the biggest single issue bureaux deal with. Last year CAB dealt with over 37,500 enquiries concerning Disability Living

Allowance (DLA). The majority of these enquiries relate to entitlement and processing issues by the Department for Work and Pensions.

25. Many clients who apply for DLA struggle to access and claim the benefits they are entitled to. This can be due to complexity, poor information and a lack of awareness of DLA entitlement.
26. Research by Citizens Advice Scotland in 2006<sup>8</sup> evidenced that 40% of CAB DLA clients struggle with complexity of the claim forms and 14% needed help and support in making their claim. This can lead to financial hardship for many clients and their families.

A West of Scotland CAB reports of a client who suffered from chronic fatigue syndrome and wanted to apply for DLA. He found the form very confusing and did not have the energy to fill it in himself. Additionally, he was not sure what to write and stated he would have given up after 30 minutes. Even with the bureau adviser's help, it took over two hours to complete the form.

A West of Scotland CAB reports of a client who had been awarded high rate DLA mobility for life fifteen years ago. The client recently had a heart attack which meant he needed further care. The client was scared if he re-applied for DLA hoping to be awarded the care component, his mobility component might be removed.

27. The lack of information and the resulting confusion over benefit entitlement has meant many people giving up on claiming altogether.

A West of Scotland CAB reports of a client who couldn't understand the DLA application form and the accompanying information notes. The client had been struggling for over two months to fill in the form. He had come to the bureau to assist him to fill it in. The client had been accessing crisis loans and borrowing off friends and family to survive. It wasn't until he was told by a friend that a citizens advice bureau could help him with his forms he began to think about trying to claim again.

A North of Scotland CAB reports of a client who suffered from Paranoid Schizophrenia was given a lifetime award of DLA. The client was then told by DWP he would have to undertake a review even though he was receiving a lifetime award. The client didn't respond to the review notice and consequently has had his benefits stopped. The client was enquiring about how to claim a crisis loan as he had no money. The lack of information concerning his entitlement and the review had meant the client was very confused.

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<sup>8</sup> Paying the Price: The real costs of illness and disability for CAB clients, CAS, 2006



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

28. Discussed in response to question 7. CAS evidence suggests the best way to assess ability is to both ask the person concerned and obtain supporting evidence from the professionals who are providing ongoing treatment and support to that person.

## **Question 11 - An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.**

### **• What benefits or difficulties might this bring?**

29. CAS has serious concerns if a PIP face to face discussion with a healthcare professional will be a similar to a Work Capability Assessment discussion. CAB clients have reported experiencing various difficulties with face-to-face Work Capability Assessments.

30. In 2010, CAS stated in an evidence report on Employment and Support Allowance, *Unfit for Purpose*,<sup>9</sup> that many clients who have serious illnesses or disabilities who are unsuitable for face to face assessments are being found fit for work. Other problems reported were delays in the undertaking of assessments, attitudes of healthcare professionals and the format of assessment.

An East of Scotland CAB reports of a single father who was initially found fit for work despite having inoperable terminal lung and heart cancer, as well as depression as a result of his diagnosis. The client feels that the work capability assessment was inadequate and did not take proper recognition of his full condition. The client's claim was upheld at tribunal, but felt that this was an experience that he could have done without, and should have been exempt from.

31. Many clients complained they were experiencing long waits when attending assessments, and in some cases are not being seen all day. The clients that were seen reported that the format of the assessment including the narrow questions asked, didn't give them the chance to explain fully their illness/disability, and consequently failed to recognise many conditions. The situation was exasperated when some clients felt they were being hurried throughout the assessment, while others felt the healthcare professional was ignoring answers, as well as failing to make eye contact. This had led to incorrect reports being sent to DWP decision makers.

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<sup>9</sup> Unfit for Purpose – Evidence report on Employment and Support Allowance (2010) Citizens Advice Scotland

A West of Scotland CAB reports of a client who wanted to appeal the decision of her work capability assessment after reporting she had difficulty understanding the questions at the assessment. The client felt that she may have answered the questions differently had she understood them at the time

An East of Scotland CAB reports of a client who felt that her WCA did not take into account details of her condition and that the assessor did not listen to the client and mis-reported what she said about her condition. For instance, the client has double incontinence, but this was not mentioned in the medical report

### **Question 12 - How should the reviews be carried out? For example:**

- What evidence and/or criteria should be used to set the frequency of reviews?
- Should there be different types of review depending on the needs of the individual and their impairment/condition?

32. CAB DLA clients have long reported their concerns and worries over having their DLA benefit reviewed. Evidence has suggested that people are concerned that their DLA entitlement will change and the DLA benefit rate they receive will lower. CAS recommends that any review system must be transparent and supported by clear information and clarity in advice to clients.

### **Question 13 - The system for Personal Independence Payment will be easier for individuals to understand, so we expect people to be able to identify and report changes in their needs. However, we know that some people do not currently keep the Department informed. How can we encourage people to report changes in circumstances?**

No comment to add

### **Question 14 - What types of advice and information are people applying for Personal Independence Payment likely to need and would it be helpful to provide this as part of the benefit claiming process**

33. If the change from DLA to PIP is not a smooth transition and the application process and new medical assessment are not fit for purpose, bureau across Scotland will see a significant increase in the numbers needing advice on

disability benefits. Last year CAB in Scotland reported a 50% increase in sickness benefits enquiries. The vast majority of this increase was due to the change from Incapacity Benefit to Employment and Support Allowance.

34. To minimise this impact it is important that correct signposting to advice is available. Also all advice given by DWP advisers should be reviewed to ensure accuracy. It is important that claimants are advised to apply for the correct benefit when PIP is introduced. CAB report of the stress and financial hardship caused to our clients when wrong advice is given by DWP on which DLA component they are entitled to.
35. The impact of a poor transition from DLA to PIP will not solely be felt by DLA claimants but advice agencies as well. To cope with the transition and the increase of numbers needing signposting and direct advice, advice services would need increased funding. The increased would ensure a smoother transition and give advice services the capacity to deal with many extra enquiries generated by these changes

**Question 15 - Could some form of requirement to access advice and support, where appropriate, help encourage the minority of claimants who might otherwise not take action? If so, what would be the key features of such a system, and what would need to be avoided?**

36. CAS has serious concerns over making people access advice and support as a requirement of PIP. Conditionality is inappropriate for extra costs benefits. CAS recommends that people are signposted to support in order to help them better manage their condition and/or access help.

**Question 16 - How do disabled people currently fund their aids and adaptations? Should there be an option to use Personal Independence Payment to meet a one-off cost?**

37. No comment to add

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

38. CAS would have serious concerns if children had to undertake a medical assessment. The consultation is unclear whether that would happen under the new benefit PIP. Additionally, it is unclear if there isn't a medical assessment how children would be assessed. CAS suggests there needs to further consultation on this issue.
39. The recent report on the importance of the early years of a child's life for future outcomes<sup>10</sup> evidences the long term benefits and financial savings that would result from making it easier for young children to qualify for the new

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<sup>10</sup> Monitoring Poverty and Social Exclusion, Joseph Rowntree Foundation, 2010

benefit PIP. This is not to suggest that older children do not require the same support.

**Question 18 - How important or useful has DLA been at getting disabled people access to other services or entitlements? Are there things we can do to improve these passporting arrangements**

40. DLA has proved extremely useful in providing access to other services and entitlements for many CAB DLA clients. CAS would like to see these passporting arrangements remain under PIP.
41. As PIP will not be devolved to the Scottish Parliament, this legislation will impact on claimants in Scotland in different ways due to its interaction with devolved matters, principally health and social care. In Scotland local authorities are able to include DLA care component in financial assessments for non-residential care services. Claimants in residential care or hospital already have their entitlement to the care component withdrawn.

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

42. CAS is concerned that this would result in more form filling and complexity and less people would receive the benefits to which they are entitled to.

**Question 20 - What different assessments for disability benefits or services could be combined and what information about the disabled person could be shared to minimise bureaucracy and duplication?**

43. No comment to add

**Question 21 - What impact could our proposals have on the different equality groups (our initial assessment of which is on page 28) and what else should be considered in developing the policy?**

44. No comment to add

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

45. The Comprehensive Spending Review announced the removal of the DLA Mobility Component from people living in residential care (including hospitals) from October 2012. The mobility component of DLA gives people the income to support themselves if they have walking difficulties. Currently over 300,000 people receive the DLA mobility component in Scotland and are consequently

likely to be affected by the change in the future. The need for mobility aids would not be eliminated once a client moves into residential care and CAS is concerned that clients who wish to leave residential care will have to go through the process of applying for the mobility component and face issues in accessing the benefit they are entitled to.