



Law Centre (NI)

Work and Pensions Select Committee Inquiry

Proposal to replace DLA with Personal Independence Payment

September 2011

1. About Law Centre (NI)

1.1 Law Centre (NI) is a public interest law non-governmental organisation. We work to promote social justice and provide specialist legal services to advice organisations and disadvantaged individuals through our advice line and our casework services from our two regional offices in Northern Ireland. It provides a specialist legal service (advice, representation, training, information and policy comment) in five areas of law: social security, mental health, immigration, community care and employment. Law Centre services are provided to over 450 member agencies in Northern Ireland.

1.2 We welcome the Government's decision not to introduce the Spending Review proposal to withdraw the Disability Living Allowance (DLA) mobility component from people in residential care. There remain however other significant areas of concern with the proposals. In this evidence we outline the significant issues likely to be presented by the proposal to replace DLA with Personal Independence Payment (PIP), drawing attention to the Northern Ireland specific issues.

2. The Northern Ireland Context

2.1 DLA provides a weekly sum for the purpose of assisting a person with the extra costs associated with a disability. Currently 185,457 people are in receipt of DLA in Northern Ireland. Of those 116,652 are of working age and therefore the group affected by these proposals. Northern Ireland has seen a growth of 2.6% in DLA recipients since 2009 (177,653).¹

2.2 'Mental health causes' is listed as the most frequently occurring disabling condition in Northern Ireland with 41,381 people currently receiving DLA for this matter.² A report by the Centre for Social Justice noted 'the majority of people claiming illness-related out of work benefits do so on account of mental and behavioural disorders...this demonstrates a significant and widespread problem in Northern Ireland given its comparatively small population'.³ In addition, a research partnership between the Northern Ireland Centre for Trauma and the Transformation and the Psychology Research Institute at the University of Ulster has found that the Troubles have had a distinctive impact on the health of the Northern Ireland population. The study *Trauma Health and Conflict (2008)*

¹ DSD Benefit Summary of Statistics , Disability Living Allowance, November 2010

² Ibid

³ Centre for Social Justice , *Breakthrough Northern Ireland* ,September 2010 pg15

concluded that the Troubles had a significant impact on the mental and physical health of the population and that 12,000 adults had long standing Post Traumatic Stress Disorder with adverse conditions for families and the economy.⁴

2.3 The Law Centre welcomes the Government's commitment 'to supporting disabled people to exercise choice and control and lead independent lives'. We welcome, in principle, the intention to develop personalised support delivered through the PIP; however, given many of the proposals, we are doubtful as to whether this policy intention can be carried through in practice.

2.4 The Law Centre is concerned about the impact, timing and intention of the proposed changes to DLA given the high number of people in receipt of DLA in Northern Ireland. The Department for Social Development has estimated that the proposed changes to DLA will result in a 20 percent reduction in working age claimants once the proposals have been fully implemented. A recent report by the Institute for Fiscal Studies found that , after London, Northern Ireland will be the hardest hit by tax and benefit cuts announced and to be implemented between January 2011 and April 2014/15.⁵ Northern Ireland will be particularly badly hit because of the high proportion of people relying on Disability Living Allowance and families who will see a reduction in benefit.

3. Areas of concern

3.1 Two rates of PIP

3.1.1 We are concerned by the proposal to remove one rate of the 'care' component and support the retention of the three rates of care which allows for greater personalisation of the benefit.

3.2 Six month qualifying period

3.2.1 Upon introduction, DLA, was intended to provide 'help quickly and effectively'.⁶ We do not agree with the extension of the qualifying condition period to six months as the new benefit will effectively only be available to those with a long term health condition, expected to last at least 12 months. Claimants suffering from conditions that fluctuate over time could effectively be excluded from receiving help with costs associated with their condition. Many people facing illness or disability, especially when diagnosed suddenly, face significant additional costs as a result. We support the retention of a three month period as

⁴ Agenda NI December 2010./ January 2011 Issue 43

⁵ James Browne 'The impact of tax and benefit reforms to be introduced between 2010–11 and 2014–15 in Northern Ireland' IFS Report December 2010

⁶ *The Way Ahead: benefits for disabled people* HMSO, 1990, page 23.

any increase in the qualifying time will contribute to a longer waiting period which may have an adverse financial impact on claimants.

3.3 Automatic entitlement

3.3.1 The Law Centre is concerned by the removal of automatic benefit entitlement for certain groups. We are concerned that a large number of disabled people will be erroneously subject to assessment due to the narrow entitlement category. We welcome the applicability of special rules for those who are terminally ill. However, the existing categories, for example, deafness and blindness and the severely mentally impaired, should be retained in recognition of the broad effect of these disabilities.

3.4 Older people

3.4.1 We recognise the rationale for increasing the upper age limit of PIP in line with the State pension age. However, given the incentive to reduce expenditure by 20 percent we remain concerned. In Northern Ireland currently, 113,315 over 50s receive DLA while 54,717 over 65s are in receipt.⁷

4. Assessment

4.1 The Law Centre is concerned by the shift from the social to the medical model of assessment. In particular, the introduction of an assessment, seemingly comparable to the Work Capability Assessment of Employment and Support Allowance does not reflect the social model. Moreover, these changes are being proposed when the Harrington Report recommendations have yet to be fully implemented and evaluated. We welcome the intention to personalise support, however, given many of the proposals, we are unsure as to whether this policy intention can be carried through in practice. The introduction of person-centered, focused assessments, sensitive to the needs of individuals, and the inclusion of evidence from health familiar professionals familiar with the claimant would be more suitable for those with disabilities.

4.2 Fluctuating conditions reveal difficulties caused by exertion, exhaustion and repetition of tasks and reflect the broader spectrum of disability. We believe that 'information from healthcare and other professionals who work with and support the individual such as their GP or social worker' should be considered as a matter of course as these are the people most in contact with claimants, familiar with the individuals situation and have a holistic understanding of the condition as opposed to a Health Care Professionals (HCP). Therefore, it is vital that HCP have a good understanding of the particular difficulties individuals may

⁷ DSD Benefit Summary of Statistics , Disability Living Allowance, November 2010

face and the impact this may have on their health and mobility. We recommend that the Government closely consults with organisations representing those with fluctuating conditions, for example, Northern Ireland ME Association and Action MS.

4.3 We also recommend the enhanced training of frontline staff conducting the assessment. For example, at present we are concerned about HCP conducting the Work Capacity Assessment of the Employment and Support Allowance. The Citizen's Advice Report '*Not Working*' has provided quantitative research whereby claimants have reported 'hurried medicals in which the HCP does not look at them but at the computer screen'. Similarly, Citizen's Advice (NI) has highlighted delays in processing claims which cause financial hardship for clients.⁸ Delays are often caused by the loss of documentation supporting a claim or a lack of communication of follow up from the Social Security Agency.

5. Conclusion

5.1 Welfare reform needs to take account of specific Northern Ireland circumstances. The Law Centre encourages the Committee to highlight the different circumstances in Northern Ireland particularly the significantly greater incidence of mental health problems and the objective ramifications of the proposals to replace DLA with PIP for claimants here.

5.2 Law Centre welcomes the opportunity to provide evidence to the Committee. We trust you will find our comments helpful. If there is any further way in which we could contribute to this process we would welcome the opportunity to do so.

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⁸ CAB (NI) Evidence Briefing available at <http://www.citizensadvice.co.uk/en/publications/Social-Policy-Reports/ESA-Evidence-Briefing/>

