



the brain injury association

## Consultation response

### Headway – the brain injury association

#### **Consultation on aids and appliances and the daily living component of Personal Independence Payment**

For the past 35 years, Headway – the brain injury association has been supporting vulnerable adults to rebuild their lives and regain their independence following brain injury. We have serious concerns about the consequences of implementing the changes proposed in this consultation, namely removing people with a high level of need from this essential benefit.

As cost-saving measures appear to be at the heart of this proposal, we are concerned that reform of this nature will no longer protect the underlying principle of the benefit, which is to assess people and provide support on the basis of their disability. In addition, the unintended consequences of removing the daily living component of PIP from brain injury survivors could result in an increase in the number of people living in isolation, being less independent, and therefore being more reliant on other state-funded services.

Our concerns are exacerbated by the very small population size used to inform this study. A population of this size of only 105 claimants, – less than 0.06% of all claims, is unlikely to provide a credible indicator of a need for change or yield statistically significant results. It is important that the DWP takes more time to understand the scale of the issue, performs a more thorough assessment and develops a solution that is based on robust evidence. Following this, stakeholders can be invited to consult on well-reasoned reforms with enough evidence and information to allow them to make appropriate decisions.

As a result, we are not satisfied that any of the five options provide a fair means of assessing entitlement to the daily living component of PIP.

Q1.

- The advantages of the current system exist in its principle: that it helps with the extra costs caused by disability. The options that have been provided in this consultation no longer address this principle and suggest that the sole purpose of PIP is to purchase aids and appliances. As the options imply that the level of a person's disability can be measured by the cost of an aid or appliance, Headway believes that the adopting any of the five options would be detrimental.

## Q2.

- Targeting resources through a lump sum could lead to problems with budgeting. As brain injury can lead to diminished self-awareness and executive skills this option would be harmful to our service users who struggle to plan, organise and monitor.
- The lack of passporting also makes this option undesirable as it may bar claimants from vital and valuable support. Excluding claimants from essential top-ups on other benefits will lead to greater stress and anxiety and, as our experience shows, greater reliance on statutory services.
- Claimants would be only be capable of purchasing aids and appliances immediately if the lump sum was sufficient and, as the needs of brain injury survivors vary, we are not convinced that each claimant would be in a position to purchase the required item immediately, particularly if the sum was reduced. It is not reasonable to expect claimants to pay the additional cost, and it is impossible to assess their need for equipment without a dedicated, specialist assessment.
- A lesser award could severely restrict claimants, particularly if payment is made in vouchers. Moreover, this supposed advantage does not consider the daily activities that do not form part of the assessment, such as getting out of bed, and so disabled claimants who incur extra costs for activities outside the assessment criteria will be severely disadvantaged.
- This option makes an assumption that scoring all points from aids and appliances demonstrates that all such aids are low cost and/or require a one-off payment. This option would risk penalising all those who score points because their disability is at such a level as to require them to use specialist aids.

## Q3.

- Option two is consistent with the current system but, akin to option one, does not differentiate between specialist aids and those which the DWP deem a 'poor indicator of additional cost and need', resulting in inequitable levels of support for claimants.
- This option would risk penalising all those who score points from specialist aids. It is likely that a lower weekly rate would be insufficient to cover the extra costs incurred by those who require such aids and overlooks the need for servicing or replacement of aids that may incur one-off costs.
- The lack of passporting makes this option undesirable for brain injury survivors, many of whom will rely upon Carer's Allowance, the Blue Badge

Scheme and an enhanced level of ESA due to the nature of the hidden disability.

Q4.

- To require claimants to score points from a descriptor that does not relate to aids and appliances would exclude brain injury survivors with a high level of need who depend upon specialist equipment. If this option were to be adopted, all those who require aids or appliances to complete each of the following: preparing food, taking nutrition, managing therapy or managing a health condition, washing and bathing, managing toilet needs or incontinence, dressing and undressing, communicating verbally and reading and understanding signs would no longer be eligible for the daily living component of PIP. If this option were to be adopted, a claimant who could have attained 16 points on the existing system (four points over the threshold for the enhanced rate of PIP), would not receive any support.
- Since the need to use an aid or appliance is not an indication of a low level of disability or of low ongoing disability-related extra costs, we do not believe that there should be a limit on points for aids and appliances or restrictions on where they are scored.

Q5.

- Disability arising from brain injury is not concrete, fixed and unproblematic. To redefine what constitutes an aid or appliance, albeit the consultation does not clarify what this redefinition would look like, is an ill-considered measure which could deny brain injury survivors with high levels of need from receiving this vital benefit. This in turn could cause barriers to paid work, while increasing poverty and social exclusion.
- We have strong concerns over who defines an aid or appliance as a good indicator of extra costs. Brain injury survivors' needs must be considered on an individual basis as each injury is different. This would conform with the recommendation in the independent review of the PIP assessment by Paul Gray which suggests a move away from a "one size fits all" model for the claims process. In order for brain injury survivors to be adequately assessed in respect to aids and appliances, an assessment by a neurology specialist would be required.
- An aid that could be described as commonly used by non-disabled people for the same purpose may be of vital significance for a person who lives with the long-term effects of a brain injury and may indicate a level of disability that leads to extra costs in daily living or moving around. This option would have a detrimental impact on brain injury survivors, will reduce their ability to live independently and may lead to a reliance on other state support mechanisms.

Q6.

- Halving the number of points awarded for the use of aids and appliances will harm those with very high levels of need who daily rely on specialist aids. By halving the points it is likely that it would make it more difficult for brain injury survivors to qualify for the enhanced level of PIP. The benefit is a passport to a range of wider disability supports such as Carer's Allowance that our service users require to prevent not only a wider range of health concerns such as deterioration of mental health, but also poverty and isolation.

Q7. No response