

Consultation on PIP Assessment ‘moving around’ activity June-Aug 2013 Response on behalf of Gateshead Access Panel

The following notes have been prepared after consideration of the contents of the Consultation document including the stated criteria and the information in the appendices relating to how the assessment works and likely caseloads.

Gateshead Access Panel (GAP), a respected service user-led organisation, is providing this response on the basis of our consultations during Focus Group meetings on PIP Assessment and issues for access to transport, employment, leisure and healthcare facilities. Focus Group meetings at GAP during the consultation period June-August 2013 have involving over 30 disabled people and carers, many of whom we support to regularly attend our meetings. Responses have also been based on the experience of our workers who have supported disabled people to access services and facilities and as advocates over several years, as well as our experienced consultants who advise on the design and management of accessible and inclusive environments.

It is hoped that the following issues and concerns will be given further consideration in regard to the current 20m and 50m ‘moving around’ criteria and its application for assessment of disabled individuals.

Individuals who are new applicants for the PIP benefit are less likely to understand what issues they need to consider or indicate to assessors regarding their abilities and limitations, and are less likely to understand the impact of their having to walk any distance of 20m or more on a frequent or repeatable basis. The individual’s experience of their condition may well be limited, as well as their knowledge of the implications of their condition, such as: increased wear and tear on their body through abnormal loading on limbs and torso; increased muscular and skeletal strain, potentially creating deformities and increased susceptibility to disabling conditions such as arthritis; as well as increased risk of falls. Such lack of awareness on the part of disabled individuals is likely to result in an unfair assessment and unrealistic expectation on their safe and repeatable walking ability.

It is stated that the activity also considers the use of aids and appliances to support the individual’s physical mobility. However, the increased wear and tear on an individual’s limbs and torso also require consideration in regard to preventative care for their safety and well-being. For instance, someone who is expected to be able to walk extended distances of 20m or more using crutches or other walking aid, will likely have increased susceptibility to joint wear in any or all

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of their upper and lower limbs, hips, back and neck, hands and feet, which may gradually or in some cases more rapidly increase their experience of pain and discomfort; even when sedate as well as when moving around.

Individuals using two elbow crutches to get around, may be able to repeatedly and appear to safely walk over 20m, but they are also subject to increased risk of falls. The increased wear and tear on their bodies from head and neck joints down to their fingers and thumbs, will likely result in higher levels of disablement as they age. It is therefore important for them to limit the distances and number of times they have to repeat such moving around, throughout their daily lives.

Qualifying as they have done in the past for the higher rate mobility component has meant that they many such mobility impaired individuals had the funds to support their mobility to the extent that they could either: access transport such as a taxi or private hire vehicle to get them closer to their destination; pay for assistance from someone to go to more distant / difficult locations on their behalf, or to assist them to access the location; use their benefit towards the purchase of their own vehicle; or to qualify for a Motability lease hire vehicle. In all such cases they have had the potential to reduce their need for walking extended distances and the resulting wear and tear on their body; with inevitable savings on healthcare costs. GAP are astounded that healthcare professionals involved in developing the criteria do not appear to have recognised the important aspects of preventative care, such as can be achieved by:

- ensuring disabled people’s mobility needs are adequately and appropriately funded;
 - encouraging their activity whilst avoiding over-exertion that if continually repeated can lead to increasing disablement; and
 - enabling them to maintain an independent and healthier lifestyles;
- with consequential cost savings on healthcare.

Similarly, individuals who need to use leg callipers or a prosthesis for walking are less likely to experience the risks and early onset of the resulting wear and tear, including risks from skin ulceration and pressure sores, if they are more able to manage their transportation needs and limit the distances they need to walk.

The ability to walk 20m is of little use to individual disabled people unless the required public transport stops are within this distance of their home, which is unlikely to be the case for most, and the availability of adequate resting places at 20m intervals to allow them to rest is also very unlikely. There is currently no statutory requirement to provide resting places at such regular and relatively short intervals. For example:

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- The Building Regulations Approved Document M 2004 (incorporating 2010 and 2013 amendments) requires accessible parking bays to be within 50m of a buildings accessible entrance.
- BS8300:2009 ‘Design of buildings and their approaches to meet the needs of disabled people – Code of practice’ recommends resting places at 50m spacing on level ground and more closely spaced when gradients need to be negotiated. However the BS is not a statutory requirement and few developers/designers if any adopt this guidance.
- Inclusive Mobility, 2005, the national guidance from the Department of Transport on the design of “accessible public transport, public transport infrastructure and a barrier-free pedestrian environment”, which again is not a statutory requirement states that: -
 - “Walking distances were researched in some detail in the late 1980s and, based on the findings from these studies” it recommends the distance limit for walking without a rest by “Mobility impaired using stick” is 50m. It goes on to add that this is “an average measurement as there is a lot of variation between individuals. Gradients, weather conditions, whether there are handrails etc, will also affect the distances people are able to walk.”
 - Research based on a follow-up study to the (above referenced) London Area Travel Survey found that of all the people with a disability who were able to walk at all, approximately 30 per cent could manage no more than 50 metres without stopping or severe discomfort and a further 20 per cent could only manage between 50 and 200 metres.

Many individuals with impaired physical mobility are unable to access scheduled public transport routes, because they cannot get to the boarding locations from where they live or work. So the ability to walk 20m or more does help them to get around; as it does not facilitate their moving around if they need to walk over 100m or 200m to get to a bus stop, which will have already been assessed under the PIP criteria as being beyond the capability of many such individuals.

The physical infrastructure in most places where people live does not provide for their transport needs, unless they live in town and city centres close to transport links and hubs. This means that people living in housing estates or rural communities often do not have the access they need to public transport, and if they can get to a bus stop, many cannot stand for any length of time to wait for the bus to come due to the increasing discomfort and pain they experience.

If they use two canes or a stroller to get around, they cannot carry an umbrella to protect themselves from the weather. They cannot carry any items of shopping, filecases, etc., unless they carry them on their back; which increases the load they

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have to bear on their bodies and limbs, and can increase their instability and risk of falls.

The PIP criteria for being able to walk safely and repeatedly over 20m or 50m, including an individual’s ability to take a rest before proceeding a further 20m or 50m, appears to fail to adequately recognise the limitations of our outdoor environments, such as: -

- The availability of a rest point on outdoor routes are often non-existent, with routes that most often follow up and downhill gradients, with crossfalls that can make balance and walking more difficult.
- Where rest points are available, the design and location of seating is often inadequate for accessibility, either due to the seat height, lack of a backrest or armrests, or location too close to a kerb or in a grassed, gravel or muddy area.
- The more times the individual needs to stop and transfer between standing and seated position, the increasing risk of overbalancing and falls.

Whilst it is obviously right that the allocation of benefits should give greater consideration to those who have greater impairment and mobility limitations, the selection of a 20m cut-off point appears to be arbitrarily based on the difference between those persons who have some ability to walk unaided and those who have none or very restricted ability and only able to manage a short distance. Whilst it seems wholly appropriate to consider an enhanced rate for those whose mobility is likely to be dependent on others or on equipment such as powered mobility aids or wheelchairs, the higher level criteria based on the original 50m rule should be maintained at an equivalent level to the Higher Rate Mobility Allowance under the DLA. This would retain the correlation with automatic qualification for a Blue Badge Parking Permit and qualification for a Motability vehicle. An “Enhanced Rate”, should be just that, i.e. a rate above the existing level of the DLA Higher Rate Mobility Allowance for those individuals who have increased need for support for their mobility and moving around.

Many individuals who are currently in receipt of a Motability Vehicle may consider they can easily manage 20m, because they can leave their home and get into their vehicle and park close to their regular destinations. However, without their vehicle it would be a wholly different situation.

We are aware of one gentleman in our region who was in receipt of the higher rate mobility allowance on DLA and had a Motability vehicle, which enabled him to get around and to get to work. We understand that because he moved to a new locality, he had to apply for PIP and as a result of his assessment was downgraded to the standard rate for mobility. This resulted in his immediate loss

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of his Motability vehicle, and as he was no longer able to get to work, he is now living on benefits. Consequently, his situation has changed from his being a net income contributor in regards to payment of taxes and his public spending power in the community, to being a net cost to the public purse.

Without the higher rate mobility component, many disabled people will lose their access to transport, such as taxis and private hire vehicles, and in particular their access to the Motability Scheme; which means they will not be able to obtain the Mobility Scooter, Powered Wheelchair, or Car as they have been able to in the past. The impact of this will mean they are: -

- less able/unable to get to their employment or to access employment or training opportunities;
- less able/unable to get to healthcare appointments;
- less able/unable to provide the care for their family members and children, such as getting them to school or nursery;
- less able/unable to go shopping;
- less able/unable to take part in leisure activities for health and well-being;
- less able/unable to be involved in the local community and society more generally;
- less able/unable to have meaningful activity;
- less able/unable to leave their home and to get around;
- more susceptible to increased physical and mental detriment;
- likely to have an increased reliance on external services and assistance.

Such impacts, as well as creating a likely increased dependency on outside agency and benefits support, should also be recognised for the resulting inequalities; i.e. a failure by public bodies and agencies to respond to equality duties, and infringement of Human Rights.

The resulting limitations of access, through loss of the higher rate benefit and Motability qualification, will as a consequence increase the likelihood of disabled people stuck at home, with less meaningful activity, leading to increased physical and mental detriment, and increased reliance on external support for health and personal care; i.e. a highly negative resulting impact on the individual's lifestyle, health and the national purse.

A further worrying consequence of the projected reduction in the number of individuals on the Higher Rate Allowance for mobility, and automatic loss of their Motability qualification, is the potential impact on the Motability Organisation and the remaining qualifiers. Whilst not all higher rate recipients currently access the Motability Scheme for a mobility aid or vehicle, the potential reduction from over 100,000 recipients down to around 60,000 recipients could also impact on the

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ability of the Motability Scheme to negotiate the preferential lease hire agreements they currently have and a resulting reduction in choice of vehicles on the scheme; with the remaining vehicles potentially costing more. The impact of which would likely be felt the most by those persons with higher mobility dependency, i.e. those individuals the PIP assessment is supposed to favour more, because their mobility needs are greater, will potentially have less choice of vehicles to meet their needs and have to pay more to get the vehicle with the specification for their needs.

Consequently, the intended savings on the national purse by the introduction of the 20m rules/cut-off point, as well as appearing arbitrary, are extremely likely to have a negative impact on the lives of many disabled people and their families, and result in an overall net increase in financial costs on the national purse in relation to increased potential need for healthcare, as well as for the individuals affected who will have less benefit and less ability to access employment and other important lifestyle choices; and have negative implications for the future of the Motability Scheme, which is a highly respected not-for-profit organisation and national charity, supporting disabled people’s mobility and “freedom to get to work or college, meet up with friends, enjoy a day trip out with their families, attend a medical appointment, or go shopping; to enjoy the independence that so many of us take for granted”.

In conclusion we believe the 20m rules c), d) and e) and their application to the PIP assessment should be removed, and replaced with a more reasonable and more appropriate assessment based on an individual’s ability, such as:

- Stand and walk unaided safely and repeatedly with or without an aid or appliance over 50m but not more than 100m, before needing to rest or experiencing considerable discomfort and/or pain, should be classed as standard/lower rate mobility, and
- Stand and walk unaided safely and repeatedly with or without an aid or appliance up to 50m before needing to rest or experiencing considerable discomfort and/or pain, should be classed as higher rate mobility (equivalent to the current DLA higher rate mobility), and
- Cannot stand, or able to stand but unable to walk more that a few metres before needing to rest or experiencing considerable discomfort and/or pain, should be classed as enhanced rate mobility (providing an additional level of funding or additional support services, in addition to the comparable DLA higher rate mobility component).

Prepared on behalf of Gateshead Access Panel and Focus Group Consultation

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