

Independence, Choice and Control

DLA and personal mobility in state-funded residential care

Executive summary

“...people in residential care should have the same entitlement as anyone else to exercise choice and control over their care and how they live.” A Vision for Adult Social Care

Introduction

The 2010 Spending Review included plans to end payment of the mobility component of Disability Living Allowance (DLA), soon to become Personal Independence Payment (PIP), to people living in state-funded residential care. As a consequence, the Welfare Reform Bill currently before parliament contains the power to end these payments.

There has been widespread concern about the impact that removing this benefit would have. In February, the Government announced plans to conduct an internal review into the measure.

However, concerns that the Government's review was taking place behind closed doors prompted

Mencap and Leonard Cheshire Disability to ask Lord Low of Dalston to conduct an independent, public review into personal mobility in residential care. The Low Review was launched in July 2011 with a call for written evidence. It has received over 800 submissions from individuals, local authorities and providers, and held six oral evidence sessions

The Review

The Review set out to produce an independent report focusing on:

- how the mobility component of DLA is being used by care home residents and the impact of the loss of this benefit;
- funding arrangements for meeting personal mobility needs between local authorities and care home providers;
- responsibilities of care home providers in relation to the mobility needs of residents.

A Vision for Adult Social Care: Capable Communities and Active Citizens, Department of Health, November 2010:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

The Low Review |

Independent review of personal mobility in state-funded residential care

Findings

The Review began by asking disabled people what their mobility needs are. The clear and simple answer was that their needs are the same as non-disabled people. Many disabled people do, however, face additional costs or require support in meeting those needs. The Review found that a diverse range of support can be required, including adapted vehicles, specialist wheelchairs or assistance from another person.

Many different reasons have been put forward by the Government for the proposed removal of the mobility component from people living in state-funded residential care – in particular, that there is an overlap between local authority funding and DLA mobility, and that personal mobility is the responsibility of providers of residential care. DLA mobility, local authorities and providers all play a part in meeting mobility needs; the Review therefore examined each of these in turn.

The Review found that DLA mobility is key to meeting the personal mobility needs of care home residents. The evidence received by the Review overwhelmingly shows that DLA offers personalised support and provides the individual with choice and control over how their mobility needs are met.

The Review did find some instances where the benefit was being used in a way that might not be considered appropriate, but these were exceptions. However, where there are issues with the use of DLA mobility – for example where individuals are not being given the freedom to spend their DLA mobility as they choose – this should clearly be addressed. The Review felt that this could be done within the existing system, with appropriate guidance, and found no evidence that would justify withdrawing the benefit.



The responses received from local authorities showed that, in general, the support provided by local authorities was aimed at meeting a different category of mobility need from those supported by DLA mobility. Local authority funding for mobility focused on the support needed to meet assessed care needs, for example travel to a day service, rather than a personal need like visiting friends and family. There was therefore no overlap between the support provided by DLA mobility and that offered by local authorities.

In a small number of cases, local authority responses implied that DLA mobility was taken into consideration as a means of meeting mobility needs related to the provision of social care, rather than being left to meet those personal mobility needs for which it is intended. The lack of consistency over responsibility for mobility in local authority responses shows the need for clear guidance to local authorities when it comes to funding mobility needs and the role played by DLA mobility.

When asked about their role in meeting mobility needs, providers of residential services were clear that they were not usually funded to meet personal mobility needs. In many cases, providers stated that mobility needs were not specified at all in contractual arrangements with local authorities. However, providers commonly stated that they were contracted to provide for day-to-day mobility needs where these were associated with an individual's assessed care needs.

There were some instances of services requiring residents to use their DLA mobility in a certain way. It is important that this is addressed by ensuring that any collective use of DLA mobility is on a purely voluntary basis. The role of providers is to deliver their contractual obligations in relation to the mobility needs identified by the local authority, with DLA mobility existing alongside this to meet those more individualised and personal mobility needs of residents.

Underpinning all of these findings is the importance of mobility to disabled people's rights. It is mobility that enables people to participate in their community, gain an education, maintain a family life or work. Allied to this is the importance of choice and control. Disabled people must have control over how they exercise their rights. Ending payment of the mobility component to people living in residential care would deny people control over their own lives and undermine the Government's own commitment to greater personalisation in the support provided to disabled people.

Conclusion

The Review found no evidence of overlap in the support offered by the mobility component of DLA and that offered by local authorities and providers, all of which play a distinct part in meeting disabled people's mobility needs. Whilst action needs to be taken to ensure local authorities are performing their duties and that residential services are adequately funded to provide the mobility support necessary to meeting assessed needs, it is DLA mobility that provides the most appropriate means of meeting personal mobility needs. If the rights of disabled people are to be preserved then it is vital that DLA mobility, and its successor under PIP, are retained for people living in residential care.



Recommendations

Recommendation 1:

As Personal Independence Payment is introduced, disabled people living in state-funded residential care should be eligible to receive the mobility component on the same basis as disabled people receiving care in their own home.

Recommendation 2:

The Department of Health should develop a peer led initiative encouraging and supporting people living in residential care to directly manage their Personal Independence Payment mobility component. Equivalent action should be taken in Scotland and Wales.

Recommendation 3:

Motability should initiate a review into how the role it plays in supporting disabled people's independence could be further improved. In particular it should have reference to the value for money of Motability, especially in context of wider mobility needs not met by an adapted vehicle, and should seek to identify any barriers to individuals maintaining direct control of their Motability vehicle.

Recommendation 4:

The Department of Health should revise the Charging for Residential Accommodation Guide to make clear that the mobility component is to be completely disregarded by local authorities, both in means testing and in establishing how to meet assessed needs. Equivalent action should be taken in Scotland and Wales.

Recommendation 5:

The Department of Health should write to all local authorities drawing their attention to the revised Charging for Residential Accommodation Guide and emphasising the requirement for local authorities to meet all assessed mobility needs. Equivalent action should be taken in Scotland and Wales.

Recommendation 6:

Contracts between local authorities and care home providers should clearly specify any funding arrangements in relation to the provision of mobility support required in meeting assessed needs. Care Quality Commission inspections should review provider contracts with local authorities and report on whether these clearly specify all assessed mobility needs and the providers' responsibility in meeting these. Equivalent action should be taken in Scotland and Wales.

Recommendation 7:

The Care Quality Commission should revise their "Guidance about compliance: Essential standards of quality and safety" in relation to Regulation 19 of the Care Quality Commission (Registration) Regulations 2009, outcome 3 in order to make clear that any policies on charging for service transport or pooling the mobility component must be transparent and must provide choice and control to the individual. Equivalent action should be taken in Scotland and Wales.

Volume 1: Report

Oral and written evidence is contained in Volume 2

Both of these reports are available on the Low Review website at www.lowreview.org.uk.

The Low Review

C/O Leonard Cheshire Disability
66 South Lambeth Road
London
SW8 1RL
Tel: 0203 242 0373
Email: info@lowreview.org.uk

www.thelowreview.org.uk