

# Don't limit mobility

The impact of the removal of the mobility component of Disability Living Allowance from adults and children living in state-funded residential care



This report is endorsed by



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## Overview and context

“ My Motability car has changed my life. When my mum and other relatives now see me they can see how happy I am. I have freedom because of my car to do what other people can do. Before, I was not happy; I would sit at home watching other people in the home going in and out as they liked. I could only dream about that kind of freedom. Please don't take my car away from me. ”

*Steven Colley, care home resident, Essex*

### Executive summary

We welcome the government's commitment to promoting social justice for disabled people and the focus that has been given to increasing independence, participation and employment opportunities.

However, we are gravely concerned that the removal of the mobility component of Disability Living Allowance (DLA) for those living in residential care will undermine the realisation of these ambitions. It may also greatly reduce the independence, autonomy and opportunities of this group of people.

The government has proposed the change primarily based on an assumption of 'double funding', with all the needs of the individual provided for by their local-authority-funded package of support. If this was the case, the assumption that these needs should be met by the provider would be a perfectly reasonable one. **However, this is simply wrong.**

If the government goes ahead with this proposal, it will have a significant and adverse impact on the everyday life of those affected. The possible outcome can only be one of two things: people will be forced to remain indoors and have a diminished quality of life; or social services will be forced to make up the difference in funding. Given the current climate, we do not expect local authorities to be able to do this.

The government's proposal needs **urgent reconsideration:**

- The removal of the DLA mobility component from people living in residential care is based on an assumption of 'double funding'. However, evidence shows that local authorities are not currently meeting mobility costs. It also makes clear that rather than removing 'an overlap of public funds' as the government has stated, this measure will simply transfer costs to already-stretched local authorities or will leave people without the vital support that they need.
- Many disabled adults living in residential care have all their income taken to pay for their care, and are left with just the £22 per week Personal Expenses Allowance (PEA). This is not intended to cover additional mobility costs. It is intended to cover personal costs such as clothes, toiletries and phone bills. Without the DLA mobility component,

the PEA is not enough to cover additional mobility costs and people will be left without the money to meet basic mobility needs.

- The resulting savings of £160 million are relatively small in contrast to the total of £81 billion in spending cuts the government plans to make by 2014/15. However, the impact on the 80,000 disabled people to be affected will be massive, with many left unable to afford to leave their home and denied the independence most people take for granted.

## **Background to this report**

In the Comprehensive Spending Review on 20 October 2010 the Chancellor of the Exchequer announced the government's proposal to remove the mobility component of DLA for people who live in local-authority-funded residential care. It has been estimated that 80,000 people who live in care homes will be affected by the move.

Following the government's proposal to remove the mobility component of DLA for people who live in residential care, a number of organisations have expressed serious concerns about the impact of this on disabled adults and children.

Since the proposal was announced, a consortium of disability organisations has worked to gather evidence and information about the assumption of 'double funding' as justification for the proposed changes. The consortium has also spoken to individuals about the impact that withdrawing the DLA mobility component would have on their lives. This has particularly focused on adults living in residential care, although the removal of DLA mobility from children and young people in residential schools and colleges is also considered in this paper.

We believe that the argument at the heart of the government's proposal based around the need to 'remove an overlap of public funds' is wrong. This is supported by the information collected and presented in this report.

Rather than removing 'an overlap of public funds' as the government has stated, this measure will simply transfer costs to already-stretched local authorities or will leave people without the vital support that they need.

This document provides a summary of information and evidence from:

- a survey of residential care home residents, including how individuals spend their mobility component of DLA and how this enables independence and participation
- a survey of 22 national providers of social care services that are members of the Voluntary Organisations Disability Group (VODG)
- knowledge and experience of individual organisations who provide residential care
- 'desk research' and discussions by individual organisations with care home providers and representatives from local government.

## About DLA

DLA is a non-contributory, non-means-tested and tax-free benefit that helps meet the extra costs associated with disability. It has two components: the care component and the mobility component. It is described by the Department for Work and Pensions as providing:

“...a financial contribution towards the generality of extra costs experienced by ... disabled people as a direct result of their disabilities ... [DLA was] introduced as a policy response to the evidence that disabled people and their families suffered greater disadvantage and poverty than their non-disabled peers.<sup>1</sup>

## The mobility component of DLA

The mobility component of DLA provides support to people who need help getting around. There are two rates to the mobility component of DLA – the lower rate at £18.95 a week and the higher rate at £49.85 a week.

The higher rate is relevant to people who have physical and sensory difficulties in walking. Some people with a severe learning disability are able to get the higher rate of the mobility component of DLA, although there are strict conditions. The lower rate of mobility applies to those who can walk but who need guidance or supervision from someone else to do so. This applies to people with physical disabilities as well as people with a learning disability.

The mobility component helps people to pay for things like accessible transport, or mobility aids such as an electric wheelchair. It makes a vital difference in ensuring that people can leave their home independently and participate in everyday activities that non-disabled people take for granted, like meeting friends, attending a leisure centre or getting to college. In some care homes there are schemes where people's DLA mobility component is pooled and used to buy or lease a car which care staff can then use to take them out and about.

For disabled children and young people in school or college, DLA mobility allows them to keep active during the school holidays and enables family members to visit during term time and take them out on weekend day trips. Family carers often use the DLA mobility component to pay for adaptations to vehicles. This enables disabled children and young people to maintain contact with friends and family, and participate in leisure and other community activities.

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<sup>1</sup> Attendance Allowance, Disability Living Allowance and Carer's Allowance, Retrospective equality impact assessment, September 2010

# The government's justification for the proposal

## 1. What are the 'assessed needs' of the individual?

“ Local authority contracts with care homes should cover services to meet all a resident's assessed needs, including any assessed mobility needs, so an individual's care support and mobility needs should be met by residential care providers from social care funding. This measure will remove an overlap of public funds while ensuring that resources continue to be targeted at disabled people with the greatest needs.”

*Maria Miller MP, Minister for Disabled People, House of Commons  
(written answer, 2 November 2010)*

## The process

1. The community care assessment identifies an individual's assessed needs.
2. The assessed needs are then matched against the different eligibility bands (critical, substantial, moderate, low) in line with Fair Access to Care Services (FACS) criteria.
3. Based on the local authority's policy around which bands are regarded as eligible for services, it is determined which needs will be met by the local authority.<sup>2</sup>

## What happens in practice

It is the community care assessment that identifies an individual's assessed needs. However, local authority services are designed to meet only needs that fall within a set eligibility framework. This identifies four bands of need: low, moderate, substantial and critical, and the majority of councils will only fund substantial and critical needs. Therefore, an individual may be eligible for DLA care and/or the mobility component but not be eligible for support according to local authority criteria.

Mobility needs tend only to be factored into care packages to meet specific needs identified in the community care assessment, such as going to a day centre. Local authorities do not tend to factor in the costs of individuals' personal mobility or transport costs associated with visiting friends and family, going shopping or accessing local community and leisure facilities. The DLA mobility component enables disabled people to retain their independence in a way that local authority funding does not. Through meeting additional mobility costs it places control in the hands of the individual.

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4 <sup>2</sup> In 2007/08, 74% of local authorities set eligibility criteria at 'substantial' or 'critical' only – see *Cutting the Cake Fairly: CSCI review of eligibility criteria for social care (October 2008)*

## The fundamental issue

- In its interpretation of assessed need, a local authority does not usually include activities like going to the cinema, visiting a leisure facility or meeting with friends and family.
- We know from the evidence that often when funding for transport is included within an individual's care package, this is only to cover the costs of travel that are directly related to their specific care needs (for example regular attendance at a day centre).
- The key question is about whether or not an individual's assessed needs will meet the FACS criteria. While an individual's personal care needs may be regarded as critical, this may not apply to an individual's mobility or transport needs.
- We know that local authorities will only fund needs that are critical and substantial. The overwhelming majority of those with moderate and low needs are not provided for. DLA mobility is used to meet some of these needs that are not met by local authorities.

### Evidence: the community care assessment

Comment from the mother of a young lady with profound and multiple learning disabilities living in residential care:

- a) "There is nothing specific in Louise's\* care plan, but I distinctly remember from discussions with the social worker that the local authority was to take into account Louise's DLA mobility component when agreeing the fees with the care home provider. Louise contributes some of her DLA mobility to the home in order for them to support her to access the community and, in addition to this, we are able to use some of her mobility component to help us with transport costs associated with her disability when we take Louise on holiday. Being able to access the community is a core part of Louise's care plan."

*\*Name changed*

The following is taken from an individual's community care assessment form:

- b) [Under finances section]: "Out of my DLA [mobility], I pay for my transport when I go out and/or when I access the community."

### The care home provider perspective

"In our experience, when a vulnerable adult is being assessed by a local authority for a care package, all of the benefits to which they are entitled are taken into account."

*RCHL*

## 2. What is the contractual position?

“Local authorities’ contracts with care homes will cover services to meet a resident’s assessed needs. These will cover activities of daily living which may include providing access to doctors, dentists and local services such as libraries and banks. Local authorities should also take into account the resident’s emotional and social needs as part of the assessment.”

*Maria Miller MP, Minister for Disabled People, House of Commons  
(written answer, 16 November 2010)*

### The process

1. The formal arrangements between a local authority and care home may or may not specifically address the transport needs of the individual.
2. Contracts tend to be costed against the eligible needs identified by the local authority through the community care assessment.
3. In many cases, when an individual is being assessed by a local authority for a care package **all** of the benefits to which they are entitled are taken into account.

### What happens in practice

Whatever the formal arrangement, in practice, the provision of 24-hour residential care has by custom and practice covered personal care, food and limited activities in the home. It has not generally covered activities outside the home apart from day services. The former have only been provided as extras making use of the individual’s limited money, including the DLA mobility component.

### The fundamental issue

- The arrangements between a local authority and care home may or may not specifically address the mobility needs of the individual. Contracts will tend to be costed against the needs identified by the local authority through the community care assessment.
- Therefore unless an individual is assessed by the local authority as having mobility needs and these needs meet their eligibility criteria, providers receive no funding to meet these needs.
- For the most part, as noted above, this is very unlikely to include mobility costs above and beyond the essential needs of the individual as determined by the community care assessment and related eligibility criteria.
- With increased pressures on local government, many authorities have had to scrutinise their service specifications to ensure value for money, seeking to identify what is non-essential expenditure.

## **Evidence: extracts from service specifications provided by care homes**

a) The following is included within an existing *Adult Services Residential Care Contract*:

“Activities for which contractor may charge resident (which are in addition to the services provided under the contract and not included in the daily charge):

- Holidays
- **Contribution towards transport (from mobility allowance)”**

The local authority contract clearly states that the provider is entitled to charge the resident a contribution towards transport from their mobility allowance. **The local authority is therefore not providing for this need.**

b) The following is taken from a *Framework Agreement for the Provision of Long and Short Term Residential Personal Care*:

“The Provider may charge the Service User for any facility not included in the Services such as the provision of hairdressing, chiropody, dry cleaning services or outings (“Extras”) provided that these have been agreed with the Service User.

“The Service User shall be liable for any charge made for Extras and the Provider shall be responsible for recovering any charges direct from the Service User. **The Purchaser shall have no liability for payment or recovery of such charges.”**

**The contract states that the provider may charge for any provision, including ‘outings’, that is the responsibility of the service user and not the (local authority) purchaser.**

c) The following is taken from an *Agreement for Provision of Accommodation with Personal or Nursing Care*:

“The Schedule 2 shall specify any arrangements by the Council for the Resident to attend specialist facilities outside the Home ... Where a resident wishes to engage in activities in addition to those specified ... the Provider shall not be responsible for meeting any resulting additional costs.

“A Resident can be asked to contribute up to a maximum contribution of 50% of his/her Mobility Allowance towards the cost of communal transport arranged by the Provider ... A Resident who chooses not to contribute ... can be excluded from the use of communal transport. The individual would, in such circumstances, be expected to pay for any transport direct e.g. by using taxis or by being charged a fee per journey for the use of communal transport.”

The local authority provides for one aspect of the transport needs of the individual where this is to attend specialist facilities outside the home. **Activities above and beyond this are the responsibility of the service user, to be funded by their mobility allowance** whether this is paid for directly or as a contribution towards the cost of communal transport arranged by the provider.

#### **The care home provider perspective**

“Even where the local authority has costed transport into a care package, which is not the case for many of the people who use our services, this is for specific identified care needs, for example, regular attendance at a day service. Individual care packages do not include funding for activities like accessing volunteering opportunities, going shopping or to the hairdressers, going to the cinema or out with friends or visiting family.”

*Scope*

### **3. Is the proposal aligning the rules for people who are placed in residential care by the NHS?**

“ The arrangements are further confused by different funding streams ... For example, NHS-funded individuals in residential care do not receive the DLA mobility component, while those funded by local authorities do. If we want to be fair – not only to disabled people, but to taxpayers – we have to tackle the gaps and overlaps and ensure that everyone gets access to the mobility they need. ”

*Maria Miller MP, Minister for Disabled People, Westminster Hall  
(debate, 30 November 2010)*

“ This measure will end the anomaly whereby two state-funded residents with similar needs who are placed in the same care home can be treated differently according to whether they are funded through the NHS or local authority. ”

*Maria Miller MP, Minister for Disabled People, in response to representations made by MPs*

#### **The process**

The above statements, made by the Minister for Disabled People, are not correct and the situation is far more complicated than implied:

1. Where an individual is funded by NHS continuing care, it is correct that they will not be eligible for DLA mobility. This is because they are regarded as patients under related guidance and regulations, ie the person is seen as a patient where the NHS is providing nursing services, and these nursing needs are more than incidental and

ancillary to other care needs. In these cases, the NHS is providing a round-the-clock, all-encompassing package of care and support.

2. Where someone is part-funded by the NHS and the local authority (whether or not the service is commissioned by the NHS, the local authority or jointly), they are not regarded as a patient and are therefore eligible for the DLA mobility component.
3. There are fundamental differences in the situation of those individuals funded by the NHS and those funded by the local authority. Individuals whose placement is funded by NHS continuing care are not asked to contribute to the cost of their support. Those who are local authority funded are subject to financial assessment and required to make a contribution towards to the cost of care. Given the differences between these two situations, it is simply not the case that the removal of DLA mobility from local-authority-funded residents will end an anomaly and align the rules with those in NHS funded care.

### **What happens in practice**

In residential care homes, it is unusual for disabled people to receive NHS continuing care and therefore not receive the DLA mobility component. People in residential care are not patients but residents. If some nursing care is provided, but this is ancillary to the main purposes of the home, the individual remains eligible for the DLA mobility component.

There are some homes that are dual registered (residential and nursing homes) where there could be a small number of people who are fully funded by the NHS. Therefore there could be a minority of cases where in the same care home some residents are getting the mobility component of DLA and some are not.

### **The fundamental issue**

- From discussions with providers, we know that residents who are part NHS funded are still receiving the mobility component of DLA.
- The assumption that the measure will end an anomaly 'whereby two state-funded residents with similar needs who are placed in the same care home can be treated differently according to whether they are funded through the NHS or local authority' is inaccurate in the vast majority of cases, as noted above.
- Therefore, to try to tackle this limited anomaly, where a very small minority are not getting the mobility component of DLA, by removing it for the majority, is wrong. A fairer way would be to ensure that all residents are receiving the mobility component of DLA on the basis that they are not hospital patients.

#### 4. What is the impact on disabled children in residential schools?

“The spending review announced that the mobility component of DLA would be removed from adults in residential care and children in residential special schools.”

*Maria Miller MP, Minister for Disabled People, House of Commons (written answer, 24 November 2010)*

Similarly, the justification given by government for the removal of the mobility component of DLA from children and young people in residential special schools or colleges is that of double funding – ie transport is provided by the facility (school or college) themselves. However the evidence, again, suggests that this is not the case. Even where transport is provided by the education provider, it is often restricted to provision at the start and end of term. No extra provision is factored in for visits at weekends or for the child when they are at home during the holidays.

#### **The evidence: the education provider perspective**

“The college currently requests a contribution towards the cost of transport. This payment contributes towards the cost of transport for activities outside of the curriculum. This includes, but is not limited to, visiting leisure facilities (for example, swimming pool and cinema), outings during the evenings and weekends (such as a trip to the coast), going shopping for personal items and accessing local groups such as youth clubs. The alternative would be to use public transport. This would be difficult as the college is not on a bus route... The activities carried out in the students’ free time are chosen by the students and if we were unable to request a contribution to the cost of transport from the DLA mobility component, our students’ choices would be severely restricted.”

*Specialist residential college*

## Survey of care home providers

The following provides a summary of evidence from 22 national providers of social care services that are members of the Voluntary Organisations Disability Group (VODG). The organisations surveyed for this briefing provide residential care services to people with a range of different impairments, many of whom have multiple and complex support needs. The following key points were raised:

- Half of the social care providers receive no contribution towards the costs of transport as part of service users' social care packages. Of those that do receive funding for transport needs from local authorities, fee levels only cover travel costs deemed necessary for meeting people's assessed care needs.
- None of the social care providers surveyed receive a state contribution towards the costs of personal transport, such as visiting family, accessing work, volunteering or education, and participating in leisure activities or community activities.
- Social care providers face considerable difficulty in getting local authorities to contribute towards transport costs and given the current financial pressures they do not believe it will be possible to force local authorities to fund the additional costs of personal transport, especially if these are not considered part of their statutory obligations.

### Comments from care home providers

“ In all of our registered homes the DLA mobility component is a significant part of the budget, designed to cover the cost of providing necessary vehicles and transport for service users. Inclusion of this item within core fees has been under severe attack from commissioners now for some years. ”

*Elizabeth Fitzroy Support*

“ We make provision within our cost base for that proportion of the vehicle costs necessarily incurred in delivery of people's basic residential care service. The fees do not, therefore, include any contribution to the costs of residents' personal, social and leisure travel. Any personal or leisure use beyond these essentials has to be funded by people's DLA mobility. ”

*The Brandon Trust*

“ We support 941 people with a learning disability in residential care homes. Most of them are in receipt of disability mobility. In most cases, the local authority funders make no provision in the care contracts for the areas the mobility component is intended to cover. ”

*Mencap*

## Results from the survey of residential care home users<sup>3</sup>

Since the launch in mid-November, we have had around 100 responses to the survey to date. The survey remains open. All of the quotations in this section are from survey respondents.

### How do people spend their mobility component of DLA?

We asked people to tell us (a) how they spend their mobility component of DLA and (b) what this allows them to do.

100% of respondents used their DLA mobility component to support them to get out and about. This included using it on taxis where they could not travel independently, on accessible transport and on mobility aids.

People either spent their DLA mobility component themselves or had an arrangement with their care home in place to support them to do this.

Over 50% of respondents told us that they had an arrangement with their care home whereby some or all of their mobility component was given directly to their care homes. In these cases, just over 40% of respondents said that the care home used the money towards a Motability car and 21% said the money contributed towards petrol costs to care staff to give them lifts.

“ A mini-bus. I give them my mobility allowance and they pay for any transport I need. I like to go out a lot during the day and in the evenings, and I go on holiday.”

For those people who spent their DLA mobility component allowance themselves, the following top four ways were identified:

- Petrol money to care staff who give me lifts
- Money for taxis
- Petrol money to friends and family to give me lifts
- Motability car

### What are people able to do as a result of their mobility component of DLA?

Respondents described a range of activities that enabled them to take part in community life. These included:

- going to the leisure centre
- going to a music or art group
- going to the cinema or theatre
- going out with friends

- attending regular medical appointments
- visiting family and friends
- attending a college course
- volunteering.

“I go to big family gatherings like birthdays and weddings, and for a holiday or short break.”

“I go to London to see a show on the train with friends from the care home.”

### **What impact will the removal of the mobility component of DLA have?**

Of those who responded to this question, over 80% felt that they would see much less of their family and friends. 73% said that they would lose their independence.

Many respondents described great anxiety about the possibility of losing this money, as the following quotations demonstrate:

“I won’t be able to go on holiday. I will only be able to visit my parents when other family can collect me. My parents are very frail and I use a taxi to visit them sometimes. I won’t be able to go out as I won’t be able to afford the taxi or petrol money.”

“Without it, I would be severely depressed like I used to be ... My independence is my most prized possession.”

“My independence is very important to me and a very important part of my care. Less independence would affect my confidence.”

“I would be totally isolated and not be able to get out, to be part of my community and enjoy the things that I like doing.”

“If I and the other residents don’t get this money, there will be no transport for me and I will be stuck in my room all day watching TV.”

“There would obviously be a reduction in [my daughter’s] community presence and participation.”

## What would people tell the government about how they feel?

We asked people to tell us what they would say to the government about they feel about these cuts.

“ I look forward to going out – it keeps my spirits up. Otherwise I get very low. ”

“ I would urge them to rethink their decision and [tell them] that I feel betrayed. ”

“ The government needs to listen to the people ... I would ask you to come and see us and see what it is like to live the life we have and then say how it feels to have their independence taken away and not to have any social interaction. ”

“ Please look at other options and ways as this would be very dramatic on our lives and quality of life. ”

“ I will tell them that I am very upset as they have taken away my small means of independence. ”

## Case studies

### David\*

David lives in a residential care home. He has been assessed for the higher rate of DLA and he receives the mobility component. His DLA package is divided between expenses to the provider for transport, and petrol money to his parents to take him home at weekends or on short holidays.

The home provides transport to enable David to travel to a gym, a dance class and a highly successful Riding for the Disabled centre. Psychologists and other medical professionals have emphasised repeatedly the critical importance of providing outlets for David's energy because he thrives with an active lifestyle.

David's parents are worried about the possible axing of the mobility allowance and the effect this could have on his wellbeing if his opportunities for physical activity and external stimuli are restricted. They are particularly worried that this will culminate in aggression and self-harm, which he is prone to if bored and frustrated.

They know that if the situation arises, David will begin to exhibit what is labelled as challenging behaviour, which threatens to negate all the positive things that happen when he is enabled to get out and about.

*\*Name has been changed.*

### Steven

I have been told that I might lose my Motability car and I am very worried. So, I wanted to tell you what it means to me, how it has changed my life and how it has given me more freedom to access the community locally and beyond.

I live in a home with six other people who have daily routines of going out into the community with the support of a staff member. They can all access the community by buses or walk, but I cannot.

I cannot use one of my arms and this makes my posture unsteady on one side. I cannot walk very far. I cannot use buses because I cannot stand and I am not good with large crowds pushing together in a small space as a bus would have. I may get agitated because of the confined space and lots of people pushing together on a bus.

I also have to wear an incontinence pad so travelling by bus or even in a taxi would present a problem for me and my dignity. With the amount of time it takes travelling and waiting for buses or a taxi, I would be at risk. I get tired quickly when walking too far due to my disability posture. It would make me very unhappy. I also sometimes need help with my incontinence while out in the community.

When I got my Motability car it opened the door to a new world for me. I could go out when I liked – to do my shopping, go to shows, watch films at the cinema and go and watch my local football team. I can now attend my Friday social club and this year I was able to book a holiday in Yarmouth for a week, and while I was on holiday I visited different places. I couldn't have done this without my car.

My car has changed my life. When my mum and other relatives now see me they can see how happy I am. I have freedom because of my mobility car to do what other people can do. Before I was not happy; I would sit at home watching other people in the home going in and out as they liked. I could only dream about that kind of freedom. Please don't take my car away from me.

*Steven Colley, care home resident, Essex*

# Impact on the rights of disabled people

## Rights of disabled adults

Article 20 (Personal Mobility) of the *UN Convention on the Rights of Persons with Disabilities* commits signatories to:

“...take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- a) facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost
- b) facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost.”

**Removing the DLA mobility component from disabled people living in residential care jeopardises this right.**

## Rights of disabled children

The withdrawal of the DLA mobility component represents a significant erosion of the rights of disabled children. The *UN Convention on the Rights of the Child* Article 31:

“1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

“2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.”

**However, if the mobility component is withdrawn from children in residential schools they may be denied these rights.**

## Disability Equality Duty

The *Disability Discrimination Act 1995* (as amended in 2005) requires public authorities (including the government) to have due regard for the need to:

- promote equality of opportunity between disabled people and other people
- eliminate discrimination that is unlawful under the *Disability Discrimination Act*
- eliminate harassment of disabled people that is related to their disability
- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life
- take steps to take account of disabled people’s disabilities, even if this requires more favourable treatment than others.

**The decision to remove DLA mobility will reduce equality of opportunity and restrict participation in family, social and cultural life. Furthermore, the decision comes without measures to mitigate the fact that the government is more likely to be in breach of the Disability Equality Duty.**

## Conclusion

**The assumption behind the proposal to remove the mobility component of DLA from those living in residential care is wrong.**

It is based on the belief that people living in residential care situations have all of their needs provided for by the package of support bought by the local authority (in a similar way to hospital patients) and do not therefore need any additional money other than a Personal Expense Allowance to cover things like buying toiletries.

As the evidence presented in this report demonstrates, this is incorrect. The reality is that an individual's package of support does not provide for **all** aspects of an individual's life. It only funds basic care.

As a result, removing the mobility component of DLA will significantly restrict the ability of those in residential care to play an active role in their local community, be independent and maintain relationships with family and friends.

Activities that will be threatened by the removal of the DLA Mobility component include access to work and volunteering, access to friends and family, the ability to maintain relationships with a partner, access to community activities, access to healthcare services and access to leisure activities such as swimming, shopping and going to the cinema. Limiting people's ability to do these things goes against the concepts of choice and independence, and goes against the principles of the government's personalisation agenda.

The implications of this change, even for people who currently receive some local authority funding for mobility costs, are extremely significant and in the current climate we do not expect local authorities to step in to cover these additional costs. In the long term, the impact on individuals is likely to result in higher costs to the state, due to consequent effects on disabled people's wellbeing and health, and the increased likelihood of a crisis.

Implementing this proposal will mean one of two things for care home residents. Those affected will either have a diminished quality of life with restricted options available to them, or social services will be forced to make up the difference in funding. In the current climate this is unrealistic. Ultimately, the impact on disabled people will be devastating.

**We therefore strongly urge the government to reverse this decision in light of the overwhelming evidence and strength of feeling regarding this measure.**

## Find out more

### **Jane Alltimes**

Senior policy and campaigns officer  
Mencap  
Telephone: 020 7696 6916  
Email: [jane.alltimes@mencap.org.uk](mailto:jane.alltimes@mencap.org.uk)

### **Rebecca Rennison**

Senior policy officer  
Leonard Cheshire Disability  
Telephone: 020 3242 0269  
Email: [rebecca.rennison@lcdisability.org](mailto:rebecca.rennison@lcdisability.org)

### **Simon Shaw**

Parliamentary and public policy officer  
Sense  
Telephone: 020 7014 9386 (voice and text)  
Email: [simon.shaw@sense.org.uk](mailto:simon.shaw@sense.org.uk)