

**Submission to the Joint Committee on Education and Social Protection meeting to consider the difficulties faced by persons seeking to establish that they meet the medical eligibility criteria when they apply for illness or disability related social protection payments**

**Context**

The Association is party to an ongoing assessment of the revised Domiciliary Care Allowance (DCA) scheme which was subject to a fundamental review and significant changes in the course of the past few years. We are satisfied to place on record our belief that the changes introduced have resulted in very considerable improvements particularly for parents caring for children with Pervasive Developmental Disorders (PDD).

As a result, this submission focusses on the difficulties faced by persons seeking to establish that they meet the medical eligibility criteria when they apply for the following carer related social protection payments i.e. Carers Allowance, Carers Benefit and the Respite Care Grant. We set out a number of areas in which we see scope for improvement in this regard but in doing so we also wish to acknowledge that we are currently engaged in constructive dialogue with the Department on all aspects of this agenda.

**Current application form fails to elicit sufficient relevant information**

The fact that almost 50% of those who appeal their refusal of Carers Allowance go on to win their appeal is a worrying characteristic of the system. While it is evidence of the fact that the Department is carrying out ‘honest’ reviews it also suggests that the excessive initial error rate is driven by a persistent problem that insufficient relevant information is being submitted with the original application. We are working with the Department to try to promote better awareness of this problem. But we believe that the problem also reflects insufficient guidance being provided to carers at the onset and to fundamental flaws in the design of the application form and in particular the Medical Section.

The Carers Allowance Application form (CR1) does not clearly identify the information that needs to be supplied in support of the application. For example, it only offers one small box on page 15 (of a 24 page application form) for the carer to outline the daily duties that they perform in caring for their loved one – this is completely insufficient space and results in far too many applications being refused and going to appeal causing undue stress on the carer and cared for person and a heavier workload for the Department.

The Carers Association recommends clearer prompts to encourage applicants to provide as much information as they can on the level of care being provided. These prompts could form part of a daily diary that a carer could complete thereby capturing everything that they do for the cared for person. Headings might include:

* Supervision
* Personal Care
* Actions that put them at risk
* Actions that put others at risk
* Inappropriate behaviour
* Medication
* Therapies required
* Social interaction
* Mobility
* School/Education
* Depression
* Mental Health

This would present the department with a far clearer picture of the level of care being provided in the absence of a face to face assessment of the cared for person. The Carers Association has designed a diary to capture the above and plans to work with the Department to promote wider use of same.

We also believe that question 10 (section 10, page 23) on the medical section of CR1 is flawed insofar as it fails to ask questions in a way that it is understood in the same way by all respondents[[1]](#footnote-1). We suggest that two changes would make a considerable improvement in this regard:

1. Under the question “*Indicate the degree to which your patient's condition has affected their ability in ALL of the following areas”,* (page 23 CR1 Form)*,* the scale item named *Normal* should be labelled *None*. This would remove ambiguity about whether this item refers to an indication of the ability level of the patient, or whether the patient is affected by their condition to the degrees as prescribed by the scale items; and
2. the groupings of problem areas within the above question need to be split and represented in isolation to each other. For example a person may suffer with mental health illness but not exhibit behavioural problems and therefore separating these can provide a more detailed profile of each patient’s ability/disability. Likewise a child may be highly intelligent but struggle with learning due to a learning disability such as dyslexia and therefore these two points must also be decoupled.

**Bias within prevailing medical assessment criteria**

Family Carers caring for an adult with PDD, an intellectual disability or mental health illness face who apply for Carers Allowance, Carers Benefit or the Respite Care Grant face very similar difficulties to those identified in the review of DCA i.e. that the forms and application process (specifically the medical section) weigh significantly in favour of those with a physical disability. This forces carers for those with an intellectual disability or mental health issue to supply additional medical evidence/expert reports which can be very costly and time consuming to gather. The current medical form does not encompass the social model of disability but rather a strictly medical model.

Under the current medical eligibility criteria many adults are not being deemed as needing care while having an intellectual disability or severe mental health illness. The person being assessed may have no understanding of money matters, value of money, budgeting, costs of food, clothing, rent, electricity or how to use public transport. They may give money away and be left with nothing. They may be vulnerable in relationships, vulnerable to addictions, have suicidal thoughts, be aggressive, have poor self-esteem issues etc. They may not be tuned in to personal care or hygiene and need support with all of these things and in some cases have all of these things done for them. They may be socially excluded, have no hobbies, no friends or outdoor activities. They may be a danger to themselves and others and therefore cannot be left alone at any time.

None of this information is captured in the present medical form which is heavily weighted towards older people and people with a physical disability and ignores social care issues which require high levels of support and care. This can prove extremely burdensome and costly on carers and puts pressure on clinicians to write exhaustive reports thus impacting on frontline service delivery.

The Association recommends that, in the interest of fairness and consistency across care related payments, the welcome improvements made in relation to DCA be extended and adapted to Carers Allowance, Carers Benefit and the Respite Care Grant. We acknowledge that the Department is currently engaging positively with this agenda and, whilst anxious to see such improvements as soon as possible, we do also acknowledge the merit of ensuring that the DCA revisions are working well from everyone’s perspective before extending the changes to other schemes.

**Medical Assessors**

Many Family Carers express extreme frustration when the medical report submitted with their application – which confirms the need for full-time extensive care – is ignored by a medical assessor who never met the person who is subject to the report. The Association has considerable sympathy with this view. It acknowledges the resource implications of a change in current practice but continues to argue that a single integrated medical assessment process across health, income support and education services would be more efficient and humane for all concerned.

**Processing time for applications beginning to increase again**

In 2013 we welcomed the decrease in the waiting times for Carers Allowance Applications from 23 weeks to 12 weeks but we are concerned to note a recent reversal of this trend. We do acknowledge the Department’s efforts to keep this matter under control and we have endorsed a new policy of returning incomplete applications to the applicant for resubmission rather than clogging up the formal application process with cases which will inevitably be rejected because of lack of necessary information.

**Review of existing allowances**

We would also like to acknowledge and welcome the Department’s recent initiative to ensure that when existing allowances are being reviewed all medical evidence on file is taken into account and clients are afforded the opportunity to send in further medical evidence before any payments are stopped if it is decided that the medical criteria is no longer met.

**Conclusion**

In conclusion the Association continues to work closely and constructively with the Department of Social Protection to eradicate some of the difficulties that family carers and cared for persons face seeking in establishing that they meet the medical eligibility criteria for carer related social welfare payments. We particularly acknowledge and welcome the recent review of DCA process. We believe that a similar review of Carers Allowance, Carers Benefit and Respite Care Grant Application process, having regard to the points noted above, would greatly assist in achieving this objective.

24th April, 2015.

1. Brace, I. (2008) *Questionnaire Design: How to Plan, Structure and Write Survey Material for Effective Market Research* London: Kogan Page. [↑](#footnote-ref-1)