

Taken for a ride

Tackling the unjust exclusion of blind people from the higher rate mobility component of Disability Living Allowance

26

“I consider myself as having far greater mobility problems than most people with physical disabilities who can drive a car – but I receive less benefit. Its unfair and unjust.”



Acknowledgements

I would like to thank all those who have contributed to the writing of this report. In particular I would like to acknowledge the valuable input to earlier drafts by Lorna Reith and Mary McDonald. In addition I would like to thank Bill Alker, Jill Allen-King, Rebecca Atherton, Andy Barrick, Gareth Davies, Helen Dearman, Fazilet Hadi, Richard Holmes, Laura Jacobs, Sarwar Khan, Julianne Marriott, Fran Scholey and Dan Scorer for their contributions to both the report and the campaign.

Steve Winyard

RNIB

August 2006

Contents

Executive summary	4
1. Introduction	8
A growing anger	8
Blind and partially sighted people	8
Disability Living Allowance	9
2. The barriers to independent mobility	11
3. What difference would the higher rate make?	14
Employment	14
Voluntary work	15
Leisure activities	16
Shopping	18
Accessing health care	18
Parenting	19
4. Conclusion and recommendations	21
Appendix	22
References	25

Executive summary

Disability Living Allowance (DLA) is a benefit that was introduced in 1992. One of its core objectives is to assist people who have difficulties getting out and about safely and independently. There is a lower and a higher rate of benefit. The higher rate is focused on those who are unable to walk or who cannot walk to their intended destination outdoors without assistance (see the Appendix on page 22 for more details of the DLA scheme).

By any objective test, this higher rate mobility component of DLA should be available to people with serious sight loss. They face some of the greatest difficulties moving around independently in the external environment. Even with the aid of a white cane or a guide dog, the streets are a hostile and potentially dangerous place – a journey can include crossing busy roads, navigating pavement and road works, avoiding street furniture and dodging cyclists and cars parked on the pavement. A Government survey carried out in 1995 highlighted the frequency of accidents and injuries in the street environment [1]. Even if it is possible to get to the bus stop or train station, blind people often find that public transport is inaccessible [2, 3].

All of these barriers to independent mobility are familiar to blind people and in this report they describe in their own words the challenges they face. It is hardly surprising, given the difficulty and stress of moving around independently, that many people with sight loss severely limit their external journeys and by implication their opportunities for social and economic participation and inclusion.

“Because I haven’t any spare money I stay in too much and am losing my confidence... If I could get cabs I could go out, meet friends and be linked in to social and work opportunities...”
Susan, 48, East London.

Typically people have only a handful of known journeys they are prepared and able to make by themselves. New, difficult or unfamiliar journeys are only undertaken with the support of a friend, family member or guide, or by using a taxi.

The inability to get about safely and independently has a massive impact on the lives of blind people. Amongst other things it erodes self-esteem,

reduces the ability to obtain and retain employment, restricts access to public services, limits leisure activities and constrains the opportunities that parents with sight loss can offer their children. All of these constraints and restrictions are described by blind people in this report.

“It’s only 5 minutes walk to school where I volunteer, but I can’t walk to the school because of the path. I want to be more positive and hate having to rely on other people. It stops me being independent and corrodes my self-esteem.” Patricia, 50, Exmouth.

Of particular relevance to the current debate on welfare reform is the impact that barriers to independent mobility have on the employment prospects of blind and partially sighted people. This was highlighted in a report from Leonard Cheshire that examined the impact of inaccessible transport on disabled people’s access to employment [4]. The report concluded that visually impaired people were the group most adversely affected in terms of missing job interviews and not being able to take up offers of employment due to transport difficulties.

“If I had more money I could have got a minicab at least one way. It was three hours travelling in total. I had to give the job up even though I did not want to.” Scarlet, 29, London.

Righting a wrong

Given the barriers to free movement and the dramatic impact they have, it would be expected that blind people have access to the higher rate mobility component of DLA. However this is not the case. Currently it is impossible for an adult who is “just” blind to get the higher rate. Existing legislation restricts this to people who are unable or virtually unable to walk, are both deaf and blind or who are severely mentally impaired with extremely disruptive and dangerous behaviour.

This exclusion from the higher rate mobility component is unjustifiable. In particular, the differentiation between someone who is physically unable to walk and someone who is effectively unable to walk due to their sight condition is wholly unjust. The current legislation makes an arbitrary distinction between the two and limits people with serious sight loss to the lower rate. For benefit purposes any inability to move around in the external environment independently and safely should be treated equally.

“I considered myself then, and still consider myself now as having far greater mobility problems than most people with physical disabilities who can drive a car – but I receive less benefit. Its unfair and unjust.” Jenny, 52.

The higher rate mobility component is over £100 per month more than the lower rate and this has a major impact on the income of a visually impaired individual and therefore their ability to overcome the barriers they face to moving around independently and safely. Just as a wheelchair user can put their higher rate allowance (£43.45 per week) towards the cost of a Motability vehicle enabling independent travel, so could someone who is blind put the additional money towards private transport, guides or taxis enabling independent door to door travel.

RNIB, together with other visual impairment organisations including the National Federation of the Blind, National League of the Blind and Disabled, Action for Blind People, Guide Dogs for the Blind Association and the National Association of Local Societies for Visually Impaired People (NALSVI), is calling for an amendment to Section 73(3) of the 1992 Social Security Contributions and Benefits Act. The amendment would mean that people who are under 65 and have serious sight loss would be able to claim the higher rate mobility component of DLA.

If eligibility to the higher rate mobility component were restricted to those who are registered blind and unable to move independently and safely in the external environment, a maximum of 43,000 people could benefit. The gross cost of this would be £61m [5]. This is less than 0.05% of the social security budget and 0.69% of the current expenditure on DLA. However, the overall net cost to the Exchequer is likely to be significantly less given the positive impact such a change would have on the employment prospects of blind people. If their unemployment rate came down to the average for all disabled people then the change would be cost neutral.

With any alteration to the benefits system there will be a concern that it will “open the floodgates” and that other groups will claim similar treatment. However this is not the case here. The exclusion of blind people from the higher rate mobility component of DLA is a striking and unique anomaly. There is no other group among disabled people that is in the same position of being unable to get out and about independently and safely but excluded from the higher rate.

Conclusion

The injustice highlighted in this report should be addressed as a matter of urgency. Access to the higher rate will provide much greater freedom of movement and therefore enhance life experience, skills and self-confidence leading to increased employment opportunities and social inclusion. The cost of the change is minuscule when set against the total social security budget. However it will have a hugely positive impact on the quality of life of blind people.

1. Introduction

A growing anger

There is a growing anger among blind people at their unfair treatment by the social security system. Despite facing immense barriers to moving around safely and independently, they are prevented from claiming the higher rate mobility component of DLA – the very benefit designed to help those with the greatest mobility needs. There is no good reason for this exclusion. It is simply obscure and arbitrary legislation that prevents them from claiming, what by any objective test, should be theirs.

This report sets out the case for change and gives a voice to blind people. In the following pages members of RNIB, the National Federation of the Blind, Guide Dog users and members of Local Societies for the blind express their dissatisfaction and frustration with the current arrangements. The DLA rules are seen as unfair and discriminatory. In particular blind people cannot understand nor accept a system that allows a wheelchair user to claim the higher rate but not someone who has little or no effective sight.

Blind and partially sighted people

As can be seen from Table 1, there are over 81,000 children and adults below the age of 65 who are registered blind or partially sighted in the UK. Of this total 43,000 are registered blind and 38,000 partially sighted. All are likely to be able to receive DLA.

Table 1: Number of children and adults under 65 registered as blind or partially sighted by country (2003/4) [6]

Country	Blind	Partially sighted
England	35,565	32,485
Scotland	4,628	3,046
Wales	2,248	2,246
Northern Ireland	564	513
UK	43,005	38,290

Disability Living Allowance

In the 1970s two new benefits were introduced into the UK social security system designed to provide help towards the extra costs that people incur because of their disabilities. The first of these, Attendance Allowance (AA), was introduced in 1971 for people with significant care or “supervision” needs. The second, Mobility Allowance, payable to those unable or virtually unable to walk, was introduced in 1976.

As a result of further sustained campaigning by disability organisations, the two benefits were reformed in 1992. Attendance Allowance continued as a benefit for older disabled people while Disability Living Allowance (DLA) was created for those who become disabled before the age of 65. One of the main reasons for introducing DLA was to bring into the system particular groups of disabled people who had previously been excluded from AA/Mobility Allowance. Prominent amongst these were blind and partially sighted people.

DLA is a non means-tested, tax-free benefit, payable to disabled people under the age of 65 whether they are in work or out of work. It has two parts:

- A **care component** to provide help with personal care needs. This is paid at three different levels, lowest, middle and highest.

- A **mobility component** to assist people who have difficulties getting out and about independently. This is paid at two different levels, lower and higher.

It is possible for people to get either the care component or the mobility component or some combination of the two. Under current legislation most blind people get DLA lowest rate care and lower rate mobility; some get middle rate care and lower rate mobility. Partially sighted people typically get the lower rate of both the care and mobility components.

The exclusion of people who are “just” blind from claiming the higher rate mobility component of DLA is due to historical accident and the arbitrary wording of the 1992 Social Security Contributions and Benefits Act. This restricts the higher rate to people:

- who are unable to walk
- who are virtually unable to walk
- to whom the exertion required to walk would constitute a danger to life or a serious deterioration in health
- who have no legs or feet
- who are both deaf and blind (and unable, without the assistance of another person, to walk to any intended destination while out of doors)
- who are entitled to the highest care component and are severely mentally impaired with extremely disruptive and dangerous behaviour.

The differentiation between someone who is physically unable to walk and someone who is effectively unable to walk due to their sight condition is wholly unjust. The current legislation makes an arbitrary distinction between the two and limits people with serious sight loss to the lower rate. For benefit purposes any inability to move around in the external environment independently and safely should be treated equally.

2. The barriers to independent mobility

People with serious sight loss face massive barriers to getting out and about independently. The street environment is often hostile – a journey can include crossing busy roads, navigating pavement/road works, avoiding street furniture, overgrown hedges and overhanging branches and dodging cyclists and cars parked on the pavement. It is hardly surprising that a Government survey of 300 visually impaired people found that all had suffered an accident walking and over half had sustained injuries as a result [1]. In addition, despite the DDA, much public transport is still inaccessible to blind and partially sighted people. A number of reports from RNIB and Guide Dogs have provided strong survey evidence of these barriers to independent mobility [2, 3]. Here we provide further real life examples from people with sight loss.

Patricia is 50 and has been blind since her early 20s. She has a 24 year old son who is also blind. “In Exmouth the paths are very narrow and don’t always have kerbs. The path isn’t raised above the level of the road so you can’t tell where the path is. It’s easy to find yourself in the road. Wheelie bins are put out in front of the houses and I don’t know where they are.”

Yetunde is 59 and from London. “The landmarks I remember change all the time. Bus stops get moved if they are mending the pavement and someone’s digging. They’ll put a marker there but it’s dangerous to get round it. If I have to go to a new area, I’m completely lost. I have to take a taxi everywhere. It’s the only way to be safe.”

Even a very short journey in an unknown area can mean problems and extra expense. “My girlfriend and I went to a concert which is apparently only a five minute walk, if that, from the railway station. But a five minute walk in what direction? Which roads? So we ended up getting a taxi from the station, and taxis have minimum fares.” [7]

Going to the local pub in the evening can also mean getting a taxi there and back, as some people with sight problems do not feel very secure after dark. “I wouldn’t risk it. I wouldn’t stroll down my local...” [7]

Most parts of the country have special travel schemes for disabled people that provide some free or reduced cost journeys. The Chancellor of the Exchequer announced in his 2006 budget that from April 2008 every disabled person would have free off-peak bus travel in England. While this is welcome, it is not a solution to the very specific travel difficulties faced by people with sight problems.

Scarlet is 29 and lives in North London. "If I am at a bus stop and no one is there to ask, I can't see the bus coming and I don't know the number. I have to hope that people on the bus are going to get off, so I can ask the driver. Sometimes the driver does not know the place I am going to, or forgets to tell me when to get out."

Catherine is 43 and lives near Whitby with her two adult sons. She is registered blind. "I almost never go out unaccompanied. I need someone with me when I walk or take a bus or train... You have to have someone with you all the time to keep you safe." And the extra person means an extra fare.

People may manage to get to a local supermarket on public transport, but getting home again is more of a problem, particularly if they need a hand free for a white cane. "If you've got a lot of bags then you're either going to have to get a taxi, or again, rely on someone." [7]

Using public transport can also present parents with difficulties, especially if they have more than one child with a sight problem. As Mrs D who lives in a rural area with a sporadic bus service notes, "It's a problem taking two on the bus. You run out of hands."

Jean P is 65 and lives in rural West Sussex. She struggles to get to her hospital appointments. She gets the bus to Chichester but the hospital is quite a way from the bus stop. "I make myself go to St Richards for the low vision clinic, even though it's a 12 mile hazardous journey." She cannot get the bus to Portsmouth eye clinic and has to be driven. She says the local volunteer driver scheme can be expensive.

And travel concessions, whilst welcome, have their limitations. Rebecca is 24 and from Middlesex. She is blind and has a guide dog. "My nearest shopping centre is in Watford. It takes two or three buses and would take me all day to get there. Also my freedom pass is not valid for the whole journey. If my mum drives me it takes just half an hour. A taxi to Watford is too expensive."

Another fundamental barrier is that in many areas of the country there simply is no bus service. This problem exists not only in rural areas but also in towns and cities as well. Jill who lives in Westcliff-on-Sea says, "I have a free bus pass but no bus service to the railway station (30 minute walk), to the seafront (40 minute walk), to my doctor's (40 minute walk), to the theatre (1 hour walk) or to my hospital (30 minute walk). Also there are very few buses that run at weekends or on bank holidays."

Donna is 43 and is registered blind. She lives in Chelmsford and her husband is also disabled. "If I need to go somewhere unfamiliar I need assistance and have to ask my husband, who has normal eyesight, to accompany me. This means we have to pay two fares instead of one."

But it should be noted that even journeys on familiar routes are not necessarily safe. As Jill from Westcliff-on-Sea observes, "I had an unguarded hole outside my own gate on returning home one day."

For many blind and partially sighted people the difficulty and stress of moving around results in them limiting their journeys. This restricts their opportunities, social contacts and participation in community life. Many people just have a handful of known journeys they are prepared and able to make independently.

3. What difference would the higher rate make?

The inability to get out and about safely and independently has a massive impact on the lives of blind people. Amongst other things it erodes self-esteem, reduces the ability to obtain and retain employment, restricts access to health and education services, limits leisure activities and constrains the opportunities that visually impaired parents can offer their children.

We will explore each of these areas, again using real examples from the lives of people with serious sight loss.

Employment

Currently three out of four blind and partially sighted people of working age are unemployed. A number of factors contribute to this but high on the list is inaccessible transport. This was the focus of a recent report by Leonard Cheshire which examined the impact that inaccessible transport has on disabled people's access to employment. It concluded that blind and partially sighted people were the group most adversely affected in terms of missing job interviews and not being able to take up offers of employment due to transport difficulties [4].

Scarlet who is 29 and lives in London says, "About three years ago I applied for a temporary job at the BBC. I was aware of the travelling distance. The BBC could not help me find temporary accommodation. The first day I realised I needed to change on to three trains and I had to give the job up. If I had more money I could have got a minicab at least one way. It was three hours travelling in total. I had to give the job up even though I did not want to."

There are still cost-related problems in attending interviews. Blind people often need to use a taxi to get to an interview in an unfamiliar area, and their attendance expenses are not always met.

Some people felt that if the job was difficult to get to, it had to be particularly good to be worth the effort of going for in the first place, as the costs of travel could prove to be a risky investment.

Our earlier Costs of blindness research [7] found that people with sight problems who travel every day to and from their workplace faced significant extra costs. "I actually walk to work because I can't get a bus direct, so I've got three miles per day, three miles back again. If it's bad weather I have to turn round and get a taxi and suffer the cost."

"Because there's no bus service that would get me there on time I get taxis and, yes, they (the Employment Service) pay a high percentage of the taxi fare, but I still have to make a contribution."

Some jobs require that the employee travels as a part of their work. "The company has a pool car that is used for going to meetings and I mean that's obviously not possible for me to use, so I end up using taxis. I often end up paying these things myself."

Voluntary work

For many people the route to paid employment is through voluntary work. Not only does this provide invaluable experience to strengthen a CV but can also lead to the offer of a job. However all too often this option is unavailable due to inaccessible transport.

A number of the people who have been in contact to support this campaign were involved in voluntary work, despite facing considerable barriers.

Jenny Burgess, 52, is visually impaired and was a volunteer worker for a disability support group made up of people with physical disabilities. She couldn't get to work without a lift from a colleague with physical disabilities who drove his own car.

Jenny says, "None of my colleagues at the disability support group were visually impaired, they all had physical disabilities. Most of them drove cars. I was the only person with a serious mobility problem. I depended on a colleague with physical disabilities, who drove a car to give me a lift to work – otherwise I wouldn't have been able to get there. I considered myself then, and still consider myself now as having far greater mobility

problems than most people with physical disabilities who can drive a car – but I receive less benefit. Its unfair and unjust.”

Jean is 65 and lives in rural West Sussex. Her sight problems mean that she had to give up paid work and driving. She used to do a lot of voluntary work for the Scout Association, but travel costs mean she can no longer do it. She is still very active locally, helping with refreshments at church gatherings and doing some gardening for the church.

Patricia is 50 and from Exmouth. “It’s only 5 minutes walk to school where I volunteer, but I can’t walk to the school because of the path. I want to be more positive and hate having to rely on other people. It stops me being independent and corrodes my self-esteem.”

Lissa is 22, lives in North London and does voluntary work at a theatre. She also sings, plays keyboard and performs at old people’s clubs. However, her blindness and autism mean that she depends on her mother, Jane, for transport. This reduces the opportunities available to Jane, “Lissa left college in July and does not want route training where we live, as the roads are too busy and too noisy. Lissa does not have the confidence to travel in a minicab alone. This leaves Lissa totally dependent on me to go out anywhere and as a consequence I am unable to work, although I would like to.”

Leisure activities

People with sight loss have the same wide range of leisure interests as the general population, and the same need and desire to maintain social networks and friendships. The chief problem they face is the high cost of transport required to do this.

Hilary is 47 and lives in Gwent. “There is a line dancing class for visually impaired people... But a taxi costs £10 return.”

Jenny is 50, lives in Powys and is a guide dog user. “Using taxis is a real necessity if I am to retain a quality of life and not just sit at home and fester... Access to cinemas and theatres all necessitate travelling to either Hereford or Shrewsbury. A taxi ride to the nearest railway station to travel to Shrewsbury is at least £14 return, and it’s £32 return to go to Hereford. That doesn’t take into account the rail fare or the taxi at the other end. The travel costs alone make a night out a very expensive occasion.”

Patricia is 50 and from Exmouth. "I want to get out and about. I would like to go the gym but I couldn't afford to get there... I can't get to ten pin bowling without a taxi and it's £16 each way. There is a club on Saturday morning for visually impaired people that I'd like to go to."

Scarlet, aged 29 is blind and lives in North London "If I want to go to a party or meet friends I have to take a taxi. I don't go to places because I can't afford to. There was an open day at a college for singing lessons that I really wanted to go to but it would have meant changing trains and I didn't think I'd be able to on my own. A taxi would have been £25 each way – over three weeks' of my mobility allowance for just one journey."

Sue H is 57 and lives near Crediton in Devon "I used to be very sociable and outgoing and I've had to withdraw from lots of social activities because I have to pay people to get me to places."

Susan is 48 and lives in East London. She has no sight in her right eye and tunnel vision in her left. "Because I haven't any spare money I stay in too much and am losing my confidence... If I could get cabs I could go out, meet friends and be linked in to social and work opportunities..."

Jenny is 50, lives in Powys and is a guide dog user. "The £15.55 per week mobility allowance doesn't go very far. I can use it up in just one return taxi trip to my nearest railway station. It is as difficult for visually impaired people to get around as it is for wheelchair users."

We uncovered strong resentment at being dependent on the support of family or friends to go out. Undertaking new, unfamiliar or difficult trips almost always meant relying on someone else, as did night time travel. Several people said how embarrassed they felt at not being able to pay people back for their help.

Sue is 57 and lives in Devon. She is partially sighted with no central vision. "My husband still works. If he drives me he's the one who has lost his independence... I just want to be able to do things I want, when I want, and not have to rely on other people."

Shopping

RNIB research [7] found evidence that people with sight problems tended to stick with the shops that they know. This can mean that people miss out on the chance to buy cheaper goods elsewhere. Help is often necessary and without it shopping can become lengthy and arduous. "You don't look at the cheapest, you just go for what you know, where the stuff is and what you know you use."

Catherine who is 43 and from Whitby told us, "I live in a fairly small town with little choice of food shopping. For a better range and cheaper products it's necessary to travel to another town. But a taxi to Scarborough is £25 one way."

Sue H is 50 and lives near Newbury, with her two daughters. "We get the lower rate and £20 worth of tokens a year. That's just a one way taxi journey to Newbury. With more DLA I could afford to reimburse a volunteer driver to take me to the shops."

Accessing health care

Susan D is 48 and lives in London. She has no sight in one eye and only tunnel vision left in the other. "Twice in the last six years and including May 2006 I actually cancelled a hospital appointment because I couldn't afford to pay for a taxi."

"On a completely separate occasion the hospital agreed to pay the cost of a taxi. I was there for most of the day and had, as part of my treatment drops that completely restricted my vision. I was panicking when staff told me that I would have to find my way home. A consultant eventually agreed that the hospital would pay the cost of a taxi – otherwise I don't know what I would have done."

Colette lives with her blind partner John in Essex, "John has to have dialysis three times a week. He gets hospital transport because I work and can't take him. They pick him up at 11am and he does not get home until 8pm because he has to hang around. That's 15 hours a week of his life hanging around. If he got DLA mobility he could afford a taxi home."

Mrs D is 41 and is a blind parent with a blind daughter of 5 and a sighted son of 8. "I find the necessity of being totally dependent on friends and

family for visits to the doctor unbearable sometimes – if I need to go to the doctor they want to know why, as though by taking me they have a right to that kind of information.”

Jean C who is 54 and from Leicester, relies on taxis when she goes out. “It costs me £6 each way to go to the dentist.”

Patricia is 50 and from Exmouth. “£15.55 [her DLA] doesn’t go anywhere. The minimum taxi fare is £3.50 one way just to go to the GP.”

Parenting

Mrs D is 41 and has been blind since birth. She lives in Oxfordshire with her blind daughter, aged 5 and sighted son, aged 8. “When my daughter reached walking age, I found many more obstacles to us getting around safely together than had been the case with my sighted son.

I applied to have my own DLA upgraded. I asked them to take into account the increased difficulties for a blind parent to keep a blind child safe. I need to take along a third party all the time, if I want to take her to a park, or to any other surroundings where I am unfamiliar with what is going on. I told them that a young blind child needed extra input to get as much out of her experiences as possible. To go out as a family, we still need another sighted adult because my older child needs someone with him, and my blind child needs someone who can see to be with her.”

However, taxis are very expensive, as Lynsey explains, “I have been taking H to two playgroups where I stay with her. I have been paying out £40 a week to get a taxi. This is the only way I can travel with her. Public transport would be much too difficult.” Lynsey gets no help from the benefits system, as the lower rate of the mobility component of disability living allowance is not available until a child is five years old.

Sandra and her husband are both blind and live in Leicester. They have four children, twin girls aged 6, a boy of 15 and a son aged 19 who has autism. They face huge additional costs to go out as a family. “We take taxis to the hospital and for shopping... Our local taxi firm will not take us in a people carrier to the bus station, as they only do airport jobs with people carriers. This means we have to get two taxis for all of us... We would like to take the girls out to a farm but there’s not only the entrance fee but also the cost of taxis. If we had more DLA mobility we could take

the kids to after school activities, which we can't afford to do at the moment. We have to turn down invitations to go out because of the cost of getting there and back. A higher rate of mobility would make a huge difference to us as a family."

These cases closely reflect the findings of earlier research by RNIB into the barriers parents face when seeking to access medical treatment for their visually impaired children. Train fares to and from specialist eye hospitals, accommodation and food, and in some cases care for other children left at home all contributed to making such trips extremely expensive. Even local trips to appointments could prove very costly. "I would get a taxi there. Because if you've got a baby with you as well – I can't manage her and (child's name) at the same time on a bus. Well, it would be two buses from where we live." [7]

4. Conclusion and recommendations

Blind people feel angry about their unfair treatment by the DLA system. There is a strong consensus that there is no justifiable reason for making a distinction between someone physically unable to walk, and someone unable to move around safely and independently in the external environment due to serious sight loss. Both groups should be eligible for the higher rate mobility component of DLA. If anything, blind people feel at a greater disadvantage than other disabled people, such as some wheelchair users, who are able to drive independently.

Without the freedom that independent movement brings it is all too easy for blind people to become isolated and excluded from society. The barriers to free movement can diminish life experience, skills and self-confidence and therefore have a direct and negative impact on their employability and more generally on quality of life.

RNIB together with Action for Blind People, Guide Dogs for the Blind Association, the National Federation of the Blind, the National Association of Local Societies for Visually Impaired People and the National League of the Blind and Disabled call for an amendment to the 1992 Social Security Contributions and Benefits Act so that people under 65, who are blind, are eligible for the higher rate mobility component of DLA.

We estimate that a maximum of 43,000 people would benefit from such a change at an extra cost of approximately £61m a year [5]. This additional sum is a small amount to pay for a change that would have such a hugely positive impact on the everyday lives and work prospects of blind people.

Appendix

Disability Living Allowance (DLA)

DLA is a non means-tested, tax-free benefit payable to disabled people who can demonstrate they have care and/or mobility needs. Recipients do not need to have paid national insurance contributions and the benefit is payable to people in work as well as those not in work. There is an upper age limit to DLA in that a successful claim has to have been made before someone reaches the age of 65. Once DLA is in payment the person can continue to receive it indefinitely, provided they continue to meet the disability conditions.

DLA is divided into two parts:

- A care component – for help with personal care needs, paid at three different levels, lowest, middle and highest. There is no lower age limit for the care component but the tests are slightly different for children under 16.
- A mobility component – for help with walking difficulties, paid at two different levels, lower and higher. Children can only get the higher rate from age 3 and the lower rate from age 5. The rules for the higher rate are the same for children as for adults but there is an extra disability test for children for the lower rate.

It is possible for people to get either the care or mobility component or a combination of both. Most blind people get DLA lowest rate care and lower rate mobility; some get middle rate care and lower rate mobility.

People whose disability arises when they are 65 or over can claim Attendance Allowance (AA) instead. AA has no mobility component and no equivalent of the lowest rate care component. This particularly disadvantages blind and partially sighted people, as most people lose their sight when over the age of 65. The disability tests are the same as for the middle and highest rates of DLA care component (see page 23). Some blind people get lower rate AA.

The qualifying criteria

Lower rate care component

To qualify for DLA lowest rate care component: a person requires attention in connection with their bodily functions (includes seeing) from another person for a significant portion of the day, **or** cannot prepare a cooked main meal for themselves even if they have the ingredients. Most blind and partially sighted people qualify for the lowest rate care component.

Middle/highest rate care component

To qualify for the middle rate care component: a person needs frequent attention throughout the day in connection with their bodily functions **or** continual supervision throughout the day in order to avoid substantial danger to themselves or others. Some blind people qualify for the middle rate care component.

Alternatively a person can qualify for the middle rate care component if during the night time they require prolonged or repeated attention in connection with bodily functions **or** in order to avoid substantial danger to themselves or others requires another person to be awake for a prolonged period or at frequent intervals to watch over them.

To qualify for the highest rate care component a person must satisfy one of the above tests **both** for the day and the night.

Lower rate mobility component

To qualify for the lower rate mobility component: a person must be so severely disabled physically or mentally that, disregarding any ability they may have to use routes which are familiar to them on their own, they cannot take advantage of the faculty “out of doors” without guidance or supervision from another person most of the time. Most blind and partially sighted people qualify for the lower rate mobility component.

Higher rate mobility component

To qualify for the higher rate mobility component the person must:

- be unable to walk, or
- be virtually unable to walk, or
- find that the exertion required to walk would constitute a danger to life or would be likely to lead to a serious deterioration in health, or

- have no legs or feet, or
- be both deaf and blind, or
- be entitled to the highest rate care component and be severely mentally impaired with extremely disruptive and dangerous behavioural problems.

Blindness on its own is insufficient for someone to qualify for higher rate mobility component.

Benefit rates

In 2006-7 the different levels of DLA are worth:

DLA care component

- Lowest rate £16.50
- Middle rate £41.65
- Highest rate £62.25

DLA mobility component

- Lower rate £16.50
- Higher rate £43.45

Attendance Allowance is worth

- Lower rate £41.65
- Higher rate £62.25

References

- [1] Gallon et al, **Accidents Involving Visually Impaired People Using Public Transport or Walking**, 1995, Wokingham, Transport Research Laboratory, UK
- [2] Baker M., **Rights of Way**, 1999, London, RNIB.
- [3] Yerassimou N., **Traveller's Tales**, 2002, London, RNIB.
- [4] Campion J., et al, **Mind the Gap**, 2003, London, Leonard Cheshire.
- [5] Hansard, **House of Common Debates – Written answers to questions (Disability Living Allowance – 75336)**, 16th June 2006, UK Parliament
- [6] Tate, R. et al, **The prevalence of visual impairment in the UK: A review of the literature**, Unpublished report commissioned by RNIB, 2005, London. To view this report and a more detailed explanation of our estimates please visit our website www.rnib.org.uk/openyoureyes/
- [7] Baker, M., Thornton, T., Vernon, A., Winyard, S., **The costs of blindness**, 2000, London, RNIB.

Other RNIB campaign reports

RNIB campaign reports are produced in print, braille and audio formats.
To order a copy of any of the following reports call RNIB Customer Services
on 0845 702 3153 or email cservices@rnib.org.uk

23 The cost of sight loss in the UK

ISBN 1 85878 631 2, 2004, £5.00

22 Beyond the stereotypes: blind and partially sighted people and work

ISBN 1 85878 629 0, 2004, £5.00

21 Travellers' tales: making journeys safer for blind and partially sighted people

ISBN 1 85878 534 0, 2002, £5.00

12 The costs of blindness: examining the extra financial costs resulting from visual impairment

ISBN 1 85878 212 0, 2000, £5.00

09 Rights of way: Transport and mobility for visually impaired people in the UK

ISBN 1 85878 236 8, 1999, £10.00

Royal National Institute of the Blind
105 Judd Street
London WC1H 9NE
Telephone 020 7388 1266
www.rnib.org.uk

©RNIB August 2006

Campaign report 26: Taken for a ride

PR12126P

ISBN 10: 1 85878 726 2

ISBN 13: 978 1 85878 726 8

£5.00