



## **CPAG's response to the disability living allowance reform consultation**

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### **Executive summary**

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## Summary

- CPAG welcomes the opportunity to comment on the consultation on the replacement of disability living allowance (DLA) with the personal independence payment (PIP).
- We recognise the need for a system of exemptions to be fair and transparent – and also welcome the commitment to ensuring that the Government will monitor the introduction of the personal independence payment to see if it resolves or exacerbates the sort of administrative problems that currently impede the effective delivery of DLA to some groups.
- We believe the introduction of PIP needs to be seen in the context of extensive cuts in benefits, tax credits and services, which cumulatively are likely to have the greatest impact on disabled people. We are not convinced that introducing a new system at a time of significant cutbacks to the DWP will resolve problems in the delivery of DLA.
- The reform fails to engage with issues in and around the introduction of the universal credit.
- It seems to ignore evidence of problems in and around the introduction of employment and support allowance and the Work Capability Assessment.
- There are a number of contradictions in the overarching principles outlined in the consultation and the proposals. For example:
- Far from generating barriers to employment access to DLA – particularly the mobility component – provides vital support to those moving into, and remaining in, work.
- The consultation fails to distinguish between the existence of legislative changes and effective implementation.
- It suggests that access to aids and adaptations may be used to reduce support via the PIP. We think it is profoundly inequitable that accessing rightful entitlement to the support needed to facilitate social inclusion should be used to reduce entitlement to financial support. Restrictions on the availability and delivery of support services and aids and adaptations to disabled people suggest that they will need more, not less, support via the PIP.
- It ignores the costs to the economy of failing to support disabled people: research shows that spending on social protection narrows costly and wasteful health inequalities, which the Marmot Report argues costs between £51 and £65 billion a year in lost productivity and taxes.
- The consultation fails to consider the vital role that disability benefits in general and DLA in particular play in reducing poverty in households affected by disability. Restricting entitlement is likely to increase child poverty.

## 1. 2. CPAG response to disability living allowance reform

### 1 - Introduction and context

1. The proposal to reform DLA need to be reviewed in the context of wider cuts that analyst and commentators calculate will have a disproportionate impact on the most vulnerable groups.<sup>i</sup>

#### **Question 1 - What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives?**

- Disabled people are more likely to live in poverty than non-disabled people because they are less likely to be in paid employment, are more likely to be reliant upon benefits, and they incur additional disability-related costs.

#### **Disability and poverty**

##### ***Causes of poverty***

- Disabled people are at particular risk of poverty because high living expenses (due to extra heating, laundry costs and the need to finance special equipment, personal support or goods and services) are compounded by a greatly reduced earning capacity.
- *Extra costs:* Loss of income due to the onset of sickness or disability is usually accompanied by an increase in disability-related costs, which vary according to the severity of the disability.

##### ***Employment***

- *Moving out of paid employment:* is likely to trigger a significant drop in income at a time when costs are likely to increase.
- *Worklessness and In-work poverty:* HBAI shows that poverty in working families has risen for the fifth year in a row, leaving well over half of children in poverty living in a family with a working adult. Disabled parents are particularly susceptible to in-work poverty.
- *Poor working conditions:* An increase in conditions such as stress, depression and anxiety indicates a link between being in low-paid, low status occupations and the onset of sickness or disability.
- *Barriers to employment:* Despite legislative changes, employment continues to provide an unreliable and often unrealistic route out of poverty for many disabled people.

##### ***Benefits***

- *Adequacy:* The adequacy of disability benefits is a problem. Disability benefits fail to meet additional costs.

- *Take up*: disadvantaged groups – particularly from ethnic minority groups who also experience high levels of unemployment – are least likely to apply.
- *Administration*: Administrative problems and poor decision making generate problems, and these are likely to worsen at a time of departmental cuts.

### **Child poverty**

- Although progress has been made reducing child poverty overall, the link between poverty and disability has remained stubbornly in place, and for some groups, is increasing.
- Nearly one million children in poverty live in a household affected by disability (adult or child).
- Under 3 year olds in families with incomes of £10,400 or less are 2.5 times more likely to suffer life-limiting chronic illness, and two times more likely to suffer from asthma than under 3 years olds in families with incomes over £52,000 and over.
- Childhood socio-economic disadvantage has been shown to heighten the risk of disability – and mental health problems - in adulthood.

### **Tackling poverty in households affected by disability**

#### ***Tackling benefit adequacy***

- Although disability benefits do not meet all additional costs, statistics show that access to disability benefits significantly reduce the risk of child poverty in households affected by disability.
- Access to disability benefits can make the difference between a family getting by and going under financially.
- Families use DLA to cushion fluctuations in income that generate costly debt, and spend it in ways that maximise social and educational opportunities for their children. DLA therefore supports policies that focus on early intervention and aim to reduce costly health and educational inequalities.
- **The aspiration to eradicate child poverty outlined in the Child Poverty Act will not be achieved until the link between poverty and disability is well and truly broken: access to disability benefits play a vital role in tackling that link.**

#### ***Tackling take-up***

- Despite improvements in take-up, complexity, lack of information and poor administration keeps take up low - particularly for more disadvantaged groups who need it most.

#### ***Work – a route out of poverty?***

- Research shows that a heavy reliance on work as the primary route out of poverty has proved to be a problem for families affected by disability.
- High levels of in-work poverty and barriers to employment remain a problem.
- The patchy implementation of equality legislation and the failure of duties on employers and service providers to be robustly enforced remains a problem.

- For any given level of qualification, a disabled person is between two and three times as likely as a non-disabled person to be lacking but wanting work.
- In 2006, the numbers of disabled adults who 'lack but want work' was five times the number included in the official unemployment figures.

## **2 - The new benefit: our proposals**

### **Question 2 – is there anything about DLA that should remain the same?**

- The consultation identifies a number of elements to DLA which it believes work well and may retain. Including:
  - ability to spend money in ways to reflect personal circumstances (so need cash support);
  - non-means tested, and not taxable, and not dependent on paying NI;
  - available to those in and out of work;
- It also identifies a number of problems with DLA which it claims the new benefit will resolve.
- But introducing a completely new system when introducing the universal credit, in a time of cut-backs to the DWP, the advice sector and legal aid, renders this unlikely.

CPAG therefore suggests that:

- DLA is disregarded in all means tests for other benefits. Maximising take-up is essential.
- DLA is paid to people both in work and out of work, and to those in education or training.
- The introduction, assessment and administration of PIP should reflect concerns around the work capability assessment (WCA).
- Adequacy should be addressed and should more accurately reflect the real costs of disability – including particular ones incurred in households with children.
- No changes should be introduced until the impact on disabled people is fully understood. This means undertaking thorough research before legislating for change.

### **Question 3 – What are the main extra costs that disabled people face?**

- The consultation questions the use of care and mobility as 'proxies' for costs, and is keen to review the adequacy of DLA as part of 'wider range of support and services available to disabled people.'
- Although additional costs of disability are wide ranging and difficult to quantify, it is well known that disabled people are at particular risk of poverty because of high living expenses (due to extra heating, laundry costs and the need to finance special equipment, personal support or goods and services)

are compounded by a greatly reduced earning capacity and a heavy reliance on benefits.

- Loss of income due to the onset of sickness or disability is usually accompanied by an increase in disability-related costs, which vary according to the severity of the disability.
- It is not clear how an individual's additional costs will be utilised to establish levels of support in the new benefit and worrying that that the provision of support and services - which may be notional, and are likely to suffer significantly as a result of wider cuts - are being used to justify cuts in support via benefits.
- **Restricting access to financial support will inevitably damage children in households affected by disability. It is extremely important that any reform of DLA recognises and meets the additional costs incurred by families with disabled children, and by disabled parents (as a consequence of the combination of both their disability and their parental responsibilities).**

#### **Question 4 – The benefit will have two rates for each component:**

- **Will having two rates per component make the benefit easier to understand and administer while ensuring appropriate levels of support?**
- **What, if any, disadvantages or problems could having two rates per component cause?**
- The personal independence payment' will be introduced in 2013/14 and will have two components:
  - Mobility – awarded on ability to get around
  - Daily living component – awarded on their ability to carry out other key activities necessary to participate in daily life
- While replacing the care component with a 'living component' could introduce greater clarity into the system – and ensure that the particular experiences of disabled parents are better reflected – it may introduce additional complexity into the assessment process.
- Significant care is needed to ensure that its introduction does not have a negative impact on claimants – for example by:
  - Introducing it at time of significant cuts and radical reform of the welfare state;
  - Introducing a 'living component' which might ensure that the particular experiences of disabled parents are better reflected but may introduce additional complexity into the assessment process;
  - Failing to ensure that the way in which one component interacts with and affects access to the other component;
  - Reforming the system to *reduce* entitlement.

- Using certain conditions or treatments as a proxy for a level of need where these are well understood has the potential to improve consistency of decision making, simplify entitlement from the claimant's perspective and reduce costs of administration for the DWP.
- Although the extension of this to other common conditions/treatments (while retaining consideration of the needs of the individual if it is greater than the impairment /treatment) might be helpful, the specific focus on social rather than medical models of disability, and the desire for the new benefit to reflect 'individual need' and 'changes in society' may render this difficult to achieve.
- Improving the quality of decision notices and information and the provision of adequate independent advice to claimants is the best way to ensure that claimants and decision-makers understand and follow the criteria.

**Question 5 – Should some health conditions or impairments mean an automatic entitlement to the benefit, or should all claims be based on the needs and circumstances of the individual applying?**

- The consultation document also outlines the Government's intention to move away from a system that awards automatic entitlement for certain conditions.
- Retaining existing automatic entitlements to higher rate DLA is an efficient and effective way to allocate resources.
- Putting claimants repeatedly through a stressful process may well exacerbate their condition.
- Constant assessments may result in people losing their benefit even though they are entitled to receive. This can generate unmanageable fluctuations in income and administrative costs.
- The idea of using certain conditions or treatments as a proxy for a level of need where these are well understood has the potential to improve consistency of decision making and reduce costs of administration.
- Although the extension to other common conditions/treatments (so long as the needs of the individual are recognised if greater than the impairment /treatment) might be helpful, the focus on social rather than medical models of disability, and the desire for the new benefit to reflect 'individual need' and 'changes in society' may render this difficult to achieve.

**Question 6 – How do we prioritise support to those people least able to live full and active lives? Which activities are most essential for everyday life?**

- People with different impairments and disabilities face different barriers to 'everyday life', and it is important that the personal independence payment recognises these.
- It is important that the new assessment supports the government's overarching aim to generate equality of outcome with that expected for people without a disability.
- While it is important to ensure to support those in greatest need, the desire to target support on 'the most vulnerable groups' is often subjective and

restrictive, may reduce take-up – and cause decision-makers to focus on the medical rather than social model of disability.

- People with mental health issues experience significantly different barriers from those with physical or sensory impairments, and this needs to be appropriately reflected in the assessment process.

### **Question 7 – How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?**

- We welcome the fact that the government is keeping an open mind on how best to ensure that the new assessment takes account of variable and fluctuating conditions.
- The change from a ‘care component’ to a ‘daily living component’ may better capture variable and fluctuating conditions – and indeed the variable impact that parenting responsibilities have on a disabled parent’s needs.
- However, clear criteria will be needed to clarify what is a subjective assessment of such impacts on a person’s ability ‘to carry out other key activities necessary to participate in daily life.’

### **8. Should the assessment of a disabled person’s ability take into account any aids and adaptations they use?**

- **What aids and adaptations should be included?**
- **Should the assessment only take into account aids and adaptations where the person already has them or should we consider those that the person might be eligible for and can easily obtain?**
- We fear that this proposal may penalise families for accessing the adaptations and aids they need to overcome some (by no means all) of the barriers they face.
- Keeping track of the availability and reliability of aids and adaptations will become increasingly complex at a time of significant – and geographically variable – cutbacks in support.
- The use of aids and adaptations can in itself result in extra expenses. DLA provides a vital financial resource if aids or adaptations need to be repaired. Removing entitlement based on their existence is perverse as it risks undermining the effectiveness of these vital sources of support.
- To carry out the proposed removal of the higher rate mobility component for wheelchair users would undermine the intention of a cash benefit to compensate for extra costs. The ability to mobilise in a wheelchair does not imply that a disabled person is able to afford an adapted car such as those available through the Motability scheme.

### **Question 9 – How could we improve the process of applying for the benefit for individuals and make it a more positive experience?**

- The stigmatisation of claimants has a profoundly negative impact on claimants and service-providers alike – including those administering the

system. Challenging discriminatory language and attitudes is vital to make applying for the benefit a more positive experience.

### **How could we make the claim form easier to fill in?**

- Current problems include: difficulties getting hold of the forms in the first place and a form that is lengthy, complicated and often upsetting to fill in.
- The constant stigmatisation of disability claimants puts many off applying for benefits to which they are entitled and need.
- Providing the same information endlessly to a variety of departments and service providers over and over again is time-consuming and frustrating.
- However, even when a plethora of information is provided, disagreements and anomalies in the decision-making process result in some families missing out on their entitlement or receiving the wrong award.
- Streamlining and simplifying the form requires adequately funded advice services with trained staff who can ensure that relevant information is not missed out by claimants.
- A system of extending automatic entitlement based on condition would reduce processing times in these cases and allow relevant information to be gathered quickly and efficiently from medical professionals if necessary.
- The form must ensure that claimants understand the sort of 'key activities' that will be of interest to decision-makers to keep take-up high and appeals low.
- Attempts to make applications more positive are not then used as an excuse to deny people additional support.
- A high level of training will be needed to ensure they understand the changes in emphasis when supporting – or assessing - applications.

### **How can we improve information about the new benefit so that people are clear about what it is for and who is likely to qualify?**

- The evidence suggests that the support of *independent* welfare rights workers, who provide continuity of support throughout the application process, re-applications and appeals, is vital.
- The provision of advice on benefit entitlement in health centres increases both take-up and improves the health of claimants.
- The provision of printed information and leaflets is also vital, not just in Jobcentre Plus and advice centres, but in places that people are likely to visit – such as hospitals, health centres, nurseries and schools, and the workplace.
- Providing information, advice and support in contracted out services within the Work Programme provides a valuable opportunity to flag up entitlement – and ensure people have the additional support they need to cover the costs of engaging in work-related activities and/or access employment. Maximising income is a vital way of improving health and enhancing an individual's capacity to access employment.

- Targeting information in different languages in cultural and religious centres will also help maximise take-up in some black and minority communities who are currently less likely to apply for DLA.
- Contracted out welfare to work providers should also be required to alert people to their potential entitlement, and have the expertise to help people fill in forms.

**Question 10 – What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this?**

- The collection of evidence for DLA is notoriously difficult. Applicants are often unclear about the need for supporting evidence, and what this should involve.
- The quality of the evidence provided is also extremely variable, depending on the time, expertise and commitment of the person providing the evidence.
- It is important that service-providers and individuals who are most likely to be prevailed upon to provide the evidence are well informed about entitlement and purpose, and are given the time and resources necessary to provide the right kind of supporting evidence.

**Question 11 – An important part of the new process is likely to be a face-to-face discussion with a healthcare professional.**

- **What benefits or difficulties might this bring?**
- **Are there any circumstances in which it may be inappropriate to require a face-to-face meeting with a healthcare professional – either in an individual's own home or another location?**
- Given the desire to focus on the social rather than the medical model of disability, it is important to ensure that healthcare professionals include practitioners who deal with the full range of social rather than medical problems.
- The involvement of a “face-to-face meeting with an independent healthcare professional” appears to be very similar to the Work Capability Assessment (WCA). Given the current problems with the assessment and surrounding processes, this is causing increased anxiety to many disabled people.

**Question 12 – how should the review be carried out? For example**

- **What evidence and/or criteria should be used to set the frequency of the reviews?**
- **Should there be different types of review depending on the needs of the individual and their impairment/condition?**
- For people with fluctuating conditions, there are real challenges for the review process and, in particular, the increased obligations on the individual to report changes in circumstance.
- Our research shows that frequent assessments and reviews are stressful and take a considerable toll on the health and wellbeing of both parents – and their children – and we are reluctant to see these increased.

- Frequency should continue to be set by decision makers, and be appropriate for the individual.
- Regular reassessments – which are likely to be conducted by different decision-makers with different (subjective) criteria, also generate mistakes, which lead to fluctuating awards and incomes.
- This means that a benefit designed to meet the extra costs of disability actually contributes to those individual as well as administrative costs.

**Question 13 – The system for PIP will be easier for the individual to understand, so we expect people to be able to identify and report changes to their needs. However, we know that some people do not currently keep the Department informed. How can we encourage people to report changes in circumstances?**

- CPAG is particularly concerned about the assumption that because the personal independence payment will be ‘easier to understand’ this justifies the introduction of penalties for those who fail to report changes in circumstance.
- Regular reviews may generate confusion about the need to report ‘changes in circumstances’, and this is particularly worrisome given the introduction of greater conditionality and sanctions into the system.
- Extensive research on sanctions both internationally and in the UK suggests that they are likely to be ineffective and have a disproportionate impact on the most vulnerable claimants. Research suggests that the imposition of sanctions on families with children can have a profoundly negative impact on the health and wellbeing of children.
- Increasing the number of assessment is also likely to increase the number of administrative and customer errors – and this too is extremely costly, and may result in significant problems for claimants in an increasingly punitive system.
- Confusion about the need to identify and report changes in needs are generated by a necessarily burdensome and complex bureaucratic system. People with mental health problems and learning difficulties are likely to find it particularly difficult to keep track of this requirement.

**Question 14 – What types of advice and information are people applying for PIP likely to need and would it be helpful to provide this as part of the benefit claiming process?**

- There is a distinct lack of information about DLA in places families are likely to see it (such as schools and GPs surgeries, Children’s Centres etc).
- Families are heavily reliant on the advice and support of independent welfare rights workers.
- Successful take-up campaigns – such as distributing leaflets in schools and health centres – need to be supported by access to advice and support.
- Ensuring that other service providers who work closely with families (for example health visitors, teachers and those working in early year settings are

an effective way of disseminating information and support. (See CPAG's Sure Start project).

- In a context of significant cutbacks it is hard to see who will provide this. There is evidence that even in the current situation, the information provided by the DWP is not always available or indeed accurate.
- An increased reliance on the provision of information on-line poses problems for people who may not have access to a computer, and/or face additional barriers to accessing such information.

**Question 15 – Could some form of requirement to access advice and support, where appropriate, help encourage the minority of claimants who might otherwise not take action? If so what would be the key features of such a system and what would need to be avoided?**

- It is not entirely clear what the underlying purpose of this suggestion might be, but we are concerned that it opens the way to compel claimants – for example drug addicts – to access services and support or lose their entitlement to benefit. This is an unacceptable infringement of people's rights, and risks preventing some of the most vulnerable and hard-to-reach claimants from accessing vital financial support which has the potential to significantly improve quality of life.

**Question 16 – How do disabled people currently fund their aids and adaptations? Should there be an option to use PIP to meet a one-off cost?**

- Financing aids and adaptations on inadequate incomes is a struggle, with families struggling to negotiate complex rules, borrowing money or accessing the Social Fund.
- Although research on the Social Fund suggests that one-off payments provide valuable *additional* support to purchase aids and adaptations that are essential to enable people to access educational, social and employment opportunities, this does not obviate for additional income to cover many other additional costs.
- The constant need to finance the constant need to maintain, replace or update the equipment provided is also an issue, and it is important to ensure that disabled people are not constantly having to re-apply for support to cover such costs.

**Question 17 – What are the key differences that we should take into account when assessing children?**

- Problems in the administration of DLA – particularly frequent reassessments of entitlement as children grow older – generate significant stress and costs for families. The process must reflect the realities of families' day-to-day lives, at a time when many parents will also be required to engage in onerous work-related activities.
- DLA is a vital component of Government support to enable families of disabled children live ordinary lives. It is likely to play a greater role as cuts in services and support to families with children – many of which will have a disproportionate impact on children with disabilities – begin to bite.

- Access to DLA provides a vital way to target support on families during the early years (for some families, from birth) and supports the government's focus on early interventions.
- Research also shows that increasing income – for example via DLA – has a positive impact on the health and wellbeing of both parent and children.
- Maximising family income via disability benefits supports the government's desire to implement a preventative strategy by focusing support on children during the early years.
- Other differences that should be into account when assessing children include:
  - *Assessing adequacy* - Although DLA provides vital additional financial support, and triggers awareness of and entitlement to a range of services, it does not fully meet families' additional financial needs.
  - *Extra costs* - Parents with disabled children experience significant, and very particular additional costs which have been well documented.
  - Social costs (financial costs exclude families from participating in society, and this takes its toll on parents and children, and leads to:
    - Family breakdown
    - Ill-health and disability among parent-carers)
    - Additional caring responsibilities

### **Increase to qualifying period**

- We share Every Disabled Child Matters' concerns that while the Government is committed to retaining special rules for people who are terminally ill, increasing the qualifying period from three months to six months before entitlement to DLA will mean that that children born with a disability will have to wait until they are six months old before being entitled to DLA.

### **Assessment and Reassessment**

- Disabled children already have their DLA eligibility reassessed at regular intervals – aged 2, 5, 11, 14, 16 and 18 and we do not believe that children should be reassessed any more regularly than they currently are.
- Sharing information between assessments could help, but it is important that an incorrect assessment does not deny a child support throughout the system.
- Entitlement to PIP should be used to trigger access to the support to which children are entitled, not be used an excuse to reduce financial support intended to meet some of the extra costs incurred by families.

### **Mobility Component of DLA**

- CPAG is concerned that the removal of the mobility component from children and adults in residential care homes is unfair, and will have a significant impact on the ability of claimants and their relatives to access the sort of social activities the Minister describes (which are themselves under threat).

- Governments proposals to remove the mobility component of DLA from disabled children in residential schools or care for more than 84 days a year is particularly worrying. It may prevent children visiting their families, and reduce additional funding for outings and excursions that might otherwise not take place.

### **Changing the rates of DLA**

- Families often misunderstand the purpose of DLA (they may not view their child as disabled) and many are confused about the 'care component'. (Many assume that as parents they are not entitled, or that this is covered by carer's allowance).
- Although we welcome the idea of a 'daily living' component to replace the existing care component of DLA, we are concerned that the reduction from three to just two components will be used to restrict entitlement and generate savings.

## **3 - Delivering the new benefit**

### **Question 18 - How important or useful has DLA been at getting people to access other services or entitlements? Are these things we can do to improve these passporting arrangements?**

- Accessing DLA is an extremely effective way of flagging up the availability and entitlement to other services. However, if access to those services reduces entitlement to the benefit, this is likely to become a double-edged sword.
- DLA is a vital passport to many other services, although the Government must ensure that it is not the only route to access services such as in the Blue Badge scheme – or the Independent Living Fund.
- DLA also passports claimants to higher level of both means-tested benefits and tax credits (for both children and adults) – and to carer's allowance.

### **Question 19 – What would be the implications for disabled people and service providers if it was not possible for PIP to be used as a passport to other benefits and services?**

- The failure to use PIP as a passport to the benefits and services would therefore have a significant impact on families disabled people and their families.
- Disabled people would find it more difficult to know what is available and what they might be entitled to, and service providers would face extra costs in assessments, reducing funds available for services.
- It would introduce the need for additional assessments to trigger entitlement elsewhere in the system, and this would generate additional costs for both individuals and administrators.

**Question 20 – What different assessments for disability benefits or services could be combined and what information about the disabled person could be shared to minimise bureaucracy and duplication?**

- While sharing the information provided in different assessments makes sense, it is important to ensure that this does not result in incorrect information becoming entrenched in system and denying people support across the board. The failure to appeal an incorrect assessment in one area should not have an impact on access to support elsewhere in the system.
- The information required and provided may differ according to the demands of the assessment, and it is important to ensure that criteria are streamlined and coherent.
- The availability and quality of assessments may well fall prey to wide-ranging cuts, and it is important that this does not undermine a fair and swift assessment process.

#### **4 - Impact Assessment and Equality Impact Assessment**

**Question 21 – What Impact could our proposals have on the different equality groups and what else should be considered in developing the policy?**

- CPAG is concerned that the cuts being imposed are likely to have a disproportionate impact on some of the most vulnerable groups, including women, those affected by disability, and some BME groups.
- It is important that the introduction of PIP ameliorates and does not compound this worrying development. The situation needs to be closely monitored.

**22. Is there anything else you would like to tell us about the proposals in this public consultation?**

- Although some elements of the consultation appear to constitute a genuine attempt to resolve some of the difficulties in the design and delivery of DLA, the overall proposals read as a disingenuous attempt to discredit the existing support in order to justify reducing – rather than improving - it.

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<sup>i</sup> James Browne, Peter Levell, ‘The distributional effect of tax and benefit reforms to be introduced between June 2010 and April 2014: a revised assessment’, IFS Briefing Note BN108, August 2010