

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY
BY THE DEPUTY OF ST. JOHN
ANSWER TO BE TABLED ON TUESDAY 29TH NOVEMBER 2016**

Question

Could the Minister provide, in detail, the procedures and processes required to be followed for a successful disability claim under the Income Support system and explain what consideration is given in that context to the assessment made by an individual's own G.P. or Consultant?

Answer

The Income Support scheme contains distinct impairment, or medical, components that can be paid in respect of illnesses or disabilities that have lasted, or are expected to last, longer than six months. The components can also be paid to people who are terminally ill. The medical components are designed to help people with illnesses and disabilities meet their additional costs. There are three kinds of medical component - personal care, mobility and clinical cost. An individual can qualify for one or more of these components depending on their needs.

When a household applies for Income Support, there is a section of the Income Support application form that deals with long-term illnesses and disabilities. If this section of the form is completed in respect of any member(s) of the household, the household will be sent a separate self-reporting form (or forms). These forms can also be supplied at any time to members of an existing Income Support household.

The form is primarily designed for the applicant, or family member applying on their behalf, to describe the ways in which their illness or disability affects their everyday life. They do this by selecting from a list of statements that are drawn from a detailed area of the Income Support legislation. The statements are written in plain English and cover the functional impairments caused by physical, sensory and mental illnesses and disabilities. The form also has space for the person completing it to supply contact details for the medical professional (or professionals) who can provide an assessment of the person's diagnosis and current treatment or care plan. This will often be the person's General Practitioner (GP) in the first instance, but it could be a hospital consultant or other specialist. More than one professional can be included. This allows Income Support determining officers to contact named medical professionals to request information that would support the person's application for the medical components. In many cases, customers will supply this information themselves as part of their application.

Under the Income Support legislation, assessment for the award of the medical component must be completed by a determining officer of the Social Security Department, by considering all of the evidence available to them about the person's illness or disability. In considering this evidence the officer must decide the extent to which the applicant meets any of the specific descriptors contained in the Income Support Regulations. Evidence received from the person's GP or hospital consultant is matched against the statements that the person has chosen to describe the effects of their illness or disability.

In some situations there isn't sufficient evidence available from this process for the determining officer to make a decision. If that is the case the Income Support legislation also gives officers the power to request that the person applying for the medical component attend a medical assessment with a healthcare professional arranged by the Department - this is normally a doctor, a nurse or an occupational therapist