

Questions

Question 1

Ref No 376

Rec'd
10/2/11

What things stop disabled people joining in with other people and living full, active and independent lives?

THEIR DISABILITY: HOW CAN ^{DISABLED PEOPLE} ~~USE~~ HAVE AN
INDEPENDENT LIFE. IF YOU ARE NOT CAPABLE OF LOOKING
AFTER YOURSELF. MENTALLY ~~AND~~ PHYSICALLY

Question 2

What parts of Disability Living Allowance do you think we should keep?

KEEP IT AS IT IS NOW BUT
ENSURE THAT CLAIMANTS WARRANT THE BENEFIT
ENSURE THAT CAPABLE STAFF ARE QUALIFIED IN
BEING AT ASSESSMENT. RARELY ARE THE ASSESSOR
COMPETENT.

Question 3

What extra things do disabled people need to spend money on?

HEATING (DUE TO DISABILITY NEED EXTRA HEATING)

TRANSPORT TO ATTEND SOCIAL EVENTS

CLOTHING (CHALLENGING BEHAVIOUR PEOPLE CAN TEAR CLOTHING OR DAMAGE GLASSES)

SHORT HOLIDAY BREAK WITH CARERS

Question 4

The new benefit will have 2 amounts for each of the 2 parts of the benefit. Do you think this will make the benefit easier to understand and also easier for us to run?

Do you think just having the 2 amounts for each part will cause any problems?

IF THE NEW BENEFIT RUNS AND IS FAIR

AS DLA THEN NO POINT CHANGING IT.

Question 5

Do you think some health conditions or disabilities should allow people to get an amount of the benefit automatically?

Or do you think that all claims should be based on the needs of the person asking for the benefit?

YES. IF GPs/AND HOSPITALS STAFF CONFIRM THE
CLAIMANT HAS SEVERE/SUB NORMAL/HANDICAPS
ETC THEN THIS SHOULD BE ENOUGH. DO NOT WASTE
TIME ASSESSING PEOPLE WHOSE CONDITION IS OBVIOUS

Question 6

How can we make sure that disabled people who most need the new benefit can get it?

What activities or actions are the most important to live an independent life?

LISTEN TO PROFESSIONALS AND CARERS

Question 7

How can we make sure that the new benefit takes into account the way a person's health condition can change?

THROUGH MEDICAL PROFESSIONAL

Question 8

When a person makes a claim to the new benefit, should we take account of any aids or adaptations that they use?

What aids and adaptations should we take into account?

Should we only take aids and adaptations into account if the person already uses them? Or should we take aids and adaptations into account that a person could use and get hold of easily?

'NOT SURE'

Question 9

How could we make the way a person asks for benefit better.
For example

- How could we make the claim form easier to fill in?
- How could we tell people about the new benefit so that they know what the benefit is for and who is likely to get the benefit?

THROUGH PROFESSIONAL AND EMPATHETIC STAFF
SOCIAL SERVICES

Question 10

Who are the best people to tell us about the needs of the person asking for benefit?

What information will we need to make it clear what the person can and cannot do?

PROFESSIONAL, AND CARERS. IN MY PERSONAL CASE
ABOUT MY 33 OLD DAUGHTER. WHATEVER YOU ASK HER SHE
CAN SAY YES AND NO TO THE SAME QUESTION ON
DIFFERENT DAYS, ALSO IF QUESTION IS SLIGHTLY ALTERED
EXAMPLE BEING " CAN YOU WALK TO THE BUS STOP WITHOUT
DIFFICULTY. ANSWER YES
" YOU CANNOT WALK TO THE BUSSTOP WITHOUT
DIFFICULTY CAN YOU. ANSWER NO

Question 11

An important part of the new benefit may be talking face to face with an independent person about how well you can do the things you need to do to take part in everyday life.

What good things and bad things may this bring?

Is there any time when it would not be right to say that a person had to meet an independent person face to face, either in the person's own home or somewhere else?

IN MY CASE MY DAUGHTER WILL ANSWER TO
ANYTHING AND ALTHOUGH ^{SHE} SEEMS QUITE 'NORMAL'
SHE DOES NOT KNOW THE CONSEQUENCES OF
ANYTHING. HER MOOD CHANGES ON A DAY-TO-DAY
BASIS.

MEDICAL
YOU HAVE TO HAVE PROFESSIONALS TO DO THE
ASSESSMENT AND ESPECIALLY PEOPLE WHO
KNOW ABOUT MENTAL HEALTH.

Question 12

What should we use to decide how often we should look at a claim again and check it?

Should the way we look at a claim again depend on the needs of the person and their health condition or disability?

IF THE CLAIMANT HAS A LIFE DISABILITY I.E.
LIMITED USE OF LIMBS (CEREBRAL PALSY) BLIND ETC
THEN WHAT THE POINT IN ASSESSING AGAIN.
IF THE ORIGINAL ASSESSMENT IS DONE RIGHT THEN
LARGE AMOUNT OF MONEY WILL BE SAVED

Question 13 BY KEEPING THE ORIGINAL ASSESSMENT
(UNLESS ASSESSMENT HAS NOT GIVEN THE BENEFIT TO CLAIMANT)

The new benefit will be easier for people to understand, so we will expect people to tell us when things change in their lives.

How can we get people to tell us about the changes in their lives?

THROUGH THE HEALTH SERVICE FIRST
AND THEN THROUGH FOCUS GROUPS
'AGE LONGER' 'MCNCHAP' ETC ETC.

Question 14

What types of help and advice are people who will ask for the new benefit likely to need?

Would it help if we told people to get help and advice and where to get it from?

SELF EVIDENT THE MAJORITY OF
CLAIMANTS WILL NEED HELP AND AN
INDEPENDENT PERSON SHOULD BE MADE AVAILABLE

Question 15

How do disabled people pay for their aids and adaptations at the moment?

Should disabled people be allowed to use the new benefit to pay for a one-off cost?

"NOT SURE"

Question 16

What are the main differences we should think about when we are dealing with claims for children instead of adults?

Question 17

How important or useful has Disability Living Allowance been in getting people to use other services or to get other benefits?

What can we do to make things better?

At the moment people who get Disability Living Allowance automatically get help from other benefits and services, like the Blue Badge scheme and the Warm Front scheme.

What would it mean to disabled people if they did not automatically get help from these other benefits or services?

STOP BENEFIT AND STOP
THE QUALITY OF LIFE OF
GENUINE CLAIMANTS

Question 18

What information about the disabled person could we share with other services or government departments to stop the disabled person having to tell lots of people the same thing?

THROUGH GP SERVICE & Social SERVICES

Question 19

How would our ideas for the new benefit affect different equality groups? For example, the equality groups looking at disability, age, race, gender, **sexual orientation** and religion and belief.

Sexual orientation

This is about whether a person is

- heterosexual – sexually attracted to people of the other sex.
- lesbian – a woman who is sexually attracted to women.
- gay – a man who is sexually attracted to men.
- bisexual – sexually attracted to men and women.
- asexual – not sexually attracted to men or women

Question 20

Is there anything else you would like to tell us about our plans?

MY PERSONAL CONCERN IS THAT MY DAUGHTER HAS LEFT SIDE HEMIPLEGIA. CEREBRAL PALSY. ~~WHERE~~ SOMETIMES WEARS A CALLIPER. NO USE OF LEFT HAND, CHALLENGING BEHAVIOUR, NOW INDEPENDENT BUT FULL VOCABULARY UNDERSTANDING AND TO THE OUTSIDER IT CAN BE NOTED THAT SHE IS "NORMAL". BUT THIS CAN EASILY CHANGE. MY DAUGHTER CAN EASILY SEEM TO BE BELIEVABLE IN WHAT SHE SAYS. BUT YOU JUST CANNOT TRUST WHAT SHE SAYS. SO I AM WORRIED THAT AT HER ASSESSMENT SHE MAY HAVE A GOOD DAY WHEREAS HER CONDITION IS WELL DOCUMENTED WITH

SIGNATURE

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