

## CONSULTATION QUESTIONS

Reg No 373

Rec 10/2/11

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

Covert/overt discrimination; Community ignorance; Environmental hazards; Communication and Comprehension issues;

2. Is there anything else about Disability Living Allowance (DLA) that should stay the same?

Obviously - the two mobility components. 'Double accounting' is a DWP myth. See the average care contract.

3. What are the main extra costs that disabled people face?

Buying in of (1) transport for leisure/cultural/religious/activities - (2) additional support (3) respite care

4. The new 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?)

ASD =  
Autistic  
Spectrum  
Disorders.

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? Automatic entitlement

ASD with learning/intellectual disability - plus 2 years minimum residence in a registered care home.

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?

Categorise: (1) Permanent, irreversible disability  
Access to the community at large.

7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions? CATEGORISE

(1) Permanent/irreversible disability  
(2) Variable disability, (3) fluctuating disability

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?

Vehicular transport.

Both

9. How could we improve the process of applying for the benefit for individuals and make it a more positive experience? For example:

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

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?

Clear, jargon free English in large, clear, print. But severe ASD's will be unable to read.

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

Medical + social care reports And for persons, say over 70, report of a geriatric psychiatrist

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?

Useless for severe ASD people + 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?

+ except for the first (if necessary) re-application for benefit. Thereafter, no f-to-f discussion (!) should be necessary other than as may be required by say, a 3 year check.

12. How should the reviews be carried out? For example:

What evidence and/or criteria should be used to set the frequency of reviews?

Should there be different types of review depending on the needs of the individual and their impairment/condition?

The manner or format for reviews should be evidence-determined. It could be anything from annual to 3/5 year

13. The system for Personal Independence Payment will be easier for individuals to understand, so we expect people to be able to identify and report changes in 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?

For a severely ASD disabled this is a nonsense per se. A range of persons to report changes should be designated, according to levels of comprehension disability.

14. What types of advice and information are people applying for Personal Independence Payment likely to need and would it be helpful to provide this as part of the benefit claiming process?

Not applicable to my suggested Category 1 - disabled. Otherwise, the full set advice etc for Categories 2 & 3

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?

- ① Sanctions, such as withdrawal of benefits
- ② A series of warning notices and a personal visit to the claimant!

16. How do disabled people currently fund their aids and adaptations? Should there be an option to use Personal Independence Payment to meet a one-off cost?

Not usually applicable to the average Cat. 1. ASD person.

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

Do not know - but obviously parents have legal rights + duties re children.

18. How important or useful has DLA been at getting disabled people access to other services or entitlements? Are there things we can do to improve these passporting arrangements?

The mobility component is vital to the majority for accessing high-cost services. Yes, keep the mobility component is.

19. What would be the implications for disabled people and service providers if it was not possible for Personal Independence Payment to be used as a passport to other benefits and services?

See (18) above

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?

Do not know.

21. What impact could our proposals have on the different equality groups and what else should be considered in developing the policy?

Further consultation when all comments have been digested.

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

It will only be of value if comments are fully taken up, explored, and where appropriate, included.



Parent of ASD man aged 54 in receipt of DLA with the lower mobility component.

P.S. Overall, where people with severe learning/intellectual disability are concerned, officials must be fully cognisant of the provisions/effect of / consequential codes of practice, for the MENTAL CAPACITY ACT. — and thus,

the key role in decision making of:—

- (1) designated L/A social workers / care managers
- (2) Parents — alive, if course,
- (3) Siblings — do —
- (4) Other carers, & care providers