

## Questions

Re'd  
10/2/11  
Pg No 363

### Question 1

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

PHYSICAL, MEDICAL & SOCIAL BARRIERS STEPS AND NARROW DOORS

INTO PUBLIC BUILDINGS - NO TOILETS FOR THE

DISABLED - PUBLIC OR PRIVATE, LACK OF ACCESSIBLE PUBLIC

TRANSPORT FAILURE BY LOCAL AUTHORITIES TO PROVIDE RAISED BUS STOPS. THE NECESSITY TO USE EXPENSIVE TAXIS. LIVING IN RURAL AREAS EXACERBATE THESE PROBLEMS ESPECIALLY DOCTOR/HOSPITAL APPOINTMENTS, AND EVERYDAY NEEDS SUCH AS SHOPPING, VISITING RELATIVES & FRIENDS, ATTENDING CHURCH. FAILURE BY GOVERNMENT TO ENFORCE THE DDA OR EQUALITY ACT. FAILURE TO FINANCIALLY SUPPORT PEOPLE TO TAKE OFFENDERS TO COURT.

### Question 2

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

ALL OF IT.

LEAVE IT AS IS BUT EMPLOY MORE

FRAUD OFFICERS TO CHECK ON FALSE CLAIMS.

THIS WOULD BE FAR LESS EXPENSIVE THAN THESE

ILL-THOUGHT OUT IDEAS.

### Question 3

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

HOME ADAPTATIONS, CARERS, HELP WITH SHOPPING, WASHING, DRESSING, FOOD PREPARATION AND COOKING MEALS. THE NEED FOR PRIVATE TRANSPORT

ESPECIALLY IN RURAL AREAS BECAUSE PUBLIC TRANSPORT EITHER IS NON EXISTANT OR INACCESSIBLE

### Question 4

BUT IT SHOULD BE THE INDIVIDUAL'S DECISION ON HOW TO SPEND THE BENEFIT TO HELP WITH THEIR NEEDS

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?

YES. INDIVIDUAL'S DISABILITIES AND NEEDS VARY SO MUCH THEY CANNOT BE CATEGORISED INTO ONLY 2 GROUPS

## 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 THE BENEFIT SHOULD BE GIVEN AUTOMATICALLY AND FOR LIFE FOR CERTAIN PEOPLE. SOME DISABILITIES

AND ILLNESSES HAVE NO CHANCE OF IMPROVEMENT AND BECOME PROGRESSIVELY WORSE  
CONSTANT FOLLOW-UPS WILL CAUSE UNNECESSARY ANXIETY AND EVEN EXACERBATE SOME CONDITIONS -  
**Question 6** EXTRA STRESS ON AN ALREADY OVER-STRETCHED NHS SYSTEM.

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?

THE PRESENT SYSTEM REQUIRES INFORMATION AND CLARIFICATION FROM THE APPLICANT'S HIGHLY TRAINED MEDICAL STAFF THUS IDENTIFYING THOSE WHO MOST NEED IT. SOME SLIP THROUGH THE NET BUT EXTRA FRAUD OFFICERS WOULD ALLEVIATE THIS PROBLEM.

DISABLED PEOPLE SHOULD BE ALLOWED TO INTEGRATE INTO WHATEVER ACTIONS OR ACTIVITIES AS THE

**14** GOVERNMENT'S EQUALITY ACTS 2010 & 2011 STATE THE BENEFIT PROVIDED SHOULD ALLOW THE INDIVIDUAL TO DECIDE WHAT WOULD HELP HIM ANY PLAN TO TAKE AWAY INDIVIDUAL CHOICE + HAVE DECISIONS FORCED ON THEM WOULD BE CATASTROPHIC! WOULD A WAGE-EARNER STAND FOR THIS TREATMENT?

## Question 7

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

AS YOU DO KNOW: ASK THE APPLICANT'S, DOCTOR  
SPECIALIST OR THERAPIST ← NOT LEAVE IT TO  
UNQUALIFIED CLERICAL STAFF.

## 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?

THE REQUIREMENT OF AIDS AND ADAPTATIONS SHOULD BE  
TAKEN INTO ACCOUNT. MANY SUCH REQUIREMENTS  
HAVE TO BE FUNDED BY THE INDIVIDUAL AS SOCIAL SERVICES  
UNDERTAKE 'MEANS TESTING' THUS PROHIBITING  
MANY PEOPLE WITH SMALL SAVINGS ACCOUNTS  
FROM QUALIFYING FOR HELP - HOWEVER, THESE  
AIDS AND ADAPTATIONS SHOULD NOT BE TAKEN INTO  
ACCOUNT FOR AWARDED A BENEFIT. THEY 15  
EXIST TO HELP THE DISABLED PEOPLE AND DO  
NOT TAKE AWAY THEIR DISABILITIES - LEAVE IT TO  
THE INDIVIDUAL TO MAKE THE DECISION AS TO WHAT WILL  
PROVIDE THEM WITH A BETTER QUALITY OF LIFE.

## 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?

USE PLAIN ENGLISH - NO JARGON OR ABBREVIATIONS

WRITE TO EVERYONE RECEIVING PLA

LEAFLETS AND ADVERTISING AT VISIBLE WELL-VISITED PUBLIC POINTS. THIS SHOULD HAVE BEEN DONE TO NOTIFY RECIPIENTS OF THIS CONSULTATION.

## 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?

THE INDIVIDUAL, THEIR CARER, G.P. CONSULTANT OR THERAPIST. SOME

APPLICANTS NEED HELP WITH ALL FORMS

THIS IS WHAT DIA ALREADY DOES

TESTS BY UNQUALIFIED STAFF IS UNACCEPTABLE AND MEDICAL EVIDENCE FROM QUALIFIED PERSONNEL WHO KNOW THE INDIVIDUAL SHOULD ONLY BE USED

SEEK PROFESSIONAL MEDICAL ADVICE ONLY

ARE DISABLED PEOPLE GOING TO BE DICTATED TO BECAUSE OF MEDICAL EVIDENCE MADE BY NON-QUALIFIED STAFF ON MEDICAL

## 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?

INDIVIDUALS HAVE 'GOOD' AND 'BAD' DAYS  
INTERVIEWING ON A 'GOOD' DAY COULD SUGGEST  
THINGS ARE BETTER THAN THEY ARE.

FORCEFUL INTERVIEWING IS UNACCEPTABLE  
SEEK PROFESSIONAL <sup>MEDICAL</sup> HELP TO OBTAIN A  
TRUE, FULL PICTURE.

CLAIMANTS SHOULD NOT BE PENALISED BECAUSE  
THEY ARE TOO UNWELL TO CO-OPERATE ON DEMAND

## 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?

PERSON'S GP / CONSULTANT / MEDICAL RECORDS

MANY, MANY, PEOPLE HAVE ILLNESSES OR

DISABILITIES WHICH WILL NOT IMPROVE - WHY

EXACERBATE THEIR CONDITIONS WITH UNNECESSARY  
FOLLOW-UPS? THOSE, WHERE THEIR CONDITIONS

COULD IMPROVE, NEED FOLLOW-UP -

JUST AS IT IS WITH D.L.A - SEEKING

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?

THE SAME AS UNDER DLA

LONG TERM SUFFERERS SHOULD BE GIVEN THE

'FOR LIFE' METHOD OF BENEFIT AWARD.

DETAILS FROM QUALIFIED MEDICAL STAFF COULD

INCLUDE A TIME GUIDANCE FOR IMPROVEMENT &

THEY FOLLOW UP ON THIS SCALE NOT WASTE

RESOURCES ON UNNECESSARY ANNUAL MEDICAL

REVIEWS.

18 EXTRA FRAUD OFFICERS SHOULD BE EMPLOYED.

## 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?

IF THESE NEW FORMS ARE INTENDED TO BE SO EASY TO COMPLETE - WHY SHOULD MOST PEOPLE NEED EXTRA HELP?

AS YOU DO NOW - REFER TO C.A.B AND OTHER ADVICE CENTRES.

## 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?

PERSONALLY, SOME AIDS HAVE BEEN PROVIDED BY LOCAL HOSPITAL, SOCIAL SERVICES REFUSED FINANCIAL HELP FOR OTHER AIDS OR HOUSE ADAPTATIONS BECAUSE I WAS JUST ABOVE THEIR SAVINGS LIMIT. WITHOUT DLA, I WOULD HAVE BEEN VIRTUALLY HOUSEBOUND.

PEOPLE SHOULD BE ALLOWED TO USE THE BENEFIT AS THEIR NEEDS DICTATE. AS PREVIOUSLY STATED "ONE OFF" COSTS COULD COVER MANY INDIVIDUAL, BUT ESSENTIAL 19  
OPTIONS.

LACK OF ENFORCEMENT TO COMPLY WITH PLANNING & BUILDING CONTROL REGS - THE MONEY IS NEEDED TO ADAPT NEW HOMES FOR WHICH PLANNING PERMISSION HAS BEEN ILLEGALLY GRANTED

## Question 16

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

THE SPEED AT WHICH CHILDREN GROW AND OUTGROW THEIR AIDS AND ADAPTATIONS, THE PRESSURE ON PARENTS WHO HAVE TO FIND THE FINANCES TO

UPDATE EQUIPMENT - MANY OF WHOM CANNOT WORK BECAUSE OF THEIR CHILD'S DISABILITY. THEY MAY ALSO HAVE OTHER CHILDREN TO CARE FOR AND ALL THIS PRESSURE COULD MAKE THEM UNWELL - EXTRA EXPENSE TO THE NHS

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?

DLA HAS HELPED SOME DISABLED ACQUIRE OTHER SERVICES - SUBJECT TO THEIR FINANCIAL STATUS

BLUE BADGES ARE ADVANTAGEOUS

DISABLED PEOPLE COULD BECOME NOT ONLY HOUSE BOUND, BUT LIMITED TO A SINGLE ROOM, WITHOUT ASSISTANCE. THEY WOULD ENDURE SO MUCH EXTRA STRESS.

20 THE FAILURE TO LINK SERVICES WITH A PERSON'S INFORMATION CAUSES MORE STRESS SO MANY FORMS TO COMPLETE WHEN THEY ARE STRUGGLING TO EXIST ON A DAY TO DAY BASIS  
"LINKED UP THINKING"

## 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?

INTERACTION WITH OTHER DEPARTMENTS /  
HOSPITALS / LOCAL AUTHORITIES (AS LONG  
AS THE APPLICANT GIVES RELEVANT  
PERMISSION) ESPECIALLY WHERE AIDS AND  
ADAPTATIONS AND CARING FACILITIES ARE NEEDED)

## 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

ANY GROUP OF PERSONS CAN BECOME  
ILL OR SUSTAIN A DISABILITY  
DISABILITY EQUALITY IS THE ONLY GROUP  
WHICH CAN POTENTIALLY AFFECT ALL THE  
OTHER GROUPS.

## Question 20

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

WHY DOES AN 'OUTSIDER' HAVE THE RIGHT  
TO CONTROL A PERSON AND TELL THEM  
WHAT THEY MUST DO AND HOW TO SPEND THEIR  
22 BENEFIT  
HUMAN RIGHTS LEGISLATION APPLY.

WHY DO YOU PROPOSE TO WITHDRAW THE MOBILITY  
COMPONENT FROM THOSE WHO ARE HOSPITALISED FOR  
PTSD →

AMONTH?

IF THERE IS A MOBILITY COMPONENT BEING USED FOR-  
MOBILITY CAR, SCOOTER OR WHEELCHAIR HOW WILL THE  
PERSON FUND THESE MONTHLY PAYMENTS? THEY MAY  
EVEN HAVE THEIR WHEELCHAIR IN HOSPITAL WITH THEM ONLY  
TO FIND IT HAS BEEN TAKEN AWAY (THIS ALSO APPLIES TO  
RESIDENTIAL CARE RECIPIENTS)

IT COULD BE VERY DIFFICULT FOR THEM TO RE-APPLY  
FOR THESE ASSISTANCE VEHICLES BECAUSE OF NON-  
PAYMENT AND/OR BREACH OF CONTRACT.

THESE PEOPLE COULD ALSO BE "BLACKLISTED" ONLY  
TO ENDURE PROBLEMS IN OTHER AREAS OF THEIR  
FINANCES.