

Questions

Question 1

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

THIS IS A TOPIC THAT DEPENDS TOTALLY ON THE TYPE/SORT OF DISABILITY. IF IT'S PHYSICAL DISABILITY, EITHER FROM BIRTH OR AS RESULT OF ACCIDENT/ILLNESS, FACTORS SUCH MOBILITY/DEXTERITY PROBLEMS CREATE OBVIOUS DIFFICULTIES IN PREVENTING, OR MAKING DIFFICULT A "NORMAL" LIFESTYLE. MENTAL DISABILITY CREATES A WHOLE DIFFERENT SET OF PROBLEMS TO DEAL WITH.

Question 2

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

MY OWN PERSONAL FEELINGS [& THOSE OF THE MANY PEOPLE I MEET AT CLINIC] ARE THAT THERE'S NOTHING WRONG WITH "D.L.A." AS IT STANDS APART FROM THE WIDELY HELD VIEW THAT ALL APPLICANTS SHOULD HAVE HAD TO UNDERTAKE A COMPREHENSIVE MEDICAL IN ORDER TO BE GRANTED THE ALLOWANCE IN THE FIRST INSTANCE. ENCLOSED LETTER DETAILS THIS SITUATION.

Question 3

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

TRANSPORT, GETTING AROUND IN GENERAL, ANY
TYPE OF DEVICE OR AID AT HOME THAT MAKES
LIFE EASIER OR SAFER, THE VARIOUS TYPES OF
"CARE" THAT'S AVAILABLE, SPECIAL DRUGS ETC
THAT MAY NEED TO BE PAID FOR - THE
LIST IS EXTENSIVE & I WOULD RESPECTFULLY SUGGEST

Question 4 IT'S A SOMEWHAT BIZARRE QUESTION IN
SUCH A VERY IMPORTANT SURVEY!

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?

WITH RESPECT, THERE'S ABSOLUTELY NOTHING THAT'S
DIFFICULT TO UNDERSTAND WITH THE WAY IN
WHICH "DLA" IS CURRENTLY OPERATED. I FAIL
TO SEE WHY ADDING "EXTRA" COMPONENTS WOULD
MAKE "DLA" EASIER TO RUN BY YOURSELVES.
THE MORE "CLAUSES" & EXTRA PAPERWORK CREATED
CAN ONLY LEAD TO CONFUSING A SYSTEM
THAT CURRENTLY WORKS WITHOUT DIFFICULTY.

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?

AS NOTED PREVIOUSLY, I BELIEVE ALL APPLICANTS SHOULD HAVE TO UNDERTAKE THE SAME SORT OF COMPREHENSIVE MEDICAL EXAMINATION THAT I UNDERTOOK IN ORDER TO BE GRANTED "DLA."

HOWEVER, HAVING ALREADY BEEN GRANTED "DLA" ON THE BASIS ON MY MEDICAL, WHY SHOULD I HAVE

TO GO THROUGH IT ALL AGAIN, GIVEN IT'S ON RECORD NOTHING HAS OR WILL CHANGE?

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?

SIMPLY BY APPLYING A LITTLE MORE "COMMON-SENSE", UNDERTAKING THOROUGH "MEDICALS", &

LISTENING TO BOTH PATIENT'S & GP'S

COMMENTS. IF YOU'VE EVER SUFFERED ANY FORM OF DISABILITY, OR HAVE HAD ANY

REGULAR CONTACT WITH A GENUINELY DISABLED

PERSON THEN YOU WOULD KNOW THE ANSWER

TO THE 2ND PART OF YOUR QUESTION. BEING ABLE TO UNDERTAKE "NORMAL" ACTIVITIES OR "ACTIONS" !!

Question 7

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

ONLY BY CONTACT WITH SPECIALISTS / SURGEONS
ETC. WHO DEAL WITH THE PATIENT, TAKING
TO "GPs" WHO SEE THE PATIENT ON A MORE
REGULAR BASIS, LISTENING TO PATIENT'S COMMENTS
IN CONJUNCTION WITH THOSE FROM RELEVANT
PRACTITIONERS - & ONCE AGAIN, APPLYING COMMON
SENSE!

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?

AS YOU CLEARLY SUGGEST, "ANYONE CAN SIMPLY GO
OUT & PURCHASE A WIDE RANGE OF "AIDS" TO
HELP THEIR APPLICATION. HOWEVER, IF THE USE
OF THESE "DEVICES" IS CONFIRMED AS THOSE
ADVISED BY THE VARIOUS PRACTITIONERS WHO
LOOK AFTER THE PATIENT THEN THERE'S NO PROBLEM.
ALL THE AIDS I USE WERE RECOMMENDED BY
MY SPINAL SURGEON & PHYSIO THERAPIST.

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?

MAKING CLAIMS. FORMS EASIER TO COMPLETE
COULD BE COUNTER-PRODUCTIVE. YOU DO NEED
A FULL/COMPREHENSIVE HISTORY TO CONSIDER

A CLAIM - MY FEELING IS LEAVE IT AS IT IS !
TELLING PEOPLE ABOUT APPROPRIATE "BENEFIT" AVAILABILITY
IS CURRENTLY APPALLING & HAD I KNOWN ABOUT
"DLA" FROM THE HOSPITALS/MEDICAL PEOPLE
CALLING FOR ME, I COULD HAVE CLAIMED
IT SEVERAL YEARS EARLIER THAN I DID.

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 FIRST PERSON TO TELL YOU OF THEIR "NEEDS"
IS OBVIOUSLY THE PATIENT - BUT, THIS HAS
ABSOLUTELY TO BE CONFIRMED & BACKED-UP BY
ALL OF THE MEDICAL PRACTITIONERS CARING FOR
THAT PERSON. EMPLOYERS MAY ALSO ASSIST IN
ADVISING AS TO THE DIFFICULTIES THAT PERSON
MAY NOW BE EXPERIENCING DUE TO ILLNESS OR
INJURY.

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?

WHEN A PATIENT / PERSON IS APPLYING FOR ANY
TYPE OF BENEFIT THAT COULD WELL PROVIDE
THEM WITH A CONSIDERABLE SUM OF MONEY
ON A REGULAR BASIS, IT'S NOT UNREASONABLE
TO EXPECT THEM TO DISCUSS THEIR PROBLEMS,
HEALTH, & GENERAL WELL-BEING WITH A N
INDEPENDENT ADVISOR, SUCH AS THE PERSON
I MET WITH [AS APPROVED BY THE "BBC-TRUST"]
IN ORDER TO TAKE MY BBC-PENSION ON
AN EARLY BASIS. APART FROM MY PHYSICAL
MEDICAL FOR "DLA," THE INDEPENDENT
DOCTOR WHO ATTENDED ALSO HAD A LENGTHY
"CHAT" WITH ME ABOUT ALL THAT HAD
TRANSPURRED SINCE MY WIFE-THREATENING
"R.T.A." — I DIDN'T CONSIDER THAT UNREASONABLE!
IF THE CLAIMANT IS GENUINE, THEN THERE
IS NO REASON I CAN THINK OF TO PREVENT
SUCH A MEETING AS YOU INDICATE.

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?

THE ABOVE TWO PARTS OF YOUR QUESTION ARE IN FACT ONE & THE SAME THING. THE NEEDS, HEALTH, AND/OR DISABILITY ARE THE ONLY (!) REASONS FOR RE-CONSIDERING A CLAIM. FOR EXAMPLE IN MY CASE IT'S ON RECORD MY

Question 13

DISABILITY WILL NOT CHANGE OR IMPROVE & SO "DLA" IS INDEFINITE. HOWEVER, OTHER SITUATIONS MAY WELL WARRANT REVIEW, SO GPs/PRACTITIONERS COULD ADVISE YOU.

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

WHY DO YOU KEEP "SUGGESTING" DLA'S DIFFICULT TO UNDERSTAND?
How can we get people to tell us about the changes in their lives?

IN THE 24 YEARS SINCE MY ACCIDENT, I'VE BECOME WELL-AWARE THERE'S A PUBLIC PERCEPTION THAT THE "DWP" HAS FUNDS/BENEFITS TO HELP PEOPLE — BUT THAT THEY'LL MAKE IT AS DIFFICULT AS POSSIBLE TO CLAIM THOSE BENEFITS.

I DON'T KNOW HOW YOU GET OVER THAT PREMISE → YOUR QUESTION IS DOWN TO HONESTY/INTEGRITY OF THOSE RECEIVING BENEFIT. THERE'S ONE

18 THING I DO KNOW & THAT IS THAT MANY PEOPLE ARE NOW EXTREMELY CONCERNED ABOUT THE CHANGES YOU'RE PROPOSING & I SUSPECT WILL DO ALL THEY CAN TO ENSURE THEY KEEP THEIR CURRENT BENEFITS.

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?

THE ANSWER TO PART 1 DEPENDS ON JUST
HOW COMPLEX THE FINAL CHANGES YOU
DECIDE TO IMPLEMENT ACTUALLY BECOME.

"DLA" AS IT STANDS WASN'T AT ALL DIFFICULT.

PART 2 IT ALWAYS HELPS IF YOU TELL PEOPLE !

Question 15

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

WITH THE VERY GREATEST RESPECT, SHOULDN'T YOU ALREADY KNOW?

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

- Ⓐ IF THEY'RE CLAIMABLE (SOME WAY OR ANOTHER) THEN
THEY CLAIM THEM - IF THEY'RE NOT, THEN
THEY PAY, IF THEY CAN AFFORD TO PAY.
- Ⓑ DISABLED PEOPLE SHOULD USE THEIR BENEFITS
(ONCE GRANTED) AS BEST THEY SEE FIT. NO
TWO CLAIMANTS HAVE THE SAME CRITERIA AS
EACH OTHER & SO IT MUST BE LEFT TO THE
CLAIMANT TO USE BENEFIT AS REQUIRED, GIVEN
THEIR OWN UNIQUE / PERSONAL CIRCUMSTANCES.

Question 16

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

IN GENERAL, CHILDREN GROW-UP & GO THROUGH
MANY CHANGES & SO NEED TO BE REVIEWED ON
A REGULAR BASIS. AS WITH ANYTHING, THERE
WILL ALWAYS BE EXCEPTIONS, ESPECIALLY WITH
SERIOUS/MAJOR DEFECTS/PROBLEMS AT BIRTH.

Question 17

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

VERY!

What can we do to make things better?

PLEASE, LEAVE WELL ALONE!

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?

IN MANY SITUATIONS, "DLA" HAS BEEN A LIFE-SAVER.

FOR THOSE GETTING MAXIMUM BENEFITS ETC

(SUCH AS MYSELF!), YOU CAN MAKE THINGS

BETTER BY NOT CHANGING IT - BUT SADLY

YOU WILL! MY "DLA" & "INCAPACITY BENEFITS"

MADE A HUGE DIFFERENCE TO MY LIFE

20 AFTER ILL HEALTH ENDED MY CAREER & FORCED ME TO
EARLY RETIREMENT, "MOBILITY" KEPT ME MOBILE
& INDEPENDENT, "BLUE-BADGE" ALLOWED ME TO ACCESS
PLACES I NEEDED TO BE, "WARMFRONT" RENEWED MY
HEATING/HOT-WATER SYSTEM WHEN I WAS UNABLE TO PAY!

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?

AGAIN WITH THE GREATEST RESPECT, BY JUST
APPLYING COMMON-SENSE. SUCH "INFORMATION"
SHOULD ONLY BE PASSED ON IF IT'S TO BE
OF HELP OR ASSISTANCE TO THOSE WHO ^{ARE}
RECEIVING BENEFIT DUE TO DISABILITY.

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

SORRY, BUT I FAIL TO SEE THE EFFECT
OF ANY BENEFIT CHANGES ON ANY OF THE
GROUPS YOU MENTION – DISABILITY IS DISABILITY
IRRESPECTIVE OF RACE, GENDER, SEXUAL "PERSUASIONS" !

Question 20

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

WE ALL KNOW THIS GOVERNMENT WANTS TO SAVE
MONEY – BUT WHY ARE THE DISABLED & THE "DLA"
SO HIGH UP ON THE AGENDA? THE CURRENT
TWO-PART "DLA" WORKS FINE – ALL THAT

22 NEEDS TO BE PUT INTO PLACE IS A THOROUGH
MEDICAL EXAMINATION FOR THOSE WHO NEVER HAD
ONE PRIOR TO BEING GRANTED THEIR "DLA."