

**Evidence for the Joint Committee on Human Rights (JCHR) - Inquiry
into the implementation of the right of disabled people to independent
living**

From

Norfolk Coalition of Disabled People (NCODP)

Background

The Norfolk Coalition of Disabled People (NCODP) is a human-rights group controlled by disabled people and their organisations. NCODP organises and takes part in campaigns and run services that promote social equality and dignity for all disabled people.

Introduction

The new Coalition Government has taken a number of decisions that will negatively affect the rights, life chances and independence of disabled people. It is for this reason that the NCODP trustees took the following decision at their meeting last July:

1. That NCODP will pursue a public campaign against cuts in service provision, and cuts in benefits, which reduce the life chances of disabled people.
2. That NCODP agrees with the approach of pursuing opportunities presented by personalisation in social and health care by negotiation with relevant providers and partners.

NCODP supports the general policy direction and drivers which create opportunities for independence, citizenship and equality for disabled people. The personalisation of services is a key policy driver which DPOs support. Disabled people do not want to be treated as 'special cases' or be stuck in welfare dependency or excluded from the mainstream. However, the world is not an equal or accessible place for disabled people. The policies being pursued by the coalition government will not promote or achieve disability equality. Rather it will have the opposite effect. These changes have been imposed without proper consultation or equality impact assessments that measure the cumulative effects.

Therefore the measures are discriminatory. They will disproportionately hit disabled people and if implemented will result in isolation, institutionalisation and unprecedented levels of poverty for many disabled people and their families.

In order to evidence this view NCODP commissioned Dr. Chris Edwards, Consultant and Senior Fellow of the School of International Development at the University of East Anglia to carry out an independent study of the cumulative effects of the cuts in benefits and tax changes at a national level and the cuts to local authority budgets. The following is a summary of his findings:

A report on the impact of national budget cuts, tax changes and local reductions in services on disabled people and their families in Norfolk

Background to the report

- The Coalition government has set in motion a series of severe budget cuts and tax changes.
- This has or will lead to reductions in and the tightening eligibility for a range of key benefits.
- These include, among others, housing benefits, disability living allowance and incapacity benefit.
- In addition Norfolk County Council is proposing budget cuts of £136 million over the next three years.
- About £45 million of these cuts will directly and exclusively affect disabled people

Why the report?

- Although many people, including a government minister, have said that disabled people and their families will be hit hardest by these measures, no one has yet provided a detailed, quantified analysis of the likely impact.
- Furthermore, no one has investigated the consequences of the combination of national and local cuts.

Some key facts

- Nationally between 17% and 21% of the country's 60 million people are disabled.
- Nationally about 7.5 million households contain at least one disabled person
- Nationally the average income of a household with a disabled person is about a fifth lower than that of other households.
- In Norfolk there are 186,00 disabled people (22% of the population)
- In Norfolk there are 100,000 households with at least one disabled person

Main findings for disabled people and their families in Norfolk

- Of Norfolk's 186,000 disabled people, 45,000 of working age on disability benefits will lose £526 per year, 8% of income.
- Of Norfolk County Council's proposed £136 million cuts in services over the next 3 years, £45 million will directly and exclusively effect disabled people, representing a loss of services valued at £476 per disabled person per year, or about 7% of their income.
- Disabled people will also be effected by other services cuts making the full impact greater.
- The increase in VAT is expected to add £158 to the essential bills of the average household and will mean a loss of about 2% of income for the poorest 50% of disabled people.
- As a direct consequence of the above, **the poorest 53% of disabled people in Norfolk, around 100,000 people and their families, will see their living standard decline by a third over the next four years.**
- The conclusion is that the impact of the changes introduced by the coalition government together with the cuts proposed by Norfolk County Council will be devastating, disproportionately effecting the most vulnerable and poorest group in society.

Full Report can be found at:

<http://www.campaignagainstcuts.org.uk/documents/facts/impact-of-cut-on-disabled-people-in-norfolk-012011.pdf>

Disabled People in Norfolk and our Young Disabled People's Forum made Videos to illustrate there concerns about the threat to independent living posed by the changes to benefits and cuts to local authority services:



NCODP response to Norfolk County Council cuts consultation
[\[http://www.youtube.com/watch?v=Zpp4bQSLG2w\]](http://www.youtube.com/watch?v=Zpp4bQSLG2w)



NCODP Youth Forum response to Norfolk County Council cuts consultation
[\[http://www.youtube.com/watch?v=qSoWhNz8CSE\]](http://www.youtube.com/watch?v=qSoWhNz8CSE)

Lived Experience and Case Studies

Disabled people's experiences after the cuts

- hello every one i am tracy from norfolk.
I am sick with worry, our housing benefits is going to be cut, my hubby is losing his DLA, were going to be so poor i dont think we can carry on like this, our drop in centre was shut down to save money the new gov says, these people in the gov these mps who steal money for there 2nd homes.
and i cant afford to put food down on the table for my kids, cos this new gov thinks i am a lay about , i dont know where the next meal is coming from.
ive never heard in all my years on cut backs like this. i heard on the internet that these cutbacks to peoples DLA was against the law and human rights, our money should be going up with the cost of food and petrol. not going down, were humans but they dont listen in there comfy houses its all wrong we need to stand up to these bullies thank you from tracy and this is a wonderful web site bringing us closer.

Tracy

- hi i am so very worried to day ive told i am going to lose my mobility , my mobility car is my life line, but no they said its being stopped. ive got to give the car back after 18 years. where can i afford to buy one, worse still i pay my £600 a month rent out of my dla/income support
ive been told thats stopping too. ill be homeless i said, the lady on the phone said tough, you have to work she said, where are these jobs? its all mixed up. i am fed up with this penny pinching government. its crazy, how we all going to live?

thanks from princess

- hi all i am john from gt, yarmouth in norfolk.
i cant believe the new gov are picking on us the disabled, i got a phone call from the job centre, john your fit to work theres nothing wrong with you. i have been in and out of hospitals all my life over 30 years with depression, the last job i had i only lasted 1 day, the boss said to me john your a danger in work place your drugged up on your meds. the ones you get from your dr thats all. I failed to get up for work this boss had to let me go, now if theres nothing wrong with me like the job centre says why has my dr been giving me all these tablets for all this time.
To tell you the truth i am very worried i cant sleep though worry, my rent is £600 a month my DLA nearly pays it all i am going to be homeless at my age, yes were all properly have jobs, but i dont think were keep them very long we need to stand up to these bullies the gov there picking on the wrong people the poor get poorer, the rich get richer its all wrong. and great britain is still sending millions of pounds a year in aid to other countrys.

thank you John

- I am extremely concerned about the proposed cuts to Norfolk County Council services as I fear that they will have a severe impact on the independence of many disabled and elderly people in Norfolk. This concern is backed up by Norfolk's own initial high-level impact assessment. Here it was found that the impact "...may limit disabled and older people's independence and resources, and affect their quality of life and mobility across the county. It may restrict their access to the built environment, public transport and leisure activities. It may increase their vulnerability to loneliness and social isolation, and place greater responsibilities of care on their families, friends and colleagues."

Sarah Hopkins

- Not only are my wife and myself facing a cut of about £700 a year due to the freezing of teachers' pensions , and £1000 next year [depending on inflation rates] , but we are having to support a man whom my wife visits as a voluntary social worker : he has had all benefits stopped for some time since well before Christmas , he has been long term physically and mentally disabled , he is entirely supported by his GP who is driven to rage every year by the State's hectoring of this man , he has now completely used up his meagre savings , a special emergency loan and all other sources of money except what his three young children [18-24] and we can afford to give him . He would literally starve to death without this money.

He received a telephone call this Monday to tell him that there would be a delay in the meeting of a tribunal to discuss his case "due to staff shortages".

This, I take it, is the Big Society ...

Christopher Knapp

- How does the Government expect their new ideas to work?
 1. When there are not enough vacancies to cover the number of people out of work
 2. Those out of work will find their benefits stopped after 12 months unless they do voluntary work
 3. The Coalition Government clearly haven't thought through their policies and how they will reflect on them
 4. This is like going back to slavery
 5. How will it affect people like myself?
 6. My doctor gives me a sick note every 12 months stating that I am unable to work, but they are talking about sending disabled people back to work. Also when someone is under 24 they are not experienced enough, but 10 years later they are classed as too old for the job
 7. Most vacancies in the paper state that the job requires a car/clean driving licence. I cannot drive for medical reasons so how am I expected to get a job?

Mrs M. Woods

The importance of DLA

- Dear Mr Bacon,

I have recently been in correspondence with you by e-mail about my home care provision. Despite phone calls to your office and contact from Norman Lamb, MP and Councillor Shelagh Gurney on my behalf I have received no response.

I am now extremely concerned about the consultation on Disability Living Allowance. I am in danger of losing my independence and ability to remain living in the family home due to the removal of my home care service by local government cuts; now, in addition, I face the prospect of losing my mobility when I am forced into residential care.

My condition is complex and medical constraints mean that I can only be away from home for periods of three to four hours at a time. By meticulous planning of my care provision and the use of my own transport I manage to chisel out periods of time when I interact with the world outside in a meaningful way. Removal of a flexible care service and of my own transport will destroy my life.

I say, once again, that I urgently need your understanding, representation and support.

On the DLA consultation - the Disability Living Allowance was clearly a successful benefit that enjoyed good uptake. I am shocked that the Government could consider fanning the flames of misunderstanding and prejudice against disabled people by withdrawing assistance. The Government claims to protect the most vulnerable in Society. It appears that they do not protect the second most vulnerable. Need is need and should be met with assistance in a civilized society. The Big Consultation in Norfolk clearly showed a desire among Norfolk people to preserve a meaningful social service for its vulnerable citizens.

Disability is complex and varied and can be greatly increased by the combination of medical and social factors. The combined effect is unpredictable and difficult to quantify by objective tests alone. It is, therefore, essential to listen to the disabled person's subjective comments and place them at the centre of the decision making process. Medical staff are used to tackling individual health issues and are notoriously bad at taking a holistic and long-term approach to problems. Care must be taken not to medicalise our social service.

Caroline Fairless-Price

- I listened to your minister on Radio4 this week and wish to comment on the proposals.

1. You cannot rely on homes/local authorities to meet the mobility needs which can be covered by DLA

2. No home/LA could possibly maintain now whatever high level of mobility previously provided
3. If the mobility element is cut no one will assume responsibility for the damage caused to people's health (physical and mental) through reduced mobility
4. In a care facility it probably takes a long time for slowly reducing health to translate to death which is the best way to cut DLA, of course

Sincerely, A. Savory

- I am extremely concerned at the cuts and changes to Disability Living Allowance, Housing Benefit, Independent Living Fund and Access to Work. I believe these cuts are targeting the most vulnerable people in society and are disproportionate and discriminatory because it will, inevitably, take away independence and dignity that disabled people are entitled too. I have been diagnosed with Primary Progressive Multiple Sclerosis. Up to ten years ago I was an active person, working full-time and doing 'normal' things. Since then my disability has had an enormous impact on me and my family. I am confined to a wheelchair, but can walk a little; I depend on continual assistance from family and carers. I can drive and have a Motability car that I use my DLA Mobility to pay for. I have been given early retirement from my job at Norfolk County Council; for the last two years or more I had fought to keep my job, but to no avail. So I have been cast adrift into the unsafe world of benefits that are to going to be cut. This has left me feeling frightened and vulnerable; not knowing what the future holds. I feel that I am about to fall into a black-hole. I know that there are dozens of people in the same boat, but this makes it all the more important to save these services, and make Norfolk an inclusive county. I know the Central and Local Governments need to make savings, but the extremely drastic and severe route they are taking is wrong.

Anne Rampton

I am extremely concerned that the government, in bringing forward this policy, has failed adequately to understand the importance of this benefit to the health and mental welfare of many many Learning Disabled and severely Physically Disabled people, OF ALL AGES (not merely the elderly infirm) who live in residential care. They live in care homes not from choice, but because they are too disabled to be cared for in any other way. But "living" implies a need and an ability to access the Normal Life outside a care home. Mr.Duncan - Smith, when interviewed on the World at One when the Consultation was announced suggested that recipients of this benefit ,as a general rule, did not necessarily need it to assist them to travel about , since , if they went out at all , (which many did not very often , he seemed to think) this was usually with transport arranged by the Home in which they lived , and largely catered for in the fee package paid by the relevant Social Services sponsor This a completely flawed assumption, and has produced an unjust proposal to withdraw this benefit in its entirety . Please reconsider it.

I am particularly concerned with its withdrawal from people on Higher Rate Mobility Allowance, and wish to suggest that, in the exceptional

life circumstances they face , that they be excluded from these plans, and allowed to keep their mobility allowance in its present form, whatever name it is in future to be given!

What was the evidential basis for the Secretary of State's assertions about the lack of continuing need for this particular benefit by severely Disabled people.? All people with disabilities, needing help to get about, can't be lumped into one category. Its withdrawal from those who are on Higher Rate DLA is exceedingly troubling, because these are the people who, **by definition** have no ability to get about unaided, and many of whom are forced by their grave disabilities to live in residential care for their whole lifetimes. They don't CHOOSE this way of life. Their circumstances impose it and their choices about HOW to live their lives are severely curtailed ,

What information will be before the Secretary of State about precisely how this money is used by these recipients, (who have little or no capacity at all to walk or get about unaided,) to help deal with even the simplest normal daily needs like shopping, travelling to visit family , going to church, or the pub, or going away on even the most modest of holidays ?

What evidence will be before him about how the withdrawal of this benefit might affect their health, and the lives and health of those who care for them and have to assist their travel to access the normal things in life?

Does the Secretary of State understand that without the mobility component to facilitate the purchase and servicing of specially adapted vehicles, hoists, slings , and wheelchairs many people on Higher Rate DLA mobility component in Residential care COULD NOT PHYSICALLY GO OUT AT ALL, for any purpose , (whether in receipt, or not, of Social Services funding for " essential travel" – to the doctor or dentist or hospital.)

I have 31 years of first hand experience of caring for such a person. My 31 year old son Sam, (who suffers from a genetic disorder causing gross physical and mental impairment,) has no speech, no ability to weight bear on his feet, is wheel chair and hoist bound, is doubly incontinent, low intellectual capacity and has to be fed on liquidised food. However, he has a long life expectancy, lively "locked in" intelligence, is extremely sociable and attractive, and is (very happily) accommodated in a private residential care home, with (certainly not all) costs met by his sponsoring Local Authority Social Services. He is entitled to Income Support and DLA Mobility Component at - obviously – the Higher Rate .

Have people such as Sam REALLY been assessed by the DWP as unlikely to need to go out much?!, and then only for essential trips to the doctor etc?

Sam's formal annual Care Plan states that he has a **CRITICAL NEED** (as might any young male of 31) to be able to access pursuits outside the care home, such as swimming , going to football, to the pub, to church, to the cinema, having a holiday, in order to ensure that he is stimulated, motivated and does not become depressed (a familial ailment). His nearest family live an hour away by car and regular trips to see them and maintain family contact are said in his Care Plan to be essential to his welfare. He needs, of course to make regular trips for medical and dental attention and is enabled, by saving up part his Mobility benefit, to travel on holiday once a year. Not a lot to ask.

If he is no longer able to afford to access such things, or to take occasional holidays, his health will undoubtedly be affected and he will end up becoming a charge elsewhere on the system in the NHS. Those who care for him will inevitably be affected by these curtailments as well, with consequent added stress to their lives and health. HE IS VERY HARD WORK to move about . This needs financial help!

If he takes a holiday, he has to have a specially adapted motorised wheelchair and pay, not only for himself, but also for the cost of his 24 hour Carer to go as well . -Obviously.

Without saving his mobility allowance he could never do this, nor go to the Cinema or to football or to stay with a friend sometimes, or to go on a day trip to see the lights at Christmas. Things you take completely for granted however poor you may be. Not exactly a ritzy life style, but one wholly enabled by the DLA Mobility benefit.

True it is, that the costs of transport for a number of these essential activities- such as doctors visits, home visits and some leisure trips out, are factored into his Fee Package and provided by the Home. But many are not, and need to be paid for by Sam himself, from his Mobility benefit. But Life is not JUST about trips to the hospital!

If this benefit is removed from him, he will no longer be able to access many of the most basic “travel” needs to make the most of his otherwise very limited life, nor take holidays. There is NO QUESTION that someone as disabled as Sam, who is young and healthy save for his disabilities, must be to be able to get out and about on a daily basis. It is not a choice, or a luxury, or an option to be done without when “times are hard.” It is a very basic human necessity for someone of his vulnerability and helplessness. Many, many people in care homes have lives similar to Sam’s, and very, very similar needs. Please - you must understand a whole lot more about such people’s lives before announcing apparently arbitrary policies seriously disadvantaging them. They are disadvantaged enough already.

I fear that some very basic misunderstanding, informed only by anecdote and not by research must have occurred here, about what Mobility Allowance MEANS to its recipients - especially to those who are totally disabled and on Higher Rate. I cannot believe that this Compassionate Conservative- Liberal Coalition really intends the sort of consequences implicit in withdrawing this benefit from people in THE most vulnerable section of the community it is possible to imagine.

Please reconsider this unjust policy soon. The most charitable thing that can be said of it is that it was decided on too hastily, in the context of many many other difficult decisions needing to be made at double quick speed to reduce our national deficit.

But people like Sam are absolutely the least to blame for “the state we are in” and the least able to argue their case! They deserve another thought or two.

Dont move the Mobility Component chairs around the Titanic’s deck so they just fetch up on the desks of the Social Workers, and on the Budgets of the Local Authorities . This is a completely futile and arbitrary gesture. PLEASE MAKE AN EXCEPTION FOR HIGHER RATE MOBILITY RECIPIENTS AT THE VERY LEAST.

Mrs Jane Ridley

Sam's Mother, he having no capacity to understand, or participate in this consultation through any means than through me..

Transport for independent living

- Dear Sir/Madam,

I'm writing this letter as I received a letter from the Bus Pass Department on 26th March 2011 telling me all the changes of rules to our bus passes and I was in real shock and found it very disappointing.

As a Deaf/Blind person living in Norfolk I use my bus pass as it's reliable to get me about and be part of the community on my pass I've companion which it's very helpful to me as I'm not a very confident traveler and have someone with me from time to time.

In the letter it's also telling me change of times and companion is being taken away from me and in my area my buses are on the hour and I need to get to the city for 10am so I can do my volunteer work at the NNAB Magpie rd and if I can't use it until after 9.30am it is going to make it so difficult for me even when it comes to Hospital Appointments too.

One of the rules is saying that we've to pay if we travel before 9.30am and as Deaf/Blind or disabled people we can't all tell the difference between the coins in Money these days and not only that trying to find the right coins is going to hold the queue on the bus up and bus drivers are going to always be running late as they'll have to take their time for disabled people like myself to pay.

I know from experience that people in this county have different colours passes which should mean to drivers what section they can travel on which has not been done before the changes come in to action, blue and yellow were traveling at same time it should be disabled all day and the over 60's travel later in the day and as we can use our passes all over the UK we should be able to travel when needed to as a disabled person to keep our independence.

Many people in this world who are NOT Deaf/Blind don't realize what it's like for those who ARE Deaf/Blind, those who are Deaf/Blind have lost 2 major senses;

- 1, Sight Loss
- 2, Hearing Loss

This makes them one of the most vulnerable groups of people in the world.

Some Deaf/Blind and disabled people I know in the Norfolk county work full time as their health allows them to and they don't deserve to have to go through extra stress then what they have been through in the last past few months with the council's proposals and CUTS

Above all I request that all this is to be reconsidered for Deaf/Blind and disabled people as it's disgusting that the council's are picking ONCE AGAIN on the most VULNERABLE PEOPLE telling them when they can travel and have to pay and their companion section is being taken away from them in my eyes it's telling me that the councils in their wisdom know the best for us all but that is indeed NOT true as they don't have the life we've to live with at being Deaf/Blind or even disabled in this world.

I find all this very shameful that the council didn't inform me and other disabled people of the changes until one week before the changes took effect, If the Council was able to write to us and tell us, Why couldn't they write to us to consult us????

As today 1st April 2011 I found it very frustrating with some attitudes of some drivers when handling with my travel needs.

I would like a written response with answers to what can be done about the the bus passes which I do hope that the council can reverse their decisions for the disabled.

kind regards

Mrs K Monaghan

Mental Health

- My name is Pam.

I too would like to have my say about the closure of mental-health drop-in centres in Norwich.

"Mind" closed its centre a year ago. I know that former members have suffered badly because of this.

We were told to go to Rethink.

Now Rethink is down to 2 days opening per week! If you are under the care of the NHS Mental Health Trust (and they're kicking as many people off their books as they can, utterly regardless of clinical need) you can come in on the other days for groups. This involved being referred to "Quest" (an entirely useless and superfluous referral agency) and then back to Bridges. This means people who have attended groups there for years can be shut out for good: even those who can carry on attending have to wait until "the paperwork is complete."

Same building, same staff, same groups - but now you have to go through an extra tier of beaurocracy to get a very radically reduced service.

You may not enter the building until twenty minutes before your group starts!!!!!!

You are commanded to exit the premises within twenty minutes of the group ending!!!!!!

Welcome to Rethink.

I know of one group run by a member of Bridges who, if he was not running it, would not be allowed to attend because he doesn't have a social worker.

Better have your crises on Wednesdays or Sundays, people, or else you can whistle for help and support.

The changes to the Rethink centre are moronic, destructive and entirely pointless. But some people are getting a bang out of it - the extra staff they have employed to do all the paperwork! Because that's what mental health charities and NHS funding is for, isn't it? Nice jobs for nice people and to hell with those horrid mentally ill people.

No one, not one single member of the Rethink centre is as insane as the people who decided on these changes.

Get ready to pay and pay and pay for their self-centred short-sighted ignorant

behaviour. The taxpayer will pay for this useless and expensive "service". And those who have mental health problems will pay - in terms of suffering.

Pam

- My name is pamella and I want to put my penniworth in about the cuts.

In the last 18 months the Mind Resource Centre closed and this has affected many people. There was a petition that went to London but they didn't listen! The people who used that centre have gone on to do different things in the Community; however I went on to the Rethnk drop in centre which has now had cuts in it's funding and is changing it's structure. This means that I won't be able to do the things I enjoy in a flexible way but that I have to attend formal groups which waste my time and with people who do not engage with me, or who misjudge me.

This Rethink centre helps vunerable people feel better about themselves and it gives help when members are unwell. They also have a phonenumber for people to ring and get advice. There has been a decision made that they don't need Bank workers who were nearly 50% of there staffing levels. I have also been told I have to go through other channels to get my needs re-assessed. This means I am goin g to lose out again to mixing with people who know how stressful Mental Health issues are. The general public have no idea because some would just lock them up!!!!!!

I have witnessed first hand how paramedics struggled to deal with someone with a mental health issue. If trained staff at a drop in centre are being cut this has a negative effect on the community! Enough is enough! We have lost one centre we don't need to lose another and be pushed into the community who don't understand Mental Health needs and politicians who think people with Bipolar and Schizophrenia are fit for full time work.

This same centre invited prospective MP's to a Question Time session before the general election. I attended this along with many others; they did not answer my question on Discrimination! They(he) skirted around it talking about employers who have a duty to be fair. Their fairness is shown to me in not being shortlisted for interview in the last 14 years!

Under the New Equality Act it is illegal to discriminate against people with Mental Health issues!!!!!!

Pamella D Main MS

- Mental health sufferers are ***** bricks about the proposed changes to DLA, JSA and housing benefit.
We live an extremely insecure life anyway, not knowing when the authorities will turn up to section us with police support and handcuffs for six months. This can happen several times a year to some people, for no apparent reason. Also we have countless appointments to attend with stupid pompous shrinks and have to make our homes open to nosy community psychiatric nurses often two or three times a week.

Now the goverment has given us the present of not knowing whether we will be able to pay the rent, possibly losing £500 of benefit a month and repeated assessments to see if we are fit to work.
I have already seen mental health sufferers aimlessly walking the streets,

desperate for company because of the cuts in drop in centres and the ethos of 'going back to work'. How the hell can we go back to work when we face such insecurity. Who would employ us? Don't you think we are grieving enough at our loss of employability? Now we face the indignity of losing our basic standard of living and even our homes. DLA enabled me to make some kind of recovery and hold my head up. Now the government are going hammer and tongs to undo any of the good that has been done.

We are not 'all in this together'. Some of us are more vulnerable than others. Go after companies like Boots who moved their headquarters to Switzerland to avoid tax; not the weakest in society who suffer unbelievable hardship and prejudice already.

Ann

Sensory Support

- The Sensory Support Team plays an invaluable role in providing the essential emotional and practical support to enable blind and partially sighted people at a time of crisis to regain confidence and the ability to return to becoming active members of the community once more. To consider depriving blind and partially sighted of this service would most certainly condemn a large number of Norfolk residents to a life of restriction, depression and isolation which could otherwise be avoided by retaining the service.

From an economic aspect, to withdraw the service would be a false economy as blind and partially sighted people would become more dependent on critical services. Furthermore, the proposed closure of the service is completely at odds with the Government's Prevention Agenda. Norfolk has long since been known to provide a first class sensory service to Blind and partially sighted people and this service should be maintained. After decimating its sensory service provision, Cambridgeshire realised the error of the decision, turning full circle to rebuild a service, and whilst in Suffolk a Sensory Service remains still Norfolk's service provision is highly regarded and the envy of many. It would be a tragedy for current and future blind and partially sighted people should they no longer be able to rely upon a service which can restore their sense of well-being and self esteem by learning the vital practical skills of getting out and about safely, caring for themselves in their own homes with meal preparation and home management, and with the opportunity to learn other methods of accessing information - all of the everyday tasks that sighted people take for granted.

Pat Crawford

Personalisation and personal budgets

Encountering more and more difficulties with mobility and even coarse manual handling, last weekend, I contacted Norfolk Social Services Department to see, first

hand, what their approach to personalisation is and if there is a slight chance I would be eligible for a personal budget. I was led, on the Norfolk County Council website to a web form for inquiries (in general as well as Adult Social Care self-referrals) so I completed it. On the form I explained I had looked at the eligibility criteria and felt I was on the verge between 'moderate' and 'substantial' and that, as a retired social worker and a current service user activist, I had some knowledge of the processes. I asked for a social work assessment, having in mind the possibility of some signposting should I be ineligible.

This morning I received a phone call.

“Good morning, this is Norfolk Care Connect.”

No explanation of who or what Norfolk Care Connect is – and I certainly didn't 'connect' it with my self-referral to Adult Social Care. The person on the phone then began to ask information about my personal details. Foolishly, I suppose were all a bit unguarded at times like this, I stated to give some – a check on my address, then my date of birth.....I stopped.

“Can you tell me who you are please.”

“Norfolk Care Connect”

“And what do you do.”

“We're the front end of Norfolk Social Care.”

“Ah...” I connected. “So you're a separate organisation commissioned by Norfolk Country Council to work with Adult Social Care.”

“No, we are a part of Norfolk Social Care – we've just been renamed. I need to take your details”

By this time she'd taken on a tight lipped tone of voice. Barging on and pushy with it, she asked me what my problems are. Foolishly again, I had given her a detailed list before pulling myself up and realising what I was doing, I said I objected to giving detailed private information over the phone to an unqualified stranger. I told her I had completed a personal health plan as part of my work NCODP and NHS Norfolk which would have all the detailed information they needed and I could either print it out and post it to them or, if she could give me an e mail address, let Adult Social Care have a copy over the internet.

She spelt it out for me: “norfolkcareconnect@norfolk.gov.uk”

“Surely that's an address for general inquiries, isn't it – I don't want to send my private information there.”

“That's alright, there's only me on duty here this morning and I'll get it.”

Brushing that aside, she tightened her pushy belt and barged on:

“How do your problems affect you?”

Again, I started to go into details about my mobility difficulties then realised once again that this process over the phone is both dysfunctional and unacceptable. I said so. She said she (an unqualified telephonist) has to have the information to make an initial assessment as to whether or not I might meet the eligibility criteria entitling me to have an assessment by a qualified social worker. I said goodbye and put the phone down.

There are social barriers for disabled people and social barriers!!!!

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The government decisions being referred to are:

The Budget

Many of the policy announcements in the budget will increase the inequality experienced by disabled people. Regressive taxation affects poorer people disproportionately so measures such as the rise in VAT will increase the poverty experienced by many disabled people. Under equality laws, we believe the government should have assessed whether its budget proposals would increase or reduce inequality for disabled people. So does Teresa May, who warned the Chancellor of the Exchequer that cuts imposed in the June Emergency Budget may be in breach of the Equality Act 2010. This is because they would have a disproportionate effect on women, pensioners, ethnic minorities and disabled people. Furthermore, she said, "If there are no processes in place to show that equality issues have been taken into account in relation to particular decisions there is a real risk of successful legal challenges."

<http://www.telegraph.co.uk/news/newstopics/politics/conservative/georgeosborne/7927623/Theresa-May-warned-Chancellor-his-Budget-could-hit-women-hardest.html>

Other proposed measures in the budget, including changes to housing benefit, will affect the income of disabled people which will put their ability to pay higher rents and the tenancies at risk.

The newly announced proposals to cut the Supporting People budget by up to 40% will have a significant impact on the most vulnerable disabled people.

Independent Living Fund

The Independent Living Fund (ILF) - which provides financial support to disabled people with high support needs to support the cost of their personal assistance, and is separate from social care funding - is essentially closed for business. Disabled people in work have been prioritised in the short term.

The potential problems these decisions give rise to are significant. As the ILF's own equality impact assessment of the decisions notes:

Giving priority to people who are in paid employment of at least 16 hours a week has the potential to adversely affect people in terms of race, gender and age. Disabled people who are from ethnic minority communities, women and young are less likely to be in paid employment. People with learning disabilities are also less likely to be in paid employment.

By giving priority to people who are in paid employment ILF will no longer normally accept applications from people in receipt of Income Support and similar benefits. Therefore the change is also likely to adversely affect people who are at a socio-economic disadvantage.

The costs of meeting the social care needs of disabled people who previously could have applied for the ILF will instead fall to local authorities or will not be met.

It's not efficiencies. It's not bloated public spending or welfare dependency. It's disabled people not being supported to meet the most basic elements of day-to-day life - getting out of bed, making a cup of tea, or going to the supermarket – being active and equal citizens.

Disability Living Allowance

The Poverty, Worklessness and Welfare Dependency report is good on noting the inbuilt disadvantage that many groups of people face. For example, it notes that disabled people:

- Are more likely to live in poverty (29% of families live in poverty when at least one family member is disabled, compared with
- 20% of families with no disabled people) (p8)
- Are more likely to live in persistent poverty compared to non-disabled people (11% compared to 5%) (p18)
- Are less likely to be in work (over half of disabled people do not work) (p9)
- Are less likely to have formal qualifications (24% of disabled people have no formal qualification) (p12)

But the report then doesn't note the factors which lead to these institutional barriers. The effect is to create a suspicion that disabled people are not trying hard enough to gain a qualification or get a job.

It is worth noting that at no point does the report define what DLA is for - DLA helps with the additional costs of disability, primarily related to personal care and mobility. It is for people under 65, though you can continue to be in receipt of DLA over the age of 65 if you have it before you are 65. Attendance Allowance is the equivalent for people over 65. Both are non-means tested.

The Coalition Government are drawing exactly the wrong conclusion about DLA from its own report. For example,

For example, the report notes that "over one in five DLA claimants are in the top two income quintiles (when DLA is included as income and no account is taken of extra costs of disability)". DLA is designed *precisely* to take account of the extra costs of disability/impairment. Secondly, and taking the figures at face value, they tell us that over 20% of DLA claimants are in the top 40% of income distribution. That is, 80% of DLA claimants are in the bottom 60% of income, meaning that DLA is targeted exactly at those disabled people who live in relative poverty.

Incapacity Benefit and Employment

The Coalition Government is cutting spending on incapacity benefit (IB)/Employment and Support Allowance (ESA). These benefits are for sick and disabled people between 18 and 65 who because of ill health or impairments are unable to work. Currently 2.6 million people receive IB or ESA.

The previous government's similar effort to cut back incapacity benefit, led to disabled and seriously ill people being deemed fit for work. This included people with advanced Parkinson's Disease, Multiple Sclerosis, with severe mental illness and those awaiting open heart surgery.

<http://www.guardian.co.uk/politics/2010/jun/28/welfare-incapacity-benefit-claimants-assessment>

The results of this are that disabled people will have their living standards cut, be forced into low paid and often inappropriate 'Mac' jobs or be excluded from claiming benefits because they are not 'actively seeking work'.

Along with cuts to IB, massive cuts are being proposed to spending on social services. The latter provides most of the funding for the personal budgets that allow disabled and older people to live independently in the community. Less funds and a stricter criteria for receiving social care will mean increased hardship for a great many disabled people. The threshold for eligibility for personal budgets and access to services has been raised so high that many disabled people, especially people with mental health issues, have been excluded from receiving support when they need it.

Access to Work Fund

The cutting of the Access to Work Fund by 20% exposes the lie that the Coalition Government wants to assist disabled people to work. The changes transfer greater responsibility and costs for equipment and adaptations on to the employer. This makes it even less likely that employers will recruit disabled people as they will cost more than non-disabled employees. At a time of cuts to public services and recession for the private sector these changes are regressive and discriminatory.

Co-Production and Consultation

The democratic deficit and the con of consultation. None of the policy changes involved disabled People's Organisations (DPOs) prior to announcement. There has been no meaningful upstream engagement. Any 'consultation' that has happened has been downstream and tokenistic. As a DPO involved in co-production we know the difference.

Conclusion

NCODP knows that some benefits are well-focused and support precisely those people who face institutional barriers to equality and independence. The ILF, DLA and Access to Work are key to disabled people moving out of 'welfare dependency', accessing training and gaining employment. They are not welfare benefits, they are to compensate for the extra cost of being disabled – being discriminated against by the barriers to accessing the world equally with fellow citizens.

Actions

- A full and independent National Equality Impact Assessment (EIA) is carried out on the cumulative effects on disabled people of the cuts and reforms nationally and locally.
- The Government suspends and takes no further action on the proposed changes in implementing cuts and welfare reform until the EIA is finished and they have actively consulted with Disabled Peoples Organisation's (DPOs).
- These consultations need to be broad and in depth based on the principles and practices of co-production. They also need to be in accordance with the UNCRPD.
- Implement the UN Convention on the Rights of Persons with Disabilities (CRPD) particularly through ensuring legislation is in place that fully supports disabled people's rights and by working in partnership with disabled people's organisations (DPOs).

- Raise the status of disability within government - move the Office for Disability Initiatives (ODI) out of Department of Work and Pensions (DWP) into the Office of the Prime Minister or Dept. of Justice at the very least - and give disability to a Secretary of State.
- Ensure that public bodies implement the disability equality duty.



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