



Motability

The leading car scheme for disabled people

21st July 2004

Strategy Unit
Cabinet Office
Room 4.14 Admiralty Arch
The Mall
London SW1A 2WH

Interim Report on Improving the Life Chances of Disabled People

Thank you for the opportunity to consider and comment upon your interim report. Whilst I am writing as Director of Motability, my comments are also a personal perspective reflecting a range of experiences working with disabled people.

I welcome the general analysis in the report. The needs of disabled people cross many services and service providers. The well known difficulties of achieving a coherent and integrated approach, where different services and professionals are involved, are starkly apparent in the experience of disabled people.

Areas of Disagreement/Omission

Page 8 – Disability and Benefits

This is a very complicated subject and I am not sure how much the analysis attempted can clarify the issues. However, if it is to be part of the report, some of the figures used need to be explained or corrected. For example, overall about four million people in the United Kingdom receive either Disability Living Allowance (DLA) or Attendance Allowance. The figures used in the analysis relate only to DLA and only appear to include those with entitlement to either the higher rates for car and/or mobility. A range of smaller benefits like the Carers Allowance and payments from the Independent Living Fund are omitted as are direct payments.

Page 9 and elsewhere – Disability Barriers

I support the main line of the analysis but felt that the tone was disproportionately about physical barriers affecting physical disability. Most people with a mental impairment now live in some form of community unit whereas only forty years ago it was common to find most of them in large isolated hospitals. This has been a huge advance but it means that some disabled people require a good deal of continuing support as well as the removal of barriers and discriminatory attitudes and practices.

Page 18 and elsewhere – Co-ordination of Service Provision

I said at the outset this familiar issue has a particular impact on disabled people. At important points of transition – like the transition from education to adult services – a wide set of issues and choices arise about social service advice and care, further education and training, employment provision and support, housing and health care and payments and benefits. If identification of the problem, exhortation, appointment of key workers or dissemination of good practice were the keys to progress much more would have been accomplished by now. The priorities, levers and sanctions in each of the different areas do not deliver co-ordination. There is no easy answer but all organisations do respond on critical areas like the allocation of finance. So, ear-marking some areas of financial provision that can only be accessed by, eg, combined health and social service working, has achieved progress where acres of guidance and planning instructions had previously made no impact. This is the kind of leverage required.

Page 25 – Extension of Direct Payments and Funds for Independent Living

This is potentially an important area but there is very little information about how such funds are successfully accessed and used or what other benefits and services are used to complement provision. Anecdotal experience indicates that some disabled individuals and their families receive very high levels of support through health and care services, benefits, direct payments, independent living funds, employment measures like Access to Work, and aids and adaptations including extensively adapted housing and vehicles. This must provide some hugely successful outcomes but they are rarely written up anywhere. It is extremely likely, moreover, that access to them is determined more by good fortune than informed management of limited resources.

Key Areas for Achieving Progress

The largest question I have about the report is how effective solutions to the issues can be identified and implemented without looking at a number of specific areas of provision that are clearly failing. Let me give two specific examples.

Support for Adults with Severe Learning Difficulties

This is an area where there has been a great deal of excellent policy analysis and guidance. The Government paper 'Valuing People' was one of the most impressive papers produced in this area for many years and was widely read and welcomed. It rightly emphasised two key threshold points for this population of disabled people: the transition from education to adult social services where co-ordination and provision of information and support is abysmal in many local authorities; and even more critical, the planning of support for the growing population of older adults with learning difficulties – in their forties and fifties – who remain in the full-time care of parents who are in their seventies, eighties and nineties. This is a comparatively modern social and community issue because the previous pattern of care (long-stay hospital units) was associated with relatively short life expectancy. The success of community care now leads to vulnerable adults suffering bereavement and loss of the only home they have known. This leads to the provision of emergency residential care that is inevitably expensive, unplanned and often unsuitable.

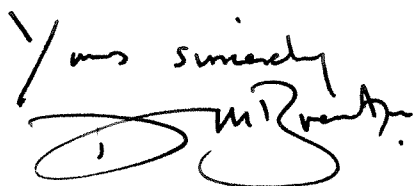
This is a growing and immediate crisis affecting all parts of the country but the response to the call for better planning and support in 'Valuing People' has been negligible. It seems to me that your final report has to get to grips with examples of current crisis like this to have credibility.

Provision of Wheelchairs

This is another area where I would argue that the specific issues and proposed solutions should be identified as part of your report to make it real to the audience, particularly disabled people. Here I would suggest that the importance of the issue is not so much through immediate crisis – though it must feel like that for many individuals – but how long the problem has been known and how unanimous the criticism. If the term postcode lottery did not first originate in this area it must still be one of the classic examples. It is also an area where it seems legitimate to ask whether the national provider should be the NHS given its poor history over many years of providing a consistent and adequate level of service. The main criticisms of the service are summarised in the enclosed recent publication by the Muscular Dystrophy Campaign and the previous studies to which it refers.

I hope this is useful and helpful feedback. At Motability we operate an unusual but highly successful partnership between the voluntary sector, the Government, banks and industry to enable disabled people to use cash benefits to achieve independent mobility. There may be other areas where a similar model could provide better ways forward.

I enclose a leaflet about the Scheme and we would be happy to provide more details if that would be useful.

Yours sincerely


Don Brereton
Director

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