

Submitted to **A Consultation on Improving Disability Assistance in Scotland**

Submitted on **2019-05-27 18:41:48**

## **Section 1 - Disability Assistance in Scotland**

### **1 Do you agree or disagree with the proposal to name Disability Assistance for clients aged 0-18 years old Disability Assistance for Children and Young People (DACYP)?**

Disagree

#### **2 If you disagreed, please could you explain why.**

##### **If you disagreed, please could you explain why.:**

The name should start as it means to go on with a focus on support rather than disability otherwise this could see people not claiming and as in line with dignity fairness and respect the person should come first, then support and then if necessary disability but assistance probably shouldn't be used but living independently with support is something that could be worked on.

Personal Support and Living Payment?

We don't want to put people off and given take up is a requirement for SG then we should adopt a more inclusive and positive language.

### **3 Do you agree or disagree with the proposal to name Disability Assistance for clients aged 16 years old to state pension age Disability Assistance for Working-Age People (DAWAP)?**

Disagree

#### **4 If you disagreed, please could you explain why.**

##### **If you disagreed, please could you explain why.:**

Again we need to move away from disability reference and acronym needs working on.

We are told in the act that it is based on day to day activities but the name and focus appears to be disability

### **5 Do you agree or disagree with the proposal to name Disability Assistance for clients who are state pension age or older Disability Assistance for Older People (DAOP)?**

Disagree

#### **6 If you disagreed, please could you explain why.**

##### **If you disagreed, please could you explain why.:**

Independent and living safely should be the focus rather than disability as even the current description is in relation to living independently and in connection with personal care rather than disability. We seemed to be focussing on disability rather than an inability to live safely and independently. Disability is unhelpful and one would imagine long term and short term restrictions will see people not claim and be put at risk.

### **7 Do you agree or disagree with the proposal to enable multiple application channels for Disability Assistance?**

Agree

#### **8 If you disagreed, please could you explain why.**

##### **If you disagreed, please could you explain why. :**

Best and most relevant to any condition should apply.

### **9 Do you agree or disagree with the proposal to broadly replicate the current temporary absence rules?**

Agree

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<http://www.nawra.org.uk/index.php/resources/regional-networks/>

**10 If you disagreed, please could you explain why?**

**If you disagreed, please could you explain why?:**

As long as there is parity as at different points temporary absence for instance under pensions and pension credit does not allow parity for all.

**11 Do you agree or disagree with the proposal to implement a person-centred approach to making decisions about entitlement for Disability Assistance?**

Agree

**12 If you disagreed, please could you explain why?**

**If you disagreed, please could you explain why?:**

NAWRA agrees that people need to be at the centre but this needs to be a promise and people are entitled to consistency which doesn't exist at present. At present protections do exist but they are hidden away with these not front and centre in regulations or guidance. It must be front and centre what roles are to be played especially consistency with safeguarding with all disabilities as at present consistency is lacking in regulations and also the application form with no parity with musculoskeletal restrictions or mental health all. At present the preposition is key as it is described as "we can" but this must read "we will" and it must be in regulations rather than internal protocols that people never see. Training of advisers at present is sadly below the standard that one would want and when our assessments are carried out that there should be no baggage from existing suppliers that unfortunately includes our own NHS staff so 1st line training must be key and have D,F and R front and centre.

**13 Do you agree or disagree with our proposed approach to the involvement of Specialist Advisors in Decision Making?**

Agree

**14 If you disagreed, please could you explain why.**

**If you disagreed, please could you explain why. :**

To be honest this already exists especially mental health champions however again the person is forgotten about and this is all done without consultation and without the expert, the person.

As previously stated preposition is key with any guidance as whilst some providers, that includes NHS, state training let's say under mental health for physiotherapists can be given it must be given and a head to toe training be mandatory.

At present we are told assessors pass their training but we should see these results.

**15 What factors should Case Managers take into account in deciding when a Specialist Advisor should be involved?**

**What factors should Case Managers take into account in deciding when a Specialist Advisor should be involved? :**

Variability or rare conditions, many conditions pose a risk rather than a daily restriction so specialists should be used for rare conditions initially but with time this information could be used to inform staff with service user groups as everyone is different with a different level of pain threshold. We appear to have a system based on beyond reasonable doubt which is the wrong legal threshold and should be based on balance of risks and probabilities.

Any specialist adviser plus existing case law UTT 105(AAC) which relates to not only harm but the likelihood of harm occurring.

**16 Do you agree or disagree that the decision making process for Disability Assistance for Children and Young People, and for Older People should use existing supporting information and not through face-to-face assessments?**

Disagree

**17 If you disagreed, please could you explain why.**

**If you disagreed, please could you explain why.:**

We all have a voice and choice should be for all if it is felt there is enough evidence then yes but if not then an assessment to listen and learn should be made available. If there is insufficient evidence tribunals will be used and we want less of these situations for all service users concerned.

**18 What types of supporting information would be relevant in assessing an application for Disability Assistance e.g. social work report, medical report?**

**What types of supporting information would be relevant in assessing an application for Disability Assistance e.g. social work report, medical report?:**

The fact there will be no hierarchy to evidence will mean all relevant parts of one's life will be respected and given that NHS currently carry out assessments (SALUS) it will be key to respect all involved rather than being short sighted to any one piece of evidence or one that a colleague may have written so this impartial approach needs to be protected.

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Under DLA rules we know that reports were requested from any claimant's GP or specialist but under migration to PIP this reduced and many decisions were made prematurely and money people relied on or indeed mobility cars were lost. GP reports should be facilitated as unfortunately due to GDPR tribunals now refuse and if medical records are not sought then obviously this will cause problems. We also know that when cases are being migrated from DLA to PIP it is a mandatory question to ask if DLA evidence is to be requested but this is mostly not asked of any claimant so again a missed opportunity that we could rely upon in Scotland. Unfortunately, this is outsourced to SERCO and not monitored just like mandatory reconsideration timescales that do not need to be recorded. The only promise made was from the then secretary of state advising if they go over a certain timescale (16 weeks) then it will be addressed but what should not be missed is the opportunity to help with each case and at every point of contact in Scotland requesting evidence and taking the burden of proof and responsibility from vulnerable individuals.

We shall have agreements with local authorities so gathering social care reports will be important but the agreement is still to be put in place however NAWRA would envisage an easier process to social work systems and NHS especially given the learns from NHS funded projects especially in GP's and hospitals.

**19 Do you agree or disagree with the proposal to have no set award durations but to set an award review date when a decision on a Disability Assistance application is made?**

Disagree

**20 If you disagreed, please could you explain why.**

**Comments::**

At present we have a situation of it being inappropriate to set an end date but regulation 11 is used as a negative under PIP regulations so if we are brave we should say "no review if appropriate" this being a better way to support anybody with a condition that restricts or may cause harm. Of course science is always evolving but if it is the common belief that a condition is unlikely to change this should be used as the norm with any period of award.

**21 Do you agree or disagree with the proposal to set an award review date 5-10 years in the future for a person with a condition unlikely to change?**

Disagree

**22 If you disagreed, please could you explain why.**

**Comments::**

At present we have a situation of it being inappropriate to set an end date but regulation 11 is used as a negative under PIP regulations so if we are brave we should say "no review if appropriate" this being a better way to support anybody with a condition that restricts or may cause harm. Of course science is always evolving but if it is the common belief that a condition is unlikely to change this should be used as the norm within any period of award. Any change needs to be verified under rules of supersession and backed up with relevant medical evidence that would should be more than one piece of evidence especially if an alternative opinion exists.

**23 Do you agree or disagree with the proposal that a change of circumstances should be defined as a change which has an impact on the level of assistance a person receives?**

Disagree

**24 If you disagreed, please could you explain why.**

**Comments::**

We have different reports and caveats within the consultation and in particular the position paper from SG that skills within employment could be taken as a change of circumstance. This is going to create a 2 tier work force with people who struggle with limitations caused by a disability will be living under a different level of opportunities. It is worried working may see any supportive disability assistance removed which is why the condition alone should not be used in isolation to at times possibly a threatening culture and thus rather than enabling progress but regress. If the papers are taken as read we are creating a harsher existence and one o less opportunity. It could be argued that reasonable adjustments could mean removal of disability assistance which will not sit well with our challenges with loneliness in Scotland or the lack of workers with a disability. We need to be careful and it is vital we have a more balanced workforce as at present even at the point of application people with disabilities are limited so anything that is defined as a change must recognise existing conditions and not be a threat against any improvement. We know from Enable Scotland that disabled children are limited getting into further education and into work this is as low as 9% of college graduates who have disabilities. and across UK NAO tell us 7.6 million people identify as disabled and only 51% are workers so without support this could be lower especially those with mental health restrictions.

**25 Do you agree or disagree with the proposal that clients have 31 days to request a redetermination?**

Agree

**26 If you disagreed, please could you explain why.**

**Comments::**

Parity should apply to all sides.

It was initially taken by UK policy that there was no appeal rights to mandatory reconsiderations, redeterminations as prescribed here in Scotland which has helped develop a reluctance to request a review so if we have parity then the culture will be demonstrated that D,F,R is alive and well and people will not fear requesting a review/appeal.

Extending any process should be available if reasonable and if refused there should always be a process of appeal.

**27 We have proposed that Social Security Scotland have a period of between 40 and 60 days to consider a redetermination of Disability Assistance. Do you agree or disagree with this proposal?**

Disagree

**28 If you disagreed, please explain why.**

**Comments::**

It should be done as quick as possible and only extended if additional evidence is sought and even then this should be communicated to all parties.

**29 Do you agree or disagree that STA should not be paid to people who are not living or present in Scotland?**

Disagree

**30 If you disagreed, please could you explain why.**

**Comments::**

This needs further clarification as again the balance of probabilities needs to support people who are possibly fleeing certain situations, working, hospital treatment causing this to be treated unfavourably between legacy benefit and UC.

If here in Scotland we are relying on UK evidence and someone who is accepted as normally resident under legacy benefit then this should suffice but under UC this is ignored so how can we be sure under our system it is more akin to legacy than UC for our purposes in Scotland.

**31 Do you agree or disagree that STA should not be recoverable except where it is later established that the principal assistance type was claimed fraudulently when STA was awarded?**

Agree

**32 If you disagreed, please could you explain why.**

**Comments::**

**33 Do you agree or disagree that STA should not be available where an investigation by Social Security Scotland has determined that the original payment was claimed fraudulently?**

Disagree

**34 If you disagreed, please could you explain why.**

**Comments::**

We need to make it obvious and what types of recoverability exist especially in relation to innocent errors, fraud and any recoverability.

If recoverable it should be made from existing methods and protect disability assistance where applicable but if clear and obvious with an acceptance then yes but if not then other methods should be explored.

**35 Do you agree or disagree that any deductions being made from an on-going assistance type to service an overpayment liability should also be applied to STA?**

Disagree

**36 If you disagreed, please could you explain why.**

**Comments::**

This will be a limited amount so other avenues should be explored.

**37 Do you agree or disagree that for successful process decision appeals where the tribunal has overturned Social Security Scotland's decision, STA should become available at the point the decision is overturned rather than the date of the original request?**

Disagree

**38 If you disagreed, please could you explain why.**

**Comments::**

The earliest date possible should be used under powers of STA or existing benefits but given we do not control all of this it will be difficult. We could use similar processes like when appealing ESA when this is re-instated at appeal.

As we may see individuals lose out we can not risk this so the earliest date should be appropriate.

**39 Do you agree or disagree with the proposed approach that, generally, where there is a break in a client's eligibility to receive the benefit, e.g. due to being in residential care, they will cease to receive the benefit?**

Disagree

**40 If you disagreed, please could you explain why.**

**Comments::**

At present NAWRA disagree as residential homes offer a trial period and this we would support.

Suspension of any benefits should be able to be re-instated with a quick confirmation and this could be confirmed through devolved systems NHS, Prison or Hospitals.

Investment could be made at point of discharge to support disability and travel as many remand or hospitals have insufficient resources to ensure everybody has all that is required upon release or discharge so referrals through schemes like SWF would allow payments and allow HB/CTRS be re-instated possibly through automation.

We should also consider linking periods in any set period where it could automatically be lost at point of change or under a trial period.

**41 Please outline any comments or experience you would like to share with us about overpayment recovery and the current DWP approach to deductions?**

**Comments::**

Reading the consultation it reports that SG will take responsibility only if it is a small overpayment but we must have consistency throughout and if SG have made an error larger or small they must take responsibility the same way any individual does.

A full assessment of needs must be done at the earliest stage otherwise deprivation and available family funds will be affected not to mention an assessment on health which is likely to impact mental health quicker.

We can not start to place people at risk by only offering rights of appeal and recovery after the fact but from the start of the appeal process.

## Section 2 – Disability Assistance for Children and Young People (DACYP)

### 42 Do you agree or disagree with our proposal to provide entitlement to Disability Assistance for Children and Young People to clients aged 0-18 years?

Agree

### 43 If you disagreed, please could you explain why.

#### Comments::

It is welcomed the approach to increase the age but this could go further to support education for children with disabilities and this could be at various stages of development especially when we consider CB/CTC is available until 19 when studying a course of non advanced education.

After been in care help is available to 25 under council tax.

It is asked to respect various points of development when regulations are written to support attainment levels and to increase further education for students with disabilities and then into employment.

### 44 Do you agree or disagree with our proposal to extending eligibility, for those in receipt of Disability Assistance for Children and Young People before the age of 16, to age 18?

Disagree

### 45 If you disagreed, please could you explain why.

#### Comments::

See above

### 46 Do you agree or disagree with our approach to the eligibility rules for the different components of Disability Assistance for Children and Young People?

Agree

### 47 If you disagreed, please could you explain why.

#### Comments::

Agreement initially for easy transfer but this dialogue must stay open to be the best we can be and to improve in areas that ensures children don't miss out and adverse childhood experiences are removed or at least limited.

### 48 Do you agree or disagree with the proposal to make a £200 Winter Heating Assistance payment to families in receipt of the highest rate care component of Disability Assistance for Children and Young People?

Disagree

### 49 If you disagreed, please could you explain why.

#### Comments::

It should be all levels of care. Given the additional costs and especially at home it should be reflected in support with winter heating assistance for all recipients of personal care. To support additional costs travel should also be supported as PIP recipients enjoy at present. Any award of care should receive WHA and mobility should attract an entitlement to travel costs and bus passes.

I apologise for referring to PIP but an example of lost opportunities would be scoring points under mobility but no award and if any condition is recognised or award of points under mental health we could at least make sure this is supported with relevant referrals if not money but one would think any mobility points could attract a bus pass for instance.

### **Section 3 - Disability Assistance for Working Age People (DAWAP)**

#### **50 Do you agree or disagree with our proposal to use a points based system to assess eligibility in relation to Disability Assistance for Working-Age People?**

Don't know

#### **51 If you disagreed, please could you explain why.**

**Comments::**

Initially a points based system will allow continuity but at the point of introduction we must have parity between mental health and musculoskeletal for example. The law under welfare reform act and regulation 4 which refers to safely, repeatedly and within a reasonable time period are very much strangers when it comes to the application.

The legal tests often do not relate to the question and answers provided so if points are accepted we must have a calendar for reflection and consultation as even if a points based system we only hear 12 questions of daily concern with daily living or mobility.

We can accept a points based system but based on all aspects of one's daily living and mobility rather than the restricted view at present.

At present we see the law separated into DWP interpretation and then points but only case law will change this so we must have ongoing dialogue to ensure we interpret and design a system that adheres to dignity, fairness and respect.

Balance of probabilities and risk of harm needs to be addressed as we can see the language all the way through historical legislation refers to time rather than risk of harm.

Frequent, Majority of time 50% time etc.

In our act in Scotland we read about need not being short term and relating to day to day activities so regulations must clarify how this is defined as day to day activities appears to try and incorporate all so given day to activities relates to person, work etc. this must be clear in regulations as at present it is based on some strange journey that doesn't always offer parity of concern with mental and physical health.

Does daily living relate to personal care or all day to day activities? Clarity is needed.

#### **52 Do you have any suggestions about the most appropriate way to assess eligibility in relation to mobility for Disability Assistance for Working-Age People?**

**Comments::**

Balance of probabilities and risk of harm needs to be addressed as we can see the language all the way through legislation refers to time rather than risk of harm. We can see from our challenges that even before one starts walking that mental health barriers stop any mobility so it should be given the same level of respect that actually walking does.

Certainly we can see figures on isolation increase with the introduction of 20 metres and this should be returned to 50 metres.

Earlier in this submission we have referred to points being awarded for mental health and often it ends there however this could be used to open up additional support or counselling to support loneliness and isolation.

At present it is often used when one appears for an assessment the prompting and mental health don't exist and whilst advocacy will be available it will not always be in place so if we can verify via NHS or social care it should suffice when any assessment is made especially when we have existing case law that refers to not only harm but the likelihood of harm under UTT 2017 UKUT 105 (AAC).

#### **53 Do you have any comments on the full list of descriptors(provided at page 36) currently used to assess claims for Personal Independence Payments?**

**Comments::**

This should relate to the legal tests and not descriptions written by government.

For example under preparing food we know the legal test is to stand at a work top, prepare and then cook one plate of food for consumption.

If we incorporate UK descriptors we must have our own accent from our own legislation that can be reviewed with consultation and evidence but I advocate for our own regulations as the existing descriptors have appeals being overturned at around 72%.

#### **54 What types of observations, as part of a face to face assessment, do you believe are inappropriate?**

**Comments::**

Any informal observations are unwelcome and too open to personal interpretation and any assessment should be based on appropriate and clear criteria.

Any disingenuous approach is unwelcome in Scotland so when offered a cup of water or someone can lift a plastic cup of water or papers, or they walked to the assessment room are all unwelcome.

We also see comments like person wasn't breathless yet no peak flow results or no restriction when lifting a leg but no physiotherapist assessment so all that we have must be reflected in proper medically based assessments with a starting point of reasonable acceptance from the client and as previously stated balance of probabilities rather than proving beyond any reasonable doubt or unproven a doubt or allegation when we need to be clear and transparent.

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**55 In relation to assessments, what are your views on acceptable distances to travel?**

**Comments::**

It is inappropriate to generalise given any health restrictions or indeed travel infrastructure restrictions in Scotland especially in isolated areas but recognition of hurdles must be considered with alternative methods made available especially if all recorded health conditions are mental health then why do people need to be in attendance as physical assessment is required.

Both need understanding and supported.

If infrastructure is poor why not use local and appropriate areas or surgeries? Due to travel restrictions it may even be appropriate to increase the time if it is easier to travel by one method to a centre further away rather than a smaller distance with more hurdles but it is welcomed that SG are considering more flexibilities and options.

**56 What other circumstances should the Agency take into account?**

**Comments::**

Providing travel support in rural areas.

**57 In relation to assessments, how many times do you think an individual should be able to reschedule, or fail to attend, an appointment?**

**Comments::**

If there is any doubt verification could be sought from local GP etc.

If based on health etc. then we could gather full reports from registered professionals like what happens with paper based reports under PIP but openly rather than the cap in hand approach within the limited 5 day turn around that exists today.

Capping at a certain number would be wrong it must reflect the individual.

**58 In relation to a missed assessment, do you have any comments on what should amount to exceptional circumstances (e.g. hospital admissions)?**

**Comments::**

Like exists under ESA would harm have been likely if the meeting had been attended? Is this linked to a condition verified through NHS systems? Ask for permission at point of claim to help with such a situation.

It is inappropriate to generalise given any health restrictions or indeed travel infrastructure restrictions in Scotland especially in isolated and rural areas.

Both need understanding and supported. If infrastructure is poor why not use local and appropriate areas or surgeries etc.

Safeguarding exists with various benefits but unfortunately hidden away so we should use this as an automatic and not making things worse by forcing the situation. By the time an assessment is scheduled any assessor will have a plethora of information so if we have a risk identified then it should be covered within the possibility of any decision that could be made without being called for an assessment.

Obvious and clear hospital appointments or admissions can be accepted but the likelihood of risk, substantial risk and safeguarding any critical health, especially mental health, should always be kept open to avoid people suiciding at the absolute worst.

**59 Please provide any comments you wish to make about the audio recording of assessments.**

**Comments::**

Clearly PIP video trialling is ongoing but for audio purposes oral evidence must be descriptive as this will be more difficult to clarify as even at tribunal it is not always clear if something happens so any audio at assessment must be descriptive and prescriptive and thorough.

We must have different options that suits different conditions and situations plus any recording or piece of evidence should be utilised at the earliest stage as within the released papers we hear of a judge resolving the situation with a disc but this could be done when a redetermination is requested both in disc format and any suitable format to read i.e. brail, large print.

It appears that the disc will be a late addition which would be unwelcome in the appeal process as within tribunal procedures 2008 under 2(2B) when formality is avoided and flexibility is sought so it is asked of SG to adhere to these objectives.



#### **Section 4 - Disability Assistance for Older People (DAOP)**

##### **60 Do you agree or disagree with our proposal that Disability Assistance for Older People is provided to those who are state pension age or older?**

Agree

##### **61 If you disagreed, please could you explain why.**

###### **Comments::**

At the point of writing we have aged 65 as the appropriate age and later in 2019 we have pension age as a starting point so naturally the demographic will change as some people will have their retirement age increased and others will fall under working age.

Naturally this will see a rise in recipients but given the definition in our act is different upon safe and secure we need to keep open the channels of dialogue and review procedures.

There should be no restriction to the possibilities of review upon transferring from UK to Scotland in terms of a potential difference with mobility as this must be in place under PIP when transferring to A/A.

##### **62 Do you agree or disagree with the proposed eligibility criteria for Disability Assistance for Older People?**

Don't know

##### **63 If you disagreed, please could you explain why.**

###### **Comments::**

At present AA rules hold attention and supervision in connection with bodily functions and dangers however SSA 2018 refers to disability assistance refers to a disability arising from physical or mental health (see 31) day to day activities and schedule 5 refers to regulations being written with reference to 1(a) a physical or mental impairment:

1 (ai) regulations will frame it around an individual's ability to carry out normal day to day activities but it is unclear if this will be activities that duplicate daily living, mobility under PIP regulations 2013/Welfare Reform Act 2012 sections 77/78 or what we would consider day to day activities in the normal meaning of this terminology.

##### **64 If you have any further comments you would like to make relating to Disability Assistance benefits not covered by this consultation document, please provide them below.**

###### **Comments::**

Rosabeth Moss Kanter from Harvard Business school writes about positive change to communities and is quoted as saying "forced change is seen as violence and when done independently it is seen as liberation".

The introduction of PIP, which covers most under disability assistance, across the UK has the most recent figures published 19th March 2019 showing over 4 million PIP claims registered, 2.2 million in payment, 1.735 million refused and after reconsiderations 971,000 either refused or still to be assessed and when taken to tribunal the current success rate is around 71% showing what exists doesn't work.

Section 7 partial equality paper we are told that we live free from discrimination well the people with psychiatric disorders, which is recorded as the highest contributory condition under PIP, would surely disagree so as we develop our Social Security in Scotland it is vital we have investment from all parties especially in relation to our powers so the aforementioned scenario isn't added to so take up will be vital so we have all layers adhering to dignity, fairness and respect but naturally this will be difficult given red lines will be different across providers.

When local authorities continue to cut investment with money and vision then it is welcomed not only the progress made in Scottish Government but also ongoing work together. In Scotland we truly can contribute to our ambitions of dignity, fairness and respect especially when it is the most vulnerable who are affected with us all being judged on how we act and how we treat our most vulnerable members of our communities.

Social Security (Scotland) Act 2018 confirms social security as a right and Scottish Government also recognises the importance of advice and our partnership will be key in ending our unwanted poverty rates that are expected to rise so if we act together and act fast we have a greater opportunity to allow not only a decent standard of living but a good and prosperous standard of living.

A recent paper by Julia Unwin talks of kindness in social security but kindness needs to start in our shared communities helping one another and a key message is to travel with a smile and I for one hope we can tighten the foundations of social security that is so important for so many when fiscal challenges present. If we have the opportunity to limit stress we should and protect income or at least limit assessments and hardship which seem to go hand in hand.

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<http://www.nawra.org.uk/index.php/resources/regional-networks/>

# nawra

national association of  
welfare rights advisers

We have so many challenges ahead and this will take investment from all levels of society and antiquated post holders must allow ideas to co exist and voices to be heard as often post holders aren't blessed with vision and are frightened to seek new ideas so NAWRA welcomes the approach from Scottish Government and look forward to assisting and openly contributing.

A recent paper by Crisis shows a rise in homelessness due to the benefit cap and lack of investment by local authorities will no doubt do the same to people with disabilities and if we add the continuous losses due to austerity policy then the hunger will only be matched with the amount of children not getting to realise ambition or to enjoy childhood in the way they should be free to do so especially children with a disability so it is welcomed the open approach and consultation by Scottish Government.

When we can we must reduce assessments, improve assessments and reports when reports are required, allow for open dialogue, ensure we keep open an ongoing review of safe and secure transfer otherwise we shall be left with a UK hangover which will take even longer than the expected full transfer.

We will be in possession of so much information about people that it will be very easy to ensure all support is given as we know isolation is a deadly killer so we can change the way we operate our social care system and even if we can not help financially we can definitely help reduce the way our system operates and with the information we will have can assist with travel, care, independence, social activities and indeed loneliness.

If we can say yes we should and restrict the hurdles in an already overcrowded minefield of disability, claims and assessments which are often unnecessary.

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## About you

### What is your name?

**Name:**

Craig Samuel

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### Are you responding as an individual or an organisation?

Organisation

### What is your organisation?

**Organisation:**

NAWRA

### The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

**We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?**

Yes

## Evaluation

**Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)**

**Matrix 1 - How satisfied were you with this consultation?:**

Slightly satisfied

**Please enter comments here.:**

**Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:**

Slightly satisfied

**Please enter comments here.:**

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<http://www.nawra.org.uk/index.php/resources/regional-networks/>