



# All Party Parliamentary Group on Autism

Meeting with Bruce Calderwood, Office for Disability Issues: Minutes  
6 December 2006, Committee Room 18, House of Commons

## Present

Janet Dean MP  
Lord Clement-Jones  
Linda Gilroy MP  
Susan Imrie for Lynda Waltho MP  
Becky Trethewey for Roger Williams MP

## Apologies

David Amess MP	Bill Etherington MP	Stephen O'Brien MP
Lord Astor	Roger Gale MP	Gwyn Prosser MP
Anne Begg MP	Sandra Gidley MP	John Randall MP
Bob Blizzard MP	Andrew Gwynne MP	Lord Rix
Tim Boswell MP	Dr Evan Harris MP	Chris Ruane MP
Peter Bottomley MP	David Heathcoat-Amory MP	Joan Ruddock MP
Colin Breed MP	Stephen Hesford MP	Bob Russell MP
Annette Brooke MP	Paul Holmes MP	Christine Russell MP
Russell Brown MP	Joan Humble MP	Ian Stewart MP
Angela Browning MP	Jeremy Hunt MP	Mark Todd MP
Paul Burstow MP	Eleanor Laing MP	Baroness Uddin
Sir Patrick Cormack MP	David Lepper MP	Rudi Vis MP
Claire Curtis-Thomas MP	Tim Loughton MP	Joan Walley MP
Nadine Dorries MP	Anne Milton MP	Betty Williams MP
David Drew MP	Rt Hon Lord Morris of Manchester	Hywel Williams MP
Clive Efford MP		Bill Wiggin MP

**Janet Dean MP** introduced the group to Bruce Calderwood and gave a brief background on the Office for Disability Issues.

**Bruce Calderwood** spoke about the ODI. He said the establishment of the ODI was a key recommendation in the Government report, *Improving the Life Chances of Disabled People*. It committed the Government to equality for disabled people by 2025. Its analysis was that there is a consistent pattern of exclusion of disabled people; non-involvement in the design of policy and services; and a lack of joined-up planning across Government.

The report recommended that the ODI should be set up; that there should be an emphasis on independent living; and that pilots on individual budgets should be created, with funding streams so that disabled people can decide how best to spend money on services.



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The ODI is now one year old. It is cross-departmental but is led by Anne McGuire MP, Minister for Disabled People. It has set up consultation arrangements: Equality 2025 will consist of 21 disabled people who will use their experiences to advise the Government across the board. It will decide how government should involve disabled people in a meaningful way. Involvement, rather than consultation, is emphasised – historically consultation involved the Government talking *to* people. The disability equality duty addresses that to an extent. Individual budget pilots are underway, which are being led by the Department of Health. An Independent Living Review looks at what independent living involves, beyond individual budgets, and what it means in a practical sense.

### Questions

**Janet Dean MP** asked how individual budgets build on direct payments. She gave the example of a constituent with Asperger syndrome who is at University and who was not able to receive direct payments at University.

**Bruce Calderwood** replied that direct payments are an alternative route to social care with a single budget. Individual budgets are more flexible in terms of what can be provided, with multiple agencies and funds. He gave an example of parents who were able to use individual budgets to install air conditioning, without which their son would be hospitalised every summer. Individual budgets also provide for advice and advocacy to take decisions.

**Janet Dean MP** asked whether there was help and support available from outside agencies for individual budgets.

**Bruce Calderwood** said that there was from some, but not all. The pilots intend to identify barriers, including staff, infrastructure and systems.

**Amanda Batten** (NAS) asked how the pilots would reflect the experiences of people with autism, and linked this to a broader issue about lack of capacity at the Department of Health, meaning that autism is no-one's responsibility. She said if ASD is not taken into account in the initial stage, it should be addressed in the evaluation.

**Bruce Calderwood** said he would take that point away. The evaluation will look at who individual budgets work for, and who they don't. Outcomes for specific impairment groups may be looked at.

**Amanda Batten** added that some pilots particularly focused on certain groups, such as older people. The cost of package of care is very different for different individuals with autism: sometimes a person may be very able in some areas but not others; barriers to independent living can be high.

**Bruce Calderwood** replied that one key question is the difference between individuals: some will have high support needs, others will have more standard needs.



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**Carol Povey** (NAS) raised the issue of ordinary residence as a barrier to independent living, whereby people moving from residential care outside their own local authority to a supported living arrangement have funding for their care withdrawn because they are deemed to be 'ordinarily resident' outside the local authority.

**Bruce Calderwood** said he was not familiar with this problem, although he was conscious of the variability of most forms of social care across the country.

**Lord Clement-Jones** asked about budgets for the ODI and whether its role was as a pathfinder and co-ordinator, or as an implementer. He said that something that bedevils the Government and Parliament is that good policies are produced but implementation is for local authorities.

**Bruce Calderwood** said he would love such a budget. But essentially his £3m to £5m budget was for administration and to fund the Disability Rights Commission, and for responsibility for the disability discrimination legislation. A small amount of money is available for pump-priming. Money is also spent on a survey on data and publicity on disability discrimination.

**Lord Clement-Jones** asked if a partner or collaborator was required for projects.

**Bruce Calderwood** added that he would prefer a partner or collaborator, usually another government department. So ODI cannot go to the Department of Health and tell it what to spend its money on – and shouldn't, for reasons of democratic accountability – but the budget is enough for a persuasive role.

**Carol Povey** asked why funding for individual budgets covers social care but not health.

**Bruce Calderwood** answered that the Department of Health gave two reasons for this: firstly that while social care is means-tested, healthcare is not; secondly, financial pressure on the NHS means that people's behaviour could be distorted by financial incentives. Pilots should show whether this is the case, and the pilot in Norfolk is testing it. It's important to remember that individual budgets is a starting point.

**Janet Dean MP** asked if individual budgets would help people with autism dropping through the gaps between services, especially mental health and learning disability.

**Bruce Calderwood** replied that individual budgets offer a mechanism for better individual services, but they don't necessarily change the gateway to those services. There is a question of whether the gateway is getting narrower or wider, and the evaluation of individual budget pilots will check this; the hope is that if money is spent more effectively, there should be fewer assessment processes.

**Janet Dean MP** noted that Equality 2025 membership would be announced the next day (7 December) and asked if Mr Calderwood could provide any names.



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**Bruce Calderwood** said that he could not. There were 900 applicants to the recruitment process over the summer. All individuals are disabled, and not representing particular groups or impairments – but there is someone with autism on the group. He said that the group aimed for a broad spread, by age, gender, geography and sexual orientation.

**Tom Hoyle** (TreeHouse) asked about *Improving Life Chances* and its focus on the families of disabled people, especially barriers to work.

**Bruce Calderwood** agreed that there was a big emphasis on children and families, and also transition to adult services in *Improving Life Chances*. He said this work is being led by DfES, who are working on planning for transition.

**Hilary Gilfoy** (Autism Speaks) asked about the definition of disability, and the lack of recognition of people at the higher end of the autistic spectrum as disabled. She asked whether ODI could raise and tackle that problem.

**Bruce Calderwood** said he was sceptical about a single all-purpose definition of disability; but that he could take a look at it if it was so narrow that it stopped people getting support.

**Linda Gilroy MP** gave an example from casework illustrating the importance of helping people early, whereby children had been successfully fostered, but had there been earlier intervention, the care placement could have been prevented.

**Bruce Calderwood** said that the Independent Living Review was trying to get a better handle on the costs and benefits of early intervention, as opposed to the previous focus on crisis and high need support. We need to look at the effect of early intervention in terms of people outside the labour market and not living independently. It is an article of faith but is hard to establish.

**Linda Gilroy MP** said she could ask the family if their experiences could be passed on.

**Bruce Calderwood** said this would be welcome as case studies must be relied upon. He added that a difficulty is how to ensure that the organisation that picks up the cost of early intervention also picks up the savings.

**Linda Gilroy MP** said she had asked her local council about the prevalence of autism in schools, as the quality of services was very poor.

**Bruce Calderwood** said that the disability equality duty meant that local authorities had to be more scrupulous now about their information about disabled people.