Consultation Questionnaire:

Make Work Pay

Recommendation 9A





What is this questionnaire about?

Consulting with you

The Government wants to hear your views about the possible effect on your family of some of the recommendations from the *Make Work Pay for People with Disabilities Report* (2017). This report is intended to improve work outcomes for people with disabilities.

This questionnaire is mainly for parents being paid the Domiciliary Care Allowance (DCA) for their children. As the parent of a child with a disability, we know that you and your child, have, in all likelihood, faced challenges in accessing the supports your child needs. We appreciate that you are very busy and that it will take a little time to complete this questionnaire. However, your views are important to the Government.

Getting your views

As the State's Public Employment Service, we want to work with your child when they reach the age of 18. We want to help them to maximise their training, education and employment options so that they can find suitable and meaningful work, if this is what they want.

The Make Work Pay (MWP) report made a number of recommendations. Two of these (Recommendations 9 and 10) propose to:

- change the current structure of the Domiciliary Care Allowance (DCA) and the Disability Allowance (DA) payment; and
- introduce the principle of early engagement to address the needs of people with disabilities

Representatives from the disability sector and the Department of Employment Affairs and Social Protection have put together consultation papers which explain the proposed changes. We ask you to read these consultation papers and then complete the questionnaires. You can find these documents at www.welfare.ie/makeworkpay

The Government will consider your views before it decides whether or not to go ahead with the recommendation.

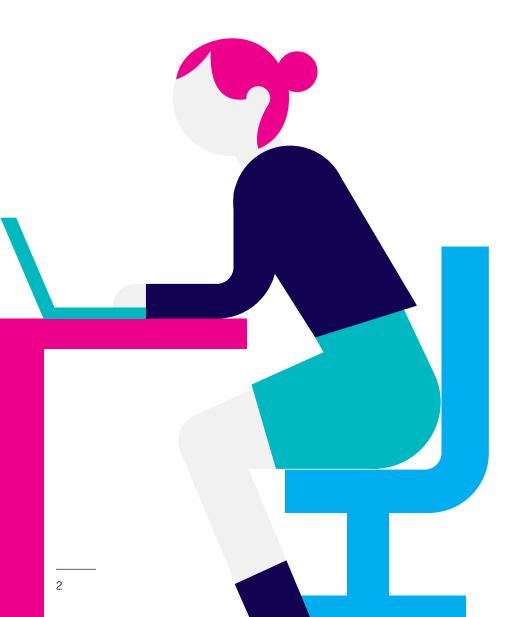
How do I fill out the questionnaire?

This questionnaire is about Recommendation 9A.

Please tick the answers that apply to your child. There is no need to give your name or any details that might identify you. We cannot trace the information back to you.

Your answers will not affect your current or future social welfare claims.

The closing date for receipt of completed questionnaires is Friday 6 April 2018.



Section 1:

Your family circumstances

Q1.	Does	your family	currently	y receive	Domicilian	y Care	Allowance	(DCA)?

Please tick one ✓

Yes	No

Q2. If Yes, how many of your children do you receive DCA for?

Please tick one ✓

1	2	3 or more

Q3. What is the current age of the children for whom you are receiving DCA?

	Current age in years
Child 1	
Child 2	
Other children	

Q4. What is the nature of your child's (or children's) disability?

Please tick one or more categories for each child \checkmark

Nature of disability	Child 1	Child 2	Other children
(a) Blindness or a severe vision impairment			
(b) Deafness or a severe hearing impairment			
(c) An intellectual disability			
(d) Autism			
(e) A difficulty with learning, remembering or concentrating			
(f) A difficulty with basic physical activities, for example, washing, dressing, climbing stairs, going to the toilet			
(g) A psychological, mental health or emotional difficulty			
(h) A difficulty with pain, breathing, or any other chronic illness or condition			

Q5.	Does your child (or children) currently attend a school or training institution?
	Please tick relevant option or options for each child ✓

	Child 1	Child 2	Other children
(a) Is too young for school			
(b) Is home schooled			
(c) Attends a special school			
(d) Attends a mainstream school			
(e) Attends a special class in a mainstream school			
(f) Does not attend school			

Q6. How would you describe the area where you live?

Please tick one ✓

(a)	City or large town	
(b)	Small town	
(c)	Rural area	

Section 2:

Your child's future work ambitions and how you think your child might fulfil them

Q7. How confident are you that your child (or children) who is getting a DCA payment will take up training, education or work in the future?

(Please select from range: Very confident to not-at-all confident ✓)

	Very confident	Confident	Don't know	Not confident	Not-at-all confident
Will take up training or education					
Will get work					

Q8. What is your main concern about your child's (or children's) future access to work?

Reasons	Rank in order of relevance to you (1=most relevant, 7=least relevant)
(a) No suitable work available	
(b) Lack of a supportive workplace	
(c) Can't get help to find a job	
(d) Lack of suitable education or training course available	
(e) Getting to workplace is a problem (for example, no transport or no parking)	
(f) Concern it might affect child's entitlements (such as social welfare payment or medical card)	
(g) Other (please specify)	

Q9.	What might be the future benefits to your child (or children)
	of taking up or being in work?

	Rank in order of relevance to you (1=most relevant, 5=least relevant)
(a) Better off financially	
(b) Greater independence	
(c) Social contact with colleagues	
(d) Self-confidence and wellbeing	
(e) Other (please specify)	

Q10. What are the most important things that would help your child (or children) overcome barriers to getting work?

Reasons		Rank in order of relevance to you (1=most relevant, 6=least relevant)
(a) Mor	re information about what work is available	
(b) A m	ore supportive workplace	
	o in finding work opportunities or other help h as education and training	
(d) Bett	er transport facilities	
(-)	rmation about how work would ct them financially	
(f) Othe	er (please specify)	

Section 3:

Proposed change in income support payments for young people with a disability

Q11. The Make Work Pay report recommended that Domiciliary Care Allowance be paid to parents or guardians until the child is 18 years of age, and that the qualifying age for Disability Allowance would change from 16 to 18 years of age.

Please indicate on the scale the extent to which you agree or disagree with the above statement ✓

Please use this space to tell us the reasons for your answer.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree

Wh	y you agree,	, disagree or	don't know.		

Q12.	The Make Work Pay report did not say when the recommended changes in the
	Domiciliary Care Allowance and the Disability Allowance payments for those
	aged 16 to 18 should happen. When do you think they should start?
	Please tick only one box ✓

(a) I don't. Do not make any changes in the current payments	
(b) I would like to see the changes put in place as quickly as possible	
(c) I would like to see the changes put in place in 5 years' time	
(d) I would like to see the changes put in place in 6 or more years' time	

Thank you for completing this survey.

