Northern Ireland
Assembly

COMMITTEE FOR EMPLOYMENT AND LEARNING

OFFICIAL REPORT
(Hansard)

Leonard Cheshire Disability Northern Ireland: Introductory Briefing

12 October 2011

NORTHERN IRELAND ASSEMBLY

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FOR EMPLOYMENT AND LEARNING

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Members present for all or part of the proceedings:
Mr Basil McCrea (Chairperson)
Mr Thomas Buchanan (Deputy Chairperson)
Mr Jim Allister
Mr Sammy Douglas
Ms Michelle Gildernew
Mr Chris Lyttle
Mr David McIlveen
Mrs Sandra Overend
Mr Alastair Ross

Witness:
Mrs Tonya McCormac) Leonard Cheshire Disability Northern Ireland

The Chairperson:
I welcome Tonya McCormac, who is the director of operations. Tonya, I tried to explain to my colleagues the excellent work that you have done, and then I thought that we might as well hear from you directly. We will be pleased to hear your presentation.

Mrs Tonya McCormac (Leonard Cheshire Disability Northern Ireland):
Thank you for the opportunity to come and speak to you. As the Chairman said, I am director of

Leonard Cheshire Disability (LCD). I joined the organisation last year, so I am still fairly new. When it comes to the organisation in Northern Ireland, I am sure that most of you, like me, will ask “Who?” when you hear Leonard Cheshire Disability mentioned. Therefore, I thought that today would be a good opportunity to talk a bit about the work that we do. I will also outline some of the emerging employment and learning issues that particularly affect disabled people across Northern Ireland. I want to talk about where we are now and explore whether, in light of the new 10-year and other strategies being developed, we will be any further forward in 2021. From talking to people who use our services at the moment, I know that much of the current information on labour workforce surveys and attitudes to, and opportunities for, disabled people is similar to that which we gathered in 2006 and 2007.

LCD was founded in 1948 and is one of the largest voluntary organisations in the UK. We work across England, Scotland, Wales and Northern Ireland and have partnerships with Cheshire Ireland in the South. We employ over 7,700 staff across the UK and have 3,000 active volunteers. We provide a range of services for disabled children, young people and adults across the disability spectrum.

Northern Ireland is slightly different. It is a smaller organisation here. We have over 300 staff working across the Province, and we generally provide services to adults aged from 18 to 65. Traditionally, those were people with a physical disability but, more recently, that has extended to people with acquired brain injury. We have services for young people, some projects in Omagh and have recently developed some services in Enniskillen.

The main bulk of our work is supported living and involves day opportunities and social inclusion activities. We are working on new community, safety, disability and hate crime initiatives. At the moment in Northern Ireland, the organisation does not provide any supported employment or learning services, although it does so across the rest of the UK. Therefore, the information that I am giving you today is not based on the fact that I am a provider or have issues with the European Social Fund (ESF) or any general reduction in funding. Rather, my focus is on issues that I have with the strategies of the Department for Employment and Learning (DEL) and their impact on the quality-of-life outcomes for disabled people across Northern Ireland.

I am happy for anyone to visit our supported living services to talk to people about what life is like as a disabled person and what opportunities they have. There is a lot to learn. We have quite a number of people with tenancies in supported living. Despite promoting social inclusion and providing health and support care to those people, the opportunities for employment and lifelong learning have been rather limited. A visit would be a really good opportunity to talk to them. When it comes to some of the decisions that we are taking now, we certainly do not want to be in the same position in 20 years' time. We are keen to see young disabled people in particular given opportunities that those currently in their 40s and 50s were not given.

Today is not about LCD; it is about disabled people in Northern Ireland. I want to look at the key barriers to accessing employment and how lifelong learning is failing disabled people in Northern Ireland. We are told that lifelong learning aims to tackle the challenges of social inclusion and improve economic competitiveness. That is exactly what we want from it. From our work with disabled people, there is evidence of a number of developments in early years, particularly for young people leaving school. The development of the transitions framework for young people aged 14 to 25 and the work to help people leaving school at 16 and 19 to go on to colleges of further and higher education or supported employment opportunities have definitely improved the situation.

The difficulty is with what happens when people reach the age of 22 or 23 after going through a three-year, two-year or five-year programme and gained certain skills. The success of our strategy will be measured against educational attainment and will not necessarily take account of disabled people. At the age of 22 or 23, the likes of you and I had finished college or done a bit of volunteering and were ready to start work. Why do we work? We work to improve our quality-of-life outcomes and because working gives us the opportunity to do other things.

At that stage of their lives, young disabled adults fall out of the system and become heavily reliant on the healthcare system and social care. More than 300 people across Northern Ireland use our service. In looking at that group, I found that, for a number of reasons, once disabled people reach their 30s and 40s, few are working or pursuing lifelong learning. The issues then become complex, because we know that the reasons for employment and learning are social inclusion and economic competitiveness. In other words, people want to contribute to society and feel valued. If you move out of employment and learning from the age of 25, the difficulty is that you become socially excluded. Your confidence and self-esteem drop, you might have mental health problems, and you become highly reliant on the health and social care system.

I am not sure that the planning within the strategy is right. Strategies are all about looking forward, and the plans cover 10-year periods. We look at whether young people aged 14 and 16 are in the mainstream or special school system, and we say that we will work with them to ensure their smooth transition into adult services. Realistically, however, none of us looks at our situation 10 years ahead and thinks about working backwards. Disabled young people can look at training opportunities and supported employment, but if they never get any real benefit or outcome from those, at the age of 25, they become very socially excluded. They are also seen as someone whom life looks after and cares for rather than someone who contributes and plays his or her role, so they are no longer part of that citizen-centric ethos that government talks about.

I am not sure that the opportunities that we offer to young disabled people are wide enough. I understand that everyone is different. When we talk about disabled people, we talk about them as a group, but they are individuals. People are individuals and want different outcomes. Every disabled person, regardless of his or her disability, wants quality of life, to enjoy the right life and live life to the full. If you are not working but sitting at home, relying on benefits and in poverty —

The Chairperson:
I see members nodding their heads. We agree with you on what is the desirable outcome. Do you have any figures on how many 23-year-old disabled people are employed and how that compares with the rest of the population? What, specifically, might we do?

Mrs McCormac:
I can get the exact figures and details if you need them. I can also give you the opportunity to talk to young disabled adults, which is also important.

The new NEET strategy has disability as one of the risk categories. Forecasting suggests that after one year of not being in education, training or employment, disabled people are twice as likely to be in that group. Five years ago, over 40% of disabled adults in Northern Ireland did not have a formal qualification. I suggest that those figures have not changed greatly.

The Chairperson:
Can we find out formally whether that figure is still 40%? Do any surveys firm that up? My reason for asking is that you said that the further education element had got a bit better, so we

might expect some improvement in formal qualifications.

Mrs McCormac:

The difficulty is that those figures are from the labour force surveys by the Department of Enterprise, Trade and Investment (DETI) in 2007-08, so it is difficult to get the 2011 picture. There is evidence that the Northern Ireland Union of Supported Employment (NIUSE) and organisations such as The Cedar Foundation and Disability Action have internal information, but the wider regional government statistics for Northern Ireland are not available. I am not suggesting that someone is not working on them. They might exist but, at the moment, they are not available to give the broad picture that we had in 2007. Of the 122 people between the ages of 26 and 58 in LCD supported living services in Northern Ireland, only four are in employment.

The Chairperson:

Are you talking about physical disability?

Mrs McCormac:

Physical disability and people with acquired brain injury.

Ms Gildernew:

Acquired brain injuries result from falls, strokes, accidents, and so on.

Mrs McCormac:

Yes, the focus is on re-skilling people post-brain injury and considering how we can promote their social inclusion. Quite a lot of people with physical disability have no learning disability, so the issues for them are largely those of access and transport. We talked about whether transport has really improved. One of the biggest barriers to accessing education and employment in rural areas is transport for disabled people.

Ms Gildernew:

Thanks, Tonya, for that presentation. I visited the Leonard Cheshire facility in Omagh when the Department of Agriculture and Rural Development (DARD) was developing ideas for its anti-poverty and social exclusion money. Having talked to young people with disabilities at Carrickmore and Aghagogan — at the risk of sounding like Barry McElduff — who could not get into Omagh with any great ease, we put money into rural transport. Working on the structures already there, we put money into the Department for Regional Development (DRD) and improved access. It was not only elderly people who had transport issues. The lack of accessible transport was a big barrier in rural areas.

DEL will probably correct me, but I think that its attitude is that it is difficult enough to provide training and employment for those who want it without taking on the challenging people. Many at facilities such as Leonard Cheshire have come through mainstream education. A brain-acquired injury then leaves them unable to continue what they were doing or were trained to do, and they do not want to be a burden. Parents spend the rest of their lives worrying about who will look after those young people's health and social care. There are difficulties in providing a stimulating environment for people who might not be supported by the likes of Leonard Cheshire. Nobody wants their adult child to spend all day putting red beads into one box and blue beads into another box. At times, that is the only level of stimulation provided for people who, if they got the right opportunities and training, would be able to do so much more. Although they might not receive great salaries, the fact of bringing in a wage makes people feel that they are contributing to society.

I cannot disagree with anything that Tonya said. We need to challenge DEL more on the services that it provides for young people with disabilities. We were at Parkanaur a couple of weeks ago, and I welcome that provision. However, there are many others who, with the right supported environment, could receive training. One of my constituents, for example, lives in Caledon and worked in Armagh for years. He is totally blind and worked in the health service in Armagh for a lifetime. His job changed, and he was made redundant. He is now sitting at home and is very angry. He had been making a contribution through meaningful employment, for which he was paid at the end of the week. Now he sits at home feeling as though he is a burden. That is not fair. It is no wonder that there are mental health problems. It would be useful to get out and talk to some of the people whom Tonya works with and hear from them at first hand, because we could use what we hear to influence the Department and the Minister.

Mr D McIlveen:
Thank you for your very encouraging presentation, Tonya. I have a boring accounting question, and I apologise for that. It may be one that you will have to come back to me on. Take, for instance, somebody in LCD supported living who receives assistance with a training programme. If we bundle all that together, how much a year would that person cost your organisation?

Mrs McCormac:

I can give you an idea of how much supported living costs, because we have those figures. That brings me to a point that I was going to make earlier. There is still a silo approach to disabled people. The Department of Health, Social Services and Public Safety (DHSSPS) invests, as does the Department for Social Development (DSD) through Supporting People, which has been ring-fenced, and DEL. Those Departments are contributing, but there is not the joined-up approach that creates a personalised approach. There is, therefore, sometimes duplication or instances when people fall between two stools.

Let us take the example of a disabled person who comes into supported living in a one-bedroom flat in his or her local community. About 50% of the cost is paid through the Supporting People funding from DSD. That can range from £185 a week to about £300 a week, and it depends on the type of support that Supporting People assesses that the individual requires to live independently. Personal care, however, cannot be provided through Supporting People, because it is ineligible. Depending on the individual’s needs, he or she will, probably, receive funding from the local health trust for personal care, which involves, for instance, support to wash and dress.

At the moment, most people in supported living are on housing benefit because they are not working, so the cost could be about £700 a week. That might include support to become part of the community, local activities and social inclusion, but it does not include a structured learning programme. As organisations, we become very flexible and adaptable. We look at what Supporting People will fund and at what DHSSPS will fund. However, the person still does not get the best value for money. Furthermore, I do not believe that government is getting the best value for money, because we could probably do more with what we have if it were structured differently. I do not have to hand the figures on what it would cost to give someone a support package for training or development, for instance, but I could get them for you.

Mr D McIlveen:

This is a back-of-an-envelope calculation, but you are probably looking at about £30,000 a year.

Mrs McCormac:

It could be; in fact, I suggest that it would be a lot more per person.

Mr Douglas:

Thank you for your presentation, Tonya. What sort of relationship do you have with Disability Action? I am looking at some of the things that you do, but it seems that Disability Action does similar work Northern Ireland-wide.

Mrs McCormac:

I have quite a good relationship. In fact, I am a member of Disability Action and meet Monica regularly. That is why I mentioned the likes of Disability Action and The Cedar Foundation earlier. Those organisations will have a lot of figures and information because they have the programmes.

One thing that we have tried to do in LCD is not to duplicate. There is enough duplication in the voluntary and third sector without adding more. Our work is very much focused on supported living and day opportunities. We are not looking at supported employment, but we are aware that there are a number of issues with that. There are certain areas that we might like to develop, but those relate more to self-employment opportunities for disabled people.

Mr Douglas:

I have one final question about the employment issue. This morning, I spoke to some people from the Orchardville Society, which works with people with learning difficulties. The society has set up a number of social economy businesses. Is your organisation involved in any social economy businesses on the mainland?

Mrs McCormac:

Yes, we are. I have spoken to Margaret Haddock from the Orchardville Society about possible developments, because some of its models in Belfast work very well. We are very interested in considering partnership with Orchardville and others, particularly in the west of the Province, because we feel that there is a dearth of services and provision, particularly from Enniskillen through to Limavady, and we would like more opportunities for disabled people there.

Mr Douglas:

I will return to Michelle's point: the Orchardville Society's businesses are not about putting wee blue or green beads in a box; they are very much about real jobs. Employees get a wage at the end of the day, and, just as importantly, carers for some of those people with disability or learning difficulties get some respite.

Mr Lyttle:

What particular strategies are of concern to your organisation? Also, I understand that Barnardo's also has quite a few learning disability projects that are supported by DEL. Do they come across your radar as well?

Mrs McCormac:

Barnardo's tends to work more with children and young people, and quite a lot of work that LCD has been doing is more relevant to adult services. Across the water in England, Scotland and Wales, it is different. The first of the two strategies that I was talking about is Success through Skills — Transforming Futures, which is slightly disappointing. I understand the need for a certain strategic direction over 10 years, and I understand that the key success measure will be qualifications, but we have already accepted that disabled people are not achieving and not attaining qualifications.

Although the strategy sets strategic direction and gives us an overarching framework, it tells us little about what things will be like for disabled people in 10 years' time. I would like DEL to provide a bit more information on the strategy. What does the strategy mean, and what will be the position of disabled people in 10 years' time? The information that I have given to the Committee today was available in 2007; we are now in 2011. We do not want to be having the same sort of conversation in 2021.

Success through Skills — Transforming Futures sounds good, looks good and is very much like a strategic document. However, after reading the strategy document, I found it difficult to see how it will really address the inequalities and imbalance that disabled people currently face. The inequality is felt most by those living outside Belfast in which there are definitely more opportunities. For disabled people living in south Down, the north, or the west, there are not the same opportunities as in Belfast.

The other one is the NEET strategy. I know that the consultation on that closed only in June. I welcome the fact that it clearly identifies disability as one of the risk criteria. It also recognises that young disabled people in particular are more likely to be in the NEET category, but it does not really tell us where we are going. I suppose that the two strategies give us a framework and set some sort of direction. However, it would be great to have more information, and for more information to go into the disability sector, on what the future will look like and how we will achieve the higher level aspirations outlined in the strategies.

The Chairperson:

I must say that I find it astonishing that people who have a physical disability cannot get help to get qualifications. I understand that, with people who have challenging learning disabilities, you have to structure what you can expect — in no way am I trying to stigmatise them. However, the reason why I was so keen for you to attend is that I feel that people with physical disabilities appear to have been left out as we have looked at other issues.

When we were down at Parkanaur, I was struck by the question of what happens when people move beyond that facility. Where do they go next? I always struggle with the complexity of it and of who does what in that sector. I engaged with The Cedar Foundation in the past, and there does not seem to be any overall co-ordination.

I must tell you that your response to Chris was devastating. You may not realise it, but we can read it in the Hansard report. It was a devastating critique of the Department and of government in general: we are long on policy and short on interventions that make a difference. Government has to move away from sitting in some ivory tower with an aspirational notion of where we are going and start getting down to the basics of how we make it happen. I accept what Michelle said earlier that motivated individuals can say that they know how the system works, so let us see whether money can be granted. However, that is surely not the way that we should do it; we need to have more focus on the issue.

Although we support all folk who have challenges, we need to raise the issue a bit more for those with physical disabilities. It might be best for us to arrange to meet some of the people you look after. Is that what the Committee was thinking of? What do members prefer to do?

Ms Gildernew:

Given the barriers to getting into Belfast and so on, I think that it would be more useful to go out and meet them, rather than bringing them up here. If the Committee plans to do anything, for example, in Omagh or the west, I suggest that we tie in a visit to Leonard Cheshire to give members a chance to talk to young people in rural areas with disabilities.

The Chairperson:

Absolutely. The point about rural exclusion was well made. Alastair said that, although the provision is better in Belfast, it is not great. The Departments and the public sector do not make sufficient accommodations to help people into work. They have a statutory responsibility to do so, and I do not think that they are meeting it. We will have to look at how we deal with both those issues.

Are members content that we organise a work programme to include the points raised about Omagh and various other places and that we should try to co-ordinate not only with Leonard Cheshire but with some of the other organisations that were mentioned?

Members indicated assent.

The Chairperson:

We need to try to find some way of getting more information. We might ask whether the Research and Information Service can collate figures on the number of people without formal qualifications and what is happening on that issue. We will need a comparison with what is going on in the South and the rest of the United Kingdom. I have a feeling that we need to get more of an envelope around this.

Is everyone content that they have had their say? Tonya, are you happy enough that you have got everything across, or is there anything you want to finish on?

Mrs McCormac:

If you do not mind, I have one more point on interdepartmental working. I have been quite harsh on the strategy and equally as harsh on the Health Department’s strategy for people with a disability.

The Chairperson:

The Chair of the Health Committee is here, so —

Mrs McCormac:

Yes, exactly. It is another strategy that sets a lovely 10-year vision, but it is very hard to say where we will be in five or 10 years.

I have been able to glean some learning in the past year from some of the work that has gone on in England and Scotland. I have spent the past year telling people in England, Scotland and Wales that Northern Ireland is much further ahead of them. However, there are areas in which things seem to be working beyond that for disabled people. There is much more choice for the 23 age group in social enterprises and self-employment. People with physical disabilities may use a wheelchair, but very often there are hidden disabilities such as tiredness and epilepsy — aspects of the disability that you do not see, but which can affect your ability to go to work every day between 9.00 am and 5.00 pm, or travel an hour to work.

A number of programmes, such as Enabled4Enterprise, Enabled4Growth and Be the Boss, have been running across the water. If you come out to Leonard Cheshire, I can get you further information about how those programmes have worked to support young disabled people in particular to get involved in enterprise and to set up their own businesses. That can work really well in rural areas. We all know that, if you choose to be self-employed and work from home, and have some sort of business with IT, or you make something locally that you can sell and for which there is a local market, and you get the opportunity to start your own business or work as part of a social enterprise, it can very often provide a real and meaningful progress route out of employment and learning, supported employment and supported learning in colleges. People can start to contribute to their local communities, become self-motivated and, very often, move away from a dependency on the state.

The Chairperson:

You made the point well. We are starting to open up the debate, and we will talk to the Health Committee to see what we can do together on the issue. It has been good of you to spend the time talking to us.

Mr Lyttle:

There are ministerial subgroups for children and young people. Is there a ministerial subgroup on disability?

Mrs McCormac:

There is, but it does not meet very frequently. About three or four years ago, when we were working on disability rights, the subgroup was more focused. There is enough new stuff out there. We are very lucky in Northern Ireland that DSD has ring-fenced the money for Supporting People, because that provides a huge opportunity for disabled people to live independently with support in the community. It also allows you to do quite a lot of things to support disabled people and give them opportunities. A lot of health money goes into supporting disabled people. Maybe if we just looked —

The Chairperson:

I see it as a challenge. I am not up to date on that budget, but is there not a problem with capital build? You are looking for supported living; maybe we ought to be doing more than that. I know in my own area that the demand is there, but the business cases take forever to get through.

Mrs McCormac:

That is right. It is about business cases in a bureaucracy. Capital money is made available under Bamford for a lot of that, but the problem is that the trusts are struggling to come up with the associated revenue. Those are the challenges. But again, it is about how we look at things. We do not need to build 12 fancy units; we need to go into a local cul-de-sac, buy a bungalow and make sure that it is adaptable so that we can really begin to integrate disabled people who want to live independently in society.

Ms Gildernew:

DSD ring-fenced the Supporting People budget only because the Committee insisted on it. We were very anxious about its impact.

Mrs McCormac:

The impact across the water of the lack of ring-fencing of equivalent money has been huge. Local authorities in England, Scotland and Wales are now using it differently. Disabled people, therefore, are being denied the opportunity to live independently with support in their own homes. People are moving back into residential homes and nursing homes because that is cost-effective. If we do not do these sorts of things, we will create the institutions of tomorrow again. We need to be careful.

Ms Gildernew:

That is exactly the point that Bamford made about getting people out of institutional care and into their own home.

The Chairperson:

Absolutely. The session has been recorded by Hansard, and we will get the researchers to have a look. I will bring it back to the Committee when I have worked out the best structure for us to do that. We would like to visit and talk to people. Sometimes, people are a little cautious about being critical, and I do not want you to feel that way. It is the right thing to do. Michelle mentioned what happens with DSD. If the Committee makes up its mind that it wants to do something, we will do so. I will not prejudge what the Committee wants to do, but we have to challenge well-intentioned but ineffective policy decisions. Thank you very much for coming along.

Mrs McCormac:

Thank you.