



Northern Ireland
Assembly

Committee for Social Development

OFFICIAL REPORT (Hansard)

Benefit Uptake Strategy: DSD Briefing

21 March 2013

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Alex Maskey (Chairperson)
Mr Mickey Brady (Deputy Chairperson)
Ms Paula Bradley
Ms Pam Brown
Mr Gregory Campbell
Mrs Judith Cochrane
Mr Mark Durkan
Mr Fra McCann

Witnesses:

Ms Sharron Carlin	Department for Social Development
Mr Brian Doherty	Department for Social Development

The Chairperson: We will move to the briefing from the Social Security Agency on the benefit uptake strategy. Brian Doherty and Sharron Carlin are here this morning. You are both very welcome. The Committee notes the uptake programme to date and the number of additional benefits that it has generated. We welcome that and recognise from your submissions that more can be done. I welcome your three-year plan. Over to you, Brian and Sharron.

Ms Sharron Carlin (Department for Social Development): Thank you, Mr Chairman. This morning's meeting is to bring the Committee up to date with the outcomes of our public consultation on maximising incomes and outcomes and the Department's three-year plan for improving the uptake of benefits. Hopefully, members will recall our briefing of 24 January, when Brian provided an overview of the work. The Committee had not, until that point, had an overview of our work in this area. I remind members that it has been a strategic priority since 2005, and, at that stage, we outlined our proposal, which is set out in the plan, to take it forward to 2016. I hope that you find the short briefing note that we provided for this morning's discussion useful.

I will recap on the background to this area of work. In the Programme for Government, it is under priority 2, which, as members will know, relates to tackling poverty and disadvantage. We committed last year, in the Programme for Government, to bringing forward a longer-term strategy to underpin the benefit uptake work that we have been doing since 2005. Since 2005, we have been operating on an annual basis to bring forward proposals. Those have not been legislative, and we have sought the budget each year to run annual programmes. In this strategy, we are committing to a longer-term investment. Since 2005, we have generated more than £50 million for more than 15,000 mainly older people across Northern Ireland.

The programmes are designed and delivered in light of the many barriers to benefit uptake and the evidence of poverty levels in Northern Ireland. Our programmes are also delivered in partnership with the community and voluntary sector and through contracts with the independent advice sector.

The proposals in our three-year plan on maximising incomes and outcomes all build on the results, outcomes and learning from all our approaches to date. Most particularly, Mr Chairman, I draw your attention to the fact that most of them build on last year's very successful outcomes. Last year, we trebled the number of people affected. The amount of money was also trebled from £3.95 million the previous year to £13.1 million, and people were better off from the programme by £60 a week last year. We learned that layered approaches such as direct targeting, support by promotion and community outreach in the form of home visits appeared to work. We would like to build on those.

Minister McCausland launched the consultation on 19 December, and we ran it until 26 February. We received 30 formal responses, which we were really pleased with. Eighty people attended public consultation meetings, and we held ad hoc meetings at which people approached us. We received a great deal of informal responses at those meetings that were recorded. I do not think that it would be an overstatement to say that respondents, to a man, a woman and an organisation welcomed the plan. They also welcomed the Department's long-term investment in this area, obviously in the context of the challenges ahead with welfare reform.

We did not play safe with the document. It was felt that the objectives and the vision and aims were very challenging, and all the respondents committed to supporting us in delivering on that vision. All the visions, aims and objectives were validated, particularly our wider approach. When we are in people's homes or on the telephone with them, we will not restrict the conversations to social security benefits. That would be a huge opportunity missed. We will look at the wide and full range of government services and supports and even those that are offered by the community and voluntary sector. A good example is that if we are doing a benefit entitlement check on the phone with an older person who lives in a socially isolated or rural area, we will also talk to them about support from Age NI and other partners. Respondents felt that more cross-government working in areas such as free school meals, for example, was important. However, I will come back to that.

In the plan, we committed to generating a minimum of £30 million over the three years. That is additional or new benefits for at least 10,000 people. That was welcomed.

There are six strategic priorities. I draw members' attention to them, and, again, they were all validated and supported. The big one was improving our evidence base, and the last time we met the Committee we acknowledged that there is a gap in our evidence base. We have made significant progress on that in the past year. We have built the Northern Ireland household income database of all households in Northern Ireland. The Welfare Reform Act in Great Britain opened up a legal gateway for us. That will help with the evidence base on poverty and income levels and will help us to target much more precisely, subject to the quality of merging all those datasets. The first two priorities are improving our datasets and better targeting. The third priority is to improve our access and delivery, and I will talk to you in a minute about what people said about that. The fourth is responding to key life changes. That was a huge one for us; everybody had a view on that and felt that we should be doing much more. In the plan, we have said that we will do that. The fifth priority was strengthening our contractual and non-contractual partnerships. The non-contractual partnerships are trusted partners, particularly those involved with older people, churches, faith-based groups and groups in which particularly older people interact, but not on benefits or advice. As they are trusted partners, if we work through them we are more likely to encourage people and change their minds about making a claim, because, as you know, many older people decide not to make claims. The final one is innovation. We said in the document that we are happy to take risks, and innovation is about testing things that have never been tested before. There is a risk, and we will publish our evaluation of the pilot of the innovation fund in the next few weeks.

The planned proposals that people of all circumstances, most particularly at transition points in key life changes, will be addressed in the benefit uptake programmes of activity. However, in light of the evidence, in which, I acknowledge, there are gaps, some groups were identified and brought forward for specific, direct intervention. That means higher levels of investment. The three groups that we highlighted were older people, those living with disability and those with caring responsibilities. There was a great deal of support for that, but other target groups were identified by respondents. Among those were minority ethnic communities that might have difficulty with language and access; and those with mental ill health. That is an area for us, and it is one that Brian and I discuss often, but perhaps we had not made it very clear in the plan, although it was certainly in our plan. However, we might not

have drawn it out well enough. Other target groups identified were those with learning disabilities and people in work but on low incomes.

The Committee will not be surprised that an underlying issue raised throughout was welfare reform and its potential and perceived impacts. The perceived need for increased funding for the advice sector also came across very strongly. Another issue that came out very clearly was the potential for increased stigma around benefit claiming with the use of such terms as "dependency" and "social stigma", for instance. We were warned about that and asked to be cautious. If that stigma is drawn out around welfare reform in some of the language that is used in the media, particularly the national press, it might have a detrimental impact on benefit uptake. That is the last thing that we want in this strategy. That was very clear.

The potential for benefit uptake programmes to alleviate child poverty and working-age poverty was raised. There was great support for innovation. There is a need to build on what worked in some of the initial trials, and we will see the outcome of our initial trials. You are probably aware that we funded seven community groups to test fresh and new ways of reaching people with unclaimed entitlement, and we will bring that evaluation forward in the next few weeks.

Responses to technology were very interesting, because half the respondents said that more technology would make it easier for people, and the other half said not to add any more technology because it was complex enough already and it would scare off older people. We have to get the balance right. Our home visiting officers have made about 8,000 home visits this year, and they are to help people to translate their entitlement into a claim. We sit on people's sofas and help them with their forms. However, that is a very expensive resource, so we want to use it only for those who need it. The results around technology were interesting. We need to be careful on how we deploy it and what groups we use technology to address.

Other issues raised were transitions in people's lives, links with health, better relationships with hospitals, care in the community, prisons and family breakdown. People's entitlement changes as soon as there is a family breakdown. We should be dealing with professionals around that area. The offer of a job was also raised. People need to know that they will be better off in jobs. All those changes need to be addressed, and that involves working with other government partners. That is what we are doing through our interdepartmental group.

The consultation also highlighted the fact that there are multiple government bodies funding work that is linked to benefit advice. Some people asked whether there were too many interventions and whether they were trampling on top of one another. It was an interesting one, given the views of many people on welfare reform. The duplication of effort came out. Therefore when we are looking at key life changes and working across government, we will have to make sure that we build in best practice, add cohesion and use our budgets better and more effectively. We will have to make sure that there are not three different Departments in somebody's house within six months asking them if they want a benefit entitlement check, even though we acknowledge that circumstances change.

You will not be surprised that all respondents believe that the community and voluntary sector is critical in delivering this work. That is why we contract with the independent advice sector. Church and faith-based groups are also involved. We also work with sporting organisations, including the RFU, the IFA and the GAA, because they have social outreach programmes. Again, that was put forward. The only cost is promotional material, so it is not contractual. The community and voluntary sector felt that it was critical that we maintain the investment there.

There are barriers to trust in government.

Our innovation fund allows a year for those fresh approaches to be tested, and there were some thoughts around the need for that to be longer so that those approaches could bed in. We asked people about targets. Our target was to secure at least £30 million in additional benefit for a minimum of 10,000 people over the three-year period. Respondents said that we needed more and clearer targets, but few targets were offered. They spoke about performance indicators and targets around carers. We committed in the plan that if, through the benefit uptake advisory group that we set up, we get that sort of number — the Holy Grail; the actual number of entitled non-recipients who have eluded us for so many years — we would then set targets for three years to reduce the gap between the number of people entitled and the number in receipt. However, we do not have that number yet; we are working towards it.

We are now at the stage of preparing responses to every point and issue raised by the respondents, formal and informal. We would love to hear the Committee's views. We will bring the paper together and publish it and bring forward a final plan with the first year's programme — the lower-level programme of actions — by the end of April and have a launch.

The Chairperson: OK, Sharron, thank you very much.

Ms Carlin: We would welcome the Committee's views.

The Chairperson: I commend you for the very successful uptake campaign last year, and you articulated the detail of that. That is very welcome for those who benefited. You have presented an extensive plan to us, which, again, is very welcome and you are to be commended.

You referred to welfare reform, which will work its way through. Have you any understanding how you may be able to make comparisons? At the moment, you can say that you increased by a certain percentage or amount of money. How will you set your indicators and targets under the new system in a way that you will be able to verify success or otherwise?

Mr Brian Doherty (Department for Social Development): It is important to remember that our benefit uptake proposals are not in response to welfare reform. As Sharron said, this has been building since 2005. The targets and groups that we have been pursuing over the past number of years have been built up by colleagues over different individual programmes and through ongoing discussions that Sharron and her team have with our partners in the community.

With the innovation fund, for instance, we were working with a community group in north Belfast and they have been literally knocking on front doors. That has come from the community, so it has been very much in response to what we believe is happening in the market place. Historically, we used the family resource survey, but we have not been using it for benefit uptake since 2009 because we questioned some of its figures. According to the survey, the amount of benefit that people were not getting ranged from £28 million to £130 million, which was too wide. We need to firm up that base because it is not something that we can rely on.

Therefore, we have not been setting the programme in a very evidence-based manner, and we need to do that to demonstrate the very point that you make: how do you measure and what is your starting point.

The other issue to bear in mind is that the family resource survey that we had been using is one moment in time. People's circumstances change constantly, and we need a mechanism by which we are accessible to them and they are accessible to us on an ongoing basis because we could target somebody in January and they could have a relative who is unwell and who requires caring responsibilities in February. We need to go back continually and use partnerships with hospitals, prisons and others to do that.

The Chairperson: OK, Brian, thanks for that. Could you elaborate on the interdepartmental group on benefit uptake? What Departments are involved and how does that mechanistically work?

Ms Carlin: We talked about benefit service and supports, so it is a coming together of Departments that pay out social security benefits. The Department of Finance and Personnel pays out housing benefit and rate relief through Land and Property Services. The Department of Education is now at the table. We recently reconstructed the group, which Brian now chairs, and are trying to refocus it. For a long time, to be honest, that group looked at the sharing of information; they went to one another's promotional events and shared leaflets and so on. We have tried to refocus it, lift it up a level and work more strategically.

You will see in your briefing note that we are talking to the Office of the First Minister and deputy First Minister and the possibility of signature projects that will bring us together with the Department of Health so that health professionals may be at key interventions around health. Those health professionals will know whether someone is in hospital or going back into the community. A change of circumstances could mean that a person is entitled to more — and not just money. There is the warm homes scheme, concessionary fares and free passports. It is about looking at a more strategic level to see how we can work together and bring our budgets and strategies together and align them. Our Department, the Health Department and the Education Department will be the big players there.

Mr Doherty: It would be somewhat disingenuous if I were not to say that the interdepartmental group on benefit uptake did not work. I cannot sit here and say what the outcomes of that group were, and, as Sharron said, it just did not work. I hope that I am not being unfair to colleagues in other Departments, because we were as much part of that group as any others. I did not see anything come out of the group. This is a work in progress, and we need to focus in and see some real results coming out of working across government. We have had a project with the Public Health Agency and the Department of Agriculture and Rural Development called maximising access to and uptake of grants, benefits and services in rural areas (MARA), which has been beneficial, but we need to build on it. I do not want to come back in six months' or 12 months' time to say that we met every month and had a nice cup of tea and then we all left and went back to our Departments. That is not what it is intended to do.

The Chairperson: Brian, that is very frank. Thank you for that.

Mr Brady: Thanks very much for the presentation. I have to express severe disappointment that you did not have a public meeting in Newry. You have to be commended, and I think that you are right, Brian, because that group seems to take it seriously, for want of a better word.

Obviously, you are targeting groups, and to use churches and faith-based organisations, particularly for older people, is a good idea. There is a very good community infrastructure out there, which, obviously, you are tapping into. Probably the most effective way of targeting people is automatic entitlement, which you may or may not be working towards. I know that, in Scandinavia, for instance, that works, and some research has been done by the voluntary sector here. Pilot schemes have been done in Britain on pension credit, which probably the benefit that has the least uptake in the North and involves a huge amount of money.

The other interesting thing that you mentioned is home visiting, because that has always been effective. Review visits were done every six months. You said that it is expensive, but it is also very effective. Offices used to have 22 to 25 visiting officers who would go out very regularly, and that has probably been reduced to one or two now. Home visiting can be very effective in targeting people with mental health problems in particular. There is a whole issue around stigmatisation, and that has been the policy of the national press in Britain to justify benefit cuts as part of welfare reform. To some degree, that has worked in Britain.

The automatic entitlement may be expensive to set up, but, ultimately, it will save money in the long term, because you are targeting people who will have that entitlement and will get it, and you do not have to go through the claims procedure and all the rest of it. In countries such as Sweden, as soon as people get to pensionable age, they get all of the benefits that they are entitled to. That may be done by follow-up through home visiting, and that may be something that you are working towards.

Mr Doherty: Yesterday, in the Chancellor's Budget statement, it was reaffirmed that they will be moving to automatic entitlement in 2016. The current proposals are that that will be £144 a week. That will bring different challenges for us, because, as you will appreciate, we have a system in place.

Mr Brady: It is like the old minimum income guarantee.

Mr Doherty: Yes, they will introduce single-tier pensions, and it will be accelerated by 12 months to start in 2016. That will work its way through in the coming months. I take your point, and Sharron can add to it if she wishes. Home visiting will continue to be a critical part of our work. There can be little doubt that there are people who are infirm, who do not understand our systems and who do not want to deal with our technology, so home visiting will continue. One of the challenges is whether home visiting should be done necessarily by the agency or, indeed, the Department. We have many experienced and well-equipped voluntary sector members. Is there another mechanism that we want to look at that may complement what we do? It should not be driven solely by cost, although that is a factor that we have to bear in mind. This is about starting benefit uptake from the community up, rather than necessarily having to come to the agency all the time, which some people do not necessarily want to do. Home visiting will continue. We need to think carefully about how that is best delivered.

Mr Brady: You mentioned the innovation fund and north Belfast having one of the community groups. I presume that you hope to expand on that.

Mr Doherty: We are waiting on finalisation. We appointed an independent assessor to look at that. I do not want to go into the details of the results but, if that has proved to be very beneficial, we need to look at how we can expand it further. That was in a large inner-city area, and we will need to look at it in a different area to see what is best.

Mr Brady: There has been a lot of talk about the number of people in the North on disability living allowance, which is a difficult benefit to get. One of the reasons why people are getting what they are entitled to is because there is such a good advice infrastructure. The funding for that needs to be increased to expand on that. That resource is there, and you are already using it, but it could probably be used to an even greater extent.

Mr Doherty: I could not agree more. However, this will probably go out on a competitive basis, as we have done with other programmes, because there are quite a number of players in the marketplace. Again, that will come down to quality and ability to deliver the service and the backup. I am very conscious that the audio goes out of this room. We have 20 outreach officers, and I do not want them to read Hansard later and start to think that their jobs are gone. That is not the case. This is about making sure that, from a customer's point of view, they get the best possible service and the best information available so that they can access benefits, which is critical.

Mr Brady: I will just finish on this point. You mentioned rural isolation. There are a lot of big players in the voluntary advice sector, but there are a number of smaller advice bodies out there that cater for small isolated rural communities. Sometimes they are forgotten about in the bigger picture, and that needs to be addressed a bit more.

Ms Carlin: That was brought out in our consultation. A number of them attended —

Mr Brady: Not the one in Newry, by the way.

Mr Campbell: You are to be commended on the improvement that you have reported. When departmental officials come before Committees, they are often, quite rightly, here to be cross-examined, grilled and turned over.

The Chairperson: That is on a good day.

Mr Campbell: However, when you come and give a very productive and excellent report, people should commend it. I know that quite a few MLAs and MPs have concentrated on benefit uptake in the constituency advice services. I, and I am sure others, see the benefit of the programme. I come to the "however" bit now. I am concerned about another cross-departmental approach, and I am not sure whether it exists. As the programme rolls out and, hopefully, as you continue to get success, is there a point, whether it is at home visitation or any other approach, where well-informed officials doing their job and trying to maximise whatever benefit it is for the person that they are sitting with are fully aware of the context of retraining or trying to ensure that, however they maximise the person's entitlement — they have a 15-minute discussion with them — that that person could be much better off. As I have been able to establish, those people have a particular skill and, if they were to get training through the Department for Employment and Learning or whatever, they might be able to make that person better off by giving them another £40 a week? Is there any cross-departmental approach, or is it purely that we do welfare dependency, we maximise the benefit and that is it, and that any other crossover to try to get people into training or work is disregarded? How does that work?

Ms Carlin: At the minute, our officers are not doing that. They are talking about income levels through benefits, services and supports. As you know, working-age people have to engage with DEL fortnightly. However, if they are unemployed and economically inactive, they are not called in as frequently as fortnightly. DEL staff talk to people about the value of work in social and economic terms, and do an in-work calculation for people. Going forward in the welfare reform context, there is a re-education of all of our staff, and Sharon Gallagher talked to the Committee in the past week about how a lot of people have to change. Our staff have been talking about income from benefits. However, welfare reform is about incentivising work. Yes, you will be better off in work if you are of working age. There are a lot of sensitivities on the consultation around that, and we do not want to badger people if they make claims for benefit but you talk about work. Increasingly, however, that is what we will be doing. We are conscious of the fact that our DEL colleagues own that piece of work, not ourselves. Obviously, we work closely with them in our local offices. The straight answer is no, we do not do that at the moment, but we must do that going forward.

Mr Campbell: I think that that is the next phase. Set aside the context of welfare reform; we know where that is. Given what is coming down the road for many people who you are trying to assist, and quite successfully so, it will be all the more imperative. I do not think that you could ever get to the point where you max out, and every single person gets 100% of all that they are entitled to. However, when you have got to as good as it is going to get, at that point you will be telling that cadre that, if they go on a skills-based programme, provided the employment opportunity is there, they might actually find that the benefit entitlement is not going to get any better but may in fact get worse. You might say to them: "Is that a project you have considered? My colleague in DEL will be able to help you." I would like to see a formalised approach to that.

Mr Doherty: I have to say that the home visits are, by and large, for very vulnerable customers who are not engaging with us. Historically, that has probably been older people. Under the current employment regime, as Sharron has said, there is obviously signing on, but DEL has the work-focused interview. That looks at the holistic needs of someone. For instance, if a lone parent with young children of school age came in, it would look at whether they were entitled to free school meals or a bus pass for that child. It looks at it holistically. With home visits, the scenario you painted is maybe of an older person of pension age who still wants to work in some way. Of course, we would look to help them, if that is the route that they particularly want to take. We would look at how beneficial that would be. Generally, people who are older want to work because they want to keep active, although the money is important to them, because their pension is their only income. That is something that we will take away. The point was well made. However, there is support for individuals in the current employment regime. If there are gaps in that, we are very keen to hear about that, and would obviously pass that on to our colleagues in DEL.

Mr F McCann: Gregory touched on one of the issues that I was going to raise. Yesterday, if you heard the increase in unemployment figures, you would know that the issue is probably more crucial than ever. People who have lost their jobs recently, and who have skills, may not see any way out of their predicament. If contact were made, a way out could be offered. I commend you on the work done, especially on pulling together different Departments to discuss the best way to approach this.

A number of years ago — I think it was through Land and Property Services' rates division and it might have been in the outer east — some MLAs organised, through pensioners' organisations and community groups, a session on rates rebates in a local community centre. It proved to be very successful. If a bit of effort were put into doing something such as that in community centres — it could take in the DEL element and key staff from the Department or local office could go out and spend a full day in a community, tying into the community structures and bringing people in — you may find that you could deal with it better that way.

The other thing is something Mickey touched on, and it is contact with communities in benefit take-up campaigns. A while ago, that was looked on as the old way of doing it. It is about investing in people in communities, and going to sit with them to come up with something, under the direction of the Department. For a small investment in training people to do that, you may find that you can get in touch with far more people as a result.

Although I recognise that it may be difficult to get to everybody in a rural setting, there are rural organisations. One thing talked about this past while, certainly in DRD, is community transport. Again, this is about tying in with that, with community structures and with sporting organisations, and, hopefully, them organising events allowing people from rural communities to come together to tap into that sort of stuff. Good job.

Mr Doherty: Those are valid points. Last year, we attended 100 events at request and sent along an outreach officer, but, equally, the Committee will be well aware that the Department already funds the information and advice sector fairly heavily — several million pounds — in conjunction with local councils.

There is one bit of caution: whilst wanting to work in the communities, we do not want duplication. As Sharron said, recently, one visit literally followed another, and we need to be a lot smarter, because this is not really a good use of resources. In some ways, we have nearly created a competition, and we need to try to move away from that. We should not give primacy to, for example, the information and advice sector or to ourselves. Everybody is well intentioned in what they are trying to do, and the project we did at Oldpark was handed over the community and, by all accounts, the early indicators are that we have had success with that. It could be down to the individuals who are very committed to

do it, and it may well be down to the doors that they knocked. They know the community a lot better than we do and probably ever will. So, there is something to be gained in going into the community and associating with community events rather than with our own events.

I did benefit uptake many years ago, and we did not have much success when we advertised because everybody thought that we were bringing in the fraud guys. We have to make sure that we attach trusted partners and attract an audience. It can be anything from luncheon clubs to church groups, and we have a project ongoing with Lisburn City Council and churches locally that is starting to build. It did not get the traction that we thought it would, but we are testing it to see how it works. They are all valid points, and we need to look at how best to do it. Maybe, it is for the communities, with our encouragement, to bring forward some of their thoughts about how they can do that. However, we are very conscious of duplication.

Mr F McCann: I understand that, but we have to get above the petty jealousies that may exist in many organisations and get proper co-ordination and bring everybody on board. I know that people from the Department's local offices may go out into the community setting, but I am talking about a completely different setting, in which a number of people come in, and it could be done over a full day in one community. One session could deal with rates and another with DEL, and it could cover a number of different aspects of benefit. Rather than just talking to people, you could do the work in the community centre rather than getting people to do it.

Ms Carlin: That is like the DEL job fairs that bring together all the employers. It is an idea that we discussed in our plan, to bring everybody together in one location and get Age NI or Advice NI to sponsor it.

You made a point about redundancy. When notification of a redundancy is made to the Department of Enterprise, Trade and Investment, information is shared. We share some information when we can, with legal gateways and so on. We are on hand before people are let go. Employers invite us in under DEL leadership, because it is about reskilling and work. We are there to make sure that people know about their entitlements at the point of redundancy. I just thought that the Committee should be aware that we do that.

Ms P Bradley: Thank you for your presentation. I join my colleagues in saying that it is a job well done. It is not very often that we get something through Committee —

Mr F McCann: Brian usually leaves here bruised and battered.

Ms P Bradley: It is good to have a good news story for a change. Earlier, you talked about partnership and innovation and looked at the health service as well. When I worked for the health service, I gave benefit advice. That and the warm homes scheme came from the occupational therapy department. We all worked very closely on that. We were limited in what we could do, because none of us were trained in any of that, and sometimes a little bit of information is a dangerous thing. You can build up people's hopes only to have them dashed.

I worked mainly with the elderly, and a lot of them did not want to know and said, "No, I do not want you prying into my business." I am nearly certain that the new paperwork that is used in the health service — it has been two years since I used it — has a benefits part with a checklist of benefits. What way do you want to work that and how can health professionals work in with what you want to achieve? You have written about care workers and home helps, and the first thought that came into my head is that 15-minute call where they have to try to fit absolutely everything in. How will they fit benefit advice into the bargain? That cannot happen. It is about signposting.

Ms Carlin: It is a referral pathway even more than signposting, making the referral and asking the person for their permission for a callback to take place. We have telephony-based interventions now as well. Obviously, we are trying to use our budget really well, so, everything is not done on a face-to-face basis. An entitlement check does not need to be done on a face-to-face basis. We might need to help people to fill in a form on that basis, but the entitlement check can be done over the telephone. Referral pathways is the terminology used by health and we are using the language that they buy into. However, it makes the job of the health service professional easier. They just hand it over to us and we take it forward.

Ms P Bradley: It certainly does. When we were doing it, we would have had to make phone calls to different branches, and we did not actually have time to do those as well.

Mr Doherty: This is work in progress. Earlier this week, Minister Poots announced proposals for health, which I know are subject to consultation. If they work their way through, and more people go back into the community, especially elderly people or those coming out of hospital, it will be a real imperative for us, and for colleagues across health, to give a full support package to people as they go back into the community.

Our experience to date is that the current health trusts go about this differently. There is not a consistent approach. I am not suggesting that there is a one-size-fits-all solution. However, we do hear of very differing approaches as to how this is being taken forward, and we need to work a lot more closely with colleagues in the Department and in the trusts, and with the new regional organisations. Our work with Macmillan has proven to be beneficial. However, as I mentioned the last time I was here, we need to look at other illnesses that are very debilitating, where carers are coming into play, and what support is going out to a house. I do not expect a visiting nurse, or anyone else, to have this wonderful knowledge, but what I would like them to do is to recognise that somebody's circumstances have changed and where that referral point should go to. We need to be a wee bit more joined up.

In the early part of this plan, one of the action plans for the first year is to see whether there is some work that we could do to test some approaches. As I said, they are all going to be slightly different. Without trying to protract this, Chair, Macmillan actually became part of the health team in the cancer hospital. When there was a consultation about a patient, there would have been a consultant, a palliative care nurse, others, and a Macmillan official who became part of the team. That is a very good approach, and it worked beneficially.

I do not know whether we can replicate that. Obviously, hospitals are going to become hubs under the current proposals. Coronary care might be focused on in one hospital and maybe a second specialty focused on in a second hospital. I am not fully conversant with the proposals. You make a very good point: it is about where there are interventions. It is about people coming out of hospitals. We actually need to get people as they go in rather than when they come out. It is almost too late by that stage.

Ms P Bradley: I found that people under pension age did not want to tell you what benefits they were receiving. We had to tell them that they needed to inform, so there is that side too.

Mr Doherty: It is about building up trust. One of the things we found with the Macmillan project was that quite a number of people who suffer from cancer have never had to interact with the benefit system before. So, there is no knowledge or point of contact. They are not used to going into the jobs and benefits offices at all. I listened to an interview recently with a cancer sufferer, and money was the last thing on their mind. Getting better was the only thing on their mind. It is only when they are out of hospital and in a regime to get better that they suddenly realise that their heating bill has gone up, their income is going to stop in six months time, and they then wonder how they are going to support themselves and their family.

Ms P Bradley: Everyone in the multidisciplinary team uses the one form, or tool, to complete. It might be a good idea, when you are looking at that, to include a box that would be ticked to show that a person has been referred on for benefit advice. Some people did it, and some did not. I did it because I had worked in the Citizens Advice Bureau (CAB) for five years before I moved on to my other role. I had a limited knowledge of the benefits system, so I would have been able to ask whether they were getting this allowance or that allowance, and I would have been able to phone for them and get it sorted.

Mr Doherty: I would say, respectfully, that if being an MLA does not work out for you we would be more than happy to employ you. *[Laughter.]*

Ms P Bradley: I said this when I was here before. When I worked for the CAB, which was 10 or 12 years ago, we had the benefit maximiser computer system. I am sure that there is an even better one now. It was just the case of making a 15-minute phone call and then putting all the information in. It is that simple to talk to people and to do. It is not going to take forever to work all that out.

Ms Carlin: It is on our website; people can go on it from home.

Ms P Bradley: I must go and check it out.

Mr Brady: The CAB was always better off in the voluntary independent advice sector.

Ms P Bradley: It was the quality of advice.

Mr Brady: It depends on the individual, of course. I just wanted to make the point, because Paula and I sit on the Health Committee, which had another briefing yesterday on Transforming Your Care. That is, obviously, a great opportunity because the voluntary sector will be used much more for the rolling-out of Transforming Your Care.

There is a good opportunity to increase interdepartmental co-operation, which there should be anyhow, because of the innovative processes that will be used in Transforming Your Care, particularly with older people remaining in the community. It goes back to what Paula is saying, because it is about getting people as they are going into hospital. One of the concepts of Transforming Your Care is to keep people in the community rather than in hospital, and those people will need that support infrastructure, particularly for benefits — if there are any left by that stage, of course.

Ms Brown: Thank you for your presentation; it was very interesting and is good news this morning. Micky and Paula were talking about the health connection. We have also been talking recently about the sexual assault referral centre (SARC), which is due to open soon in Antrim. That is another facility that, especially when it comes to dealing with domestic violence, could have a change of circumstance.

Obviously, any kind of benefits advice and support is going to be a huge decision-maker for an individual who wants to get out of a violent relationship or whatever. It would be very beneficial if there were to be some sort of move to bring that service under that umbrella.

Mr Doherty: We have become more aware of that group recently, more so around discretionary support. Our experience, based on some of the evidence that we have been able to gather, is that where there is a breakdown in a relationship and violence is involved, primacy should be given to the health and safety of the individual who has been assaulted and any children with them. The individual may leave a house and leave behind beds and furniture and it is about getting them very quickly into a stable environment.

We have been looking at some elements of the new discretionary support scheme to make sure that there is quick access to it. It is something that we are very aware of, as well as any benefit changes. Under the new discretionary support we will also undertake a full benefit entitlement check, which, historically, we have not done. We are debating whether that should be referred to Sharon's team or whether the discretionary support officer is going to be skilled up to do it.

Micky will probably know better than most that trying to get someone who is fully knowledgeable about all the benefits is very difficult. We are just looking at the mechanics. It is an internal process for us, but we are very aware of what is a particularly vulnerable group. We will probably work with some of the organisations to tweak the way in which we do this, to make sure that we respond to their needs.

Ms Brown: That would be very welcome, because domestic violence is very under-reported and can be as much as 80% under-reported. It is a huge issue, and if we are encouraging people to get out of those very dangerous environments that they are in, we need to provide them with as much help and support as possible. The time when a victim chooses to leave is the most dangerous time.

Mr Doherty: Again, the evidence that we have is that women in particular, who are the majority who find themselves in that situation, will stay in a relationship because they do not have their independence. They fear leaving because they do not have the means to support themselves and their children. We need to make sure that they have very quick access to support.

The Chairperson: Thank you. We have covered quite a lot of ground this morning. I appreciate all the contributions that have been made. Your report covers most of this, and as most members have said, it is about making quality interventions at the appropriate times.

Fra mentioned petty jealousies, and years ago, in the 1980s, you might have had some groups almost giving out Green Shield stamps to get claimants through the door. However, there is a need for the

types of engagements that you are having with the voluntary and community sectors, the independent advice sector and the whole range of other partners that you outlined to keep targeting where it is required and where it, literally, pays dividends for those who are entitled to whatever it is that they are entitled to.

Thank you for making your presentations this morning and giving us the information. We welcome the opportunity to have this discussion, and all members have already commended you for the work that you are doing and the successes that you have had so far. We look forward to continuing success in the time ahead.

Mr Doherty: Thank you very much.