



Northern Ireland
Assembly

Committee for the Office of the First Minister
and deputy First Minister

OFFICIAL REPORT (Hansard)

Disability Strategy: Disability Action Briefing

21 November 2012

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Mike Nesbitt (Chairperson)
Mrs Brenda Hale
Ms Bronwyn McGahan
Mr Stephen Moutray
Mr George Robinson

Witnesses:

Ms Monica Wilson Disability Action

The Chairperson: We welcome Monica Wilson from Disability Action.

Ms Monica Wilson (Disability Action): Thank you very much, Chair.

The Chairperson: You are very welcome.

Ms M Wilson: I have no intention of going over the briefing papers, as I know that you have read and digested them, and I do not want to waste your time. What I would like to do, if it is OK with you, is tell you the key areas of concern for us. I know that it sounds ridiculous, but I would like to start by thanking you for removing the threshold on that door. It used to be like trying to get over Mount Eiger. That makes me aware that you are becoming more aware, and that is very welcome. Having started with that digression, I will go on.

We are now moving into the tenth year of debate on this issue, as 2003 was the European year of disabled people. As part of that, a piece of work was done by a couple of Departments and agencies, along with disabled people, to begin to think about the issues. Out of that came the Promoting Social Inclusion (PSI) disability group. A first attempt staggered to a halt. There was then a second attempt involving most of the voluntary sector and all the Departments. That culminated five years later in the PSI report at Christmas 2009. I wanted give you that timetable to let you know why there is scepticism among individuals with disabilities about the level of interest and action. I need to tell you about the good things. However, I am looking to you, the members, to think about those issues, because they are very important to people with disabilities.

I have some concern that it was to be a three-year strategy, the first year of which is finished. I do not know whether that will be rolled out, but a two-year strategy will not work well. We feel that officials have to think about and use the social model of disability and underpin the document with the UN Convention on the Rights of People with Disabilities. We feel that it is more subtle than it should be

and that it would perhaps help to embed that in the documentation and make it more obvious. We talked about the UN Convention underpinning the strategy. I can get members information on that, if they wish.

The purpose should be aligned more fully to article 1 of the convention, if that is what we are supposed to be talking about. We feel that the purpose of the document is limited in that we are still talking about doing things to people rather than people with disabilities being at the centre of the debate. It is about helping people to empower themselves; it is not about doing things to people. Those are issues for people with disabilities, and we say that in our response and in our briefing papers. They broadly cover the main policy areas, so I will not go on with that.

We have two big difficulties. First, we cannot measure the strategic priorities, and if you cannot measure something, you are not quite sure where it is going or what it is doing. Secondly, there is a clear issue about monitoring, evaluation and best use of data in the UN Convention. Part of that was about disabled people being an intimate part of developing that. I do not know whether people remember — they possibly do not — but, as part of the PSI discussion, which, as I say, lasted five years, the policy planning and research unit — the statistics agency — undertook a major survey on disability. The initial report was published, but nothing else was. The first report was about demographics. We have no idea what data coming out of that survey would be useful to you and to us. Therefore, we think that monitoring and evaluation, particularly with disabled people at the forefront, is very important.

There are a couple of weak areas. One is the fact that there is no focus on older people with disabilities, as they comprise a large percentage. There is a direct correlation between age and disability. Although that may be presumed, we would rather have a more formal approach. The massively important thing is that there is no action plan, and if there is no action plan, there is no action.

The Chairperson: There is no action plan?

Ms M Wilson: There is no action plan

The Chairperson: What a shock.

Ms M Wilson: I could talk about the importance of strategic priorities. I am not taking away from the value of the document, because we have a document. However, there are key issues for us.

The other one is support for the Equality Commission — its representatives will talk for themselves — and issues around law reform. A number of things have moved up the agenda, one of which is the number of people experiencing hate crime. For example, you can be called a scrounger and everything else when people are talking about welfare reform. The environment for people with disabilities is getting much worse, and that needs to be recognised somehow.

I encourage the Committee to focus on two issues: the lack of an action plan; and the length of time. In fact, I urge you to focus on three areas, because I always do more than I say. The third is monitoring and evaluation. If disabled people are not central to that, it will not work. With self-monitoring, what you get is a repeat of what you think is right without the voices of other people having been heard. The voices of disabled people need to be central to that.

Thank you very much, Chair.

The Chairperson: Thank you. Ten years has been spent on developing a three-year strategy, which will now be a two-year strategy, instead of two years being spent on developing a 10-year strategy perhaps. Is there any reason to believe that a strategy that straddles 10 years, say, would need to be revisited over the next 10 years?

Ms M Wilson: That evokes quite a bit of fear in me because if it were to be done again, it would probably take another 10 years. Disabled people cannot wait. I think that I have been reasonable in my criticism, and there are good things that could be implemented quite quickly. However, if you do not have an action plan, you cannot do anything. There are a couple of things that will need to be revisited over the next 10 years. There are no comparable statistics or data, and searching for data is difficult. The Equality Commission undertook a report on the UN convention, which was published after this document. Evelyn and Michael will perhaps add something to that.

The Chairperson: As you say, a two-year strategy hardly seems worth the effort. I also accept your concern of, "Do not stop the process. For goodness sake, the last thing that we want to do is stop the process." However, there is a 10-year strategy for victims and survivors of the conflict. Is there anything to stop this being planned to run later than 2015?

Ms M Wilson: The walls between Departments make it very difficult. In health and social care, for example, Transforming Your Care is the latest strategy on community care and all those things. Most disabled people already live in the community and do not have good service. The Health and Social Care Board is doing a physical and sensory disability strategy; there is also the autism strategy, so there is a great deal that needs to be joined up. There are pieces in all of them that could make up an action plan, but gathering it is OFMDFM's job, I presume. That will take a reasonable amount of work and resources. In truth, the work being done by OFMDFM needs to be much better resourced.

The Chairperson: Even when you get the strategy, it sits high above the ground. Without smart targets or the equivalent, and without an action plan, you do not achieve anything on the ground. That must be desperately frustrating.

Ms M Wilson: There is also the question of how long it will take to compile an action plan, given that we are moving into the second year.

The Chairperson: How long would it take you to devise an action plan?

Ms M Wilson: Based on this, it would take two months' hard work,

The Chairperson: By you on your own.

Ms M Wilson: By me on my own. The sourcing would have to be done. I could write it now if you want.

The Chairperson: With the full resources of OFMDFM behind you, how long would it take to write an action plan?

Ms M Wilson: I do not know. However, I really do not think that there is the full resource. It is up to OFMDFM to look at that. The resource is dedicated to disability work, but if you add in disadvantage, poverty and all the associated issues, you would need two or three people working on it non-stop.

Mrs Hale: Monica, welcome to the Committee. You mentioned the lack of an action plan, so how will performance be measured against priorities? I am curious about whether disabled people have been canvassed for their opinions subjectively and objectively.

Ms M Wilson: I have to give credit to OFMDFM because it did quite a large consultation exercise for this part. Officials talked to and listened to people. If nobody asks you for your opinion, it is difficult for them to know what it is. Many people who live in community settings experience a lack of participation, so it is difficult to talk to them about strategic priorities and action plans. The other thing is that people are afraid. They think that when you want to talk to them it is about cuts and about taking things away, so you have to work through that. However, I have to commend officials because, this time, they did go out to do the consultation.

Mrs Hale: I am glad to hear that. This morning, in the Education Committee, there was the example of the Education Department, and the Council for the Curriculum, Examinations and Assessment putting in place computer-based assessments for children, but they did not canvass the National Deaf Children's Society. So it now looks as if crisis management is kicking in to try to set up a programme to meet the needs of those children. However, I am not sure that that is the best way to go about it. I am very interested to know whether you had been asked.

Ms M Wilson: The National Deaf Children's Society is part of Disability Action. We also provide the secretariat for the Children with Disabilities Strategic Alliance (CDSA). I did not see a reference, for example, to the new manifesto that CDSA has just produced. There is a big disconnect. Consultation with disabled people needs to be better. I am not saying that this was perfect, but at least there was an attempt. Disabled people need to be kept in the loop and supported to make a contribution. We

need to look at building capacity. Nobody likes to talk about that because it is a really soft issue, and it means that you are spending money on things that do not look as if they are important. However, that is probably one of the bigger things for disabled people.

The UN Convention says that it is a three-legged stool, and one of those legs is disabled people. Therefore, it is all there. If you look at the Northern Ireland part of the first report of the UK Government to the Committee that monitors the UN Convention, you will see that it is very weak. It needs to be looked at. I am going to say, "It needs to be looked at" for everything. There needs to be a comprehensive overview of what is going on.

Mr Moutray: You are very welcome, Monica. In your opening presentation, you referred to the fact that the environment for disabled people is getting worse. You also mentioned, in passing, welfare reform. Will you expand on that and give us a little bit more detail?

Ms M Wilson: I will give you an example. We have had meetings around Northern Ireland to support disabled people and to explain to them what changes are coming in and when that will happen. At one of those meetings, we met a man who had not slept for two nights because he was so worried about losing his benefit. That is not unusual.

Enquiries to our information advice service about welfare reform alone have increased by about 20%. The issues around welfare reform are many and complex. Disabled people are not saying, "Do not adapt it", but what we are saying is that cutting people off is the wrong way to go. If a benefit check was done on me, I would not be entitled to anything because I use a wheelchair. So we are starting with, "Here is where you are" rather than, "You need to address the issues that make you like this". A 20% cut will be excruciating for disabled people.

If you take housing, we managed to get it changed on the spare room issue so that a wheelchair user can have a carer there. However, if you are a disabled lone parent, you need a carer's room and you need a room for your children when they come for the weekend. I understand the purpose, but I do not think that the purpose is as preached, although that is my personal, cynical opinion. It will be disastrous because it will put lots of resource needed in the existing services that cannot cope at the moment. I think that, by next year, we will have a disaster. We are seeing the start of it, but I think that you will see it soon if you have not seen it already.

The Chairperson: Last week, we heard from Michael Hughes from the Rural Community Network. One of the points that he made, if I can paraphrase him, was that there were 16 strategic priorities, which certainly was not skimping. In your response, you seem to imply that this covers the main policy areas of concern for disabled people. Are you content that it is as broad as 16?

Ms M Wilson: Having been on the PSI committee for five years where there were 86, I think that 16 is great, but that is a personal opinion. They are a bit general, but you can cover all bases on it. Criminal justice has come in now, and as regards welfare reform, the issue will be about poverty, and I am not sure whether that is covered. Disability Discrimination Act reform is already on the table. I am satisfied in general. I think that it is too general, but an action plan can make it work.

The Chairperson: In fairness to the Department, it may not call it an action plan, but it is certainly working on delivery and implementation in parallel with —

Ms M Wilson: Is it telling anybody?

The Chairperson: Well, it is telling us in and around that.

Ms M Wilson: It would be good if it told us.

The Chairperson: Perhaps it is not quite ready.

Ms M Wilson: Perhaps it is not, but my position is that it is one year into a three-year strategy and there is nothing.

The Chairperson: Yes. Michael Hughes made a point that I would chime with, which was the idea of quick wins. As you develop a strategy, you can, in parallel, say that it is already clear: here is an issue and here is a solution and the resources to implement it.

Ms M Wilson: Part of it is also about cross-departmental work — gathering up all the strategies and trying to see the knock-on effects — because one strategic direction could be causing a difficulty for another, especially when they are trying to make cuts. It is difficult. I do not underestimate the difficulty that officials face, but I am not underestimating the annoyance that disabled people have either.

The Chairperson: One of the big challenges facing the devolved institutions is the ability to work effectively on a cross-cutting basis, so I want to ask you about cross-cutting and transition. Sometimes, we take a very two-dimensional view and say that there is a person with a disability or disabilities and that is that; we do not realise that it is an evolving issue for that individual. In fact, you and I looked at housing many years ago for UTV, which was a whole-life house.

A young girl came to my constituency office a while ago. She had severe physical issues and was moving from secondary to third-level education. If she got an A, she wanted a re-mark, because she was an A* straight through — incredibly bright. I was shocked at how difficult it was to get all the agencies that were needed to help her in the transition from post-primary to third-level education and embedded in the campus.

Ms M Wilson: There are a number of things. Transitions are very important, but not only transitions from school to school but transitions from children's services to adult services. Basically, everything closes down and you start all over again; for example, educational support in the form of computers or aids or the equipment that people need. It would be sensible to take those things with the individual. The individual will also have changing needs as he or she grows and develops. It seems to me that the system leads as opposed to the individual's needs leading. That is difficult.

There are other transitions. I will use myself as an example. There is an ageing population of disabled people who used to be young, fit and healthy but who are now moving on. That becomes difficult because there is no input of services to help people to work that out either psychologically or physically. There are transitions from school to work, where there are already legal requirements between various Departments. That becomes very difficult. There is a presumption that people will still go to daycare — and it is daycare, not "day opportunities". People are doing small pilot projects, but, in my opinion, nothing is joined up.

The Chairperson: What about the active participation and empowerment that you sought?

Ms M Wilson: It is not enough to add it on at the end, which is what most services and presumption of engagement with disabled people do.

Recently, the Rights, Empowerment, Action and Lobbying Network — I think that you were there, Mike — produced a DVD on human-rights issues for people with disabilities. Disability Action supports that group. They are saying what they want; they are empowering themselves. We are just giving them the opportunity and helping them to build the capacity to do that. There are other examples across a whole range of disability organisations. That is very important. In fact, it might be key. If you have empowered disabled people participating at the right levels, and it is not just about saying that the service is good — it is about helping to develop the service, monitoring it as it goes along and evaluating it — you might actually save resources because you get the right service for the right people at the right time. That needs to be worked on significantly.

The Chairperson: To go back to where you began, one of your issues was the lack of monitoring. Can that be fixed easily?

Ms M Wilson: It might not be fixed easily, but it might be worth fixing. It might take a while because when you start introducing informality into formal systems, it becomes difficult. However, when a system has been established and is right, and the monitoring data begins to come through, it should run. I am not saying that it will run, but it should.

The Chairperson: Are members content?

Mrs Hale: Sorry, Chair. Can I ask one more question?

The Chairperson: Yes, of course, Brenda.

Mrs Hale: Monica, I was interested in what you said about how, at transitions in life, such as going into full-time education, into the adult world or into third-level education, everything seems to stop and you have to reapply. How do you see that? What would be the best way forward in your opinion? I have constituents right now who are looking to go from year 12 into third-level education, and, of course, everything stops on the education side and they have to reapply. I have an idea — perhaps a naïve one — for a passport, like a health passport, for when those children hit 18 years of age. Something will have kicked in at 16 years of age and they will have started to get all the paperwork ready so that it is a natural transition for the child, and the parents do not have to worry. How would that best be done?

Ms M Wilson: I have a couple of views. Parents are excluded as well. That would be a precursor to what has to be done. Then, quite simply, you put the resource against the child's name. Therefore, it does not matter whether it is the Health Department or the Department of Education. I think that that is what you described as a "passport". You put the resource against the person and systematically reassess that at certain stages, because needs change and, probably, get worse. Yes, it could be done.

The Chairperson: Monica, thank you very much indeed. It is good to see you.