



Northern Ireland  
Assembly

Committee for Social Development

# OFFICIAL REPORT (Hansard)

Welfare Reform Bill: Disability Action and  
Mencap Briefing

31 October 2012

# NORTHERN IRELAND ASSEMBLY

## Committee for Social Development

### Welfare Reform Bill: Disability Action and Mencap Briefing

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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  
Mrs Judith Cochrane  
Mr Michael Copeland  
Mr Sammy Douglas  
Mr Mark Durkan  
Mr Fra McCann

**Witnesses:**

Ms Karen Hall	Disability Action
Ms Norah Marquess	Disability Action
Ms Jenny Ruddy	Mencap

**The Chairperson:** We have Karen Hall, information and policy manager of Disability Action; Norah Marquess from Disability Action; and Jenny Ruddy from Mencap. First of all, I apologise for the delay. I know that you have waited very patiently, and I thank you for that. I formally welcome you to the Committee this afternoon. I thank you for providing us with papers and for being here to help us in our deliberations on the Welfare Reform Bill. Without further ado, if you are happy enough, I will leave it to you to make your presentation to members.

**Ms Karen Hall (Disability Action):** We are very clear in our message about the Welfare Reform Bill. It will have a significant impact on the lives of disabled people in Northern Ireland. It is not only the possibly 117,000 who will be reassessed in the transition from disability living allowance (DLA) to personal independence payment (PIP). We also have big concerns about some elements of universal credit.

In respect of universal credit, we are really worried about the removal of the severe disability premium and the impact that it will have on children with disabilities and how the proposed disability additions will work. Another big concern is the one-year time limit on contributory employment and support allowance (ESA) for those in the work-related activity group. We are also worried about the housing criteria, which we will talk about in a bit more detail; the changes to the social fund; and the support that will be given to disabled people if they are to be moved into employment and what those supports are. It will not just impact on disabled people financially. It will have a significant impact on people's stress and mental health and well-being.

We have already been out talking to groups of disabled people about the changes to DLA and PIP. At a public meeting that we had in Dungannon, there were clear concerns about how this will work and

how people will deal with the stress of having to go for an assessment. The message from disabled people was clear. So, it is about what measures we can put in place to help to alleviate some of the issues.

We also need to be clear about the bigger picture. It may be that some disabled people will be better off in work under universal credit, but that does not mean that an employer will offer them a job or that the appropriate supports will be available for them to go into the workplace. None of the measures outlined by the Government to date has looked at the fundamental social and economic barriers that people face in trying to live independently in their own community. The measures are very much focused around individual responsibility rather than looking at the collective disadvantage that disabled people face and the societal barriers that mean that disabled people cannot live independently in their own homes or communities. We have to be aware of that wider context.

I will not go through the Bill clause by clause, but I will pick out a couple of things. We added a section on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Joint Committee on Human Rights at Westminster did a report that looked not just at welfare reform but at how changes to adult and social care and different things were impacting on disabled people's ability to live independently in their own community. It made a couple of recommendations, and one key point was that not enough work has been done to look holistically at the impact on disabled people and the cumulative effect of the different changes. The committee said that there needed to be a much wider look at that impact, particularly at article 19 of the UNCRPD, which requires the state to take effective and appropriate measures that will facilitate full enjoyment by disabled people of key rights to independent living and inclusion and participation in the community. As we move forward, that human rights context is important.

As I said earlier, there are two main concerns about universal credit, the first of which is the responsibility for children and young people in clause 10 and the disability addition. Children who are in receipt of the higher rate of the DLA component will get the higher addition under universal credit. That is similar to what happens now. However, those children who receive the lower level of support through the disability element because they receive the lower middle-rate care component of DLA will now receive the new disability addition, which will be worth only £27 instead of £54. That is quite a significant decrease. Work needs to be done to look at extra support for families with a child or children with a disability, and, at the very least, financial support should be extended to those in the middle-rate care group, not just those in the high-rate care group.

On housing elements, the Bill states that there will be an additional room for an overnight carer. We think that it needs to go further than that. It is about additional space, not just for care. It could be for treatment or for additional equipment in the house. That equipment is sometimes big and bulky, and that needs to be taken into consideration. Jenny will probably talk a bit more about being close to your own community and how that family support can be quite important as well.

The removal of the severe disability premium under universal credit is another key concern. Basically, severe disability payment (SDP) allows for somebody who lives on their own to get extra support with living independently. That will be a big reduction for quite a lot of people, and we are worried about how that will impact, especially on disabled people who live independently. The responses have said that people will get DLA and PIP but that DLA and PIP do not consider what support you already have around you. So, if you are living on your own as a disabled person, you might need additional support in many areas. We have gone through the claimant responsibilities under universal credit bit by bit. We need to take into consideration that disabled people face barriers in going into work or even trying to move into work because of attitudes, perceptions and employers. We have gone through that in detail.

The time-limiting of those in the work-related activity group of employment and support allowance is in clause 52, and 53% of people will be impacted by that. They will not be able to move to income-related ESA, and there will be a significant decrease in income. We are worried about how people will manage that and how they will be supported, particularly if they have been in that work-related activity group for a year, or whatever timescale, already. It is not clear what support they have been given to move into work. Jenny will speak a bit more about conditions for youth and contribution to ESA in youth, but we are concerned about how the claimant commitment works and some of the elements of that.

Disability Action made a response to the high-level new discretionary support policy, and we are waiting for more information about how that will work. However, the equality impact assessment (EQIA) basically said that no figures were available for disability in relation to social fund data scans,

but we know that a significant amount of disabled people rely on support through crisis loans, and particularly community care grants, for different elements of their lives. The personal independence payment is the big area. There is not much about it in the Bill, so the issue is more related to the subsequent regulations, particularly the thresholds and the descriptors. There needs to be some clarification or additional information in the Bill.

We asked recently whether the policy analysis on DLA had been done. It was stated in the EQIA that there would be some policy simulation models. That is available for universal credit, but it has not yet been completed for disability living allowance and PIP. So, we need further information on who will be impacted. However, we have put some information in our submission about what should be in the regulations and the length of awards. We are particularly concerned about people with fluctuating conditions, especially those with mental health problems or conditions like MS. As I said, we are waiting for more confirmed detail on that.

On the issue of reporting to the Assembly, the Bill states that that should happen within two years. We have seen the difficulties with the work capability assessments (WCAs). The report needs to start very soon into the process so that those problems can be ironed out. We have seen with the WCAs that there have been changes made, but it has taken time for them to be implemented. We would also like to make sure that disabled people are involved in that process, because they are the experts on how the provisions are working for them.

I am going to leave it at that and pass over to Jenny.

**Ms Jenny Ruddy (Mencap):** Thanks, Karen. I thank the Committee for the opportunity to come up and speak today on the Welfare Reform Bill and how it is going to affect the 33,000 people who have a learning disability and live in Northern Ireland.

A learning disability, as you may know, is a reduced intellectual ability and difficulty with everyday tasks, which affects someone for their whole life. We go into a lot of detail in our written submission, but I want to highlight three key areas: changes to ESA, the housing criteria and the introduction of PIP.

In section six of our submission, we talk about changes to ESA. The aim of the reforms has often been cited as being to reduce dependency and promote work. It is estimated, however, that less than 10% of people with a learning disability are in paid employment due to the difficult barriers that they face when trying to find work. The proposed changes to welfare do not address any of those barriers and, instead, may lead to some disabled people in work being forced to give up their jobs because they can no longer afford the support they need.

Mencap's research and experience indicates that most people with a learning disability clearly want to work. However, we believe strongly that compelling people with a learning disability to work could be counterproductive. In particular, it would add further stress to people with a learning disability as they go through a process of facing and understanding the changes that are happening to welfare reform. We are also aware of the high number of people who have been assessed as fit to work and have successfully appealed that assessment, as Karen has outlined.

In section 6.3, we state that it is unfair and unjustified to time limit benefits for people with learning disabilities who have paid into the system and have a right to expect that they will be supported as they move towards work. Ultimately, we ask the Committee to consider an amendment that removes time limits from the benefit. However, if that is not possible, we ask the Committee to consider an amendment that reduces the time limit from 365 days to 730 days for those in the work-related activity group (WRAG) of ESA. One of the other concerns with ESA, as Karen has outlined, is that the 365-day time limit is effective straight away. So, if you have already been in that group for a year, your benefit will be affected. There is little evidence to show what support people have been given in the WRAG group in that time period, what the reasonable adjustments have been made to take account of a person's disability or how effective the support has been in helping people to gain and retain employment. So, we cannot see the argument for that. We ask the Committee to consider an amendment that ensures that the time limit for the WRAG group is continuous and that the days are counted after the Bill is passed and not before.

As Karen outlined, one of our main concerns is proposed removal of the youth condition in contributory ESA. The benefit supports those with severe and lifelong disabilities, such as those who remain in education after 16. I know that the Committee has heard that the cost of the benefit is estimated to be £390,000 a year in Northern Ireland. Mencap's community-based advisers, who

support people through the benefit process, have told us that opportunities for employment for those who receive the benefit are quite restricted, owing to their disability. They are also allowed to claim the benefit as an adult, which gives them a little bit of independence. It is about being financially secure, which means that they can often do voluntary placements, as work is not usually an option.

Section 7.1 of our submission deals with housing and the new size criteria. The reasoning behind the policy is to contain growing housing benefit expenditure and to make better use of available social housing. There is a shortage in suitably sized properties available to people who would, under the new rules, be deemed to be underoccupying their home. Moreover, and as Karen outlined, many homes might have been adapted to meet the individual's need, meaning that, should the individual have to move, new adaptations would have to be paid for. In addition, there are issues for people with a learning disability who access the package of support and have built up support networks in the area in which they live. Those could not be maintained if they were forced to move to another area.

The proposals do not take into account other learning disability factors or the importance of an individual living in a particular area: being close to family or friends who provide support or caring responsibilities; accessing community services; accessing transport, which is vital for people with a learning disability; and being a part of the local community. The limited provision of accessible housing options may already significantly reduce the choice that a person with a learning disability has over where to live. By implementing the housing criteria as it stands, people with a learning disability may not have the opportunity to live independently in their community.

We ask the Committee to consider an amendment to exclude DLA or PIP claimants from the new size criteria. We ask the Committee to consider amendments that would ensure that, in cases of people with a disability or of families with a child with a disability, where an adaptation is in place, where additional space is needed for treatment or equipment, as Karen said, or where services are available only in a specific area, they will not be required to move and will not have their benefit reduced.

Finally, I want to talk a little bit more about the introduction of PIP. I know that a lot of this will be in the regulations, and Karen said that there is not a huge amount of detail in the Bill. However, we want to raise our concerns anyway.

When reform was first announced, the ambition was a 20% saving of the DLA expenditure, with a commitment to focus resources on those with the greatest need. In Northern Ireland, that would mean that 24,000 people will potentially lose that benefit under PIP. We believe that the UK Government have not fully considered the huge and detrimental impact that the proposed changes will have on the lives of the UK's most vulnerable people and their families.

Section 8.3 of our paper outlines the results of report that Mencap undertook in 2010, titled 'DLA: why it matters'. The survey's findings highlight the central role that DLA plays in the life of people with a learning disability, helping them to afford the support that they need to live an independent and fulfilling life. Mencap believes that access to all rates of DLA must be protected; otherwise, people with a learning disability will be left socially and financially vulnerable and isolated.

One of our main concerns about PIP is the assessment process. It will introduce face-to-face assessments for most PIP claimants, stricter criteria and a shorter timeline for the claiming process. The changes proposed to the assessment process will put people with a learning disability and their families under considerable stress and increase their reliance on independent advice providers and external organisations.

We are also concerned about the removal of lifetime or indefinite awards, given that learning disabilities are lifelong conditions that people are born with. Although individuals may develop other disabilities or conditions during their life, their learning disability will not change. We ask the Committee to consider it imperative that the decision-maker from the Social Security Agency (SSA) or whoever carries out the medical assessment has a good understanding of learning disability and the context in which people with learning disabilities live. The responsibility will be on individuals once they receive correspondence from the SSA to make a claim for PIP, so there will be implications for people with learning and communication disabilities. If people cannot read or have difficulties reading, or if they do not realise that they have been asked to apply for PIP, they may not realise the impact of not engaging in the process. The level of support needed for people with a learning disability must be recognised and resourced by the SSA. It is also important that people with a learning disability be given the additional information and support that they require to complete the process, including reasonable adjustment and, where necessary, advocacy or advice from external organisations.

We also have concerns about the changes to entitlement for the enhanced rate of the mobility component. Under DLA, individuals can be awarded the high rate of the mobility component if they have severe mental impairment, are in receipt of the high care component or have significant challenging behaviour. Under PIP, the criteria for receiving the high-rate mobility component will be removed. Several people with a learning disability whom Mencap supports meet that criteria under DLA and are in receipt of the high-rate mobility component. The removal of that award will have a huge financial impact on individuals, their families and their carers. Having funding for a mobility car or to pay for transport is a lifeline for those individuals, and its removal will have a devastating effect on their life. We ask the Committee to seek further information on that and to give it attention when the regulations on PIP are published.

Finally, we are concerned for those individuals who currently receive DLA but who may not receive PIP under the regulations. Earlier, I spoke about the significant barriers that people with a learning disability face when they are trying to get employment, and I said that less than 10% of people with a learning disability are in paid employment. In a 2011 survey by the Disability Alliance, 56% of disabled people said that they would have to stop or reduce work if they lost DLA. That could result in 1,200 disabled people in Northern Ireland becoming unemployed, which, based on the average NI salary, would lead to a loss of £6 million in income tax and national insurance to the Treasury. We ask the Committee to ensure that the Department publish the policy assimilation model and results that Karen spoke about and clearly state mitigating actions where the impact on people with a disability and carers is required.

I thank the Committee again for the opportunity to speak today.

**The Chairperson:** Thank you very much, Jenny. Norah, do you wish to add anything?

**Ms Norah Marquess (Disability Action):** I am here as the manager of the employment and training unit in Disability Action. We feel quite strongly that the Welfare Reform Bill will have a big impact on employment for people with disabilities. I am here to answer any employment-related questions.

**The Chairperson:** OK, thank you for that.

**Mr Brady:** Thanks very much for a very informative presentation. I have a few points to raise. Karen, you raised the whole issue of societal barriers for disability. That is very important. People tend to look in isolation at the physical or mental disability.

You also mentioned the loss of the severe disability premium. It is often forgotten why that was brought in. It is to help people, particularly those who live independently, to cope with those societal barriers and their disability. The whole purpose of DLA and the severe disability premium was to enable those people to live independently and to become part of and remain in the community. If you consider it, that is one of the main planks of Transforming Your Care. However, we have one Department going one way and another, seemingly, going the other. That is important to recognise.

The other thing is the loss of the youth incapacity payment. The severe disability premium was for those who are 16 years old and upwards, mainly those with learning disabilities. Not only did that give them a degree of independence but it was a source of comfort to parents, in that at least the kids were going to have something going into the future. The waiving of the contribution conditions was a progressive step, even though the severe disablement allowance was abolished. It now means that all those people will be subsumed into your area of employment.

In a previous life, I worked as an advice worker in Ballybot House in Newry, where Mencap has a unit. You see how well people cope with their conditions, but they find it difficult enough to cope and could not be transported into employment. This goes back to your point about the reassessment under PIP, and the fact that there will be no indefinite awards and people will receive awards for only two, three or five years. I have represented at appeals young people with Down's syndrome who were given two-year awards, as if they are going to wake up the next Monday and not have Down's syndrome. You wonder about the mentality of the people who make such decisions, and there is no guarantee that the people who will make the decisions in future will be any better equipped.

You mentioned the mental health champions, and there are also autism champions. As far back as 2007, when the initial stages of welfare reform came in with work-focused interviews, Fra and I argued for the need for staff to be trained. For example, we asked that if someone with bipolar disorder went in for an interview, would the person behind the counter be able to deal with that and realise that it is a

fluctuating condition. You mentioned other fluctuating conditions such as MS and a number of other mental health conditions. We have asked what training staff will get and, to date, have had no definitive answers. That has been going on for five years. Staff whom I know who work in Social Security Agency offices admit that they are at a disadvantage in many cases. They cope as best they can and do very well in many cases, but they are at a disadvantage, because they are expected to make decisions that they do not feel qualified to make. That is another issue.

DLA came in in 1992 along with disability working allowance, which encouraged people of working age to work. However, that seems to have gone out the window completely, not that, in my experience, it was ever used to any great degree. Six months after it came in, I remember ringing up the Department to ask who would qualify for it, but it could not tell me. There was a lot of disinformation and lack of knowledge about the system, and I am not sure that the personal independence payment will be any better.

You also mentioned the assessment, which I think is very important. We have argued, and continue to argue, that the primacy of medical evidence in these cases is paramount. The decision-maker who ultimately makes the decision is not necessarily the person who did the assessment. That might have been done by a civil servant who does not have the knowledge. Good, informed medical evidence is very important. Do you agree with me about the primacy of medical evidence?

**Ms Hall:** Yes, we have said that it is really important for the medical evidence or the evidence that there is about a person to be taken into consideration at any early stage and that nobody should be financially disadvantaged for having to obtain that information. We have already seen people being charged for evidence from doctors for work capability assessments. People should be not financially worse off for having to do that. Where evidence exists, it definitely should be used.

We understand that the thresholds and the descriptors will be out in mid-November. I have a copy of our original response to the previous consultation, if you would like to see it. In that response, we asked for an awful lot of changes to the descriptors, because they did not take into account how people live or their individual circumstances, which are different for every disabled person. The previous set of descriptors did not take into account some of the barriers and looked only at certain activities; for example, being able to microwave a meal. Living off microwaveable meals is not healthy. It should be about preparing a fresh and healthy meal that will sustain you and help with your health and well-being. Quite a lot of what was in the thresholds and the descriptors was worrying. We await what I understand will be the final draft of the descriptors and the thresholds. If they are to be used, it is so important to get them right now so that people do not experience the same level of problems with them as they do with the work capability assessment, which involves two completely different assessments: one about work and one about living independently. The descriptors and the thresholds do not apply to the social model of disability. It is still about looking at the medical evidence rather than considering what a disabled person's everyday life is like and what support he or she has.

**Ms Marquess:** On the point about medical evidence, people need to be aware that people with learning disabilities do not necessarily have a very close relationship with their GP, because they are not ill. Therefore it sometimes might be difficult for a GP to give a good assessment of somebody's capabilities. That always needs to be borne in mind when looking for medical evidence.

**Mr Brady:** Obviously, then, the people who know best, such as parents and families, should be an integral part of the decision-making process. You mentioned the work capability assessment. Even after the revision by Professor Harrington and all the other stuff, it was still a disaster. That just shows you how bad it was at the start. A couple of revisions have been done, and it is still not fit for purpose. You are right that a lot of youngsters with learning disabilities do not have immediate or direct contact with their GP all the time, because there is no need for them to have that. It is therefore essential that their family and the people closest to them be involved.

**Ms Hall:** The big thing as well is that around 75% of people within the age range on DLA are on indefinite lifetime awards. There are people out there who honestly do not think that this applies to them. The message is not getting out that this will apply to all those people and that they will be reassessed. The communication is not there at the minute, and that is key. People think that this will not affect them.

**Mr Brady:** On that point, if you do not reapply for PIP, there will be that gap. I just want to make that point.

**Mr Copeland:** No matter what way you cut it, if the current benefit is reflected, around 25% of people applying for PIP will be suffering from mental illness. We have not as yet seen the award of the contract. The talk is that it will go to Atos. Do you feel that, if the contract tender document did not place on the contract provider — in other words whoever wins it — the necessity to have panelists available to do the examinations, and if that panel did not reflect the fact that 25% of people applying are liable to be suffering from mental illness, the usefulness of the contract and the whole exercise can be called into question?

**Ms Hall:** From our perspective, we obviously do not yet know who will get the contract. I am not privileged to the information on what the process is. Whoever is providing the service or the assessments will have to have those specialisms built in. Even take the number that they will have to do in a week — how will that be possible? If the contract is not delivered on and if the supplier is not doing what it is supposed to be doing, there need to be sanctions imposed. However, I have no further detail on that at the minute.

**Ms Ruddy:** May I make a point about the medical evidence? We have had some good engagement with the Social Security Agency's PIP team, which has been running a number of external stakeholder events since the start of the year. There have been some positive changes to the form. Initially, on the front page, where it asked for a contact, it just specified a person's GP, which, as Mickey has outlined, is not necessarily practical for someone with a learning disability who may not have had contact with a GP for many years. That has now been changed to allow for any medical professional with whom you may have been in contact with, including occupational therapists and speech and language therapists, who might be more relevant to someone with a learning disability. There is also now a section providing for a family member or carer to give some comments on your disability. We saw that as being quite a positive step.

In our written submission, we outlined the effect that this will have on the health service. If you are now having to go and seek medical evidence, the doctors' waiting lists or whomever you go to get that evidence from will become longer. Everyone is going through the reassessment process for many different types of benefit. We are concerned that people might not be able to seek that evidence within the shorter time frame under PIP.

As to ESA in youth, which we talked about earlier, I know that when MPs considered the amendment in the House of Commons, the argument arose that people in that age bracket were already getting other types of disability benefit so why did they need that additional money. However, I think that that is a very naive take on the additional costs that someone with a disability may have, considering that some people may be worse off under the reforms. People underestimate the additional costs that someone with a learning disability has. ESA in youth is really is a lifeline for those people who have stayed in education after 16.

**Mr Douglas:** Thank you very much for your presentation. On delegation and contracting out, you mentioned concerns about the output-related funding model for contractors, and you related your experience to that in England. Can you elaborate on that?

**Ms Hall:** That is more to do with contracting out the work elements. If it is being contracted out under the Steps 2 Success programme, what we have seen and heard from other organisations in England and Wales is that, although the programme exists, people with disabilities are furthest removed from the labour market and so it requires quite a lot of work and support to get them into employment.

The contractors are getting the people who are easiest to get into work into work, and disabled people are being left behind. That is one of the key concerns. Norah can tell you a bit more.

**Ms Marquess:** We recently attended a seminar run by the Centre for Economic and Social Inclusion, and it had brought people over from England because of Steps 2 Success. It was quite clear that, for people with disabilities, there was "creaming and parking", which is a terminology that is used. There is so much output-related funding, so people with disabilities are seen as not being lucrative, because it will cost more money to move them through the system and get them into employment. Therefore, those people are being registered by the companies but are then being parked because there are no facilities or resources to provide the support that they will need. Somebody at that conference said that creaming and parking is happening across the water and that the car park is getting very full. It is happening in England, Scotland and Wales, and we should be doing something to prevent that here, because, as a disability organisation, we have grave concerns about how people with disabilities will get left behind. Welfare reform is up in the air for them.



**Mr Douglas:** I have a final question. You referred to a disability disregard provision to be inserted in clause 8. What would its effect be? Do you have any idea how many people that would benefit?

**Ms Ruddy:** That is about couples where both partners have a disability. Was your question about the number of people?

**Mr Douglas:** What will the effect be? How many people are we talking about?

**Ms Ruddy:** We do not have any figures on how many people it will affect, but, under universal credit, both people in a couple cannot claim disability benefit. Therefore, there is a level of disregard there, and their disability benefits would be capped. We are asking that that be taken into consideration. Both partners in some couples have a disability, and even children with a learning disability have parents with a disability. Some families have more than one member with a disability, and we need to take that into consideration. That issue may not have been raised before. Our national office in London asked about taking that into consideration. The numbers are pretty much unknown.

**Mr F McCann:** I have a couple of questions. Thanks for the presentation. I sit on the Committee for Employment and Learning, and people sometimes forget that the consequences of the Welfare Reform Bill will have knock-on effect in DEL. I raised a question last week in that Committee about the migration of probably thousands of people who suffer from mental illness into work-related groups. Mickey touched on the point about decision-makers not having the proper training. Perish the thought what it will be like when people with serious mental health problems and disabilities who have been long-term unemployed suddenly find themselves in that arena. Have you raised that with the likes of DEL? The response that I got from one of the senior officials led me to believe that that Department has not even thought of that. That will have serious consequences for what we are deciding here.

**Ms Marquess:** We responded to the Steps 2 Success consultation, and we raised all our concerns about people with mental health issues or any sort of disability being exposed to difficult situations. We raised the fact that DEL staff do not have the training to support people with disabilities. We raised the issue that, in the past, disability employment advisers (DEAs) were trained to work specifically with people with disabilities, had set caseloads and knew their clientele. That has fallen by the wayside with Pathways to Work. We suggest that that is worth reconsidering. DEAs still exist in England. That specialism is still there. We are concerned that generic departmental staff do not have the skills or know-how on how to treat people, deal with their situations and work with the barriers that they face, so we will push for specialism to be brought back into the Department.

**Mr F McCann:** Will you provide us with any information that you have on that?

**Ms Marquess:** I have a copy of it here.

**Mr F McCann:** As Mickey said earlier, we have been told that training or information have been provided by organisations such as yours that allows decision-makers to be trained to a level of competence. In some of the cases that we deal with, there is no evidence that that has happened. We may need to go back to some of those people and tell them that the evidence of training that we asked for has not been forthcoming. Although welfare reform will impact on the realm of DSD, it will also have a knock-one effect on other Departments.

In our talks with the Department, a number of Committee members raised the issue of supported housing and special adaptations for people with physical disabilities. I believe that supported housing will be exempt, but a huge number of people have had their currently underoccupied houses specially adapted. At the minute, it does not look as though there is anything in the Bill to protect such people. Have you dealt with some of that stuff?

**Ms Hall:** Although we welcome the allowance of a room for an overnight carer, our main issue concerns not overnight care but having room for treatment. Someone may be on dialysis, need physio, occupational therapy support or whatever. People need to have room to do that. We need to look at how that will work. We do not want somebody having to move or look for different accommodation because of that clause. We are concerned because they will probably have to move further from their family and existing support networks. We do not even know where accessible housing is in Northern Ireland. A register for the Housing Executive is looking to be developed. We

need to work through all of that before bringing in a provision that will have a significant impact on disabled people. Even a hoist, because of its size, takes up a lot of room.

**Ms Ruddy:** We also point out that the housing pool is very small for somebody with a learning but not a physical disability. We think that imposing this criteria has the potential to make that pool even smaller. We know that transport is the number one issue. It is vital. Moving people who are living in the community on their own to somewhere with poorer access to transport or away from family members on whom they rely to get out and about will have a huge impact on their independence. If you cannot get out of your home, how are you expected to have a job? How are you expected to engage with your community? How are you expected to get to some of your services? The Bill does not really look at that. It is important to consider the effect that this will have on those with physical disabilities who live in adapted housing. However, people with learning disabilities can sometimes fall beneath the radar when considering facts that are not based on adaptations. We should also consider the Bill's effect on people's local community links that is caused by moving them to a different area or putting them in the position of not being able to move out of their family home.

**Mr F McCann:** Finally, I do not know whether you have assessed the impact of the shared room allowance on people with mental illness. It is one of the issues that we have raised, particularly the provision to raise the age eligibility from 25 to 35. What is the impact on somebody with a mental illness or physical disability suddenly living in a shared house for the first time? Such households can sometimes be fairly disruptive. Have you been collating any evidence on that?

**Ms Hall:** Not specifically. We can certainly look at our enquiry stuff and do an analysis of some of the data. Sometimes, the information we pick up does not go far enough down. A case was taken in England, under human rights legislation, on the issue of private households. So this will impact on social housing. Three young disabled people successfully took a case against DWP in relation to extra room space and earned the right to live independently. There is some learning to come out of that, as DWP had to reissue advice. However, my understanding is that it will appeal the decision, so we await the outcome of that.

**Mr F McCann:** Surprise, surprise.

**The Chairperson:** Fair enough. Thank you, members. Are you happy enough? You have made your presentation, but do you want to make any additional points?

**Ms Ruddy:** I just remembered something that I meant to say earlier when I was talking about the form and how the introduction has been changed so that you can include any medical professional's opinion in the evidence. One of our concerns — it was not just the learning disability sector but a lot of the disability sector that voiced this — is what weight that carries. So, again, it will come down to the training, the decision-maker or the agency. That is what we have seen with Atos and employment support allowance, in that the medical assessment carries more weight than the independent evidence from a family member or a medical professional. That is a huge concern as well. When it comes down to it, the medical assessment will carry more weight, and that is what the decision will be based on.

**The Chairperson:** Thank you very much, Jenny. That is a very helpful additional bit of information. If you are happy enough to leave it at that for today, I will just say again that we very much appreciate the submission you provided, as well as the additional information in your oral submission here and how you dealt with some members' questions. It has all been very helpful.

We are working towards the 27th November for our report. I just want to assure you that your contributions so far have been very helpful. In some cases, you have reaffirmed some members' views, and you have certainly given some additional weight and clarity to some of the issues that we need to grapple with. So, again, thank you very much for your support to the Committee in its deliberations on the Bill.

**Ms Hall:** Thanks for the opportunity. If you need anything further, let us know.

**The Chairperson:** I have no doubt that we will be engaging with you again. Thank you very much. Again, apologies for the delay earlier today.