



Northern Ireland
Assembly

**COMMITTEE
FOR THE OFFICE OF THE
FIRST MINISTER AND DEPUTY
FIRST MINISTER**

**OFFICIAL REPORT
(Hansard)**

**Draft Promoting Social Inclusion
Working Group Report on Disability**

13 January 2010

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Danny Kennedy (Chairperson)
Mrs Naomi Long (Deputy Chairperson)
Ms Martina Anderson
Mr Alex Attwood
Mr Tom Elliott
Mr Barry McElduff
Mr Francie Molloy
Mr Stephen Moutray
Mr George Robinson
Mr Jim Shannon

Witnesses:

Dr Gerry Mulligan)
Ms Patricia Carey) Office of the First Minister and deputy First Minister
Ms Linsey Farrell)

The Chairperson:

Good afternoon. You are very welcome. Is someone missing? Is Michael Pollock not here?

Dr Gerry Mulligan (Office of the First Minister and deputy First Minister):

We assumed that three people would be the optimum number. Rather than come mob-handed, we thought that we would bring the key individuals. I will introduce them in a second.

The Chairperson:

That is all right as long as Michael does not hear about it. *[Laughter.]*

You are very welcome. Thank you for attending. Your briefing is on the draft promoting social inclusion working group report on disability. The session will be recorded by Hansard. You may wish to begin by making an opening statement, and then members will ask questions.

Dr Mulligan:

As the session is being recorded, I should qualify my remarks about the key individuals. They are the two individuals either side of me.

The Chairperson:

You are showing attractive modesty and rowing back suitably.

Dr Mulligan:

I will make the introductions before presenting the report. Patricia Carey, who has accompanied me to previous Committee meetings, is responsible for social need policy in the Department. Linsey Farrell, who is appearing in front of the Committee for the first time, is the anchorperson and the author of the report, so she has done a lot of the hard work. The Committee will be aware that the report was prepared by a group that I chaired, which comprised representatives of Departments and the disability sector as well as the Equality Commission, the Human Rights Commission and the Children's Commissioner.

The process for developing policy is slightly different, in that it involves a partnership with external organisations that take co-ownership of reports and recommendations. At this stage, Departments have indicated that the report and its 83 recommendations are a reasonable basis on which to seek an Executive response. Although we retained editorial control of the report, we did not seek to alter recommendations significantly, which are largely as proposed by the group's membership.

The report's recommendations are comprehensive, reflecting as they do the wide-ranging nature of disadvantage that is experienced by people with disabilities in their everyday lives. Members will be aware that the United Kingdom Government ratified the United Nations

Convention on the Rights of Persons with Disabilities in June 2009. Furthermore, the Disability Discrimination (Northern Ireland) Order 2006 places a duty on public authorities here to encourage participation of people with disabilities and to promote positive attitudes. That duty, of course, is additional to those contained in section 75 of the Northern Ireland Act 1998.

When they accepted the report at an event in Belfast City Hall in December 2009, Ministers committed to taking it to the Executive with a view to agreeing and publicly consulting on an Executive response. The Executive's response to the report's recommendations will, therefore, form an important part of the Government's implementation of the United Nations Convention on the Rights of Persons with Disabilities as well as promoting equality of opportunity for people with disabilities in line with our statutory and equality duties. I intend to engage fully with the Committee throughout that process.

The Chairperson:

Thank you very much. Does the report contain costings, or have any cost implications been highlighted?

Dr Mulligan:

In general, we anticipate that the report's recommendations would require resources. For example, one of the recommendations calls for greater delegation of budgets to people with disabilities so that they can take more control of those budgets. On the assumption that those budgets already exist, that in theory would be a no-cost recommendation. The specific actions that will follow on from the recommendations have not been identified. Therefore, we have no plans to cost those actions at this stage. However, once we have agreed a response with the Executive and Departments, we will have an opportunity to cost the implementation of some or all of the recommendations.

The Chairperson:

How many Departments are involved? Are all of them involved?

Dr Mulligan:

All Departments are involved.

The Chairperson:

Obviously, there are lead Departments, or Departments that will have more interest and input. Which are the principal Departments?

Dr Mulligan:

To be honest, Chairperson, our experience was that every Department had something significant to contribute, given their programmes, policies and legislation. No single Department emerged as the most relevant to the recommendations. The 83 recommendations cover a wide range of subjects, including transport, housing, education and employment. In that sense, it is difficult to identify any one Department. I was talking with someone from the Arts Council this morning about the relevance of the recommendations to opportunities that will present themselves with the London Olympics in 2012, particularly in the arts sector. There is no Department that does not have an interest in the recommendations.

The Chairperson:

Will you refresh my memory as to the timeline for the process? Has the report been given to Departments for response?

Dr Mulligan:

It has been given to our Ministers so that they can write to their Executive colleagues with a view to receiving their agreement that we, as a Department, will co-ordinate and consult publicly on the Executive's response. The process is analogous to that for the Disability Rights Task Force's report in 2002; the then devolved Administration produced and consulted on an Executive response. This is a similar process.

The Chairperson:

When do you hope to begin the consultation?

Dr Mulligan:

If we can proceed on the timescale that I would like, we would hope to have a document in the public domain before the summer. However, I cannot guarantee that without being able to anticipate the Executive's agenda.

The Chairperson:

That is very prudent.

Mr Shannon:

I am very keen to see how that is progressed. I am aware that it relates to a European initiative, and that there has been a European Year of People with Disabilities, so there is an opportunity to promote it along those lines.

Have there been any discussions with local councils? I am a Downtown Radio man, but I had the opportunity to listen to Radio Ulster over the holiday period. One subject that was discussed was access to sport and leisure for people with disabilities. I was intrigued to learn that opportunities were already in place for those with disabilities through some, although not all, councils. Have you done any groundwork on that, and have you had any feedback from councils? Are you aware of the ability of councils to offer those opportunities? They have a responsibility to deliver leisure services for people with disabilities in their council areas.

I also want to ask you about access to employment. The difficulty of accessing employment that is experienced by those with disabilities is even more acute in this time of economic cutbacks. I am keen to know what can be done to help people with disabilities to have access to employment.

The Chairperson:

Linsey, your big moment has nearly arrived. *[Laughter.]*

Dr Mulligan:

I will deal with the first of those points. I was just checking with Linsey whether we had consulted formally with councils during the preparation of the report. Our contacts at local council level tend to be more informal, and they are based on the good contacts that we made during the European Year of People with Disabilities, particularly with Fermanagh District Council, Lisburn City Council and Belfast City Council. They were very supportive during the programme of events that we ran in that year. Given Jim's point, we will make sure that we take account of what councils are doing in the consultation.

Belfast City Council has done a lot to promote access to its various leisure venues. As a result

of the 2006 Order, there is a duty on all public authorities, including district councils, to promote participation and positive attitudes. We expect that to have worked its way through all councils and to be reflected in their equality strategies. We will follow up on that with councils in the course of the process.

Mr Shannon:

I was quite encouraged by the response to the phone-in on Radio Ulster. One of the councils that responded was my council — I am wearing another hat. It was most encouraging to hear that Ards Borough Council has leisure facilities for people with disabilities. I just happened to be listening to Radio Ulster on the day that that was mentioned.

The Chairperson:

That is quite astonishing.

Mr Shannon:

You did not mention Ards Borough Council, you see.

Dr Mulligan:

Obviously, Ards Borough Council is to be commended. We will follow up on that point.

I agree with the point about access to employment. Access to employment came up in the course of our discussions with the sector as an extremely important area. There are limitations to the access to employment policy, which have been identified in the process. For example, access to employment does not apply to volunteering. For people with disabilities, volunteering is often an important route into full-time employment. However, it does not offer the level of support that they would have if they were in full-time employment. We want to follow that up with the Department for Employment and Learning (DEL) when we begin to discuss the Executive's response. We will talk to DEL specifically about that particular policy.

Mr Elliott:

I want to raise a couple of issues, the first of which is benefits. I note that there is content in the report on the provision of benefits. However, there has been indication of changes to some benefits, particularly attendance allowance — a benefit which gives a sense of independent living to a number of people. That is a recent announcement, so it may not be reflected in the draft

report. However, I wonder whether you could take it on board, because attendance allowance is a great source of assistance for those people in the older age bracket who are disabled. The UK Government are planning to provide those people with more home help. That is simply not available here. There is not sufficient home help to meet current need. Clearly, that benefit change takes some independence away from those people, and I wonder whether that matter could be looked at and included.

My second query relates to the overall change in social attitudes to people with disabilities and their social inclusion during the past 30 years. Can you give me any indication of how that has improved or otherwise? The areas that I am most keen to know about are employment and independent living. I do not see enough reflection of how that has changed. I understand what you say should be happening. However, I wonder what has actually changed during that period.

Dr Mulligan:

Unless one of my colleagues wants to comment specifically on attendance allowance, I will say generally that there is a series of recommendations about the benefit system and the difficulties that have been highlighted by the sector. The Department for Social Development (DSD) has agreed, through the draft report, to look at those recommendations. I am not sure that I can say anything specifically about difficulties due to lack of access to or awareness of benefits. Certainly, an important part of the Executive's response would deal with the issue of benefits.

There is significant concern among people with disabilities about the loss of benefits when they enter employment. A number of schemes have been tried across the water, whereby when people go into employment, there has been retention — without the same threat of loss — of benefits, perhaps for a trial period. A number of measures have been tried. We certainly want to talk to DSD, given those specific recommendations, about the difficulties that exist in the benefit system.

Mr Elliott:

Bearing in mind that the benefits regime is administered by the UK Government, I assume that there will be ongoing discussion with them as well.

Dr Mulligan:

Yes, in that DSD would want to maintain parity as regards the benefits that are available to

people with disabilities across the water.

It is difficult to comment on social attitudes, particularly in employment, because we do not have any relevant baseline information. That is not to say that we should not begin to look at social attitudes generally. Given your suggestion, we will talk to research colleagues about opportunities to have questions on social attitudes to disability included in omnibus surveys. We should do that as part of our monitoring. There is a commitment in the Programme for Government to improve the lives of people with disabilities. Part of that should be to address attitudes.

Anecdotal accounts about the awful way in which people with disabilities are treated suggest that attitudes have not changed sufficiently. For instance, following a publicity campaign that OFMDFM financed to highlight disability matters, we received a phone call from a lady who has a little girl with a disability. She thanked us for raising the issue because one of her neighbours had made a point of coming over to apologise to her. That sort of interface with the public emphasises two things: the value of raising awareness and the fact that attitudes are still quite negative.

Ms Anderson:

At the end of 2009, I hosted a seminar in Derry entitled “Disability is our Responsibility”. A theme that ran throughout was the need for independent living, which picks up on what Tom said. All the groups in attendance felt that disabled people do not have the same access to facilities as people without a disability and that, as a result, they suffer from higher levels of inequality and deprivation. The groups knew that the draft report was coming out, and they said that it had been a long time in the making. Some of them described it as imperfect.

Given your depiction at the beginning of your presentation of an overarching strategy and your description of how it will impact on every Department, do you intend to ensure a cross-departmental approach, as opposed to each Department working alone in individual silos? Will there be a lead Department to ensure that other Departments get involved in taking the strategy forward? Furthermore, how will we assess the strategy’s impact? Instead of pouring money into existing programmes and projects that clearly do not benefit people who suffer from disabilities, the resources that are put into the new strategy must result in measurably changed outcomes in the lives of people with disabilities.

Dr Mulligan:

We fully accept the need for co-ordination. We also accept that the report has been a long time in the making. There are a number of reasons for that, not least of which is that, as part of the evidence base for the report, we had to carry out a major survey in which some 15,000 households were screened and 3,000 householders were interviewed. Nevertheless, we would have preferred the report to have come out earlier.

On going to Ministers with the draft report, we suggested that OFMDFM's co-ordinating role should continue, and the First Minister and the deputy First Minister will seek Executive agreement on that. Subsequently, assuming that the Executive are happy that we continue to co-ordinate, we will aim to ensure that there is a joined-up response.

As part of the Executive's response, I anticipate that we will also want to establish some baseline information that will show us the extent to which we are impacting on important areas of change, such as social attitudes, employment rates and those indicators that currently show a deficiency. That information will be factored into our response.

Ms Patricia Carey (Office of the First Minister and deputy First Minister):

We must now also consider our international commitments as a result of the United Nations Convention on the Rights of Persons with Disabilities. The convention brings together existing rights for disabled people, concerning all aspects of their lives and including attitudes to them of dignity and respect. Our commitments under the convention mean that we must work on promoting social inclusion for disabled people, and, under our own legislation, we are required to produce disability action plans. We plan to do that work in a co-ordinated way, and we have already had preliminary informal discussions on the convention with the monitoring bodies: the Human Rights Commission and the Equality Commission.

At the outset, we will try to identify what we will be measured against in two years' time, when the United Kingdom's report on the convention is due; what we will be measured on; and what we will have to do in the meantime to fulfil those requirements and to plan accordingly. We will work on promoting social inclusion for people with disabilities and on meeting the commitments that we identify in the convention, all of which will require us to work in a cohesive way across government. Not only will that maximise output, it will ensure that the sum total of

the actions of all Departments achieves more than what individual Departments are doing on their individual policy areas. That will mean that the lives of people with disabilities are improved in general, rather than individual aspects being improved as they occur to Departments. It is about working with Departments to identify the areas of their policies that are particularly relevant.

The Chairperson asked a question at the beginning about which Departments are involved. It might not seem apparent initially that, for example, the Department for Regional Development has a huge role to play. However, the major issue of access is very relevant to the areas of transport, roads and infrastructure. We are trying to tie together all of the individual policy areas that Departments cover and examine that in the context of the promoting social inclusion work and the convention. We will work with the organisations that represent people with disabilities and the monitoring bodies on the convention to do that as effectively as we can.

Mr McElduff:

In taking forward this report, has the group come across any towns or villages that are particularly progressive in being friendly for people with disabilities? Are you aware of work that is being undertaken by Cooperation and Working Together (CAWT) in the health sector to identify towns or villages like that north and south of the border?

Dr Mulligan:

The straight answer to that is no. We were not aware of any particular towns or villages; however, if there are any that you are aware of we would be very keen to hear about them.

Mr McElduff:

I would point you towards the work that is currently being undertaken by CAWT in the health system.

Dr Mulligan:

If one breaks it down to the level of buildings and accessibility, there are some websites that invite people to rate buildings for accessibility, which is an interesting idea. For example, Dublin Corporation has a website that it uses for that purpose, which allows it to highlight good and bad practice. That same principle could be extended to cover towns and villages.

Ms Linsey Farrell (Office of the First Minister and deputy First Minister):

The report includes the case study of the Lisburn in focus project, through which Lisburn City Council is seeking to establish Lisburn as a centre of excellence for disabled people. There is opportunity for other councils and towns to look at that project, see what is going on there, and consider how they can adopt similar practices.

Mr Attwood:

Thank you for the presentation.

I want to go back to what Jim Shannon asked about how to progress this matter and trying to get some grasp on the qualitative end of this work. Page 11 of the report sets out the context for the review with respect to the 10-year strategy for children and young people, which identifies six priorities, two of which are disability related. Paragraph 2.24 states that:

“The second cross-departmental action plan, which is currently being developed for the period 2008-11, will include actions around disability.”

Therefore — you can correct me if I am wrong — we have a 10-year strategy for children and young people in which two of the priorities are disability related and in the year 2010 the action plan for 2008-2011 is “currently being developed”. In one small sector of what is a very broad set of proposals and conclusions, we are still setting the action plan for 2008-2011 in 2010. How do you respond to that?

Dr Mulligan:

I anticipate that the actions that the Executive agree to will be contemporary and will reflect what needs to be done and what Departments are prepared to do at that time; they will not be historical. We certainly want to take account of what Departments have been doing and which needs to continue.

The strategy that you are referring to is the 10-year strategy for children and young people. I am not responsible for that particular strategy, so I cannot account for the anomaly that you are suggesting. We certainly hope to ensure that the actions that emanate from our work are as contemporaneous as possible.

Mr Attwood:

I appreciate that, but the action group is cross-departmental. You have indicated that many of the

issues will have to be worked through in a cross-departmental way and that you will consult with all the Departments to take the recommendations forward. Yet when we have a cross-departmental structure in relation to a 10-year strategy for children and young people, in which one third of the recommendations relate to disability, we do not have an action plan. We are two years into the period that the action plan was supposed to cover. That is why I welcome the spread and the narrative of the report but worry about what it will translate to.

Dr Mulligan:

I am happy to provide any information that might update and clarify the situation on the action plan for the strategy for children and young people. I do not feel sufficiently qualified to give you a specific response at present.

Mr Attwood:

I appreciate that.

Dr Mulligan:

However, I will get back to the Committee on that.

The Chairperson:

That would be helpful.

Mr Attwood:

On face value, it does not look good.

Dr Mulligan:

I will wait to hear what my colleagues tell me.

Mr Attwood:

If you had an action plan in your Department that was only being prepared two years into the period that it covers, would you not find it worrying?

The Chairperson:

The nail has been fairly well driven in. Please move to your second question.

Mr Attwood:

On page 43 of the report, there are two recommendations on childcare. I want to ensure that things are joined-up and heading positively. We are still waiting for the conclusions from the ongoing review of childcare by the ministerial subcommittee for children and young people. Nevertheless, the working group has come up with recommendations in the report. Are those recommendations part of the ministerial subcommittee's conclusions? Otherwise, things are not joined-up, and we have a big review that makes recommendations on childcare at the same time that another review on childcare is ongoing. One presumes that one group would refer to the other. Is that a fair assessment?

Dr Mulligan:

This is an area on which I am qualified to comment, because I am chairing the group that is carrying out the review of childcare. Bear in mind that the working group's recommendations have their origins in discussions that the sector had some two or three years ago with people with disabilities and that they take account of survey findings. A conclusion that derived from that was that there are problems in providing proper childcare for children with disabilities, which is in part due to the lack of people who are sufficiently qualified to provide that service; there is an insufficient supply. More generally, we have identified an insufficient supply of and inadequate access to affordable childcare across the piece. Therefore, the two recommendations complement each other, and general actions to tackle the insufficiency of childcare that arise from our review will have a relevance to the parents of disabled children. There is nothing incompatible about them.

Triangulating the number of reviews that point to the need for good childcare will invariably show that there is a need to look at childcare as an issue. Our review of lone parents reached the same conclusion.

Mr Attwood:

I agree with that, and nobody will disagree. However, recommendation 11 states:

“An additional support fund should be available to the Childcare Partnerships”.

It states that such a fund should be used to support:

“individual children with low-incidence but intensive challenges to inclusion in playgroups”.

That is a very specific recommendation, and it has cost consequences.

One would think that that would be part of what the ministerial subcommittee's review of childcare would be looking at, recommending and taking forward. Otherwise, people may be operating in parallel but not converging. Are those specific recommendations part of what the group that you are chairing is working through, or do we have a situation in which things are not joined-up?

Dr Mulligan:

I can assure you on that specific point. When we brought the recommendations from the first stage of the review of childcare — bearing in mind that we are doing it in two stages — to the ministerial subgroup on children, they included a specific reference to the need to enhance childcare for parents of disabled children. That was part of the first stage of the work. Once we conclude the work, we will refer back to that particular element; in other words, the specific childcare requirements for parents with disabled children. It is —

Mr Attwood:

Including an additional support fund?

Dr Mulligan:

It is included in the scope of our work on childcare generally.

Mr Attwood:

Including an additional support fund?

Dr Mulligan:

We have made a recommendation that there should be additional funding, and we identified to Ministers what that additional funding requirement would be. It will be a matter for Ministers, in due course, to look at all of those recommendations, but that was taken account of.

Mr Attwood:

Very briefly, I have one final question about an issue that was raised by Martina Anderson. You relied upon the fact that you had to do the survey of 3,000 homes as one of the reasons for the delay in the report coming forward. Was that survey done in 2007-08?

Dr Mulligan:

No, it was done in 2006 and reported on in 2007. Therefore, it applies to 2006.

Mr Attwood:

So you relied upon a four-year-old review to explain primarily the delay in taking the report to the point at which it is now?

Dr Mulligan:

No, I said that one of the reasons that contributed to the time period was that a year was required to do survey work and to report on it. I did not say that that was the only reason.

Mr Attwood:

That was three years ago.

Dr Mulligan:

The work spanned a period of transition between direct rule and restoration. That created a delay in itself, as I am sure that you accept. We certainly tried to maintain the momentum that was required to keep the work going. Clearly, however, there were also matters that were outside of our control.

Mrs Long:

Thank you for the presentation. I apologise for arriving part of the way through it. Perhaps you have dealt with this issue already, but I want to check something. The survey focused on activity limiting disability. Does that relate solely to physical disability or also to learning disability and, indeed, people with complex needs, which are a combination of both?

The issues that you covered included transition to adulthood and independent living. Clearly, with advances in medical technology and science, people who have conditions and different complex needs are living for much longer than would have been the case previously. As a constituency representative, I am meeting more parents who are finding the transitioning into adulthood incredibly difficult for young people who have very complex needs that are both physical and learning disability related. Did you look particularly at that, or was your main focus on issues around physical disability and physical access?

Dr Mulligan:

I will clarify that issue, and I invite Linsey to correct me if I get it wrong. When the screening survey of the larger number of households took place to identify whether there was a person with a disability who would be available for interview, a World Health Organization definition was chosen that was consistent with what is called the social model as opposed to the medical model. A disability or any physical impairment was defined in terms of how it affected a person's functioning and their ability to do day-to-day things. In that sense, it is closer to the legislation on disability discrimination than it is to any health model. Given that that type of definition would have captured a wide range of physical and intellectual disabilities and impairments, we have a widened net in that sense.

Mrs Long:

Was the issue of children with complex needs considered specifically in relation to the area of transition to adulthood? I raise that question because, when scoping out issues for the future, that will be an increasing problem. Many of the young people who are turning 18 who I deal with in my constituency find that the definition of their needs does not necessarily fit the models that are already available because their needs are much more complex. Most children who were born with those sorts of complex needs even five or 10 years earlier would not have survived to adulthood.

Part of the difficulty is getting a system that can adapt to dealing with very complex needs. For example, childlike adults, who require the same kind of setting and care as that of a young child for their emotional, mental and physical development, find themselves put in adult facilities that are inappropriate for their particular needs. I wondered whether you had considered the transition to adulthood specifically in the area of complex need, because that area will become more important over time.

Dr Mulligan:

In the survey work, it was possible to define the degree of disability, and a conventional way of doing that, consistent with the World Health Organization, was used. That definition picked up on individuals with varying degrees of disability, including people with complex needs. I suspect that the report is not finely tuned to the specific issues for individuals who are in transition to adulthood, but we can come back to that during our discussions with Departments.

Ms Farrell:

The underlying principle of flexibility and of taking a tailored approach to the specific needs of each individual permeates the entire report. That principle probably covers people with complex needs.

Mrs Long:

I picked up on the tailored approach when I read the report, but, in practice, budget pressures preclude that tailoring to individual needs, and there is little flexibility for parents who are negotiating the system as it stands. That might be different if recommendations are implemented.

Although the current experience is not exactly that a one-size-fits-all approach is being taken, flexibility has a cost implication that is not necessarily immediately apparent and which can lead to health trusts not being able to show the degree of flexibility that they wish because of their overarching responsibilities. The trusts often buy packages of care in bulk for a range of people, and that fine-tuning is often difficult. A point that follows on from the question that the Chairperson asked is that the cost implications are perhaps sometimes hidden. If an approach is taken that tailors to individual needs, care cannot be bought in bulk, and there are cost implications to that.

Mr Molloy:

Thank you for your presentation. I will follow on from the point that Naomi raised about the transition from youth to adulthood and focus in particular on training. Many young people with a disability find that there are no facilities for them to move into when they reach the age of 18 or 19. Although that is covered by the report to some extent, there is an issue of how that situation can be changed, not only for training but for work. Parents, particularly elderly parents, are fearful of what will happen and who will look after young people in that type of situation. There seems to be a gap in the provision for those young people.

My other point is on access to public buildings. The report talks about monitoring that. Quite a bit of monitoring takes place at Westminster not only on access to public buildings for people with disabilities but on their ability to work in those buildings. With particular reference to the Assembly and to Members' offices and advice centres, are any criteria in place for dealing with the issue of access, so that people with disabilities have access to the buildings and access to employment in them? Assembly Members' offices and advice centres are paid for publicly,

through the office cost allowance, and, as such, they need to be able to provide that sort of service.

Dr Mulligan:

In the course of our work, there had been improvements in the facilities that are available to help children make transitions. Library boards increased the number of staff with the specific job of acting as transition officers to help children who are leaving school. The Department of Health, Social Services and Public Safety also approved new posts for staff looking after children who are coming out of residential care. The point made by the group is that that action was not joined-up, co-ordinated or sufficient.

In making recommendations on the need to focus on transitions, we will be pressing Departments to see how far we can go to enhance the resources and support that are available to children making transitions at various stages — from school to work or from school to further education. All transitions are difficult for people with disabilities. The sector made the point that, ideally, there should be continuity of transitional support for individuals from a young age right through to employment. That is something we will be discussing with Departments.

On the point of access, and particularly with regard to the Assembly and Westminster, the legislation exempts Parliament and the Assembly from the access requirements. Therefore, the Assembly Commission would be dependent on the guidance but would make its own arrangements for Parliament Buildings. We would refer you to the access guidance produced by the Equality Commission, which is very good. The Assembly is not under the same obligation that the Disability Discrimination Act 1995 places on others, but there is lots of guidance available on improving access to public buildings. The difficulty with older buildings is that they are typically more difficult and more expensive to adapt, but that does not mean that adaptation is impossible. Significant improvements have been made at the Palace of Westminster.

Mr Molloy:

I want to ask about access to the advice centres and constituency offices of Assembly Members. Those centres and offices are often in upstairs accommodation, which does not necessarily allow citizens to access them. Are there guidelines for that purpose?

Dr Mulligan:

The guidance of the Equality Commission is available on its website. Monica Wilson of Disability Action is very happy to help organisations carry out disability audits, which include auditing their physical surroundings and how accessible they are. I do not wish to market Monica's services, but she is very approachable. Disability Action's guidance is excellent.

Mr G Robinson:

My question follows on from Naomi's point. I find that one particularly difficult area is the issues faced by people with young children with disabilities. I know of one case in which two disabled children under the age of five are living in the family home, and the parents are experiencing awful problems in trying to get the house adapted for their needs. They need a lift and other things for their Housing Executive property. That has been ongoing for about two years. The parents are tired out all the time, trying to provide access to the upstairs for their children. That is not the only case. I have heard of cases involving elderly people too. This is one area in which a lot of streamlining and more fast-tracking between social services, OTs and the Housing Executive are definitely needed.

Dr Mulligan:

We will take that point away and reflect it in our discussions with DSD and the Housing Executive.

The Chairperson:

Martina Anderson has a final point.

Ms Anderson:

Gerry, I asked you about the composition of the working group the last time you were here. Can you provide us with that information?

Dr Mulligan:

Yes, I can certainly give you a list of the membership of the group. That is not a problem.

The Chairperson:

That is helpful.

What is the status of the report? Are we entitled to circulate it to other statutory committees for their perusal?

Dr Mulligan:

Yes, absolutely.

The Chairperson:

Thank you very much indeed for attending and for your information. Good afternoon.