



**Northern Ireland  
Assembly**

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**COMMITTEE FOR  
SOCIAL DEVELOPMENT**

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**OFFICIAL REPORT  
(Hansard)**

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**Carer's Allowance Bill**

24 February 2011

**NORTHERN IRELAND ASSEMBLY**

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SOCIAL DEVELOPMENT**

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**Carer's Allowance Bill**

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**Members present for all or part of the proceedings:**

Mr Simon Hamilton (Chairperson)  
Ms Carál Ní Chuilín (Deputy Chairperson)  
Mr Sydney Anderson  
Mrs Mary Bradley  
Mr Mickey Brady  
Mr Alex Easton  
Mr Tommy Gallagher  
Ms Anna Lo  
Mr Fra McCann

**Witnesses:**

Mr Sam Bell                    )       Carers Northern Ireland  
Ms Helen Ferguson        )

**The Chairperson (Mr Hamilton):**

Joining us this morning are Helen Ferguson and Sam Bell from Carers NI; you are both very welcome. Can I issue you with the warning that I give to everybody about mobile phones? Today's proceedings are being recorded by Hansard, and the Hansard report will form part of our report on the Bill. I invite you to make a presentation, after which members will ask questions.

**Ms Helen Ferguson (Carers Northern Ireland):**

I will start our presentation before handing over to Sam and then saying a few words in conclusion.

Our main point is that supporting older carers in Northern Ireland is already important and will become critically so. There will be a large increase in the elderly population in the coming years. Many of those elderly people will be fit and active and heavily involved in their communities; they will not be in need of constant support until the end of their lives. However, a large number of very old people will need increasing care. Increasingly, it will be other older people who will take on a significant role in supporting them, potentially at great risk to their own health and well-being. Therefore the Executive have a considerable challenge ahead in how they best support older carers. We are very pleased to see debate in the Committee for Social Development and in the Assembly in general about how our Assembly responds to that huge challenge.

The other point that I want to make, although I suppose that it is almost an aside, is that all the significant legislation for carers across the UK has come about through private Member's Bills. There is an honourable tradition behind Mr McNarry's Bill. There is also a history in the care movement of developments in one devolved Government influencing and changing practice in other devolved Governments.

Therefore the Bill could be a force for change, not just in Northern Ireland but beyond, although we must be realistic about the current climate and about how likely unilateral action by the Northern Ireland Assembly is to bring about the fundamental changes to carer's allowance that Carers NI wants.

Carer's allowance is fundamental to carers. It is the one benefit that is theirs; it is income over which they have control, and for many carers it is the only way in which the caring role that they take on is recognised. There are many problems with carer's allowance. For a start, it is far too low: at £53.90 a week — £1.54 if a carer does 35 hours a week — it is a pittance. It is, in many ways, a derisory benefit. If we were to seek one change in carer's allowance, it would be to increase it to about the level of the retirement pension.

It does not reflect the extra costs of caring for more than one person. Another problem with carer's allowance is that there is no earnings taper on it; once a carer reaches the earnings limit on carer's allowance, they lose the carer's allowance entirely. The most significant difference to the long-term financial situation of carers would be to keep them in employment where possible. A taper on the earnings limit of carer's allowance could help people to move in and out of part-time work more easily or take up a bit more work when their caring responsibilities allowed. That would make a huge difference to someone's ability to stay in touch with the world of work, which would reflect their finance now and their future pension. Being engaged with the world would also help their mental health and well-being, as carers often become very isolated, with all the impact that isolation has on people's mental health and well-being.

There are many problems with carer's allowance. However, if you asked carers the biggest change that they would like to see to carer's allowance, they would undoubtedly answer that they would change the overlapping benefits rule that means that when a carer reaches 60 or 65 years of age and gets their pension they lose their carer's allowance. They regard that as a great injustice. Sam can tell you more about how carers feel about the overlapping benefits rule.

**Mr Sam Bell (Carers Northern Ireland):**

Good morning. Helen has put our case very succinctly; I do not know whether there is much that I can add. The most important point, as Helen pointed out, is that when a carer reaches retirement age, the allowance is withdrawn.

Helen said that the carer's allowance works out at £1.54 an hour. However, I made a few calculations: if a carer works 50 hours a week, as many do, it works out at £1.08 an hour. In fact, it works out as less than that as many carers care seven days a week, which works out at 32 pence an hour. There is no overtime or time and a half, and the work goes on and on. Carers get £53 no matter what hours they work.

If someone has a career, they get a pension when they retire. A carer — which is just one e short of “career” — does not retire from caring; however, when they reach retirement age, the allowance is withdrawn. Apart from the financial aspect, psychologically it is detrimental to have that allowance withdrawn as carers feel that their caring work counts for nothing, certainly after

retirement age. Carers NI has produced booklets, including 'Carers Stories', that show that some carers are quite elderly.

Some years ago, my father, who was 91 and registered blind, was caring for my mum, who had dementia.

**Ms Ferguson:**

Sam's father is one of about 350 people, according to the last Northern Ireland census, aged over 85 who were caring for more than 50 hours a week. That is a huge commitment, and they need support to make sure that their own health and well-being are not damaged by the role that they are taking on.

Sam mentioned the psychological impact on carers of the loss of the allowance, and there is a debate to be had on that issue. I am sure that the Department for Social Development will argue that the benefits system is not the place to recognise contribution; it is for covering people's living expenses. The House of Commons Work and Pensions Committee did some interesting work and took the view that it was proper for the benefits system to consider some recognition of the extra costs of caring, its impact and the need for carers to find respite from their caring responsibilities. The Work and Pensions Committee's proposal was for a two-tier system so that an element of carer's allowance would be paid in the current way as an earnings replacement benefit. However, there would be an additional allowance that would not overlap with other earnings replacement benefits and which would recognise the extra costs of caring and its impact on carers. The Work and Pensions Committee recommended that the additional allowance should be set at about the level of child benefit.

Models do exist, and there is at least an argument that the benefits system can and should consider some of the impact that caring has. We should not dismiss DSD as an appropriate agency for addressing some of those issues.

However, the biggest issue for the Committee and for Carers NI is the impact of departing from parity in benefits, as it is hard to predict what that impact might be. We know that, in the short term, the Treasury will not supply DSD with more money to cover the additional cost, so

the money would have to be found in the Northern Ireland block grant. The anxiety is that there may be longer-term implications, and, just as the small print in commercial advertisements warns us that the value of our investments may go down as well as up, there is a risk that a precedent could be set in difficult financial times in future that might leave benefits in Northern Ireland vulnerable to being set at lower rather than higher levels.

If the Bill were to progress, Carers NI would seek assurances that that is not a prospect that we would encounter as it would cause great anxiety. One of the attractions of the benefits system is that it provides universal access to people who meet the criteria. That offers some reassurance, and we would seek similar reassurances that carers would not be at risk of losing other elements of their benefits if the variations were made.

The fundamental question is about the money that the Bill would cost the Executive budget. Fortunately, I am not a politician, so I do not have to make that decision; it is for you to make. My main concern is that it is supposed to be policy in the Assembly and the Executive to invest in carers. However, we have seen very little investment. Four hundred thousand pounds of additional respite was released as a result of the carers' strategy, and recent changes will bring more very low-income carers into rate relief, and that has been very valuable.

We would like to see a great deal more investment that recognises the contribution that carers make through their unpaid work, and we would like the Executive to take into account how they make that investment. If feasible, the Carer's Allowance Bill might be the most appropriate place to make that investment. However, other measures — for respite and practical services to back carers up, for example — are needed from the Assembly. That is a fine judgement, and one that the Executive would have to address fully before DSD made a decision on the Bill.

**The Chairperson:**

I appreciate your perspectives, as they come from being a carer and from working with carers. You have given us a very fair summary of the predicament that the Committee, as well as the Executive and the Assembly, faces. After members have asked their questions, I want to return to a particular point.

**Ms Ní Chuilín:**

Thank you both for your presentation. Helen has partly answered my question, which was to do with breaking parity. Even without a full debate on the issue, I sense that that will be the sticking point. I imagine that every Member has had experience of carers, either directly or through their constituency work. It is an issue that people raise consistently, and fair play to David McNarry for bringing the Bill forward.

**Ms Ferguson:**

Absolutely.

**Ms Ní Chuilín:**

However, as I say, the sticking point will be breaking parity. Without getting political about the issue, the Work and Pensions Committee considered a two-tier system and recommended that the carer's allowance be on the same level as child benefit. Have you made any costings of what that might involve here? The Bill primarily concerns the carer's allowance and is therefore not related to child benefit. However, I deal with children who are carers, and I am concerned that there are 15- and 16-year-olds who are not considering finishing their education or looking for employment. There are elderly people looking after older relatives and people in their 40s being looked after by children.

What will the two-tiered system and the tapered benefit, as you describe it, cost the Executive?

**Ms Ferguson:**

I do not have the figures. The Work and Pensions Committee worked out rough costings for the UK, but I do not have the figures for Northern Ireland. It would have to be part of a fundamental change to the whole carers' benefits system. Northern Ireland could not introduce it off its own bat; it would have to be part of a thoroughgoing review of carers' benefits.

We have been promised a review through what has been described as a national carers' strategy, although it is primarily an English one. The review may still come, although we do not know when. However, introducing a two-tier system could not be done in Northern Ireland alone; it would have to be part of a broader review.

I apologise to the Committee: I should have said that the Executive have made significant investment in a Northern Ireland-wide programme to provide emotional and practical support, including respite and breaks, to young carers. That is very important. However, you mentioned a key issue: the longer you care, the worse off you are. Young carers may face many years of caring, and the parents of children with disabilities will face a lifetime of caring; they have few opportunities to work or to improve their financial situation. Therefore decisions about benefits are critical for them, as they have no other options for increasing their family income.

You are also right to flag up that any decision made now about how we support our older generation will have exponential implications as the number of older people increases over the next five, 10, 15 or 50 years. Therefore, a longer-term calculation will have to be part of the decision-making process. However, I do not have those figures.

**Ms Ní Chuilín:**

Maybe it would be helpful to get the Department to make a presentation to you? Thank you.

**Ms Lo:**

As usual, Helen, you are a great advocate for carers. I do not know whether you listened to the debate in the House. Everyone who spoke paid tribute to carers; there was a lot of sympathy for them, and the value of their contribution to society was recognised. For a lot of carers, it is not just about money. Indeed, they do not do it for money; obviously, they do it because they love their family member and want to look after them. However, a lot of carers find the lack of respite care and other practical help to be really difficult. You talked about a form of top-up payment for respite care. Perhaps, if we cannot bring about statutory respite care, we can get social services to recognise that respite is needed and pay them an allowance to buy it in. Would that be a way around it?

**Ms Ferguson:**

It might be. For example, in the South of Ireland, the benefits system is very different, in that the main carer's benefit is means-tested. In that way, our carer's allowance is ahead of the Southern provisions, because a means-tested system inevitably presents obstacles to people taking up a



benefit. Nevertheless, other elements of the system there may be worth considering. First, if you care for more than one person, it is possible to get a half amount of carer's benefit on top of your existing benefit. Secondly, there is more benefit phasing at the end of caring or in transition, so that people can get back into work more easily or try to balance paid work or education with their caring. Thirdly, for up to a year, a specific and higher level of benefit is available for people who have had to give up a paid job in order to care. It is closer to an earnings replacement benefit.

Fourthly, a respite payment is made to all carers who qualify for carer's benefit so that they can arrange and purchase their own breaks. I have to say that that benefit comes from a government structure that does not supply the same level of respite and support that we supply directly through our health and social services trusts. It is not an add-on to a good health and social services structure; it is a replacement for an almost non-existent structure. Therefore, I do not think that paying a large lump sum through the benefits system is the way forward. However, a small payment might enable people to get out to play darts or to get their hair done. Small things like that keep people plugged in to their community and social networks, enabling them to be productive and active in those networks, which is beneficial not just to the carers but to the wider community.

**Mr Brady:**

Thank you very much for the presentation. In talking about carers, we have all expressed sympathy. However, the reality is that lip-service is paid to the plight of carers, and there is no point in saying otherwise. In my view, to reform carers' benefits, carer's allowance has to be a stand-alone benefit, and it should have been from day one, because it is inextricably linked to attendance allowance and disability living allowance (DLA), so there is no question that it should not have been.

I would like to hear your views on income replacement as well. From day one, on invalid care allowance you could earn £12 a week — ridiculous. Now, 20 years later, it has gone up to £95. As you said, there is no tapering. If you go 1p over, you lose the lot. Consider the history of invalid care allowance: in the Drake case of 1984, Mrs Drake had to go to the European Court to ensure that married women got that allowance. Married women, whatever their age, were the bulk of carers at that time — I am sure that they still are, to a large extent. Carál mentioned

young carers, and there are lots of them around.

If you are going to break parity or change parity, the argument should be that it is a stand-alone benefit. I have discussed this with David McNarry. While I have great sympathy and admiration for what he is trying to do, I do not think that that is the best vehicle. For a lot of older carers, it might make no difference, but it could still affect about 3,000 who would lose income. There are all sorts of other issues around older carers, such as the lack of uptake of pension credit.

The other thing as regards older carers is the advent of the Commissioner for Older People. Maybe this is something that the commissioner could take on board. It is a huge issue. I know people in their 80s who are caring for older partners. I had one case of an 86-year-old man looking after his wife, who was 89. He was blind. Night-care services were reduced from five nights a week to two, and he was getting up in the middle of the night and changing his wife, who was doubly incontinent. That is the kind of thing that carers are facing.

The change in lifelong learning, with older people being charged fees, is also relevant. I remember going to a meeting at the Southern Regional College two years ago. A lot of the older people there were carers, and going to night classes was a kind of respite for them. However, they could not afford it any more because the fees had gone up. Equality legislation had been introduced that had had an almost negative impact on them. There are a lot of issues around that. If you are going to break parity, which is what we are really talking about, it needs to be done as a stand-alone benefit that encompasses all groups of carers, as well as older carers.

**Ms Ferguson:**

It is interesting that you refer to the history of the carer's allowance. It used to be known as the invalid care allowance. That just underlines the point in our briefing paper that it is a benefit that was designed for a world that we no longer live in. It is no longer fit for purpose. I agree with you that a complete review of carer's allowance as a stand-alone benefit would be —

**Mr Brady:**

About 12 years ago, when I worked in the voluntary sector in Belfast, I attended a conference. I

think that Keith Vaz was the junior Minister involved. There was to be a Royal Commission on the whole issue about carers. I have never heard anything since. That was 12 years ago. There was a lot of debate around the whole issue of carers, and that was supposed to resolve it to some degree. It never happened. You have this cyclical kind of thing. The awareness is raised, and then it dies down again. This is an opportunity for the Assembly to actually do something for carers.

**Ms Ferguson:**

We would welcome that. David McNarry's position is that widespread support for carers has been expressed on many occasions in the Chamber and in Committees. Maybe it is time to put your money where your mouth is, as an Executive and an Assembly, and actually do something.

**Mr Brady:**

It is a question of picking the right vehicle to progress it. It has to be the right vehicle, because if we go with a Bill that does not have a chance of success, that is going to have a negative effect, obviously. If we go with one that people on the Executive can buy into, it makes more sense.

**Ms Ferguson:**

There is no point in tinkering, because there will not be an opportunity to come back and improve on it. We need to make sure that any Bill, or any action that we take, is as close to the ideal situation as possible. We will not be able to come back and amend it.

**Mr Brady:**

The figures that you quote there — £250 million, and that is only for carers over 60 —

**Ms Ferguson:**

That is only carers over 60, and that —

**Mr Brady:**

I think that it is probably about £2 billion to £3 billion.

**Ms Ferguson:**

And that is costed by looking at care assistant and care attendant rates. We know that many carers are taking on nursing tasks or physiotherapy tasks — much more complex tasks. That figure is purely looking at it on a plain personal care rate.

**Mrs M Bradley:**

Thank you for your presentation. We should take our time and get this right. You are right that it will be a one-off situation. I do not think that there is anyone around the table who does not value carers, whether they are older carers or younger carers. Younger carers are suffering as well.

Carers are getting younger. I know of a situation in which a 15-year-old boy cares for his mummy. She is a single parent, but that boy has two brothers. Young carers often have responsibility not only for the adult they are caring for but for the remainder of the family, who also need care. That 15-year-old sees the other two boys out to school in the morning and sees to his mummy. A next-door neighbour comes in at 9.30 am to allow the boy to go to school himself. The school has given him relief to come in at whatever time he can. If it were not for the next-door neighbour, that young boy would probably not be able to get out to school in the mornings. The boy's aunt comes in from outside the city to look after his mummy from 12.00 noon until he comes home from school.

Carers face terrible pressure. A value cannot be placed on the work that they do. I would like something to be done, but it must be something very positive.

**The Chairperson:**

Thank you, Mary. Adding further sympathy may sound a bit crass almost, but it is not sympathy for sympathy's sake. There is a real understanding. We may not be, or have been, carers ourselves. However, I have family members and friends who are carers. We have a real understanding of what is going on. We know that it is not purely about pounds, shillings and pence. It is about much more than that, which is why it was useful to tease out those issues today. It is not a purely DSD, social security, benefits or money issue. It is much, much bigger.

Helen, I agree with your point about fundamental change. I do not think that we, as an

Assembly, are capable or competent enough to make that change, which really pushes the issue back to the Department for Work and Pensions (DWP). There are obviously health and other aspects, but DWP really needs to step up to the mark and live up to some of the promises that it has made. As useful as the Bill is in provoking a debate, its timing is unfortunate. We, as a Committee, will only be able to produce a partial body of evidence to hand over to our successor Committee and Assembly to look at. The Bill has no opportunity to pass in this term.

There are fundamental issues to be looked at, such as parity. We are seeking a meeting with DWP to address that issue. That meeting might be the single most useful evidence session in testing the issue and seeing where it can go. You are absolutely right that there is a cost involved. It relates to some of the unforeseen consequences that Mickey talked about. Approximately 18,000 pensioner carers would be affected. However, the figures that we get indicate that, because of the overlapping benefits rules, approximately 10,000 would be no better off and no worse off and that up to 3,000 could be worse off. Therefore, although we would like to do something, this Bill, as currently constructed, is not the best vehicle to improve the lot of carers.

I welcome the opportunity to poke at some of these issues. Hopefully, we will get evidence from DWP and sort out the parity issue. Costing is an issue of choice. If the discussion with DWP proves fruitful, the cost will be a choice for the Assembly. The question is whether this Bill is the right vehicle, given that it might negatively affect 3,000 carers, which is obviously not the consequence that you want.

**Ms Ferguson:**

Absolutely not. We want to see the greatest impact on the greatest number. We certainly do not want a movement that takes some people forward but leaves others worse off.

**The Chairperson:**

That takes us back to the point about fundamental change.

Helen and Sam, thank you very much for your time, your very useful evidence and the way in which you approached the session. Your evidence was very fair, balanced and rooted in the realities of the situation, which was very helpful.

**Ms Ferguson:**

Thank you for giving us the opportunity to meet the Committee.

**The Chairperson:**

Thank you very much.