

DÁIL ÉIREANN

AN COMHCHOISTE UM GHNÓTHAÍ FOSTAÍOCHTA AGUS COIMIRCE SHÓISI- ALACH

JOINT COMMITTEE ON EMPLOYMENT AFFAIRS AND SOCIAL PROTECTION

Déardaoin, 4 Iúil 2019

Thursday, 4 July 2019

The Joint Committee met at 10 a.m.

Comhaltaí a bhí i láthair/Members present:

John Brady,	Alice-Mary Higgins,
Joan Collins,	Gerald Nash.
Willie O’Dea.	

I láthair/ In attendance: Senator John Dolan.

Teachta/Deputy John Curran sa Chathaoir/ IN THE CHAIR

Business of Joint Committee

Chairman: As we have a quorum we will commence the meeting. Apologies have been received from Deputy Bailey. I remind members if they have mobile phones to turn them off or put them into flight mode. I propose that we go into private session now to deal with some housekeeping matters before returning to public session. Is that agreed? Agreed.

The joint committee went into private session at 10.05 a.m. and resumed in public session at 10.25 a.m.

Pre-budget Submissions: Discussion

Chairman: I welcome Ms Danielle McLaughlin, policy officer, and Mr. Gordon Hill, senior manager, from Crosscare and Mr. Mark Byrne, chief executive officer, and Mr. Brendan Lennon, head of advocacy, from Chime. I will invite our guests from Crosscare to make their presentation first, after which our guests from Chime will make theirs. Members will then have questions. All of our guests are free to contribute to the responses and it can be as informal as they want.

I draw the attention our guests to the fact that, by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the joint committee. However, if they are directed by the committee to cease giving evidence on a particular matter and continue to do so, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person or entity by name or in such a way as to make him, her or it identifiable. Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the Houses or an official either by name or in such a way as to make him or her identifiable. I ask that mobile phones be switched off.

I invite Ms McLaughlin to make her opening statement.

Ms Danielle McLaughlin: I thank the committee for agreeing to meet us in order to discuss our #RestoreTheYouthSafetyNet campaign. We have made recommendations to the Department of Employment Affairs and Social Protection on restoring the full adult rate jobseeker's allowance to disadvantaged young jobseekers. My colleague, Mr. Gordon Hill, is the senior manager of Crosscare's homeless services and I am the policy officer for the Crosscare migrant project. Our aim is to convince members of the importance of this issue and the need to scrutinise policy on this, particularly with the upcoming 2020 budget. The aim of the campaign is to remove the barriers to young people surviving independently without family supports and to prevent consistent poverty and homelessness.

Crosscare has been the social support agency of the Dublin Archdiocese for the past 75 years. It works with people in the most vulnerable and marginalised situations. We provide services in youth work, homelessness, community supports and food poverty. Crosscare's work with young adults experiencing homelessness or at risk of homelessness since the introduction of the reduced age-related jobseeker's allowance rates in 2014 has driven our campaign to raise awareness of the unfair and adverse impact they are having on people's lives. Adults aged un-

der 26 who are unemployed and surviving independently without recourse to family or financial supports to supplement their living expenses are particularly at risk of falling into a poverty trap and long-term homelessness.

The lower rates of jobseeker's allowance, at €112.70 weekly for adults aged between 18 and 24 and €157.80 for adults aged 25, are much too low and unsustainable for young adults who are homeless or living independently and struggling to access work, training or education. They are forced to manage paying the same bills and living costs as jobseekers aged over 26 and are becoming trapped in a cycle of poverty. For some, it can be detrimental to their well-being. Their capacity to sustain independent living is being sabotaged by an age-discriminatory and debilitating policy. This policy is essentially working against the Government's social inclusion commitments. Fundamentally, Crosscare supports full restoration of the full adult jobseeker's rate for all adults under 26 years on the basis of equal rights. Young people, in particular, are the most adversely impacted on by this policy. Crosscare's pre-budget submissions to the Department of Employment Affairs and Social Protection for budgets 2017, 2018 and 2019 provided an evidence based analysis of young adults adversely affected by age-related payments. We recommended restoration of the full adult rate of jobseeker's allowance for all adults under 26 years, in particular, young adults who are the most impacted on by this policy. Each year the Government in the budget has failed to address this issue or recognise the significant adverse impact this age-discriminatory policy is having on the young people in question. Crosscare, therefore, continues to advocate for a review of age-related jobseeker's allowance, specifically for two key groups identified as being particularly disadvantaged. The first group comprises young people with international protection who have moved out of direct provision accommodation and are living independently. They often have come through devastating experiences and family separation. Their first introduction to life in Ireland is in a direct provision hostel, where they are dependent on it to provide food and facilities. Many are learning English and will go to a secondary school or community college. When they receive permission to remain in Ireland, they are sent on their way to fend for themselves. They do not receive any guidance or support to secure a tenancy or an income. Organisations and services such as the Crosscare Refugee Service can provide some support in accessing services and entitlements. However, the young people in question do not have support networks or family to support them emotionally or financially through this transition. For those who have a language barrier and are learning English, the experience is all the more isolating, intimidating and frustrating. Their first step is to find accommodation from a private landlord when they face various prejudices and disadvantages in competing with other renters. They can experience delays in accessing the housing assistance payment, HAP, or rent supplement and rent in advance. They will not have previous landlord references and in Dublin, in particular, will struggle to find any good quality accommodation that will accept the HAP or a reasonable rent within HAP rates. Many are left in limbo in direct provision hostels, delaying their overall integration and opportunities to participate in education, training or work. More recently, direct provision accommodation is being closed down in Dublin and people are being accommodated outside it, further isolating them from Dublin based support services such as the Crosscare Refugee Service which has noticed a reduction in the number of young adults accessing the service in the past year.

The second group comprises young people who are unable to live with family and experiencing homelessness. They often have experienced family difficulties and can no longer live with them. They do not have alternative support networks but are "housing-ready" and want to sustain independent living. They may be dealing with personal, family or social problems, as recognised in both the national action plan for social inclusion and the youth homelessness strategy. Some young adults may have mental health, confidence or social support needs,

which may impede their capacity to take up work or participate in training or education. They are forced to manage their independent living expenses on a much lower rate of jobseeker's allowance, putting them at a further disadvantage and at risk of living in consistent poverty. Jobseeker supports and training opportunities through Intreo services have been designed as activation measures to engage adults under 25 years, with the aim of ensuring they are made an offer within four months of becoming unemployed. This policy does not allow for the circumstances some young people experience or where they are at personally in terms of their capacity to engage. Activation measures are also restricted by age, availability, educational attainment and length of time on social welfare payments. The weekly rent of those staying in emergency accommodation can be anything between €30 and €50, which is much higher than the weekly HAP or rent supplement payment of €10 to €20. Some of these adults also pay maintenance for their children, a cost that is not deducted from their jobseeker's allowance means assessment. For some, the combined cost in terms of their income of €112.70 per week leaves them with less than €50 per week to meet basic living costs. The transition to private rented accommodation in Dublin is further hampered by the ongoing housing crisis and high rents. Additionally, like the first group, the second group is competing for HAP tenancies and will be at a disadvantage being on the lower age-related allowance. They will remain extensively longer in emergency accommodation until they can transition to an alternative primary payment.

There are nine individuals residing in Crosscare hostels in Dublin who are under 26 years and receiving the lower rate of jobseeker's allowance. They include three females and six males, all of whom must pay a weekly fee to stay in the hostel and are experiencing extreme disadvantage in securing rented accommodation that is realistic for their budget while on the HAP and that will push them back into debt and homelessness once again. Crosscare has identified these individuals as being at higher risk of long-term homelessness and unemployment while trapped on an unsustainable lower rate of jobseeker's allowance.

Crosscare, with partner organisations - the National Youth Council of Ireland, the Irish Coalition to End Youth Homelessness, the Union of Students in Ireland, SpunOut, Treoir's teen parents support programme and Uplift - started a campaign over a year ago to raise awareness of young adults experiencing homelessness and poverty traps. The #Restoretheyouthsafety net campaign started a petition with two animated videos produced by Crosscare staff and service users to gain support from the public for our recommendations for inclusion in budget 2019. The petition had more than 1,900 signatures and we presented it at a photocall outside Leinster House on 4 October. However, the budget announcements did not bring about any change to support this group of adults. Following this, we sent our submission to the committee in January this year. The campaign group advocates that the age-related jobseeker's allowance policy is based on an unfair assumption that young jobseekers have fewer needs and lower costs than older jobseekers, but that this is disguised as an "incentive" to young adults to find employment or enrol in training or education courses. This one-size-fits-all policy approach is not cognisant of the nuances of young people's needs. It is, in fact, discriminatory and resulting in groups of young adults being put at risk, left behind in the economic recovery and in a society that does not hear their voice.

There is an option that is open to the Government to review this policy and protect these groups of young adults fairly within the jobseeker's allowance exceptions to the age-related rates for a number of groups of young adults. These exceptions are already made. They include people with dependent children living with them; people who have left State care and do not qualify for the aftercare allowance - this was amended in last year's budget; and people transferring from disability allowance to jobseeker's allowance. These three groups have ex-

ceptional needs that have been recognised and are, therefore, provided with a more appropriate full adult rate payment. The two groups concerned in our submission are missing from the exceptional categories in the assessment of age-related jobseeker's allowance. We advocate the extension of the recognised exceptions to the age-related payments for adults under 25 years who are experiencing homelessness, people at risk of becoming homeless and those living independently with international protection. We ask the Government to issue the full adult rate of €203 per week to these groups of adults. That would support young adults in moving out of homelessness and sustaining independent living. It would prevent the risk of isolation and living in consistent poverty and enable them to start on a path towards achieving their full potential. Furthermore, in the absence of reliable research and data for the adults affected, we recommend a Government investment in accurate data collection and research to ensure an accurate poverty impact assessment for this group. Ireland has a duty to leave no one, especially those at risk, behind in our economic recovery and, in compliance with the national action plan for social inclusion, to protect those who are experiencing disadvantage.

I thank the committee for its interest in the campaign. I ask members to consider the issues raised and support our recommendations to the Department to restore the youth safety net.

Chairman: I thank Ms McLaughlin for her opening statement. We will now take the second opening statement, Mr. Byrne's.

Mr. Mark Byrne: I thank the joint committee for giving me the opportunity to be with its members. By way of introduction, Chime is the national charity for those suffering from deafness and hearing loss. It has been in existence for more than 50 years, championing the issues of deaf and hard-of-hearing people. We have 12 resource centres nationally providing specialist services to help to improve the quality of life of those who are deaf or hard of hearing.

We are here to highlight for the committee a significant ongoing health inequality that has a major impact on the health and well-being of many of the 300,000 individuals in Ireland who have significant hearing loss. The source of the inequality lies in the parameters of the Department's treatment benefit scheme in respect of the hearing aid grant which is set at a maximum of €500 per hearing aid. This typically equates to approximately 30% of the overall cost of a hearing aid. The individuals who have hearing loss and medical cards can access free hearing aids from the HSE, while those who do not have medical cards must pay substantial sums of money to purchase their own hearing aids. This health inequality was starkly highlighted in the Irish Longitudinal Study on Ageing, TILDA, in 2017. It reported that medical card holders were twice as likely to have hearing aids than those without medical cards. This evidence demonstrates that cost is a significant barrier for many people in accessing the treatment for their hearing loss.

This health inequality is fundamentally unjust. Those most disadvantaged are the people on low and middle incomes just above the income threshold to qualify for a medical card. These people must pay their taxes just like other citizens, but if they acquire a hearing loss, they are faced with trying to source several thousand euros to purchase hearing aids. This is clearly beyond the means of many people. We have tried unsuccessfully to engage with the Minister for Employment Affairs and Social Protection on this matter over the past couple of years and that is why we wanted to bring this issue to the committee today.

In this context, we see hearing loss as a health issue with two significant elements, the first of which is the number of Irish people with a hearing loss. This condition is often dismissed or ignored. According to the HSE audiology review report of 2011, 8% of all adults are in need of

audiological intervention and have a significant hearing loss. This equates to almost 300,000 adults in Ireland, with approximately 80,000 of working age. Hearing loss increases in prevalence significantly after 50 years of age, and is one of the most prevalent conditions in older age.

Currently Ireland prescribes hearing aids at approximately 50% of the rate per head of population compared to the UK. As a result we have a high level of unaddressed hearing loss as only 21%, or approximately one in five, of those with hearing loss had hearing aids according to the Irish longitudinal study on aging, TILDA, 2017. Of the 300,000 Irish adults with a significant hearing loss who require audiological intervention, only 60,000 have received any treatment. Non-medical card holders are less likely to have hearing aids, and it is likely that those on low and middle incomes are most disadvantaged.

The second issue to highlight is the increased risks associated with untreated hearing loss. Untreated hearing has myriad increased health risks. They include stress and anxiety and people with hearing loss are two to three times more likely to suffer from depression. Increased cognitive decline is another risk. People with mild to severe hearing loss have two to five times the rate of dementia compared to hearing peers and significantly faster rates of cognitive decline. Research has shown that the fitting of hearing aids eliminates or reduces this risk. There can also be lower social participation and increased loneliness. Irish people with hearing loss have significantly increased levels of loneliness and social isolation, according to the 2017 TILDA study.

There are actions we hope we will see. The World Health Organization, WHO, states that interventions to identify and address hearing loss are cost effective and can bring great benefit to individuals. There is a high level of satisfaction with modern hearing aids, with 85% of users reporting that their hearing aids worked as well or better than expected.

Chime, as the national charity for deafness and hearing loss, is requesting that the Department considers two main changes to the hearing aid grant that would help address this inequality. First, we request that the Department double the hearing aid grant for those purchasing hearing aids for the first time. This would make hearing aids more affordable for many thousands of people and encourage and assist to address their hearing loss as early as possible. Earlier intervention results in improved outcomes for individuals and their families and this in turn benefits the Exchequer in reducing the overall health burden associated with hearing loss.

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Second, we request an increase in the hearing aid grant of 50% for all other claimants, to provide increased assistance to those who need to upgrade their hearing aids periodically and in recognition that the grant has not been increased for quite a number of years.

In conclusion, Chime believes that this is a significant health matter requiring immediate attention. Hearing loss is a prevalent condition that is impacting on 300,000 individuals and on population health generally. We have a very low treatment rate especially compared to the UK. Those on low to middle incomes are most disadvantaged in the current system. We call on the

Minister to take concrete action to make the hearing aids more affordable and accessible for these people, and we welcome any assistance from the committee in that regard.

Chairman: I thank Mr. Byrne. Before I go to Deputy O’Dea, it might be helpful if Ms McLaughlin has the information. She talked about two specific groups in her presentation, the first of which was young people with international protection who moved out of direct provision, and the second who are unable to live with families, etc. Does she know how many people are in those groups?

Ms Danielle McLaughlin: Those are hard figures to find; we have been looking for them. We have estimated figures for people currently in homeless services and while there is a breakdown of under 25s, we do not have figures for the 26 and older age group. We have a number but it has been difficult to get specific on that.

Chairman: Does Ms McLaughlin want to share that number with us?

Mr. Gordon Hill: There are approximately 903 18 to 24 year olds in homeless services.

Ms Danielle McLaughlin: The figure for those on the lower rate of jobseeker’s allowance is not disaggregated and we have not been able to get that figure from the Department. The Minister was asked that question in May and officials do not have that data.

Mr. Gordon Hill: The data are not collected that way.

Deputy Willie O’Dea: The reason the Chairman was asking that question, if I may be so bold as to look into the recesses of his mental process, is we are starting the process of negotiating a budget. We have all been given the figures and they are fairly tight, unfortunately, and that position will not be improved in the event of Brexit going wrong. Various justifications have been advanced over the years for this policy of treating people under the age of 26 differently to normal adults but there has been no cost-benefit analysis, or any study as to whether it met its original objectives. In my view, it has not and, even if it had, that would be irrelevant now because we are at full employment and people are anxious to avail of any educational or training opportunities that are out there.

We have invited our guests here so that we can put forward their views in conjunction with budget negotiations and as part of our talking to the Government. The first question we will be asked is how much will this cost. We have a figure for extending the full rate to everybody up to the age of 26 and removing the discrimination completely and it is pretty expensive because we are going to have to find money to increase pensions, jobseeker’s benefit, disability payments, etc. It would be nice to have some sort of a ballpark figure. We would be able to work it out ourselves if we could get numbers for the people our guests are trying to accommodate under the age of 26. It will be a percentage of that cost so we will be able to work that out ourselves.

Mr. Gordon Hill: The National Youth Council of Ireland had an estimate of €29.5 million to restore the full rate. This group is much smaller.

Deputy Willie O’Dea: I know that.

Mr. Gordon Hill: We estimate that somewhere between €5 million and €6 million would easily do it.

Deputy Willie O’Dea: If Mr. Hill can give me figures to back that up, I will be only too happy to put forward the case.

Mr. Gordon Hill: We got that by taking the 903 number and the difference between the lower rate and the full rate of €203. The percentage of people leaving direct provision who are in that age group is much smaller and that was calculated out over a year.

Deputy Willie O’Dea: If Mr. Hill can supply the figures, it will give us an idea of the cost-----

Mr. Gordon Hill: I am happy to send that on.

Deputy Willie O’Dea: -----and, if it is what he says, we would have no problem putting it forward.

I will ask Mr Byrne the same question. He has made recommendations. The figures in question would not substantially increase the national debt or affect the debt-to-GDP ratio in any discernible way but we would like to have a figure, some sort of costing, because our guests are asking us to put forward certain proposals to the Minister for Finance to compete with all the other proposals he will be getting. We want to know where we stand on cost.

Mr. Mark Byrne: Our best estimate suggests that, to bring Ireland up to the same level of hearing aid usage as the UK, would cost between €15 to €20 million. We would expect that to happen over a period and we want to be realistic about this so our request would be to the tune of €5 million to €7 million in the next year. We think that would go a long way to making a big difference.

Deputy Willie O’Dea: If Mr. Byrne can supply those figures, we will certainly put the case forward.

Mr. Mark Byrne: That is great. I thank the Deputy.

Deputy Joan Collins: I opposed the reduction of social welfare payments to people under 26. Doing that created a situation whereby a divide came in. It was presented as though people’s kids were living at home, they did not need that much, they were being given their dinner at home and so on. It did not consider that minorities are affected very differently by homelessness, direct provision or people having dependent children living with them. The proposal to extend recognised exceptions to the age-related payments is a good one. It is not saying that everyone should be included but that at least these people would be included. It is a three stage process to bringing it back completely, I hope.

Has Crosscare had the opportunity to discuss this directly with the Minister? Its submission said it would cost €5 million to €6 million. Is that for the 900?

Mr. Gordon Hill: No, it would include some of the people. It is very difficult to get the correct figures for the direct provision group but that is roughly what it would be, based on the 903 from April’s figures.

Chairman: Can we stick to the figure of 903 for the moment? To whom does that figure relate exactly?

Mr. Gordon Hill: Those are people between 18 and 24 years who were in homeless services when the figure was gathered.

Chairman: That would include people who had transitioned from direct provision. Is that the point Mr. Hill is making?

Mr. Gordon Hill: Some of them, but there are quite a few people living in direct provision who have status to stay in Ireland but who have been unable to move out. It is very difficult. That is would bring up the figure. It is very difficult to find the exact number.

Chairman: The age cohort is only up to 24 years.

Mr. Gordon Hill: Yes. There is an unusual anomaly of 25 year olds who are on the mid-rate but that would be an even smaller number.

Chairman: Crosscare has identified 903, some who are in direct provision and who have entitlement in addition to that. There are people over 25 years who were not counted in the survey.

Mr. Gordon Hill: The figure is about 800 people in direct provision who have status, and then one would have to establish how many of those are in the 18 to 25 years group, which would be much smaller again.

Ms Danielle McLaughlin: Not all those in homeless services are on jobseekers allowance. They would be on various different payments and some might be working.

Chairman: Will Crosscare send the clerk a note on the figures, as best as possible? I apologise to Deputy Joan Collins but it is important that we have as much accuracy around that as possible. What is being sought is an incremental approach and we have to tease out what that means and specifically ensure that we get it right, so that we do not leave anyone behind, such as 25 year olds who are in direct provision but who have entitlements.

Mr. Gordon Hill: This is very much in line with Deputy Joan Collins's point. The homelessness rate now compared with when this was introduced is dramatically different. It is not that the payment is responsible for that but it has a significant impact on keeping young people in that situation, that is, in that poverty trap. Whether it was an employment activation measure during recession, the numbers are dramatically different now. The numbers in employment have also gone up dramatically recently, so we estimate that the impact of the cost on the budget should be negligible because the numbers on jobseekers has come down. We hope that meeting the needs of particularly vulnerable groups needs would have a negligible impact on the overall figure.

Deputy Joan Collins: When people leave direct provision and are homeless, would they go directly onto homeless HAP? Are they treated differently?

Chairman: Is that why they are staying in direct provision?

Ms Danielle McLaughlin: They would not enter homeless services anyway. They would have entitlement to apply for payments and seek private rented accommodation and HAP. Young people will stay as long as they can in the direct provision hostel until they can secure that HAP accommodation. I am not sure if homeless HAP is granted. We would need to check that, as it is an important question.

Mr. Gordon Hill: It depends on where one is in a country.

Ms Danielle McLaughlin: It can also depend on the local authority.

Deputy Joan Collins: We are discussing people in direct provision specifically here, but I recall seeing that there was difficulty with non-Irish nationals' access to rent and HAP.

Mr. Gordon Hill: It can depend on the local authority. Something by which those people can be doubly hit is where someone is on the reduced rate, their ability to pay rent is negligible because the rate of rent will be above the HAP rate. We run a temporary accommodation emergency service, TAE, where the idea is everyone there has just a housing need. However, we cannot take in those aged 25 years or under who are not working because we would have no way of moving them on, as their welfare rate is so low that they will not be able to sustain themselves anywhere they move to. Even if they were lucky enough to get the homeless HAP, have status, or be an Irish citizen in that position, if someone is on the reduced rate, the chances of them moving out of homeless services is dramatically reduced.

Deputy Joan Collins: Finally, on the hearing aid grant, the Minister has simply refused to meet Chime. She has not accommodated it with a meeting to listen to a very basic appeal for people on low incomes or the minimum wage cannot afford to get hearing aids.

Mr. Mark Byrne: We have had no success in meeting the Minister. That is correct. We will keep trying.

Mr. Brendan Lennon: Yesterday, the Minister's office was in touch.

Deputy John Brady: Surprise, surprise.

Mr. Brendan Lennon: They offered a meeting in late August, which we will be happy to accept. As we said in our statement, and at the time that the statement was drafted for last Monday, we had been trying for over two years to secure a meeting with the Minister. We had considerable correspondence over and back, none of which addressed the core issue of this health inequality where people on low and middle incomes, because we are talking about a substantial amount of money, cannot access hearing aids. We have only listed some of the health risks associated with unaddressed hearing loss in our document, but there are many more.

Deputy Joan Collins: Mr. Byrne said he thought it would cost €15 million to €20 million to get to the UK level but he was not asking for that. How does he see it being incrementally brought up to that level?

Mr. Mark Byrne: There is a great stigma around the use and purchase of hearing aids. Some is financial but some is societal. Everyone can probably relate to the older person in their family who refuses to do something about their hearing. Sometimes they are the butt of the joke in the family and sometimes it is ignored. Society has work to do on this, and our organisation should lead in building awareness and acceptance of hearing aids as a great way of people staying fully involved in life and avoiding some of the health issues which Mr. Lennon touched on, such as cognitive decline. We see that as being gradual. We do not expect that overnight we can switch to UK levels of hearing aid use. Often on these things the UK can be seen as being five or ten years further on than we are, and we have some catching up to do. We think €5 million to €7 million would make a huge difference in the first year, with a longer term goal of building to the same rates as the UK. There is no reason we should be behind the UK in anyway in hearing aid usage.

Deputy Joan Collins: I thank Mr. Byrne. It is based on health inequality.

Deputy John Brady: I apologise that I had to leave the meeting for a couple of minutes, but I have read all the opening statements. I thank both organisations for coming before the committee. It is very useful. I agree completely with what both are seeking in the budget.

It is pure and utter discrimination against our young unemployed citizens under 26 years. I was interested to listen to Deputy O’Dea talk about this policy which his party initiated and which has continued since. It is interesting to hear what appears to be a rowing back on that policy which was instigated by Fianna Fáil. It is a purely ideological position to preside over this discrimination. When the Taoiseach was Minister for Social Protection, he appeared before the committee prior to a budget when I challenged him on it. He said that it always baffled him how young foreign people travelling to these shores could get off an airplane and get a job straight away and that that raised questions about young Irish unemployed people. That sort of flippant comment exposes the ideological position behind this. There is a mindset that our young people are lazy, laying about, do not want to get out of bed and do not want to go to work. That is completely untrue. Our young people are as ambitious as anybody. They want to be engaged in employment. There are concerns about low pay, precarious employment and so on. Young people want to work but the Taoiseach took that ideological position.

My party produces its alternative budgets and over the last number of budgets, we have incorporated a complete reversal of this policy. I know what Crosscare is saying, in that it is targeting different groups. We would go beyond that. Looking at homelessness and the 903 people in the category who are only availing of emergency accommodation, I think there are many thousands of young people who cannot even access emergency accommodation who do not make it into those figures. In my constituency, anybody in that age category who presents looking for emergency accommodation has the shutters pulled down on them straight away. They are not included in that group of 903. A person has to show that he or she has a housing need to avail of emergency accommodation. There is a policy where someone comes and checks the family home, and if there is a spare bedroom, that will disqualify someone from availing of access to the social housing list. People are forced against their will in many cases to remain in the family home, since the current system does not take on board their personal and individual circumstances. They do not appear in that category but they are expected to live on a reduced payment. Unfortunately, over the last budgets, we have seen that gap widen with €5 for all except for young unemployed people. The gap is getting wider and wider.

We would like to see this restoration for young people go further. I met with St. Vincent de Paul yesterday. We know the fantastic work that it does, like all groups that look after some of the most vulnerable people in the State. One of its requests is the reversal of this discriminatory policy. I welcome the campaign and the focus being put on the issue. Some very reputable organisations are working with vulnerable people. It is important that this message is listened to by Government but unfortunately if the mindset and ideological position of the Taoiseach, Deputy Varadkar, continue, it will be a battle to change this. The witnesses have my total support and that of my party. The campaign has to continue. The current situation forces people into precarious situations. It does not take into account their mental state or personal circumstances. It forces people into homelessness. All the statistics show that.

I welcome Mr. Mark Byrne and Mr. Brendan Lennon from Chime. I met Mr. Lennon previously and was blown away by many of the facts that he presented to me. I did not see the correlation between hearing and dementia. Could the witnesses address that now? Not only are people forced into social isolation through no fault of their own because of the costs incurred for getting hearing aids, but that social isolation has an impact on the individual, including causing the early onset of dementia, which I was blown away by. We know the cost and the grant of €500 per hearing aid that is available. Apart from costs, are there any other reasons someone might not want to go to get a hearing aid or to get tested? How long do people typically delay in addressing hearing problems? In my experience, I know people who put off getting their

hearing checked for a long time when it was clear that there were serious issues. I do not know whether it was due to denial or financial issues. When they ultimately got hearing aids, it was a life changer. In the witnesses' experience, are there other reasons and what is the typical delay?

I have asked the Minister many questions about the inadequate amount available for hearing aids under the treatment benefit scheme because it ultimately has to be increased. The Minister stated that her Department regularly reviews the variety of devices and price ranges on the market to ensure that the grant amount reflects the cost of hearing aids. Would the witnesses like to comment on that? If the Minister was constantly monitoring and reviewing it, then surely she would see the common sense of increasing the amount available. I welcome the expression of interest from the Minister's office in meeting the witnesses towards the end of August. Maybe that shows the power of this committee. I am sure the Minister was acutely aware that the witnesses were coming in today. Maybe that was down to the work of this committee and some pressure that may be put on the Minister. That is welcome. I thank the witnesses for attending.

Mr. Brendan Lennon: I thank Deputy Brady for his questions and all his help to date. Mr. Mark Byrne mentioned some of the reasons people might delay in getting hearing aids. They include stigma, embarrassment and historical issues such as the old analogue hearing aids that some people might remember which used to whistle in people's ears, which bear no relation to modern digital hearing aids which are now available. Those are some of the reasons. Unaddressed hearing loss is typically something that comes on gradually over a number of years. The person with hearing loss is often the last person in the family to realise what is going on. People compensate by turning up the television volume, etc., and gradually withdrawing from engagement with family and family members. They do not wake up some day and realise that they have hearing loss. People's confidence and self-esteem go down and they start to withdraw. That is another reason people do not come forward and state that they need to do something about it.

The UK's National Institute for Health and Care Excellence, NICE, is introducing a draft standard for hearing loss which is out for consultation. The draft standard states that some people in the UK wait for up to ten years to have their hearing loss addressed. That is the evidence in the UK, which is prescribing hearing aids at twice the rate at which they are prescribed here. Some 71% of people in the UK who get hearing aids say that they wish they got them sooner. That figure must be higher in Ireland. Some 85% of people say that hearing aids improve their quality of life. Those who are of working age say that it supports them in the workplace. Those figures for satisfaction when people get hearing aids might be lower in Ireland, because the longer that one delays, the more difficult it is to adjust to getting and wearing hearing aids. It is not the same as putting on a pair of glasses. As I stated, during those years of unaddressed hearing loss, people probably experience emotional anxiety, frustration and so on, which leads to issues such as clinical depression in some instances - there is twice to three times the rate of clinical depression as among the general population. Although only 10% or 11% people who get hearing loss develop full-blown dementia, many experience a gradual decline which means they are not as alert and engaged as would be the case if they had hearing aids. The value of providing people with hearing aids is that it allows them to continue to function as confident and independent adults rather than withdrawing. As members know, one may see people sitting in the corner or similar at family events, etc.

The Deputy mentioned that the Minister stated in correspondence that she regularly reviews the scheme. There has been no change to the scheme for many years in terms of the level of the grant. In 2017 the Minister extended the treatment benefit scheme to self employed people.

There was a 25% increase in the number of claimants that year which the Department probably rightly attributed to the scheme being extended to self employed people. However, the self employed people who availed of the scheme are likely to have a reasonably good standard of income, rather than be self employed people who might earn €30,000 or €40,000 per year because that additional cost is not doable at such levels of income.

I hope I have answered most of the Deputy's questions.

Chairman: On the review, Mr. Lennon made the point that the grant has remained the same. With changes in technology, has the cost of hearing aids increased or decreased in recent years? The grant has remained the same, but has the cost of hearing aids changed?

Mr. Brendan Lennon: In broad terms, we would say it has not. There may be some changes at the upper end. The most sophisticated hearing aids typically have a premium price when they first come out. For the vast majority of people who avail of hearing aids, the core cost over recent years has remained largely the same.

Chairman: Do I take it from the submission that hearing aids typically cost €1,500 to €2,000? Mr. Lennon stated that €500 represents 30% of the cost.

Mr. Brendan Lennon: Yes.

Chairman: I want to get the figures straight. If I buy a hearing aid for €1,500 and get a grant for €500, am I entitled to a tax rebate on the balance of €1,000?

Mr. Brendan Lennon: Yes, one would be entitled to that. However, one cannot avail of it until the following year, so one is still faced an upfront payment. Some people experience unilateral hearing loss, that is, hearing loss in one ear. A minority constituting approximately 10% of claimants look for one hearing aid, in some instances because they cannot afford a second. Some 90% of people with hearing loss experience bilateral hearing loss, that is, hearing loss in both ears, and need two hearing aids.

Chairman: In such cases, the cost is €3,000.

Mr. Brendan Lennon: Yes.

Chairman: The claimants receive a grant of €500.

Mr. Brendan Lennon: They would get a grant of €500 per hearing aid.

Chairman: Per hearing aid.

Mr. Brendan Lennon: Yes.

Chairman: They pay €2,000.

Mr. Brendan Lennon: Yes.

Chairman: I am querying the figures in order to ascertain the net cost to the Exchequer. The delegates are seeking an increase in the grant from €500 to €1,000, which is an increase of €500. However, if one considers the tax element, it would cost the Exchequer €400. I was trying to clarify that there is a saving on the tax element. I fully understand that it is claimed in a different year, but the net cost to the Exchequer is €400.

I apologise for interrupting Deputy Brady. Has Mr. Lennon finished answering his questions?

Mr. Brendan Lennon: There is one thing I wish to add which is connected to Deputy Brady's question on the other reasons people might delay in getting hearing aids. If it takes up to ten years for people in the UK to get them, it probably takes longer here in light of the numbers we have. Health professionals, particularly GPs, are key influencers in terms of promoting positive health and people seeking treatment. We are anecdotally aware that many GPs are reluctant to recommend that patients get their hearing checked. The patient may present as frustrated, anxious, depressed and fed up with life and hearing loss may be at the root of that, but the GP is more likely to give the patient tablets or some way of trying to deal with his or her emotional state even though the GP might suspect the patient needs to have his or her hearing checked. If the GP knows that the patient is on a low income and has very little prospect of coming up with the money to get hearing aids, it is understandable that he or she would be reluctant to place that kind of additional burden on the patient. We know that patients value the advice of GPs. Part of changing the culture, reducing the stigma and encouraging people to be proactive about their health and hearing is that if the grant were increased such that GPs knew that people were in a better position to access hearing aids, they would be more inclined to recommend that people take action.

Chairman: I thank Mr. Lennon. Do the delegates from Crosscare wish to comment on Deputy Brady's questions?

Mr. Gordon Hill: Briefly, many organisations such as ours welcome the comments of the Deputy regarding acknowledging the discrimination against young people as a whole in terms of welfare rates. Organisations such as Crosscare, the National Youth Council of Ireland and the Irish Coalition to End Youth Homelessness have acknowledged that the situation is unlikely to change in one budget. There are probably unintended consequences in terms of the level of impact of the rate cut on the two groups to which I refer, which is why we focus on them. In terms of the overall sense of discrimination against that age group, this group is very vulnerable and the poverty trap is very difficult to get out of when they are struggling. That is why we focused in particular on a much lower cost and much higher outcome for the young people involved in our space. Our youth services regularly meet young people who are couch surfing or have ended up in a situation such as that described by the Deputy. We are very aware of the impact on such young people.

Chairman: I thank Mr. Lennon and Mr. Byrne for their attendance and wish them good luck in their meeting with the Minister which will take place in due course after a couple of years waiting. I am delighted to hear that they have received notification of the meeting. If there are any further figures in regard to the numbers we were discussing earlier, I ask Mr. Hill in particular to send them to the committee at his earliest convenience. We would appreciate it. I thank Mr. Hill, Ms McLaughlin, Mr. Lennon and Mr. Byrne for their attendance and their opening statements.

The joint committee adjourned at 11.20 a.m. until 12.30 p.m. on Tuesday, 9 July 2018.