



Comments from Imtac on KPMG Report into the Review of Imtac

September 2010

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About Imtac

- 1 Imtac is a committee of disabled people and older people as well as others including key transport professionals. Our role is to advise Government and others in Northern Ireland on issues that affect the mobility of older people and disabled people.
- 2 Our aim is to ensure that older people and disabled people have the same opportunities as everyone else to travel when and where they want.
- 3 Imtac receives support from the Department for Regional Development.

General comments

- 4 Imtac is disappointed that the report from KPMG appears poorly informed. As a result many of the recommendations of the report are questionable in terms of their basis and of their potential impact. The Committee has identified the following general failings in the report which have informed our subsequent response to the individual recommendations
 - KPMG appear to be unaware of current obligations placed on the DRD around the participation of disabled people in public life by DRD policy (the Accessible Transport Strategy), statutory Disability Duties (Disability Discrimination Order 2005) and Article 29 of the United Nations Convention on the Rights of People with Disabilities.
 - The Report presents a stereotypical, medically orientated and prejudicial view of disabled people in particular which is not acceptable to Imtac nor should it be to the DRD.
 - The Report does recognise that Imtac's role and remit is underpinned by current DRD policy as set out in the Accessible Transport

Strategy. However many of the recommendations, if implemented, represent a fundamental change to this policy and in the view of the Committee would constitute a retrograde step.

- The cumulative effect of the recommendations contained in the Report will reduce the value and independence of Imtac.
 - KPMG has failed to support many of the recommendations in the Report with evidence. Instead the report relies on unsubstantiated information and assumptions based on attendance at one Committee meeting or the views of unnamed individuals.
 - Some of the recommendations directly contradict the difficulties identified by KPMG.
 - The Report reflects a Review process that does not appear to be open or transparent. The comments in the report are not attributed.
 - From the Committees perspective the Report is not balanced as it misrepresents the work and achievements of Imtac and the commitment of our members. More specifically the contribution to the Review made by our members and staff through discussions with KPMG is not fully reflected in the Report.
 - Imtac does not believe KPMG have undertaken a representative consultation with stakeholders. In particular the list of stakeholders contained on page 32 fails to recognise the diversity of disabled people.
- 5 Imtac supports the central finding of the Review that there is a continuing need for Imtac. In commenting on the subsequent recommendations we have identified some recommendations we agree

with, some recommendations we reject and recommendations where we believe further discussions and clarification is required.

Comments on the individual recommendations

Recommendation 1

IMTAC no longer should have a remit for transport issues that affect the mobility of older people. The OPA (Older Persons Advocate) represents a statutory conduit for older people to feedback on issues which affect them, on a range of issues, including transport, and the inclusion of older people on IMTAC, albeit diluted, represents parallel provision in this area.

Imtac rejects this recommendation on a number of grounds. Firstly there is a proven correlation between age and disability which would make it impossible for Imtac not to continue to advise on issues around transport that relate to older people. Secondly this correlation and the important role Imtac plays have been recognised by DRD policy within the ATS and that this approach has been endorsed by older people, disabled people and their organisations. Thirdly Imtac rejects the accusation contained in the report that older people are an afterthought in our work and we request evidence be provided to support this accusation or that it be withdrawn. Finally we believe Imtac provides a positive opportunity for the participation of older people in public life and that our work complements not replicates the role of the Older Persons Advocate. We believe there is merit in looking to develop better links between the OPA and Imtac.

Recommendation 2

IMTAC develops and implements a detailed Code of Conduct for the Committee defining the standards of personal behaviour to

which individual committee members (and all employees, if applicable) are required to subscribe.

Imtac agrees with this recommendation as a standard practice in public life appointments. We disagree with the rationale for the recommendation, an implied insinuation that members have behaved inappropriately. We would ask that evidence be provided to support these claims or that it be withdrawn. The proposed Code of Conduct should be broadly reflective of other codes around public life.

Recommendation 3

IMTAC should identify appropriate mechanisms to ensure that any bias or conflicts of interest among its members can be dealt with appropriately.

Imtac rejects this recommendation. We reject totally the implied criticism that members have behaved in anyway inappropriately and ask that evidence of such behaviour be provided or that it be withdrawn. We also believe that KPMG appear to have confused bias/conflict of interest with a community of interest that exists between disabled people and older people and their organisations in working to improve access to transport services. Activities undertaken by members outside the work of Imtac are solely the business of the individuals and organisations concerned and should not be a barrier to participation in public life. We believe that conflict of interest, as it relates to membership of Imtac, will be covered by the proposed Code of Conduct for members and additional measures are unnecessary.

Recommendation 4

DRD acknowledges the role and expertise of IMTAC through ensuring that IMTAC is its first/primary reference point for all transport advisory matters.

Imtac believes this recommendation needs to be revised. Policy 3 of the ATS already makes clear that Imtac is the primary source of independent information and advice to DRD and others on all matters relating to the mobility of disabled people and older people. The recommendation needs to be a reaffirmation of this existing policy commitment in full including our remit for advising on all issues that affect the mobility of older people and disabled people.

5 IMTAC produces robust evidence based findings to support its advice.

Imtac believes this recommendation requires further clarification. We reject the accusation made in the Report that the Committee relies mainly on anecdotal evidence and ask that evidence be provided to support this or that it be withdrawn. The Committee uses all evidence that is available to us including internationally comparable research but we recognise there is a dearth of good evidence around some of the issues. We do not, however, believe we should be required to evidence any advice that relates to issues that (a) are current DRD policy or (b) are a legislative requirement. We agree that it would be useful if Imtac could commission research to increase the evidence base around transport, disabled people and older people. This will require an additional funding stream from DRD but we reject the proposals from KPMG that members (who are voluntary) should undertake such work as part of their responsibilities as unfair and impractical. One area where Imtac could currently access existing evidence is the statistics held by DRD around for example concessionary

fares or door2door. Agreement to share this evidence with Imtac would undoubtedly mean our work is better informed.

Recommendation 6

DRD and IMTAC draw up an agreed Memorandum of Understanding to be implemented along with a Code of Practice.

Imtac believes that this recommendation requires further discussion. In our discussions with KPMG we were open and honest about relationship difficulties between Imtac and certain parts of the DRD. We are disappointed that KPMG have not better reflected these difficulties and our discussion in the report and recommendations. We remain unconvinced that these difficulties can be resolved through the proposed Memorandum of Understanding.

Recommendation 7

IMTAC remains as a voluntary committee organisational model albeit in a rationalised format with a remit solely covering people with a disability.

We agree that Imtac remain a voluntary committee but we believe that our format and remit remain as currently constituted.

Recommendation 8

This rationalised model is an improved model (see subsequent recommendations).

This is not a recommendation and should be removed.

Recommendation 9

IMTAC takes steps to ensure a fully representative committee is in place by revisiting its recruitment processes and actively seeking members from those disability types currently under-represented.

Imtac rejects this recommendation as it is based on factually incorrect evidence as we believe proper scrutiny would confirm the Committee is representative of both older people and disabled people. As the consultants did not have access to details around members' impairments or backgrounds we can only conclude that this recommendation was based on the stereotypical assumptions of the staff involved. We also reject the accusation made in the Report that the work of Imtac is biased towards the requirements of wheelchair users. We ask that evidence be provided to back up this claim or that it be withdrawn. Imtac is a broadly representative committee of both older people and disabled people. This has been achieved through an open and accessible recruitment process which actively encourages the participation of older people and disabled people. Imtac has also undertaken targeted work with groups who previously under represented on the Committee for example the Deaf Community. As KPMG were made aware of all this during discussions with Imtac members and staff we find their conclusions of a lack of inclusion and balance both unfair and confusing.

Recommendation 10

IMTAC revisits and amends its constitution so that a minimum number of members with a disability is not stipulated.

This allows the committee to appoint members based on those who have knowledge of mobility issues, are best placed to represent the interests of disabled people and can commit the necessary time required.

Imtac rejects this recommendation as we believe it directly contravenes the obligations on DRD to promote the participation of disabled people in public life as set out by their own policy, statutory disability duties and Article 29 of the UN Convention on the Rights of People with Disabilities. We find the inference that disabled people do not have the knowledge, expertise and time to sit on a committee such as Imtac prejudiced, unacceptable and contrary to all available evidence. The approach taken by KPMG appears to be a traditional medical view of disabled people, completely out of step with modern thinking and wider policies which promote the inclusion and participation of disabled people. In order to retain a commitment to promote the participation of disabled people (and older people) in public life the minimum requirement must remain in Imtac's constitution.

Recommendation 11

IMTAC's constitution is amended to reflect a change in committee size to 12-15 members.

This should encourage more defined roles for committee members, with enhanced contribution to the work of the committee and its associated outputs. As a consequence of this restructure, numerous 'faces' of IMTAC could evolve removing the current reliance upon the secretariat.

Imtac rejects this proposal. KPMG provide no evidence to support the recommendation that smaller committees are more effective. Indeed the example of DPTAC contradicts this. Given the inaccurate criticism of representation on the Committee, calling for a smaller committee whilst broadening representation appears contradictory. We also question how a smaller committee will lead to more defined roles for members (who give of their time on a voluntary basis) and less reliance on the secretariat. This appears based on a misapprehension that members should be expected to undertake specific projects on behalf of Imtac. Imtac would like evidence of other voluntary and public life committees where this level of commitment is

required of members as we believe this suggestion to be both unfair and impractical.

Recommendation 12

Tenure is limited to two fixed terms of three years for individuals, with eligibility for reappointment for a second term subject to satisfactory performance and without open competition.

Given that there are currently no limits in place in IMTAC, this should be phased in on a gradual basis in order to avoid unnecessary disruption.

Imtac rejects this recommendation as we believe it will potentially damage the effectiveness of the Committee by arbitrarily removing existing knowledge and expertise. We are however interested in discussing other proposed models and adjustments to current arrangements to ensure there is a balance between existing knowledge and expertise and bringing fresh ideas and thinking to the Committee. We believe that current arrangements agreed 3 years ago with DRD have been effective in this regard but happy to discuss potential further improvements.

Recommendation 13

IMTAC's committee members are drawn from recognised relevant organisations which can commit to and provide the necessary member input.

This would allow committee members to draw on alternative resources, expertise and 'back office' support in order for IMTAC to have maximum impact within existing budget constraints.

Imtac rejects this recommendation as it is based on a medical view of disabled people which believes that organisations are best placed to speak on behalf of disabled people and not disabled people themselves. This

viewpoint is prejudiced and does not stand up to scrutiny in terms the historic and recent role disabled people have played in affecting change in society. Imtac maintains that the Committee should recruit from the widest field and that members should be appointed on merit whether they are an individual or come from an organisational background. This is broadly reflective of recruitment to other public life positions.

The assumption in the Report that organisations will support Imtac with their own resources is exceptionally naive and illustrates that KPMG are unaware of the current realities for many organisations in the community and voluntary sector.

Recommendation 14

This should be done through an open recruitment process rather than have members appointed by invitation from DRD. This would help ensure independence.

Imtac already has an existing open and accessible recruitment policy agreed with DRD. This policy is open to all – both individuals and organisations and is in line with wider public life positions. If other recommendations are implemented it is likely that future recruitment will be less open as we will only be permitted to draw members from certain organisations. This recommendation therefore appears to contradict the previous recommendations. As previously stated we are prepared to discuss amendments to current recruitment processes which will improve the accessibility and openness of current processes but believe the current framework represents a sound approach to inclusive recruitment.

Recommendation 15

There are no restrictions to members being drawn from transport organisations but that this should be kept under review for six

months, following the implementation of all recommendations, to ensure that that there are no adverse effects

Imtac are concerned about the rationale for this recommendation. Taken as a whole the recommendations around the future format of Imtac appear to suggest that Imtac should discourage the participation of disabled people (and older people) on the Committee but should not place barriers in the way of participation of other stakeholders such as transport providers. Clearly any rational observer would conclude this approach is the wrong way round and that the emphasis should be placed on encouraging participation by older people and disabled people. To a degree the constitutional requirement for a minimum number of disabled people and older people means that the numbers of transport providers is already limited. We reject this recommendation.

Recommendation 16

DRD seconds an SO post but that direct day-to-day reporting arrangements for this SO post should be the responsibility of IMTAC's Chair, and that DRD provides AO support when required.

Imtac had hoped that the Review would assist in resolving issues around staffing between ourselves and the DRD. Unfortunately we do not believe the recommendation moves us any further on. We reject the recommendation as the Committee would prefer to appoint our own staff with appropriate specialised knowledge and expertise (as is the practice with comparable local organisations), that the staffing levels proposed are inadequate, that SO grade is not appropriate for the head of the secretariat and that despite recognising that any seconded staff from the DRD would work for Imtac there would be cases where maintaining independence from the Department would be very difficult. We believe this arrangement would be unfair to the official concerned and compromise the independence of the

Committee. Further discussion is required on options for the future staffing of the Committees secretariat.

Recommendation 17

IMTAC develops and agrees with DRD a detailed personal work plan for this SO post which identifies the actual whole time equivalent resource necessary

As Imtac does not agree with the proposed solution for the secretariat priority must be to agree a way forward on the staffing issue.

Recommendation 18

IMTAC reviews and enhances its induction and its training for committee members to ensure that all are aware of the remit of IMTAC, their role and responsibilities, and internal processes for good governance of IMTAC, such as appointment processes, code of practice etc.

Imtac already has an induction process which clearly sets out the structures and role of Imtac. Interestingly KPMG did not ask for this information, although it was highlighted to them by various members of the Committee. However we are happy to discuss how induction can be further improved and the increased funding and staffing levels required to enable this to be implemented.

Recommendation 19

IMTAC develops clear outputs and impact indicators to ensure its work is more focused and that specific activities are allocated to nominated members to ensure achievement. Similarly, in its reporting arrangements, IMTAC should report on its outputs and impact rather than focus on activities undertaken.

Imtac is happy to discuss this recommendation further. We would point out that aspects of our work are currently delegated to our three working groups and that Convenors of each group have a hands on role in developing and completing this work. We believe this approach to be practical and realistic given the voluntary nature of the Committee. We believe that the approach suggested by KPMG that members should be more involved in managing specific activities is impractical and unworkable and places greater responsibility on Imtac members than comparable public life positions.

Recommendation 20

IMTAC produces evidence-based research to support its advice (as per recommendation 5) and that DRD develops clear guidance on how it will respond to IMTAC's advice and the timescales for doing so.

Imtac agrees with this recommendation. As with our response to Recommendation 5 we will require an additional funding stream to put such a recommendation into practice. It is also essential that Imtac has autonomy in deciding what the priorities for future research are.

Recommendation 21

IMTAC and DRD develop a detailed implementation plan, with associated indicators to measure success in IMTAC's performance and this is reviewed in 18 months. Subject to satisfactory progress, KPMG recommends that DRD allocate a small budget and discuss with IMTAC if this would be more effective in terms of payment of a Chair (part-time) or for research purposes.

Imtac is confused by the drafting of the recommendations in the final Report as there appears to be discrepancies between the recommendations in the body of the report and the final section. We do find it contradictory however that one recommendation asks us to produce evidence based research whilst another indicates resources for such research may only be allocated subject to satisfactory implementation of the other recommendations. As indicated in our response to the other recommendations there remain areas where further discussions will be required before any implementation programme is agreed.

Recommendation 22

IMTAC develops and agrees a detailed implementation plan with DRD with clear timescales and accountability arrangements and associated indicators to measure success in IMTAC's performance and this is reviewed after 18 months

As indicated in our response to the other recommendations there remain areas where further discussions will be required before any implementation programme is agreed.

Conclusion

- 6 Imtac would like to thank the Department for the opportunity to comment on the KPMG Report into the Review of Imtac. The Committee clearly do not agree with some of recommendations in the Report, however we remain committed to seeking an agreed way forward through discussion with the DRD.

Contact us

- 7 If you have a query about this document or would like it in another format you can contact Michael Lorimer at:

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