

# Northern Ireland Assembly Disability Monitor



**MONDAY 12 OCTOBER 2009**

**Centre on Human Rights for  
People with Disabilities**

**For further information, please contact Hannah Russell,  
Research and Policy Officer**

**[hannahrussell@disabilityaction.org](mailto:hannahrussell@disabilityaction.org)**

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland  
Assembly Disability Monitor 12 October 2009.docX:\Admin\JFulton\COHR\Assembly  
Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12  
October 2009.doc

## **Contents**

### **A. Last Week's Assembly Business**

- **Oral Answers to Questions - Office Of First Minister And Deputy First Minister: Fair Employment and Treatment Order 1998: Teachers' Exemption**
- **Private Members' Business: Social Housing**

### **B. This Week's Assembly Business**

- **Private Members' Business – Motion: Assisted Suicide**

### **C. Answers to Written Questions, Week Ending 9 October 2009**

#### **EDUCATION**

- **Life Skills**
- **First Aid Training on Epilepsy and Epipen Delivery**
- **Children Who Are Carers for Parents or Siblings**
- **Educational Psychologists**

#### **FINANCE AND PERSONNEL**

- **Building Regulations (Northern Ireland) 2000 Part R**
- **Building Regulations**
- **Changing Facilities**
- **Changing Facilities**

## **HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY**

- **Diabetes Service Framework**
- **Age Related Macular Degeneration Patients**
- **M.E. Clinic at Belfast City Hospital**
- **M.E.**
- **M.E. Patients**
- **M.E.**
- **Autistic Spectrum Disorders**
- **Chronic Fatigue Syndrome Clinic**
- **Respite Care**
- **M.E.**
- **Chronic Fatigue Syndrome Clinic**
- **Chronic Fatigue Syndrome Clinic**

## **SOCIAL DEVELOPMENT**

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc  
 X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

- **Motability**
- **Complaints Against Examining Medical Practitioner Staff**
- **Examining Medical Practitioner**
- **Disability Living Allowance Branch**
- **Disability Living Allowance**
- **Attendance Allowance Branch**
- **Attendance Allowance Branch**
- **Carers Allowance**
- **Disability Living Allowance Branch**
- **Disability Living Allowance Branch**
- **Disabililty Living Allowance Branch**
- **Disabililty Living Allowance Branch**
- **Disabililty Living Allowance Branch**
- **Disabililty Living Allowance Branch**
- **Incapacity Benefit Branch**
- **Incapacity Benefit Branch**
- **Incapacity Benefit Branch**
- **Incapacity Benefit Branch**
- **Incapacity Benefit Branch**
- **Incapacity Benefit Branch**

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc  
 X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

## **A Last Week's Assembly Business**

### **Oral Answers to Questions**

#### **Office Of First Minister And Deputy First Minister**

##### **Fair Employment and Treatment Order 1998: Teachers' Exemption**

Mervyn Storey (DUP) asked the First Minister and deputy First Minister if the Equality Commission has made a recommendation to their Department to bring forward a legislative amendment to remove the teachers' exemption from the fair employment and treatment legislation. (AQO 135/10)

The Deputy First Minister: The Equality Commission's recommendation to narrow the scope of the teachers' exception in the Fair Employment and Treatment Order 1998 is one of six recommendations for equality legislation reform that the commission made to the Department.

For Members' benefit, the Deputy First Minister briefly outlined the scope of the other five recommendations. It should be noted that the commission's recommendations are not ranked in any order of priority. First, age discrimination legislation should be extended to protect people from unjustified age discrimination outside the workplace. Secondly, race relations legislation should be amended to ensure that protection from discrimination on the grounds of colour and nationality is afforded the same level of protection as on other racial grounds. Thirdly, sex discrimination legislation should be amended to prohibit unlawful discrimination by public authorities when exercising their public functions. Fourthly, disability discrimination legislation should be amended to secure greater protection for disabled people. Fifthly and finally, the monitoring requirements under fair employment legislation should be extended to include the collection of information on nationality and ethnic origin.

The Deputy First Minister then went on to discuss Equality Commission's recommendation for the teachers' exception in the Fair Employment and Treatment Order 1998.

## **Private Members' Business**

### **Social Housing**

Declan O'Loan (SDLP) begged to move "that this Assembly notes with concern the particular impact on the housing construction industry of the current economic downturn; further notes the recent research by the University of Ulster that investment in social housing would have a multiplier effect on job creation; and calls on the Minister of Finance and Personnel to make moneys available to invest in a programme of new build social housing across Northern Ireland."

During the debate George Robinson (DUP) brought to the Assembly's attention a response from the Minister for Social Development regarding the renovations of dwellings for pensioners and disabled people in Coleraine, which is in his constituency.

George Robinson expressed appreciation for the Minister's budgetary difficulties, however, the Minister's response informed him of yet another setback for that long-planned renovation scheme, and that there is no starting date for the project. George Robinson asked what the additional moneys awarded to DSD from the spending rounds are being spent on as they are not being spent on objective 1 in the PSA 12 delivery document.

George Robinson highlighted another example in Limavady where another much-needed renovation scheme has no start date. It was emphasised that there is serious deprivation in the area and therefore, there is an urgent need for that project to begin. There is also the crisis in the availability of suitable housing. There are not enough public-sector homes available for tenants. The Minister has the unenviable task of addressing that situation, and there are two ways in which that can be done: newbuild or renovation of property, with newbuild being the long-term preferred way forward. The

Minister has had significant financial help from successive Finance Ministers through the spending rounds to address the problems on her plate.

George Robinson claimed that the reliance on the sale of public-sector homes has been a major factor that has led to the Minister's current budgetary problem. In previous years, there was a predictable number of sales. However, the current economic downturn has led to a crash in the volume of house sales and, therefore, a depletion in her spending power. That economic downturn is not the fault of the Finance Minister, but the result of poor planning by the Minister and her predecessors, and has impacted heavily on the desired newbuild targets of the Minister.

George Robinson argues that it is essential that, in future, the same budgetary problems do not beset DSD. It must develop a way forward that will eliminate many of the mistakes that have been made, and that can be done only by an independent review of social housing in Northern Ireland. It must be a truly independent review, with DSD providing information and awaiting the results of the inquiry's findings rather than its having the responsibility of carrying out the review. As a result, the people of Northern Ireland would have confidence in the review and its findings.

Caral Ni Chuilin (Sinn Fein) welcomed the motion and contributed to the debate by expressing concern for a number of particularly vulnerable groups, including people with disabilities, particularly in Scotland.

It was resolved "that this Assembly notes with concern the particular impact on the housing construction industry of the current economic downturn; further notes the recent research by the University of Ulster that investment in social housing would have a multiplier effect on job creation; and calls on the Minister of Finance and Personnel to make moneys available to invest in a programme of new build social housing across Northern Ireland."

## **B This Week in the Assembly**

**Monday 12 October 2009**

### **Motion – Assisted Suicide**

Proposed: That this Assembly notes the verdict in the Purdy case and the decision by the Director of Public Prosecutions in Northern Ireland to issue guidance on assisted suicide; and states its opposition to any attempt to legalise assisted suicide.

[Mr S Hamilton]  
[Rt Hon J Donaldson]  
[Mr J Wells]

## **C    Answers to Written Questions, Week Ending 9 October 2009**

### **EDUCATION**

#### **Life Skills**

Lord Browne (DUP) asked the Minister of Education what work has been carried out, in conjunction with the Department of Health, Social Services and Public Safety and the Department for Employment and Learning to develop the mental health component of Life Skills education delivered within post primary schools and the Further Education sector. (AQW 434/10)

Minister of Education: The revised curriculum is now in place across all year groups in all grant-aided schools. It includes a particular focus on ensuring that, as well as developing their knowledge and skills in communication, mathematics and ICT and in other areas of learning such as science, modern languages or the arts, all pupils have the opportunity to develop the skills needed to succeed in life and at work.

In all post-primary schools, Learning for Life and Work is an integral part of the revised curriculum and includes a particular focus on self-awareness and self-esteem; on the importance of recognising and managing factors that may influence emotional and mental health throughout life; and on forming and maintaining healthy relationships. As with all aspects of the curriculum, the Learning for Life and Work area of learning is designed to be delivered by teachers and training and support is provided, through CCEA and the Education and Library Board CASS services, to ensure teachers have the skills they need to deliver all aspects of the curriculum effectively.

The Minister emphasized that the Department of Education is very aware of the important contribution that the revised curriculum as a whole and the Learning for Life and Work area in particular make to developing young people who have the skills to make informed and sensible choices about issues relating to their health and wellbeing

and their future career aspirations and it liaises regularly with DHSSPS to ensure that this contribution supports, and is supported by, wider programmes to promote health and wellbeing. It also maintains very close working relationships with DEL, including, for example, in the development and implementation of the new strategy for careers education, information, advice and guidance which focuses on ensuring that all our young people have the skills they need to become effective career decision-makers. The Education and Training Inspectorate is responsible for assessing the implementation and impact of the revised curriculum. The revised curriculum does not apply in Colleges of Further Education.

The Minister also highlighted that work is underway to ensure effective transitions from school into adulthood. A Ministerial Sub Committee on Children and Young People has established sub-groups to take forward six key priorities in a cross departmental approach. My department has agreed to lead one of the sub-groups, with membership including DHSSPS, DEL, DCAL, DSD, NIO and Juvenile Justice. The Department of Education's key priority/outcome is the provision for children with special educational needs in mainstream and special schools, including transitions to adulthood and the provision of appropriate health and social care interventions.

### **First Aid Training on Epilepsy and Epipen Delivery**

Ken Robinson (UUP) asked the Minister of Education if newly qualified teachers are offered first aid training on epilepsy and epipen delivery as part of their induction or early professional development. (AQW 721/10)

Minister of Education: There are many competing demands for the inclusion of training on specific topics and areas in Initial Teacher Education (ITE) courses, and the time available for training students is limited. There is, therefore, a limit to the range of issues that can be covered, and special educational needs in ITE courses primarily focuses on the recognition of pupils' special needs and the development of appropriate strategies to meet those needs.

With regard to teachers' continuing professional development, all Education and Library Boards (ELBs) undertake, on an annual basis, a needs analysis of the training required by schools in the forthcoming academic year. School principals are responsible for determining the training needs of their teachers and they can avail of the wide range of courses on all aspects of special educational needs, including epilepsy, offered by ELBs.

Following the issue of the Department of Education's document "Supporting Pupils with Medication Needs" in 2008, a training programme for school principals was offered to all schools to ensure that all pupils with medication needs, including epilepsy, could have their needs met in schools.

### **Children Who Are Carers for Parents or Siblings**

Lord Morrow (DUP) asked the Minister of Education if there is additional educational assistance available for children who are carers for parents or siblings. (AQW 731/10)

Minister of Education: Young carers are recognised as a group within education who may experience difficulties in achieving their full potential by dint of personal circumstances.

In 2006 the Department of Education in partnership with the Department of Health, Social Services and Public Safety issued a DVD which raises awareness of the issues confronting pupils while coping with a caring role. The DVD was issued to the Regional Training Unit and Boards' Curriculum Advisory Support Service for use in relevant training courses with schools' principals and staff.

Schools are encouraged to refer any pupil experiencing difficulties because of caring responsibilities to the Education Welfare Service so that access to additional supports can be secured.

Other, more recent developments within education which are seeking to address barriers to learning will benefit young carers. The Department has been working in partnership with all key statutory, voluntary and community sector stakeholders and interested parties to develop a 'Pupils' Emotional Health and Wellbeing Programme'.

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc  
X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

The agreed Programme will focus initially on the post primary sector and address how a pupil's emotional health and wellbeing is promoted by the school, what supports are available for a pupil under stress and what support is available to a school in the event of a crisis. The Programme will contribute to the building of resilient emotional health and wellbeing.

It is intended to be a vehicle for providing the 'glue' or framework for integrating a range of current activities/policies/systems within schools such as curriculum work on personal development, counselling, anti-bullying work, suicide prevention, promoting good behaviour, healthy schools initiative and pastoral care into a coherent and consistent approach. This Programme will be extended into the primary and special schools' sectors in due course.

The Department is also currently updating its pastoral care guidance for schools, in which a number of stressors on children including those of young carers are identified along with signposting information for teachers.

### **Educational Psychologists**

Martina Anderson (Sinn Fein) asked the Minister of Education, as budgetary restrictions in schools mean only four or five children a year are put forward by schools for assessment by Educational Psychologists, how her Department intends to help the children in need of, but unable to get, assessment and reduce their waiting times of up to three years. (AQW 847/10)

Minister of Education: There is no set limit throughout the north of Ireland to the number of referrals a school can make through an Education and Library Board (ELB) to an educational psychologist (EP) although the number of pupils who can be assessed by an EP may be limited within a given area due to the overall capacity of the service.

All Boards, with the exception of the South Eastern Education and Library Board (SEELB), use a time allocation model of service delivery which gives schools access to a fair allocation of educational

psychology service time. Using this system each school has its own waiting list of referrals to the Boards' educational psychology services. It is, therefore, the schools which prioritise the pupils whom they deem to be most in need of assessment, usually through discussion with the Boards' educational psychology services. This model allows schools to appraise the needs of pupils on their waiting lists on an ongoing basis.

In all Boards if information is presented to the EP during consultation that indicates that the pupil has exceptional circumstances such referrals will receive priority.

The Minister is aware of the current difficulties experienced in some areas around the recruitment of educational psychologists and to this end I can confirm that my Department has been working closely with the Education and Library Boards (ELBs) and Queen's University Belfast (QUB) to consider future staffing requirements and to help ensure that supply matches demand. I should explain, however, that it is a matter for the ELBs in the first instance to determine their staffing levels.

Since 1999 the number of educational psychologists in training at QUB has been increased from 5 to 12 per annum, through the provision of additional resources. This increase was agreed following discussion with the ELBs and QUB. The increase in trainees has been sustained following the move to a 3-year Doctorate course, which replaced the 1-year Master's course, in 2006.

In addition the vacancy control measures, in place because of the Review of Public Administration, have been lifted in relation to the recruitment of permanent educational psychology staff due to the unique situation of the Educational Psychology Service.

In recent years the Department has also provided ELBs with additional funds to train and employ additional psychologists in an effort to enable them to meet increased demand for assessments.

The Minister has also been advised by the Chief Executives of the ELBs that the introduction of psychology assistants in some areas has greatly benefited their psychology services.

### **Review of Special Educational Needs and Inclusion**

Dominic Bradley (SDLP) asked the Minister of Education when her Department will have resources to implement policy changes which may flow from the Review of Special Educational Needs and Inclusion. (AQW 927/10)

Minister of Education: The Minister referred Dominic Bradley to her reply to AQW 77/10, tabled by the Member for East Antrim, Roy Beggs, and published in the Official Report on 18 September 2009.

## **FINANCE AND PERSONNEL**

### **Building Regulations (Northern Ireland) 2000 Part R**

Pat Ramsey (SDLP) asked the Minister of Finance and Personnel if he plans to amend the Building Regulations (Northern Ireland) 2000 Part R Access and Facilities for Disabled People to introduce a requirement to have changing facilities for people with severe learning and physical disabilities. (AQW 1165/10)

Minister of Finance and Personnel: There are no plans at present to amend Part R (Access to and use of buildings) of the Building Regulations (Northern Ireland) 2000.

My officials have been working closely with MENCAP, which launched the "Changing Places" campaign some time ago, to determine whether or not building regulations are an appropriate vehicle to achieve the campaign's goals of an increase in the number of changing places facilities in Northern Ireland.

## **Building Regulations**

Pat Ramsey (SDLP) asked the Minister of Finance and Personnel how current building regulations comply with equality duties regarding the provision of changing facilities for people with severe learning and physical disabilities. (AQW 1166/10)

Minister of Finance and Personnel: Part R (Access to and use of building) of the Building Regulations (NI) 2000 was last amended in November 2006. This amendment broadened the scope of this part to improve the access to and use of buildings for all people, including people with young children and the elderly as well as those with disabilities. The amendment complements the provisions of Part 3 of the Disability Discrimination Act 1995 (as amended). The legislation was screened out for equality impact assessment as building regulations apply to everyone, regardless of whether or not a person sits within one or more of the groups listed in section 75 of the Northern Ireland Act 1998.

It should be noted that building regulations set the minimum standards acceptable for construction and there is nothing in the current regulations that would prevent a builder from incorporating changing places facilities into a building should he wish to do so.

## **Changing Facilities**

Pat Ramsey (SDLP) asked the Minister of Finance and Personnel what steps he is taking to increase the number and availability of changing facilities for people with severe learning and physical disabilities. (AQW 1167/10)

Minister of Finance and Personnel: An increase in the number of changing places facilities in Northern Ireland is the main goal of MENCAP's current "Changing Places" campaign. My officials have met with MENCAP to determine if it is appropriate to include such a requirement in building regulations. Officials will continue to work with MENCAP in this regard.

## **Changing Facilities**

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc  
X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

Pat Ramsey (SDLP) asked the Minister of Finance and Personnel what steps he is taking to adopt design standards for changing facilities. (AQW 1168/10)

Minister of Finance and Personnel: There are some differences between the two standards that define a Changing Places facility, namely the recently revised British Standard BS8300:2009 and that devised by the Changing Places Consortium, led locally by MENCAP. Officials have met with MENCAP on a number of occasions, and will continue to meet with them to determine if it is appropriate to include such a requirement, and to what standard, in building regulations.

## **HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY**

### **Diabetes Service Framework**

Rt Hon Jeffrey Donaldson (DUP) asked the Minister of Health, Social Services and Public Safety what plans he has to introduce a Diabetes Service Framework. (AQW 593/10)

Minister of Health, Social Services and Public Safety: The Department of Health, Social Services and Public Safety is developing a series of Service Frameworks which set out explicit standards for health and social care. A Service Framework for Cardiovascular Health and Wellbeing was launched on 17 June 2009. The Cardiovascular Service Framework includes 3 standards relating to diabetes which will have a positive impact on the diagnosis of the condition and on the treatment and management of people with diabetes to prevent the onset of complications. It is anticipated that further areas for service framework development will be taken forward next year. These will be selected from the remaining priority areas identified and evaluated by the Department. Diabetes is one of the priority areas for consideration.

### **Age Related Macular Degeneration Patients**

Naomi Long (Alliance) asked the Minister of Health, Social Services and Public Safety to provide an update on the treatment of Age

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.docX:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

Related Macular Degeneration patients at the new Mater Hospital Macular Clinic. (AQW 605/10)

Minister of Health, Social Services and Public Safety: The macular service provided by Belfast HSC Trust has, since May 2007, been providing treatment with Lucentis to patients whose second eye is affected by wet age related macular degeneration. The Trust is in the process of expanding its macular service to provide treatment with Lucentis in line with National Institute for Health and Clinical Excellence guidance and the service relocated from the Royal Victoria Hospital to the Mater Hospital in April 2009 to provide the additional physical accommodation required to treat current and future patients.

The Trust has experienced some difficulty creating the staff capacity required to deliver the full level of service to all patients. Patients with second eye involvement continue to have priority; in addition, the Trust has assessed almost 100 'first eye' patients from the waiting list and those patients who require treatment with Lucentis have started their treatment.

The Trust is working with the Health and Social Care Board to increase the capacity of the HSC to provide Lucentis to all who require it in as short a time as possible.

### **M.E. Clinic at Belfast City Hospital**

Carmel Hanna (SDLP) asked the Minister of Health, Social Services and Public Safety, given that M.E. has been classified by the World Health Organisation as a neurological illness, to explain why the M.E. clinic at Belfast City Hospital was situated in a psychiatric ward and was psychiatry led. (AQW 773/10)

Minister of Health, Social Services and Public Safety: The Belfast Trust advised the Minister that the ME clinic at the Belfast City Hospital was located in the psychiatric ward because it was provided, on a voluntary basis, by a consultant psychiatrist with a special interest in ME.

Due to competing priorities it was no longer possible to continue the service and no new cases have been referred since 2 July 2009. However, people suffering from this very debilitating condition can be referred for assessment and treatment to a variety of specialists depending on their individual needs. Care may be provided in secondary, primary and community care settings, including specialist regional neurology services and mental health services. Severe cases, from any part of Northern Ireland, may also be referred to specialist clinics in the rest of the UK.

On 28 September the Minister met with representatives of those suffering from ME/CFS. Following that meeting I have asked officials of my department, in association with the Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to specialist clinical services and to the other services required by ME sufferers might be improved.

#### **M.E.**

Carmel Hanna (SDLP) asked the Minister of Health, Social Services and Public Safety what provision will be made for people diagnosed with M.E. after the closure of Northern Ireland's only treatment centre. (AQW 774/10)

Minister of Health, Social Services and Public Safety: The Belfast Trust advised the Minister that the ME clinic at the Belfast City Hospital was located in the psychiatric ward because it was provided, on a voluntary basis, by a consultant psychiatrist with a special interest in ME.

Due to competing priorities it was no longer possible to continue the service and no new cases have been referred since 2 July 2009. However, people suffering from this very debilitating condition can be referred for assessment and treatment to a variety of specialists depending on their individual needs. Care may be provided in secondary, primary and community care settings, including specialist regional neurology services and mental health services. Severe cases, from any part of Northern Ireland, may also be referred to specialist clinics in the rest of the UK.

On 28 September I met with representatives of those suffering from ME/CFS. Following that meeting I have asked officials of my department, in association with the Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to specialist clinical services and to the other services required by ME sufferers might be improved.

### **M.E. Patients**

Carmel Hanna (SDLP) asked the Minister of Health, Social Services and Public Safety, in the absence of specialist and trained staff with experience of working with M.E. patients, to explain how his Department will ensure appropriate care and treatment for people diagnosed with M.E. (AQW 775/10)

Minister of Health, Social Services and Public Safety: The Belfast Trust advised the Minister that the ME clinic at the Belfast City Hospital was located in the psychiatric ward because it was provided, on a voluntary basis, by a consultant psychiatrist with a special interest in ME.

Due to competing priorities it was no longer possible to continue the service and no new cases have been referred since 2 July 2009. However, people suffering from this very debilitating condition can be referred for assessment and treatment to a variety of specialists depending on their individual needs. Care may be provided in secondary, primary and community care settings, including specialist regional neurology services and mental health services. Severe cases, from any part of Northern Ireland, may also be referred to specialist clinics in the rest of the UK.

On 28 September the Minister met with representatives of those suffering from ME/CFS. Following that meeting I have asked officials of my department, in association with the Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to specialist clinical services and to the other services required by ME sufferers might be improved.

## **M.E.**

Alex Easton (DUP) asked the Minister of Health, Social Services and Public Safety what provision is in place within the Health Service for people suffering from M.E. (AQW 782/10)

Minister of Health, Social Services and Public Safety: Patient care for ME is, for the most part, provided by general practitioners. However, patients may be referred for assessment and treatment to a variety of specialists depending on their assessed individual needs. Severe cases, from any part of Northern Ireland, can be referred to specialist clinics in the rest of the UK.

In addition patients have access to a wide range of treatment and support services in secondary, primary and community care settings, including neurology services and mental health services.

On 28 September the Minister met with representatives of those suffering from ME/CFS. Following that meeting I have asked officials of my department, in association with the Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to specialist clinical services and to the other services required by ME sufferers across Northern Ireland might be improved.

## **Autistic Spectrum Disorders**

Martina Anderson (Sinn Fein) asked the Minister of Health, Social Services and Public Safety when the Autistic Spectrum Disorders teams will be allocated budgets for those families who do not meet the criteria for direct payments and for respite care. (AQW 894/10)

Minister of Health, Social Services and Public Safety: Health and Social Care services are provided on the basis of individually assessed need and the commissioning and provision of services have to be prioritised within the amount of money available. Additional investment of £2.02m for autism services has been allocated to the Health and Social Care Board who allocate it to the Health and Social Care Trusts taking into account the relative needs of the population and the differential need for care between the populations. In addition, as a result of investment in Learning  
X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.docX:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

Disability services, an additional 200 new or enhanced respite packages will be put in place in 2010 which will provide respite to an additional 800 people. This will include respite provision for children and adults affected by ASD.

### **Chronic Fatigue Syndrome Clinic**

Dr Kieran Deeny (Independent Health Coalition) asked the Minister of Health, Social Services and Public Safety how many people attended the Chronic Fatigue Syndrome clinic in Belfast City Hospital in the last twelve months. (AQW 926/10)

Minister of Health, Social Services and Public Safety: The Minister has been advised by the Belfast Trust that 16 patients attended the clinic at the Belfast City Hospital during the 12 month period up to 2 July 2009.

People suffering from this very debilitating condition continue to have access to appropriate care and treatment, ranging from primary and community care to specialist regional neurology services, depending on their assessed individual needs. Severe cases, from any part of Northern Ireland, may be referred to specialist clinics in the rest of the UK.

On 28 September the Minister met with representatives of the Northern Ireland ME Association. Following that meeting I have asked officials of my department, in association with the Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to specialist clinical services and to the other services required by ME sufferers might be improved.

### **Respite Care**

Martina Anderson (Sinn Fein) asked the Minister of Health, Social Services and Public Safety, given the reduction in the limited respite care offered to adults and children with a severe learning disability, if he remains committed to maintaining funding for learning disabilities. (AQW 973/10)

Minister of Health, Social Services and Public Safety: Learning Disability Services remains an area of priority. I fought hard to secure £33m (£17m recurrent) for the learning disability programme of care, a percentage of which will underpin the provision of an additional 200 new or enhanced respite care packages over the next 3 years for people with learning disabilities and their families/carers. Trusts estimate that 4 people should be supported by each package which will mean that around 800 people will benefit.

With a target of £700m efficiencies, or £344m recurrent or about 9% of the baseline, to release over three years, it was not possible to exempt any programme of care without putting undue pressure on the others. In the Learning Disability programme, efficiencies are being found through many initiatives which are in line with our strategic direction for change. Trusts are redesigning services in such a way as to ensure they will meet the level and type of demand anticipated, throughout the transition and beyond.

#### **M.E.**

Sue Ramsey (Sinn Fein) asked the Minister of Health, Social Services and Public Safety, given the closure of the Chronic Fatigue Syndrome clinic in Belfast City Hospital, (i) how many doctors in the Belfast Health and Social Care Trust have training in M.E.; and (ii) if NICE guidelines on M.E. apply across the Health and Social Care Trusts. (AQW 974/10)

Minister of Health, Social Services and Public Safety: There is no specific training in ME/CFS for doctors in the Belfast Trust, or any other Trust, as it is not a specialty. Training is included in the Royal College of General Practitioners curriculum for GP training and is also covered in the undergraduate medical education curriculum. The NICE clinical guideline CFS/ME was endorsed for use by the HSC in January 2008.

## **Chronic Fatigue Syndrome Clinic**

Jim Wells (DUP) asked the Minister of Health, Social Services and Public Safety who made the decision to close the Chronic Fatigue Syndrome clinic at Belfast City Hospital. (AQW 980/10)

Minister of Health, Social Services and Public Safety: The Belfast Trust has advised that the clinic at Belfast City Hospital was being provided on a voluntary basis by a consultant psychiatrist with a special interest in ME. Due to pressure of competing priorities that consultant was no longer available to provide this service and, therefore, no new cases have been referred since 2 July 2009.

However, people suffering from this very debilitating condition continue to have access to appropriate care and treatment, ranging from primary and community care to specialist regional neurology services, depending on their assessed individual needs.

On 28 September the Minister met with representatives of the NI ME Association. Following that meeting I have asked officials of my department, in association with the Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to specialist clinical services and to the other services required by ME sufferers across Northern Ireland might be improved.

## **Chronic Fatigue Syndrome Clinic**

Jim Wells (DUP) asked the Minister of Health, Social Services and Public Safety, in light of the recent closure of the Chronic Fatigue Syndrome clinic in Belfast City Hospital, what general clinics are available for people diagnosed with M.E. (AQW 1063/10)

Minister of Health, Social Services and Public Safety: ME/CFS patients have access to a wide range of treatment and support services in secondary, primary and community care settings, including neurology services and mental health services. In addition patients may be referred for assessment and treatment to a variety of specialists depending on their assessed individual needs.

On 28 September the Minister met with representatives of those suffering from ME/CFS. Following that meeting I have asked officials of my department, in association with the Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to specialist clinical services and to the other services required by ME sufferers can be improved.

## **SOCIAL DEVELOPMENT**

### **Motability**

Jim Shannon (DUP) asked the Minister for Social Development to clarify her Department's policy on people using a Motability car to provide volunteer transport. (AQW 610/10)

Minister for Social Development: Motability is an independent voluntary organisation and is responsible for the administration of the Motability contract hire scheme. Whilst the Department of Social Development facilitates the operation of the Motability scheme by diverting payments of disability living allowance to meet contract hire payments, it is not directly involved in setting the policy for the scheme. Further information about the scheme can be obtained directly from Motability. The rules relating to the use of vehicles licensed under the disabled exempt taxation class, including Motability vehicles, are a matter for the Driver and Vehicle Agency.

### **Complaints Against Examining Medical Practitioner Staff**

Jim Shannon (DUP) asked the Minister for Social Development how many complaints have been made against Examining Medical Practitioner staff, regarding home visits as part of the Disability Living Allowance application or renewal process, in (i) Strangford; and (ii) Ards, in each of the last three years. (AQW 824/10)

Minister for Social Development: The number of complaints received following a domiciliary visit by an Examining Medical Practitioner for Disability Living Allowance are provided in the table below.

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc  
X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

YEAR	STRANGFORD AREA	ARDS AREA	TOTAL
April 2006 - March 2007	0	1	1
April 2007 – March 2008	3	3	6
April 2008 – March 2009	2	0	2
TOTAL	5	4	9

### **Examining Medical Practitioner**

Jim Shannon (DUP) asked the Minister for Social Development (i) how many Examining Medical Practitioner visits resulted in a change of Disability Living Allowance award in (a) Strangford; and (b) Ards, in each of the last three years; and (ii) how many awards were (a) increased; and (b) decreased. (AQW 825/10)

Minister for Social Development: The information requested is not available. The DWP IT system used to administer Disability Living Allowance (DLA) does not record this specific level of detail as in most instances a number of pieces of evidence are considered when determining entitlement to DLA, including the customer's claim form and all appropriate reports from Health Care professionals.

## Disability Living Allowance Branch

George Savage (UUP) asked the Minister for Social Development (i) for her assessment of the effectiveness of the Disability Living Allowance Branch (DLAB); (ii) whether DLAB is fit for purpose; and (iii) how often it has attained its Key Performance Indicator targets. (AQW 879/10)

Minister for Social Development: The information requested is set out below:

(i) and (ii) Challenging public service agreement targets for DLA in respect of financial accuracy and claim clearance time have been set and are consistently achieved. Just over 65,000 transactions are processed annually and almost a quarter of a million phone calls are handled each year with a response rate of 99%. This consistent level of performance demonstrates the branch's effectiveness and supports the view that it is fit for purpose in delivering this complex benefit.

(iii) The tables below show the achievements in financial accuracy and claims clearance time for the last three years; current performance is on track for 2009/10:

<b>Financial Accuracy Target</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10*</b>
Target %	98	98	98	99
Accuracy Level Achieved %	98	98.8	99.7	99.6

\* Year to date to June 2009

<b>Claims</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10**</b>
---------------	----------------	----------------	----------------	------------------

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.docX:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

<b>Clearance Time</b>				
Target (working days)	52	50	47	41
Clearance Time (working days)	50.7	45.1	41	39

\*\* Year to date to August 2009

### **Disability Living Allowance**

Alastair Ross (DUP) asked the Minister for Social Development how many people in each constituency have correctly received Disability Living Allowance in each month, in each of the last three years. (AQW 906/10)

Minister for Social Development: The information is not available in the format requested. The most recently published information contained in the Department's Resource Account for 2008/09 reports that the overall level of error including official error, customer error and fraud is estimated to be only 0.3% of DLA expenditure.

### **Attendance Allowance Branch**

PJ Bradley (SDLP) asked the Minister for Social Development what is the target time for Attendance Allowance Branch to process reported changes in recipient's circumstances. (AQW 929/10)

Minister for Social Development: There is no specific target time for dealing with reported changes of circumstances in respect of Attendance Allowance. Priority is given to changes which impact on the customer's entitlement to the benefit. Outstanding work for this specific area is well within acceptable levels and this is kept under continuous review.

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc  
X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

## **Attendance Allowance Branch**

PJ Bradley (SDLP) asked the Minister for Social Development to detail (i) the length of time Attendance Allowance Branch has to process reported changes of circumstances and to verify if this affects Carers Allowance; and (ii) the length of time it has to notify Carers Allowance Branch. (AQW 930/10)

Minister for Social Development: There is no specific set time for dealing with reported changes of circumstances in respect of Attendance Allowance and the length of time it has to notify Carers Allowance Branch as the rules governing all benefits require customers and their appointees to report changes of circumstances about each benefit separately to the specific branch that administers the benefit. In both Attendance Allowance and Carers Allowance priority is given to processing changes of circumstances reported by customers that are likely to impact on the payment of the benefit.

## **Carers Allowance**

PJ Bradley (SDLP) asked the Minister for Social Development who is responsible for overpayments in Carers Allowance in cases where changes in circumstances have been reported and payment should have been stopped. (AQW 932/10)

Minister for Social Development: Carers Allowance Decision Makers are responsible for reviewing entitlement decisions when changes of circumstances have been reported. Any overpayment arising from a revision is decided upon by Decision Makers in the Agency's Debt Centre who must examine all the evidence in each case to determine the amount and decide if the overpayment is recoverable from the customer.

## **Disability Living Allowance Branch**

George Savage (UUP) asked the Minister for Social Development to provide a breakdown of the annual budget for the Disability Living Allowance Branch. (AQW 933/10)

Minister for Social Development: The allocated salaries budget for Disability Living Allowance Branch for 2009/10 is £5,232,000. Information is not available with regard to General Administrative Expenditure (GAE) for DLA as that budget is set annually taking account of all other benefits which the Social Security Agency administers centrally from Castle Court, Belfast and costs are not disaggregated by benefit.

### **Disability Living Allowance Branch**

George Savage (UUP) asked the Minister for Social Development how many complaints have been received by the Disability Living Allowance Branch from (i) individual claimants; (ii) Citizens Advice Bureau staff; (iii) solicitors; and (iv) elected representatives such as councillors, MLAs or MPs, in each of the last five years. (AQW 934/10)

Minister for Social Development: The information requested is set out in the table below.

<b>Origin of complaint</b>	<b>Number of complaints 2006/07*</b>	<b>Number of complaints 2007/08</b>	<b>Number of complaints 2008/09</b>	<b>Number of complaints 2009/10</b>
Individual claimants	38	141	86	53
Citizens Advice Bureau staff	0	5	2	1
Solicitors	0	3	7	2
Elected Representatives	9	16	16	21

\* Information is not available prior to September 2006 in line with the document retention policy for complaints.

### **Disabililty Living Allowance Branch**

George Savage (UUP) asked the Minister for Social Development if there is a dedicated call handling section in the Disabililty Living Allowance Branch. (AQW 935/10)

Minister for Social Development: Disability Living Allowance (DLA) has a dedicated Contact Centre. Customers who phone can either select an option which deals with requests for claim forms and provides assistance with claim form completion or an alternative option dealing with all other enquiries in relation to DLA. There is also a dedicated Customer Response Team who handle telephone calls from elected representatives.

### **Disabililty Living Allowance Branch**

George Savage (UUP) asked the Minister for Social Development if staff with responsibility for processing in the Disability Living Allowance Branch are also manning telephones whilst engaged in day to day duties. (AQW 936/10)

Minister for Social Development: Telephone duties are carried out by processing staff as they regularly have to contact customers and other operational business areas to progress claims.

### **Disabililty Living Allowance Branch**

George Savage (UUP) asked the Minister for Social Development how many staff within the Disability Living Allowance Branch are tasked on a daily basis with tackling benefit fraud. (AQW 937/10)

Minister for Social Development: Disability Living Allowance Branch has four trained Fraud Liaison Officers. Fraud awareness training has been delivered to operational staff in the branch. A continuous awareness programme is in place throughout the year. All staff are aware of their responsibility to report any suspected cases of fraud to the Fraud Liaison Officers.

## **Incapacity Benefit Branch**

George Savage (UUP) asked the Minister for Social Development to detail (i) the sections in the Incapacity Benefit Branch; and (ii) the number of staff in each section. (AQW 1008/10)

Minister for Social Development: The information requested is set out in the table below.

### **Staff employed in Incapacity Benefit Branch by Section**

<b>Section</b>	<b>Number of Staff</b>
Operational Support	30
Training/SAU Liaison	5
Decision Making & Appeals	53
Linking Claims	24
Medical	57
Maintenance	121
Total	290

\*These numbers have been rounded to whole time equivalents and will include a number of part time staff.

## **Incapacity Benefit Branch**

George Savage (UUP) asked the Minister for Social Development how many staff are employed in the Incapacity Benefit Branch. (AQW 1009/10)

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.docX:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

Minister for Social Development: As at 30 September 2009 Incapacity Benefit Branch employed 290 staff. This number is rounded to whole time equivalent and will include a number of part time staff.

### **Incapacity Benefit Branch**

George Savage (UUP) asked the Minister for Social Development how many (i) desktop computers; (ii) laptop computers; (iii) fax machines; and (iv) telephones are utilised within each section of the Incapacity Benefit Branch. (AQW 1010/10)

Minister for Social Development: The information requested is provided in the table below:

<b>Section</b>	<b>Desktop Computers</b>	<b>Laptop Computers</b>	<b>Fax Machines</b>	<b>Telephones</b>
Decision-Making & Appeals	57	0	1	37
Operational Support	33	0	2	31
Training/SAU Liaison	5	0	1	5
Linking Claims Team	26	0	1	16
Medical	60	0	1	25
Maintenance	126	0	3	51
<b>Total</b>	<b>307</b>	<b>0</b>	<b>9</b>	<b>165</b>

## **Incapacity Benefit Branch**

George Savage (UUP) asked the Minister for Social Development if her Department has any plans to expand the role and remit of the Incapacity Benefit Branch. (AQW 1126/10)

Minister for Social Development: There are no plans to expand the role and remit of Incapacity Benefits Branch.

## **Incapacity Benefit Branch**

George Savage (UUP) asked the Minister for Social Development how many complaints have been received by the Incapacity Benefit Branch from (i) individual claimants; (ii) Citizens Advice Bureau staff; (iii) solicitors; and (iv) elected representatives such as councillors, MLAs or MPs, in each of the last five years.(AQW 1128/10)

Minister for Social Development: The information requested is set out in the table below:

<b>Origin of complaint</b>	<b>Number of complaints 2006/07*</b>	<b>Number of complaints 2007/08</b>	<b>Number of complaints 2008/09</b>	<b>Number of complaints 2009/10</b>
Individual claimants	137	206	124	70
Citizens Advice Bureau	3	2	6	1
Solicitors	3	4	0	0
Elected Representatives	25	47	41	27
<b>Total</b>	<b>168</b>	<b>259</b>	<b>171</b>	<b>98</b>

\* Information is not available prior to September 2006 in line with the Agency's Document Retention Policy.

X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc  
X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 12 October 2009.doc

## **Incapacity Benefit Branch**

George Savage asked the Minister for Social Development if staff with responsibility for processing in the Incapacity Benefit Branch are also manning telephones whilst engaged in day to day duties. (AQW 1156/10)

Minister for Social Development: Telephone duties are carried out by processing staff as they are regularly required to contact customers and other operational business areas in order to progress claims.

## **REVISED WRITTEN ANSWERS**

### **Special Educational Needs Statements**

Roy Beggs (UUP) asked the Minister of Education to detail the number of young people who have received Special Educational Needs Statements, broken down by (i) constituency ; and (ii) District Council area, in each of the last three years. (AQW 75/10)

The Chief Executives of the Education and Library Boards (ELBs) have advised that the information you have requested is not held by either constituency or District Council area. The information has, therefore, been provided by Board area as follows:-

	<b>BELB</b>	<b>NEELB</b>	<b>SEELB</b>	<b>SELB</b>	<b>WELB</b>
2006/07*	430	273	447	410	350
2007/08*	393	326	420	660	231
2008/09*	451	280	335	342	200

\* academic years

The above figures refer to children and young people who received final statements of special educational need. They do not include those who may have received reviewed statements.

## **Children: Statemented**

Peter Weir (DUP) asked the Minister of Education how many children have been statemented by each of the Education and Library Boards, in each of the last five years. (AQW 423/10)

The Chief Executives of the Education and Library Boards have advised that the number of children who have received statements of special educational need in the last five years is as follows:-

	<b>BELB</b>	<b>NEELB</b>	<b>SEELB</b>	<b>SELB</b>	<b>WELB</b>
2004/05*	285	299	492	343	304
2005/06*	317	354	528	409	249
2006/07*	430	273	447	410	350
2007/08*	393	326	420	660	231
2008/09*	451	280	335	342	200

\* academic years

The above figures refer to children and young people who received final statements of special educational need. They do not include those who may have received reviewed statements.