

Northern Ireland Assembly Disability Monitor



MONDAY 30 NOVEMBER 2009

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

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**A Minutes from Committee Meetings, Week Ending 20
November 2009**

Wednesday 18 November 2009

COMMITTEE FOR EDUCATION

Matters Arising

The Committee noted correspondence of 11 November 2009 from Unison enclosing its response to the Department of Education's consultation on SEN and Inclusion Review.

The Committee noted correspondence of 11 November 2009 from the Department of Education regarding the extension to the SEN and Inclusion Review consultation period.

Thursday 19 November 2009

**COMMITTEE OF HEALTH, SOCIAL SERVICES AND PUBLIC
SAFETY**

Matters Arising

The Committee noted a response from the Minister about the implementation of the swine flu vaccination programme.

The Committee noted a letter from the Northern Ireland Association for Mental Health thanking the Committee for the opportunity to present evidence to the concurrent Committee on Wednesday 21 st October.

Correspondence

The Committee noted correspondence from Patrick Donnelly regarding care arrangements for his son who has cerebral palsy and agreed forward the letter to MLA's for the North Down constituency. The Committee also agreed to write to the Health & Social Care

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Trusts about their long term planning for young people with cerebral palsy who have elderly carers and may require institutional care in the future.

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B Last Week's Assembly Business

Oral Answers to Questions

Agriculture and Rural Development

Rural Transport Services

John O'Dowd (Sinn Fein) asked the Minister of Agriculture and Rural Development how she intends to work with the Department for Regional Development to improve transport provision in rural areas, particularly for isolated groups or people with disabilities. (AQO 425/10)

Minister of Agriculture and Rural Development: In conjunction with Department for Regional Development's dial-a-lift scheme, I was delighted to announce the assisted rural transport scheme (ARTS) on 10 November 2009. The scheme, which will be supported by the Department of Agriculture and Rural Development, has been developed following work with the Department for Regional Development in response to the transport/access priority that has been identified as part of the rural anti-poverty and social exclusion work. It will be rolled out from 1 December 2009. Under ARTS, SmartPass holders who are over 60 years of age and disabled people who live in rural areas can avail themselves of free and concessionary transport via the 16 rural community transport services.

As part of the Minister of Agriculture and Rural Development's work to develop a rural White Paper for the North, the Minister spoke to rural stakeholders, who have consistently identified transport as one of their biggest stumbling blocks. The Minister has spoken to young people with disabilities and heard at first hand how lack of transport provision inhibits their ability to work and socialise. The lack of suitable, reliable rural transport has, for some time, been a concern to me because it compounds rural poverty and social exclusion.

The Minister is pleased that, through working closely together, he and Conor Murphy (Sinn Fein) were able to announce the introduction of X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 30 November 2009.doc

the assisted rural travel scheme and the dial-a-lift scheme. Improving rural transport will make a real difference to the lives of rural dwellers, particularly the mainly elderly and disabled people who are entitled to SmartPasses.

John O'Dowd went on to ask whether the Minister would elaborate further on the dial-a-lift scheme and how exactly it works.

The Minister of Agriculture and Rural Development responded by informing the Assembly that the dial-a-lift scheme has been piloted by the Department for Regional Development through three of its 16 rural community transport partnerships (RCTPs). The dial-a-lift scheme enabled the RCTPs to facilitate individual, unscheduled journeys, in that members could call up and arrange journeys specific to their needs. As that is rolled out to all RCTPs, the level of service will expand, and it will become more accessible to all users. Introducing the assisted rural transport scheme simultaneously with the dial-a-lift scheme will provide significant access provision, particularly for elderly and disabled people, as they will be able to arrange individual journeys and to avail themselves of the concessions.

The Department of Regional Development is funding the additional costs of introducing the dial-a-lift scheme, and that includes the non-passenger costs associated with ARTS. The Department of Agriculture and Rural Development will pay the cost of the concessionary journeys actually taken by passengers, and DRD will cover the other costs required to facilitate such journeys. Therefore, it is a real example of how joined-up government and partnership working can deliver for people.

Ian Paisley Jnr (DUP), while he welcomed what the Minister said, asked whether it is possible for the Minister to outline how she intends to protect rural areas when prime agricultural land is being cut to pieces and new roads are being built through those areas. He further asked whether she agreed that any new roads in the countryside ought to be built in parallel with existing roads and that good agricultural land should not be used willy-nilly, destroying farms.

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The Minister of Agriculture and Rural Development answered by saying that she could answer Ian Paisley Jnr now, but, with his indulgence, she would deal with it in her response to a later question. However, she agreed that, working together with the Department for Regional Development, the Department of Agriculture and Rural Development wanted to maximise the benefits to rural people and minimise the difficulties.

A further question was posed by Danny Kennedy (UUP). He asked whether the Minister held any discussions with the Minister for Regional Development to address and improve areas where serious road flooding has occurred, especially in the many minor roads and rural roads of my constituency of Newry and Armagh.

The Minister of Agriculture and Rural Development clarified that the question was about how the Department of Agriculture and Rural Development were going to work with the Department for Regional Development to improve transport provision in rural areas, particularly for people who are isolated or have disabilities. Therefore, she felt that it was a bit of a creative stretch to get that in, but she was happy to respond to Danny Kennedy in writing.

Ministerial Statement

Swine Flu

The Minister of Health, Social Services and Public Safety took the opportunity to provide an update on the recent developments in the swine flu pandemic.

The Minister stated that in the past few weeks, levels of flu-like illness across the UK appear to be on the decrease. In Northern Ireland, GP consultation rates have decreased again from about 226 to 106 per 100,000 of the population but remain higher than in previous years. Rates for flu-like illness are particularly high in the 0-4 year age group.

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To date, there have been 1,285 confirmed swine flu cases and some 555 hospitalised cases in Northern Ireland. Sadly, there have been 13 deaths. Although the recent decrease in figures is encouraging, we cannot afford to be complacent. The fall in consultation rates suggests that our preparations and plans are working.

The Minister took the opportunity to highlight the tremendous work of health and social care staff, GPs and everyone who has been involved in preparing for and responding to this pandemic. The Minister knows first hand the huge efforts that have been made by those working in health who are dealing with the considerable pressure on services as a result of the swine flu pandemic. Those efforts are continuing, and he thanked everyone for their commitment and dedication.

At departmental level, the Minister continues to participate on a weekly basis with Health Ministers from across the UK as part of four-nations meetings. He also takes part in Cabinet Office meetings with ministerial colleagues from across the UK Government. The Department of Health, Social Services and Public Safety also remains in regular contact with officials in the Republic of Ireland to share information and knowledge about the pandemic. The Minister will be meeting Mary Harney to further discuss the swine flu pandemic as part of the North/South Ministerial Council meeting.

The frequency and volume of those meetings is considerable and reflects the seriousness with which the Minister and other UK Ministers are taking the global health threat. In fact, it is because of the significant level of planning and time that has been invested in the issue that the Department of Health, Social Services and Public Safety, health and social care services and GPs have been so well prepared to deal with the pandemic.

The Department of Health, Social Services and Public Safety still cannot predict how the virus may evolve, whether the pandemic has peaked or whether flu levels will rise again in the weeks ahead. Previous pandemics have taught us that there may be further waves

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in future months — possibly up to a year later — and they may be more severe.

Since his last statement to the Assembly there has been notable and significant progress in rolling out the vaccine to priority groups. The swine flu vaccination programme started on 21 October and was targeted at patients in clinical at-risk groups, front line health and social care workers and household contacts of immunocompromised individuals. It was also targeted at pregnant women, who are four times more likely to develop serious complications from swine flu and up to five times more likely to need to go to hospital. To date, almost 7,000 pregnant women and over 20,000 front line health and social care workers have been vaccinated. By mid-December the vaccine will have been offered to around 500,000 people in the initial priority groups in Northern Ireland.

Urgent arrangements were also put in place to offer the vaccine to children with complex needs and severe learning disability. Around 2,100 pupils in special schools have now received their vaccination. Children with special needs and underlying physical health conditions who are not in special schools have been offered the vaccine, as have some staff in special schools for children with severe learning disabilities who provide personal care for pupils.

Around 220,000 doses of vaccine have been distributed to GPs so far. Further vaccine shipments are being delivered on a weekly basis. The uptake of the vaccine among priority groups in Northern Ireland is very encouraging, and I welcome the fact that so many people have taken up the offer of the vaccine, particularly those who are at increased risk from the complications of swine flu.

Last week, the Minister announced plans for the second phase of the vaccination programme. The Joint Committee on Vaccination and Immunisation advised the four Health Ministers that it would be reasonable to commence the next phase of the vaccination programme with children aged from six months to under five years. That is because that age group appears to be at greatest risk of serious illness from swine flu. Those very young children also have

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the highest rate of hospitalisation and must be protected. To date in Northern Ireland some 139 children in the nought-to-four age group have been hospitalised, and the majority did not have any underlying health condition. That total is around a quarter of all swine flu admissions to hospital in Northern Ireland. Therefore, it is that group on which the Department of Health, Social Services and Public Safety wish the next phase of the vaccination campaign to focus.

The Minister acknowledged once again the hard work of GPs and their staff in delivering the first phase so successfully and under very challenging circumstances. The agreement reached to deliver the first phase of the programme was to ensure that they had sufficient funding to allow them to hold additional clinics and take on extra staff to deal with the increased pressure that they faced and continue to face. The vaccine remains our best protection against swine flu.

Negotiations with GPs about the second phase are being conducted at a national level and are still at an early stage. It will be important to have the negotiations concluded as soon as possible so that GP practices will be able to start vaccinating these children as soon as they have covered the first priority groups. That is expected to be completed by mid-December.

GPs have vast experience in immunising children against normal childhood diseases, and we hope to take the second phase forward as part of the routine childhood vaccination programme. Vaccinating children in GP practices provides families and children with a familiar setting and offers parents some flexibility as to when their children receive the vaccine.

The Department of Health, Social Services and Public Safety expects that parents will be invited to bring their children in for vaccination, if they wish to take up the offer. In addition, the JCVI has advised that the main carers for elderly or disabled people whose welfare may be at risk if their carer falls ill should be encouraged to take up the vaccine once all the priority groups have been vaccinated. The Department of Health, Social Services and Public Safety will discuss

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that advice with carers' organisations, including the matter of how to identify and verify the carers involved.

Last month, agreement was finally reached on funding for swine flu. That included help in meeting the £64 million estimated costs of swine flu, to which I contributed £32 million. The clarity around the Minister's budget has allowed him to relieve some of the financial pressures that face health and social care trusts. It also allowed the Minister to reject a number of proposals from trusts that would have had a significant impact on front line services. The Department of Health, Social Services and Public Safety must be able to balance the books, and there is still some deficit to be accounted for. The recent decision to defer bowel cancer screening is an example of the difficult decisions that have to be made.

Although the Minister will continue to prioritise front line services, significant pressures lie ahead, and he needs continued support to protect health and social care services for everyone in Northern Ireland. The public have a major role to play in the pandemic; they can look after not only themselves but those with whom they come into contact by getting the vaccine when it is offered to them. That is the best way for people to be protected against swine flu.

The Minister went to emphasis to members of the public that, as well as accepting the vaccine when it is offered to you or your child, simple but effective hygiene measures such as frequent hand washing can also help. Remember to cover your mouth with a tissue when you cough or sneeze, and then put the tissue into a bin: catch it, bin it, kill it.

The Minister wished to reassure the public that, for the vast majority of people, swine flu remains a relatively mild illness from which they will make a full recovery. Unfortunately, for some people, the symptoms are much more severe. For those people who are most at risk, the vaccine is the most important means of defence against swine flu. Protect yourself, protect those at risk and get the vaccine.

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Chairperson of the Committee for Health, Social Services and Public Safety stated that it is reassuring and heartening to learn that the overall trend of the swine flu pandemic in Northern Ireland is downward. He joined the Minister of Health, Social Services and Public Safety in paying tribute to the Health Service staff who are responsible for bringing the pandemic under a reasonable amount of control.

The Chairperson is interested in the Minister's comments about the negotiations with GPs, which take place centrally in London. As the Minister knows, the Chairperson was concerned when the GPs demanded a payment of £5.15 for each vaccination. Most GPs are not taking on extra staff; they administer the vaccine as part of their normal surgery work. Perhaps they undertake additional work as a result, but they do not face additional expenditure. The Chairperson is concerned that it is implicit in the Minister's comments that, in London, the BMA and other representatives of the medical profession seem to be negotiating for even more money for taking part in the second phase of the vaccination programme. In the difficult economic times that the Minister has outlined for the Health Service, enough is enough. The scale of payment that has already been agreed should not go any further. The Chairperson asked the Minister to provide more information on what is going on in London as whatever results from those negotiations will be binding on Northern Ireland. He concluded by stating that the Health Service budget should not be asked to bear any more of the burden.

The Minister of Health, Social Services and Public Safety responded by saying that it is important to recall that Northern Ireland has some way to go before the vaccination of the priority groups is completed. That is dependent on the supply from factories, and the Department of Health, Social Services and Public Safety anticipate that the vaccination of some 500,000 people in the first priority group will be completed by mid-December. When we have completed that, we will move to the second phase. The Joint Committee on Vaccination and Immunisation will advise what to do after the first priority group is dealt with.

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A rate for the administration of each vaccine was agreed as a result of the negotiations on the Department of Health, Social Services and Public Safety's behalf between the National Health Service and the BMA nationally. That rate was negotiated and accepted because GPs are carrying out a large part of the vaccinating.

Of the priority groups, GPs are vaccinating those aged between six months and 65 years, the household contacts of immunocompromised individuals and people aged 65 and over who are in the current seasonal flu vaccine programme. In phase two, the Minister expects GPs also to vaccinate the six months-to-five years age group. That is a considerable workload, which is in addition to dealing with people who have swine flu.

GPs therefore need to take on extra staff, and the Department of Health, Social Services and Public Safety have allowed for moneys to enable them to do that and to deliver the vaccine quickly and effectively. It is not fair to say that GPs should do that as part of their ordinary workload. My experience of GP practices is that the extra workload is considerable. They work extra hours and bring in extra staff. Some Members are shaking their head, but they must allow for the fact that there are an extra 500,000 doses in the first phase of vaccination of priority one groups. A lot of effort goes into vaccinating half a million people.

Sue Ramsey (Sinn Fein) welcomed the Minister's statement and stated it is good to be updated regularly. Like the Minister and the Chairperson of the Health Committee, she wants to focus on staff and carers in the health sector, because the Assembly have all worked together on this matter.

Sue Ramsey is disappointed that carers for the elderly or disabled are still not seen as a priority for vaccination, although the Minister said in his statement that he will address that. She asked how many people in priority groupings have turned down the vaccine.

The issue of money being paid to GPs for vaccinations is also a concern. After a previous ministerial statement, I raised the case of X:\Admin\JFulton\COHR\Assembly Disability Monitors for Website\Northern Ireland Assembly Disability Monitor 30 November 2009.doc

an elderly constituent who had to wait three weeks for an appointment to get her swine flu vaccination. Even with additional clinics in some GP practices, an elderly person with underlying health problems had to wait for three weeks.

The Minister mentioned £64 million for tackling swine flu. Sue Ramsey asked how much of that will be paid to GPs. Furthermore, she asked how the negotiations being held up in England because GPs and the BMA are holding out for additional money.

The Minister of Health, Social Services and Public Safety claimed that it was too early for him to say what the take-up rate is for the vaccine. However, the Department of Health, Social Services and Public Safety has been very encouraged by the take-up rate among, for example, pregnant women and children with learning disabilities and special needs. The Department of Health, Social Services and Public Safety has seen high take-up rates, much higher, he believes, than in England, for example.

The rate per dose is an extra that GPs are providing, and it involves extra work. The rate is negotiated centrally because it is a national negotiation. Northern Ireland pays national rates through the Health Service, as do England, Scotland and Wales. That is how it is. A deal is a deal, and the Assembly adheres to whatever the deal is.

The Minister stated that this is not a question of GPs and the BMA holding out for extra money. He does not think that that is the case at all. It is about the Health Service covering reasonable extra costs to let GPs carry out that work. GPs are best placed to do that. They have the patient lists, so can readily identify those in priority groups, write to them and bring them in for vaccination.

The swine flu outbreak began only in April, in Mexico, and it is, therefore, a novel virus. Since then, the Department of Health, Social Services and Public Safety has put a vaccine-manufacturing process into operation, and they are seeing the fruits of that as the vaccine comes out the factory door. However, there are still not enough vaccine doses to vaccinate everyone right now. Therefore, a number

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of GPs would be governed by the number of vaccine doses that they receive. That explains why there is prioritisation, and why GPs may be booking in patients several weeks ahead.

As the Minister understands it, it is not that GPs are trying to do it all at a profit; far from it. This is a particularly busy time of the year, and swine flu has added a huge extra challenge to the Health Service and to GPs.

Sam Gardiner (UUP) paid tribute to the Minister of Health, Social Services and Public Safety for bringing the statement to the Assembly and, yet again, keeping the Assembly abreast of what is happening with swine flu. He congratulated all Health Service staff who are administering the vaccine and protecting our citizens.

He is somewhat alarmed and disappointed that the Minister has already had to pay out £32 million in relation to swine flu. He asked whether the Minister agreed that his Budget should be exempt from any further reductions, so that the best health care can be provided to the citizens of Northern Ireland.

The Minister of Health, Social Services and Public Safety reassured Sam Gardiner that he agreed with the last sentiment. The Assembly had a debate in the House, but Members did not agree with the Minister or Sam Gardiner, so the House voted for cuts to the Health Service. The Minister paraphrased the old adage: be careful what you vote for. The fact is that he was entitled to bid for £64 million under the Budget settlement, and he did so, but he only got half of that amount. The Budget settlement did not manifest itself as far as health and social services are concerned, and the Department of Health, Social Services and Public Safety have already experienced the cut that the House voted for.

The Minister continued that the Health Service is stretching to meet the extra demand, which has increased by 9% this year, whereas the Budget has only increased by 0.5%. All of that will manifest itself over the coming months as Members see the consequences of not voting for a sufficient resource for the Health Service. Nevertheless, the
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Department of Health, Social Services and Public Safety are on top of the swine flu pandemic, and intend to keep on top of it.

Dominic Bradley (SDLP) noted that the Minister has prioritised certain groups for vaccination, but he has not given the same degree of priority to carers. He asked the Minister to think again and afford the highest priority to carers so that the people whom they care for can be assured of continued, unbroken care at this particularly difficult time.

The Minister of Health, Social Services and Public Safety in answer to Dominic Bradley's request stated that he could only repeat what he said in his statement, which is that the advice from the Joint Committee on Vaccination and Immunisation is that children aged between six months and five years are the most vulnerable, and they are the most likely group to be hospitalised. He is examining the immunisation of carers as part of the second phase, because elderly, frail people or individuals who are unable to look after themselves would come to harm if they were to lose their carer to illness. However, the difficulty is identifying the carers. That is the discussion that the Assembly are having at the moment. When those discussions are complete, he will be in a position to take the next step.

Kieran McCarthy (Alliance) joined the debate by expressing some disappointment in the reduction — in fact, the cancellation — of the bowel cancer screening programme. Having said that, he noted that the Minister did play a positive role in relation to the immunisation of children with special needs and children with learning difficulties. He asked whether any consideration had been given to bringing the swine flu immunisation programme to training centres that adults with special needs and adults with learning difficulties attend. He assured the Minister that it would be much better for those people to be vaccinated in an environment that is known to them, rather than in unfamiliar GP centres. Kieran McCarthy asked whether the Minister had given that any consideration.

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The Minister of Health, Social Services and Public Safety reminded Kieran McCarthy that, at present, bowel cancer screening is deferred until April 2010. He is determined to introduce that screening because lives are at risk. No one was more disappointed than the Minister that he was forced to take that step.

The swine flu virus is circulating widely in the community. Therefore, adults who have learning disabilities or special needs are vulnerable, regardless of whether they attend special schools. If someone has symptoms, the advice remains that the best thing that he or she can do is stay at home.

The vaccination programme will work its way through the entire population. The Minister anticipated that everyone will be offered the vaccination, if necessary, as required. He wants to reach that position. At present, there is not enough vaccine to go around. People who are most at risk have been prioritised. The decision to do that has been made jointly by the Health Ministers of the Governments of England, Scotland, Wales and Northern Ireland, who work together to ensure that the same approach is taken in every UK region. We have taken advice from the Joint Committee on Vaccination and Immunisation.

Caral Ní Chuilín (Sinn Féin) asked the Minister to clarify whether GP surgeries have made different arrangements for the swine flu vaccination and the normal, seasonal flu vaccination. Members have heard that that has created an additional burden. Caral Ní Chuilín has spoken to constituents who have received separate letters for their vaccinations. One week, they must go to their GPs to receive one vaccination; the next week, they must go back to receive the other. It is reasonable for Members to ask that question in view of what GPs and the BMA are trying to negotiate.

Finally, Caral Ní Chuilín wanted to point out that the House did not vote for health cuts: it voted for better efficiencies. Given the fact that some trusts spent £500,000 on tea and biscuits, it is churlish of the Minister to come to the House and lecture the Assembly on costs when he needs to get his own house in order on that issue.

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The Minister of Health, Social Services and Public Safety emphasized that he did not want to get into a budget argument. He reminded Caral Ní Chuilín that she had voted for Health Service cuts. Bearing in mind that the Health Service, compared with that of England, is underfunded by £600 million; that it is required to find £700 million of efficiencies, four sevenths of which will not go back into services but must go towards ordinary costs; and that the budget deal that I secured for pandemic flu and the first £20 million of available money did not materialise, all in all, the Health Service continues to address need remarkably well.

The Minister clarified that the £500,000 to which Caral Ní Chuilín referred to was spent, essentially, on tea and biscuits for staff throughout all trusts during two and a half years. There have been several major staff meetings, many of which the Minister held. Those staff meetings were held during lunchtime, so staff gave up their lunch breaks to come along and gain understanding of changes, such as the merging of 19 trusts into six and four boards into one, the setting up of the new Public Health Agency and so on. Major reforms have occurred, such as the Agenda for Change. Members have asked numerous questions on that issue and are, therefore, familiar with staff's upset and uncertainty.

The Minister understands that Caral Ní Chuilín does not approve of tea and biscuits for Health Service staff. However, even if tea and biscuits were no longer provided to anybody in the Health Service by management and staff were forced to pay £500,000 over two and a half years, it would certainly not solve the problem; nor does that address the fact that the Member voted blithely for Health Service cuts. The Minister reminded the House that Northern Ireland's Health Service is the only one in any UK region that faces cuts, despite it being the most poorly funded.

As regards the swine flu and seasonal flu vaccinations, the Department of Health, Social Services and Public Safety hoped and expected that seasonal flu vaccinations would be delivered first. However, one has overlaid the other. GPs are faced with that double

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challenge. In many cases, they can provide vaccinations for both types of flu on the same day to the same patient, but that is not always possible. It depends on the patient. Many will be able to receive both vaccinations on the same day. However, at other times, that will not be possible, not least because of the way that vaccine supplies have become available to us. The vaccine was ordered in May and was developed over the summer. Having gone through rigorous safety checks, it was made available to the Department of Health, Social Services and Public Safety from 21 October, only three or four weeks ago. That is how hard the Health Service and the GPs are working.

Alex Easton (DUP) confirmed his support for the Minister's strategy for swine flu. However, some concerns have arisen in recent weeks which I hope the Minister can address.

In Alex Easton's constituency, several pensioners who suffer from underlying medical conditions have been refused the swine flu injection. Alex Easton asked the Minister to outline the strategy for pensioners who have such underlying issues. One of the pensioners has had two heart attacks. Alex Easton asked the Minister whether the GP concerned made the right decision and what can be done to alleviate the situation.

Alex Easton highlighted that last week, a worrying development occurred in Wales. Five patients developed resistance to Tamiflu. He asked the Minister update to update the Assembly on that. He asked whether there signs that the swine flu virus is mutating.

The Minister of Health, Social Services and Public Safety stated that as far as the first part of Alex Easton's question was concerned, the priority groups are as he has laid out and, as he understands it, the individuals referred to should have been offered the swine flu vaccination. The Minister told Alex Easton that if he wrote or spoke to the Minister afterwards, he would look into that for him to ensure that the individuals concerned get what they are entitled to.

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The development in Wales is worrying. In some areas, the virus appears to be mutating away from a form that can be combated by the Tamiflu antiviral drug. That was always a concern, and the vaccine manufacturer was concerned that the virus would mutate. That is why a broad-spectrum vaccine was chosen. There is no example of that development in Northern Ireland: Alex Easton feels Northern Ireland has no such cases. It has happened in Wales and in other parts of Europe, but numbers are very small, and he hopes that they will remain so.

John Dallat (SDLP) thanked the Minister for his statement, and for his openness in keeping the public informed of the process. The Minister says that there could be a second or third wave of this pandemic, and he wonders whether, on the next occasion, the Minister is likely to have less trouble getting the money to pay for the vaccine.

The Minister of Health, Social Services and Public Safety responded to John Dallat by stating that he could not predict the future with respect to resources for the Health Service. Everyone in the Assembly knows the exact position. The Health Service cannot be maintained as it stands on the resources offered. That is a mathematical fact, and the Department of Health, Social Services and Public Safety have proved it to be so. It is wrong to complain that the Health Service in Northern Ireland can somehow fix itself through better management of its finances. One can clearly see that it is underfunded by hundreds of millions of pounds. That is one of the Minister's greatest concerns, and he will raise it frequently in the Assembly, much to the annoyance of some Members.

The Minister emphasized that swine flu will return, and Northern Ireland will have to face each challenge as it comes. This is a major challenge. The development pathway of the virus or to where it will travel is still unknown, other than to say that it will mutate and return.

Dr Alasdair McDonnell (SDLP) congratulated the Minister on his intense liaising with colleagues in Great Britain and in the Republic. He empathized that it is difficult to set priorities, given that a limited supply of the vaccine is available, and the Assembly should

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recognise that fact. Dr Alasdair McDonnell asked whether the projections suggest when enough of the vaccine will be available for it to be offered freely to everyone, or was it too early to say.

The Minister of Health, Social Services and Public Safety explained that a number of variables exists, not least the uptake of the vaccine, although so far that has been encouraging. He concluded the debate by stating that it will be some time in the new year before the Department of Health, Social Services and Public Safety has enough supplies to offer the vaccine to everybody.

Private Members' Business

Neglect of Children and Young People

Dawn Purvis (PUP) begged to move “that this Assembly expresses concern at the level of neglect of children and young people; recognises the significant impact of neglect on the lives of children and young people; and calls on the Executive to give greater priority to tackling this issue through early intervention and prevention.”

Dawn Purvis started by commending the members of the all-party group on children and young people who worked together to table this cross-party motion with the support of seven political parties. She thanked Action for Children for its instrumental research, and its work on the motion in particular.

She emphasized that the motion expressed concern at the level of neglect of children and young people. Neglect is the persistent failure to meet a child's basic physical and psychological needs, which can have serious consequences for that child's health or development. Neglect can take many forms, including a lack of appropriate food and clothing, an unsafe or insecure living environment, insufficient attention for medical needs, or the absence of the warmth, security and love that is necessary for emotional and psychological

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development. Those needs are fundamental and may appear simple, but neglect is a complex issue.

Dawn Purvis continued neglect can be difficult to identify because it is often a symptom of other long-term or complicated problems in a family, rather than an easily recognisable incident or event. There is no single cause of neglect; a series of factors and family difficulties contribute to the situation. Neglect can be linked to depression, mental ill health, domestic violence, addiction and substance misuse, parents who are socially isolated, and the stress of poverty and deprivation. However, poverty and deprivation do not lead to neglect. Many families struggle with those pressures without the result of neglect. Poverty and deprivation can be factors in situations where neglect is present because they place additional stress on families who may be dealing with other problems that make it more difficult to cope.

Neglect knows no bounds. Like the problems it can be linked to, neglect is not limited by income, background, education or ethnicity. Families may face a crisis and need support to prevent those problems from impacting seriously on children. Neglect can be difficult to distinguish and, therefore, more difficult to address because it is often a part of complex family issues. Despite those complexities, it is critical for neglect to be addressed.

Dawn Purvis claimed that neglected children are more likely to suffer problems that can cause long-term damage, such as emotional and mental-health problems, limited school attendance, and poor educational attainment and social skills, which can make it difficult for them to make and keep friends. Poor social skills can also make children more likely to experience bullying and isolation. If those situations are not dealt with, children who have experienced neglect will bring those problems with them into adulthood, where they can have a profound effect on their ability to participate fully in society.

Dawn Purvis stated neglect is the primary reason for children being placed on the child protection register in Northern Ireland. In 2007-08, almost half of the children who are listed on the child protection
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register were there because of neglect — that is more than 1,000 children. However, that is not the complete picture. Because of its complexities, neglect is frequently under-reported and underestimated. Several studies have found higher incidents of neglect and abuse experienced by children in the general population than those of reported figures. Incidents of neglect appear to be on the increase, and recent research suggests that up to 10% of our children could be affected. Swift response and early intervention are critical in addressing and reversing that trend. Front line professional staff and public awareness play key roles in making that happen.

Recently, Action for Children surveyed almost 2,000 primary school, preschool, nursery and health professionals across the UK to gauge their understanding of child neglect and its causes. More than half of those surveyed said that being able to report less serious suspicions earlier would be helpful when dealing with suspected child neglect, and 44% said that clearer guidance from the Government or employers on when to intervene would make a difference. Because neglect can be hard to define, it can be difficult for professionals to identify the point at which to make a referral. It is therefore critical that front line staff receive the support, guidance and training that they need to allow them to recognise and feel comfortable intervening in the early stages of possible neglect, before a problem becomes serious.

Dawn Purvis believes that because the situations of families in which neglect is present are varied and complex, there is a need for a joined-up, multi-departmental approach. It is not just teachers and health visitors who come into contact with those families, but all levels of government services and professionals.

She stated that public awareness is critical, and commended Action for Children for its recent campaign on the issue. In the case of Victoria Climbié in England despite the number of professionals that that little girl had seen, it was ultimately a taxi driver who reported the neglect. Again, because of the complexities of neglect and the challenges in identifying when it begins, it is vital that our approach is

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a comprehensive one which leaves no proverbial stone unturned and no opportunity to tackle it unmet.

Dawn Purvis is aware that the Office of the First Minister and Deputy First Minister and the Department of Health, Social Services and Public Safety have put together a number of statements and action plans related to neglect and the factors associated with neglect. Those include the Family Matters, Care Matters, Safeguarding Children and Lifetime Opportunities strategies, as well as the ever-anticipated strategy on cohesion, integration and sharing. Dawn Purvis has read those that are available, and there is no doubt that they are very good strategies. She is particularly pleased to see the shift to early intervention, as it is both a more meaningful and a more cost-effective approach to a number of challenges that we face as a society.

What concerns Dawn Purvis is not what is written, but what is implemented. Those policies look great on paper, but can look very different, and can even seem to disappear, when it comes to making them actually happen. She knows that there are serious financial considerations, particularly for the Minister of Health, who is facing severe constraints, but what concerns me is that our attempts at efficiency savings now are going to turn into crisis not far down the road. Crises are always expensive.

Dawn Purvis thanked the Minister for his presence, and commended him for his allocation of £20 million for services for children and families, but she asked whether that can be enough. Failing to fully implement a number of those policies, which are designed to safeguard children and remove inequalities in our society, will mean that the Assembly will not address those issues until they are much more traumatic for those involved, and much more expensive for government Departments. Dawn Purvis concluded by commending the motion to the Assembly.

Throughout the debate a number of Assembly members referred to mental health, children with disabilities.

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Alex Easton (DUP) stated children are the Assembly's most valuable resource. Any investment in their future is money and time well spent. The return on the Assembly's investment in young people, he ventured to suggest, may well be in excess of any other return that the Assembly invested in finite resources in the future. In those terms, he believed it is indeed money well spent.

He continued that at the weekend the disgusting face of terror, which reminds the Assembly that those involved in it are still out there — those in society who are incapable of progress; those who would, indeed, neglect our children and condemn them to lives ruined by the evil of terrorism in the past. In repudiating those criminals who would, through terrorism, neglect the children of Northern Ireland, Alex Easton underlined the maxim that those who will not learn from history are destined to repeat it. Terrorism has neglected a generation of our children. Alex Easton called for a redoubling of the Assembly's efforts to ensure that this generation is not also neglected.

To put all of that into perspective, Alex Easton illustrated that there are over 400,000 children in our society — we are talking about one in four people. The Assembly hears so often that people are their most valuable resource. Therefore, the Assembly must sit up and take note of a quarter of people.

Alex Easton paid tribute to the social workers who deal directly with young people who are the victims of abuse, whether physical, sexual, emotional or neglect. While this House rightly acknowledges shortcomings where they exist, and demands and ensures rectification, equally the Assembly must acknowledge that many dedicated social work professionals help children at the point of the individual need, and encourage and assist them through healing therapy to address the consequences of abuse and go on to fulfil their God-given potential.

Equally, the Assembly cannot turn away from the reality that, in 2007-08, 21,000 children were referred to social services a staggering 28,000 times. Alex Easton paid tribute to the Police Service and

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social services, who, either together or separately carried out a staggering 2,300 child protection investigations under joint protocol procedures. He also acknowledged that 2,070 children on the child protection register each have their own tailored child protection plan. The benefits of the multidisciplinary process have been utilised to formulate a plan that is in the best interests of the young person.

Alex Easton stated the Assembly needed a reality check, and, no matter how painful and distressing that reality is, the Assembly must act. When he emphasized that when he says “distressing”, he means it. A staggering 58%, or three out of five, of sexual offences were reported against teenagers. The agonising remainder of 42% of offences that were reported were against children under the age of 12. If that does not prompt action, nothing will.

Alex Easton continued, the difficult fact is that six in every 100 young people will experience severe emotional maltreatment, and a similar proportion will experience a serious absence of care at home. The Assembly rightly recoils in horror at those who sexually abuse children, and he takes on board the fact that one in 100 children will, sadly, experience sexual abuse from a partner or carer. Some three in every 100 of children will experience sexual abuse by some other relative. It is for those heroic survivors of sexual and other abuse that the Assembly must ensure a comprehensive and appropriate social work service. They deserve it, and, assuredly, they must get no less.

Alex Easton called for the Assembly to look at sense, get selfish and look to getting a return from their investment. He will set out the case for why investing in children is so wise. The negative reasons for doing that are crime, mental health, family breakdown, drug abuse and obesity — an issue that the House addressed last week. Alex Easton posed the question of whether it acceptable that the United Kingdom is bottom of the heap compared to its European counterparts on each of those issues. The cost to the UK economy of addressing those issues will be a staggering £4 trillion over the next 20 years. A proper dual investment package that will aim at interventions, universal childcare and paid maternity leave will reduce

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that debt by £1.5 trillion. He stressed that was a prize worth striving for.

He concluded by stating not everything comes down to pounds, shillings and pence. The Assembly must lift its game and recognise that the research base informs us that proper investment can actively promote the psychology and social well-being of children. That would be a legacy that the Assembly could be proud of. Therefore, he commends the motion to the House.

Mary Bradley (SDLP) in her presentation highlighted that often, disabled children are neglected, and that gives rise to a totally new set of problems. In our education system, special needs are always pushed aside through budgetary restrictions or, more worryingly, political stalemate.

She continued even if one child suffers from any of the various problems to which neglect can lead, that is one child too many. Children need to be loved, nurtured, cared for and shown compassion by example. They should not be tortured, forgotten or disbarred from any true and genuine affection.

Mary Bradley concluded this is not somebody else's problem; it is a shared social problem. It requires a shared solution that spans the entire spectrum of government, because the neglect of children affects every Department.

Martina Anderson (Sinn Fein) voiced her support for the motion. She stated that recently, Members in the Chamber rightly expressed their outrage at the historic abuse of children and young people in state and religious institutions here. However, she pointed out that the neglect and abuse of children is still going on.

Earlier this year, the press reported on a number of case management reviews, which health trusts carry out when a child dies, is seriously injured or is abused, or when neglect is suspected. One of the cases related to a 14-year-old boy who raped his 12-year-old sister. He was able to do so despite social services knowing that he

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had a history of sexual assaults. Another case concerned a three-year-old girl on the child protection register, who ended up in a coma after taking her mother's medication. Another case concerned a two-month-old baby, who died after falling asleep in her mother's arms. Around 45 health and social care professionals had been involved with that mother over a two-year period. Another case involved a baby being seriously injured by his father, a man who had been convicted of the manslaughter of another of his children. Another case involved a child living in foster care being forced to scavenge for food in bins.

Martina Anderson stressed that there have been other awful tragedies, such as the death of the mother and daughter, Madeline and Lauren O'Neill, or the death of the McGovern and McElhill family in a house fire in Omagh.

The Health Department has confirmed that the number of children referred to social services has risen by 24% in the past five years. That is an absolute scandal and is an alarming and concerning figure. The apparently deteriorating situation is underlined by Action for Children, which says that 11% of professionals working with children have seen an increase in suspected cases of child neglect in the past 12 months. However, almost one in five of those professionals has had no training or information on what to do in such cases.

In the North of Ireland, there are 2,071 children on the child protection register, with 665 children registered as suffering from neglect. Martina Anderson recognises what other Members have said: it is not just one Minister who can address that, and the Executive have adopted positive interventions, such as the children and young people action plan and strategy.

However, the statistics that she outlined demonstrate that more needs to be done and, in particular, that the failings identified by the UN Committee on the Rights of the Child need to be addressed. Last year, that Committee criticised the British Government for failing to provide clarity regarding the amount of money that is being spent on children. Consequently, the Committee found that it was impossible

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to say whether the state was fulfilling children's economic, social and cultural rights.

Martina Anderson maintains more and better training is needed to assist professionals in their work, to make appropriate use of assessment to support neglected children and to ensure that appropriate decisions are made about when to intervene. She acknowledges the dedication of front line social workers, which has already been referred to. Social workers work in extremely difficult circumstances; morale is often low and there are problems around the retention of staff. The necessary support and resources must be put in place to help social workers to do their jobs.

Martina Anderson stressed improving the context of children's lives is crucial. Addressing the issues of housing, childcare, benefits, substance misuse, mental health and domestic violence has the potential to reduce the likelihood of children being neglected.

Similarly, a bill of rights for the North offers the potential to establish an overarching legislative mechanism for the promotion and the protection of children's rights. A bill of rights would reflect internationally recognised children's rights standards and would provide the greatest possible protection for children and young people. That is something that other parties should consider.

It is important to note that in our equality legislation, the Assembly already have a strong legislative basis on which to tackle neglect. For example, the NSPCC is lobbying for new laws to impose a positive duty of care to promote the welfare of children. That would mean that not only would those who abuse and neglect children face criminal prosecution —

Martina Anderson feels new laws would also mean that there would be an expectation that the well-being of children would be actively promoted.

She would like the Assembly to take account of the EQIA process, which should not be a procedural exercise. Section 75 should be

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used effectively to identify changes that can be introduced to assist those who are most in need. The Assembly must demonstrate, in a measurable way, how the EQIA process can bring about the changes that are called for in policies, practices and priorities.

Martina Anderson concluded by stating that she supported the motion.

The Minister of Health, Social Services and Public Safety, responding on behalf of the Executive, expressed support for the motion.

He stated that as he spoke, children were being neglected and were suffering experiences that will often shape their entire future and quality of life. Many victims of neglect are also condemned to visit the same experiences on their own children.

Highly committed staff in trusts and staff and volunteers in the voluntary and community sector are working with families in crisis. Those families are often overwhelmed by economic circumstances, physical and mental-health problems, dependence on alcohol or other substances, experiences of domestic or sexual violence or perhaps by personal tragedy.

The Minister of Health, Social Services and Public Safety highlighted that more than 21,000 children are referred to social services in Northern Ireland every year. At any point, more than 2,500 children are in care and more than 2,000 are on the child protection register. More than 50% of children are on the child protection register because of neglect. However, those statistics tell the Assembly only part of the story about the number of families and children who need help.

In Northern Ireland, more than 100,000 children live in poverty, and 40,000 live in a family where there are substance misuse problems. At least 11,000 children are living daily with domestic violence, and two thirds of the 21,000 cases referred to social services require further assessment and action. Neglect is recorded as the primary reason for a third of the children on the child protection register. In

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50% of cases, neglect is either the primary reason or a contributory reason for a child being put on the register.

Every year, more than 1,000 children have their names added to the child protection register, and more than 1,000 have their names removed from it. Every year, social services staff undertake more than 2,000 child protection investigations. There are also 1,800 initial child protection case conferences each year, not all of which end with registration.

The Minister stated that the story behind those figures is that staff and volunteers are working tirelessly with families and children to meet their needs, often with a great deal of success. Those staff and volunteers have a vocation to help families in need and to protect children. Although it is unfair in many ways to single out any part of the workforce, the Minister went on to speak about social workers in our child protection and family intervention teams.

Last week, the Regulation and Quality Improvement Authority published a series of reports into those services, and I recommend that Members take the time to read them. Those reports will tell Members that, overwhelmingly, there is a well-qualified and dedicated workforce that does a very difficult job and that, overwhelmingly, they do it very well. Those social workers work with children and their families to help them to solve their problems and difficulties and to stay together.

However, there are also people who take the lead in protecting children by putting them on the child protection register or by placing them into care. In both cases, the staff involved must make difficult judgements based on the evidence before them. In the midst of those judgements are the children. Even in cases where children have been abused or neglected, there is often a strong bond between parent and child. If a parent suffers from an illness, a disability or substance dependence, the child can be deeply concerned for their well-being. Intervening in the wrong way at the wrong time can cause children more harm than good.

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The Minister of Health, Social Services and Public Safety stated the issues are complex, and staff are required to make very difficult judgements on behalf of society. The Assembly knows that there is no magic wand to make the problems in the families concerned disappear. The majority of families involved simply need help with parenting, but there is no simple way of separating them from the few who pose a serious risk to their children. There is no simple diagnostic test to differentiate between those who will harm their children and those who will not. Social workers can only make assessments and balance risks. Overwhelmingly, they do that job very well. Sometimes, terrible things happen, and it is human instinct to want to find someone to blame.

The Minister went on to state that too often in the recent past, social services have been seen as convenient scapegoats for the ills of society. Social services do not create the problems but are expected to deal with them. He feels they should not be blamed when individuals in our community decide to behave in extreme, unpredictable, unreasonable and, sometimes, violent or abusive ways.

The Minister claimed that the debate is not about how the Assembly responds to crisis; it is about taking a longer-term view and investing in the future fabric of our society so that fewer families reach crisis point and fewer children suffer harm. A growing body of research and evidence shows that prevention and early intervention help to save spending on dealing with the impact of later problems. Prevention and early intervention should and must be our long-term focus. Moreover, the Assembly must acknowledge and understand that protecting children from neglect often means helping to address the needs and problems of the vulnerable adults, usually their parents, who care for them.

Historically, services to families and children in Northern Ireland have been under-resourced by some 30% compared with those in other parts of the UK. Although the Minister inherited that situation, demand for social services does not stop; in fact, it continues to grow. Over

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the past five years, the number of children who have been referred to social services has increased by 24%. Everyone knows that the Minister has been warning the Assembly for the past two and a half years about the dangers of underfunding health and social care services. Governments across the world, including the UK Government, are experiencing extremely difficult times, as are the devolved Administrations in the UK.

If the Assembly is serious about using prevention and early intervention to protect children from neglect and to deliver wider benefits to society, we must prioritise services in that area. The Assembly must address broader structural issues such as child poverty, poor housing and poor educational outcomes for some children as well as issues such as mental health, substance abuse, domestic violence, sexual violence and neglect. That is a difficult challenge for the Executive and the Assembly.

The Minister stated that in his role as Minister of Health, Social Services and Public Safety, he has already taken decisions to bolster services for those populations. In addition to providing mainstream health and social care services, the Department of Health, Social Services and Public Safety has put strategies in place to promote prevention and early intervention. Families Matter is a strategy to support parents in their role as first educators, primary care givers and, most significantly, role models to children and young people. It also helps parents to be confident and responsible and to help their children to reach their fullest potential. Care Matters outlines a cross-departmental strategic vision, which is led by the Department of Health, Social Services and Public Safety, for wide-ranging improvements in services to children and young people who are on the edge of care, in care or have left care.

The Hidden Harm action plan aims to address the harmful use of alcohol and drugs and to ensure that our services deal appropriately with the needs of adults and children. The suicide prevention strategy, Protect Life, aims to tackle that issue in the general population and has actions that are targeted at individuals and

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communities at most risk, particularly young males. The Assembly's domestic violence strategy is aimed at tackling violence at home, and the sexual violence strategy aims to reduce sexual violence and abuse. As Minister, he co-chairs the interministerial group on domestic and sexual violence, which provides leadership and ensures joint working across the relevant Departments.

The Minister of Health, Social Services and Public Safety then turned his attention to the Bamford Review. The Bamford review included almost 700 recommendations that, together, represent a composite vision for the reform and modernisation of law, policy and services for mental health and learning disability. In particular, mental health problems can compromise parents' capacity to care for their child. Amid the decision to prioritise and invest in services and strategies that address many factors that contribute to child neglect, my Department will by March 2010 have increased expenditure on family and children's services by 14% in two years. That sum includes some £20 million to underpin arrangements for the Families Matter and Care Matters strategies. My Department provides annual funding of £3.2 million to support the Protect Life strategy and a further £3.5 million for Lifeline, the 24/7 crisis response telephone line, and associated support services, which include counselling for children and young people.

The Minister has allocated £87 million over the three-year comprehensive spending review (CSR) period in new investments in mental health and learning disability in support of the recommendations of the Bamford review. Those are just some examples of allocations that the Minister has made to improve those services. Despite that, much more is needed. The Minister can only imagine how much more difficult it is for the professionals who work in those services and for families and children who desperately need help and support.

The Minister emphasized that the Assembly and the Executive must be mature about the difficult choices that we face. How the Assembly invests in and protects our children speaks volumes to the outside

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world about the type of Government that the Assembly is, the sort of a country that Northern Ireland is and what it hopes to be in the future. The Assembly must look for opportunities when they arise and try to make things better.

One example that is worthy of consideration is the issue of dormant bank accounts, which is being investigated by the Minister of Finance and Personnel. The Minister would like some of those funds to be channelled through faith-based organisations and voluntary and community groups to help vulnerable adults, families and children in need.

The debate has presented the Assembly with a useful opportunity to raise the important issue of neglect of children and young people. The Assembly has a duty to ensure that children in Northern Ireland are protected from not only neglect but all forms of harm or abuse. That is an issue that should have an effect on policy priorities across a number of Departments, and the Minister of Health, Social Services and Public Safety hopes that it will be reflected in the current and future strategies and funding priorities of those Departments and Ministers. The Minister concluded by stating that he hoped that, collectively, the Assembly can find ways to translate the vote on the motion into actions that can genuinely make a difference to families and children across Northern Ireland.

Following a summing up of the debate by Michelle McIlveen (DUP), the question was put to the Assembly and agreed to. It was resolved “that this Assembly expresses concern at the level of neglect of children and young people; recognises the significant impact of neglect on the lives of children and young people; and calls on the Executive to give greater priority to tackling this issue through early intervention and prevention.”

C This Week's Assembly Business

Monday 30 November 2009

Private Members' Business

Motion - Employment and Support Allowance

Proposed - That this Assembly urges the Minister for Social Development to urgently review the administration of Employment and Support Allowance; and views with concern the adverse impact this benefit is having on the most vulnerable in our society.

[Mr M Brady]

[Ms C Ní Chuilín]

[Mr F McCann]

Thursday 3 December 2009

Health, Social Services and Public Safety Committee

Departmental briefing on Swine Flu - Witnesses to be confirmed

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D Written Answers to Questions, Week Ending 27 November 2009

OFFICE OF FIRST MINISTER AND DEPUTY FIRST MINISTER

Executive Sub-committee on Poverty and Social Exclusion

Mary Bradley (SDLP) asked the First Minister and deputy First Minister how many times the Executive sub-committee on Poverty and Social Exclusion has met in the last year; and to outline the workplan of the sub-committee. (AQW 2705/10)

First Minister and deputy First Minister: In agreeing, on 20 November 2008, to formally adopt the broad architecture and principles of Lifetime Opportunities as the basis of its strategy to tackle poverty and social exclusion and patterns of deprivation based on social need, the Executive further agreed to the establishment of an Executive Sub-Committee on poverty and social inclusion.

This Executive Sub-Committee is responsible for agreeing, the priorities and key Executive actions for tackling poverty and social inclusion here and also agreeing the monitoring and reporting mechanisms associated with the 'Lifetime Opportunities' anti-poverty strategy.

To date the Executive Sub-Committee has met on two occasions, the most recent meeting taking place on 21 May 2009.

During the course of its first two meetings the Sub-Committee has;

- agreed its Terms of Reference:
- been informed as to the extent of poverty in Northern Ireland;
- agreed that work should be undertaken to identify the key co-ordinated priority actions that are needed to benefit those areas, groups and individuals and particularly those families and children in greatest objective need;

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- considered and agreed initial proposals in respect of a monitoring and reporting framework for the 'Lifetime Opportunities' Strategy ; and
- agreed to an early re-establishment of the Ministerial-led Poverty and Social Inclusion Stakeholder Forum.

The third meeting of the Executive Sub-Committee is scheduled to take place on 2nd December 2009. At this meeting, Ministers will consider further proposals with regard to priority action areas and the monitoring and reporting framework for 'Lifetime Opportunities'. As a follow on to this meeting it is then our intention to convene, very early next year, the first meeting of the re-established Ministerial-led Poverty and Social Inclusion Stakeholder Forum.

The Executive Sub-Committee has already agreed the terms of reference, under which the Stakeholder Forum was originally constituted in March 2007, when it met for the first and to date only occasion.

Lifetime Opportunities Strategy

Mary Bradley (SDLP) asked the First Minister and deputy First Minister for an update on the implementation of the Lifetime Opportunities strategy. (AQW 2706/10)

First Minister and deputy First Minister: In agreeing, on 20 November 2008, to formally adopt the broad architecture and principles of Lifetime Opportunities as the basis of its strategy to tackle poverty and social exclusion and patterns of deprivation based on social need, the Executive further agreed to the establishment of an Executive Sub-Committee on poverty and social inclusion.

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The third meeting of the Executive Sub-Committee is scheduled to take place on 2 December 2009. At this meeting, Ministers will consider further proposals with regard to priority action areas and the monitoring and reporting framework for 'Lifetime Opportunities'. As a follow on to this meeting it is then our intention to convene, very early next year, the first meeting of the re-established Ministerial-led Poverty and Social Inclusion Stakeholder Forum.

The Executive Sub-Committee has already agreed the terms of reference, under which the Stakeholder Forum was originally constituted in March 2007, when it met for the first and to date only occasion.

Establishment of the Poverty and Social Inclusion Stakeholder Forum

Mary Bradley (DSL) asked the First Minister and deputy First Minister for an update on the establishment of the poverty and social

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inclusion stakeholder forum; and the development of its terms of reference. (AQW 2708/10)

First Minister and deputy First Minister: In agreeing, on 20 November 2008, to formally adopt the broad architecture and principles of Lifetime Opportunities as the basis of its strategy to tackle poverty and social exclusion and patterns of deprivation based on social need, the Executive further agreed to the establishment of an Executive Sub-Committee on poverty and social inclusion.

This Executive Sub-Committee is responsible for agreeing, the priorities and key Executive actions for tackling poverty and social inclusion here and also agreeing the monitoring and reporting mechanisms associated with the 'Lifetime Opportunities' anti-poverty strategy.

To date the Executive Sub-Committee has met on two occasions, the most recent meeting taking place on 21 May 2009.

During the course of its first two meetings the Sub-Committee has;

- agreed its Terms of Reference:
- been informed as to the extent of poverty in Northern Ireland;
- agreed that work should be undertaken to identify the key co-ordinated priority actions that are needed to benefit those areas, groups and individuals and particularly those families and children in greatest objective need;
- considered and agreed initial proposals in respect of a monitoring and reporting framework for the 'Lifetime Opportunities' Strategy ; and
- agreed to an early re-establishment of the Ministerial-led Poverty and Social Inclusion Stakeholder Forum.

The third meeting of the Executive Sub-Committee is scheduled to take place on 2 December 2009. At this meeting, Ministers will consider further proposals with regard to priority action areas and the

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monitoring and reporting framework for 'Lifetime Opportunities'. As a follow on to this meeting it is then our intention to convene, very early next year, the first meeting of the re-established Ministerial-led Poverty and Social Inclusion Stakeholder Forum.

The Executive Sub-Committee has already agreed the terms of reference, under which the Stakeholder Forum was originally constituted in March 2007, when it met for the first and to date only occasion.

EDUCATION

Every School A Good School: The Way Forward for Special Educational Needs and Inclusion

Carmel Hanna (SDLP) asked the Minister of Education if parents will have a right to request a statutory assessment of their child's needs under the proposals outlined in her Department's consultation document 'Every School A Good School: The Way Forward for Special Educational Needs (SEN) and Inclusion'. (AQW 2347/10)

Minister of Education: The Department of Education has undertaken a policy review of Special Educational Needs (SEN) and inclusion and issued for consultation, in August 2009, a document setting out high level proposals for public consideration. The formal consultation period will run to 30 November 2009, after which the Department will fully consider the responses received. One of a range of proposals is to introduce a Coordinated Support Plan for children and young people with complex or multiple needs and a Personal Learning Plan for all other SEN children to focus on setting and monitoring outcomes for children, a process which it is considered is not adequately captured in the current system. After all responses to the policy proposals have been fully considered and decisions made on the proposals that are to be taken forward, the necessary lower level detail of the policy will be developed. One option that will be fully explored in the development of the detailed outworkings is the level of

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statutory assessment, by the Education and Skills Authority, that may be required.

Parents of children and young people with SEN will continued to be able to request a statutory assessment of need, within the existing SEN framework, until any new policy is implemented.

Every School A Good School: The Way Forward for Special Educational Needs and Inclusion

Anna Lo (Alliance) asked the Minister of Education whether additional staff will be employed in schools to meet the greater responsibility for special educational needs as outlined in her Department's consultation document 'Every School A Good School: The Way Forward for Special Educational Needs and Inclusion'. (AQW 2491/10)

Minister of Education: With regard to the three Assembly Written Questions, the Minister of Education referred Anna Lo to her replies respectively (AQW 2491) AQW 2349/10; (AQW 2493) AQW 2346/10 and (AQW 2494) AQW 2348/10 tabled by the Member for Belfast South, Carmel Hanna (SDLP) and published in the Official Report on 13 November 2009.

Every School A Good School: The Way Forward for Special Educational Needs and Inclusion

Anna Lo (Alliance) asked the Minister of Education whether parents will have a right to request a statutory assessment of their children's needs under the proposals outlined in her Department's consultation document 'Every School A Good School: The Way Forward for Special Educational Needs and Inclusion'. (AQW 2492/10)

Minister of Education: The Department of Education has undertaken a policy review of Special Educational Needs (SEN) and inclusion and issued for consultation, in August 2009, a document setting out high level proposals for public consideration. The formal consultation period will run to 30 November 2009, after which the Department will

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fully consider the responses received. One of a range of proposals is to introduce a Coordinated Support Plan for children and young people with complex or multiple needs and a Personal Learning Plan for all other SEN children to focus on setting and monitoring outcomes for children, a process which it is considered is not adequately captured in the current system. After all responses to the policy proposals have been fully considered and decisions made on the proposals that are to be taken forward, the necessary lower level detail of the policy will be developed. One option that will be fully explored in the development of the detailed outworking is the level of statutory assessment, by the Education and Skills Authority, which may be required.

Parents of children and young people with SEN will continued to be able to request a statutory assessment of need, within the existing SEN framework, until any new policy is implemented.

Every School A Good School: The Way Forward for Special Educational Needs and Inclusion

Anna Lo (Alliance) asked the Minister of Education whether fewer classroom assistants will be employed in schools under the proposals outlined in her Department's consultation document 'Every School A Good School: The Way Forward for Special Educational Needs and Inclusion'. (AQW 2493/10)

Minister of Education: With regard to the three Assembly Written Questions, the Minister of Education referred Anna Lo to her replies respectively (AQW 2491) AQW 2349/10; (AQW 2493) AQW 2346/10 and (AQW 2494) AQW 2348/10 tabled by the Member for Belfast South, Carmel Hanna (SDLP) and published in the Official Report on 13 November 2009.

Every School A Good School: The Way Forward for Special Educational Needs and Inclusion

Anna Lo (Alliance) asked the Minister of Education what assurance can be given that a higher level of multi-disciplinary support will be

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provided by health professionals under the proposals outlined in her Department's consultation document 'Every School A Good School: The Way Forward for Special Educational Needs and Inclusion'. (AQW 2494/10)

Minister of Education: With regard to the three Assembly Written Questions, the Minister of Education referred Anna Lo to her replies respectively (AQW 2491) AQW 2349/10; (AQW 2493) AQW 2346/10 and (AQW 2494) AQW 2348/10 tabled by the Member for Belfast South, Carmel Hanna (SDLP) and published in the Official Report on 13 November 2009.

Ministerial Sub-committee on Children and Young People

Michelle McIlveen (DUP) asked the Minister of Education to detail her contribution, to date, to the Ministerial Sub Committee on Children and Young People. (AQW 2517/10)

Minister of Education: The Sub Committee has met on 7 occasions to date. The Minister of Education has attended 6 meetings.

The Department of Education leads on the work of 2 of the six sub-groups established by the Committee, namely "Early Years" and "Provision for Children with Special Educational Needs".

HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Bamford Review

Jim Shannon (DUP) asked the Minister of Health, Social Services and Public Safety does the Bamford Review indicate within its conclusions that people with a disability and educational disadvantage will have the issue of friendship and social interaction prioritised due to the importance of being able to carry out social interactions with friends. (AQW 2625/10)

Minister of Health, Social Services and Public Safety: "Promoting the Social Inclusion of people with a mental health problem or a learning

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disability" was one of the 10 Bamford reports and it made recommendations relating to a wide range of issues, including social life and personal relationships.

The Bamford Action Plan 2009-2011, published in October, includes commitments to promote the social inclusion of people with a learning disability through education, employment, day opportunities, access to public transport and sport and leisure. The Action Plan also anticipates the publication by OFMDFM on "Promoting Social Inclusion for people with a disability", which is due shortly.

Positive Mental Health in Young Children

Dawn Purvis (PUP) asked the Minister of Health, Social Services and Public Safety what programmes are available to primary schools to promote positive mental health in young children. (AQW 2672/10)

Minister of Health, Social Services and Public Safety: Whilst the Health and Social Care sector has no programmes aimed specifically at promoting positive mental health in the primary school setting, the revised primary school curriculum, which is now in place, aims to support pupils in better understanding mental and physical health and wellbeing, for example in exploring how children can feel positive about themselves and develop an understanding of their self-esteem and confidence.

As part of the Department of Health, Social Services and Public Safety's work on mental health promotion, the Public Health Agency is co-ordinating the rollout of Mental Health First Aid training. This training programme is targeted at adults, including those in the education sector, who regularly come into contact with the most vulnerable members of society.

The Department of Health, Social Services and Public Safety is currently leading the development of a new Northern Ireland strategy for Promoting Mental Wellbeing. Work to date has identified the importance of intervention to promote positive mental wellbeing in the early years. The new strategy will therefore identify children as a

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priority group and the school setting as a key location for the promotion of mental wellbeing. Actions will be developed specifically for children and for the school setting.

Prader-Willi Syndrome

Jim Shannon (DUP) asked the Minister of Health, Social Services and Public Safety what his Department is doing to assist people aged 18 and 19 who suffer from Prader-Willi Syndrome. (AQW 2673/10)

Minister of Health, Social Services and Public Safety: An individual with a diagnosis of Prader-Willi syndrome has access to the full range of services available. Services provided are based on a person centred assessment of need. Services are provided by specialist staff within multi-disciplinary teams to meet each individual's needs.

Bamford Review

Jim Shannon (DUP) asked the Minister of Health, Social Services and Public Safety what steps his Department is taking to address the Bamford Review's assertion that thousands of vulnerable adults have no carers. (AQW 2677/10)

Minister of Health, Social Services and Public Safety: The Bamford Review report Equal Lives indicated that over 70% of people with a learning disability live with family. In addition many adults with a learning disability who are in other accommodation retain strong family links. The substantial contribution made by carers was acknowledged by the Review. Where there are no carers, there is a duty on health and social care bodies to ensure that support is provided as appropriate to meet individual needs.

Guardianship under the Mental Health Order (NI) 1986 may be used to protect people with a learning disability, where it is in the interests of their welfare. Work is under way in my Department to develop new mental health and mental capacity legislation, as recommended by Bamford. While no firm decisions have been taken yet, the ethos of the new legislation will be to empower those who have capacity to

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make decisions for themselves to do so and to provide a range of substitute decision making arrangements and protections for those who are unable to make decisions for themselves.

Mental Health

Iris Robinson (DUP) asked the Minister of Health, Social Services and Public Safety how many people in the Strangford constituency have been referred to hospital for treatment of a mental health illness in each of the last five years. (AQW 2746/10)

Minister of Health, Social Services and Public Safety: Information on the number of people in the Strangford constituency who have been referred to hospital for the treatment of a mental health illness in each of the last five years is not collected centrally by the Department.

Mental Health

Iris Robinson (DUP) asked the Minister of Health, Social Services and Public Safety what his Department is doing to help people suffering from mental health difficulties brought on by debt. (AQW 2747/10)

Minister of Health, Social Services and Public Safety: People presenting with any mental health difficulties are offered the most appropriate services available for them. The range and availability of these services has greatly increased with the extra allocation for mental health which I was able to achieve in the Budget settlement.

Mental Health Services

Iris Robinson (DUP) asked the Minister of Health, Social Services and Public Safety how much additional funding has been spent each year on mental health services since the publication of the Bamford Review. (AQW 2748/10)

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Minister of Health, Social Services and Public Safety: The Bamford Review concluded in August 2007 with publication of its final report in a series of ten.

The Department of Health, Social Services and Public Safety's new investment in mental health services in support of Bamford over the subsequent Comprehensive Spending Review period was £12.75m in 2008-09, which was spent [in full] as planned, and £14.6m in 2009-10, which is on schedule to be delivered in full. The allocation for 2010-11 is £27m, assuming the DHSSPS budget is not reduced.

The Bamford Review

Iris Robinson (DUP) asked the Minister of Health, Social Services and Public Safety to detail which recommendations in the Bamford Review have been implemented by his Department. (AQW 2749/10)

Minister of Health, Social Services and Public Safety: The Bamford Action Plan 2009-2011, which is available on the DHSSPS website, sets out at Chapter 9 a summary of changes which have already had a direct impact on services for those with a mental health need or a learning disability. Sections 2 and 3 of the document contain a wide range of actions committed to over the period 2009-2011 across Government.

Progress on the Action Plan will be reviewed and rolled forward during 2011, as Bamford envisaged a 10-15 year horizon for reform and modernisation.

Swine Flu Vaccination

Alex Easton (DUP) asked the Minister of Health, Social Services and Public Safety why some pensioners with high risk health factors are being refused the swine flu vaccination. (AQW 2922/10)

Minister of Health, Social Services and Public Safety: No one in the high risk groups has been refused the swine flu vaccination. The phased delivery schedule for this new vaccine has meant that it has

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not been possible to provide the vaccine for everyone in the high risk groups immediately, however we are on target to deliver the vaccine to everybody in the high risk groups on the expected schedule (i.e. by early December).

The UK-wide policy is that the following groups should be prioritised for vaccination in the following order:

- i. Individuals aged between six months and 65 years in the current seasonal flu clinical risk groups;
- ii. All pregnant women;
- iii. Household contacts of immuno-compromised individuals;
- iv. People aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

GPs were advised to use their clinical judgement to decide who within the priority groups were their most vulnerable patients and therefore required the swine flu vaccine first. As more vaccine is now available GPs will be able to vaccinate more of those in the above groups.

REGIONAL DEVELOPMENT

Parking Illegally on Disabled Parking Bays

Alastair Ross (DUP) asked the Minister for Regional Development how many tickets have been issued to those parking illegally on disabled parking bays in Larne, in each of the last 24 months. (AQW 2658/10)

Minister for Regional Development: The Department for Regional Development's Roads Service has advised that the information you have requested is not available in a format that would allow it to be easily retrieved without incurring significant costs.

However, the Minister for Regional Development can advise that in Larne, in the two year period from 1 November 2007 to 31 October 2009, 263 Penalty Charge Notices (PCNs) were issued to vehicles

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parked in designated disabled persons' parking spaces, which did not clearly display a valid disabled person's badge. This equates to an average total of eleven PCNs per month.

Parking Illegally on Disabled Parking Bays

Alastair Ross (DUP) asked the Minister for Regional Development how many tickets have been issued to those parking illegally on disabled parking bays in Carrickfegus, in each of the last 24 months.(AQW 2659/10)

Minister for Regional Development: The Department for Regional Development's Roads Service has advised that the information you have requested is not available in a format that would allow it to be easily retrieved without incurring significant costs.

However, the Minister for Regional Development can advise that in Carrickfegus, in the two year period from 1 November 2007 to 31 October 2009, 187 Penalty Charge Notices (PCNs) were issued to vehicles parked in designated disabled persons' parking spaces, which did not clearly display a valid disabled person's badge. This equates to an average total of eight PCNs per month.

Parking Illegally on Disabled Parking Bays

Alastair Ross (DUP) asked the Minister for Regional Development how many tickets have been issued to those parking illegally on disabled parking bays in Newtownabbey, in each of the last 24 months. (AQW 2660/10)

Minister for Regional Development: The Department for Regional Development's Roads Service has advised that the information you have requested is not available in a format that would allow it to be easily retrieved without incurring significant costs.

However, the Minister for Regional Development can advise that in the Newtownabbey area, which includes Ballyclare, in the two year period from 1 November 2007 to 31 October 2009, 84 Penalty

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Charge Notices (PCNs) were issued to vehicles parked in designated disabled persons' parking spaces, which did not clearly display a valid disabled person's badge. This equates to an average total of three PCNs per month.

Misuse of Disabled Parking Badges

Lord Morrow (DUP) asked the Minister for Regional Development how many people have been prosecuted for the misuse of disabled parking badges in each of the last three years. (AQW 2796/10)

Minister for Regional Development: The Department for Regional Development's Roads Service, through its parking enforcement contract with NSL Services Group and in conjunction with the Inclusive Mobility Transport Advisory Committee, has established procedures whereby, a Penalty Charge Notice (PCN) can be issued when abuse of the Blue Badge scheme is suspected.

The Minister for Regional Development can advise the Member that from the time these procedures were implemented in September 2008 to 31 October 2009, 160 PCNs have been issued, when abuse of the Blue Badge scheme has been suspected.

Unpaid PCNs cannot be pursued through the criminal courts, therefore, prosecutions cannot be secured. Unpaid parking penalties are pursued using the administrative process set out in the Traffic Management (NI) Order 2005. Ultimately, the Enforcement of Judgements Office, and Clamping and Removal operations may be used for the recovery of civil debt.

SOCIAL DEVELOPMENT

Disability Awareness Training

Michelle O'Neill (Sinn Fein) asked the Minister for Social Development what disability awareness training front-line Employment and Support Allowance staff are given, particularly Autism specific training. (AQW 2712/10)

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Minister for Social Development: Staff in the Employment and Support Allowance (ESA) Centre receive awareness training on how to deal with customers who have a disability. This training is delivered by trainers from Disability Action. In addition, all front line telephony staff in the ESA Centre are currently receiving customer service training, which includes a section specifically on customers with autism.

Front-line Employment and Support Allowance Staff

Michelle O'Neill (Sinn Fein) asked the Minister for Social Development if front-line Employment and Support Allowance staff make claimants aware that they are entitled to have an advocate to assist with their applications. (AQW 2713/10)

Minister for Social Development: The Employment and Support Allowance (ESA) claim line procedures include the facility for a claim to be made by an advocate on behalf of any customer. If, at any stage of a telephone conversation, the telephone agent becomes aware that a customer is having difficulty with the claim process the agent will advise the customer that an advocate can complete the call on their behalf. It will also be explained that arrangements can be made for a customer, or an advocate, to receive face to face assistance at a local Jobs & Benefits/Social Security Office.

When a caller contacts the ESA centre, staff must ask if the caller is ringing to make a claim or if the call is on behalf of someone else but staff would not suggest that a caller might require the assistance of an advocate. If a caller indicates that they wish to act as an advocate for a customer there are procedures in place to enable staff to arrange for the authorisation of a designated representative to enable a claim to be taken by telephone.

Disability Living Allowance

David Hilditch (DUP) asked the Minister for Social Development how many people who are alcohol-dependent are currently entitled to cars

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as part of their high rate mobility Disability Living Allowance. (AQW 2776/10)

Minister for Social Development: The information is not available in the format requested. Data is published on a Northern Ireland-wide basis on what is known as the main disabling conditions for disability living allowance recipients at www.dsdni.gov.uk/index/publications/dla. However, it cannot be deduced from these figures how many people who are alcohol-dependent are in receipt of disability living allowance. Entitlement to disability living allowance is not linked to specific disabilities or diagnoses, but instead depends on the extent to which a person needs help with personal care, requires supervision or has mobility needs.

Motability is an independent voluntary organisation and it is responsible for the scheme which arranges the provision of vehicles for people who are in receipt of the higher rate mobility component of disability living allowance. Under the Motability contract hire scheme the person in receipt of disability living allowance does not necessarily need to drive or to have a driving licence. Two drivers can be nominated who may be the person in receipt of disability living allowance or friends, relatives or carers. Whilst the Department for Social Development facilitates the operation of the scheme by diverting payments of disability living allowance to meet contract hire payments, it is not directly involved in the administration of the scheme. Further information about the scheme can be obtained directly from Motability.

Disability Living Allowance

Alastair Ross (DUP) asked the Minister for Social Development (i) how many appeals have been held for people refused Disability Living Allowance claims; and (ii) how many applications have been received for appeals in each of the last three years, broken down by constituency. (AQW 2975/10)

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Minister for Social Development: The Department for Social Development's Appeals Service can only provide the information requested broken down by Tribunal Centre as opposed to constituency area.

The number of Appeals held which have been refused for Disability Living Allowance claims and the numbers of applications received in the last three years is set out in the table below.

	No. of Hearings Held*	Applications Received	No. of Hearings Held	Applications Received	No. of Hearings Held	Applications Received
Armagh	133	129	183	155	222	185
Banbridge	73	66	105	112	161	121
Belfast	2428	1970	2788	2284	3212	2454
Ballymena	324	285	383	308	467	330
Ballymoney	60	49	105	87	132	99
Cookstown	135	102	117	99	154	121
Craigavon	371	337	401	374	500	405
Coleraine	281	250	299	222	381	295
Dungannon	205	177	239	213	300	254
Downpatrick	241	170	271	225	345	264
Enniskillen	229	205	276	223	268	233
Londonderry	633	528	724	576	767	678
Limavady	141	125	150	123	172	161
Magherafelt	116	100	131	107	142	120
Newtownards	408	334	453	395	582	447

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Newry	377	325	406	300	532	403
Omagh	139	120	202	174	223	188
Strabane	186	170	197	148	239	195
Total	6480	5442	7430	6125	8799	6953

* Please note that there is no direct correlation between the number of applications received and the number of hearings held as cases can be adjourned and then reheard. Figures exclude postponed appeals.