NICCY Summary: Written Assembly Questions week of 10th October, 2014

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Office of First and Deputy First Minister

## New Children’s Strategy

**Mr Chris Lyttle (All – East Belfast) -** To ask the First Minister and deputy First Minister for an update on the new children's strategy, including

(i) the stakeholders approached to co-design the strategy; and

(ii) the actions taken to take the design forward.  
  
**Mr P Robinson and Mr M McGuinness:** As indicated in our response to AQW 36519/11-15, we are in the early stages developing a new children’s strategy which will replace the current 10 year Children and Young People’s Strategy when it expires in 2016. At this stage we are still in the process of identifying stakeholders and will consult with them fully as we move forward. **(9th October)**

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## Children’s Budgeting Pilot

**Mr Chris Lyttle (All – East Belfast) -** To ask the First Minister and deputy First Minister for an update on the children's budgeting pilot.  
  
**Mr P Robinson and Mr M McGuinness:** The Children’s Commissioner has recently contracted the Social Research Unit (SRU) in Dartington to carry out research into investment in children across the Executive. Following recent discussions with the sector, it was agreed that this research would be critical in informing the approach we take to any budgeting pilot.

SRU has now completed a trawl of departments and a meeting is being arranged with SRU and with the Commissioner to review progress to date and to discuss how their work can inform our approach. We will then meet with representatives from the children’s sector to take their views on the way ahead. **(9th October)**

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## UNESCO

**Mr Chris Lyttle (All – East Belfast) -** To ask the First Minister and deputy First Minister for an update on the work undertaken by UNESCO on the child rights indicators.  
  
**Mr P Robinson and Mr M McGuinness:** UNESCO has provided a draft report to the Department setting out the findings from their study on the development of a Child Rights Indicator Framework here. The Department has now considered the draft report and will meet with UNESCO shortly to discuss the development of the final report. Officials will then arrange a meeting of the Project Reference Group to present the final report and to discuss how the findings can be taken forward. **(9th October)**

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## 10year Strategy for Children and Young People

**Mr Chris Lyttle (All – East Belfast) -** To ask the First Minister and deputy First Minister what action has been taken on the current 10 year strategy for children and young people; and the new strategy due in 2016.  
  
**Mr P Robinson and Mr M McGuinness:** The current ten year Strategy for Children and Young People provides the overall strategic direction to departments, agencies and arm’s length bodies for the Executive’s work in relation to all aspects of the lives of children and young people. This can be seen for example in the delivery of children’s health and social services, childcare, education and employment.

In addition, since 2012, the Delivering Social Change (DSC) framework which seeks to address the linked issues of child poverty, social disadvantage and improving children’s lives has also contributed significantly to the achievement of the objectives set in the ten year Strategy.

In July 2014, a decision was taken to develop a separate Child Poverty Strategy 2014-2017 (in accordance with the Child Poverty Act 2010), and to engage further with stakeholders and departments in the development of a new strategy to replace the current Strategy for Children and Young People when it ends in 2016. This process will involve children and young people; parents and representative community and voluntary organisations. **(9th October)**

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## Delivering Social Change

**Mr Barry McElduff (Sinn Féin – West Tyrone) -** To ask the First Minister and deputy First Minister for an update on Delivering Social Change for Children and Young People.  
  
**Mr P Robinson and Mr M McGuinness:** Following consultation with stakeholders we took the decision in July to move forward separately the work on the Child Poverty Strategy 2014-2017 and Delivering Social Change for Children and Young People. The Ten Year Strategy for Children and Young People will continue until 2016.

We propose to work with stakeholders using a co-design process to develop a new strategy for Children and Young People post 2016, and this work will begin shortly.

**(9th October)**

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Department of Education

## Bullying Complaints

**Mr Jimmy Spratt (DUP – South Belfast) -** To ask the Minister of Education to outline the process followed by schools when a complaint of bullying has been made.  
  
**Mr O’Dowd (The Minister of Education):** Under Article 3 of the Education (NI) Order 1998 as amended by Article 19 (3) of the Education and Libraries (NI) Order 2003, all schools are required to have a discipline and good behaviour policy which addresses how the school will respond to incidents or complaints of bullying.

This policy must be developed with input from pupils and their parents and must be readily accessible. Principals and Boards of Governors (BoG) are required to adhere to the school’s policy when responding to a complaint of bullying.

Typically an anti-bullying policy will ask parents to raise their initial concerns with a teacher and/or the school Principal. If they are unhappy with the school’s subsequent actions they can then escalate their complaint by writing to the BoG.  The governors will then review the complaint and determine if school policies have been correctly observed.

The precise nature of these arrangements is, however, a matter for each school to decide and not one in which the Department has a role. **(7th October)**

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## Elluminate Scheme

**Mr Chris Lyttle (All – East Belfast) -** To ask the Minister of Education for an update on the introduction of the Elluminate Scheme for pupils who are unable to attend classes.  
  
**Mr O’Dowd (The Minister of Education):** Elluminate is one of a number of available e-Learning tools which can be used to help pupils who are unable to attend classes, however, it should not be considered the only appropriate e-Learning tool to help such pupils.

The Joint Working Party (which is comprised of representatives of the teaching unions and employing authorities) set up a working group to develop a protocol on Home to School e-Learning. This protocol is nearing completion and some final amendments are currently being considered. **(8th October)**

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## Beechcroft Child and Adolescent Mental Health Service

**Mr Steven Agnew (GPNI – North Down) -** To ask the Minister of Education whether he is aware of the situation whereby young people in Beechcroft Child and Adolescent Mental Health Service inpatient unit are being denied access to education if they are enrolled in further education; and if so, what steps are being taken to ensure that this situation is remedied.  
  
**Mr O’Dowd (The Minister of Education):** The education unit at Beechcroft is funded by the Department of Education to provide education for young people who are inpatients at Beechcroft and are registered in schools across the north of Ireland.  All registered pupils entering Beechcroft receive education in the appropriate Key Stage, aligned with their individual educational requirements and taking account of their therapeutic needs.

In the case of inpatients that are aged 16+ and attending Colleges of Further Education, they are outside of compulsory education.  Colleges are managed and funded by the Department for Employment and Learning (DEL) not the Department of Education.

**(8th October)**

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## Controlled Schools Sectoral Body

**Mr Gerry Kelly (Sinn Féin – North Belfast) -** To ask the Minister of Education to outline the functions and funding arrangements of the Controlled Schools Sectoral Body, which is to be established as part of the new Education Bill.  
  
**Mr O’Dowd (The Minister of Education):** The new organisation that will provide representation and support for Controlled Schools shall be funded by my Department in accordance with my commitment to provide for the new organisation. Since the Executive meetings of 9 and 25 September, this committment is now shared by the Executive. I have also instructed my officials to explore a more robust underpinning to my commitment.

The functions that this body shall be funded to perform have also been formally agreed by the Executive on 9 September, 2014. These are:

* To provide a representational and advocacy role for controlled schools, including advice and support in responding to consultation exercises in respect of education policies, initiatives and schemes, and in regard to relationships with the Department, the Education Authority and other Departments;
* To work with schools within the sector to develop and maintain the collective ethos of the sector including, where appropriate, a role in identifying, encouraging and nominating governors and in ensuring ethos is part of employment considerations;
* To work with the Education Authority to raise educational standards;
* To participate in the planning of the schools estate, assessing current and ongoing provision within the sector, participating in area-based planning co-ordinated by DE and the Education Authority (including membership of the Department’s Area Planning Steering Group) and engaging where appropriate in strategic planning processes, including community planning; and
* To build co-operation and engage with other sectors in matters of mutual interest, including promotion of tolerance and understanding. **(8th October)**

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## Learning Barriers

**Mr Daithí McKay (Sinn Féin – North Antrim) -** To ask the Minister of Education what measures he is taking to assist pre-school organisations to address learning barriers amongst young children.  
  
**Mr O’Dowd (The Minister of Education):** In ‘Learning to Learn - A Framework for Early Years Education and Learning’, I set out a series of actions aimed at ensuring that all children could access high quality early learning experiences that equip them to develop improved cognitive, social and emotional skills and which lay important foundations for future learning and development.

A key action was to target barriers to learning by:

* refocusing the use of extended schools (ES) funding for eligible statutory settings to ensure that the extra support helps identify and address underdeveloped social, emotional, communication and language skills of young children; and
* establishing criteria, similar to that used for ES, for non-statutory settings in the Pre-School Education Programme to access additional resources proportionate to the amount they receive per place.

ES funding has been refocused, and I have recently announced almost £200,000 additional funding for 94 non-statutory eligible pre-school settings offering funded pre-school places in 2014/15. This additional funding will help identify and address barriers to learning at the earliest opportunity.

Additionally the Special Educational Needs Review’s (SEN) capacity building programme operated an early years pilot in DE funded pre-school settings across all boards for three years to September 2014. This aimed to increase the capacity of staff in participating settings to identify, assess and make provision for children with special educational needs. Boards are making interim arrangements from October 2014 to March 2015 to ensure the momentum of the pilot continues subject to a comprehensive evaluation and decisions about the future shape of SEN provision in pre-school settings. **(8th October)**

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## Single Education Board

**Mr Samuel Gardiner MBE (UUP – Upper Bann) -** To ask the Minister of Education to outline the projected savings from the creation of a single Education Board.  
  
**Mr O’Dowd (The Minister of Education):** The business case for the establishment of the New Education Authority (which will replace the five Education and Library Boards and the Staff Commission) has not yet been finalised, it is anticipated that savings will be realised comparable in scale to those expected from ESA (£185m over its first 10 years).

**(8th October)**

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## School Absence

**Mrs Jo-Anne Dobson (UUP – Upper Bann) -** To ask the Minister of Education what support is provided to pupils who cannot attend school regularly due to illness in relation to ensuring

(i) their education is as unaffected as possible; and

(ii) they are able to undertake examinations.  
  
**Mr O’Dowd (The Minister of Education):** All Education and Library Boards (ELBs) provide support to pupils unable to attend their registered schools because of illness. This normally takes the form of one-to-one tuition which may be delivered in the home or another suitable location.

One-to-one tuition will form one element of the ELBs ‘Education Otherwise Than At School’ (EOTAS) services delivered under Article 86 of the Education (NI) Order 1998. One-to-one tuition is not intended to be an alternative to regular school attendance but to help the pupil to keep in touch with education and minimise the disruption to their learning during their treatment and recovery.

There are variations in how tuition services are delivered across each ELB, however, all have common core features. Each ELB:

* Provides a tuition service for children of compulsory school age;
* Provides 4-4 ½ hours of one-to-one tuition for each student per week focusing on English, Mathematics and Science/ICT;
* Will liaise with the pupil’s registered school to identify the pupil’s educational baseline; and
* Will expect the pupil’s registered school to provide additional notes, homework and e-learning opportunities etc to supplement the personal tuition it provides.

A pupil’s registered school is expected to support them in taking any external examinations which they are able to undertake. While some ELBs can make arrangements to directly enter pupils to sit their exams, most liaise with the school to ensure that they enter the young person, in line with their examination arrangements for all other pupils.

It should be noted that there is no statutory requirement for ELBs to make any form of EOTAS provision available for children above compulsory school age and most do not routinely make tuition available to pupils aged 16+. Most Boards do, however, have exceptional circumstances provisions allowing them to consider extending its provision on a case-by-case basis. **(9th October)**

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Department of Employment and Learning

## Further and Higher Education

**Ms Claire Sugden (Ind – East Londonderry) -** To ask the Minister for Employment and Learning what steps his Department has taken to advertise further and higher education as an accessible and viable option for young people who are Not in Education, Employment or Training.  
  
**Dr Farry (Minister for Employment and Learning):** My Department has a keen interest in promoting participation for all young people into education, including those who are Not in Education, Employment or Training (NEET), and actively promotes further and higher education through the ‘Skills to Succeed’ communications campaign, which includes strands on Essential Skills, Apprenticeships, Training for Success, Foundation Degrees and ‘Reach Higher’ which encourages widening participation in higher education – also referred to below.

In addition, my Department’s Careers Service supports all 16 and 17 years olds who are NEET.  Careers advisers currently work with these individuals to ensure they receive information, advice and guidance tailored specifically to their individual needs.  This includes advice on a range of options including provision offered within both further and higher education.

Further education colleges currently offer an extensive range of courses as part of their curriculum provision from non-accredited, beginner courses, up to and including Level 5 provision.  These courses are marketed proactively by colleges using their websites and prospectuses and by the active use of a variety of advertising opportunities through local press publications and also through social media. As part of their widening access and participation plans, colleges also provide community information events which are targeted at under-represented groups including young people in NEET situations.

In addition, where colleges are delivering projects under the Collaboration Innovation Fund, the European Social Fund or the Department for Social Development’s Neighbourhood Renewal, the young people participating are made aware of opportunities for progression to mainstream programmes in further and higher education.

Regarding higher education, my Department launched its Reach Higher advertising campaign in early 2014, running a series of advertisements across a variety of outlets including television, radio and adshels/billboards. This campaign was intended to increase awareness of the potential value, accessibility and benefits of higher education to young people from disadvantaged backgrounds.

In addition, the Department has also been working closely with all higher education institutions to promote Foundation Degrees. This promotion campaign started in 2013 and will continue to run throughout 2014/15, communicating the message that a Foundation Degree can equip any individual with a combination of technical skills, academic knowledge and other vital skills to help secure employment. There are a wide range of subjects on offer, and the flexibility to study part time makes Foundation Degrees more attractive and accessible.

In May 2012, the Northern Ireland Executive agreed a cross-departmental strategy specifically for those young people in the Not in Education, Employment or Training (NEET) category, the “Pathways to Success” strategy. ‘Pathways to Success’ has a particular focus on helping those young people who face barriers to participation, while also dovetailing with complementary proposals to tackle the wider problem of youth unemployment in the current challenging economic context.

The strategy, which is led and implemented by DEL, is made up of a three tier package aimed at:

* preventing young people missing opportunities for education and training, and/or becoming unemployed;
* helping young people in the 16-18 age group, especially those facing barriers; and
* assisting unemployed young people aged 18-24 more generally.

In respect of further and higher education, the ‘Pathways to Success’ strategy specifically states that: “a range of measures are in place in recognition that young people who enrol on further education provision may require encouragement, motivation and support to complete their studies”.

In addition to the programmes I have outlined above, there are three programmes that are directly focused on those young people facing barriers to employment, education and training. Firstly, the Collaboration and Innovation Fund, which is aimed at exploring new approaches to address the specific and general employability barriers faced by those young people aged 16 to 24 who are not in education, employment or training (NEET). Funding of over £9.2 million has been allocated to 24 organisations from the community, voluntary and educational sectors to deliver project activity between December 2012 and March 2015. To date, 3,910 young people have commenced project activities, and of the 2,488 leaving the programme 1,781 have completed activities and 1,296 have moved into positive outcomes of employment (363), education (306) and training (627).

Secondly, the Community Family Support Programme, which focuses on the needs of the most disadvantaged families, to enable young people to re-engage with employment, education, or training. This programme has received further financial support from OFMDFM, and has been designated as a Signature Project under the Delivering Social Change initiative. Currently there are 118 participants on the programme who are aged 16 to18.

Finally, the Local Employment Intermediary Service (LEMIS), which is an initiative designed to help unemployed people in the community overcome those issues that may be preventing them from finding and keeping a job.  During the period April 2013 to August 2014, LEMIS case loaded 4,092 individuals to the programme and 1,587 (38%) of these were young people aged 16-24 not engaged in education, employment or training. As a result, 502 (31%) young people moved into positive destinations, 229 (14%) commenced employment, 248 (15%) commenced training and 25 (1.5%) moved into education.

**(10th October)**

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Department of Health

## Joint Health and Education Project Expenditure

**Mr Peter Weir (DUP – North Down) -** To ask the Minister of Health, Social Services and Public Safety whether the joint health and education project, part-funded by Atlantic Philanthropies targeting early intervention, intends to distribute expenditure through his Department and its arm's-length bodies, or through community based applications.   
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** The Early Intervention Transformation Programme seeks to act as a catalyst for transformative change in how services are delivered to children and families across Northern Ireland in order to measurably improve outcomes for children. Through this, it seeks to support children and families both earlier and more effectively, before problems become embedded. To this end, the Programme will not work as a general fund which accepts applications for funding, but rather will have clear objectives, outcomes, indicators and a range of targeted interventions to meet those objectives. These interventions will be delivered via a range of organisations. Where this provision is out-with the statutory sector, a tender process will be used. **(6th October)**

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## Optometry Care

**Mr Seán Roger (SDLP – South Down) -** To ask the Minister of Health, Social Services and Public Safety what plans he has to review the level and types of optometry care offered to young children before they begin formal education.  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** The Department’s 2012 eyecare strategy “Developing Eyecare Partnerships, Improving the commissioning and provision of eyecare services in Northern Ireland” aims to improve the eyecare of all the population in Northern Ireland including children and young persons.

In relation to pre-school children the “Healthy Child, Healthy Future” Framework (2010) with its emphasis on the integration of services promotes and specifies the surveillance and screening of all children, including young children before they enter formal education. Through structured contacts and interventions at neonatal, new baby review, at 14-16 weeks’, 1 year and at 2-2.5 years, there is opportunity to identify potential ophthalmic problems and signpost children and their parents to the most appropriate member of the healthcare team, which may be an optometrist.

The Health and Social Care Board continually monitor the level and quality of Optometry care provided within Northern Ireland and regularly engages with ophthalmic clinicians across primary and secondary care to ensure that appropriate patient pathways are in place to manage children who have ophthalmic conditions at all stages of their development. **(6th October)**

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## Placement Moves

**Ms Claire Sugden (Ind – East Londonderry) -** To ask the Minister of Health, Social Services and Public Safety for an update on his Department’s targets linked to placement moves for young people who are in care; and to detail how these are monitored to ensure that they are being met so that young people in care are provided with as stable a living environment as possible  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** Robust assessment of need, coupled with placement choice and stability are key to delivering improved outcomes for looked after children and young people. To underscore this, one of the key strategic priorities set out in the Department’s Commissioning Plan Direction for 2014/15 is to ‘*ensure the most vulnerable in our society, including children and adults at risk of harm are looked after effectively across all our services’*. To support this priority a target linked to placement stability has been set. The 14/15 target is to increase the number of children in care for 12 months or longer with no placement change to 85%, a higher target than set initially.

Table 1 below sets out the percentage of children in care for 12 months or longer at September with no placement change in each of the last 5 years by Trust.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Children in care for 12 months or longer at 30 September with no placement change** | | | | | |
| **HSC Trust** | **2008/09** | **2009/10** | **2010/11** | **2011/12** | **2012/13** | **2013/14** |
| Belfast Trust | 79% | 83% | 84% | 84% | 78% | - |
| Northern Trust | 78% | 78% | 78% | 74% | 76% | - |
| South Eastern Trust | 82% | 78% | 81% | 79% | 78% |  |
| Southern Trust | 59% | 73% | 66% | 70% | 75% | - |
| Western Trust | 83% | 83% | 82% | 85% | 79% | - |
| **Northern Ireland** | **77%** | **79%** | **79%** | **78%** | **77%** | **-** |
| ***Target*** |  |  |  |  | ***82%*** | ***85%*** |

The target is monitored by the Department’s Community Information Branch using a child level information return completed by all Health and Social Care Trusts in Northern Ireland. The return which is completed annually provides a range of data on looked after children in care continuously for 12 months or longer including placement changes during the year. The information collected from the return is published annually on the Department’s website in the statistical bulletin ‘*Children in Care in Northern Ireland’.* The 2013/14 statistical bulletin will be published in July 2015. **(7th October)**

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## Physiotherapists

**Mr Fearghal McKinney (SDLP – South Belfast) -** To ask the Minister of Health, Social Services and Public Safety for his assessment of the provision of physiotherapists for people with a learning disability.  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** People with a learning disability in Northern Ireland can access physiotherapy services in a full range of settings, including their own home and schools.

The learning disability Physiotherapists within Trusts provide assessment and treatment to any individual with a learning disability.  They enable the client to be as independent as possible by improving mobility, movement, function, and where necessary advising on appropriate equipment.

Physiotherapists can also work within a multidisciplinary team to support an individual’s management within the home environment. This includes advising family and carers on moving and handling and the use of specialist equipment. This may include, for example, working closely with the occupational therapist in relation to wheelchair provision, specialist equipment and provision of adaptations within the home.

The Physiotherapy Service also has access to Hydrotherapy pools located in several special schools across Northern Ireland. This provides a valuable service to children with learning disabilities. **(8th October)**

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## Children’s Congenital Cardiac Surgery

**Mrs Jo-Anne Dobson (UUP – Upper Bann) -** To ask the Minister of Health, Social Services and Public Safety, following his public comments at a breakfast in support of the Children's Heartbeat Trust in Banbridge on 27 September 2014, whether he has begun a further period of public consultation into the future of children's congenital cardiac surgery.  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** I attended a fundraising coffee morning organised by the Children’s Heartbeat Trust in Banbridge on 27 September 2014. At this event I paid tribute to the Trust for its work on behalf of children with congenital heart disease.

I am not yet in a position to publicly release the report or to indicate what my decision is likely to be on its recommendations. However, any decision about my Department’s policy on the future of this service would, of course, be subject to public consultation in due course. My Department is discussing the arrangements for the publication of the report with the Department of Health in the Republic of Ireland. I would expect to be able to announce the IWG’s full recommendations together with the Minister for Health in the ROI and Dr Mayer within the next month. **(8th October)**

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## Mentoring Schemes

**Ms Claire Sugden (Ind – East Londonderry) -** To ask the Minister of Health, Social Services and Public Safety for his assessment of the effectiveness of mentoring schemes, such as the role of mentors working with Voice Of Young People In Care, in tackling issues among young people in care such as educational disengagement; and whether he will promote and increase similar schemes.  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** The Health and Social Care Board has advised that it commissions an advocacy and mentoring service for looked after children from Voice of Young People in Care (VOYPIC) to support them in education, help them remain in education, or access an educational place. It also helps address social isolation, low self esteem and poor interpersonal skills.

Mentoring is one of a range of support services provided to looked after or care experienced young people. For example, there are a range of Trust initiatives already in place aimed at enhancing the educational outcomes of looked after children and young people. These include: the appointment of an independent visitor for children who do not have family contact or support; assistance from dedicated LAC Education Teams; input from LAC Therapeutic Services; and befriender support. Trusts may also have contracts in place for services to young people, which have a mentoring component.

For older children in care, there is a specific input from Employability Services which includes on site employment and work placement based mentors. Equally a range of training schemes and prevocational initiatives incorporate mentoring support as a means of assisting young people to engage in and sustain training programmes and assist their transition towards future career goals. Older adolescents from age 16 also have entitlement to a Personal Advisor, whose role is to provide advocacy, mentoring and support through to age 21 in line with their care/pathway plan. **(8th October)**

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## Inequality Strategy

**Mr Barry McElduff (Sinn Féin – West Tyrone) -** To ask the Minister of Health, Social Services and Public Safety whether his Department has any strategy aimed at addressing inequalities in service provision for children who are on the Autistic spectrum in the Western Health and Social Care Trust area.  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** Under the Autism Act (NI) 2011 the Department is charged with the coordination of a cross-Departmental Strategy and Action Plan. The Autism Strategy (2013 – 2020) and Action Plan (2013 – 2016) set out the NI Executive’s commitment to improving services and support for people with autism in Northern Ireland.

The Strategy and Action Plan are regional in scope and the provision of services and actions as contained within the Strategy are across all agencies and bodies with an expectation that there is consistency in delivery, including the HSC Trusts.

The Health and Social Care Board also reviews performance in relation to delegated statutory function relating to Children’s Services and, where issues are identified, these are raised through the relevant performance monitoring meetings with the Trusts. This includes performance in relation to children with disability including Autism. **(8th October)**

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## Dental Care

**Mr Phil Flanagan (Sinn Féin – Fermanagh and South Tyrone) -** To ask the Minister of Health, Social Services and Public Safety to detail the number of children under the age of three

(i) with tooth decay;

(ii) with a filling;

(iii) who have never visited a dentist; and to detail the number of children under the age of (a) three; and

(b) ten who have had a tooth extracted due to tooth decay; and what initiatives or campaigns are in place to improve the standard of dental care amongst children.  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** The requested information on the number of children with tooth decay or with a filling is not readily available. However, data on the total number of fillings and extractions carried out under General Dental Services in the age groups Under 3 and Under 10 years old is available in Table1:

**Table 1: Total number1 of fillings and extractions carried out in 2013/14**

|  |  |  |
| --- | --- | --- |
| **Treatments during 2013/14** | **Fillings 2** | **Extractions** |
| Under 3 years | 38 | 14 |
| Under 10 years | 10,986 | 7,982 |

Notes:

*1. Data excludes private treatments.*

*2. Excludes fissure sealants which are preventative treatments.*

Information on those who have never attended a dentist is not available.

Provided in Table 2 below is the total number of patients aged Under 3 and Under 10 registered in Primary Care, and those who are registered with a dentist. A patient is registered with a General Dental Practitioner if they have attended that practitioner within the previous 24 months.

**Table 2: Under 3 years and Under 10 years old registrations for Primary Care and Dental Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Group** | **All Dental Registered**  **Patients 1** | **All Patients registered for**  **Primary Care 2** | **% Dental**  **Registrations** |
| Under 3 | 20,673 | 72,162 | 28.6% |
| Under 10 | 178,551 | 268,978 | 66.4% |

1. All patients in Northern Ireland registered with a General Dental Practitioner at April 2014.

2. All patients in Northern Ireland registered for Primary Care at April 2014.

**Initiatives and Campaigns**

My Department has been very proactive in introducing evidence-based programmes to improve the oral health of the population of Northern Ireland. To realise maximum effect these are mainly directed at children but other schemes are also targeted at adults from deprived areas and elderly patients in residential and nursing homes.

The following measures relate to children:

* Fluoride toothpaste schemes for young children in the most deprived areas.
* Preventive fissure sealant scheme delivered through the General Dental Services for young people.
* Enhanced capitation payments for dentists providing care to children from certain deprived areas.
* Focussing the work of the Community Dental Service (CDS) across the whole of Northern Ireland to improving the oral health of those with special care needs, which includes children from socially disadvantaged areas. They also deliver evidence-based oral health improvement programmes.

Since the implementation of these schemes, beginning in 2004, we have noticed a significant improvement in the oral health of our child population. There have been considerable reductions in the numbers of extractions under general anaesthetic, and the number of fillings carried out in children over this period. These evidence-based programmes continue with the aim of further improving the oral health of our population.

Across Northern Ireland the Public Health Agency also runs a number of healthy eating initiatives to improve both the general and dental health of children.

My Department has also supported a large research trial investigating the effectiveness and cost-effectiveness of fluoride varnish and fluoride toothpaste in dental practices to prevent decay in young children. The trial is now in its final stages and the preliminary results are expected in autumn 2015.

**Children’s Dental Health Survey**

Northern Ireland is participating in the 2013/14 UK Children’s Dental Health Survey. T his will be the fifth survey in a series carried out every ten years since 1973 (Northern Ireland has participated since 1983).

The survey involves children aged 5, 8, 12 and 15, and will cover topics such as dental hygiene, attitudes to oral health, and a dental examination will provide information on the condition of the children’s teeth.

Findings from the survey will allow for comparisons in dental health and treatment over time and will help inform future dental health policy.

The fieldwork for the survey is now complete, with results due to be published early in 2015. **(10th October)**

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## Improvements to Services

**Mr Paul Frew (DUP – North Antrim) -** To ask the Minister of Health, Social Services and Public Safety for an update on what improvements to services available for people with autism have been made in the last twelve months.  
  
**Mr J Wells (The Minister for Health, Social Services and Public Safety):** The Autism Strategy (2013 – 2020) and Action Plan (2013 – 2016) were launched in January 2014 and include sixteen Strategic Priorities for cross-departmental implementation. This strategy forms the foundation for future improvement of services. A Regional ASD Co-ordinator, based in the HSC Board, took up post in September 2014 and will be driving forward the implementation of the strategy in co-operation with other agencies and with input from service users, carers and families and the voluntary sector.

In the last twelve months the HSC Board has carried out a review of ASD Services and an audit of the Care pathways; and progress is being made on the implementation of children and adult care pathways across all Trusts.  This review will lead to further service improvements across all Trusts.

All Health and Social Care Trusts have developed initiatives to improve ASD Children and Adult Services and these are summarised in the table below.

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| --- |
| **SUMMARY OF IMPROVEMENTS TO HSC AUTISM SERVICES** |
| **Regional initiatives**  A Regional Interdepartmental Group was established to drive the strategic priorities identified in the ASD strategy (2013-2020). This has involved the appointment of a Regional ASD Co-ordinator, who took up post in September 2014.  Re-established regional Trust Co-ordinator meetings, which will facilitate regional and equitable improvement.   Each Trust co-ordinator is a key member of the local cross-agency ASD forums and patient and service user reference groups.  This provides an opportunity to capture patient, family and carer experience and involve service users in the development of services.  A “minimum data set” has been established and Trusts are providing information which helps to understand the service and demands.  This in turn will support further development of services.  Additional training has been funded which is aimed at enhancing the skills of staff and therefore improving experience of care.  Subject to available resources, it is aimed to undertake an audit of the experience of children, young people, parents and adults who engage with ASD services. |
| **Children’s Services**  The Northern Trust Spectrum Star Initiative – this is an outcomes based tool to maximise life opportunities and independence for people on the autistic spectrum.  This is currently being used with children at transition stage and within the adult intervention service.  The Southern Trust has developed a life skills group for those going to university/college.  The South Eastern Trust is piloting support for a programme for personal relationship development with a National Autistic Society (NAS) Counsellor for young people aged 16 years and over. |
| **Adult Services**  An Autism Advice service has been successfully piloted in the Northern Trust.  Commencing in January 2014 this cross-agency “One-Stop Shop” provides person centred support to adults with autism and their families.  The Belfast Trust has also developed this service and it is expected to commence in the near future.  In the Southern Trust the Appointment of Experts by Experience programme is aimed at providing peer support.  Also, in the Southern Trust support is provided to a group of young adults with autism, who meet weekly.  Several specific training needs have been identified and programmes are being developed.  These include “Re-mind” (mental health) DVD and work book for adults with autism; Sexual awareness training for males; “Cook it” programmes for adults with autism.  The Southern Trust is developing a new website and is involving adults with autism in its design.  The South Eastern Trust has developed a “Mood Matters” programme for carers, with a focus on mental health issues.  Within the Western Trust local information leaflets are being developed and services are enhancing interfaces to deliver support.  Within several Trusts there are plans to address housing issues for adults with autism, with proposals for specialist autism units and supported accommodation being explored. |

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Department of Justice

## National Crime Agency

**Mrs Jo-Anne Dobson (UUP – Upper Bann) -** To ask the Minister of Justice for his assessment of the concerns raised in a report by the UN Committee on the Rights of the Child regarding the lack of a clear system of co-operation to identify and respond to children who are particularly at risk of becoming victims, because of the failure to extend the National Crime Agency to Northern Ireland.  
  
**Mr Ford (Minister for Justice):** The report referred to expressed the strong concern of the UN Committee on the Rights of the Child that, in the absence of National Crime Agency (NCA) operation in the devolved sphere in Northern Ireland, the Child Exploitation and Online Protection Centre (CEOP), which is integrated into the NCA, is not fully operational here. It suggested that this was an example of devolution leading to discrimination in the enjoyment of rights by children.

The background is that the PSNI are able to access information and advice from CEOP. What is missing, however, is access to operational support. Unless the Assembly agrees to a legislative consent motion, and the Westminster Parliament passes related legislation, the NCA will not have this ability. Clearly that places the PSNI at a distinct disadvantage compared to other police services in the United Kingdom. This is especially so given the pressure on the police budget.

Discussions are ongoing with the main political parties and others to seek to reach agreement on a way forward. **(10th October)**

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Department of Social Development

## Educational Underachievement

**Ms Claire Sugden (Ind – East Londonderry) -** To ask the Minister for Social Development what steps his Department is taking to address low literacy and numeracy levels in East Londonderry, as part of a wider strategy to address educational underachievement amongst young people.  
  
**Mr Storey (Minister for Social Development):** My Department’s Urban Regeneration and Community Development Policy Framework sets out the overarching structure and direction for the delivery of all urban regeneration and community development activity in NI. In particular it will tackle area-based deprivation and inequalities in areas such as educational underachievement amongst young people to reduce the gaps between disadvantaged communities and the rest of NI.

The Department, through its Neighbourhood Renewal Investment Fund, may support projects that are designed to address educational underachievement where a priority need has been identified and where resources are available. The following projects in Coleraine and Limavady are examples of this:

* Coleraine Education Community Project
* Ballysally Integrated Nurturing Project
* Skills Development & Education Programme
* Churchlands Community Supporting Families through Learning
* Millburn Community Development Worker
* Enjoying Learning and Achieving in Limavady, and
* DRIVE (Developing Relationships in Vulnerable Environments) Project

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