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Office of First and Deputy First Minister

## Age Discrimination Legislation

**Mr Chris Lyttle (APNI – East Belfast) -** To ask the First Minister and deputy First Minister for an update on the introduction of age discrimination legislation.

**Mr P Robinson and Mr M McGuinness:** We made a Written Ministerial Statement to the Assembly on 19 February 2015 announcing our decision to take forward proposals to prohibit unfair age discrimination by those providing goods, facilities and services. The proposed legislation will apply to people aged 16 and over. The next step is to bring forward a consultation document setting out our proposals. Once the consultation is complete and a policy agreed, we will then consider all the options available to us for bringing this legislation before the Assembly. **(16th March)**

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## Inter-Ministerial Group on Domestic and Sexual Violence

**Ms Claire Sugden (IND – East Londonderry) -** To ask the First Minister and deputy First Minister for an update on the Inter-Ministerial Group on Domestic and Sexual Violence.

**Mr P Robinson and Mr M McGuinness:** The Department of Health, Social Services and Public Safety, and the Department of Justice jointly lead on Domestic and Sexual Violence and Abuse. OFMDFM has been advised that the Inter-Ministerial Group on Domestic and Sexual Violence (IMG) has met on five occasions since its inception in May 2008.

Between meetings IMG members have received written briefings and been updated both on the development of the new draft Strategy on Domestic and Sexual Violence and Abuse and on the outcome of the consultation on the Strategy.

It is anticipated that an IMG meeting will be arranged when the timetable for the publication of the new Strategy is fully confirmed. **(19th March)**

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## Inter-Ministerial Group on Domestic and Sexual Violence

**Ms Claire Sugden (IND – East Londonderry) -** To ask the First Minister and deputy First Minister to detail the date of the most recent meeting of the Inter-Ministerial Group on Domestic and Sexual Violence; and the number of times it has met since 2011.

**Mr P Robinson and Mr M McGuinness:** The Department of Health, Social Services and Public Safety, and the Department of Justice jointly lead on Domestic and Sexual Violence and Abuse. OFMDFM has been advised that the Inter-Ministerial Group on Domestic and Sexual Violence (IMG) was last scheduled to meet in October 2014; however, the meeting was postponed.

Since 2011, IMG has met on two occasions, 24 May 2012 and 14 November 2012.

Between meetings members have received written briefings and been updated both on the development of the new draft Strategy on Domestic and Sexual Violence and Abuse and on the outcome of the consultation on the Strategy.

It is anticipated that an IMG meeting will be arranged when the timetable for the publication of the new Strategy is fully confirmed. **(19th March)**

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## Funding Provided for Research into Sexual Violence and Abuse

**Ms Claire Sugden (IND – East Londonderry) -** To ask the First Minister and deputy First Minister to detail the funding which has been provided for research into sexual violence and abuse, including the strategies which address these directly, since 2011.

**Mr P Robinson and Mr M McGuinness:** The Department of Health, Social Services and Public Safety (DHSSPS), and the Department of Justice (DoJ) jointly lead on Domestic and Sexual Violence and Abuse. OFMDFM has been advised that since 2011, DHSSPS has not provided any funding for research into sexual violence and abuse, either through or independent of the ‘Tackling Sexual Violence and Abuse’ Strategy.

DoJ has advised that, as part of its five-year victim and witness strategy, it has committed to undertake research with victims of serious and sensitive crimes, including sexual violence and abuse, subject to the necessary resources being available.

The aim of this research will be to assess victims’ experience of the criminal justice system, with a view to addressing issues raised.

Junior Ministers remain committed to tackling all forms of domestic and sexual violence and are members of the Inter-Ministerial Group on Domestic and Sexual Violence.

The Executive’s Gender Equality Strategy 2006-2016 sets out an overarching framework for departments, their agencies and other relevant statutory authorities to promote gender equality. The Strategy contains a key objective to eliminate gender based violence in society. **(19th March)**

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Department of Education

## Funding Allocation for 2015/16

**Ms Claire Sugden (IND – East Londonderry) -** To ask the Minister of Education, pursuant to AQW 43347/11-15, following his Department's meeting, to detail the funding allocation for 2015/16, including details of what date funding will end. **[Priority Written]**

**Mr J O’Dowd (Minister of Education):** The funding allocation for 2015/16 for the Early Years Fund (which is administered on DE’s behalf by Early Years – the Organisation for Young Children) is £941,000. This will enable all recipient groups to receive continued funding to the end of the current academic year i.e. 31 August 2015.

I will continue to review my budget to establish if a fund can continue beyond that date. However, any such fund will have to be open to all, not just current recipients and reflect the policy priorities of DE. **(16th March)**

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## Early Years Fund

**Mr John Dallat (SDLP – East Londonderry) -** To ask the Minister of Education how he intends to ring fence the Early Years Fund to ensure vital support continues to be available to children from socially disadvantaged families.

**Mr J O’Dowd (Minister of Education):** The Early Years Fund (administered on the Department’s behalf by Early Years – the Organisation for Young Children (EYO)) was originally established by DHSSPS in 2004 to help sustain certain early childhood services in areas of greatest need which were facing funding difficulties when Peace II funding ended. It has effectively remained as a “closed” Fund since then to applicants that were in areas of greatest need at that time.

I have ensured that funding is available in 2015/16 to enable all recipient groups to receive continued support to the end of the current academic year i.e. 31 August 2015.

I will continue to review my budget to establish if a fund can continue beyond 31 August 2015. However any such fund will have to be open to all and reflect the policy priorities of DE. **(16th March)**

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## High Court Judgement – Special Educational Needs

**Lord Morrow of Clogher Valley (DUP – Fermanagh and South Tyrone) -** To ask the Minister of Education for his assessment of the High Court judgement of Mr Justice Horner against the Northern Education and Library Board in relation to their repeated failure to carry out a statutory assessment of a child with Special Educational Needs.

**Mr J O’Dowd (Minister of Education):** I am aware of the outcome of the recent Judicial Review regarding various decisions taken by the North Eastern Education and Library Board in connection with the special educational needs provision for the child in question.

My officials will be writing to the relevant Chief Executive referring to the judgement and advising of the need to ensure that evidence from parents is considered and, in particular, that representations made by parents for statutory assessments should not be rejected or ignored, unless there is good reason to do so. **(16th March)**

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## Entry to Post-Primary Schools

**Mr Steven Agnew (GPNI – North Down) -** To ask the Minister of Education what action he is taking to find a solution to the multiple tests that are required to gain entry to some post-primary schools. **[Priority Written]**

**Mr J O’Dowd (Minister of Education):** I do not recognise the unregulated entrance tests used by a minority of post-primary schools (65 for Transfer 2015) in contravention of the Department’s guidance on post-primary transfer and international evidence on the socio-economic inequalities associated with the use of academic selection. These schools have consciously decided to place a barrier, in the form of multiple entrance tests, in the path of pupils wishing to be considered for admission. This is despite the fact that all schools now teach to the same curriculum and, under the Entitlement Framework, all schools are now required to offer access to a broad range of subjects.

There is no justification for forcing any child to sit an entrance test, let alone multiple tests, when the majority of our post-primary schools (138 for Transfer 2015) already use a fairer approach to transfer from primary to post-primary school.

Those opposed to academic selection need to challenge schools which have made a conscious decision to use unjustified and educationally unsound entrance tests when in fact another system is in place and operational. The time has long passed for making excuses for these schools. **(19th March)**

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## Early Years Fund

**Mrs Jo-Anne Dobson (UUP – Upper Bann) -** To ask the Minister of Education how many (i) Early Years groups and (ii) children will be affected by his decision to cut the funding for the Early Years Fund.

**Mr J O’Dowd (Minister of Education):** The Early Years Fund was originally established in 2004 to help sustain certain early childhood services in areas of greatest need which were facing funding difficulties when Peace II funding ended. It has effectively remained as a “closed” Fund since then to only those groups.

During 2014/15 there were 153 recipients of the Department of Education (DE) DE Early Years Fund which is administered by Early Years, the Organisation for Young Children (EYO). According to monitoring information supplied to DE officials by EYO in relation to 2014/15, 2559 children received services under the Fund.

I have ensured that budget is available in 2015/16 to enable all recipient groups to receive continued funding to the end of the current academic year i.e. 31 August 2015.

I will continue to review my budget to establish if a fund can continue beyond that date. However any such fund will have to be open to all applicants, not just current recipients, and reflect the policy priorities of DE. **(20th March)**

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## Special Educational Needs

**Mr Basil McCrea (NI21 – Lagan Valley) -** To ask the Minister of Education to detail the bodies in place to identify pupils with Special Educational Needs; and how many of these bodies are facing cuts to their budgets.

**Mr J O’Dowd (Minister of Education):** The Code of Practice on the Identification and Assessment of Special Educational Needs acknowledges that there is a continuum of special educational needs (SEN) and sets out a five stage approach to address this.

Responsibility for identifying pupils within Stages 1-3 lies at school level with involvement by the Education and Library Board (ELB) at Stage 3 as necessary. Responsibility at Stages 4 and 5 rests with ELBs and schools.

In reaching my final decisions on the 2015-16 Budget allocations I ensured that support for children with SEN was prioritised. With this in mind, I will be notifying the Education Authority by way of strategic direction that SEN services (including Special Schools) should be protected and that these services will be provided efficiently and within the budget provided. **(20th March)**

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Department of Finance and Personnel

## Welfare Reform Bill

**Mr Basil McCrea (NI21 – Lagan Valley) -** To ask the Minister of Finance and Personnel to detail the financial implications in any delay in implementing the Welfare Reform Bill.

**Mr S Hamilton (Minister of Finance and Personnel):** Any delay in the implementation of welfare reform will create a risk that the £114 million reduction set out by HM Treasury will apply in full to the Executive’s Budget in 2015-16.

HM Treasury have not indicated the level of reductions beyond 2015-16 however, Social Security Agency (SSA) estimates of the foregone UK Exchequer savings of not implementing welfare reform in Northern Ireland are as follows:

|  |
| --- |
| **Years (£million)** |
| **2016-17** | **2017-18** | **2018-19** | **2019-20** |
| 196 | 283 | 366 | 366 |

In addition to the Resource DEL reductions applied by HM Treasury, non-implementation will also lead to significant capital costs associated developing a bespoke IT system for Northern Ireland – SSA have suggested that this may be in the region of £705 million over a number of years.

Failure to proceed with the Welfare Reform Bill will also put at risk the other aspects of the financial package agreed under the Stormont House Agreement. **(19th March)**

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## Voluntary Exit Scheme

**Mr Gregory Campbell (DUP – East Londonderry) -** To ask the Minister of Finance and Personnel how many Civil Servants (i) have submitted their names for consideration under the Voluntary Exit Scheme, and (ii) what implications will there be for the Scheme if the Stormont House Agreement does not proceed.

**Mr S Hamilton (Minister of Finance and Personnel):** As of 11.00 a.m. on 11 March 2015, 4,200 staff have submitted their names for consideration under the NICS Voluntary Exit Scheme.

The implications for the Scheme if the Stormont House Agreement does not proceed, and assuming that alternative funding is not made available from other sources, are likely to be very significant. The Scheme Business Case could not be implemented, meaning that the anticipated pay-bill saving of approximately £26 million in 2015/16, and approximately £90 million per annum thereafter, would not be secured. Departments would then need to reconsider their 2015/16 Business Plans and divert budget from project and programme delivery to fund the salary savings foregone and of course staff morale would be impacted adversely. **(19th March)**

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Department of Health

## Cross-Departmental Internet Safety Strategy

**Mrs Sandra Overend (UUP – Mid Ulster) -** To ask the Minister of Health, Social Services and Public Safety what discussions he has held with the Office of the First Minister and deputy First Minister in relation to the development of a cross-departmental internet safety strategy.

**Mr J Wells (Minister of Health, Social Services and Public Safety):** Executive Ministers have agreed to commission and fund the Safeguarding Board for Northern Ireland (SBNI) to develop a cross-departmental internet safety strategy and costed action plan on their behalf. This will build on the work already undertaken in this area by the SBNI and complement wider national strategy. The general approach was agreed following discussions and meetings with OFMDFM. **(16th March)**

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## Child Mortality Rate

**Ms Megan Fearon (Sinn Féin – Newry and Armagh) -** To ask the Minister of Health, Social Services and Public Safety, given that the current child mortality rate is one of the worst in Europe, whether he plans to introduce a series of public health measures in a bid to reduce avoidable child deaths.

**Mr J Wells (Minister of Health, Social Services and Public Safety):** Reducing child mortality rates in Northern Ireland is of paramount importance. In keeping with the rest of the UK, infant mortality rates here have been declining steadily for many years, however, it is concerning that they remain higher than in some European countries.

Injuries are responsible for a substantial proportion of childhood deaths and my Department recently launched a new Home Accident Prevention Strategy that focuses on high risk groups.

I also welcome the recent report from the Royal College of Paediatrics into ‘Why Children Die’, which makes a number of public health related recommendations in areas such as home accident prevention, breastfeeding, smoking, alcohol restriction, and sudden infant death.

Measures are in place to address these issues through implementation of the public health strategic framework “Making Life Better”, and associated strategies and programmes for tobacco control, breastfeeding support, substance misuse, suicide prevention, and family support and early year’s services.

Programmes to improve children’s educational attainment, emotional wellbeing, and nutrition also make an important contribution. Other public health measures designed to improve children’s health include an extensive and evolving childhood vaccination programme to protect against a range of serious and potentially fatal diseases.

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## Reporting Crimes

**Ms Claire Sugden (IND – East Londonderry) -** To ask the Minister of Health, Social Services and Public Safety, pursuant to AQW 42486/11-15, for his assessment of the effectiveness of these measures, including in encouraging victims of sexual violence and abuse to report these crimes.

**Mr J Wells (Minister of Health, Social Services and Public Safety):** The measures included in my response to AQW 42486/11-15, which are wide-ranging in nature, have contributed to enhance the provision of advice and support to victims of sexual violence and abuse and raise awareness of health and social care needs.

These services encourage victims of sexual violence and abuse to report these crimes, where necessary and appropriate, to the authorities. This decision though may ultimately rest with the victim. Should victims decide on this route additional support will be provided through the criminal justice system and victims are also encouraged to use to the services of Victim Support NI. **(18th March)**

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## Support for Deaf Children

**Mr Fearghal McKinney (SDLP – South Belfast) -** To ask the Minister of Health, Social Services and Public Safety to detail the mechanisms in place whereby deaf children are provided support by social care teams; and to outline the eligibility criteria.

**Mr J Wells (Minister of Health, Social Services and Public Safety):** I refer the member to the detailed responses provided by the Health and Social Care Trusts which are attached at Annex A.

**DHSSPS AQW 43010/11-15Annex A**

**Responses from Health and Social Care Trusts**

**Northern HSC Trust**

The Trust does not have in place a dedicated Children's Services team for children with hearing impairment. The Northern Trust takes the approach of the child first, as opposed to the diagnosed condition first. Service provision is needs led and subject to assessment under the auspices of the UNOCINI Framework (Understanding the Needs of Children in Northern Ireland). This Assessment Framework is outlined below. It should be understood that, before an assessment of need is undertaken by Social Care, a child will have had access to universal services such as G.P. and health visiting/school nursing services. Children with additional needs may also have accessed targeted interventions such as Applied Health Professional involvement (speech and language therapy/occupational therapy/physiotherapy/dental/orthoptic services) or Surestart Partnerships, Family Support Hubs and the Primary Mental Health Team.

For a small number of families, intensive support is required from a range of community and professional services. This may include examples such as neonatal units, family centres, social work intervention including Family Support and Intervention Teams and Children with Disability Teams, in a supportive capacity. Children with complex and/or acute needs are those who, if they stayed at home, may have risks posed to them in respect of their health and emotional wellbeing. Such children may be the subject of a Child Protection Plan or a care arrangement alternate to home. These are the children and families with whom the Children’s Services Social Work Teams have most involvement, in particular the Gateway and Family Support Intervention Teams.

The Children with Disability Social Work Teams (who carry out these same functions in respect of safeguarding); also have involvement with children whose long term diagnosed conditions have a significant impact on their and their families lives. All of these Social Work teams, where the need has been identified, carry out carers assessments. A specific service which is provided by social care to children with hearing impairment is that of assessment in respect of equipment needs - when a self-referral by parent or a professional is made for same. These referrals tend to be made to the Children with Disability team and onward referral is processed to the Physical and Sensory Service (for Adults) where the relevant technicians are located. Thereafter, the assessment processes in terms of need, outlined above, apply.

**South Eastern HSC Trust**

The South Eastern Health and Social Care Trust Sensory Support services have the following mechanisms in place whereby deaf children inclusive of their families are provided support by social care teams. The support is provided in conjunction with other professionals, organisations and agencies that together meet the assessed needs of deaf children and their families.

Services to children are organised through single points for entry within localities. A referral is received through Gateway and then assessed by a dedicated Social Worker for Deaf/Hard of Hearing (HOH) children. This means that families can expect a consistent response and pathway of services.

Children are designated as Children in Need under the Children’s Order and as such are all offered an annual review of their needs.

Paediatric audiology pathway - Social Work support at point of diagnosis either through new-born screening or through paediatric audiology. Social Work from Sensory Support is part of the hospital Multidisciplinary Team and meets monthly with hospital audiology colleagues for onward referral within the community.

Multidisciplinary  paediatric community meetings – all  community professionals involved with the child will meet regularly to discuss services provided – Sick Children’s Medical Officer,  Speech & Language Therapist,  Peripatetic Teaching service,  National Deaf Children’s Society Social Worker with on-going liaison between professionals, organisations and parents/families.

Social Work assessment, care plan and review process is on-going with the child and their parents/families. A Carers assessment is offered and completed as required throughout this process with possible application for carers respite payment as applicable.

* Parents support groups – provides parents and families with information support and activities.
* Parent Volunteers –  peer support for newly diagnosed families
* Parent’s newsletter –distributed quarterly to all families in partnership with SEHSCT to share up to date relevant news and information.

Advocating on behalf of Deaf children within the mainstream education service, contributing to the statementing process and working closely with the Peripatetic teaching service.

* Liaison with Jordanstown School and involvement within the review process.
* Liaison with specialist mental health / behaviour services – i.e. Children’s Mental Health service
* Transition services – liaison with housing executive / CAB re benefits
* Link to health development to ensure deaf children and their families have access to same activities and services as other children i.e.  swimming lessons with communication support – tennis coaching from Deaf tutor – horse-riding ,trampolining
* Assessment for suitable equipment to assist with language acquisition and independence skills.
* Family Sign Classes – informal set of sign classes to introduce all members of the family to basic sign language are completed annually.
* Communication support – individual communication support can be offered to families to assist with family signing where the family need additional support
* Deaf awareness sessions –  sessions can be arranged as required by families where children are moving into new environments or to ease community integration for either formal such as nursery primary or secondary school or informal such as Brownies, Scouts ,sporting leaders etc
* Deaf role model / link to deaf community – Community Support Worker can offer a link to the deaf community for parents and children to enable a positive role model.

The eligibility criteria for the Trust Sensory Deaf and Hard of hearing service covers all ages of people who have a diagnosed hearing loss, are profoundly deaf, are sign language communicators, have a dual hearing/visual loss or those experiencing tinnitus.

**Belfast HSC Trust**

Children who are deaf are referred to the Children with Disabilities team by professionals through the referral section of the UNOCINI framework.  The relevant criteria are: ‘Children who have a permanent hearing loss that would be diagnosed as moderate to profoundly deaf’.

On receipt of referral, the child is screened by the team leader to determine if an initial assessment requires to be undertaken by a social worker or whether a referral to the Children’s Sensory Support clinic is more appropriate. This is based on the reason for referral.

If an initial assessment is required, this will be undertaken by the community team, who may also refer the child to the Children’s Sensory Support clinic if required. The outcome of the initial assessment will determine which services are offered based on the needs identified.

Alternatively, if an initial assessment under the UNOCINI framework is not required the child will be offered an appointment at the Children’s Sensory Support clinic. At this appointment they meet with the social worker to discuss diagnosis and any concerns that the child or family have and their practical needs. At this point an action plan and, if appropriate, a Support Plan is developed.

The child and family are introduced to the Environmental Aids Officer from the sensory support service.  They talk through aids that may be beneficial to the child.  If it is felt appropriate, a referral can be made to complete an environmental aids assessment with the child in their home.  This may result in the child accessing a loop system, loud tone/flashing door bell, smoke alarm and/or a baby link - as assessed.  These items are provided free by the Trust.  Information regarding equipment that may be beneficial for the child but not supplied by the Trust is also discussed, e.g. IPADs, IPODs and Apps.

The child/family will also be advised of voluntary organisations, i.e. NDCS and NIDYA (now called Action deaf youth) to access information, youth clubs, social events and mail lists.  The Trust can also refer to British Deaf Association who has a mentoring scheme for deaf children/young adults and information service.  The child can also be referred to the peripatetic support service to assist with aids and support within the educational environment. If it is felt that the child would benefit from longer term social work support, the case is then allocated and a full assessment of need is undertaken and carer assessment is offered where appropriate.

**Western HSC Trust**

**Criteria for Eligibility**

Any individual, including a child, who is deaf or has a “significant” hearing loss (significant is agreed to mean requiring hearing aids following referral to and assessment by local audiology department) is eligible to receive a service from the Sensory Support Team and children are viewed as “children in need” and prioritised accordingly.

**Mechanisms in place for Providing Support**

WHSCT has a process in place reference children diagnosed with a hearing loss and requiring a hearing aid or children newly diagnosed prelingually profoundly deaf.

The Audiology Department will contact Sensory Services to advise when the child’s first hearing aid fitting is to take place and it arranges to have a social worker from the team present at that appointment to meet with parents. The purpose of that meeting is to advise parents of the range of services available to their child from both the statutory and voluntary sectors. They are advised that with their consent, the WHSCT will inform the following services that their child has been diagnosed with a hearing loss:

* Peripatetic Teacher for child with hearing loss in Western Education & Library Board
* Family Officer from National Deaf Children’s Society
* Speech & Language Therapy
* Community Paediatrics

This is to ensure that those providers are aware of the child and can make contact with the family if appropriate, to offer support as required.

Parents at this point can choose whether to avail of services from the Sensory Team. If they feel it inappropriate or unnecessary at the time, they are given information and contact details so that they can be in touch at a later stage if they so wish.

This process evolved as a result of the Newborn Hearing Screening Programme and the WHSCT feels it is very beneficial for all concerned.

Alternatively, the WHSCT operates an open referral system whereby a child may be referred, with parental consent, by another professional or voluntary sector, e.g.:

* Health Visitor
* Community Paediatrician
* Consultant
* Western Education & Library Board Peripatetic Teacher
* Speech & Language Therapy
* NDCS
* or family, i.e. parents or guardians, and the Trust will carry out an assessment of need in terms of service requirements.

**Southern HSC Trust**

There are clear pathways within SHSCT for onward referral to support services when a child is diagnosed with a Permanent Childhood Hearing Impairment (PCHI). The care and support for children with hearing loss is provided by a multi-disciplinary team which includes Parents, ENT, Audiology and Hearing Aid Services, Specialist Speech and Language Therapy, GP’s, Health Visitors, Community Paediatrics, Social Services and the Hearing Support Team within Education.

When a child is identified with PCHI, the ENT Consultant, with the consent of the Parents/Guardians, notifies by letter all the Professionals mentioned above. The Peripatetic Teacher is identified as the key worker co-ordinating services for the child and the entire group are kept informed of progress. Parents are given an information booklet outlining the role of each service and how and when to contact them. Social Services may be contacted by any of the Team or by the parent when support is required. Good communication between the Team ensures that each child has on-going assessments, rehabilitation and is reviewed regularly. **(18th March)**

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## Paediatric Cardiac Services

**Mrs Jo-Anne Dobson (UUP – Upper Bann) -** To ask the Minister of Health, Social Services and Public Safety, in relation to his proposals to move to an all-island network for paediatric cardiac services, when Our Lady's Children's Hospital, Crumlin will have full capacity to provide surgery for all Northern Ireland patients.

**Mr J Wells (Minister of Health, Social Services and Public Safety):** I would refer the Member to my Statement to the Assembly on 3 March 2015. The Congenital Heart Disease Network Board will take forward a phased implementation of the network over the next 15-18 months. This timeframe reflects the need to build capacity in Our Lady’s Children’s Hospital, Crumlin, to receive additional patients from Northern Ireland.

**(19th March)**

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## Paediatric Cardiac Funding

**Mr Robin Swann (UUP – North Antrim) -** To ask the Minister of Health, Social Services and Public Safety, to specify the availability of the £1 million announced by Mr John Compton as being available for paediatric cardiac services; and how it differs from the £1 million announced as being available through the Change Fund. **[Priority Written]**

**Mr J Wells (Minister of Health, Social Services and Public Safety):** The former chief executive of the Health and Social Care Board (HSCB) indicated in 2013 that £1m would be made available to invest in the future model for Paediatric Congenital Cardiac Services (PCCS) proposed by the HSCB’s PCCS Working Group in April 2013. Pending a decision from my predecessor on the future service model for these services, the HSCB utilised this funding to support the costs of paediatric cardiac surgery undertaken outside Northern Ireland.

I have now made available £1.2m in 2015/16 to invest in the model recommended by the International Working Group. The amount of money to be invested in the approved future model has therefore increased from a combination of Executive Change Funding and my Department's budget for 2015/16.

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Department of Justice

## Sarah’s Law

**Lord Morrow of Clogher Valley (DUP – Fermanagh and South Tyrone) -** To ask the Minister of Justice, pursuant to AQW 42558/11-15, as opposed to, or in conjunction with, briefings from agencies within his departmental remit, what engagement has he or his Department held with non-government agencies, including the National Society for the Prevention of Cruelty to Children and various victims groups, in respect of Sarah’s Law and its potential introduction.

**Mr D Ford (Minister of Justice):** My Department has held discussions with agencies, including the NSPCC, who are involved as part of the strategic oversight of the public protection arrangements (PPANI). The PPANI strategic arrangements also include a victims’ sub group with representatives of various victim organisations. **(19th March)**

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Department for Social Development

## Child Support Appeal Tribunal

**Mr Jim Allister (TUV – North Antrim) -** To ask the Minister for Social Development, pursuant to AQW 40960/11-15, to confirm that a person has a right of appeal to a child support appeal tribunal on a referral decision.

**Mr M Storey (Minister for Social Development):**  If a referral determination of the Tribunal has been revised by the Department under Article 18 of the Child Support (Northern Ireland) Order 1991 it can be appealed to a Tribunal. If the Department implements a Tribunal’s determination a right of appeal is available to the Child Support Commissioner on a question of law under Article 25 of the Child Support (Northern Ireland) Order 1991. **(16th March)**

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## Appeal Tribunal

**Mr Jim Allister (TUV – North Antrim) -** To ask the Minister for Social Development, pursuant to AQW 40960/11-15, to confirm that any decision of his Department may be revised by a decision under Article 18 which includes a decision of an appeal tribunal on a referral under Article 28D(1)(b); and therefore that any person has a right of appeal, to an appeal tribunal, against this decision.

**Mr M Storey (Minister for Social Development):** Article 18 of the Child Support (Northern Ireland) Order 1991 provides for decisions made by the Department to be revised. Article 18 also allows the Department to revise a decision of the Appeals Tribunal in limited circumstances, which would then be considered a decision of the Department to which there is a right of appeal to a Tribunal.

If the Department implements a Tribunal determination it remains a decision of the Tribunal, to which there is a right of appeal to the Child Support Commissioner on a question of law under Article 25 of the Child Support (Northern Ireland) Order 1991.

**(16th March)**

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