NICCY Summary: NI Assembly Written Answers for Week Ending 14th February 2014

- Programme for Government 2011-15: Health and Wellbeing
- Goods, Facilities and Services Legislation
- Unite Youth
- Looked After Children: Suspended and Expelled
- Strategy for 14-19 Year Olds
- Primary Integrating/Enriching Education Project
- Training Opportunities for Young People: North Down
- Autism Strategy
- Welfare Reform Penalties
- Looked After Children: Independent Fostering Providers
- Children’s Cardiac Surgery
- Children’s Cardiac Surgery
- International Independent Review on Children’s Heart Surgery
• Young People: Inpatient Mental Health Treatment
• Children: Complex Mental Health Needs
• Young People with Mental Ill Health: Inpatient Beds
• Child and Adolescent Mental Health Services
• Social Media Game Neknomination: Dangers
• Legal Needs of Children and Young People
• Welfare Reform Bill
• Welfare Reform: Financial Implication
• Welfare Reform: Ministerial Talks with Parties
Programme for Government 2011-15: Health and Wellbeing

Mr Agnew asked the First Minister and deputy First Minister, in relation to the Programme for Government 2011-15 commitment to improve health and wellbeing,

(i) when wellbeing will be defined;
(ii) what is likely to be included in the definition; and
(iii) how wellbeing will be measured.

(AQW 27793/11-15)

Mr P Robinson and Mr M McGuinness: In 2010, the Office for National Statistics (ONS) commenced a programme of work to measure wellbeing across a series of domains, including the measurement of personal wellbeing. The domain that relates to Personal Wellbeing contains the following indicators: satisfaction with life overall; happiness yesterday; how worthwhile the things one does are; and anxiety yesterday. In addition, an indicator relating to population mental wellbeing (the Warwick Edinburgh Mental Wellbeing Scale) was recently added to this domain. The Warwick Edinburgh scale is also used by the Department of Health, Social Services and Public Safety Mental Wellbeing scale in its annual Health Survey, and it is intended to use this scale as one of the measures that will be monitored under the new Public Health Strategic Framework and Suicide Prevention/Positive Mental Wellbeing strategy.

The Northern Ireland Statistics and Research Agency (NISRA) is working closely with ONS officials to ensure that our interests are incorporated into the ONS wellbeing programme. Following a recent Carnegie UK Trust conference held in Belfast, the Minister of Finance and Personnel asked NISRA officials to publish the Northern Ireland data for the UK measures where they are available. This work is ongoing.

The new cross-cutting Public Health Strategic Framework, to be submitted shortly for Executive approval, will be one of the building blocks for the achievement of a number of PfG commitments including Priority 2 – Creating Opportunities, Tackling Disadvantage and Improving Health and Wellbeing. The Framework will refer to World Health Organisation definitions of health and wellbeing.
A cross-cutting set of key indicators to measure progress on the Framework has been developed in collaboration with other departments. OFMDFM is considering, in conjunction with other departments, approaches to the evaluation of Delivering Social Change, which could include a measurement of wellbeing. This work is in a development phase and it is too early to determine how.

**Goods, Facilities and Services Legislation**
Mr Copeland asked the First Minister and deputy First Minister, pursuant to AQW 28824/11-15, to detail, and for their assessment of the implications of the various options available. (AQW 29471/11-15)

**Mr P Robinson and Mr M McGuinness:** This is an extremely complex area and, as such, we are considering the content of the proposed legislation. Our intention is that the legislation will prohibit treatment that amounts to unfair discrimination, without removing any of the protections and privileges currently available to different age groups. To achieve this, we are examining the exceptions that will be needed to ensure that appropriate differential treatment for members of various age groups can continue. In light of the issues and sensitivities surrounding the proposed legislation, we do not think it would be helpful or prudent, at this time, to disclose details of the matters under consideration.

Back to Top
Unite Youth
Mr I McCrea asked the First Minister and deputy First Minister for their assessment of the recent Unite Youth event at the Waterfront Hall including the progress made on the scheme design.
(AQO 5494/11-15)

Mr P Robinson and Mr M McGuinness: The United Youth Design Day represented a tremendous success in terms of stakeholder engagement within the context of the co-design process in developing the United Youth Programme. The event attracted over 250 attendees from a wide range of stakeholders including around 60 young people, who actively participated in the day. It was this active participation on the part of everyone who attended, but particularly the young people that ensured the success of the event and generated a wealth of insightful and informative feedback. All of this valuable material will be used to help build the final design of the United Youth Programme. A dedicated United Youth Advisor has now been appointed to facilitate the next stage in the design and we also announced last week a new pilot programme specifically aimed at young people aged 18-24 who are not in employment, education or training who will have the opportunity to participate in the Headstart programme which will inform the design and structure of the United Youth Programme.

Looked After Children: Suspended and Expelled
Mr Storey asked the Minister of Education to detail the number of looked after children who were
(i) suspended; and
(ii) expelled from school in each Education and Library Board, in each of the last three years.
(AQW 30340/11-15)

Mr O'Dowd: Data is not currently held on the number of looked after children who have been suspended or expelled. We are investigating if this can be obtained without incurring disproportionate costs and I will write to you again once this is known.

Back to Top
Strategy for 14-19 Year Olds
Mr Storey asked the Minister of Education what is the timescale for the development of a policy for 14-19 year olds.
(AQW 30503/11-15)

Mr O’Dowd: I work closely with Minister Farry on the range of issues that affect the education and training of young people in the 14-19 age group and will continue to do so. Likewise, my officials, from the most senior level, will also continue to work with their colleagues in DEL on the cross-cutting issues for this age group. The working partnership between my Department and the Department for Employment and Learning (DEL) remains robust at a strategic and policy level. The priority remains on putting pupils first, and in that context we will work towards the articulation of our policy in respect of 14-19 year-olds over the coming months.

Primary Integrating/Enriching Education Project
Mr Rogers asked the Minister of Education, given that the evaluation of the Primary Integrating/Enriching Education Project has been completed, what plans he has to move this project forward as a model for sharing education.
(AQW 30553/11-15)

Mr O’Dowd: As I indicated in my statement to the Assembly on 22 October 2013, I am committed to delivering the Programme for Government commitments to advance shared education through a variety of actions. My Department is currently working with the Office of the First and deputy First Minister and the Atlantic Philanthropies on a funding programme to support shared education.

The Primary Integrating/Enriching Education (PIEE) programme, which was funded by the International Fund for Ireland and the Atlantic Philanthropies, was subject to evaluation by the Shared Education Learning Forum (SELF), with the Education and Training Inspectorate taking forward evaluations of a number of other shared education projects. Lessons learnt from these evaluations are being taken into account in developing the new funding programme, thus building on the legacy of the Sharing in Education Programme (SiEP). The PIEE project, which was to be self-sustaining, has already been used as an example of shared education and my Department will continue to use this and other similar
projects to encourage further shared education.

With the closure of the International Fund for Ireland’s Sharing in Education Programme in December 2013, schools which were supported by this Programme were encouraged to apply for Community Relations, Equality and Diversity (CRED) funding for costs that they could not self sustain. It is understood that schools in the PIEE project did not apply for this funding and in the North-Eastern Education and Library Board area the CRED Enhancement Scheme was under-subscribed in the current financial year.

Training Opportunities for Young People: North Down
Mr Easton asked the Minister for Employment and Learning to detail any training opportunities that are available for young people through outside bodies, to gain employment in the North Down area.
(AQW 30429/11-15)

Dr Farry: My Department provides a variety of training opportunities to young people to assist them to gain employment. The procurement of programme delivery is the subject of public tendering processes, with successful bidders being awarded contracts to deliver relevant training. The programmes available are as follows:

Training for Success
Training for Success provides a guaranteed offer of training to all unemployed 16 and 17 year old school leavers. There is also extended age eligibility for those with a disability or from an in-care background (up to ages 22 and 24 respectively). The contracted providers for Training for Success in North Down area are:
- South Eastern Regional College (with campuses in Bangor and Newtownards);
- North Down Training Ltd; and Rutledge Recruitment and Training (Bangor).

Steps to Work
Steps to Work is my Department’s main adult return to work provision. It aims to assist people who are unemployed or economically inactive to find and sustain employment. The Steps to Work contracted provider in the North Down area is
- South Eastern Regional College.
Youth Employment Scheme (YES)
YES is a voluntary scheme designed to help young people aged between 18 and 24 develop the skills needed to get a job. It recognises that employability skills are more readily obtained by active participation in a work setting with an employer or a voluntary organisation. YES offers young people work experience or skills development placements with an employer. During the skills development placement, participants have the opportunity to gain or add to existing qualifications. Since 30 September 2013, following a review of the scheme, Steps to Work programme Lead Contractors deliver both Work Experience and Skills Development elements of the Scheme. The Lead Contractor responsible for delivery in the North Down area is
- South Eastern Regional College.

Further information and advice for young people on how to access any of these opportunities is available through the Department's Careers Resource Centres, Job Centres or Jobs and Benefits offices.

Autism Strategy
Mr I McCrea asked the Minister for Employment and Learning what role his Department will have in implementing the Autism Strategy 2013-2020 and the Action Plan 2013-2016.
(AQO 5508/11-15)

Dr Farry: My Department has played a full role in the development of the recently announced Autism Strategy and Action Plan. As we now embark on the implementation stages, my Department’s contribution will largely fall under the Strategy’s Employability Theme. In addition, my Department will contribute to other cross cutting Themes, such as Awareness and Transitions.

Under the Employability Theme, my Department will play a key role in delivering client-centred services and programmes that help address the various needs of those with autism. In particular, my Department and its key providers, such as universities, colleges and training providers, will directly support the two key Priorities in the Strategy. They are Priorities 10 and 11, which aim to increase the number of people with autism entering employment and to increase the opportunities for them to attain skills and
qualifications through access to appropriate training and lifelong learning opportunities. In addition to a range of general actions for all Departments, such as better awareness and staff training, my Department is committed to a number of specific actions in the Employability Section of the Action Plan, which relate to employment and training, as well as further and higher education provision. The actions incorporate existing services, as well as new and developing initiatives, such as the Pathways to Success Strategy, the Access to Success Strategy and the proposed Economic Inactivity Strategy.

As I stated recently at the Autism NI Employment Breakfast, I am also keen that we work closely with employers, to help them play an increasingly greater role and make it easier for them to provide opportunities for people with autism and to help them progress their career goals.

**Welfare Reform Penalties**
Mr Weir asked the Minister of Finance and Personnel for his assessment of the potential level of Welfare Reform penalties during 2014. (AQW 30393/11-15)

Mr Hamilton: In January Monitoring the Executive had to set aside £15 million to meet the cost of welfare reform penalties covering the final three months of this financial year. The penalty will increase significantly next year and is now forecast to be £105 million in 2014-15. I do not believe that this penalty can be funded through reduced requirements declared in the monitoring rounds next year. Addressing this £105 million pressure will therefore require cuts to departmental Resource DEL baselines of around 1%. To give some perspective to what the £105 million cut will actually mean for public services, this quantum represents the annual costs of employing some 2,500 nurses or 2,100 teachers. Absorbing this significant pressure next year when our public services are under increasing financial pressure is simply unjustifiable and a great disservice to the people of Northern Ireland. It is now critical that the Welfare Reform Bill is progressed to avoid spending cuts that will severely damage our public services.
Looked After Children: Independent Fostering Providers
Miss M Mcllveen asked the Minister of Health, Social Services and Public Safety how many looked after children, with high level needs, have been placed with independent fostering providers in the last six months.
(AQW 30249/11-15)

Mr Poots: The information requested is not held centrally within the Department and has therefore been provided by the Health and Social Care Trusts.

20 children with high level needs have been placed with independent foster care providers in the last six months (July 2013 – December 2013). High level needs has been interpreted to mean those children whose needs are so complex that a regular foster care placement would not be suitable.

Children’s Cardiac Surgery
Mr Swann asked the Minister of Health, Social Services and Public Safety how many children’s cardiac operations have been performed in Belfast since his statement on 9 December 2013.
(AQW 30316/11-15)

Mr Poots: The Belfast Health and Social Care Trust have reported that between the 9th December 2013 and the 31st January 2014, there has been one children’s cardiac operation performed in Belfast.
Children’s Cardiac Surgery
Mr Swann asked the Minister of Health, Social Services and Public Safety how many children from Northern Ireland have undergone cardiac surgery in Dublin since his statement on 9 December 2013.
(AQW 30317/11-15)

Mr Poots: There have been no cardiac surgery procedures on children from Northern Ireland undertaken in Dublin since the Ministerial statement on 9 December 2013.

In the period April 2013 to January 2014, 13 children from Northern Ireland have undergone cardiac surgery in Dublin (4 emergency cases, 5 urgent cases and 4 elective cases). Given the small number of Northern Ireland cases undertaken in Dublin there will be monthly variances in the activity. Each paediatric cardiac surgery case is subject to a clinical decision making process to assess the most appropriate location for surgery.

International Independent Review on Children’s Heart Surgery
Mr Swann asked the Minister of Health, Social Services and Public Safety for an update on the international independent review on children’s heart surgery lead by Professor Mayer into the viability of a two site network on the island of Ireland, which is expected to deliver a report in June 2014.
(AQW 30318/11-15)

Mr Poots: My Department has been engaging with the Department of Health in the Republic of Ireland and the Expert Group in developing the project work plan for the Assessment. The Expert Group of Dr Mayer, Dr Moran and Dr Sinclair, have been appointed to carry out an Assessment of a potential all-island service for the future delivery of Congenital Cardiology and Cardiac Surgical services for both adults and children recommending the most appropriate model that meets the population health needs and other requirements of both jurisdictions.
Young People: Inpatient Mental Health Treatment
Mr Beggs asked the Minister of Health, Social Services and Public Safety how many young people under the age of 13 years received inpatient mental health treatment in each of the last four years.
(AQW 30360/11-15)

Mr Poots: Information on the number of young people aged 12 years and under receiving inpatient mental health treatment is not collected centrally and was requested from each Health and Social Care (HSC) Trust. The information provided by HSC Trusts on the number of children aged 12 years and under admitted for inpatient mental health treatment is detailed in the table below for each of the last four years.

Number of Children Aged 12 & Under Admitted for Inpatient Mental Health Treatment (2010/11 – 2013/14)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>13</td>
</tr>
<tr>
<td>2011/12</td>
<td>10</td>
</tr>
<tr>
<td>2012/13</td>
<td>6</td>
</tr>
<tr>
<td>2013/14</td>
<td>*3</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
</tr>
</tbody>
</table>

* Covers period 1 April 2013 - 31 December 2013

Over the last four years, 32 children aged 12 years and under were admitted for inpatient mental health treatment, all of which were admitted to Beechcroft (Regional Child and Adolescent Inpatient Mental Health Unit).
Children: Complex Mental Health Needs
Mr Beggs asked the Minister of Health, Social Services and Public Safety what provision is planned for children with very complex mental health needs, in addition to local outpatient services.
(AQW 30361/11-15)

Mr Poots: The Bamford vision is that people with mental illness should be treated in the community close to their families and friends, unless there is a clinical reason for not doing so. Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland are provided through a stepped care model and based on the clinical needs of the individual. CAMHS are delivered through four community based teams, with Belfast HSC Trust providing services to both the Belfast and South Eastern Trust areas. These CAMHS teams are currently being developed to ensure primary mental health teams and home treatment crisis response services are available across the Region.

Back to Top

Young People with Mental Ill Health: Inpatient Beds
Mr Beggs asked the Minister of Health, Social Services and Public Safety how many inpatient beds are available regionally for young people under 18 years old with mental ill health.
(AQW 30363/11-15)

Mr Poots: Inpatient mental health care for children and young people is provided in Beechcroft, the Regional Child and Adolescent Inpatient Mental Health Unit, located on the Forster Green Hospital site in Belfast. At 31st January 2014, there were 31 beds available regionally for young people aged 18 years and under with mental ill health.

Back to Top
**Child and Adolescent Mental Health Services**

Mr Rogers asked the Minister of Health, Social Services and Public Safety what facilities exist within the South Eastern Health and Social Care Trust for people attending Child and Adolescent Mental Health Services; and which of these facilities are within the Down District.

(AQW 30370/11-15)

**Mr Poots:** Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland are provided through a stepped care model, based on the clinical needs of the individual. Services are provided by four CAMHS teams, with Belfast HSC Trust providing services to both the Belfast and South Eastern HSC Trust areas, including the Down District. Inpatient care for young people, when required, is provided in Beechcroft, the Regional Child and Adolescent Inpatient Mental Health Unit at the Forster Green Hospital site in Belfast. Within the South Eastern HSC Trust, CAMHS are provided from two community based teams, one in Newtownards and one in Lisburn. The team in Lisburn also provides outreach to Downpatrick. These are multidisciplinary teams which specialise in the assessment and intervention for under 18s with mental health needs and their families/carers. Services for children and young people presenting in crisis, and requiring assessment and intervention within 24/48 hours, are provided by a mobile Crisis Assessment Intervention Team, available 7 days per week to GPs and Emergency Departments. There are also specialist services for young people with eating disorders or drug and alcohol issues. A number of voluntary sector organisations also provide support to young people with mental health problems.

**Back to Top**

**Social Media Game Neknomination: Dangers**

Mrs Dobson asked the Minister of Health, Social Services and Public Safety what level of resources are being targeted to raise public awareness about the dangers to health of the social media game Neknomination.

(AQW 30458/11-15)

**Mr Poots:** Neknomination is a relatively new development in Northern Ireland, which unfortunately has the potential to have tragic consequences. The Public Health Agency released a statement on 3 February 2014, stating that Neknomination can be a highly dangerous practice, that real friends don’t neknominate, informing people of their right to...
say ‘no’, and encouraging people to stand up against this “game”. They also appeared on the media to promote these messages, which have been shared through Facebook and Twitter.

Through the overarching strategy, the New Strategic Direction for Alcohol and Drugs Phase 2, we focus on raising awareness of the generic risks of alcohol excessive consumption – in both the long and the short term. The Public Health Agency manages the ‘Know Your Limits’ website which can be accessed at: http://www.knowyourlimits.info/. This website provides useful information about the effects of harmful drinking practices as well as the health benefits of reducing alcohol consumption. In addition, the PHA undertakes and commissions work at a local level that seeks to raise awareness of issues that pose risks to people’s health – this type of work is usually targeted at those deemed to be most at risk, and is taken forward though community support and education.

Legal Needs of Children and Young People
Mr Copeland asked the Minister of Justice
(i) to detail any independent research his Department has commissioned into the legal needs of children and young people;
(ii) whether the research has now been completed; and
(iii) when the research will be published.

(AQW 30749/11-15)

Mr Ford: In May 2013, I commissioned Queens University Belfast to carry out independent research on the legal needs of children and young people. The research has now been completed and the report is in the final stages of preparation. I intend to publish the report shortly.
Welfare Reform Bill
Mr Lunn asked the Minister for Social Development when the Welfare Reform Bill will return to the Assembly.
(AQW 30241/11-15)

Mr McCausland: I issued an Executive Paper on 28th January for the Executive meeting on 30th January, seeking approval for a package of measures designed to shape how Welfare Reform will be implemented in Northern Ireland. This Paper was not discussed as a substantive agenda item. I remain fully committed to taking the Bill through its remaining legislative stages and am frustrated by the lack of progress.

Back to Top

Welfare Reform: Financial Implication
Mr Lunn asked the Minister for Social Development what are the financial implications of breaching parity with the rest of the UK on welfare reform; and when these implications will take hold.
(AQW 30242/11-15)

Mr McCausland: Currently Northern Ireland receives over £5 billion directly from HM Treasury for spending on social security benefits outside of the Northern Ireland Block Departmental Expenditure Limit. This funding relationship which has sizeable financial advantages for Northern Ireland is based on parity between the social security system being maintained. Breaching parity could have significant financial implications for Northern Ireland as to maintain current levels of spending on social security would require that any reduction in the funding from HM Treasury would have to be met from the Block thereby impacting on the level of funding available for vital Northern Ireland public services such as health and education.

United Kingdom Ministers have highlighted their concerns about the lack of progress of welfare reform and the potential consequences arising from breaches of parity. The Chief Secretary to the Treasury has already confirmed that as a result of the continued delay in progressing the Welfare Reform Bill financial penalties of £15 million will be applied for 2013–14, funding which could have been allocated to other Northern Ireland public services. I can confirm that my department has now estimated that the potential total cost of financial penalties for the Northern Ireland Block from the continuing delay in not
implementing the Welfare Reform Bill could rise to an estimated £1 billion by 2018-19. The potential annual costs are set out in the table below.

<table>
<thead>
<tr>
<th>Table 1 estimated cost of not implementing welfare reforms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated cost of not implementing welfare reform</td>
</tr>
<tr>
<td>£104.7</td>
</tr>
</tbody>
</table>

The Department for Social Development will also have to pay the increasing costs of administrating, calculating and paying social security benefits to some 600,000 Northern Ireland social security claimants as the two social security systems increasingly diverge. Northern Ireland currently use Department for Work and Pensions complex and expensive IT at a significantly lower cost than having its own standalone systems. As the social security systems diverge, the Northern Ireland Block will have to either meet the costs of administrative workarounds where the Department for Work and Pensions have upgraded their systems, or fund new IT systems where the Department for Work and Pensions close their systems because they have introduced a new benefit but Northern Ireland has decided to breach parity and retain the legacy benefit.

**Welfare Reform: Ministerial Talks with Parties**

Mr P Ramsey asked the Minister for Social Development whether he has been
(i) made aware of; or
(ii) involved in talks, in his Ministerial capacity, with other parties that have led to agreement on Welfare Reform.

(AQW 30652/11-15)

**Mr McCausland:** I am not aware of, nor have I been involved in talks with other parties which have led to agreement on Welfare Reform. I remain committed to working to reach a consensus on the reform of the welfare system in Northern Ireland and am seeking agreement to discussions on the package of measures with Executive Colleagues as soon as possible.

**Back to Top**