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Office of the First Minister and deputy First Minister

Support for Religious and Ethnic Minority Groups

Mr Nesbitt asked the First Minister and deputy First Minister what financial, or other, support is available from their Department for religious and ethnic minority groups.
(AQW 33877/11-15)

Mr P Robinson and Mr M McGuinness: The Minority Ethnic Development Fund (MEDF), managed by the Racial Equality Unit, has been providing support for voluntary and community organisations working with minority ethnic people and groups since 2003. The fund, worth £1.1m per annum, is currently supporting approximately 30 projects. The Racial Equality Unit also provides day to day assistance and guidance to individuals and groups in respect of their funding awards.

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Delivering Social Change Funding Allocation

Mr Lyttle asked the First Minister and deputy First Minister to detail how the £6m June monitoring round bid for Delivering Social Change will be allocated if the bid is successful.
(AQW 34293/11-15)

Mr P Robinson and Mr M McGuinness: There is currently a £14m resource budget allocation in 2014/15 for the Delivering Social Change Programme. However, the total current requirement in respect of the programme is some £20m.

The £20m programme requirement can be broken down as follows:

- 6 Signature Programmes £13.20m
- Social Investment Fund £ 2.40m
- Childrens Hospice £ 0.40m
- Bright Start £ 1.00m
- Playboard £ 0.33m
- OFMDFM Support Cost £ 1.27m
- SIB DSC Delivery Unit £ 0.50m
- Northern Ireland European Regional Forum £ 0.18m
- Play and Leisure Programme £ 0.50m
- Other £ 0.22m
- Total £ 20.00m

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Department of Education

Elective Home Education

Mr Allister asked the Minister of Education, in light of the intention to further regulate Elective Home Education, how many adverse incidents from this sector have been identified in the last three years.

(AQW 33973/11-15)

Mr O’Dowd (The Minister of Education): There is no intention to further regulate home education at the present time. The Education and Library Boards (the Boards) have directly prepared guidance in relation to home education which reflects their existing legislative responsibilities and are currently consulting on that guidance. The outcome of the consultation process will be of assistance in informing any future proposals in this regard.

In terms of adverse incidents relating to the educational provision for home educated children, the Boards have advised that they are aware of less than 15 incidents.

Board Adverse Incidents

- South Eastern Education and Library Board (SEELB)
- Less than 5* adverse incidents in the last three years
- North Eastern Education and Library Board (NEELB)
- Less than 5* adverse incidents in the last three years
- Belfast Education and Library Board (BELB) Less than 5* adverse incidents in the last three years
- Western Education and Library Board (WELB) None recorded[^]
- Southern Education and Library Boards (SELB) None recorded[^]

* This figure is suppressed in order to protect the anonymity of children

[^] The WELB and the SELB have advised that they do not currently undertake monitoring of children and young people who are educated at home. The Boards have confirmed that they do not undertake assessments of the achievements and outcomes of children who are educated at home and the adverse incidents referenced by the Boards relate to the suitability of the education provided to home educated children.

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Elective Home Education

Mr Moutray asked the Minister of Education how many children in the Southern Education and Library Board area receive elective home education.

(AQW 34486/11-15)

Mr O’Dowd: The Southern Education and Library Board (SELB) has advised that, at 1st January 2014, 58 children and young people were registered with the SELB as being home educated. However, the Department recognises there may also be other young people who are being home educated at home who are not currently registered with the SELB hence the actual figure may be higher.

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Buddy Up Programme

Mr Agnew asked the Minister of Education what action his Department is taking to secure the future of the Buddy Up programme between Holycross Nursery, Boys Primary and Girls Primary Schools, Edenderry Nursery School, Glenwood Nursery School, Wheatfield Primary School and Community Relations in Schools; and how can they involve the participations in the future roll-out of the Buddy Scheme as part of the Together: Building a United Community Strategy.[R]

(AQW 34711/11-15)

Mr O’Dowd: The Department of Education has not contributed to the ‘Buddy Up’ programme supported by Community Relations in Schools (CRIS). The Education and Library Board led Community Relations, Equality and Diversity (CRED) Enhancement scheme provides funding for cross community work in statutory nursery, primary and post-primary schools. In the absence of other sources, the schools may be able to apply under the terms of the scheme although the level of funding is limited.

The Department of Education is taking forward the commitment set out in Together Building a United Community to roll out a buddy scheme in all publicly funded nursery and primary schools. Department of Education officials met with Community Relations in Schools (CRIS) representatives in late 2013 to discuss the CRIS programme. They have also engaged with the Education and Library Boards colleagues to discuss how a buddying scheme might be delivered across the North. Officials are developing a business case and no model to deliver the programme has been agreed.

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Post-Primary Places

Mr Storey asked the Minister of Education how many P7 children in each Education and Library Board area have yet to be allocated a post-primary place for September 2014. (AQW 34770/11-15)

Mr O'Dowd: The Education and Library Boards have advised that at 26 June 2014, the number of P7 children in each area who have yet to be allocated a post-primary place for September 2014 are as follows:

- Belfast ELB 2
- Western ELB 12
- North-Eastern ELB 2
- South-Eastern ELB 10
- Southern ELB 5

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School Reports: Access

Mr Clarke asked the Minister of Education what rights absent fathers have to access their children's' school reports. (AQW 34812/11-15)

Mr O'Dowd: The general rights of parents to information on their child's education, including the annual pupil report, are detailed in the Education (Pupil Reporting) Regulations (NI) 2009. These Regulations outline the minimum information that the report must contain along with details on the timing and manner of provision. Individuals involved in disputes in this area may also wish to obtain legal advice on the specifics of their case. A copy of the Regulations can be accessed at:

http://www.opsi.gov.uk/sr/2009/nisr_20090231_en_1

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Pupils Diagnosed with Down Syndrome

Mr McKay asked the Minister of Education, pursuant to AQW 34251/11-15, how much was spent on children diagnosed with Down syndrome, with a statement of Special Educational Needs, in each Education and Library Board, in each of the last three years. (AQW 34846/11-15)

Mr O'Dowd: The Education and Library Boards have advised that they are not able to provide actual spend on pupils with Down Syndrome. As I stated in my response to AQW 34251/11-15 funding is linked to individual needs with each child accessing a range of provision and special educational needs (SEN) services as identified within each child's statement of SEN. It is, therefore, not possible to attribute costs specific to each child.

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Statement of Special Educational Needs

Mr McKay asked the Minister of Education how many children with Down syndrome were in receipt of a statement of Special Educational Needs in each Education and Library Board area, in each of the last three years. (AQW 34848/11-15)

Mr O'Dowd: The information requested is detailed in the table below.

Number of statemented pupils with Down syndrome by ELB, 2011/12 – 2013/14

Year	BELB	WELB	NEELB	SEELB	SELB	Total
2013/14	44	116	114	103	128	505
2012/13	41	108	109	97	128	483
2011/12	41	105	104	96	122	468

Source: NI school census

Notes:

Figures include funded children in voluntary and private preschool centres, nursery schools, primary (including nursery, reception and year 1-7 classes), post primary and special schools.

Figures refer to the ELB in which the school the pupil attends rather than the ELB in which the pupil is resident

Figures include pupils at stage 5 of the Special Educational Needs Code of Practice only.

Pupils in the figures above do not necessarily have a statement because they have Down's syndrome

Data refers to any special educational need rather than primary need

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Entitlement Framework

Mr Rogers asked the Minister of Education how schools are expected to fulfil the Entitlement Framework in its final implementation stages given the proposed cuts in key stage 4 and 5 according to circular 2014/15 issued on 10 June.

(AQW 34860/11-15)

Mr O'Dowd: You will be aware that additional Entitlement Framework funding support has been provided as a contribution to the costs associated with developing an expanded curricular offer at Key Stage 4 and post 16 and that I extended this support to the end of this budget period. It has always been the intention that Entitlement Framework funding would be a transitional contribution rather than a permanent funding stream.

Schools are funded through their core delegated budget to deliver their statutory obligations, including the curriculum. Following full implementation of the Entitlement Framework I expect that the delivery of all aspects of the curriculum, including the Entitlement Framework will be mainstreamed in schools and across all Area Learning Communities. However, I will continue to explore funding in future years if it is available.

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Transformation or Closure of Schools

Mr Lunn asked the Minister of Education whether his Department has advised Education and Library Boards to carry out public consultations on development proposals for the transformation or closure of a primary or post-primary school during the months of July and August.

(AQW 34889/11-15)

Mr O'Dowd: The Department has no direct role in the Development Proposal (DP) process prior to publication of a DP, and does not determine when Education and Library Boards carry out their public consultations on potential DPs.

The legislation underpinning the DP process, Article 14 of the Education and Libraries (NI) Order 1986, outlines the statutory consultation that must be undertaken before a DP is published. The Board or person making the proposal must consult with the Board of Governors, Staff and Parents of pupils and the Board must also consult with other schools which would, in their opinion, be affected by the proposal.

Following publication of a DP there is a two-month period during which comments can be sent directly to the Department.

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Pupils Diagnosed with Muscular Dystrophy

Mrs McKeivitt asked the Minister of Education how many

- (i) primary;
 - (ii) post-primary; and
 - (iii) special educational needs school pupils have been diagnosed with muscular dystrophy.
- (AQW 35014/11-15)

Mr O'Dowd: The information requested is detailed in the table below.

Number of pupils recorded with muscular dystrophy, 2013/14

School Type	Number of pupils
Primary	21
Post-primary	17
Special	15
Total	53

Source: NI school census

Notes:

Figures include funded children in primary (including nursery, reception and year 1-7 classes), post primary and special schools.

Figures include pupils at stages 1-5 of the Special Educational Needs Code of Practice.

Data refers to any special educational need rather than primary need

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Department for Employment and Learning

Disabled Students' Allowance

Mr Weir asked the Minister for Employment and Learning how many students were in receipt of Disabled Students Allowance in each of the last five years.

(AQW 34759/11-15)

Dr Farry: The numbers of full time undergraduate students in receipt of Disabled Students' Allowance for the last five academic years (rounded to the nearest hundred) are as follows:

- 2008/09 1,200
- 2009/10 1,200
- 2010/11 1,500
- 2011/12 1,500
- 2012/13 1,700.

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Disabled Students' Allowance

Mr Weir asked the Minister for Employment and Learning what action his Department is taking to increase the awareness and uptake of the Disabled Students Allowance.

(AQW 34760/11-15)

Dr Farry: Disabled Students' Allowances are available to students who have a disability, mental health condition or specific learning difficulty and are attending a Higher Education course. This allowance is not means tested and is available in addition to the usual tuition fee and maintenance support.

Students and their families can access information by obtaining a copy of the booklet "Bridging the gap: a guide to Disabled Students' Allowances in higher education". It is automatically sent to a student who indicates by ticking the relevant section in their student support application form that they have a disability. The booklet and separate information on Disabled Students' Allowances can be downloaded on the NI direct website and the student finance NI website. The booklet can also be obtained at University open nights for parents and students. In addition, the Education and Library Boards visit schools and colleges each year to promote the student financial support package. [Back to Top](#)

Department of Finance and Personnel

Welfare Reform: Financial Penalties

Mr Campbell asked the Minister of Finance and Personnel for an estimate of the total sum of financial penalties due to Welfare Reform issues, deducted from the Block Grant, from the date of the first deduction until May 2015.

(AQW 34833/11-15)

Mr Hamilton: The Chief Secretary to the Treasury has confirmed the Welfare Reform penalties of £13 million in 2013-14, £87 million in this year and £114 million next year. The 2015-16 deduction equates to £9.5 million per month.

As a consequence, if Welfare Reform has not been agreed by the end of May 2015, the Executive will have lost a total of £119 million. The financial penalties will continue to escalate significantly over time as reforms to the welfare system are rolled out in Great Britain.

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Department of Health, Social Services and Public Safety

Paediatric Congenital Cardiac Services

Ms Maeve McLaughlin asked the Minister of Health, Social Services and Public Safety for an update on the recommendations into the future of pediatric congenital cardiac services. (AQW 34333/11-15)

Mr Poots: The International Expert Team, led by Dr John Mayer, commissioned by Dr James Reilly TD, Minister of Health in the Republic of Ireland, and me to carry out an independent assessment of current and future needs for cardiology and cardiac surgery for congenital heart disease in the Republic of Ireland and Northern Ireland have been aiming to submit its report to Minister Reilly and me by 1 July 2014. I understand this timetable has slipped slightly.

The team will describe the existing hospital services in both jurisdictions, outline options for service configuration and governance arrangements and report to both Ministers, jointly, recommending the most appropriate model that meets the population health needs and other requirements of both jurisdictions.

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Organ Transplants for Children

Mr Weir asked the Minister of Health, Social Services and Public Safety to detail the number of operations for organ transplants to children that have taken place in each of the last three years, broken down by organ type.

(AQW 34436/11-15)

Mr Poots: The information requested has been supplied by NHS Blood and Transplant, which is the organ donation organisation for the UK and is responsible for matching and allocating donated organs.

The information is shown in the following table –

Transplants - by financial year as at June 2014

Organ	2010/11	2011/12	2012/13	2013/14	2014/15
Kidney (deceased)	<5*	<5	<5	-	<5
Kidney (live)	8	5	<5	<5	-
Lung(s)	-	-	<5	-	-
Liver (deceased)	<5	7	<5	<5	<5
Ocular tissue	2010/11	2011/12	2012/13	2013/14	2014/15
Cornea	<5	<5	<5	<5	<5
Sclera	6	<5	<5	<5	-
TOTAL	20	16	10	8	<5

* Patient numbers of less than 5 in the attached document could become identifiable data and are therefore listed as <5

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Eye Tests for Children

Mr Rogers asked the Minister of Health, Social Services and Public Safety how many children had at least one eye test in 2012/13; and of these, to detail the number of children under sixteen, shown as a percentage of the total population of children.

(AQW 34513/11-15)

Mr Poots: The information requested is provided in the tables below, figures relate to Health Service sight tests only and excludes private sight tests.

Data relates to the date the sight test was processed and paid on the system rather than the date the test took place. Claims must be submitted for payment within six months of the date of the test. Age is calculated using the date of birth on the sight test form and the date the test took place.

Registered health population figures are taken from October 2012, the mid-point of the 2012/13 financial year.

Children who received Health Service sight tests in 2012/13

Age	Number of Health Service sight tests	Number of children registered for Health Service treatments at October 2012	% of children who received a sight test
0-15	104,986	384,097	27.33%
0-17	122,296	433,595	28.21%

Source: Family Practitioner Services, Information and Registration Unit, BSO.

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Health Service Provision for Dyslexia

Mr Hazzard asked the Minister of Health, Social Services and Public Safety, given that dyslexia is recognised as a disability under equality legislation, why there is no Health Service provision for dyslexia, including at a diagnostic level.

(AQW 34554/11-15)

Mr Poots: Dyslexia is identified mainly within educational settings by educational psychologists, when teachers or parents have identified problems with reading and writing. The additional and specialised teaching and adaptive strategies required to address the difficulty associated with dyslexia are delivered in schools and other educational settings. While there are no specific health problems associated with dyslexia, any co-morbid or additional problems which require Health and Social Care input can be accessed by the normal referral routes.

If a referral is made to Health and Social Care, professionals including Speech and Language Therapists and Occupational Therapists support educational staff by assessing the child's or young person's phonological awareness and visual perceptual needs. They then provide appropriate intervention strategies and advice whilst liaising with educational colleagues and parents to meet the holistic needs of the child and enhance their literacy development.

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Eating Disorders

Mr McCarthy asked the Minister of Health, Social Services and Public Safety to outline the service provision for people below the age of 14 years diagnosed with eating disorders.

(AQW 34749/11-15)

Mr Poots: Eating Disorder Services for young people are provided by specialist community-based teams in each Health & Social Care Trust area. The Belfast Trust provides these services for the South Eastern Trust.

Inpatient care for children and adolescents with eating disorders is usually provided at Beechcroft, the Regional Child and Adolescent Mental Health Inpatient Unit. The Unit provides inpatient care for children and young people up to the age of 18. However, if a patient's condition is primarily physical, clinicians may decide that the best place for treatment is an acute hospital setting. If this is the case, acute paediatric medical and CAMHS eating disorders services work in partnership.

If a patient requires intense specialist treatment for an eating disorder, Trusts can access beds in England, Scotland and Ireland through the Extra Contractual Referral (ECR) process. Developments in local Eating Disorder Services in recent years have resulted in a significant reduction in the number of children and young people having to be referred outside Northern Ireland for treatment.

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Eating Disorders

Mr McCarthy asked the Minister of Health, Social Services and Public Safety how many young people are diagnosed with an eating disorder.

(AQW 34750/11-15)

Mr Poots: It is not possible to identify the number of young people diagnosed with an eating disorder. The number of admissions of young people to acute hospitals as a result of eating disorders in each Health and Social Care Trust is given in the table below. The figures do not include admissions to any community or mental health facilities.

Financial year	Admissions
2010/11	15
2011/12	11
2012/13	16

Source: Hospital Inpatient System

Notes:

- 1) Young people have been defined as those aged under sixteen years.
- 2) Eating disorders were searched for in the primary diagnostic position only.

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Mental Capacity Legislation

Mr P Ramsey asked the Minister of Health, Social Services and Public Safety will consult with people with learning disabilities regarding the draft mental capacity legislation, to raise awareness and facilitate their involvement in monitoring its introduction and implementation.

(AQW 34753/11-15)

Mr Poots: The draft Mental Capacity Bill is a wide-ranging piece of legislation which has the potential to affect many people across various programmes of care. It was published for consultation on 27th May this year, following a detailed policy development phase during which key stakeholders were extensively engaged.

Five public consultation events are being held across Northern Ireland and, in addition, my Department, along with the Department of Justice, has offered to meet with any group during the consultation period to raise awareness of the draft Bill and gather feedback. To date, a number of events and workshops have already been arranged involving with people with a learning disability. Officials from both Departments also recently presented to the All Party Group on Learning Disability. Easy read material is also available.

The Departments are also planning a collaborative approach with a wide range of stakeholders, including people with a learning disability and their representative organisations, to plan for the implementation of the legislation, for example, on the development of the associated Regulations, Code of Practice and training for those with a role under the legislation.

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Suicide Prevention Projects

Mr McCartney asked the Minister of Health, Social Services and Public Safety for an update on the procurement process for suicide prevention projects.

(AQO 6486/11-15)

Mr Poots: The Public Health Agency will take forward the procurement of suicide prevention services, along with services linked to wider mental health promotion, in 3 phases over the next 12 months.

Phase 1 will be initiated after the summer, with the aim that newly procured services will commence from April 2015. These services will include awareness programmes to support the mental and emotional health needs of specified groups - LGBT individuals and their families, travellers, and minority ethnic communities. They will also include community based psychological intervention services for people who self harm and family support services

It is anticipated that Phase 2 and 3 tenders will be awarded by June 2015 covering services such as counselling, complementary therapy, training, community support and bereavement support. The Public Health Agency will keep the timescales under review and will provide periodic updates of any changes via their website.

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Children: Named Contact

Mr Agnew asked the Minister of Health, Social Services and Public Safety what consideration has he given to a designated named contact for every child, similar to the provision included in the Children and Young People (Scotland) Act 2014.
(AQO 6488/11-15)

Mr Poots: In drafting the Adoption and Children Bill, consideration has been given to new policy and legislative provisions in other jurisdictions. These have been highlighted in the consultation document on the draft Bill and include reference to the “named person service” recently introduced in Scotland.

This service requires certain providers to make available an individual, to carry out specific functions in order to promote, support or safeguard the wellbeing of every child or young person from birth until they reach 18 years of age. Consultation responses on the Bill will inform a decision on whether a similar provision should be introduced in Northern Ireland.

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Paediatric Congenital Cardiac Services

Mr Swann asked the Minister of Health, Social Services and Public Safety for an update on the review of paediatric congenital cardiac services.
(AQO 6489/11-15)

Mr Poots: The International Expert Team, led by Dr John Mayer, commissioned by Dr James Reilly TD, Minister of Health in the Republic of Ireland, and me to carry out an independent assessment of current and future needs for cardiology and cardiac surgery for congenital heart disease in the Republic of Ireland and Northern Ireland is aiming to submit its report to us shortly. The team will describe the existing hospital services in both jurisdictions, outline options for service configuration and governance arrangements and recommend the most appropriate model that meets the population health needs and other requirements of both jurisdictions.

Minister Reilly and I will need to carefully consider the report and I will aim to make public the implications for the future delivery of this service for Northern Ireland as soon as I am in a position to do so. [Back to Top](#)

Department of Justice

Legal Highs

Mr Ross asked the Minister of Justice how many people have been prosecuted for selling legal high products to children, in each of the last three years.

(AQW 34525/11-15)

Mr Ford: As the sale of New Psychoactive Substances to any member of the public is not a specific offence there cannot have been any subsequent prosecutions. Whilst this is the case I commend the specific action that has been taken by Local Councils under the General Product Safety Regulations 2005, against those who sell these products, in order to remove these harmful substances from sale to the general public.

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Dangers of Legal Highs

Mr Ross asked the Minister of Justice whether he has had discussions with the Minister of Education on how young people in school can be warned about the dangers of legal highs.

(AQW 34526/11-15)

Mr Ford: Whilst I have not met with the Minister for Education on this specific issue, we are both contributors to the Executive's New Strategic Direction on Alcohol and Drugs (NSD) which recognizes the importance of raising awareness around the risks and the potentially fatal consequences, of all substance misuse, particularly with young people.

Whilst the Criminal Justice system has a role to play in reaching out to young people either through Statutory Agencies or through a range of programmes delivered by Policing and Community Safety Partnerships, you may also wish to approach the Minister for Education regarding details of the drug education programmes included in the Curriculum.

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Independent Domestic Violence Advisers

Mrs Cameron asked the Minister of Justice for an update on the tendering process for Independent Domestic Violence Advisers for Multi-Agency Risk Assessment Conferences. (AQW 34633/11-15)

Mr Ford: The appointment of an Independent Advice and Support Service for high risk victims of domestic violence remains a key priority for my Department. My Officials have been working, on an ongoing basis, with the Department of Health, Social Services and Public Safety and the Police Service of Northern Ireland to define and develop the role of the Service and this specification is in the final stage of being drafted.

One final issue regarding management of the sensitive information which this Service will encounter remains to be resolved by all funding partners to enable the completion of the specification. We anticipate that we will be in a position to commence the procurement process in Autumn this year.

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Legislation on Mental Capacity

Mr P Ramsey asked the Minister of Justice what steps his Department is taking to ensure that new legislation on mental capacity complies with requirements outlined in Article 12 of United Nations Charter on the Rights of Persons with Disabilities. (AQW 34743/11-15)

Mr Ford: I am aware that a similar question has been asked of the Health Minister (AQW/34752/11-15).

In developing the new mental capacity legislation both my Department and the Department of Health Social Services and Public Safety have taken account of the United Nations Convention on the Rights of Persons with Disabilities. The current consultation exercise on the draft Bill provides an important opportunity for both Departments to continue to assess the compatibility of the draft Mental Capacity Bill with the Convention.

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Mental Capacity Legislation

Mr P Ramsey asked the Minister of Justice how his Department will consult with people with learning disabilities regarding the draft mental capacity legislation, to raise awareness and facilitate their involvement in monitoring its introduction and implementation.

(AQW 34744/11-15)

Mr Ford: I am aware that a similar question has been asked of the Health Minister (AQW/34753/11-15).

Over the past few years, Learning Disability groups have been closely involved in the development of the draft Mental Capacity legislation currently out for public consultation. The Member will also be aware that Justice and Health officials have already had a very productive session with the Assembly All-Party Group on Learning Disability.

Moving forward, the consultation on the mental capacity proposals over the coming months includes five public events across Northern Ireland along with a number of sessions for particular interest groups. A number of events and workshops are already in place including some for people with learning disability and/or their representative organisations.

It is my intention that my Department will be represented at those events. Along with Health colleagues we have also produced easy read versions of the consultation material for those who might find it helpful.

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Firearms: Age Restrictions

Mr Copeland asked the Minister of Justice what lessons he has taken from other regions in the United Kingdom with differing age restrictions on the use of controlled firearms in relation to his own proposal to reduce the age limit in specified circumstances.

(AQO 6503/11-15)

Mr Ford: I have proposed a reduction in the age of shooters in Northern Ireland to 12 years old from 16 for shotgun for sporting clay use and air rifles for sporting purposes with appropriate supervision. My proposals follow public consultation, engagement with the shooting lobby and taking account of the situation in GB and the Republic of Ireland.

In England and Wales the age position has evolved over time and they have different ages for different types of firearms for supervised and unsupervised use. I note that in the Republic of Ireland the age is 14.

A strong argument has been made for young people to be able to participate competitively in shooting sports. My proposed way forward on this matter, put to the Justice Committee for a meeting on 18 June, suggests 12 with a proposal for review in 2-3 years' time in light of experience. In addition, it was proposed that a regulation making power to be put in primary legislation to make any further reduction subject to secondary legislation.

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