

## **NICCY Summary: Written Assembly Questions Friday 11th July, 2014**

- **Survivors and Victims of Institutional Abuse**
- **Survivors and Victims of Historical Abuse**
- **Low Educational Achievement**
- **Consultation on Elective Home Education: Education Otherwise**
- **Consultation on Elective Home Education**
- **Parental Demand for Integrated Schools**
- **Digital Technology Skills**
- **Community Relations, Equality and Diversity Programme Evaluation**
- **Education Support for Students with Muscular Dystrophy**
- **Hydrotherapy Pool Requirements**
- **Review of Children's Palliative Care and End of Life Care**
- **GP Training: Domestic Violence**

- **Raising Awareness of Domestic Violence**
- **Support for Children with Developmental Needs**
- **Effective and Timely Developmental Assessments**
- **Referral Appointments for a Developmental Assessment**
- **Transferring Referrals for the Child and Adolescent Mental Health Service**
- **Change of Address of Mental Health Patients**
- **Children's Palliative Care Review's Recommendations**
- **SEA and SAI Inquiries**
- **SEA and SAI Inquiries**
- **Joint Strategy on Domestic and Sexual Violence and Abuse**
- **Availability of Incubators**
- **Occupancy Rates of Incubators**
- **Preventing and Combating Violence Against Women and Domestic Violence Treaty**
- **Tackling Low Educational Achievement**

## Office of the First Minister and deputy First Minister

### Survivors and Victims of Institutional Abuse

**Mr Agnew** asked the First Minister and deputy First Minister what mechanisms they will put in place for redress for survivors and victims of institutional abuse, including potential compensation.

(AQW 34899/11-15)

**Mr P Robinson and Mr M McGuinness:** The Terms of Reference say that the Historical Institutional Abuse Inquiry, in its report, will make recommendations and findings on four matters, including “The requirement or desirability for redress to be provided by the institution and/or the Executive to meet the particular needs of victims”. They go on to say “However, the nature or level of any potential redress – financial or the provision of services – is a matter that the Executive will discuss and agree following receipt of the Inquiry and Investigation report”.

We will not pre-empt the work of the Inquiry or any future decisions that the Executive may make by speculating now about redress.

[Back to Top](#)

### Survivors and Victims of Historical Abuse

**Mr Agnew** asked the First Minister and deputy First Minister what consideration has been given to interim compensation payments to survivors and victims of historical abuse in advance of Sir Anthony Hart’s report, given the report has been delayed by one year and the age and ill health of a number of the victims.

(AQW 34980/11-15)

**Mr P Robinson and Mr M McGuinness:** We do not underestimate the complexities of dealing with institutional abuse and every opportunity must be provided for those impacted by the allegations of abuse to be heard in an open forum.

The Historical Institutional Abuse Inquiry Chairman has reluctantly made a very persuasive and compelling case for a one year extension to the timeframe. However, it would be neither realistic nor reasonable to expect the Inquiry to reach conclusions without completing its work of gathering and considering all the evidence and distilling the findings

by which its recommendations would be informed. For the Inquiry Panel to reach conclusions in an interim report, without hearing and investigating all of the evidence, its credibility would be called into question by those it had yet to see.

In addition, the Historical Institutional Abuse Inquiry Terms of Reference state “the nature or level of any potential redress – financial or the provision of services – is a matter that the Executive will discuss and agree following receipt of the Inquiry and Investigation report”.

We will not pre-empt the work of the Inquiry or any future decisions that the Executive may make by speculating now about redress.

[Back to Top](#)

### Low Educational Achievement

**Mr Weir** asked the First Minister and deputy First Minister to detail the departmental projects or funding schemes available to community organisations to help tackle low educational achievement.

(AQW 35004/11-15)

**Mr P Robinson and Mr M McGuinness:** A number of projects funded by the Social Investment Fund are designed to address unemployment, provide training, or build or refurbish facilities for the provision of training, and therefore are likely to contribute to tackling low educational achievement. A full list of projects is available at:- <http://www.ofmdfmi.gov.uk/index/delivering-social-change/socialinvestment-fund/sif-projects.htm>

At this point, within our Department, there are no funding schemes open to community organisations to specifically tackle low educational achievement

[Back to Top](#)

## Department of Education

### Consultation on Elective Home Education: Education Otherwise

**Mr Allister** asked the Minister of Education why only four organisations have been invited to respond to the Elective Home Education consultation; and why Education Otherwise was not invited to respond.

(AQW 34315/11-15)

**Mr O’Dowd (The Minister of Education):** The Education and Library Boards (the Boards) have advised that consultation on the draft home education guidance document has been undertaken in line with the Consultation Strategy document (developed by all five boards). This was published alongside the draft guidance document, and sets out the range of methods through which the Boards have sought to facilitate engagement and consultation with all those who have an interest in elective home education. This included a range of stakeholder organisations in the wider education community such as the Commissioner for Children and Young People (NICCY); the Children’s Law Centre (CLC); and the Special Educational Needs Advice Centre (SENAC). In addition, 343 Section 75 Consultees were contacted by the Boards to advise of the consultation process.

The Boards have advised that they identified Home Education in the north of Ireland (HEdNI) at the outset as the main regional representative group and, whilst Education Otherwise was not identified at that point, I understand the Boards subsequently provided a copy of the consultation documents to Education Otherwise for consideration and comment.

The consultation process has sought to provide an opportunity for views and ideas to be provided to the Boards - by organisations and members of the public - on how they best strike the balance between ensuring that the rights and needs of children themselves are appropriately protected and facilitating parental preference for home education. As part of the Boards’ consultation I have made clear that I expect the Boards to ensure engagement with as wide a range of stakeholders as possible and to ensure also that the feedback they receive is considered very carefully in reviewing the draft guidance.

[Back to Top](#)

## Consultation on Elective Home Education

**Lord Morrow** asked the Minister of Education

- (i) which organisations were invited to respond to the consultation on elective home education;
- (ii) why they were selected;
- (iii) who made the decisions in respect of the those invited to respond;
- (iv) will these organisations form the Stakeholder Group; and
- (v) whether other organisations with a specific interest in elective home education can apply to join the Stakeholder Group.

(AQW 34577/11-15)

**Mr O’Dowd:** The Education and Library Boards (the Boards) have advised that consultation on their draft elective home education guidance document has been undertaken in line with the Consultation Strategy document (developed by all five boards) which was published alongside the draft guidance document. This details the range of methods through which the Boards have sought to facilitate engagement and consultation with all those who have an interest in elective home education.

I understand that the North Eastern Education and Library Board (NEELB), on behalf of the five Boards, identified and contacted a range of key stakeholder organisations in the wider education community which included the Commissioner for Children and Young People (NICCY); the Children’s Law Centre (CLC); Home Education in the north (HEdNI) and the Special Educational Needs Advice Centre (SENAC), to advise of the consultation process and invite feedback. In addition, 343 Section 75 Consultees were contacted by the Boards in this regard. The Boards have advised that there is no formal “Stakeholder Group.”

As part of the Board’s consultation I have made clear that I expect the Boards to ensure engagement with as wide a range of stakeholders as possible including young people and their families and to ensure also that the feedback they receive is considered very carefully in reviewing the draft guidance.

[Back to Top](#)

## Parental Demand for Integrated Schools

**Mr Lunn** asked the Minister of Education what community projects or programmes of work are used to measure parental demand for integrated schools, in areas that do not have integrated provision.

(AQW 34891/11-15)

**Mr O’Dowd:** My Department does not fund community projects on the basis of parental demand for integrated education. However, I take my Department’s statutory duty to encourage and facilitate the development of integrated education very seriously and will continue to encourage growth in this area.

I have commissioned the Education and Library Boards (ELBs), working in conjunction with the Council for Catholic Maintained Schools (CCMS) and engaging with other sectors, including the N I Council for Integrated Education (NICIE), to co-ordinate strategic planning in each board area to shape the future provision of education in that area. Given the respective roles of the organisations involved, it is clear that planning for new integrated education provision is dependent on collaboration between NICIE, the ELBs and the CCMS.

[Back to Top](#)

## Digital Technology Skills

**Ms Lo** asked the Minister of Education what measures his Department is taking to promote digital technology skills within

- (i) primary; and
- (ii) post-primary schools.

(AQW 34993/11-15)

**Mr O’Dowd:** The curriculum has been designed to provide flexibility for schools to develop experiences that suit the needs of their pupils. Embedding mandatory, cross curricular skills and keeping prescribed content to a minimum, allows schools to choose the most appropriate approach to take to ensure that pupils are engaged and challenged, to reach their full potential. ICT is a cross curricular skill, which is an integral part of all Areas of Learning which make up the curriculum.

Computer Coding/Science is a specific and more specialised subject and the flexibility in place within the curriculum enables schools to teach Computer Coding/Science in any Key Stage, including at primary school level, if they feel it appropriate.

My Department participates on the ICT Working Group established in response to the ICT sector's concerns in relation to skills shortages and skills mismatches here. As a member of this group, we have been exploring ways to increase pupil awareness of potential career opportunities in the ICT sector with the aim of increasing the numbers of pupils studying computer science at GCSE and GCE.

I have commissioned the development and delivery of a bespoke computer programme of practical pupil engagement activity covering Key Stage 2 – Post 16. The programme, 'IT's Your Choice – A Computer Programming Continuum for Schools', has been designed with the assistance of the sector, will engage over 10,000 pupils annually, and was launched into schools in September 2013.

The Council for Curriculum Examinations and Assessment (CCEA) has also developed a new GCE qualification in 'Software and Systems Development' as part of its expanded portfolio of 'Applied' qualifications and is also currently reviewing the need to develop a progression route from GCSE to the new GCE in Software and Systems Development.

My Department will continue to examine the current provision and range of school computing/ICT qualifications to ensure it meets the needs of our economy and to develop awareness programmes aimed at encouraging more pupils to choose to study relevant subjects such as Computer Science and Maths at A level.

[Back to Top](#)

## **Community Relations, Equality and Diversity Programme Evaluation**

**Mr Lunn** asked the Minister of Education when the Community Relations, Equality and Diversity programme will be evaluated.

(AQW 34998/11-15)

**Mr O'Dowd:** A series of focus groups involving teachers, youth workers and young people took place in 2012 as part of the evaluation of the effectiveness policy. The Department also commissioned a module in the 2012 Young Life and Times on young people's experience of the policy, an exercise which is to be repeated in the 2014 Young Life & Times Survey.

An independent review of the Community Relations, Equality and Diversity policy, to be undertaken by the Education Training Inspectorate, is scheduled for autumn 2014.

[Back to Top](#)

## **Educational Support for Students with Muscular Dystrophy**

**Mrs McKeivitt** asked the Minister of Education whether there are trained professionals in each Education and Library Board available to oversee the provision of educational support to students with a muscular dystrophy condition who attend mainstream education.

(AQW 35015/11-15)

**Mr O'Dowd:** As muscular dystrophy is a medical condition primary responsibility for the care of pupils rests with the local health trust. Health professionals provide an individual Care Plan for a child which will specify how the child's medical needs are to be met. Health professionals will also train school staff so that they are competent in dealing with all aspects of the Care Plan.

The Education and Library Boards (ELBs) have advised that school Principals, teachers and allied health professionals work together as active partners to ensure the educational and allied health needs of the pupils are successfully met. At the core of ELB support services is an understanding that the needs of each pupil will be unique depending on the specific presentation of their condition. In all services the nature and extent of the support which is made available to schools is determined by the severity of the special educational needs of the pupils. A range of levels of support are available which are

aimed at capacity building for educational professionals and the development of collaborative working practices between schools, ELB services and health trusts.

The Southern Education and Library Board also has a primary and a post-primary Educational Centre for Children with Physical Difficulties (ECPD) attached to mainstream schools. These ECPDs are specifically designed to cater for pupils with physical difficulties, including muscular dystrophy, who have a Statement of Special Educational Needs. ECPDs are resourced with their own full-time teacher and two full-time classroom assistants and the Principal has overall responsibility for the educational support within the setting.

[Back to Top](#)

## Hydrotherapy Pool Requirements

**Mrs McKeivitt** asked the Minister of Education to list the special educational needs schools with a hydrotherapy pool on school grounds.  
(AQW 35016/11-15)

**Mr O'Dowd:** The special schools with a hydrotherapy pool on school grounds are:

	<b>Special School</b>
BELB	Fleming Fulton, Belfast
	Jordanstown, Newtownabbey
NEELB	Kilronan, Magherafelt
	Castle Tower, Ballymena
	Sandelford, Coleraine
	Knockevin, Downpatrick
SEELB	Clifton, Bangor
	Parkview, Lisburn
SELB	Lisanally, Armagh
WELB	Willowbridge, Enniskillen
	Foyleview, Derry

[Back to Top](#)

## Department of Health, Social Services & Public Safety

### Review of Children's Palliative Care and End of Life Care

**Mr Lyttle** asked the Minister of Health, Social Services and Public Safety for an update on implementation of the 18 recommendations of the Review of Children's Palliative Care and End of Life Care; and whether a funded strategy will be produced for this implementation within a set timescale.

(AQW 34629/11-15)

**Mr Poots:** Public consultation on the 18 recommendations in the review document closed on 28 March 2014. My Department is currently analysing the responses to the recommendations. When this work is completed a final strategy for 'Children's Palliative Care and End of Life Care' will be published. We are aiming to publish the strategy by autumn 2014.

The Health and Social Care Board, as commissioner of healthcare services, will lead on the implementation of the strategy in partnership with key stakeholders. The cost of implementing the strategy is likely to require new funding. I expect to be in a position to announce decisions on funding for the strategy when I launch it this autumn subject to the overall consideration of allocations for the healthcare budget, when this is finalised, and approval of the business case for any service developments.

[Back to Top](#)

## **GP Training: Domestic Violence**

**Mr Moutray** asked the Minister of Health, Social Services and Public Safety whether he has any plans to make it compulsory for GPs to obtain training for dealing with patients subjected to domestic violence.

(AQW 34722/11-15)

**Mr Poots:** There are currently no plans to make it compulsory for GPs to obtain training for dealing with patients subjected to domestic violence. GPs are independent contractors who are expected to undertake self directed learning on an annual basis as part of a compulsory appraisal system to maintain their professional registration. Domestic violence may be an educational area identified by an individual GP as part of their appraisal.

[Back to Top](#)

## **Raising Awareness of Domestic Violence**

**Mr Moutray** asked the Minister of Health, Social Services and Public Safety what initiatives he is introducing to raise awareness of domestic violence; and what measures he is putting in place to reduce the number of cases of domestic violence.

(AQW 34723/11-15)

**Mr Poots:** My Department is working with the Department of Justice to develop a new Joint Strategy on Domestic and Sexual Violence and Abuse. Key delivery priorities of the draft Strategy include an integrated Information Plan to promote a greater understanding of domestic and sexual abuse and awareness training, on how to recognise and respond to disclosure and how to signpost victims and witnesses to appropriate services, advice and support.

My Department, in association with the Department of Justice, also funds a regional perpetrator programme for alleged perpetrators of domestic violence. The programme has been developed and will be delivered by the Probation Board NI with support from Women's Aid. The introduction of this programme will improve support for victims of domestic abuse whilst also providing alleged perpetrators with effective interventions to enable them to change their behaviour.

Whilst the vision of the proposed new Strategy is to ultimately stop all domestic and sexual violence and abuse in Northern Ireland; it is expected that the ongoing work in raising awareness, educating and supporting victims to disclose may result in an increase in the number of incidents reported in the short term.

[Back to Top](#)

### Support for Children with Developmental Needs

**Ms Lo** asked the Minister of Health, Social Services and Public Safety what schemes or support exist within the Carryduff area for children

- (i) under two years old; and
- (ii) with developmental needs.

(AQW 34777/11-15)

**Mr Poots:** My Department's Families Matter strategy, published in 2009, highlights the importance of early intervention family support services, including those targeted at children under 2 years old. It provided funding for a range of parenting education and support programmes which are delivered across Northern Ireland. In addition, the Physical and Sensory Disability Strategy and Action Plan published on 22 February 2012 recognises the importance of early intervention for a child or young person with a communication disability to receive the appropriate help and support in an early and ongoing timely manner.

Carryduff intersects the Belfast and South Eastern Health and Social Care Trusts. Both Trusts have a statutory responsibility to provide services to children who meet the child in need threshold under Article 18 of The Children (Northern Ireland) Order 1995.

In the South Eastern Trust a specific health plan will be developed in partnership with parents which may include advice and support for parents and carers on positive parenting, routines, behaviour management and stimulation. The Health Visiting Service will provide early intervention in the form of a targeted programme of care at Level 2, 3 or 4 to a child with developmental needs; the level of service provided will depend on the assessed needs of the child. Other services provided for families in the area include: advice and support in relation to maximizing developmental potential in relation to gross and fine motor development; and speech and language and social development through play and parent/child interaction.

The Family Support Hub in the area provides a Family Support Worker to assist parents by providing practical help and support. The Family Support Worker can, for example, provide 1:1 work with a child in his/her own home. They can provide help and support for parent/carers, can support families to attend local parent and toddler groups, and can transport and support parents to medical appointments for the child.

In the Belfast HSCT provision for children in need includes: safeguarding; parenting support services; referrals to specialist services including Behaviour Supports, Psychiatry and Clinical Psychology; and short breaks and respite care. The Trust also provides: a Health Visiting Service; multi-disciplinary and multi-sectoral family support provision through its Family Support social work teams; and the services of a Children's Disability Team, where a diagnosis of a physical or learning disability has been made or there is a substantial sensory impairment.

[Back to Top](#)

## Effective and Timely Developmental Assessments

**Ms Lo** asked the Minister of Health, Social Services and Public Safety what measures are in place to ensure that effective and timely developmental assessments are carried out on children under two years old.

(AQW 34778/11-15)

**Mr Poots:** DHSSPS commissioned a review of the provision of the Child Health Promotion Programme within Northern Ireland in 2009 to ensure provision of high-quality preventative programmes in childhood as a foundation to a healthy society. This was based on the need to adapt to new knowledge, advances in neuroscience and genetics and an understanding of how early childhood development can be both promoted and damaged and the imperative for programmes to begin in early pregnancy.

The review was taken forward based on evidence from 'Health for All Children', 4th Edition (Hall and Elliman), the recommendations of the National Screening Committee, guidance from the National Institute for Clinical Excellence (NICE) and the Northern Ireland Autism Spectrum Disorder review and action plan. A range of Northern Ireland experts were engaged in updating the programme.

An updated programme for 0-19 year olds, known as 'Healthy Child, Healthy Future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland', was issued in June 2010. The framework strengthened the existing programme and is central to securing improvements in child health for all children aged 0-19 years, across a range of issues. The framework sets out a core programme of child health contacts that every family can expect, wherever they live in Northern Ireland and every child and parent has access to a universal or core programme of preventative care with additional or targeted services for those with specific needs and risks.

The Child Health System which holds details of every child in Northern Ireland is programmed to schedule children for appointments for health and development reviews as specified within the 'Healthy Child, Healthy Future' framework. It can also provide information within each Trust on provision of the child health promotion programme across each of the timescales within the core programme.

[Back to Top](#)

### Referral Appointments for a Developmental Assessment

**Ms Lo** asked the Minister of Health, Social Services and Public Safety to detail the time frame in the Belfast Health and Social Care Trust within which a referral appointment for a developmental assessment should be given for children under two years old.

(AQW 34779/11-15)

**Mr Poots:** My Department has a framework in place known as 'Healthy Child, Healthy Future' which delivers the universal child health promotion programme for all children, young people and families from birth and throughout the school years. The programme includes a specific set of Health and Development reviews delivered by health visitors in the preschool period as follows:

- A new baby review (between 10-14 days old).
- At six to eight weeks of age.
- At 14-16 weeks of age.
- At one year old.
- At 2-2 1/2 years of age

The Child Health System which holds details of every child in Northern Ireland is programmed to schedule children for appointments within the timeframe above for health and development reviews as specified within the 'Healthy Child, Healthy Future' framework

[Back to Top](#)

## Transferring Referrals for the Child and Adolescent Mental Health Service

**Ms Lo** asked the Minister of Health, Social Services and Public Safety to detail the process for transferring referrals for the Child and Adolescent Mental Health Service units between Health and Social Care Trusts, when a patient changes address.

(AQW 34780/11-15)

**Mr Poots:** If a patient in receipt of Child and Adolescent Mental Health Services (CAMHS) changes address, the Health and Social Care Trust currently providing care will refer the case to the appropriate receiving Trust. Appropriate information on the case will be shared with the receiving Trust. The patient, his/her family and other professionals involved with the patient will be informed of the transfer arrangements. In some cases, depending on the stage in their treatment or where the programme of intervention is short term, a patient may continue to receive care from the current Trust after they change address rather than be transferred to another Trust. Each case will be considered by clinicians and decisions will be based on what is best for the patient.

[Back to Top](#)

## Change of Address of Mental Health Patients

**Ms Lo** asked the Minister of Health, Social Services and Public Safety whether it is the policy within Health and Social Care Trusts to discharge a patient from a Child and Adolescent Mental Health Service units due to a change of address.

(AQW 34781/11-15)

**Mr Poots:** There is no policy within the Trusts to discharge a patient from CAMHS due to a change of address. Discharges are determined by clinical considerations and patient choice, and not on the basis of a change of address. If a patient changes address and there is continuing need for clinical involvement, the case is transferred to the appropriate Trust.

[Back to Top](#)

## Children's Palliative Care Review's Recommendations

**Mrs Dobson** asked the Minister of Health, Social Services and Public Safety

- (i) how he will implement the Children's Palliative Care review's recommendations;
- (ii) what is the timescale for implementation; and
- (iii) whether this will involve a funded strategy.

(AQW 34782/11-15)

**Mr Poots:** Consultation on the review's 18 recommendations closed on 28 March 2014. My officials are currently analysing the responses and will shortly be finalising the strategy, having taken into account the views expressed by consultees, for my consideration and approval. I expect to be in a position to publish the final document by autumn 2014.

The Health and Social Care Board, as commissioner of healthcare services, will lead on the implementation of the strategy in partnership with key stakeholders. The cost of implementing the strategy is likely to require new funding. I expect to be in a position to announce decisions on funding for the strategy when I launch it this autumn, subject to the overall consideration of allocations for the healthcare budget, and approval of the business case for any service developments.

[Back to Top](#)

## **SEA and SAI Inquiries**

**Ms S Ramsey** asked the Minister of Health, Social Services and Public Safety to explain the difference between an SEA and SAI inquiry undertaken in Health and Social Care Trusts.

(AQW 34939/11-15)

**Mr Poots:** A Serious Event Audit (SEA) is part of The Serious Adverse Incident (SAI) investigation process; the regionally agreed approach to the reporting, management and follow-up of serious adverse incidents; designed to identify and share learning in a meaningful way, with a focus on safety and quality, ultimately leading to service improvement for service users.

Revised procedures on the management of SAIs were published on 1 October 2013 which included replacing a single investigation process for all SAIs with three levels of investigation. The first level of investigation is the SEA. Most SAI notifications will be investigated as an SEA with an immediate assessment of what has happened and why, followed by agreement on follow up actions and any learning identified. This will result in the closure of The SAI. However, if the SEA determines the SAI is more complex and requires a more detailed investigation, it will be pursued as either a Level 2 or Level 3 investigation.

A copy of the HSCB Procedure for the Reporting and follow up of Serious Adverse Incidents can be accessed at;

[http://www.hscboard.hscni.net/publications/Policies/102%20Procedure for the reporting and followup of Serious Adverse Incidents-Oct2013.pdf](http://www.hscboard.hscni.net/publications/Policies/102%20Procedure%20for%20the%20reporting%20and%20followup%20of%20Serious%20Adverse%20Incidents-Oct2013.pdf)

[Back to Top](#)

## SEA and SAI Inquiries

**Ms S Ramsey** asked the Minister of Health, Social Services and Public Safety how many

(i) SEA; and

(ii) SAI inquiries are currently taking place in each Health and Social Care Trust; and how many have taken place over the last two years.

(AQW 34940/11-15)

**Mr Poots:** Revised procedures on the management of Serious Adverse Incidents (SAIs) were published on 1 October 2013 which included replacing a single investigation process for all (SAIs) with three levels of investigation. The first level of investigation is the Serious Event Audit (SEA). A copy of the revised procedure can be accessed at -

[http://www.hscboard.hscni.net/publications/Policies/102%20Procedure for the reporting and followup of Serious Adverse Incidents-Oct2013.pdf](http://www.hscboard.hscni.net/publications/Policies/102%20Procedure%20for%20the%20reporting%20and%20followup%20of%20Serious%20Adverse%20Incidents-Oct2013.pdf)

Information on the number of SAI and SEA investigations which are currently being carried out by Trusts is outlined in the table below.

Trusts	Total no of current SAI investigations including SEAs	*No of SEA investigations
BHSCT	119	49
NHSCT	185	64
NIAS	2	1
SEHSCT	72	25
SHSCT	72	29
WHSCT	78	16
<b>Totals</b>	<b>528</b>	<b>184</b>

\*Information on the number of SEA investigations is only available from 1 October 2013.

The total number of SAI inquiries, including SEAs that have taken place in each Trust during the period 1 January 2012 to 31 December 2013 is outlined below.

	<b>Total no of SAI Investigations 1/1/12 – 31/12/12</b>	<b>Total no of SAI investigations including SEAs 1/1/13 – 31/12/13</b>	<b>*No of SEAs 1/1/0/13 – 31/12/13</b>	<b>Total</b>
BHSCT	77	84	19	161
NHSCT	63	130	19	193
NIAS	4	3	0	7
SEHSCT	47	57	6	104
SHSCT	41	57	9	98
WHSCT	37	53	4	90
<b>Totals</b>	269	384	57	653

[Back to Top](#)

### **Joint Strategy on Domestic and Sexual Violence and Abuse**

**Mr McGimpsey** asked the Minister of Health, Social Services and Public Safety, pursuant to AQW 32933/11-15, what is the completion date for the joint strategy on Domestic and Sexual Violence and Abuse; and when the strategy will be implemented.

(AQW 35022/11-15)

**Mr Poots:** My Department is working with the Department of Justice to develop the new Joint Strategy on Stopping Domestic and Sexual Violence and Abuse. The intention is for the Strategy to be published by the end of 2014.

Following the publication of the Strategy, the RSG will commence implementation of the delivery of priorities through the development of Action Plans by stakeholder-led sub-groups and working groups. This work will be ongoing throughout the lifetime of the Strategy.

[Back to Top](#)

## Availability of Incubators

**Mr McGimpsey** asked the Minister of Health, Social Services and Public Safety to detail the number of incubators available for premature babies in each hospital.

(AQW 35214/11-15)

**Mr Poots:** The total number of incubators and the number of incubators available for use by premature babies in each hospital at midnight on 30th June 2014 is given in the table below.

HSC Trust	HSC Hospital	Total Incubators	Incubators available for use <sup>1</sup>
Belfast	Royal Maternity	25	0
Northern <sup>2</sup>	Antrim	14	1
South Eastern	Ulster Hospital	13	0
Southern	Craigavon	17	13
	Daisy Hill	7	6
Western <sup>2</sup>	Altnagelvin	18	4
	South West Acute	6	3

Source: Health and Social Care Trusts

### Notes:

1 - Incubators available for use have been defined as those incubators that were empty and available for new admission.

2 - Northern and Western Trusts use the term 'cots' instead of 'incubators' therefore both Trusts have provided information on the number of cots for premature babies

[Back to Top](#)

## Occupancy Rates of Incubators

**Mr McGimpsey** asked the Minister of Health, Social Services and Public Safety to detail the current occupancy rates of incubators for premature babies in each hospital.  
(AQW 35216/11-15)

**Mr Poots:** The occupancy rate of incubators for premature babies in each hospital at midnight on 30<sup>th</sup> June 2014 is given in the table below.

HSC Trust	HSC Hospital	Occupancy Rate
Belfast	Royal Maternity	100%
Northern <sup>1</sup>	Antrim	92.9%
South Eastern	Ulster Hospital	100%
Southern	Craigavon	23.5%
	Daisy Hill	14.3%
Western <sup>1</sup>	Altnagelvin	77.8%
	South West Acute	50%

Source: Health and Social Care Trusts

Notes:

1 - Northern and Western Trusts use the term 'cots' instead of 'incubators', therefore both Trusts have provided information relating to the occupancy rate of cots for premature babies.

[Back to Top](#)

## Department of Justice

### Preventing and Combating Violence Against Women and Domestic Violence Treaty

**Mrs Cameron** asked the Minister of Justice what legislation he plans to introduce once the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence Treaty comes into force on 1 August 2014.

(AQW 34635/11-15)

**Mr Ford:** In May 2012, following consultation with Ministerial colleagues, I advised the Home Secretary that the Northern Ireland Executive supported the signing of the convention. The convention was subsequently signed by the United Kingdom Government as a member state. A signature alone does not impose on the State obligations under the treaty and the UK has not expressed its consent to be bound by the treaty until it is ratified. Ratification is a process which requires the consideration of Parliament.

I am aware that the Treaty will come into force on 1 August 2014 for the eleven member states that have now ratified it. However the United Kingdom has yet to ratify the Treaty. My Department will of course monitor progress.

[Back to Top](#)

## Department for Social Development

### Tackling Low Educational Achievement

**Mr Weir** asked the Minister for Social Development to detail the departmental projects or funding schemes available to community organisations to help tackle low educational achievement.

(AQW 35003/11-15)

**Mr McCausland:** My Department does not have any direct funding schemes to help tackle low educational achievement. However, through its Neighbourhood Renewal Strategy, funding may be provided where a priority need for action is identified within local Neighbourhood Renewal Action Plans and where resources are available.

Currently my department supports a number of projects through its Neighbourhood Renewal Investment Fund which are designed to address low educational achievement. These range from Nurture Units in primary schools, After School Homework Clubs, Literacy and Numeracy programmes to Education Mentoring programmes.

[Back to Top](#)