

## NICCY Summary: Written Assembly Questions weeks ending 25 November 2016

### Mitigation measures in place for people on benefits following Fresh Start Agreement

<p>AQW 7070/16- 21</p>	<p>Ms Michaela Boyle (SF - West Tyrone)</p>	<p><b>To ask the Minister for Communities to outline the mitigation measures in place for people on benefits following the Fresh Start Agreement.</b></p> <p>The Welfare Reform Mitigations Working Group recommended that a number of Welfare Supplementary Payment schemes be introduced to provide cash payments to claimants affected by the welfare changes.</p> <p>My department has brought forward the necessary legislation to make these payments and has put in place the operational arrangements to make payments to impacted claimants. Table A shows the list of mitigation schemes which are now currently operating and the claimants who qualify for payments. It is planned to introduce further schemes in early 2017 to mitigate the impact of other changes as recommended by the Mitigation Working Group.</p> <table border="1" data-bbox="628 1413 1334 1912"> <thead> <tr> <th data-bbox="628 1413 890 1585">Welfare Change</th> <th data-bbox="890 1413 1152 1585">Mitigation Provided</th> <th data-bbox="1152 1413 1334 1585">Duration of Payment</th> </tr> </thead> <tbody> <tr> <td data-bbox="628 1585 890 1912">Time-limiting of contribution-based Employment and Support Allowance</td> <td data-bbox="890 1585 1152 1912">100% of actual loss of benefit of contribution-based Employment and Support</td> <td data-bbox="1152 1585 1334 1912">Up to one year</td> </tr> </tbody> </table>	Welfare Change	Mitigation Provided	Duration of Payment	Time-limiting of contribution-based Employment and Support Allowance	100% of actual loss of benefit of contribution-based Employment and Support	Up to one year
Welfare Change	Mitigation Provided	Duration of Payment						
Time-limiting of contribution-based Employment and Support Allowance	100% of actual loss of benefit of contribution-based Employment and Support	Up to one year						

			Allowance.	
		Benefit Cap on total welfare benefits.	100% of actual reduction in Housing Benefit entitlement.	Up to four years.
		Introduction of Personal Independence Payment. Mitigation provided for people that have no (or reduced) entitlement following reassessment from Disability Living Allowance.	100% of the loss of Disability Living Allowance following an appeal of the decision not to award Personal Independence Payment.	Until the outcome of the appeal is known.
			75% of the difference between the award of Disability Living Allowance and a reduced	Up to one year

			award of Personal Independence Payment. The difference must be at least £10.	
			A payment equivalent to either the standard rate of the mobility component or the relevant standard rate of the daily living component of Personal Independence Payment. Payable in cases where a person has a conflict-related injury, has been refused Personal Independence Payment but has been awarded at	Up to one year

				least 4 points in their assessment.	
			Introduction of Personal Independence Payment. Mitigation provided for people that have no (or reduced) entitlement following reassessment from Disability Living Allowance.	A payment equivalent to the loss of any disability premiums paid in addition to an income-related benefit.	Up to one year.
				A payment equivalent to the loss of the severe disability element of Working Tax Credits or State Pension Credit.	Up to one year.
				A payment equivalent to the loss of	Up to one year

				<p>Carer's Allowance.* OR A payment equivalent to the loss of a carer premium (or equivalent) paid in addition to an income-related benefit.</p>	
<p>* The difference in the amount of payments for Carers will be confirmed in a set of amendment regulations that the Department intends to bring into operation in early 2017.</p>					

### Gritting around rural schools

AQW 6825/16- 21	Mr Phillip Logan (DUP - North Antrim)	<p><b>To ask the Minister for Infrastructure whether Transport NI has any plans to extend the gritting schedule to include roads around rural schools.</b></p> <p>Following the severe wintry conditions experienced at the start of December 2008, the then Committee for Regional Development requested that an examination was carried out in relation to the winter service operational response to areas around rural schools. This examination resulted in the introduction of enhanced communication arrangements, and priority "secondary" salting to the 46 rural schools most affected by weather conditions throughout the winter of 2008/09.</p>
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		<p>This amended policy which was designed to prioritise such schools will be in operation again this winter.</p> <p>The policy which is maintained at a local level by TransportNI Section offices takes on board local weather conditions and has the flexibility to add other schools as conditions dictate throughout the winter period. At the same time the criteria for the provision of grit/salt piles and salt bins was also amended so that these can now be provided to affected schools, if requested.</p> <p>I am therefore satisfied with current arrangements and have no plans to extend the salting schedule.</p>
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### Effectiveness of 20mph speed limits outside schools

<p>AQW 6735/16- 21</p>	<p>Mrs Jo- Anne Dobson (UUP - Upper Bann)</p>	<p><b>To ask the Minister for Infrastructure pursuant to AQO 389/16-21, (i) to detail each part-time 20 mph speed limit; (ii) for his assessment of its effectiveness at reducing the risk of accidents adjacent to schools; and (iii) whether he plans to roll out this initiative across all applicable schools.</b></p> <p>My Department has a statutory duty to promote road safety and within the context of the Road Safety Strategy does this by supporting road safety schemes and providing road safety teaching resources free to schools.</p> <p>Regrettably over 95% of road traffic collisions where someone dies or is seriously injured are due to human error. As young children are amongst the most vulnerable people using our roads, we need to give them extra time, be patient but mostly we need to expect the unexpected from them as they continue to develop their road safety awareness and skills. Therefore, in addition to my Department's portfolio of educational activities, we also help improve safety by encouraging drivers to reduce their speed and reminding them of school children in the area through engineering initiatives.</p>
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Part time 20 mph speed limits have been installed at the following schools:

Kilmoyle Primary School, near Ballybogey

Hezlett Primary School, near Castlerock

Templepatrick Primary School in Templepatrick

Moyallon Primary School, near Gilford

St. Peter's Primary School, College Lands, near Gilford

Clonalig Primary School, near Cullaville (to be activated at the end of November)

Model Primary School in Carrickfergus is planned for installation in April 2017.

Measures installed at the first three schools on the above list were monitored to assess their impact on traffic speeds during operational periods. The assessment showed that there is clear evidence that there was substantial compliance with the reduced speed limit and this continues to be the case. A report on the impact of these pilot schemes was produced, which detailed the speed reductions and other impacts. Copies of this report can be accessed at [www.infrastructure-ni.gov.uk/sites/default/files/publications/drd/20mph-part-time-speed-limits-report-on-pilot-projects.pdf](http://www.infrastructure-ni.gov.uk/sites/default/files/publications/drd/20mph-part-time-speed-limits-report-on-pilot-projects.pdf).

The part time speed limits are only part of a range of engineering measures that are available for installation on roads at schools to provide as safe an environment as possible for children. These can include the provision of enhanced signing and road markings, pedestrian crossings, lay-bys central islands and street lighting.

I am therefore keen to roll out this important safety measure to other schools, especially those located on roads where the national speed limit applies. However, with installation costs currently in the region of £50,000 per school, these systems are expensive to provide and maintain. My officials are

		<p>currently developing an alternative and more cost effective method to provide part time enforceable 20mph speed limits at schools, which would have the potential to allow more schools to be treated, subject to available funding in the current challenging financial position.</p> <p>I am committed to continuing to work towards reducing deaths and serious injuries on our roads. I recognise the continuing challenges of preventing road deaths and serious injuries and will continue to ensure that my Department uses the tools at its disposal to address the issues.</p>
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### Reforming delivery of home to school transport

<p>AQO 727/16- 21</p>	<p>Mrs Jenny Palmer (UUP - Lagan Valley)</p>	<p><b>To ask the Minister of Education, in light of the recommendations made in the Independent Review of Home to School Transport 2014, what plans he, or any of his Department's arm's-length bodies, have for reforming the delivery of home to school transport.</b></p> <p>I am currently considering the policy recommendations contained in the Independent Review of Home to School Transport published in December 2014.</p> <p>Any decision to review or amend the current policy would be subject to full public consultation. Following this I will decide if, and to what extent, the current policy needs revised.</p> <p>In the meantime many of the operational recommendations contained in the Review are being taken forward by relevant organisations including the Education Authority.</p>
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### Costs for parents of preparation of transfer tests

<p>AQO 726/16- 21</p>	<p>Ms Linda Dillon (SF - Mid Ulster)</p>	<p><b>To ask the Minister of Education whether his Department has commissioned research or gathered data on the costs for parents associated with the preparation for unregulated or regulated transfer tests, in particular the cost of paying for private tutors.</b></p> <p>My Department has not commissioned any research into this area. However, I am aware that the demand for private tuition has increased since the 11+ was abolished and since schools were prohibited from coaching or supporting children for the transfer tests.</p> <p>I recognise that primary schools are best placed to meet and respond to the needs of their pupils and communities. The guidance issued by my Department on 7 September this year provides increased flexibility and removes any perceived threat to schools who wish to help and support their pupils to prepare for the transfer process.</p> <p>Making this preparation possible in schools should help to reduce the need for parents to pay private tutors for coaching outside of school as has been the case in the past.</p>
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### Improving educational attainment in non-selective schools

<p>AQO 724/16- 21</p>	<p>Ms Jennifer McCann (SF - West Belfast)</p>	<p><b>To ask the Minister of Education to outline his Department's strategy for further improving levels of educational attainment in non-selective post-primary schools with a high percentage of children receiving free school meals.</b></p> <p>Firstly, it is important to acknowledge the improvement in outcomes being achieved by pupils in our non grammar post primary schools. This group of schools has demonstrated a year on year increase in the proportion of their young people achieving</p>
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key attainment thresholds and going on to positive destinations. I give full credit to the pupils, their teachers and the school leaders. We know from our own and international evidence that there is a strong link between social disadvantage and educational underachievement. It is recognised and reflected in my policy that schools, and in particular the teachers in the classroom, are best placed to identify those children at risk of underachievement and to identify the most appropriate strategies to address that.

To support schools, I have maintained the level of funding for Targeting Social Need and in this financial year some £77.5m has been allocated directly to schools to target the learning of socially disadvantaged pupils at risk of educational underachievement. I am also funding a number of programmes which non grammars are participating in. This includes the Key Stage 2/3 CPD project related to literacy and numeracy and transition; the Extended Schools Programme; Full Service Programmes in north and west Belfast; and the West Belfast Community Project.

I am also keen to ensure that good practice, that has demonstrated positive impact, is widely shared. I am supporting this through resources such as ESAGS.tv, Fronter, NISPLAN, as well as the 'Sharing the Learning' Programme and the Tackling Underachievement conferences at which an online communication and learning platform was launched that educators can use to share good practice.

## Reducing timescale for completed SEN statements

<p>AQO 723/16- 21</p>	<p>Ms Caoimhe Archibald (SF - East Londonderry)</p>	<p><b>To ask the Minister of Education for an update on his Department's efforts to reduce the statutory timescale for completing Special Education Needs statements.</b></p> <p>It is in the interests of children and their parents that statutory assessments and statements are made as quickly as possible, having regard to the need for thorough consideration of the issues in each individual case.</p> <p>My Department works closely with the Education Authority (EA), which is responsible for the statutory assessments for children with special educational needs (SEN), on ways to improve this process.</p> <p>The Special Educational Needs and Disability Act (Northern Ireland) 2016 received Royal Assent in March 2016 and is the first building block of the new SEN Framework. Section 6 of the Act commenced on the 30 September contributes to reducing the statutory timescales within the statutory assessment process. The new provision allows the EA to proceed with the consideration of statutory assessment in 22 days, or earlier with the consent of the parent rather than 29 days.</p> <p>I propose that a reduction in the existing timescales will be achieved through new SEN regulations. The draft SEN Regulations, which were subject to consultation earlier in the year, proposed a reduction from 26 weeks to 20 weeks in the timescales for the statutory assessment process through to the issue of a final statement.</p> <p>I will shortly give consideration to the recommendations which have emerged from the consultation on the draft SEN regulations including the statutory timescales.</p>
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		<p>My Department has already commenced engagement with the Assembly Education Committee on the responses to the consultation on the draft SEN Regulations and another meeting to discuss the detail within the regulations, including the proposed timescales, is scheduled for January.</p> <p>As the draft SEN Regulations are subject to draft affirmative resolution it will be the Assembly which will determine, in due course, whether to run with the suggested reduction in the timescales.</p>
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### Career promotion for the armed forces

<p>AQW 7263/16- 21</p>	<p>Mr Jim Allister (TUV - North Antrim)</p>	<p><b>To ask the Minister of Education whether he can give an assurance that all post-primary schools are open to career promotions for the armed forces. [Priority Written]</b></p> <p>Many schools decide to hold careers events to provide their young people with the opportunity to engage with a range of employers and find out more about different career options. It is Beneficial for pupils when schools are holding careers events, for the school to be open to the greatest range of employers and different career options. Decisions about whether to host such events and which employers to invite are a matter for individual schools.</p>
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## Funding for Childcare Strategy 2015-25

<p>AQW 7026/16- 21</p>	<p>Mrs Jenny Palmer (UUP - Lagan Valley)</p>	<p><b>To ask the Minister of Education (i) for an outline of the funding model being considered for the Childcare Strategy 2015-25; and (ii) whether the Childcare Strategy will have a long term budget attached to it or will it be funded via monitoring rounds.</b></p> <p>I hope to bring forward the final version of the Childcare Strategy to my Executive colleagues in the coming months, having taken account of the many consultation responses received, the Programme for Government and the new opportunities that now exist to align childcare and Early Years initiatives.</p> <p>The budget for the final Childcare Strategy will be determined in the context of this process, along with the Executive's agreement of the overall 2017-18 Budget. When agreed by the Executive, the Strategy may include further funding opportunities for a range of childcare provision to be supported.</p>
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## Use of educational psychologists in schools

<p>AQW 6886/16- 21</p>	<p>Mr Ross Hussey (UUP - West Tyrone)</p>	<p><b>To ask the Minister of Education to detail the time allocation formula used by the Education Authority to calculate the time in hours for the use of an educational psychologist for (i) a primary school; and (ii) a post-primary school.</b></p> <p>The Education Authority (EA) has confirmed that the time allocation formula used by its Educational Psychology Service takes into account three factors for each school: School Enrolment, Social Deprivation (based on free school meals) and Attainment (based on Key Stage Two literacy and numeracy results at primary school level, and GCSE results at post-primary school level). An index is calculated for each factor, resulting in a combined needs index for each school.</p>
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		<p>At primary school, time allocated is weighted as follows: 50% on school enrolment 25% on social deprivation 25% on educational attainment</p> <p>Primary schools with higher levels of free school meals and lower Key Stage Two results should receive more psychology time than other schools with similar school enrolments.</p> <p>At post-primary school, time allocated is weighted as follows: 25% on school enrolment 50% on social deprivation 25% on educational attainment</p> <p>The EA has advised that the weighting for school enrolment and social deprivation was reversed at post-primary level in an attempt to target more psychology time towards post-primary schools with higher levels of social deprivation.</p> <p>The EA has further advised that the time allocation formula has been applied consistently and equitably throughout the EA to promote commonality for all schools.</p>
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### Special schools inspection reports

<p>AQW 6799/16- 21</p>	<p>Mr Ross Hussey (UUP - West Tyrone)</p>	<p><b>To ask the Minister of Education to detail (i) how many special schools were given poor inspection reports; and (ii) what help did Education Authority officers provide before each inspection, in each of the last five years.</b></p> <p>Over the past five academic years from 2011/12 to 2015/16, the Education and Training Inspectorate (ETI) have carried out 25 inspections of special schools. Of these, three were evaluated overall as needing to address urgently the significant areas for improvement identified; all three schools were subsequently placed in the formal intervention process by the Department of</p>
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		<p>Education, and are currently involved at various stages of the ETI follow-up inspection process.</p> <p>The School Development Service (formally CASS) differentiates support to meet the specific needs of schools. Support is planned and provided taking into account the following spectrum of schools, listed in order of priority:</p> <ul style="list-style-type: none"> <li>i.schools in the Formal Intervention process;</li> <li>ii.schools found to be ‘Satisfactory’/ ‘needs to address important areas for improvement’ in inspection by ETI;</li> <li>iii.schools who have recently appointed first time/acting principals;</li> <li>iv.recently amalgamated schools;</li> <li>v.schools where performance improvement will have most effect in closing the gap between highest and lowest achieving pupils;</li> <li>vi.other schools in support of their self-evaluation and school improvement plans.</li> </ul> <p>This support is provided in order of priority to all schools, including special schools. The School Development Service does not provide intensive support to schools in the period after notification of inspection has been received and prior to the date of inspection.</p>
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### Assessment of newcomer pupil's progress

<p>AQW 6782/16- 21</p>	<p>Mrs Rosemary Barton (UUP - Fermanagh and South Tyrone)</p>	<p><b>To ask the Minister of Education how the progress of newcomer pupils is assessed following the provision of additional funds to meet their needs.</b></p> <p>The Department of Education provides additional funding through the Common Funding Formula to schools in respect of every pupil who has been designated as a Newcomer. Departmental guidance issued to schools recommends that they monitor each child's progress</p>
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		<p>throughout their designation as a Newcomer pupil. The additional funding is allocated initially for three years and if after this period the school considers that a pupil still requires additional support, an assessment against the Common European Framework of Reference should be carried out to provide evidence that the child still meets the criteria to be classified as a Newcomer. The school should complete this assessment on an annual basis and it should be available for validation by the Education Authority.</p>
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### Funding support for schools with newcomer children

<p>AQW 6781/16- 21</p>	<p>Mrs Rosemary Barton (UUP - Fermanagh and South Tyrone)</p>	<p><b>To ask the Minister of Education to outline how additional funds provided for schools to address the needs of newcomer pupils is audited.</b></p> <p>Funding for Newcomer pupils, alongside other funding provided through the Common Funding Scheme, is delegated to schools to determine how best it is utilised. This allows schools to take account of the individual needs and circumstances of their own pupils and to deploy the funding in the way that they believe to be most appropriate within their school. As with all funding delegated to schools, it is for the school's Principal and Board of Governors to account for how such funding is used.</p>
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### Cost savings from Shared Education Programme

<p>AQW 6674/16- 21</p>	<p>Ms Kellie Armstrong (APNI - Strangford)</p>	<p><b>To ask the Minister of Education what is the net cost saving that the Shared Education Programme has achieved in each of the last four years.</b></p> <p>The Delivering Social Change Signature Project is not predicated on the delivery of cost savings. However, collaborative working provides the opportunity to make more</p>
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		<p>efficient use of resources and collaborative procurement arrangements have the potential to result in savings for individual school budgets. Any such saving impact is captured within individual school budgets and will vary considerably depending on the level of collaboration.</p>
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### Cost for schools of participation in shared education

<p>AQW 6673/16- 21</p>	<p>Ms Kellie Armstrong (APNI - Strangford)</p>	<p><b>To ask the Minister of Education what is the cost per pupil for schools if every child participates in shared education.</b></p> <p>The cost per pupil will vary considerably depending on a range of factors, including a school's level of Shared Education experience; delivery method, amount of time spent in shared learning, transport costs as well as the number of shared learning opportunities in which a pupil participates. Consequently it is not possible to provide a cost per pupil if every child participates in Shared Education.</p>
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### Issues affecting those receiving school counselling sessions

<p><u><a href="#">AQW 6661/16- 21</a></u></p>	<p>Mr Roy Beggs (UUP - East Antrim)</p>	<p><b>To ask the Minister of Education pursuant to AQW 5796/16-21, to detail (i) the top ten issues affecting those receiving counselling sessions during the periods (a) 2013-14; (b) 2014-15; and (c) 2015-16; and (ii) the frequency of each issue.</b></p> <p>ICSS is not assessed in terms of success or failure. The service is in place to provide confidential, independent counselling support to young people, addressing whatever issues are of concern to the individual.</p> <p>Nonetheless, evaluation is an integral element of the service, the details of which are outlined in the ICSSS Handbook. <a href="https://www.education-ni.gov.uk/publications/icss-">https://www.education-ni.gov.uk/publications/icss-</a></p>
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[handbook](#)

Common issues in the past year have included anxiety, peer issues, bereavement, anger, self-worth, bullying, family and school issues.

**2013/14**

<b>Post Primary Schools</b>	<b>Special Schools</b>
Anxiety 5.87%	Anxiety 20%
Family 5.73%	Family 18%
Anger 4.34%	Anger 14%
Self-Worth 3.63%	Self Worth 12%
Relationship Peers 3.02%	Behaviour 11%
Depression 2.48%	Relationship Peers 9%
Stress 2.37%	Bereavement 5%
Academic 2.17%	Other known 4%
Behaviour 1.62%	Stress 4%
Sleeping 1.12%	Bullying 3%

**2014/15**

<b>Post Primary Schools</b>	<b>Special Schools</b>
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			Anxiety 6.65%	Anxiety 21%
			Family Issue 4.22%	Family 18.5
			Behaviour Issues 1.83%	Anger 15%
			Anger 3.95%	Self-Worth 12.5 %
			Relationship Peers 3.5%	Behaviour 11 %
			Stress 3.54%	Relationship Peers 10 %
			Bereavement 2%	Bereavement 4.5 %
			Bullying 0.05%	Other Known 4.5 %
			Self-Harm 0.15%	Stress 4.5 %
			Depression 0.35%	Bullying 3%
		<b>2015/16</b>		
			<b>Post Primary Schools</b>	<b>Special Schools</b>
			Anxiety 7.43%	Anxiety 22%

Self-worth 4.73%	Anger 16.5%
Stress 4.71%	Stress 4%
Relationship Peers 3.98%	Family 19 %
Anger 3.56%	Relationship Peers 11%
Family 2.71%	Academic 1%
Depression 2.53%	Self-Worth 12%
Sleep 2.17%	Behaviour 13%
Academic Difficulties 2.15%	Depression 1%
Behaviour 2.03%	Bereavement 0.5%

The Education Authority has confirmed that these figures are in respect of the top ten issues recorded by the Independent Counselling Service for Schools. There are many other topics which have been given at the initial assessment point as the reason for referral however these are not in the top ten. At present the Education Authority does not have readily available the percentages for these other issues.

## Private SEN assessments

<p>AQW 6658/16- 21</p>	<p>Mrs Jenny Palmer (UUP - Lagan Valley)</p>	<p><b>To ask the Minister of Education for his assessment of the weight the Education Authority should give to external or private assessments of special educational needs in the statementing process.</b></p> <p>It is normal practice for the Education Authority (EA) to give due consideration to reports from other professionals during statutory assessments of special educational needs (SEN).</p> <p>In terms of psychological advice, regulation 9 of the Education (Special Educational Needs) Regulations (NI) 2005 requires that such advice be sought from a person regularly employed or engaged by the EA as an educational psychologist. That advice will be given after consultation, as appropriate, with any other psychologist that has relevant knowledge of or information relating to the child.</p> <p>Paragraph 3.57 of the Code of Practice on the Identification and Assessment of SEN makes clear that the educational psychologist from whom the EA seeks advice must consult, and record any advice from, any other psychologist, such as a clinical or occupational psychologist, who may have relevant knowledge of or information about the child. The educational psychologist employed or engaged by the EA should also consider any advice which parents may submit independently from a fully qualified educational psychologist.</p>
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### Integration of Woodlands with Education Authority

<p>AQW 6655/16- 21</p>	<p>Ms Catherine Seeley (SF - Upper Bann)</p>	<p><b>To ask the Minister of Education when he expects Woodlands Juvenile Justice Centre to be integrated with the Education Authority.</b></p> <p>Since 09 May 2016 the EA have been providing ongoing direction and practical operational support for the delivery of education and vocational training within the JJC.</p> <p>The TUPE transfer of existing YJA teaching staff to the EA involves statutory processes which have not yet concluded, however, this has not impacted in any way upon the quality of current provision</p>
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### Young adults leaving full time education

<p>AQW 6590/16- 21</p>	<p>Mrs Brenda Hale (DUP - Lagan Valley)</p>	<p><b>To ask the Minister of Education who has responsibility for young adults with a statement of special educational need but that have now left full time education.</b></p> <p>A statement of special educational needs (SEN) will remain in force until the Education Authority ceases to maintain it, or until the child is no longer its responsibility; for example, on moving to further or higher education or to social services provision.</p> <p>The Code of Practice on the Identification and Assessment of SEN allows for, with the agreement of the young person concerned, the transfer of information in relation to the young person's SEN to a Further Education College or other provision to be attended. Relevant information may include a copy of the statement and the report of the young person's most recent Annual Review, including the Transition Plan.</p> <p>Once they leave the school system, responsibility for further and higher education and employment and skills programmes lies with the Department for the Economy. Young people may also</p>
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		<p>access training opportunities through the voluntary sector. For young people with a disability seeking employment, the Department for Communities has responsibility for the Disability Employment Service.</p> <p>Young people with particularly complex learning difficulties may also move to health and social care provision under the responsibility of the Department of Health.</p>
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### Funding for shared education when AP funding finishes

<p>AQW 6553/16- 21</p>	<p>Ms Kellie Armstrong (APNI - Strangford)</p>	<p><b>To ask the Minister of Education how the cost of shared education will be met when the current Atlantic Philanthropy funding is exhausted.</b></p> <p>The Sharing Works policy commits to use the learning from both the Delivering Social Change Signature Project and Peace IV Shared Education initiative, as well as other long standing practices of collaborative, inclusive and citizenship education to determine how best to support educational establishments in offering Shared Education in the longer term when current funding streams end.</p>
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## Number of educational psychologists employed in last 5 years

<p>AQW 6547/16- 21</p>	<p>Ms Jennifer McCann (SF - West Belfast)</p>	<p><b>To ask the Minister of Education how many educational psychologists have been employed in each of the last five years.</b></p> <p>QUESTION FOR WRITTEN ANSWER ON 22/11/2016</p> <table border="1" data-bbox="667 667 1295 1308"> <thead> <tr> <th></th> <th>Number Employed (full-time and part-time)</th> <th>Full time equivalent number employed</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>*161</td> <td>*136.0</td> </tr> <tr> <td>2015</td> <td>171</td> <td>145.0</td> </tr> <tr> <td>2014</td> <td>166</td> <td>144.7</td> </tr> <tr> <td>2013</td> <td>167</td> <td>141.4</td> </tr> <tr> <td>2012</td> <td>161</td> <td>141.7</td> </tr> </tbody> </table> <p>* The lower number for 2016 is in part the result of recent resignations. There was a major recruitment exercise at the end of June 2016 and following this there were no remaining reserve candidates available.</p> <p>Please also note this data includes Educational Psychologists on secondment to QUB, as well as those deployed to regional specialist settings, i.e. Beechcroft and Lakewood.</p>		Number Employed (full-time and part-time)	Full time equivalent number employed	2016	*161	*136.0	2015	171	145.0	2014	166	144.7	2013	167	141.4	2012	161	141.7
	Number Employed (full-time and part-time)	Full time equivalent number employed																		
2016	*161	*136.0																		
2015	171	145.0																		
2014	166	144.7																		
2013	167	141.4																		
2012	161	141.7																		

### Advice given to schools from Inclusion and Diversity Service

<p>AQW 6546/16- 21</p>	<p>Mrs Rosemary Barton (UUP - Fermanagh and South Tyrone)</p>	<p><b>To ask the Minister of Education whether schools have to implement advice given from the Inclusion and Diversity Service.</b></p> <p>The Inclusion and Diversity Service supports Newcomer pupils through the provision of advice and practical support to pupils, schools and parents. It is for each school to determine the role that this advice and support plays in the assistance that is offered by a school to Newcomer pupils.</p>
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### Reducing stress for young people in education

<p>AQW 6517/16- 21</p>	<p>Mr Roy Beggs (UUP - East Antrim)</p>	<p><b>To ask the Minister of Education to outline the initiatives he has put in place to reduce stress for young people in education.</b></p> <p>The Department's 'iMatter' Programme is the overarching vehicle for promoting pupils' emotional health and wellbeing. The Programme is about addressing how the entire school community should be engaged in promoting resilient emotional health for all pupils, what support systems are available for vulnerable pupils and what support is available to schools in the event of a crisis. The Programme aims to support a school in integrating its individual policies and support systems in a consistent and coherent way.</p> <p>Under this programme a suite of homework diary inserts, leaflets and posters on topics of concern to young people were developed, including the topic 'Coping with Stress' and were distributed to post-primary schools. They are also available from the DE website. They include useful telephone numbers, websites and details of organisations that can provide further advice and assistance.</p>
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		An iMatter 'message of the month' on the subject of exam stress issues to schools each May and contains tips on preparing for, and coping with, exams.
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### Engaging with children and young people from Irish medium schools in development of Children and Young People's Strategy

AQW 6514/16- 21	Mr Barry McElduff (SF - West Tyrone)	<p><b>To ask the Minister of Education whether his Department will engage actively with children and young people attending Gaelscoileanna / Irish-medium schools to help inform the development of the Children and Young Person's Strategy.</b></p> <p>My Department has been developing the next Executive Strategy for Children and Young People through an inclusive co-design process which has seen my officials engaging with a wide range of stakeholders, including representatives from organisations who work on behalf of the Irish-speaking community in Northern Ireland.</p> <p>As part of the public consultation on the draft Strategy, my officials are planning a programme of further engagement with key stakeholders. This will include parents and guardians, all schools, the Education Authority and related sectoral bodies including Comhairle na Gaelscolaíochta, the Health and Social Care Board and Trusts, and local Councils via Children and Young People's Strategic Partnership, voluntary and community organisations, and active engagement with children and young people across Northern Ireland.</p>
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## Support to develop speech, language and communication skills

<p><u>AQW</u> <u>6355/16-</u> <u>21</u></p>	<p>Mr Mike Nesbitt (UUP - Strangford)</p>	<p><b>To ask the Minister of Education to detail how her Department works with the Department of Health to ensure that children are school-ready by having the best possible speech, language and communication skills.</b></p> <p>Examples of collaborative working between Education and Health in order to develop children’s speech, language and communication skills from an early age are as follows:</p> <p><u>Sure Start</u> The Department of Education invests a significant level of funding in the Sure Start Programme. A key focus of the programme is improvement of children’s ability to learn by improving their language skills. By working collaboratively with Health professionals, Sure Start complements core Speech, Language and Communication (SLC) provision provided by the Health and Social Care Trusts. There is a clear role for the Sure Start Speech and Language Therapist in transitioning children into preschool education settings, alongside delivery of services to children and their families living within Sure Start catchment areas.</p> <p><u>Early Intervention Transformation Programme</u> Another strand to this collaborative working is the Early Intervention Transformation Programme (EITP) which aims to improve outcomes for children and young people through embedding early intervention approaches. As part of Workstream 1 of the programme every pre-school education setting with DE-funded places now has a named Health Visitor assigned to it. In addition, a pilot 3+ Health Review has been introduced, led by the Public Health Agency, which involves Health Visitors conducting the review with parents and children in the pre-school setting. This review provides the opportunity for Health Visitors to review a child’s development and provide further information and signposting to other services where appropriate, including SLC services.</p>
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Getting Ready to Learn Programme

This programme of support for parents includes programmes that have been developed collaboratively across health and education, one aim of which is to ensure that children are school ready by having the best possible support from home to develop their speech, language and communication skills.

Early Years' Inclusion Service

The aim of the Education Authority's (EA) Early Years' Inclusion Service is to enhance access to formal education for children during the early years by improving early identification and assessment of their special educational needs in the context of Language and Communication (and Social Emotional and Behaviour Difficulties); followed by appropriate interventions, ensuring a smooth transition from pre-school into Year 1 in a mainstream primary school.

This initiative includes a comprehensive training programme for all staff in early years' settings. Some of these training courses are delivered collaboratively with the Health sector's Speech and Language Therapists.

Language and Communication Service

The EA is establishing a regional language and communication service. This service currently exists in some EA offices and will be extended to all regions during the 2016/17 year.

In areas within the EA where this service already exists, the staff work with Health to provide a comprehensive support programme to early years' practitioners, parents and children. The EA also has language outreach services that are delivered for selected special schools.

Advisory Support for Individual Children

Pre-school settings can request advisory support for children with specific language difficulties. This will be facilitated by teachers and/or Health sector Speech and Language Therapists.

		<p><u>Speech and Language Classes</u></p> <p>Across the EA, there are specialist speech and language classes for children with speech and language difficulties. These classes provide opportunities for intensive teaching and speech and language therapy in a language rich environment. The staffing complement includes both teachers and Health sector Speech and Language Therapists.</p>
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### Waiting list for Literacy Teaching and Support Service

AQW 5440/16- 21	Mr Phillip Logan (DUP - North Antrim)	<p><b>To ask the Minister of Education to detail how long the waiting list is to access the Literacy Teaching and Support Service.</b></p> <p>The EA has advised that its literacy support service is provided at Stage 3 and Stage 5 of the Code of Practice on the Identification and Assessment of Special Educational Needs (SEN). Information provided by the EA indicates that 372 pupils across Northern Ireland are waiting to access its literacy support service. For children with a statement of SEN (Stage 5), there should be no waiting list. Children at Stage 3 rarely wait more than three months for their support to be initiated.</p> <p>The Stage 3 literacy service is complementary to the support that should continue to be provided by the school; children on the waiting list should continue to receive school-based support.</p>
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### Budgetary pressures facing the Executive

AQO 741/16- 21	Mrs Rosemary Barton (UUP - Fermanagh and South	<p><b>To ask the Minister of Finance to detail the budgetary pressures currently facing the Executive.</b></p> <p>Executive departments continually face a number of evolving budgetary pressures. The Executive seeks to address priority pressures as part of its budget and monitoring round</p>
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	Tyrone)	exercises. For 2016-17 I recently announced funding for Executive pressures as part of my October Monitoring statement to the Assembly.
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### Definition of deprived and marginalised communities used in Community Regeneration Fund

AQW 7208/16- 21	Mrs Sandra Overend (UUP - Mid Ulster)	<p><b>To ask the Minister of Finance what is the definition of most deprived and marginalised communities used for the Community Regeneration Fund.</b></p> <p>I expect the business cases for projects seeking funding under the Community Regeneration Fund to demonstrate how the project benefits deprived and marginalised communities.</p>
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### Number of deaths by gender and age for each deprivation quintile since 2006

<a href="#"><u>AQW 7061/16- 21</u></a>	Mr Ian Milne (SF - Mid Ulster)	<p><b>To ask the Minister of Finance for a breakdown of the number of deaths from suicide by (i) gender; and (ii) age, for each deprivation quintile in each year since 2006.</b></p> <p>The attached tables detail the number of deaths registered due to suicide<sup>1</sup> by i) gender and ii) age, for each deprivation quintile between 2006 and 2015, the latest year for which finalised figures are available.</p> <p><b>Table 1a: Number of Male Deaths from Suicide<sup>1</sup> by Registration Year and NI Multiple Deprivation Measure Quintile<sup>2</sup>, 2006-2015</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Registration Year</th> <th colspan="5">NI Multiple Deprivation Measure Quintile</th> <th rowspan="2">Total</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>77</td> <td>51</td> <td>41</td> <td>36</td> <td>22</td> <td><b>227</b></td> </tr> </tbody> </table>	Registration Year	NI Multiple Deprivation Measure Quintile					Total	1	2	3	4	5	2006	77	51	41	36	22	<b>227</b>
Registration Year	NI Multiple Deprivation Measure Quintile					Total															
	1	2	3	4	5																
2006	77	51	41	36	22	<b>227</b>															

2007	59	46	31	23	16	<b>175</b>
2008	81	45	43	30	19	<b>218</b>
2009	62	55	46	26	16	<b>205</b>
2010	83	41	47	43	26	<b>240</b>
2011	79	50	28	39	20	<b>216</b>
2012	80	45	35	31	24	<b>215</b>
2013	77	49	36	42	25	<b>229</b>
2014	64	49	32	37	25	<b>207</b>
2015	91	46	41	43	24	<b>245</b>
<b>TOTAL</b>	<b>753</b>	<b>477</b>	<b>380</b>	<b>350</b>	<b>217</b>	<b>2,177</b>

1 In considering suicide events it is conventional to include cases where the cause of death is classified as either 'Suicide and self-inflicted injury' or 'Undetermined intent'. Since 2001, the ICD10 codes used for 'Suicide and self-inflicted injury' are X60-X84 and Y87.0 and the ICD10 codes used for 'Undetermined intent' are Y10-Y34 and Y87.2

2 Based on Northern Ireland Multiple Deprivation Measure (NIMDM) 2010, where quintile 1 is the 20% most deprived Super Output Areas (SOAs) in NI and quintile 5 is the 20 % least deprived.

**Table 1b: Number of Female Deaths from Suicide<sup>1</sup> by Registration Year and NI Multiple Deprivation Measure Quintile<sup>2</sup>, 2006-2015**

Registration Year	NI Multiple Deprivation Measure Quintile	Total
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	1	2	3	4	5	
2006	20	12	11	14	7	<b>64</b>
2007	24	19	8	10	6	<b>67</b>
2008	17	18	6	12	11	<b>64</b>
2009	25	10	10	9	1	<b>55</b>
2010	26	16	8	10	13	<b>73</b>
2011	28	11	16	8	10	<b>73</b>
2012	20	13	8	13	9	<b>63</b>
2013	26	18	13	11	6	<b>74</b>
2014	17	20	13	6	5	<b>61</b>
2015	24	13	13	16	7	<b>73</b>
<b>TOTAL</b>	<b>227</b>	<b>150</b>	<b>106</b>	<b>109</b>	<b>75</b>	<b>667</b>

1 In considering suicide events it is conventional to include cases where the cause of death is classified as either 'Suicide and self-inflicted injury' or 'Undetermined intent'. Since 2001, the ICD10 codes used for 'Suicide and self-inflicted injury' are X60-X84 and Y87.0 and the ICD10 codes used for 'Undetermined intent' are Y10-Y34 and Y87.2

2 Based on Northern Ireland Multiple Deprivation Measure (NIMDM) 2010, where quintile 1 is the 20% most deprived Super Output Areas (SOAs) in NI and quintile 5 is the 20 % least deprived.

**Table 2: Number of Deaths from Suicide<sup>1</sup> by Registration Year, Age Band and NI Multiple Deprivation Measure Quintile<sup>2</sup>, 2006-2015**

	Age Band	NI Multiple Deprivation Measure Quintile					ALL
<b>2006</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	19 or less	10	5	3	6	2	<b>26</b>
	20 to 34	34	22	14	14	5	<b>89</b>
	35 to 49	30	19	15	25	12	<b>101</b>
	50 to 64	21	16	15	4	5	<b>61</b>
	65 plus	2	1	5	1	5	<b>14</b>
	<i>Total</i>	<i>97</i>	<i>63</i>	<i>52</i>	<i>50</i>	<i>29</i>	<i>291</i>
<b>2007</b>							
	19 or less	8	2	5	2	0	<b>17</b>
	20 to 34	32	16	10	8	1	<b>67</b>
	35 to 49	25	26	12	12	7	<b>82</b>
	50 to 64	12	15	6	7	11	<b>51</b>

	65 plus	6	6	6	4	3	<b>25</b>
	<i>Total</i>	<b>83</b>	<b>65</b>	<b>39</b>	<b>33</b>	<b>22</b>	<b>242</b>
<b>2008</b>	19 or less	14	6	5	3	4	<b>32</b>
	20 to 34	33	10	16	9	8	<b>76</b>
	35 to 49	38	23	12	17	13	<b>103</b>
	50 to 64	12	15	9	9	4	<b>49</b>
	65 plus	1	9	7	4	1	<b>22</b>
	<i>Total</i>	<b>98</b>	<b>63</b>	<b>49</b>	<b>42</b>	<b>30</b>	<b>282</b>
<b>2009</b>	19 or less	6	3	4	2	0	<b>15</b>
	20 to 34	31	23	16	10	6	<b>86</b>
	35 to 49	31	25	20	14	5	<b>95</b>
	50 to 64	14	10	12	5	3	<b>44</b>

	65 plus	5	4	4	4	3	<b>20</b>
	<i>Total</i>	<i>87</i>	<i>65</i>	<i>56</i>	<i>35</i>	<i>17</i>	<i>260</i>
<b>2010</b>	19 or less	7	3	3	4	4	<b>21</b>
	20 to 34	46	16	16	19	10	<b>107</b>
	35 to 49	33	23	18	18	14	<b>106</b>
	50 to 64	18	13	10	6	6	<b>53</b>
	65 plus	5	2	8	6	5	<b>26</b>
	<i>Total</i>	<i>109</i>	<i>57</i>	<i>55</i>	<i>53</i>	<i>39</i>	<i>313</i>

1 In considering suicide events it is conventional to include cases where the cause of death is classified as either 'Suicide and self-inflicted injury' or 'Undetermined intent'. Since 2001, the ICD10 codes used for 'Suicide and self-inflicted injury' are X60-X84 and Y87.0 and the ICD10 codes used for 'Undetermined intent' are Y10-Y34 and Y87.2

2 Based on Northern Ireland Multiple Deprivation Measure (NIMDM) 2010, where quintile 1 is the 20% most deprived Super Output Areas (SOAs) in NI and quintile 5 is the 20 % least deprived.

**Table 2 (continued): Number of Deaths from Suicide<sup>1</sup> by Registration Year, Age Band and NI Multiple Deprivation Measure Quintile<sup>2</sup>, 2006-2015**

			<b>NI Multiple Deprivation Measure Quintile</b>					<b>ALL</b>
	<b>Age Band</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
<b>2011</b>								
	19 or less	13	3	5	4	0	<b>25</b>	
	20 to 34	52	20	10	12	13	<b>107</b>	
	35 to 49	25	15	14	13	7	<b>74</b>	
	50 to 64	13	16	11	11	6	<b>57</b>	
	65 plus	4	7	4	7	4	<b>26</b>	
	<i>Total</i>	<i>107</i>	<i>61</i>	<i>44</i>	<i>47</i>	<i>30</i>	<i>289</i>	
<b>2012</b>								
	19 or less	11	2	2	3	1	<b>19</b>	
	20 to 34	38	19	12	15	9	<b>93</b>	
	35 to 49	28	15	14	8	10	<b>75</b>	
	50 to 64	20	16	11	14	7	<b>68</b>	

	65 plus	3	6	4	4	6	<b>23</b>
	<i>Total</i>	<i>100</i>	<i>58</i>	<i>43</i>	<i>44</i>	<i>33</i>	<i>278</i>
<b>2013</b>	19 or less	4	6	1	2	2	<b>15</b>
	20 to 34	32	19	12	8	6	<b>77</b>
	35 to 49	39	28	21	20	9	<b>117</b>
	50 to 64	20	12	10	20	10	<b>72</b>
	65 plus	8	2	5	3	4	<b>22</b>
	<i>Total</i>	<i>103</i>	<i>67</i>	<i>49</i>	<i>53</i>	<i>31</i>	<i>303</i>
<b>2014</b>	19 or less	6	5	2	4	1	<b>18</b>
	20 to 34	39	24	15	8	6	<b>92</b>
	35 to 49	22	21	14	18	9	<b>84</b>
	50 to 64	12	13	8	9	11	<b>53</b>

	65 plus	2	6	6	4	3	<b>21</b>
	<i>Total</i>	<i>81</i>	<i>69</i>	<i>45</i>	<i>43</i>	<i>30</i>	<i>268</i>
<b>2015</b>	19 or less	8	4	0	3	2	<b>17</b>
	20 to 34	48	15	22	21	9	<b>115</b>
	35 to 49	32	20	14	15	12	<b>93</b>
	50 to 64	19	15	15	13	5	<b>67</b>
	65 plus	8	5	3	7	3	<b>26</b>
	<i>Total</i>	<i>115</i>	<i>59</i>	<i>54</i>	<i>59</i>	<i>31</i>	<i>318</i>

1 In considering suicide events it is conventional to include cases where the cause of death is classified as either 'Suicide and self-inflicted injury' or 'Undetermined intent'. Since 2001, the ICD10 codes used for 'Suicide and self-inflicted injury' are X60-X84 and Y87.0 and the ICD10 codes used for 'Undetermined intent' are Y10-Y34 and Y87.2

2 Based on Northern Ireland Multiple Deprivation Measure (NIMDM) 2010, where quintile 1 is the 20% most deprived Super Output Areas (SOAs) in NI and quintile 5 is the 20 % least deprived.

## Procedures and practice for people displaying signs of mental health issues

<p>AQW 6687/16- 21</p>	<p>Lord Morrow of Clogher Valley (DUP - Fermanagh and South Tyrone)</p>	<p><b>To ask the Minister of Health (i) whether a standard procedure or agreed practice is in place in Health and Social Care Trusts for people that display signs and symptoms of mental health issues but do not accept they are unwell and refuse to attend a clinician, and are behaving in a manner which could be dangerous to themselves and others; and (ii) whether other options are considered before police are alerted in the interests of the individual’s safety and public safety; and (iii) which agencies are responsible in such instances.</b></p> <p>People who are seriously mentally unwell but refuse to accept this are likely to come within the provisions of the Mental Health (Northern Ireland) Order 1986, which provides for the compulsory admission for assessment or treatment of individuals if there is considered to be a risk of harm to themselves or others. The Regional Interagency Protocol On The Operation Of Place Of Safety &amp; Conveyance To Hospital Under The Mental Health (Northern Ireland) Order 1986 (October 2015) provides a framework for co-operation and joint working between the Police Service, Ambulance Service and Health and Social Care Trusts to ensure that people with a mental disorder are managed in a safe, efficient and effective manner when agencies are discharging their duties under the 1986 Order.</p> <p>The protocol advises that Police Service support should only be requested when the reason for their attendance is consistent with their statutory functions (protection of life, prevention of crime, to prevent a breach of the peace), and based on an assessment of the risks associated with the specific circumstances. The protocol contains a Risk</p>
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		<p>Assessment Matrix to help inform this judgement. Depending on the circumstances of such instances the responsible agencies may include some or all of the following; General Practitioner, General Practitioner Out-of-Hours Service, Health and Social Care Trust, Out of Hours Social Work, Ambulance Trust and Police Service.</p>
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### Waiting list for children to be assessed on the autistic spectrum

AQW 6629/16- 21	Mr Mike Nesbitt (UUP - Strangford)	<p><b>To ask the Minister of Health how many children are waiting currently for an autism spectrum assessment. [Priority Written]</b></p> <p>At 30 September 2016 there were 2,325 children waiting for an autism spectrum assessment in the north of Ireland. These are the latest available figures.</p>
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### Recommendations from review of acquired brain injury rehabilitation services

AQW 6596/16- 21	Ms Catherine Seeley (SF - Upper Bann)	<p><b>To ask the Minister of Health to detail the number of recommendations that have been implemented following the October 2015 Regulation Quality Improvement Authority review of acquired brain injury rehabilitation services.</b></p> <p>The RQIA review report made twenty three recommendations covering adult and children's acquired brain injury rehabilitation services.</p> <p>Fifteen of these recommendations were specific to Health and Social Care Trusts (recommendations 2, 3, 5, 6, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 22) and they have reported to the Health and Social Care Board that while each recommendation is at varying stages of work towards its completion, overall they have already achieved, or are on track to achieve, thirteen of</p>
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		<p>the fifteen Trust specific recommendations.</p> <p>One recommendation was specific to the Board (recommendation 23) and this has been achieved.</p> <p>Seven of the recommendations were joint HSC Board/ Trust recommendations (1, 4, 7, 8, 9, 17, 21) and four of these have already been achieved.</p>
<p>AQW 6594/16- 21</p>	<p>Ms Catherine Seeley (SF - Upper Bann)</p>	<p><b>To ask the Minister of Health for an update on the implementation of the Regional Acquired Brain Injury Implementation Group action plan of 2011.</b></p> <p>The Regional Acquired Brain Injury Implementation Group (RABIIG) has made good progress across a number of key Action Plan areas for example:</p> <p>Creation of regional standards for Acquired Brain Injury (ABI).</p> <p>Development of in-patient and community care pathways for adults and children.</p> <p>Production and launch of an ABI information pack.</p> <p>Development of an ABI Education and Training plan.</p> <p>New recurrent investment of £128,000 for specialist rehabilitation medical posts and £100,000 for services for children with ABI.</p> <p>Full achievement of some of the Action Plan areas still remains dependent on funding being identified in the current very challenging financial climate.</p> <p>In the interim, Health and Social Care Trusts continue to assess and plan locally for the needs of people with ABI (including accommodation needs) using their existing Trust planning and delivery processes.</p>

## Recruitment of guardians for unaccompanied children

<p>AQW 6475/16- 21</p>	<p>Lord Morrow of Clogher Valley (DUP - Fermanagh and South Tyrone)</p>	<p><b>To ask the Minister of Health when the recruitment process for the first independent guardians for unaccompanied children will be completed; and when the independent guardian role will be fully operational.</b></p> <p>The Health and Social Care Board intends to award the contract for the provision of an Independent Guardianship Service for the north of Ireland on 1 April 2017. The successful provider will then be required to recruit and train staff and produce written policy, procedural and practice guidance. The Board has advised that the successful provider should be fully operational by 1 October 2017.</p>
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## Support for new parents

<p>AQW 6472/16- 21</p>	<p>Mr Colin McGrath (SDLP - South Down)</p>	<p><b>To ask the Minister of Health what support and advice is given to new parents before they leave the maternity unit, to help them improve their child’s development potential and communication skills.</b></p> <p>The Trusts provide a range of support and advice to new parents to help with child development. Much of this begins in the antenatal period with discussions between health professionals and parents on relationship building with their baby during pregnancy and the early days.</p> <p>All women receive the “Pregnancy” and “Birth to 5” books during pregnancy and following birth, with sections relating to care of the baby, their development, learning and playing, and feelings and relationships.</p> <p>Parents are supported by the midwifery team in the postnatal ward and on discharge, and then by the community midwife. The New Parent programme and family nurse</p>
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		partnerships provide additional, targeted, one to one support for vulnerable first time mothers both during the antenatal period and after the birth.
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### Support for people with mental health issues in Strabane

<p>AQW 6468/16- 21</p>	<p>Ms Michaela Boyle (SF - West Tyrone)</p>	<p><b>To ask the Minister of Health what services and support are available to people with mental health problems in Strabane.</b></p> <p>Western Health and Social Care Trust Adult Mental Health Services provide a range of support for the Strabane area including Crisis Response and Home Treatment; acute daycare services; Primary Care Liaison; recovery services; addiction services; specialist services such as those for eating disorders, forensic and psychosexual conditions; adult psychological therapies; and Supported Living. Individuals who require admission to acute inpatient services are facilitated at Grangewood Mental Health Unit in Derry.</p> <p>The Western Health and Social Care Trust Child and Adolescent Mental Health Services (CAMHS) Team based in Rivendell, Omagh, is responsible for the service provision for children and young people up to the age of 18 years in the Strabane area. Specialist multidisciplinary CAMHS Services are part of a wider network of service provision to support children and young people who have emotional, behavioural and mental health difficulties.</p>
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## Occupational Therapy at Oakwood Special School

<p><u>AQW</u> <u>5492/16-</u> <u>21</u></p>	<p>Mr Chris Lyttle (APNI - East Belfast)</p>	<p><b>To ask the Minister of Health to outline (i) why Belfast Health and Social Care Trust Occupational Therapy ceased at Oakwood Special School, in December 2015; and (ii) when were these services withdrawn formally.</b></p> <p>The Occupational Therapy service, provided in Oakwood School until December last year, has since that time largely been provided in settings outside the school, such as community clinics and in the children’s homes. While any disruption caused by this change is regrettable, the Belfast Trust is working closely with the Education Authority to minimise any impact on the children who use the service. Where necessary, for example to address equipment needs, interventions continue to be delivered in the school environment by therapists from across the service. Arrangements have also recently been made to deliver the service for children from Oakwood School in Fleming Fulton School, where clinically appropriate, and to accompany children there for that purpose.</p>
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## Support for children with severe learning difficulties and their families

<p>AQW 5465/16- 21</p>	<p>Mr Philip McGuigan (SF - North Antrim)</p>	<p><b>To ask the Minister of Health for her assessment of the Behavioural Support Service collaboration with the Department of Education that supports children with severe learning difficulties and their families; and whether she will seek assurances from the Minister of Education that he will address the shortage of Behavioural Associates in the Northern Health and Social Care Trust.</b></p> <p>The Dual Agency Behaviour Support Service is jointly funded by the Northern Health and Social Care Trust and the Education Authority. The service provides highly specialist assessment, intervention and support for children with severe</p>
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		<p>learning disability who display challenging behaviour within their own homes, their schools and their communities. This holistic, collaborative and evidence based approach is of great benefit to children and their families.</p> <p>I am committed to the reinstatement of the service in the Northern Trust area and the Minister of Education has advised me that the Education Authority is currently identifying behavioural assistants from within its existing behaviour support service to allow this to happen.</p>
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### GP practitioners with a special interest in mental health

<p>AQW 5354/16- 21</p>	<p>Mr Mark Durkan (SDLP - Foyle)</p>	<p><b>To ask the Minister of Health how many GPs have accreditation as practitioners with a special interest in mental health.</b></p> <p>There is no formal accreditation process or register within the Health and Social Care Service for GPs with a special interest in mental health. However, I recognise the vital role GPs and the wider primary care team play in the early identification and management of mental illness, as well as in the promotion of mental health and wellbeing.</p> <p>Through the Quality and Outcomes Framework element of the General Medical Services contract, my Department seeks to ensure that general practice delivers high quality, standardised care and positive outcomes for patients, including those with depression and mental illness.</p> <p>The management of mild to moderate depression in general practice is a priority for my Department. In 2015/16, 223 GP practices contracted with the Health and Social Care Board to provide enhanced services aimed at supporting the management of mild to moderate depression in general</p>
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practice. This enhanced service is continuing in the current year, with practices providing access to practice-based counselling services where this is appropriate for a patient's needs.

In addition, the Health and Social Care Board and the BMA's local GP Committee have agreed a set of practical guidelines to ensure the provision of high quality care to patients with severe mental illness. The Board has a contract in place with 19 GP practices to provide an enhanced service for the assessment of patients with a severe mental illness who are not otherwise registered with a GP practice or are receiving treatment outside their normal practice area. Practices providing this service are required to satisfy specific training requirements.

I have committed to bringing forward, by March 2017, a consultation on the role of GP Federations. I believe that Federations have the potential to offer greater scope for GPs to specialise in a number of areas, including mental health. I have also been clear that in future primary care must be based on multidisciplinary teams embedded in general practice, to provide high quality support and care to deliver positive physical and mental health outcomes.

## Expenditure on mental health service provision

**To ask the Minister of Health for a breakdown of the expenditure on mental health service provision in each of the last five years.**

The table below outlines a breakdown of the expenditure on mental health service provision in Health and Social Care Trusts from 2010/2011 to 2014/2015. This information is taken from Trust Financial Returns and does not include spending on items such as extra contractual referrals, or grant funding of voluntary sector organisations. Final figures for 2015/2016 are not yet available.

Hospital:	Category of Hospital Care	2010/11	2011/12	2012/13	2013/14	2014/15
Mental illness	Day Case and Outpatient	£11,090,551	£9,699,721	£13,033,728	£13,597,021	£14,044,197
Mental	In-	£11 5	£12 2	£13 1	£27 2	£28 1

[AQW 525 0/1 6-21](#)

Mr Adrian McQuillan (DUP - East Londonderry)

			illness - Acute care	pati ent and Day Car e	17,92 6	10,44 9	47,82 8	20,16 6	89,18 6
			Mental illness - Addicti ons	In- pati ent and Day Car e	£3,28 6,093	£3,29 8,213	£3,70 0,766	£3,82 9,469	£3,60 8,087
			Mental illness - ITU	In- pati ent	£5,91 4,661	£6,14 9,885	£5,17 6,194	£7,67 8,121	£9,94 4,344
			Mental illness - Other	In- pati ent	£3,25 2,827	£2,38 3,806	£2,49 2,059	£2,53 7,442	£2,82 2,010
			Mental illness -	In- pati ent	£15,3 53,69 1	£13,4 60,69 7	£14,2 27,03 0	£13,1 66,76 3	£10,7 78,40 0



	Out patient					
Psychotherapy	Out patient	£2,028,285	£3,079,103	£2,212,252	£3,197,798	£3,377,549
<b>Hospital Total</b>		<b>£103,456,925</b>	<b>£101,901,067</b>	<b>£104,749,393</b>	<b>£104,183,070</b>	<b>£105,407,239</b>
Community						
AHP Expenditure		£4,219,500	£4,173,792	£6,351,501	£6,241,455	£5,848,265
Community addictions teams		£6,744,820	£7,043,657	£7,682,491	£7,807,334	£8,476,998
Community medicine		£9,650,736	£9,206,101	£8,321,653	£9,812,168	£9,511,750





			669	862	43	997	136
	delivered to clients' homes						
	Nursing Homes		£9,887,476	£10,436,257	£10,735,179	£10,519,916	£13,009,974
	Residential Homes		£7,086,196	£5,796,953	£5,673,372	£6,366,154	£7,023,487
	Social Work		£10,592,804	£10,461,801	£10,454,884	£10,298,872	£10,495,341
	Supported and other accommodation		£12,496,623	£11,538,869	£13,327,280	£13,319,762	£15,348,841
	<b>Personal Social Services Total</b>		<b>£60,660,871</b>	<b>£60,300,446</b>	<b>£58,040,251</b>	<b>£60,434,332</b>	<b>£65,667,461</b>

			<b>£227, 997,7 38</b>	<b>£227, 453,1 36</b>	<b>£229, 845,6 49</b>	<b>£233, 778,8 22</b>	<b>£243, 636,8 56</b>

### Department of Health's promotion of co-operation as required by the Children's Co-operation Act

<a href="#"><u>AQW 5220/16- 21</u></a>	Mr Steven Agnew (GPNl - North Down)	<p><b>To ask the Minister of Health what arrangements have been made with her Department to promote co-operation as required by Section 2(2) of the Children's Co-operation Act.</b></p> <p>The Executive's new Children and Young People's Strategy, currently under development, will set out how Government will improve the well being of children and young people. My Department has been part of the Project Team established to oversee the development of the Strategy and we will work with other Departments to implement the Strategy. The Department is also represented on the cross-departmental Children's Champion Group.</p>
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### Development of the suicide prevention strategy

<a href="#"><u>AQW 5132/16- 21</u></a>	Ms Clare Bailey (GPNl - South Belfast)	<p><b>To ask the Minister of Health what input other Departments have had in the development of the suicide prevention strategy.</b></p> <p>Other Departments have contributed actions to the draft Protect Life 2 Strategy and will continue to report against these at the Ministerial Coordination Group on Suicide Prevention once the final Strategy is published. The draft Strategy was discussed by the Group at recent meetings including the meeting held on 10</p>
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		<p>October 2016.</p> <p>Departments also contributed through pre-consultation engagement and through their representation on the Suicide Strategy Implementation Body. There are close linkages with other strategies and policies including Healthcare in Justice Strategy, and schools Imatter programme.</p>
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### Action to advance suicide prevention efforts

<p><a href="#">AOW</a> <a href="#">5102/16-</a> <a href="#">21</a></p>	<p>Mr Sydney Anderson (DUP - Upper Bann)</p>	<p><b>To ask the Minister of Health what action her Department is taking in conjunction with key agencies to advance suicide prevention efforts.</b></p> <p>My Department works in conjunction with the Public Health Agency, other government Departments, the Health and Social Care sector, charities, and community and voluntary bodies in order to advance suicide prevention efforts.</p> <p>Multi-agency suicide prevention efforts include: “Flourish” churches suicide prevention initiative; iMatter programme in schools; mental health and suicide prevention training for sports coaches; work with the arts sector; community response planning; joint working on the Healthcare in Justice strategy; and provision of a wide range of suicide prevention initiatives through the community and voluntary sector.</p> <p>In addition, I personally chair the Ministerial Coordination Group on Suicide Prevention which provides oversight, leadership and impetus for cross-departmental collaboration and coordination on suicide prevention.</p> <p><i>Protect Life 2: a draft strategy for suicide prevention in the north of Ireland</i> is currently out for public consultation and contains actions for a number of our partner agencies.</p>
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## Talking therapy to address mental ill health

<p><a href="#"><u>AQW</u></a> <a href="#"><u>4933/16-</u></a> <a href="#"><u>21</u></a></p>	<p>Mr Roy Beggs (UUP - East Antrim)</p>	<p><b>To ask the Minister of Health how much funding was allocated for evidence-based talking therapy to address mental ill health in each of the last three years; and what plans there are to increase funding in this area.</b></p> <p>The annual allocation for evidence-based psychological therapies in each of the last three years is detailed below:</p> <p>2013/14: £8.15m 2014/15: £9.88m 2015/16: £10m</p> <p>Early investment in the development of a Mental Trauma Service, which would be based on the Psychological Therapies Stepped Care model, brings the allocation for the current year (2016/17) to £10.37m.</p> <p>For 2017/18 and beyond, I am considering a range of potential service developments across mental health, including the need for considerable further investment in psychological therapies, as part of efforts to improve mental health under the forthcoming Programme for Government. All service developments will have to be affordable, and whilst mental health is one of my top priorities, I will need to take account of pressures right across health and social care, as well as the overall Executive budgetary position.</p>
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## Deaths of people who had contact with mental health services

<p>AQW 4806/16- 21</p>	<p>Ms Clare Bailey (GPNI - South Belfast)</p>	<p><b>To ask the Minister of Health how many people who died by suicide in each of the last ten years in each Health and Social Care Trust (i) had contact with mental health services; (ii) had attended accident and emergency as a result of self-harm or suicide ideation; (iii) were on a waiting list for mental health services following general practioner referral; and (iv) had attended their general practioner as a result of self-harm or suicidal ideation.</b></p> <p>Information on the number of people who died by suicide in each of the last ten years in each Health and Social Care Trust that (i) had contact with mental health services is not held by the Department. However, the 2015 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness found that during 2003-2013, 741 suicides were identified as patient suicides, i.e. the person had been in contact with mental health services in the 12 months prior to death. This represents 27% of general population suicides, compared with 23% in Wales, 28% in England, and 30% in Scotland.</p> <p>Information on the number of people who died by suicide in each of the last ten years in each Health and Social Care Trust that (ii) had attended accident and emergency as a result of self-harm or suicide ideation; (iii) were on a waiting list for mental health services following general practitioner referral; and (iv) had attended their general practitioner as a result of self-harm or suicidal ideation, is not available centrally.</p>
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## Reform of adoption and foster care legislation

<p>AQW 4805/16- 21</p>	<p>Mr Daniel McCrossan (SDLP - West Tyrone)</p>	<p><b>To ask the Minister of Health whether she has plans to reform adoption and foster care legislation.</b></p> <p>I intend to seek Executive agreement to consult on a draft Adoption and Children Bill, with a view to introducing the Bill in the Assembly as soon as possible in the current mandate. I also intend to seek Health Committee scrutiny of draft Fostering Regulations within a short timeframe</p>
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## Looked after children

<p><a href="#">AQW 4804/1 6-21</a></p>	<p>Mr Daniel McCrossan (SDLP - West Tyrone)</p>	<p><b>To ask the Minister of Health to detail (i) the total number of looked after children; and (ii) the length of time they have been in (a) foster care; (b) residential care; (c) placed with parents; and (d) other placements.</b></p> <p>The number of looked after children in the north of Ireland is set out in Table 1.</p> <p><b>Table 1 Number of Children in Care in the north of Ireland (provisional figures)</b></p> <table border="1" data-bbox="571 1323 1374 1496"> <thead> <tr> <th colspan="2">Looked after children in the north of Ireland</th> </tr> </thead> <tbody> <tr> <td>Number of children</td> <td>2,966 (provisional)</td> </tr> </tbody> </table> <p><b>This figure relates to 30 September 2016 for the Belfast, South Eastern and Western HSC Trusts, 31 August 2016 for the Southern HSC Trust and 17 October 2016 for the Northern HSC Trust.</b></p> <p>Figures in Table 2 detail the length of time that these looked after children have been in their current placement. Please note the caveats listed below.</p> <p><b>Table 2 Length of time in current placement (provisional figures)</b></p>	Looked after children in the north of Ireland		Number of children	2,966 (provisional)
Looked after children in the north of Ireland						
Number of children	2,966 (provisional)					

		Placement				
		Foster Care	Residential Care	Placed with Family	Other	Total
< 3 months		546	50	92	51	739
3 months to < 1 year		553	73	112	74	812
1 to < 3 years		555	42	138	19	754
3 to < 5 years		271	8	62	8	349
5 to < 10 years		234	-	26	-	268
>10 Years		38	-	4	-	44
<b>Total</b>		<b>2,197</b>	<b>174</b>	<b>434</b>	<b>161</b>	<b>2,966</b>

‘-’ figures suppressed to avoid personal disclosure.

		<p><b>Source: Health and Social Care Trusts</b></p> <p><b>The information is not routinely collected in this format within the HSC Trusts and it may therefore be some differences in the way each Trust has extracted the information.</b></p> <p><b>Figures relate to 30 September 2016 for the Belfast, South Eastern and Western HSC Trusts, 31 August 2016 for the Southern HSC Trust and 17 October 2016 for the Northern HSC Trust.</b></p> <p><b>The South Eastern HSC Trust figures include children looked after under a supervisory order; Northern HSC Trusts figures exclude those children.</b></p> <p><b>Children in care for respite purposes have been excluded. The time of the placement will reset every time a child goes into/returns from a period of Respite or Short Break. Therefore, data for Foster Care in particular will be significantly affected in terms of overall length of placement where a child has been moved for this purpose.</b></p> <p>The annual publications 'Children's Social Care Statistics for NI' and 'Children in Care in NI', detail statistics on looked after children in the north of Ireland. These can be found on the Department's website at the following link:  <a href="https://www.health-ni.gov.uk/articles/looked-after-children">https://www.health-ni.gov.uk/articles/looked-after-children</a></p>
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### Update on review of Families Matter Strategy

<p>AQW 4794/16- 21</p>	<p>Mr Robbie Butler (UUP - Lagan Valley)</p>	<p><b>To ask the Minister of Health for an update on the review of the Families Matter Strategy.</b></p> <p>The Families Matter Strategy was published in 2009. It recognises that supporting parents in their primary role as care givers helps improve long term health and wellbeing outcomes for children. The strategy focuses on areas such as availability of information on services, access to those services and collaborative working. Early intervention and</p>
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		<p>prevention are recognised as important to addressing issues before they require statutory involvement.</p> <p>A website, Family Support NI, was set up following the launch of the strategy to direct families and professionals to services available in their local area. Last month it had almost 50,000 hits. There are now 29 Family Support Hubs across the whole of the North, involving approximately 664 statutory and non statutory organisations which work collaboratively to help families reach services that meet their needs.</p> <p>I am committed to bringing forward a new Family Support Strategy, building on the success of Families Matter. Work is underway and it is intended to publish a draft strategy for consultation in 2017.</p>
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### Update on new Acute Mental Health Inpatient Unit at City Hospital

<p>AQW 4727/16- 21</p>	<p>Mr Gordon Dunne (DUP - North Down)</p>	<p><b>To ask the Minister of Health for an update on the new Acute Mental Health Inpatient Unit at the City Hospital, Belfast.</b></p> <p>Work on the construction of the new acute mental health inpatient unit at the Belfast City Hospital commenced on 1 August 2016. The construction is planned for completion in November 2018. Once complete the building will provide 74 acute mental health inpatient beds and six psychiatric intensive care beds for the population of Belfast.</p>
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## Counselling Services for children and young people

<p>AQW 4709/16- 21</p>	<p>Mr Mark Durkan (SDLP - Foyle)</p>	<p><b>To ask the Minister of Health to outline what counselling services are available for children and young people.</b></p> <p>Counselling is one of a number of therapeutic interventions provided to children and young people who are referred to Child and Adolescent Mental Health Services (CAMHS), and may be provided in a very wide range of settings delivered by statutory, community and voluntary sector services.</p> <p>The treatment interventions provided to children and young people presenting with emotional, behavioural and mental health difficulties will be based on their assessed needs and delivered in line with NICE guidelines. They can range from pharmacological treatment, to therapeutic interventions such as counselling, through to specialist psychotherapeutic interventions such as Cognitive Behaviour Therapy, psychotherapy, psychodynamic therapy and family therapy.</p> <p>The Family Support website (<a href="http://www.familysupportni.gov.uk">www.familysupportni.gov.uk</a>) provides an extensive list of a wide range of services provided by statutory, community and voluntary organisations available for children and their families across the region. The range of support services provided include group based interventions, family support, parenting programmes, befriending, counselling, group activities, etc.</p>
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### Urgent paediatric cardiac surgery meeting 2017 target

<p><u>AQW</u> <u>4186/16-</u> <u>21</u></p>	<p>Ms Catherine Seeley (SF - Upper Bann)</p>	<p><b>To ask the Minister of Health what assurances she can give that the delivery of urgent paediatric cardiac surgery in Dublin will meet the 2017 target.</b></p> <p>The £42m investment that I and Minister Simon Harris announced in July 2016 will allow the all-island Congenital Heart Disease Network Board to proceed with its implementation plan, which includes the phased transfer of all urgent surgical cases from the north to Our Lady's Children's Hospital Crumlin (OLCHC) by the end of 2017, and all elective surgical cases by the end of 2018. Whilst a number of essential developments are required to facilitate this, including the expansion of Intensive Care capacity in OLCHC, and the associated requirement for additional medical and nursing staff, I am confident that the appropriate plans, structures and funds are in place to achieve it. This will remain high on my agenda for future meetings with Minister Harris. The Network is also on course to move to a single waiting list for cardiac catheterisations, which will benefit children across the island, by spring 2017.</p>
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### Update on work since Mental Capacity Act received Royal Assent

<p>AQW 4132/16- 21</p>	<p>Ms Claire Hanna (SDLP - South Belfast)</p>	<p><b>To ask the Minister of Health to outline the work his Department has done following Royal Assent of the Mental Capacity (Northern Ireland) Act 2016.</b></p> <p>The Mental Capacity Bill received Royal Assent on 9 May 2016, to become the Mental Capacity Act (NI) 2016. My Department is focusing on implementation planning for the Act. Engagement has begun with key stakeholders and professionals, under the auspices of an implementation reference group consisting of over 120 representatives from the statutory, non-statutory, and voluntary and community sectors. Four draft</p>
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chapters of the statutory Code of Practice, and a draft Regulation on key concepts in the Act such as capacity, supporting people, and best interests, were issued for comment in September. Further material will be issued to the reference group in the coming weeks seeking views on topics such as serious interventions under the Act, and the role of Independent Mental Capacity Advocates. This engagement will continue well into 2017 as we work towards preparing drafts of the Code of Practice and Regulations for public consultation.

Consideration is also being given to other work streams associated with the Act's implementation, such as: drafting and enactment of over 150 consequential amendments; jurisdictional issues, including patient transfers; design and delivery of training for the health and justice workforces, and for others with a role in the legislation; consideration of resource implications; and delivery issues, including awareness raising, development of IT solutions and establishment of Trust Panels and the Office of the Public Guardian.

A date for commencement of the Act has yet to be agreed. However, due to the scale of the task ahead it is anticipated that implementation will take a number of years, dependent upon the availability of funding and resources. This is a cross-cutting piece of legislation which will require collaboration between a number of Departments.

### Respite care for parents of children with special needs

<p>AQW 3989/16- 21</p>	<p>Mr Keith Buchanan (DUP - Mid Ulster)</p>	<p><b>To ask the Minister of Health what extra resources she is putting into respite care for parents of children with special needs.</b></p> <p>I have been advised that your reference to children with special needs relates to those with a learning disability. Investment is provided to Children with Disability, Complex Needs or Challenging behaviour and is therefore not broken down for those with a learning disability. The HSC Board provided regional allocations of £7.5m in 2014/15 and 2015/16 to support children with disabilities and their carers, which included the funding of short breaks and respite care. Additional in-year funding was also provided for summer holiday schemes, and training for child care staff/carers in relation to specific needs and to provide additional community-based short breaks for Children with Disabilities via Self-Directed Support and Direct Payments. My Department also provided funding of £1.57m in 2016/17 to the Family Fund, which provides a wide range of goods and services including short breaks focused on supporting the needs of children with a disability and their families in the north of Ireland.</p>
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### Consultation for Adoption Bill

<p>AQW 3420/16- 21</p>	<p>Ms Paula Bradshaw (APNI - South Belfast)</p>	<p><b>To ask the Minister of Health what advice she will take on the framing of questions in the consultation for the Adoption Bill.</b></p> <p>I intend to seek Executive agreement to consult on a draft Adoption and Children Bill, with a view to introducing the Bill in the Assembly as soon as possible in the current mandate. Exact timescales will be subject to Executive approval to public consultation and the outcome of the</p>
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		<p>consultation.</p> <p>My Department established an Adoption and Children Bill Stakeholder Group, made up of key stakeholders in the field of adoption and fostering from both statutory and voluntary agencies. This Group has assisted my officials in the drafting of the consultation document on the draft Bill. As part of the consultation process, my Department will seek views on a wide range of policy issues relating to adoption and children. Respondents will also be free to provide any additional comments</p>
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### Update on E-Strategy for NI

<p><a href="#"><u>AQW 6650/16- 21</u></a></p>	<p>Mr Roy Beggs (UUP - East Antrim)</p>	<p><b>To ask the Minister of Justice to outline when she expects the E-Safety Strategy for Northern Ireland to be finalised following the consultation process.</b></p> <p>The development of the e-Safety Strategy is an Executive initiative. The Executive in the previous mandate granted approval to the Department of Health (formerly DHSSPS) to commission the Safeguarding Board for Northern Ireland (SBNI) to develop an e-Safety Strategy.</p> <p>Whilst officials within my Department are assisting with the development of the e-Safety Strategy, my Department is not leading the initiative and I am not therefore in a position to advise as to when the Strategy will be released for public consultation or when the e-Safety Strategy will be finalised following the consultation process. I am advised that publication of the final e-Safety Strategy will be dependent upon the outcome of the consultation and Executive agreement.</p>
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## Reform of Sexual Offences Order

<p>AQW 6577/16- 21</p>	<p>Ms Michaela Boyle (SF - West Tyrone)</p>	<p><b>To ask the Minister of Justice whether her Department intends to reform the Sexual Offences (NI) Order 2008 to include a provision to reverse the burden of proof for child victims.</b></p> <p>I intend to consider this particular provision of the Sexual Offences (NI) Order 2008 as part of a wider review I am undertaking on a range of child sexual offences and sexual exploitation. Proposals arising from the review will be subject to public consultation, which I plan to initiate by April 2017.</p>
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