



# Official Report (Hansard)

Tuesday 14 December 2021  
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# Northern Ireland Assembly

Tuesday 14 December 2021

*The Assembly met at 10.30 am (Mr Speaker in the Chair).*

*Members observed two minutes' silence.*

## Ministerial Statement

### Avian Influenza in Northern Ireland

**Mr Speaker:** I have received notice from the Minister of Agriculture, Environment and Rural Affairs that he wishes to make a statement. Before I call the Minister, I remind Members in the Chamber that, in the light of social distancing being observed by the parties, my ruling that Members must be in the Chamber to hear a statement if they wish to ask a question has been relaxed. Members who are participating remotely must make sure that their name is on the speaking list if they wish to be called. Members present in the Chamber must do likewise but may do so by rising in their place, as well as by notifying the Business Office or the Speaker's Table directly. I remind Members to be concise in asking their questions. This is not an opportunity for debate per se, and long introductions should not be made. I also remind Members that, in accordance with long-established procedure, points of order are not normally taken during a statement or in the question period thereafter.

**Mr Poots (The Minister of Agriculture, Environment and Rural Affairs):** With your permission, Mr Speaker, I will make an urgent statement to the Assembly on the current avian influenza outbreak across the United Kingdom and the Republic of Ireland.

Epizootic diseases such as avian influenza are animal diseases that are not usually present in Northern Ireland. They have the potential to cause serious animal health, public health and economic consequences. Maintaining disease freedom is paramount to underpinning the international trade of live animals and products of animal origin. Commonly known as bird flu, avian influenza is a highly contagious viral disease. Avian influenza strains can be distinguished as being notifiable or non-notifiable. A notifiable disease is any disease that is required by law to be reported to government authorities. In cases in which a notifiable strain of avian influenza is confirmed,

my Department is required to cull and dispose of affected poultry humanely in order to prevent further disease spread. Compensation for birds culled is payable in such circumstances. Avian influenza can also be distinguished as being highly pathogenic or low pathogenic. Low pathogenic avian influenza (LPAI) causes mild disease in poultry but can mutate into highly pathogenic avian influenza (HPAI).

*(Mr Principal Deputy Speaker [Mr Stalford] in the Chair)*

Highly pathogenic avian influenza causes severe disease in birds, with high mortality levels. It has a severe impact on production and trade. It may also pose a threat to people and to other animals in certain circumstances. We are facing a highly pathogenic strain. It is a significant threat to our valued poultry industry, which is worth over £400 million and supports many thousands of jobs.

On 17 November, prior to any confirmed cases in Northern Ireland and in consideration of the evolving situation across Great Britain at that time, I took a decision to introduce an avian influenza prevention zone across all of Northern Ireland in order to reduce the risk of infection amongst poultry flocks here. The measures in the prevention zone include stringent, mandatory biosecurity measures to help prevent the spread of disease from wild birds or another source to poultry. I cannot reiterate enough that all poultry or bird keepers, whether commercial or backyard, must adhere to the measures to protect their flocks. As a further measure to reduce risk, I introduced a mandatory housing order, effective from Monday 29 November. This disease prevention measure legally requires all birds to be housed or otherwise kept separate from wild birds.

As of today, Great Britain is on day 49 of the outbreak. To date, 48 cases of HPAI H5N1 have been confirmed across Great Britain since the first case was confirmed in England on 26 October 2021. The types of premises infected range from backyard flocks to significant commercial premises in excess of 100,000

birds. In addition, over 300 confirmed cases of HPAI H5N1 have been detected in wild birds across Great Britain.

In the Republic of Ireland, as of today, HPAI H5N1 has been confirmed at five commercial holdings: four in County Monaghan and one in County Cavan. The disease control zones for two of the cases in County Monaghan and the County Cavan case extend into Northern Ireland. My Department has, therefore, established corresponding disease control zones as required.

As of today, there are four — two confirmed and two suspected — cases of HPAI H5N1 in Northern Ireland. There is one outbreak in Aughnacloy, County Tyrone; one in Broughshane, County Antrim; one near Armagh, County Armagh; and one outside Coagh, County Tyrone. The Chief Veterinary Officer introduced 3 kilometre and 10 kilometre disease control zones around all infected premises and has directed the humane culling of all birds in each premises. The humane culling has been completed at three of the four sites; the Coagh premises culling has still to be completed.

Maps and full details of the scope and measures required within the disease control zone are available on the DAERA website and have been communicated to industry stakeholders. The Department has also written to flock keepers in both zones to make them aware of developments and the measures now in place. The disease control zones are a vital measure to mitigate the onward spread of the disease from the infected premises. All movement of poultry and poultry products within the disease control zones is required to be licensed. A movement licensing centre was established on 1 December in the Strabane and Enniskillen DAERA Direct offices to facilitate that. Having a licence for movement within the zones is a legal requirement to ensure that strict biosecurity measures are being taken for moves within, into or out of zones.

The four cases in Northern Ireland bring the UK total to 52. I must stress that this is the largest ever outbreak of avian influenza across these islands, with, as I said, 52 cases across the United Kingdom and five in the Republic of Ireland. Furthermore, as of today, my Department has confirmed cases of HPAI H5N1 in 10 wild birds across Northern Ireland. These have been at the Waterworks, Belfast; Belfast lough; Monlough; Hillsborough; and Loughshore, Portadown. My Department collects dead wild birds for avian influenza surveillance purposes in order to help

understand if and when the virus is present in Northern Ireland and how it is distributed geographically. Once HPAI has been detected in an area, testing is no longer required.

As a result of the wild bird HPAI H5N1 findings in Northern Ireland, it is clear that the native wild bird population has been affected by the strain being carried here by migratory birds. There is strong evidence that HPAI is now widespread in the environment. As a result, my Department currently does not need to test wild birds for surveillance purposes. This week, therefore, my officials took the decision to cease all collection of wild birds with immediate effect. My Department's primary function is the control of avian influenza in poultry flocks; it is not involved in the control of the disease in wild species. Where dead wild birds are not required for surveillance purposes, it is the landowner's responsibility to safely dispose of their carcasses. My officials continue to work closely with a wide range of public bodies, including local councils, and in close collaboration with the Public Health Agency (PHA), to provide advice and guidance, as appropriate.

The risk of further high-pathogenic incursions to domestic poultry in Northern Ireland is assessed as moderate, and stringent biosecurity measures continue to play a key role in the potential of reducing the risk posed to each flock. A veterinary risk assessment completed by officials highlighted the fact that it is imperative that the poultry industry and all keepers of birds review and reinforce their biosecurity arrangements, including the physical separation of wild birds from poultry and captive birds. That remains the most effective protection against an incursion of avian influenza. Therefore, I again call on all poultry keepers, backyard and commercial: you must assess your biosecurity measures today. You must redouble your efforts to keep this disease out of your flocks. You cannot afford to be complacent; you must act now. It is paramount that the utmost stringent biosecurity measures are adopted on your premises and that all poultry, as well as their food and water, are kept separate from wild birds. My Department has biosecurity advice and guidance, including a biosecurity checklist, on the avian influenza web page of the DAERA website. It is available for anyone to download and can be accessed on a laptop, tablet or smartphone. I urge every bird keeper in Northern Ireland to regularly consider that checklist and assure themselves that they can tick every box on it. If even one box remains unticked, there is a gap in your biosecurity. This virus can find those gaps, with devastating consequences.

My officials frequently meet industry stakeholders to engage closely with them about the current avian influenza outbreak and to ensure that the message of adopting stringent biosecurity measures is being broadcast as far and as wide as possible. That will ensure that the risk to the Northern Ireland poultry flock is reduced as much as possible. We must all continue to be vigilant throughout the winter months. My Department has been working closely with key partners, including, as mentioned, the Public Health Agency, to communicate key messages and provide up-to-date advice to the general public.

The Public Health Agency has advised that instances of human infections by avian influenza are rare, that it is primarily a disease of birds, and that the risk to the health of the general public is very low. In addition, the Food Standards Agency (FSA) has made it clear that avian influenza does not pose a food-safety risk to UK consumers. Be assured that my Department will continue to prioritise all possible actions to deal with this incursion and to progress to eradication as quickly as possible in order to protect our industry and our rural communities. It is imperative, however, that we all play our part and take action now to ensure that we use the highest possible biosecurity, that birds are housed and that we all remain vigilant to this terrible disease. Thank you for your time, Mr Speaker.

**Mr McAleer (The Chairperson of the Committee for Agriculture, Environment and Rural Affairs):** I thank the Minister for his statement and welcome the fact that DAERA is treating this issue with the urgency that it deserves. I also thank the Minister for the fact that his officials came to the Committee on Thursday to give us a briefing on this issue.

Minister, you said that this disease:

*"may also pose a threat to people and to other animals in certain circumstances".*

I want to focus on those "certain circumstances". Apart from the obvious mental anguish that this brings to bird keepers who must contend with huge economic damage to their businesses and livelihoods, what are the circumstances in which this may impact on human health?

**10.45 am**

**Mr Poots:** We are reliant on the Public Health Agency for advice on that issue. It has indicated that it is very rare for a human to contract the

disease. There have been cases in the Far East; people who are in incredibly close contact with birds have managed to pick up the virus. It is less likely to be airborne and more likely to be associated with physical contact. Therefore, wearing gloves, disposable boiler suits and boots that do not go out of the house and are cleansed and disinfected at all times are ways of keeping the infection out of the bird population and, at the same time, keeping the owner of the birds secure.

**Mr Irwin:** I thank the Minister for his statement on this worrying trend. Yesterday, I spoke to the poultry farmer affected in my constituency. He was very appreciative of the help and advice from the Minister's Department. What advice can the Minister give to poultry owners with commercial backyard flocks to ensure that the disease transmission is mitigated as much as possible?

**Mr Poots:** It is about scrupulous hygiene and disinfection. Clean clothes, footwear and hands thoroughly before and after contact with birds. Keep vehicles and equipment clear. Wash the concrete apron outside regularly, because you can carry the disease in from wild bird droppings. Do not use the same boots outside as you do inside. Ensure that you use disposable boiler suits. Keep all visitors away from your birds unless it is absolutely essential, and make sure that they follow the same regime as you do. If you import birds, ensure that you buy healthy stock from a reliable source. Separate and isolate new or ill stock. Minimise contact with wild birds — in particular, waterfowl — and keep records of all birds moving on or off your premises. Make sure that your feed and water cannot be accessed by wild birds. Avoid sharing equipment, or cleanse and disinfect shared equipment before and after use. Buy your feed from a reputable mill or supplier. Make sure that you train your staff to recognise disease and to react to any suspicion. Keep an up-to-date contact list of key people, and develop a contingency plan. If you suspect disease, act quickly and consult your vet.

Rodents are a particular problem; they carry the disease. Ensuring that your house is rodent-proof, including sealing all doors so that mice or rats cannot access them, is critical, because they will carry the disease in and out. Finally, prevent water ingress by ensuring that all your roofs are well sealed. You should, of course, follow safety precautions if you are fixing a roof. Ensure that all roofs, spouts and so forth are well sealed so that there is no water ingress to the houses.

**Mr Durkan:** I thank the Minister for his statement and answers thus far. Mr Irwin said that his constituent was very grateful for the advice that he received from your Department, Minister. Will any financial support be available to affected businesses, and, if so, how quickly will that be made available to them?

**Mr Poots:** This is a highly pathogenic strain of the disease, which makes it a notifiable disease. As such, the Department is responsible for culling, and compensation for the livestock is available. There is not compensation for loss of trade or business for the period that you will not be able to have your house filled with birds. Therefore, it is incumbent on flock owners to ensure that they take all those biosecurity measures; if they get that disease, it will cause a financial loss to them. We will pick up the pieces in terms of the culling and the compensation for the birds, but there will still be a financial consideration for each person. One of the things that we may look at is levels of biosecurity. If people have poor levels of biosecurity, one has to question whether compensation is a good use of public money. However, where people have high levels of biosecurity and still get the disease, we want to fully compensate them.

**Mrs Barton:** I thank the Minister for his statement. To go back to the support that Mr Durkan mentioned in the previous question, my understanding is that you are offering support with the culling and compensation to cover the birds that have already been culled. What further support will you put in place for those farmers to help them restart after two or three months?

**Mr Poots:** The process is directed by the law on notifiable diseases. We do not have the ability to offer support beyond the culling and the compensation for the cost of the birds. That makes it all the more important that everybody works together to reduce the impact of the disease.

You can be very sure that the disease is in the environment, and it could be in the environment around your poultry flock, be that backyard or commercial. If the birds are secure inside, it is down to each individual to ensure that they do not carry that disease in from outside or allow someone or something else to carry it inside. In most cases, good biosecurity should mean that you avoid the spread of the bird flu. Where biosecurity is poor, you are leaving yourself vulnerable.

The best message that I can give to people is this: we will support you insofar as we can, but the best thing that you can do is to support yourself with high-quality biosecurity.

**Mr Blair:** I thank the Minister for his statement. At the AERA Committee meeting last Thursday, I asked a number of questions about meetings with councils. A meeting planned for that day had been postponed until the following day, which was Friday. Have those meetings taken place? Will there be further update meetings with councils and other public bodies that have in their ownership publicly accessible land that contains wild birds?

**Mr Poots:** I thank the Member for the question. Our Veterinary Service is pretty stretched with all this and is using up considerable resource in responding to the disease. There will be a demand for that resource for at least the next three to four months. So, our staff will be under significant pressure, particularly with the control zones being put in place. The monitoring of those control zones and all the movements that take place within them, which is extensive, will involve considerable work.

Along with that, it is important that we have as much information shared as possible. The sharing of information between ourselves and the councils is important. We are also sharing information with other Administrations, be they in the Republic of Ireland or Great Britain. I spoke to George Eustice last week about the situation, and my officials are in regular contact with all the Administrations. That communication is important so that everybody pulls in the same direction to ensure that we have the right response.

**Mr McGuigan:** I thank the Minister for his statement. He has clearly identified how serious the virus is. In his response to Mr Blair, he talked about the monitoring. Will he further clarify how his Department will make sure that biosecurity is carried out in individual poultry premises within the 3 kilometre and 10 kilometre control zones? Beyond those control zones, what type of monitoring is his Department doing?

**Mr Poots:** Our officials will provide advice. We do not have the staff to go around and check that everybody is following it to the letter of the law, but, where there is evidence that individuals are not being as particular as they might be, our staff will call. However, it is really up to each individual because there is a loss here for each individual who is involved. Let us be very clear: nobody will profit or gain from

their birds getting avian influenza. There will a loss for everyone involved.

Therefore, it is for everyone to hold the ropes and take up that pressure to ensure that all the right steps are taken so that loss does not occur in their flock, they provide the best biosecurity for their flock, and, consequently, the spread of the disease will be limited.

It is evident that the disease is common among the wild bird population. We do not have the ability to do what we did with COVID and engage in the isolation or lockdown of wild birds, so we cannot stop the spread in that way, and neither do we have a vaccine with which we could go out and vaccinate that wild bird population. It will have to spread to the point at which it stops spreading in the wild bird population. Our view is that it will be prevalent over the next three or four months. Were we to have really cold weather conditions, that would help, but those have not arrived just yet.

**Mr Harvey:** First, we must be mindful of the trauma that flock keepers are going through at this time. Given the high viral load in the wild bird population, whose responsibility is it to dispose of dead birds or, indeed, to ensure that bird welfare is monitored and appropriate action taken?

**Mr Poots:** We are directed by statute. The wild bird population is the responsibility of the landowner. If somebody owns a lake, for example, the responsibility lies with that individual. If the land is owned by a council, it is that council's responsibility. If the land is owned by Forest Service, it is for Forest Service. If the land is in a country park, it is for the Northern Ireland Environment Agency (NIEA). Those are the people who are responsible for the welfare of the animals on their site and the disposal of dead animals from the site. I understand, for example, that some councils have vets to assist them, which is positive.

**Ms Sheerin:** I thank the Minister for his statement. As he rightly stated, controlling this disease is paramount to allowing international trade of poultry products. What measures are being taken to minimise the potential impacts of avian flu on access to international poultry markets?

**Mr Poots:** The risk of spread of the disease is gone when slaughter takes place and it is not spreading through eggs. Given that, we can continue to sell at the moment. There may be an issue with hatching eggs, but that remains to be seen. However, at the moment, we continue

to sell in local, national and international markets, and we will continue to provide that support to ensure that businesses can continue to do that. The poultry industry is important to Northern Ireland, accounting for some £400 million of turnover. Over 10,000 people are employed in that industry. It is an extensive industry, and we need to support and help it through this crisis. My Department will not be found wanting when it comes to that.

**Mr T Buchanan:** I thank the Minister for his statement and the action that he and his Department have taken to date to try to stop the spread of this influenza. Minister, in your statement, you talked about meeting frequently with stakeholders and engaging closely with them on the matter. What interactions have your officials had with other relevant Departments across the United Kingdom and, indeed, across the border in the Republic of Ireland?

**Mr Poots:** We have been engaging with local authorities in Northern Ireland. We are engaging with other Departments and departmental agencies, such as the Public Health Agency, which provides advice to the public about their health. I have also engaged directly with the UK Secretary of State for Environment, Food and Rural Affairs, George Eustice. My officials have been engaging with officials in other parts of Great Britain and, indeed, the Republic of Ireland. There has been substantial coordination between all officials to address the issues that need to be addressed in order to control the disease and minimise its spread.

**11.00 am**

**Dr Aiken:** I thank the Minister for his statement. I declare an interest: after close on six decades, I am now the owner of a dog and spend a lot of time out in the countryside. Minister, given the outbreak of avian flu and the way in which it has moved into the wild bird population, what are we doing to inform the public about the challenges? How do we make sure that people do not go around picking up dead birds and that they are fully aware of the challenges set by avian flu?

**Mr Poots:** Through mainstream and social media, we have been putting out messages over and over again to inform and advise the public. Anyone who has a concern can call the helpline, and people can also visit the DAERA website, which gives advice on all these issues. If people are sensible, they will seek to follow sensible guidelines and instructions on these



issues and not act on impulse. This is a situation that should be left to the experts. We have the expertise to deal with and mitigate this disease, and the full force of that expertise is in place right now. If people have any queries, they should put them to the appropriate source.

**Mr Boylan:** I welcome the Minister's statement. Minister, I want to clarify a point. Clearly, the disease does not recognise borders or boundaries, and there should be a cross-border approach to deal with it. Your answer to a previous question has not convinced me that you have had discussions with the relevant Department in the South. Surely, if we are serious about addressing avian flu, we need to have those discussions. You said that this is one of the biggest outbreaks, so what discussions have you had with the relevant Departments?

**Mr Poots:** I thank the Member for his question. All the outbreaks in Ireland have been in the province of Ulster — Cavan, Monaghan, County Tyrone, County Armagh and County Antrim. There has been considerable engagement between my officials and officials in the Irish Republic on this. We have assisted, I understand, with culls, and we will continue to work very closely with each other. People at the highest levels of each veterinary service will share their knowledge and expertise, and they will support each other in every way that they can. I am entirely supportive of that to ensure that we minimise the disease on the island of Ireland and, at the same time, in the British Isles.

**Mr Gildernew:** I thank the Minister for his statement. Minister, I am conscious of the commercial and financial impacts on many people. Coming from a farming background, however, I also understand the huge emotional impact on those who keep animals when their animals have to be culled. In light of that, what supports are in place for those who have been impacted in Aughnacloy, Coagh, Broughshane, Armagh and in other places where the disease will develop? Has Rural Support in Cookstown been contacted?

**Mr Poots:** Yes. My Department supports a number of organisations that deliver care and support for people in rural communities. We have found those organisations hugely helpful in the past. In severe outbreaks of TB, for example, which are quite common, people may lose a considerable part of their herd or their entire herd. Those organisations have the expertise to provide support to those who wish to have it. Many people will just knuckle down

and do not want others to be about or to talk to others. There are, however, those who will need to talk to others.

I say to anyone who is feeling depressed or down, be they people belonging to flock owners who have lost birds in this circumstance or anyone else, to seek that support, care and help, because it is out there. If you are in a rural community and need support, you should contact the organisations that are providing support. You will find a lot of expertise, care, knowledge and guidance to help you through a particularly difficult time.

**Ms Bailey:** I thank the Minister for his statement. It is indeed a very distressing time for all bird keepers.

Minister, in your response to Mr Blair, you said that communication is absolutely important, and of course it is. The first confirmed cases of the outbreak were in swans at Belfast City Council's Waterworks park in north Belfast. I believe that that was on 25 November. As Mr Blair said, we heard from your officials that a meeting with councils had yet to take place. On the issue of communication, are you content that this is being dealt with with the urgency that is required?

**Mr Poots:** There appeared to be some misunderstanding at the outset over who had responsibility for the swans. There was therefore communication to that effect so that everybody understood each body's legal position and responsibility. Since then, Belfast City Council has been doing all that it can to deal with the issue, and it is dealing with it very responsibly. The Department will give the council guidance and support and share information with it to assist it in dealing with the problem at the Waterworks and, indeed, at Belfast lough.

**Mr Allister:** I will return to the question about the capacity of the veterinary staff to deal with this worsening situation. With increased demands on our vets and their staff, would it not be preferable to maximise the availability of such staff to deal with the situation by withdrawing them from the implementation of the protocol so that they might do an important job?

**Mr Poots:** Staff are being pulled from all areas of the Veterinary Service to assist with this. As I indicated, it is going to take time. Right across the Department, be they from the ports, be they working up strategies and policies or be they from the team that is developing the

replacement for the animal and public health information system (APHIS), they are being pulled and brought back in to provide support for that particular service. Vets who have not been involved in that type of work for a long time are now front and centre in providing assistance and support. It will be happening in all areas of veterinary, including the one that Mr Allister mentioned. It is something that I have raised with veterinary officials.

**Mr Principal Deputy Speaker:** Minister, no other Members have indicated that they wish to ask a question on the statement. Members, please take your ease for a few moments before we move to the next item of business.

## **Executive Committee Business**

### **Welfare Supplementary Payments (Amendment) Bill: First Stage**

**Ms Hargey (The Minister for Communities):** I beg to introduce the Welfare Supplementary Payments (Amendment) Bill [NIA 50/17-22], which is a Bill to change the end date for qualifying for payments under Article 137A of the Welfare Reform (Northern Ireland) Order 2015; and provide for monitoring of and reporting on arrangements for payments having effect by virtue of Article 137 and Article 137A of that Order.

*Bill passed First Stage and ordered to be printed.*

### **Social Security (Terminal Illness) Bill: Consideration Stage**

**Mr Principal Deputy Speaker:** I call the Minister for Communities to move the Consideration Stage of the Social Security (Terminal Illness) Bill.

*Moved. — [Ms Hargey (The Minister for Communities).]*

**Mr Principal Deputy Speaker:** No amendments have been tabled to the Bill, and I propose, therefore, by leave of the Assembly, to group the three clauses of the Bill for the Question on stand part, followed by the Question to agree the long title.

*Clauses 1 to 3 ordered to stand part of the Bill.*

*Long title agreed to.*

**Mr Principal Deputy Speaker:** That concludes the Consideration Stage of the Social Security (Terminal Illness) Bill. The Bill stands referred to the Speaker.

That was a quick shift, Minister. I ask Members to take their ease for a few moments until we move on to the next item of business.

### **Animal Welfare (Service Animals) Bill: Consideration Stage**

**Mr Principal Deputy Speaker:** I call the Minister of Agriculture, Environment and Rural

Affairs to move the Consideration Stage of the Animal Welfare (Service Animals) Bill.

*Moved.* — [Mr Poots (The Minister of Agriculture, Environment and Rural Affairs).]

**Mr Principal Deputy Speaker:** No amendments have been tabled to the Bill, and I propose, therefore, by leave of the Assembly, to group the two clauses of the Bill for the Question on stand part, followed by the Question to agree the long title.

*Clauses 1 to 2 ordered to stand part of the Bill.*

*Long title agreed to.*

**Mr Principal Deputy Speaker:** That concludes the Consideration Stage of the Animal Welfare (Service Animals) Bill. The Bill stands referred to the Speaker.

I ask Members to take their ease for a moment. We will move on to the next item of business shortly.

## **Criminal Justice (Committal Reform) Bill: Final Stage**

**Mrs Long (The Minister of Justice):** I beg to move

*That the Final Stage of the Criminal Justice (Committal Reform) Bill [NIA 11/17-22] do now pass.*

**Mr Principal Deputy Speaker:** The Business Committee has agreed that there should be no time limit on the debate.

**Mrs Long:** I am delighted to bring the Final Stage of the Criminal Justice (Committal Reform) Bill to the Assembly today. The Bill represents an important step forward in bringing much-needed change to the committal process that is currently available in our court system.

Through it, we can implement changes that will support victims, witnesses and defendants as they navigate the criminal justice system, simplifying the processes and removing some avoidable delay in the current system. That can only be of benefit to all. It is also an important step forward in delivering commitments made through New Decade, New Approach (NDNA), Fresh Start and the Gillen review and in other scrutiny reports by Criminal Justice Inspection NI (CJINI) and the Northern Ireland Audit Office (NIAO).

## **11.15 am**

As recently as October 2021, it was acknowledged by the Public Accounts Committee (PAC) that:

*"The removal of committal is anticipated to play a significant part in speeding up the justice process. Not only will it free up time, it will also greatly alleviate the stress imposed upon victims and witnesses by the present need to deliver oral evidence at committal hearings".*

The provisions of the Bill mean that, following implementation, no victim or witness from new cases brought forward can be put on the stand to be examined and cross-examined in a committal hearing before the actual trial, a process that can traumatise vital witnesses and deter them from proceeding with a case, which is particularly relevant in some of the most serious and heinous crimes: sexual offences, terrorist offences and domestic abuse offences. If we are serious in our efforts to deal with such horrendous crimes, we must remove the unnecessary barriers that frustrate those attempts. The Bill provides for that in two ways. First, it removes the option for oral evidence from victims and witnesses to be heard during a traditional committal hearing. Secondly, the Bill enhances provisions in the Justice Act (Northern Ireland) 2015, simplifying the process of direct committal and broadening it to a wider group of offences. That means that, for some of the most serious offences, cases will bypass the traditional committal hearing altogether and instead go directly to the Crown Court, where they can be case-managed by the trial judge.

*(Mr Deputy Speaker [Mr Beggs] in the Chair)*

The Department and I are committed ultimately to removing the traditional committal process entirely. Remember that it is not at a committal hearing that innocence or guilt is decided. That is the distinct purview of the actual trial process. The purpose of the committal hearing is to ascertain whether there is sufficient evidence to proceed to the Crown Court for trial. Without it, there are still checks and balances in place. Pre-court, the Public Prosecution Service (PPS) test for prosecution remains untouched by the legislation. This comprises both an evidential test and a public interest test. In addition, with the Crown Court, there are still formal processes available to the defence to challenge a case before trial.

What of the defendant in all of this? The defendant's right to a fair trial is not diminished

by the removal of oral evidence pre-trial or the removal of the traditional committal hearing altogether. Getting a defendant to the Crown Court as speedily as possible so that their innocence or guilt can be properly determined surely only supports their right to a fair trial within a reasonable time. I have spoken before about the contacts I have had with the victims of crime and the harrowing experiences that they have had of the court process. However, I have also had contact with defendants and defendants' families who detailed the impact of being held on remand for lengthy periods as they slowly progressed through the criminal justice system. If a defendant is found guilty, that is wasted time for the person when no constructive rehabilitation can be completed.

This small Bill, with only six clauses, is an important one nevertheless, as it will allow essential reforms to the traditional committal process to progress, which will be of benefit to victims, witnesses and defendants alike. It has taken a lot of time and hard work to reach this point. My officials and I thank everyone who contributed to the development of the Bill and the changes it ushers in. I thank my Justice Minister predecessors David Ford and Claire Sugden, who have shared in the long journey to reform the committal process in Northern Ireland. I hope that they are as pleased as I am to have reached this point.

I thank the Justice Committee and its officials for guiding the Bill through Committee Stage. The scrutiny involved at this stage is an essential part of the process, and I am thankful for that oversight and the comprehensive report on the Bill. I am also thankful to the Committee for ultimately providing support for the provisions in the Bill. I extend thanks to the Bill Clerk and her team for the invaluable guidance and direction to my officials as the legislation progressed. Thanks also must be extended to the wide group of people from across the criminal justice family who worked in partnership with the Department to shape the Bill.

I also thank the Office of the Legislative Counsel (OLC) for its work in developing the legislation. Committal reform is an extremely complex area, and it is only with the expertise of legislative counsel that we have managed to deliver the Bill that is before the House.

Finally but certainly not least, I record my personal thanks to my officials in the Department. The work that they have undertaken has been complex and time-consuming, including all the consultation with the various stakeholders in the justice system,

and I am truly grateful to them for enabling the Bill to proceed in the context of all the other legislation and policy pressures facing the Department.

While it is a small Bill, it is significant legislation that will help many people who come into contact with the criminal justice system. It also forms a significant element of our wider programme of work to remove avoidable delay in the criminal justice process. Over the last few years, monitoring has shown that Crown Court cases take a considerable time to complete, and it is envisaged that the reforms will help to reduce that delay. The Bill enables a change in process; it does not diminish rights or prevent justice prevailing. It is significant. It will reduce repeat victimisation, trauma and stress and will reduce avoidable delay in the criminal justice system. On that basis, I commend the Criminal Justice (Committal Reform) Bill to the House.

**Mr Storey (The Chairperson of the Committee for Justice):** I apologise to the Minister for not being here for the start of her speech on the Final Stage of the Bill. I had to rush, so, if I collapse out of breath, you will know why. No doubt, plenty of Members will run to my assistance.

On behalf of the Committee for Justice, I welcome the Final Stage of the Criminal Justice (Committal Reform) Bill. It is fair to say that it has been a more straightforward Bill than other justice Bills that have been considered by the Committee, but that does not mean that it is not important. A key concern with the current committal process is the impact that it has on victims and witnesses, who may be required to give oral evidence at an early stage as well as at the trial itself. That can be a traumatic experience, particularly under cross-examination, and can have a significant impact on the individuals involved. The Bill provides certainty for victims and witnesses, who can be assured that they will not be required to give oral evidence twice in the same case.

Mr Allister tabled amendments at Consideration Stage. Had they been accepted by the House, it would have left the "interests of justice" test as provided for in the 2015 Act in place. As I pointed out during that debate, the Committee was not able to assess whether those provisions would appropriately safeguard the rights of all parties, given that they were never enacted. The Committee was aware, however, of the reviews and reports advocating direct committal and the reasons why they made those recommendations. We had also been advised that a defendant's right to a fair trial is not compromised by the removal of oral

evidence at the committal stage, as those rights are secured at the trial stage of criminal proceedings. In balancing the small number of cases to which the "interests of justice" test might apply against the impact that having to give evidence twice may have on victims and witnesses, the Committee was content with the removal of oral evidence at the committal stage. The Committee also believed that the application of direct committal to cases that are triable only on indictment is, at this time, a proportionate step towards the longer-term aim of direct committal for all cases.

While the Committee did not wish to seek amendments to the Bill, members did have concerns that it will not reduce delays in the criminal justice system, which is one of its stated aims. It was evident from the data provided by the Department and in evidence received from the key stakeholders that the delays in the system are most keenly felt at the earlier investigative and prosecutorial stages. There was also concern that the removal of the committal stage would simply shift delays to the higher courts. The Committee therefore wants to see regular reports on the specific impact of the Bill on reducing delays in the criminal justice system.

Other factors, such as early engagement and effective case management, are essential and resources must be allocated properly, not only in the courts but at the investigatory and prosecutorial stages to help tackle the delays in case progression that we have seen for a number of years.

I thank Committee members for their time and effort in scrutinising this legislation, the departmental officials for their assistance during the Committee Stage and the Committee staff for their support and advice. I also thank all the organisations and stakeholders that contributed to our scrutiny by taking the time to provide written and oral evidence.

I am pleased to support the Final Stage of the Criminal Justice (Committal Reform) Bill and commend it to the House.

**Ms Dolan:** I welcome the fact that the Bill has got to this stage. It will significantly speed up justice whilst supporting victims and witnesses by preventing them from being re-traumatised by having to give evidence on multiple occasions, including through cross-examination.

Reform of the committal process has been a key recommendation in a number of important reviews and reports in recent years, including

the Gillen review of serious sex offence cases, the Fresh Start panel report, the Audit Office's 'Speeding up Justice' report and a number of CJINI reports. Committal reform was also an NDNA commitment and it has the support of the Office of the Chief Justice, the PSNI, the Probation Board and the PPS, as well as Victim Support and other support organisations. Therefore, it is greatly welcome that we have got to the Final Stage. I hope that the Bill's passage will be supported by all, as we continue on the journey of modernising and speeding up the court system.

The criminal court justice system is under serious pressure and faces a backlog of cases and huge delays. We are reminded of that by regular statistics and updates, but it is important to humanise the situation. At the heart of those statistics are victims, often of serious and traumatic crimes, and every day of delay adds to their hurt and trauma. Reducing delay is one of the biggest challenges facing the justice system, but, quite simply, we have to do better to improve the experience of victims and witnesses. Reforming the committal process is a key part of the work to reduce delay, which is why the Bill, although quite technical in nature, is so important.

As a member of the Justice Committee, my fellow Committee members and I spent a long time scrutinising the Bill. We heard from a number of key actors, and it became apparent that, although committal reform is vital, if it is done in isolation it will not be a silver bullet that fixes delays in the system. It is important that we keep our focus on other key aspects of the Department's reducing delay work stream. We need to continue to improve disclosure between the police and the PPS and early engagement between parties involved in the core process, and we need to implement an effective case-management system. Finally, we need to ensure that the funding of the Courts and Tribunals Service is appropriate and effective.

Nonetheless, the Bill is a key development, and it is one that I am pleased to support.

**Mr Dickson:** Like other Members, I will be brief in both supporting the Final Stage of the Criminal Justice (Committal Reform) Bill and congratulating the Minister and commending her and her officials for the work they have done to bring the legislation before us.

The need to reform direct committal proceedings has never been more evident, and the legislation will ensure that many offences, particularly serious sexual offences including rape, will be added to the list of specific

offences under the 2015 Justice Act, which ensures that major offences go directly to the Crown Court.

As we have heard, the principle of the Bill is not new. Previous Ministers had pushed for this legislation to be enacted. Setting aside the setbacks that we have had in the past, we are now in a position to catch up with the rest of the United Kingdom. Indeed, England and Wales enacted this legislation in 2001.

Today, we can assure victims in Northern Ireland that they will no longer be compelled to go through the entirely traumatic dress rehearsal. The legislation will ensure that victims of serious offences are only required to give their evidence when necessary, which will speed up our justice system.

I welcome the legislation. It takes a necessary step forward in reforming and modernising our justice system and ensures delivery for the victim, the defendant and the taxpayer. Finally, once again, I commend the Minister and her officials for progressing the Bill and the work that was done by the Committee.

#### 11.30 am

**Mr Allister:** For the reasons that I expounded at earlier stages, I regard the Bill as a wholly retrograde step, given its assault on the fundamental principles and practices of justice and the fact that it has come from a Department that seems to have a very live agenda of that nature. Of course, the Bill embraces the notorious saga in which, although the House reached an honourable compromise on the matter when it passed an amendment to the Justice Bill, which became the Justice Act 2015, that preserved, for a small number of cases, the use of oral evidence at committal proceedings where a magistrate thought that that was in the interests of justice, the Department determined that it knew better and therefore consciously refused to commence that amendment. The notoriety of that is such that it not only reflects the mindset, arrogance and audacious approach of the Department but shows its total contempt for a democratic decision of the House.

Having since waited it out to obtain the same result that was refused to it in 2015, the Department returned with this proposal. On that occasion, to my regret, the House succumbed to both the arrogance of the Department and the suppression of its previous opinion and allowed the Bill to pass its previous stages. In doing that, it removed a fundamental tenet of a fair trial system. We will now have a position

whereby anyone can be returned for trial, often on the most serious offences, without any evidence ever being tested by anyone and without there ever being a sworn statement from anyone that condemns them as being guilty of the offence and lays the foundation for the offence, because the Bill consciously and deliberately sweeps away that last tenet of reliance that a judicial officer — the magistrate — can import into the system by saying, "Well, in the interests of justice, I think we need to hear oral evidence on a particular issue".

Such is the distrust — or is it abhorrence? — of daring to submit evidence to scrutiny, sifting and testing under cross-examination that the Minister and the Department simply wish to abrogate that right. That right is only ever exercised in a minuscule number of cases. A very small percentage of cases go down that route. To say, in its arrogance, to a judge in the Magistrates' Court, "We know better than you. We will not allow you to decide that something is in the interests of justice, because we are set upon ensuring that no one can ever test the evidence before they are put on trial". That is the shame of the Bill, and that is why I continue to oppose it.

**Mr Deputy Speaker (Mr Beggs):** I now call on the Minister of Justice, Naomi Long, to conclude and make a winding-up speech on the debate.

**Mrs Long:** Thank you, Mr Deputy Speaker. I am pleased to be able to do so. The Bill intends to speed up justice, and I noticed that its Final Stage also sped up considerably the Chairman's arrival in the Chamber. I am glad that he has finally caught his breath and managed to relax. It was something of a rush for him, and I appreciate his being here. Business this morning moved very rapidly.

The Bill is designed to help to tackle some of the key challenges that are faced by our criminal justice system. It will help to tackle delay in the most serious cases heard in the Crown Court and will improve the experience of victims and witnesses on their journey through the criminal justice system. The principles of committal reform are not new, and a number of external reports and reviews have recommended reform, as I elucidated during my introductory remarks. The Bill before you today, however, is much stronger legislation. It seeks to expand the use of direct committal to a wider range of offences — to all offences that, as an adult, are triable only on indictment. This will bring more offences more quickly to the Crown Court. In response to an Executive commitment to the Fresh Start panel report, it removes the

need for oral evidence at the committal hearing, and it will smooth the operational outworkings of direct committal.

All of these provisions have been widely discussed with criminal justice partners. This is not a solo run by the Department. It has been agreed across the criminal justice system, including with representatives of the judiciary who sit on the criminal justice board, as well as with the PPS and the PSNI. All of our partners have been engaged on this. Therefore, the suggestion that this is simply a solo run by the Department is entirely flawed. That analysis does not stand scrutiny.

Abolishing oral evidence at the committal hearing can be achieved soon after the Bill gets Royal Assent. The timing will be dependent on passage through the Court Rules Committee and on some IT changes that have to be undertaken. If agreed, direct committal provisions are anticipated to have a slightly longer lead-in time, simply due to the complexity of operational changes, the development of legal aid rules, the timing of the IT changes and training. We will, of course, keep the Committee abreast of progress. Without those changes, however, it would be difficult to make the necessary changes to address delay in the Crown Court. Of course, as a number of Members pointed out, this is not a silver bullet to tackle delay. The wider programme of work, which, if we are to recover from COVID and to continue with the progress in reducing delay in the court system, requires not only continued focus but continued funding, remains a priority for the Department.

I do not plan to rehearse the arguments made against Mr Allister's argument at Consideration Stage, other than simply to refute his accusation of arrogance levelled at my Department. It is worth noting that the House would serve no purpose were it not capable of changing its mind, in which case no legislation would ever change. What is the purpose of a legislative Assembly if not to revise and change legislation?

**Mr Allister:** Will the Minister give way?

**Mrs Long:** What is the purpose of a legislative Assembly if not to revise and change legislation? Indeed, the Assembly, as currently constituted, is the second since 2015 to sit in the Chamber. It is therefore entirely appropriate that the House reach its own conclusions on committal reform, unbound by the decisions of previous Assemblies. It is, of course, right that, if issues were to emerge after the passage of this or any other Bill that would severely

jeopardise the implementation of legislation, a Department would not expend nugatory money and effort on delivering something when the political will had been spoken. That was the case with the Executive parties: it was their will that we proceed with committal reform in this format. So, there was no arrogance. There was listening to the political decisions that were being made and a judgement on where investment should be made. We would be open to much deeper criticism had the Department wasted valuable time, energy and money, which are valuable resources in the justice system, to implement a change in the law that would then be changed for a second time. Had we done so, the risk of damage to the confidence of justice partners and to the confidence in the system, as well as the risk of our introducing error into the system, would have been much greater.

**Mr Allister:** *[Interruption.]*

**Mr Deputy Speaker (Mr Beggs):** Order. Members have had an opportunity to contribute. I ask Members to be respectful and allow the Minister to finish her winding-up speech.

**Mrs Long:** Thank you, Mr Deputy Speaker.

It is therefore important that the Department reach sensible decisions when those are clear and when a clear direction is set by the parties in the Executive. Committal reform was in the NDNA agreement that brought us back to the Chamber, and it has been delivered. It is important that we recognise the benefits that it will bring. As I said, we as a Department are always alive to the possibility of and the need for further reform, of not just this part of the justice system but all parts of it. Times change, and the world moves on, and it is the job of the Assembly to respond to its current needs, not those of five, 10, 50 or 100 years ago.

*Question put and agreed to.*

*Resolved:*

*That the Final Stage of the Criminal Justice (Committal Reform) Bill [NIA 11/17-22] do now pass.*

**Mr Deputy Speaker (Mr Beggs):** I ask Members to take their ease for a few moments.

*(Mr Speaker in the Chair)*

**The Health Protection (Coronavirus, Restrictions) Regulations (Northern**

## Ireland) 2021 (Amendment No. 19) Regulations (Northern Ireland) 2021

**Mr Speaker:** Debate on the motion to approve the statutory rule (SR) was not completed when the sitting was adjourned last night. All Members who wished to contribute have done so. I therefore invite the Minister to make a winding-up speech before I put the Question.

*Debate resumed on motion:*

*That the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 19) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

**Mr Swann (The Minister of Health):** Thank you, Mr Speaker. In my opening statement yesterday, I commented that it was my fervent hope that, given the seriousness of the situation, the House could debate the measure rationally and respectfully and that there would be no grandstanding or petty point-scoring, whether party political or personal. I said that it was my hope, but whether it was what I expected or what could have happened was a different matter. I thank the Members who contributed to the debate, because it was held, as it should have been, in the tone and tenor that the House has come to expect. It went some way towards de-escalating some of the tensions and rhetoric that surround the subject outside the House and that do not help the process or any of the work that needs to be done.

I will move on to some of the general points that were raised by a number of Members yesterday. Before I do, I want to put on record my thanks to the officials who have been involved throughout the entire process and to the Committee for carrying out its scrutiny work.

**11.45 am**

On the scientific evidence, I repeat what I said yesterday. In April 2021, SAGE noted that there are three main ways in which baseline measures can reduce the transmission of COVID-19. Those are:

*"a. Reducing the likelihood that people who are infectious mix with others.*

*b. For those potentially infectious people who are not isolated, reducing the likelihood that they enter higher risk settings or situations.*

*c. Decreasing the transmission risk from a potentially infectious person in any given environment."*

While COVID certification contributes to each of those three mechanisms, it does not, on its own, provide a complete solution, but must be used in conjunction with other non-pharmaceutical interventions, with effective implementation through high adherence to guidance or enforcement to regulation. That is the point. A number of Members said that there is no scientific evidence for COVID certification and no proof. There are papers there, SAGE has stated it, and it has been stipulated elsewhere.

A number of Members also raised the general point about enforcement. On the enforcement of the regulations and, in particular, the provision of COVID-status certification, enforcement by the PSNI will be supported by councils' environmental health officers, as they both carry the necessary powers to issue fixed penalty notices. The PSNI indicated that it will carry out checks on the processes in place in relevant venues and will continue to use the four Es in that approach to engage, encourage, explain and then enforce. The Executive's COVID task force and my officials will continue to review the process and engage with enforcement stakeholders to support engagement as much as possible.

Engagement also continues with relevant hospitality and events stakeholders to ensure that there is a clear understanding of the requirements of the scheme. That will support the enforcement activity. Following engagement with the PSNI, a number of amendments were made to the specific wording of the regulations. My officials and colleagues from the Department of Justice have had multiple meetings with the PSNI in the lead-up to and implementation of COVID-status certification. It must be stated that their overwhelming priority is for people to comply with the regulations as their purpose is to help contain the spread of COVID-19 across Northern Ireland.

A number of Members across the House raised those two main points. Therefore, it was clear that we should start with them.

There were a number of questions about what is there, what is not there and what could be there. The human rights impact assessment has been completed and published and is available to Members. The privacy notice on COVID certificates, what they mean and what



implications they will have is also there. It has been completed and published and is available.

There were some queries about what data will be captured. COVID certification downloads on the mobile app are different from the travel app, because the domestic app on someone's phone does not transmit any information to the receiver. The receiver and the person checking it will simply see a green mark that it is a valid document. There is no separation or differential about why that certification was issued. I think that that was one of Mr Frew's queries. He asked whether someone would be able to tell how a person got the certificate when he or she presented the app and whether it was through having a medical exemption or another criterion. The green tick will appear no matter what.

The equality screening, disability duties and human rights assessment template has been completed and published and is available.

If any Members want any further clarification on those documents, they are there. If there is a further need for questions or if further questions arise, there is still an opportunity for engagement. I am here. I have been here more often than a lot of other Ministers to bring forward COVID-19 regulations and requirements —

**Mr Chambers:** Will the Minister give way?

**Mr Swann:** I will. Yes.

**Mr Chambers:** Minister, yesterday, there were calls from some Members in the Chamber for more time to scrutinise and debate the legislation. Considering that the virus never rests, would the Minister agree with me that such a delay would have come with a negative public health impact?

**Mr Swann:** I agree with the Member, and I will get on to that point.

There were, I suppose, accusations or insinuations that there had not been the appropriate time to scrutinise the regulations. I have spoken in this place many times about the timing and the process, and I think that Mr Weir made the point about the challenges of processes and systems in this place. I made it clear when I tabled a paper with the Executive on the matter that one of my recommendations was that we get through the process as quickly as possible. It did not happen; I would have liked to have been here last week for this.

There was also commentary yesterday suggesting that these regulations have not received proper scrutiny. I do not often stick up for them, but that does a disservice to the Health Committee and its members. They had two different sittings in which they had the opportunity to question not just my officials but TEO officials on the regulations.

**Ms Bradshaw:** Will the Member give way?

**Mr Swann:** Yes.

**Ms Bradshaw:** Does the Minister agree that those of us who have been on the Health Committee and who lead on health for our parties should do our own due diligence, read outside the information that is provided to us at the Committee and look across the world for the evidence on the issue?

**Mr Swann:** Most certainly. It irked me yesterday that there was some sort of accusation that the Health Committee may have failed in its duty. I assure you, Mr Speaker, that the Health Committee — its members, Chair and Deputy Chair — do not shirk their responsibility to challenge me or my Department or to support the health service or challenge it when challenge is due. That is the Committee's role. In this instance, it had the opportunity to do that.

Points were also raised with regard to timeliness. As I said, I would have liked us to be able to do it prior to the instigation of the regulations. Finishing the debate today and taking the vote today, it is not a match, as we have seen in Scotland or Wales, because our processes simply do not allow that. In future iterations of this place, we need to look at how it might be streamlined and done better. It is not a situation that, standing here, I am comfortable defending or being part of.

We can look at it in another respect. This is something that Mr Allister said; he has often challenged the retrospective nature of these regulations. If, however, we had not debated the regulations yesterday, as we did at my request and with the support of the Speaker and the Health Committee, in all likelihood — because we go into Christmas recess after today and do not return until 17 January — we could have been going to debate them at that point. The Executive might already have made their decision by then and said that we no longer need them. Let us look at the benefits that we have had from the process.

I will turn to general comments, queries and questions that were raised by Members yesterday. With regard to stakeholder engagement around what these are actually going to be and how they could be, there was a concern that the stakeholders had not had an opportunity to engage with and look at the draft regulations. That is because they were still being drafted; engagement about what they could and should mean was still happening. Engagement events were facilitated by the Executive COVID task force and attended by Executive Office officials and my officials. They took place with the hospitality, retail and events sectors on 22 November, 26 November, 2 December, 9 December and, I am led to believe, yesterday. There were also a number of engagement events with the PSNI, prior to the regulations being brought in, on the enforcement mechanism required.

**Mr McGrath:** I thank the Minister for giving way and for detailing the engagement that took place and that it was done by the COVID task force — which is, of course, part of the Executive Office. It is disgraceful that, on one of the biggest issues that we have had to debate, the only Ministers who have turned up to take part are from the Ulster Unionist Party and the SDLP. It begs the question, on something that will impact all our citizens and many businesses across the North, of whether our joint First Ministers are in hiding. The Executive should be selling this together. If the engagement has taken place across all the Departments, does the Minister agree that it is incumbent upon all Ministers to be here and to show the true leadership that, one way or another, our society needs?

**Mr Swann:** I note the Member's political comments around this. I hope — I ask — that, coming out of this debate today, there is not a Division. Members have demonstrated their opposition. People vocally demonstrated their opposition to the regulations. They demonstrated that at the Executive. There was no Division at the Health Committee. Oppositions to the regulations were raised, but it was not felt to be necessary to put them to the vote at Committee Stage. I ask for there to be no Division, but I do not expect that, because I know that there are Members who want the House to divide. That goes back to Ms Sugden's closing commentary yesterday about the theatrics that we are now in. Parties express where they are with their opposition. There were opportunities for interventions to the debate on the regulations that were not taken. I thank those Members and the members of the Executive for not taking that step at that time or even taking the steps that were set out in the

challenges that were put out over the weekend about a petition of concern being brought about to nullify the debate or to move the vote. There are Members who say that they will continue to fight against these regulations. We will take that as it comes, following the democratic decision of the Assembly today.

I will talk about comments from a number of Members and about the queries that they raised. The Chair of the Committee compared the process by which these regulations have been assessed with that by which others have been assessed and noted the different set of circumstances around them. That has always been a challenge for his Committee. My Department and I have tried as best we can to support the Committee. I recognise that there are challenges, and I thank him for the scrutiny of these regulations that his Committee carried out in two sittings.

I move to the Deputy Chair's comments. I thank the Deputy Chair and her colleagues on the Health Committee for the support that they have given and for the past tough decisions. I recognise that it is the democratic right of parties or individuals to oppose something. I thank the two DUP members of the Health Committee for providing challenge to the need for these regulations. I also ask that they help to communicate the regulations, if it is the will of the House that these regulations proceed, and the reasons why they are in place.

A number of Members raised the issue that these regulations could cause vaccine hesitancy or people to not come forward. We have seen a 3.3% increase in people of the eligible ages coming forward for vaccination since the start of last month. The secondary, knock-on effect of these regulations was that we eventually got to the target that was set for 90% of our adult population to come forward to accept and take on the vaccine.

Nichola Mallon's contribution acknowledged that these regulations are necessary because this is an extraordinary response to an extraordinary situation. That led very well into Mr Chambers and Mr Beattie's contributions about there often being a perception, when we come into the Chamber or when some Members appear in the media, that COVID is unique solely to Northern Ireland and that our response is somehow unique or that it can be different, because we are different. This virus, the omicron variant and the challenges that we currently face do not respect borders, nationalities, political parties, policy or ideological positions. This virus does not care and will not care about what actions we take or

what beliefs we have. It does, however, have to take note of the actions and steps that we put in place to break the chains of transmission that have existed in the past.

We know what actions work, and we need to continue to look at what more can be done about the advancing threat. That was the point of the Executive's autumn/winter plan, which set out a number of steps that will be considered at the point at which it is necessary to consider them. In that plan, it says that that point will be when infection numbers are rising in Northern Ireland or there are additional pressures on our hospitals. We have seen those numbers starting to rise, and, because of the omicron variant, we expect them to rise further in the weeks ahead. The First Minister talked about the storm that is coming. You are better preparing for a storm when it is not raining, rather than waiting until you are up to your knees in water. That is what these regulations, as part of a wider package, are intended to do.

## 12.00 noon

Ms Bradshaw talked about rights and responsibilities and reducing the risk. It has always been a challenge, across the Executive, to find the balance of doing what needs to be done when it needs to be done. That was the crux and the building block of the autumn and winter plan, which was supported by the entire Executive, without division. I agree with her: communications are important. As we enter the next number of weeks and months, we need to get to a place where we are speaking on the same point and singing from the same hymn sheet on where COVID may take us.

Mr Stalford raised the issue of enforcement, asking what could be done and who was going to do it. I made clear the engagement that we have had, through the Executive's COVID task force, with the PSNI, the Society of Local Authority Chief Executives (SOLACE) and other local organisations. We have had meetings and engagements with the police, and, according to yesterday's debate, our most recent one was on 10 December. I think that one was meant to be held yesterday under the auspices of the Executive's COVID task force.

Rachel Woods asked whether licensed takeaways were covered by the certification scheme. To clarify, the regulations apply only to those businesses where consumption takes place on the premises rather than takeaways.

Turning to Mr Frew's commentary, I would like to note something that he said. Jim Wells said that he was the only Member to raise the issue

of a sunset clause, but Paul was the first Member to raise and ask about it. I think that I told Mr Wells that the regulations are due for renewal and extension on 23 March 2022, but it is actually 24 March 2022, so I will ask for the record to be corrected.

A number of exemptions were talked about. We are moving to Mr Frew's queries and comments on which exemptions are placed on the role of GPs. Although the majority of exemptions will be signed off by secondary care, GPs have agreed to do a small number, such as for patients who are receiving palliative care, which the Member mentioned. The exemption process has been finalised, and it has been available for applications since 10 December. That evidence can be submitted through the Northern Ireland COVID certificate process. People can get the relevant documentation and assistance by phoning the helpline, which is 0300 200 7814; they can start the process and receive the certificate in that way.

Mr Frew asked whether an exemption certificate will differ from a standard certificate. The answer is no. He also asked whether an appeal mechanism is in place if exemption is not granted. I confirm that an appeal can be made on any decision. He also asked about who has access to, and who manages, the data. That is covered under the data protection impact assessment (DPIA) process. The scheme is managed by the Public Health Agency, as the main controller, with input from care providers. All relevant and normal data protection controls are in place.

**Mr Frew:** Will the Minister give way?

**Mr Swann:** The Member did not take any interventions at all yesterday, but I will.

**Mr Frew:** I thank the Minister for giving way. On a point of information, can he tell the House when the evidence that he has shown us today was published?

**Mr Swann:** Is that in regard to the scientific evidence?

**Mr Frew:** Data protection.

**Mr Swann:** I do not have the exact dates, but the data protection has been on the COVID certificate app since it was launched. It had to be there before the app was launched, because that is the process that we go through. There is continued information and engagement with the Information Commissioner's office, should there be any challenges, queries or questions about

what more could be done. I will get the Member the exact date that that was published so that he has that clarity, because it is a query that has been raised by certain "activists", for want of a better word.

As the Member highlighted, the possible reasons for exemptions are limited. We work across all four nations. Some of the limited exemptions are for those who are receiving end-of-life or palliative care, where vaccination is not in the person's best interests; people with a learning disability or autistic people who cannot be vaccinated with reasonable adjustments; people with a medical contradiction to all current vaccines, such as a severe allergy; and those who had serious adverse reactions to their first dose.

Time-limited exemptions will also be available for those who have a short-term medical condition or are undergoing certain treatments.

Mr McGrath made an intervention and raised some points around what evidence was available and what evidence had been published. The Member has returned to the Health Committee and has been fully briefed on what is available. He was able to list that before I came here today and said that it was public, and I thank the Member for carrying that out and for acknowledging the benefits that the scheme will have. The information from our Chief Scientific Adviser (CSA) and our Chief Medical Officer (CMO) is that it will reduce virus transmission, primarily by reducing the likelihood of infectious individuals entering high-risk settings; reduce the risk of serious illness and death and, in doing so, alleviate current and future pressures on our healthcare system; and increase the likelihood that higher-risk settings can continue to operate as an alternative to closure or more restrictive measures. In any communication and any messaging, that is the point that needs to come across. That is one of the main drivers behind this set of regulations.

Some of the strongest messages in debates in this place come from a personal perspective, and I thank Mr Dickson for his point yesterday about why he wears a mask and why he took the vaccine. It is not only for his protection but for the protection of others. There is an assumption that others will do the same. That is what we would like to see.

At times such as yesterday's debate, I miss Mr Weir's rational approach to problems and regulations in other arenas. That is as diplomatic as I can be. There is a level of assessment of what is in front of us, what is

necessary and why we are doing it. Mr Weir highlighted the fact that it was the process and the systems that caused the timing of the regulations to be brought forward. It is not what has been insinuated by others, which is that the timing of the debate was some great Machiavellian ploy that I had dispatched so that they would be enacted before we got here to debate them. That was not so, and nor was it the case that you, Mr Speaker, cut the debate last night as some clever ploy. It is about the processes of this place, and that needs to be looked at.

When it comes to COVID regulations and the challenges that they present, I find myself standing here bringing them forward on behalf of an Executive. I referred yesterday to the dramatic steps that we had to take this time last year just before Christmas when we talked about what would be necessary after Boxing Day. I remember the First Minister coming into the Chamber, supported by the deputy First Minister, me and other Ministers, to show the seriousness of where we were, the storm that was coming at that point and the collective steps that we needed to take and could take to address the wave that was in front of us at that point in time. I will carry out my duties as Health Minister regarding these regulations, other regulations and the things that are necessary at any point in time not only to further enhance the protections of the people of Northern Ireland but to support our health service.

Mr Weir, in his usual way, also raised the importance of our booster programme, what needs to be done, what could be done and the expansion of that. The Member will be aware that we have stepped up significantly, as have other parts of the United Kingdom. When you compare Northern Ireland with other areas, the insinuation has been that we were slow to start. The fact is that we started, as we did at this time last year, with those who were most vulnerable. We started in our care homes. Whereas other areas of the United Kingdom are only now moving to provide booster doses in care homes — I think that the phrase that they use is that they are doing that so that "no one is left behind" — we started where we started last time. It is a more challenging and time-consuming environment, but it was and is the right thing to do.

Members will be aware that, now that the booster programme is escalating, there are queues of people who are prepared to wait outside walk-in clinics. It is heartening for me to see that. I would like to see them moving through the system more quickly and not having to wait as long. Work is being done at trust

level, with GPs and with Community Pharmacy on what is necessary to accelerate that process. Last night, some centres stayed open until 10.00 pm. All that additional work is going on behind the scenes. As soon as I am able to update Members on the next steps, I will do so.

Mr Weir talked about the workforce challenges, including investment. The Member will be aware — I have said it many times — that, when we came back in January 2020, it was about investment and increasing the number of nursing training places. If that investment had been made in the workforce three or four years earlier, we could have been, as we should have been, in a very different place from where we are now.

I announced that we would invest £23 million in social care and domiciliary care packages between now and the end of this financial year. That is not only to increase provision but to support workers in that sector by passing on what, we think, should be a decent wage.

Mr Catney's contribution was based on his work in the hospitality sector. It was a poignant reflection on where we have come from, where we are and where we can still go. There is still benefit to be had in this place when we come together and work together, even through challenging times. Not only has there been COVID but the regulations, such as those that we are debating today, have presented challenges to us and may cause difference and division. That, however, should not cause us to lose sight of the opportunity to be gained by taking some of those steps. In closing, Mr Catney said that he could not sit idly by: I cannot sit idly by either. I do not have that luxury when it comes to what needs to be done to bring forward regulations or recommendations to my Executive colleagues. I will continue to do that.

Mr Wells spoke about the sunset clause. I will correct myself: the date that I provided yesterday was wrong. I can clarify that, and I did so in my response to Mr Frew. In a further contribution, Mr Wells said that he was not anti-vaccine but had concerns about the three available vaccines. I know that he is not in the Chamber and that he will meet officials from my Department later in the week to discuss other vaccines. I will put it on record in this place and for those who are here that, while the vaccines that the Member mentioned may be available, they are not regulated by the Medicines and Healthcare products Regulatory Agency (MHRA), which is the governing authority from which I take my advice about what can be used and what we actually use in Northern Ireland.

To people listening who may share the Member's concerns, I say this: the Pfizer, Moderna and AstraZeneca vaccines that are provided in Northern Ireland do not contain fetal cells. We need to be clear that that is certainly not the case, because some anti-abortion campaigners are refusing to take those vaccines. I want to put that on record, as Mr Wells raised his concerns yesterday. It is not in my gift or that of my Department to regulate a vaccine that has not been regulated by the MHRA, the body that is there to do that on behalf of the United Kingdom.

Ms Woods asked for clarification on the regulations. I have admitted many times that communication about what we need to do is better when we all say the same thing at the same time. When there is a difference of opinion and division on some of the messaging that we need to put out, it becomes challenging for officials. They are left to organise the collective message that needs to go out, even when some are still divided on that message.

A vote will be taken, if it is indeed necessary to divide. Hopefully, after today, that engagement will take place, and communication with the wider public will be easier to produce and get out there.

## 12.15 pm

Miss Woods asked about engagement with other organisations. We have engaged extensively with the Commissioner for Older People for Northern Ireland (COPNI) on the issue that Ms Woods raised about the challenges that her granny faces. We all have family members who are in the same place. It is about how we utilise the phone number available to support those who need help to obtain the paper certification.

Miss Woods said that she missed the weekly press conferences. I miss them too. I also miss when other Ministers actually did them.

Mr Allister asked about the retrospective nature of the regulations, and I answered that question earlier. I would have liked the regulations to have been expedited and debated last week rather than this week. The processes that Mr Weir said we need to challenge and that I said we need to challenge are still there. Hopefully, in the new year, we will not need to use those procedures as often as we have done.

The challenge is always this: where is the benchmark? Where is the line? That is what Mr Allister has often challenged. When I say that

there is no one magic target, that is always taken and portrayed in a certain way. It is about how we look at the basket of current measures in place. The Member said it himself: it is about how we reduce the R rate, hospitalisations, the infection rate and the number of people going into intensive care units. That is what the Executive do. They take the guidance and the modelling from our Chief Scientific Adviser and look at how the current basket of measures in place is achieving its aims. At that point, we make the call on what can be reduced and where. There is no magic trigger point. It is always about taking a collective decision about what is fit and appropriate at the time. Sometimes the conversation is challenging, but we take the decisions collectively as an Executive, and we then try to come out and portray them collectively as well. It is, however, not just about the collective response but about the collective responsibility.

Ms Sugden picked up on a point that Mr Allister made. I understand and hear the concerns and frustrations, and we can see the debate playing out across the water. It is not about the regulations that are in front of us but about what comes next. What do the regulations open the door to? The regulations do not move us in any direction apart from that of COVID certification. The debate lies solely there. The regulations are not being used as some sort of lever to do something else, because that is not in there. The Member will have read the regulations in totality, and he knows what they contain. That is what we are debating today.

Mr Carroll asked why a full equality impact assessment (EQIA) was not carried out. The equality screening for the provisions was completed by departmental officials in collaboration with the equality and human rights unit in the Executive Office using the standard Equality Commission process. The Equality Commission engaged with officials and provided guidance and comments throughout the process. The screening information was published on the Department's website and is publicly available. The screening detailed that no full EQIA was required, as the purpose of the regulations is to control the risk of the spread of the infection that causes COVID-19 in Northern Ireland, thus protecting and benefiting all section 75 categories.

The cohorts who are unable or do not wish to be vaccinated have other options. They can provide a negative lateral flow device (LFD) test or proof of recovery from COVID. For the small number of people with a disability or another medical condition that prevents both vaccination and regular use of LFD tests, the

ability to show evidence of a medical exemption from vaccination will fully cover them.

Again, that is a crucial point around how the debate on these regulations is portrayed and also the commentary yesterday. This is not a vaccine passport. This is about COVID certification. That is why the Department of Health, supported by the Executive, purposely put those other measures in place. Some want to portray this as vaccine certification because it suits another agenda. That is the agenda of the anti-vaxxers, who see this as an avenue to raise other concerns about what this is and what it will lead to. I assure you that that is not what this is about. The overall benefit of the proposal to the population as a whole is about reducing the spread of COVID-19 and the pressures on our health and social care system. That outweighs any negative impacts of those challenges. Human rights impacts were considered separately from the equality screening, and the full human rights impact assessment has also been completed and is available on the Department's website. Comments were invited from the Human Rights Commission as well.

In response to the queries that were raised yesterday, in general and by individual Members, I thank Members for the respectful nature of the debate. It should be the tone and tenor in which this place debates all issues, not just COVID regulations. I thank Members for that. We need to come out of this with communication from this place that we take these steps — sometimes reluctantly, and sometimes we may be opposed to them — but they are taken for the overall protection of the people of Northern Ireland and in support of our health service in challenging times.

**Mr Gildernew:** I thank the Minister for giving way. I am not sure if he picked up on any of the earlier statement from the Minister of Agriculture and Rural Development about the very serious situation with avian flu. I noted, and thought it correct, that there was an emphasis on following the science, moving quickly to deal with these types of situations, the need to act as a single epidemiological unit when dealing with these public health measures and that, no matter how difficult the situation, there is a need to follow the medical and scientific evidence.

**Mr Swann:** I did not hear the comments from my colleague the Minister of Agriculture, who was also a former Health Minister, but I know that he takes his role and the comments that he makes as seriously as I take mine.

I thank Members for their contributions. It is not an easy subject. With regard to COVID regulations, nothing is, but COVID is not easy. The challenges faced by the population and our health service in combating a global pandemic is not easy either.

We have come through worse, and Mr Catney alluded to that in his contribution yesterday. We will come through this. We will see it through. We will come through it with a stronger health service because of the changes that we have needed to evolve to meet the needs of the people of Northern Ireland. I hope that we also come through it stronger as a society. I ask those who seek division over this issue to look at what we can achieve when we pull together, rather than look for further division, and tackle COVID as a united society in Northern Ireland, doing everything that we can and that we know works. I recommend these regulations to the Assembly.

**Mr Speaker:** I thank the Minister for his concluding remarks. I also thank all Members, as the Minister has done, for their contributions throughout the debate. For the most part, it has been very respectful, as should be expected. It is very welcome, nevertheless.

*Question put.*

*The Assembly divided:*

*Ayes 59; Noes 24.*

## **AYES**

*Dr Aiken, Mr Allen, Dr Archibald, Ms Armstrong, Ms Bailey, Mrs Barton, Mr Beattie, Mr Beggs, Mr Blair, Mr Boylan, Ms S Bradley, Ms Bradshaw, Ms Brogan, Mr Butler, Mr Catney, Mr Chambers, Mr Delargy, Mr Dickson, Ms Dillon, Ms Dolan, Mr Durkan, Ms Ennis, Ms Ferguson, Ms Flynn, Mr Gildernew, Ms Hargey, Ms Hunter, Mr Kearney, Mrs D Kelly, Mr G Kelly, Ms Kimmins, Mrs Long, Mr Lunn, Mr Lyttle, Mr McAleer, Mr McCrossan, Mr McGlone, Mr McGrath, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr McNulty, Ms Mallon, Mr Muir, Ms Á Murphy, Mr C Murphy, Mr Nesbitt, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Miss Reilly, Ms Rogan, Mr Sheehan, Ms Sheerin, Mr Stewart, Ms Sugden, Mr Swann, Miss Woods.*

*Tellers for the Ayes: Mr Catney and Mr Chambers*

## **NOES**

*Mr Allister, Mr M Bradley, Ms P Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mrs Cameron, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Easton, Mrs Erskine, Mr Frew, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mr Newton, Mr Robinson, Mr Stalford, Mr Storey, Mr Weir, Mr Wells.*

*Tellers for the Noes: Mrs Erskine and Mr Weir.*

*The following Member voted in both Lobbies and is therefore not counted in the result: Mr Carroll*

*Question accordingly agreed to.*

*Resolved:*

*That the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 19) Regulations (Northern Ireland) 2021 be approved.*

**Mr Speaker:** Members, please take your ease for a few moments while we prepare the Table for the next item of business. Thank you.

12.45 pm

(Mr Deputy Speaker [Mr Beggs] in the Chair)

## Committee Business

### Hospital Parking Charges Bill: Extension of Committee Stage

**Mr Gildernew (The Chairperson of the Committee for Health):** I beg to move

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 28 February 2022, in relation to the Committee Stage of the Hospital Parking Charges Bill.*

**Mr Deputy Speaker (Mr Beggs):** The Business Committee has agreed that there should be no time limit on the debate.

**Mr Gildernew:** The Hospital Parking Charges Bill passed its Second Stage on 22 November 2021 and was referred for its Committee Stage the following working day. The Bill has a single policy objective, and that is to prohibit the imposition by Health and Social Care hospitals of charges for car parking. The Committee has issued its call for evidence on the Bill, and it is planned that oral evidence will commence in January.

The Committee seeks an extension due to the extremely heavy workload in front of it and the large number of Bills that it has to scrutinise before the end of the mandate. That heavy workload means that the Committee has to meet twice a week to be able to consider all the evidence for those Bills and get through them. The Committee therefore requests an extension to 28 February 2022. The proposed extension will allow as much time as possible for detailed consideration while balancing the consideration of other Bills. If possible, the Committee will report before that date. I commend the motion to the House.

**Mr Deputy Speaker (Mr Beggs):** No one else has indicated that they wish to speak.

*Question put and agreed to.*

*Resolved:*

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 28 February 2022, in relation to*

*the Committee Stage of the Hospital Parking Charges Bill.*

**Mr Deputy Speaker (Mr Beggs):** I ask Members to take their ease for a few moments.

### Support for Mortgage Interest etc (Security for Loans) Bill: Extension of Committee Stage

**Ms Armstrong (The Deputy Chairperson of the Committee for Communities):** I beg to move

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 18 February 2022, in relation to the Committee Stage of the Support for Mortgage Interest etc (Security for Loans) Bill.*

**Mr Deputy Speaker (Mr Beggs):** The Business Committee has agreed that there should be no time limit on the debate.

**Ms Armstrong:** On behalf of the Committee for Communities, I request Members' support to extend the Committee Stage of the Support for Mortgage Interest etc (Security for Loans) Bill to 18 February 2022.

While it is a short Bill, with only two clauses, Members need to be mindful that the Department has not carried out any consultation on it. That now becomes the job of the Committee. We have issued a call for evidence and commissioned a research briefing, and we may take oral evidence in January. It might be that the Committee does not need all of the extension that we seek, and we will endeavour to report as quickly as we can in the new year. We have liaised with the Bill Office in setting the extension date.

The Bill will amend article 13 of the Welfare Reform and Work (Northern Ireland) Order 2016 to allow a support for mortgage interest loan provided to be charged on the property for which that loan is made. It will also amend schedule 11 to the Land Registration Act (Northern Ireland) 1970 to enable a charge securing a loan provided under article 13 to be registered in the Statutory Charges Register. That is in line with the policy intention to ensure that a loan is recovered if there is available equity when it becomes repayable after prior charges on the property have been repaid.

The Minister highlighted to the Committee the difficulties with the outworkings of the current legislation, and members accept the need for a



change to the law. Members were not content to proceed without a call for evidence, however. They were also not convinced that their consideration of the Bill should have come before that of the other important Bills already at Committee Stage. We have already seen in every Bill that we have considered to date how any clause can throw up unintended consequences. I ask that Members agree to the extension to allow us to give the Bill the attention that it deserves. I commend the motion to the House.

**Mr Deputy Speaker (Mr Beggs):** No one else has indicated a wish to speak on the motion.

*Question put and agreed to.*

*Resolved:*

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 18 February 2022, in relation to the Committee Stage of the Support for Mortgage Interest etc (Security for Loans) Bill.*

### **Education (Curriculum) (CPR and AED) Bill: Extension of Committee Stage**

**Mr Lyttle (The Chairperson of the Committee for Education):** I beg to move

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 2 February 2022, in relation to the Committee Stage of the Education (Curriculum) (CPR and AED) Bill.*

**Mr Deputy Speaker (Mr Beggs):** The Business Committee has agreed that there should be no time limit on the debate.

**Mr Lyttle:** The Education (Curriculum) (CPR and AED) Bill, sponsored by Colin McGrath MLA, had its Second Reading in the House on 8 November 2021. It passed Second Stage, with the result that it began its Committee Stage in the Education Committee on 9 November 2021. The Bill's timeline presses closely on that of the Period Products (Free Provision) Bill, which began its Committee Stage the following day.

The Committee opened the call for written views on the Bill on the Citizen Space platform within two working weeks of the Bill passing its Second Stage. The Committee's publication of a signposting notice and press release coincided with the conclusion of the Committee

Stage of the Integrated Education Bill on 24 November, as well as a similar notice for the Period Products (Free Provision) Bill. The call for evidence closes on 17 December, with the Bill's Committee Stage currently set to conclude on 10 January 2022. The Committee requests an extension to the Committee Stage until 2 February 2022 in order to scrutinise effectively and efficiently in January the evidence that will have been received by the start of recess. The beginning of Committee Stage for the Education (Curriculum) (CPR and AED) Bill directly follows on from the Committee Stage of the Integrated Education Bill, which underwent extensive consideration. This new Bill is another opportunity for the Education Committee to engage with an important matter.

As many Members will be aware, Committees are under pressure at this time. The Education Committee is taking three Committee meetings or more a week at the moment, yet that pressure pales in comparison with the demands that members of the education sector in Northern Ireland are feeling at this time. Conversations and correspondence on staff shortages, COVID safety in schools and Christmas school pressures are amongst a number of topics that are being presented to the Education Committee regularly.

In order to serve its essential purpose, the Education Committee is holding additional meetings to effectively incorporate legislative scrutiny and community responsiveness into the Committee's forward work programme. If the Assembly grants the extension of Committee Stage to early February 2022, the Education (Curriculum) (CPR and AED) Bill will, it is hoped, undergo the scrutiny that it deserves. Despite the longer time taken, that will bring the Bill's important instruction closer to the curricula of schoolchildren across Northern Ireland.

**Mr Deputy Speaker (Mr Beggs):** No other Member has indicated that they wish to speak on the motion.

*Question put and agreed to.*

*Resolved:*

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 2 February 2022, in relation to the Committee Stage of the Education (Curriculum) (CPR and AED) Bill.*

### **Period Products (Free Provision) Bill: Extension of Committee Stage**

**Mr Lyttle (The Chairperson of the Committee for Education):** I beg to move

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 2 February 2022, in relation to the Committee Stage of the Period Products (Free Provision) Bill.*

**Mr Deputy Speaker (Mr Beggs):** The Business Committee has agreed that there should be no time limit on the debate.

**Mr Lyttle:** The Period Products (Free Provision) Bill, sponsored by Pat Catney MLA, had its Second Reading on 9 November, with the result that it began Committee Stage in the Education Committee on 10 November 2021. The Committee opened the call for written views on the Bill on the Citizen Space platform within two working weeks. The week of the Committee's publication of the signposting notice and press release coincided with the conclusion of the Committee Stage of the Integrated Education Bill. At the next possible Committee meeting, on 1 December, Pat Catney MLA briefed the Committee on the Bill, and there was a substantive discussion on each of the Bill's clauses.

The Committee Stage of the Period Products (Free Provision) Bill has arrived amid an extremely busy time for the Assembly. The Committee Stage of the Integrated Education Bill, to which the Committee received over 1,000 responses, has recently concluded, and the Assembly is approaching the winter recess, a typically busy period that has been exacerbated by the pressures facing education in Northern Ireland.

As I mentioned, the Education Committee is conducting additional meetings to effectively engage with a wide range of concerns relating to school COVID safety and staff shortages. In addition, the Committee's schedule for the foreseeable future contains additional weekly meetings in order to cover the evidence sessions necessary for the passage of the relevant Bills. The call for written evidence for this Bill closes on 18 December, with the Committee Stage currently set to conclude on 11 January. The Committee requests an extension of Committee Stage to 2 February 2022 in order to effectively and efficiently scrutinise the evidence that it receives from stakeholders.

As the House will be aware, we are in a busy period of the mandate; nonetheless, we must

endeavour to manage that and to enable the Committee to meet its commitment to scrutinise and examine the Bill. Even with the extension, the Committee will remain under pressure. It is, however, determined and hopeful that an extension will enable the Committee to fulfil its task in the passage of the Bill. We wish to ensure not only that the Assembly makes good law but that the dignity and equal rights of people who menstruate are safeguarded and sufficiently incorporated in the legislative decision-making process and in the Committee Stage of the Period Products (Free Provision) Bill.

**Mr Deputy Speaker (Mr Beggs):** No other Member has indicated that they wish to speak on the motion.

*Question put and agreed to.*

*Resolved:*

*That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 2 February 2022, in relation to the Committee Stage of the Period Products (Free Provision) Bill.*

**Mr Deputy Speaker (Mr Beggs):** I ask Members to take their ease for a few moments.

*(Mr Speaker in the Chair)*

## Private Members' Business

### The Severe Fetal Impairment Abortion (Amendment) Bill: Consideration Stage

**Mr Speaker:** I call Christopher Stafford to move the Bill.

*Moved. — [Mr Stafford.]*

**Mr Speaker:** Members will have a copy of the Marshalled List of amendments detailing the order for consideration. The single amendment has been grouped with two opposition to clause stand parts for debate in the provisional grouping of amendments selected list. There is a single group. The debate will be on amendment No 1, which is an amendment to the commencement clause, and opposition to clauses 1 and 2 stand part.

I remind Members who intend to speak that, during the debate on the single group, they should address the amendment and the opposition to clauses stand part on which they wish to comment. Once the debate is complete, the amendment will be moved formally and the Question will be put without further debate. The Questions on stand part will be taken at the appropriate points in the Bill. If that is clear, we shall proceed.

#### **Clause 1 (Amendment of abortion on the grounds of disability)**

**Mr Speaker:** We now come to the single group for debate, which concerns opposition to clause 1 stand part, opposition to clause 2 stand part and an amendment. I call Gerry Carroll to address his opposition to clause 1 and to address the other opposition to clause stand part and the amendment in the group.

*Question proposed, That the clause stand part of the Bill.*

*The following amendment stood on the Marshalled List:*

In page 1, line 10, leave out "force on the day on which this Act receives" and insert "operation on the day after receiving".— *[Mr Stafford.]*

**Mr Carroll:** I oppose clause 1, which would ensure that we continue to export grief by

sending women who are experiencing severe fetal anomalies onto boats to get basic healthcare off our shores.

I have made no secret of the fact that I am a pro-choice MLA. My party, People Before Profit, is a pro-choice party, and, when elected, we committed to defending the rights of those who need a termination to make that choice for themselves. It is frankly galling that MLAs in the Chamber have joined so-called anti-vax protests in recent weeks and have taken to the airwaves to talk about civil liberties and coercion in relation to the vaccine, while, at the same time, they have given their full support to the Bill, which would coerce women to carry pregnancies to full term against their will or force them to travel to get abortions. That is blatant hypocrisy: demanding the right to choose when it suits, but not for those who need abortions.

I do not use the word "need" lightly. The Bill goes after some of the most tragic cases, where terminations are needed because a severe fetal anomaly has been discovered. From medical evidence, we know that those discoveries are often made late in pregnancies and can be devastating. Women often need time to deal with the news and to make a decision about what is best for them and their family. The law that came from Westminster that decriminalised abortion allows time for that. Based on best medical practice and human rights advice, it recognises that that time is essential.

The Convention on the Elimination of All Forms of Discrimination against Women found that women in the North were subjected to "grave and systemic" violations of their rights because they were compelled to travel or carry pregnancies to full term. CEDAW highlighted cases of severe fetal abnormality in particular. The Bill, if passed, would guarantee that those grave and systemic violations of rights continue.

It is a damning indictment of the conservatism at the root of the major unionist and nationalist parties here that none can concretely defend women against attacks like this. The most damaging end of that conservatism obviously comes from the DUP, and a member of that party is sponsoring the Bill. However, it also leaves the biggest nationalist party, Sinn Féin, utterly paralysed to do anything about it. It is spinning in circles and tying itself in knots to justify a position that is utterly out of step with human rights. That position is that they do not support women who need abortions in cases of severe fetal abnormalities. To quote their MLA Emma Sheerin:

*"Sinn Féin does not believe that a non-fatal ... abnormality is an appropriate criterion for an abortion." — [Official Report (Hansard), 2 June 2020, p65, col 1].*

I would welcome Mr Stalford or Ms Sheerin intervening this afternoon to tell the Chamber and me how they can be so confident about what exactly constitutes a severe fetal impairment compared with a fatal fetal impairment, when doctors are vocal about how difficult that can be. In evidence to the Health Committee, Doctors for Choice told us clearly that, from a medical standpoint, it is not always possible to distinguish clearly between a severe fetal impairment and a fatal fetal impairment.

**Mr Allister:** Will the Member give way?

**Mr Carroll:** I will, in a second.

To be blunt, on this matter, I put my faith in doctors over MLAs.

I would welcome any Sinn Féin MLA telling the House what is appropriate about forcing a woman to have a delivery against her will in cases of severe fetal abnormality. How is it appropriate to export that tragedy? I am sure that I am not the only person who wants to know what right any MLA has to tell a woman when it is or is not appropriate to have a termination, never mind to make that decision for her. That is reproductive coercion by the state.

I would welcome any MLA telling me the appropriate punishment for breaking this law. The previous law sent cops into offices and the homes of women and pro-choice activists to raid them for pills. It saw young women dragged into courts. It saw one gut-wrenching case end up on the front pages of the newspapers when housemates were able to report one woman's abortion because they found the results of it. That is the logical conclusion of treating abortion as a legal or criminal case rather than as healthcare.

In Canada, abortion is not on the law books; it is a healthcare issue. I am sure that MLAs will be interested to know that the rates of later-term abortion are lower in Canada than in Britain, where abortion is restricted as a legal issue. While, in Britain, 1.9% of abortions occur after 20 weeks, in Canada, it is just 0.6%. Here we come to the crux of the issue. If passed, the Bill will not stop abortions from happening. In cases of severe fetal abnormality, it might clear the conscience of MLAs who cannot reconcile the right to choose with their desire to coerce women to give birth, but,

ultimately, women will still have abortions in cases of severe fetal abnormality. They will be illegal, however. They will still happen, but the women will be hundreds of miles away from home. For those without travel documents, it will result in forced birth. The Bill will not stop abortion; it will just wash MLAs' hands of it. Shame on every MLA and every party voting to wash their hands of women at a time of need.

I want to focus on some of the motivation given for clause 1, which is the Bill sponsor's claim that it will protect people with disabilities. First, people with disabilities need abortions too. Clearly, it is even more vital to ensure that people with disabilities are not forced to travel for healthcare that could be much more difficult because of their disability. The DUP's supposed desire to protect people with disabilities clearly stops short of helping them to get reproductive healthcare. We have met pro-choice campaigners with disabilities who have been very clear that barriers exist for them that do not exist for others. The law and, indeed, healthcare should seek to remove barriers, not erect them. Indeed, the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Elimination of All Forms of Discrimination against Women issued a joint statement in September 2018 pointing out that the restrictions on abortion access often hit disabled women harder than others.

Moreover, as I have said in the Chamber before, it is rich beyond comprehension for the DUP to claim to stand up for people with disabilities — a party that is jointly responsible for delivering the personal independence payment (PIP) and welfare reform to the North. In fact, the DUP is the most enthusiastic proponent of it and has blocked mitigations and alleviations from the Executive agenda and supported austerity Budget after austerity Budget.

Disabled people and their families were effectively abandoned by the Executive during the pandemic. People whose care workers or family members needed to shield themselves were left without an alternative; families caring for disabled children or adult children were abandoned as schools, day centres and respite provision closed without safe provision in place; those who had a care worker who could continue to support them had to find their own PPE; and, of course, disabled people living in care homes, many of whom are younger than the average resident, had to take their chances with the virus. Many families were pushed to breaking point by 24/7 caring without any break for months at a time.

The Bill is not about disability in the way that the sponsor hopes to portray. If it were, it would focus on the lack of services, which terrifies new mothers of children with disabilities. It would take to task the lack of access to services such as speech and language therapy or respite for families, or it would prevent attempts to slash provision of and close special needs schools, such as happened not so long ago in this city. If the Bill were about discrimination against people with disabilities, it would propose to scrap welfare reform and detail a new social security system that values and provides for people properly instead of sending them to food banks. It would set about ending privatisation in our care sector and investing in better care for people who need and deserve it.

This Bill is about abortion. Abortion, at any stage, does not threaten people with disabilities. Those people are not embryos or fetuses; they are people who were born with their own autonomy and they deserve the same human rights as anyone else, including bodily autonomy. We should be clear that, given half a chance, the DUP would block abortion at any stage, severe fetal abnormality or not. We should dispel the assumption that we have any right to tell women what to do with their bodies, that women are inherently frivolous or callous when it comes to making decisions about termination and that those women need to be kept in line by the law.

In summary, I oppose the clauses and the wider Bill for three main reasons. I am pro-choice and defend the right to choose. The Bill will not prevent abortion in all cases of severe fetal abnormality, but it will export the grief of women who have received devastating news or force them to carry a pregnancy to term. I do not accept that the Bill provides protection for disabled people. On the contrary, it is being used to pit disabled people against people who need abortions in a shameless attempt to satisfy the DUP's desire to see pregnancies carried to full term regardless of the consequences for the person who is pregnant.

**Mr Gildernew (The Chairperson of the Committee for Health):** I welcome the opportunity to outline the Committee's scrutiny of the Severe Fetal Impairment Abortion (Amendment) Bill. The Bill seeks to amend regulation 7 of the Abortion (NI) (No. 2) Regulations 2020 to remove the grounds for abortion in cases of physical or mental impairment where there is substantial risk of serious disability.

The Committee first considered the Bill at its meeting on 18 February 2021, just after the Bill's First Stage. At its meeting on 18 February, the Committee agreed to write to the Human Rights Commission to seek its views on the Bill's compatibility with human rights. The then sponsor of the Bill, Paul Givan MLA, along with representatives from Don't Screen Us Out, briefed the Committee on the principles of the Bill on 11 March. The Bill passed its Second Stage on 15 March 2021 and was referred to the Committee for Health for scrutiny at Committee Stage.

The Committee issued a call for evidence, and there was a substantial response, with 9,124 written submissions received. Of those written submissions, 43 were received from organisations, with the rest coming from individuals. Committee members agreed to take oral evidence from 22 organisations. Those organisations ranged across health trusts, professional representative bodies, disability groups, human rights organisations, pro- and anti-choice groups and church organisations. The Committee took extensive evidence over a number of weeks. Following the oral evidence sessions, it heard from the sponsor of the Bill — who, at that stage, was Christopher Stalford — and Don't Screen Us Out. I thank all of those individuals and organisations that took the time to submit written evidence, and I thank all those who attended Committee meetings and gave oral evidence.

The Committee identified a number of themes and issues in the written submissions and the oral evidence. I will not go into detail about them all, as further information on all of them is contained in the Committee's report.

Disability was a theme that was clearly identified throughout. The Bill sponsor highlighted the fact that the Bill seeks to ensure that the law on abortion is in line with other provisions in the North that uphold the rights of those with a disability. Views were contested during evidence sessions. Those in support of the Bill stated that current legislation contains elements of disability discrimination and that the Bill seeks to address that issue. However, those against the Bill argued that the rights of disabled people are not necessarily at odds with the rights of pregnant women. Both sides called for greater efforts to remove the stigma and discrimination faced by disabled people, and a number of organisations made suggestions for greater support for disabled people and their families through wider social and financial supports.

On human rights and legal obligations, much of the evidence that was considered by the Committee highlighted concerns about human rights standards and domestic and international legal obligations. A number of competing arguments were made in the written and oral evidence that the Committee received.

In relation to the commissioning of abortion services, many of the submissions that the Committee received highlighted the fact that full abortion services, as provided for in the Abortion (No. 2) Regulations 2020, are not currently available in the North. The Committee noted that there are currently a number of legal challenges in relation to those regulations. The Minister advised that preparatory scoping work to develop a commissioning model resumed in June 2021 and that the recommended service model will be subject to prior approval by the Executive. At its meeting on 4 November, the Committee agreed, by majority vote, that its report should call for the full implementation of commissioned services as set out in the Abortion (NI) (No. 2) Regulations 2020.

### **1.15 pm**

The implications for medical professionals were raised in evidence that was considered by the Committee. It was highlighted that the lack of a clear definition of the terminology that is used in abortion law is a major concern for clinicians. It was pointed out to the Committee that there is no legal definition of terms such as "substantial risk" and "seriously disabled" and that that can cause problems for clinicians. The Committee also discussed the issue of conscientious objections and how those are handled in the trusts. Members were advised that guidance and processes for conscientious objection are in place.

The issue of the provision of screening and counselling services was raised on a number of occasions. It was said that there was a difference in the screening programme here in the North when compared with Britain and that the North does not offer non-invasive prenatal testing, which can detect chromosomal abnormalities from 10 to 14 weeks, as opposed to the current fetal anomaly scan between 18 and 21 weeks here in the North. There was concern around the 24-week limit on termination for severe fetal impairment. It was stated that, if the Bill is passed, it will leave a limited amount of time for women and families to make important, fully informed decisions and will place women here at a disadvantage when compared with those in Britain.

Some submissions argued that screening is primarily used for detection, with a view to termination, and that increased screening at an earlier stage could lead to increased terminations. Those who support the Bill and those who do not agreed that there was a need for improved counselling and support services for women and families who have a severe fetal impairment (SFI) diagnosis, regardless of whether a woman continues with her pregnancy or chooses to terminate. The need for the provision of greater information on fetal anomalies was highlighted. It was stated that more information should be provided on the help and support that is available and that there could be referrals to support networks of women with similar diagnoses.

The issue of protests outside healthcare premises was brought up on a number of occasions. Although the Committee is cognisant of the right to lawful and peaceful protest, members were concerned about the reports of patients and staff feeling harassed and intimidated. The Committee is considering that issue further in relation to Clare Bailey's safe access zones private Member's Bill, which is in front of us at present.

A number of submissions outlined that the Bill's provisions would not prevent terminations on the grounds of SFI taking place; rather, it would export the issue to Britain. There were concerns that financial factors could prevent women travelling to Britain, which would create further inequalities. It was also outlined that there could be other factors that prevent women from travelling to access services, such as women in coercive or abusive relationships; those with uncertain immigration status; girls under the age of 18; and those with disabilities or medical conditions that could prevent travel or make it difficult. The Committee also heard evidence that there were a number of difficulties in relation to the repatriation of fetal remains and that that can cause additional stress and trauma for women and girls. The Committee agreed, by majority, to record its concern regarding women who are forced to travel to Britain to avail themselves of healthcare services.

Following its consideration of the evidence, the Committee undertook deliberations before coming to the formal clause-by-clause consideration of the Bill. During clause-by-clause consideration, the Committee agreed, by a majority vote, that it was content with clause 1 as drafted, and clause 2 as amended by the Bill sponsor. The Committee agreed that its report would be published and would outline the

evidence that it received in the course of its scrutiny.

I thank the Bill sponsors for their engagement with the Committee on the Bill, and I thank Committee members for their work on it. Members conducted themselves in a very sensitive manner on what is a very emotive subject.

I also place on record my thanks to the Committee team and the Bill Clerks for supporting members through their scrutiny of the Bill. Remarks on behalf of Sinn Féin will be made by my colleague Michelle O'Neill.

**Mr Givan:** I speak about the Bill from the Back Benches in my capacity as an MLA rather than as First Minister. First, I thank the Chairman and members of the Health Committee for their work. Getting through the detail of over 9,000 responses is not easy. Having been Chair of a Committee, I know the kind of commitment that that requires, so I thank the Health Committee for that. Much in the Committee report is beyond the scope of the Bill that Members have referred to. The Bill is about a very specific, narrow issue.

Earlier this year, it was my privilege to introduce the Bill to the Assembly. I, like others, listened to the words of Heidi Crowter when I met her back in May 2020, along with many other Members, and her words inspired me into action. Just one month after Heidi spoke to Assembly Members, we had the opportunity to debate the issues that she had raised with us. Let me remind the House of the motion that was passed that day when we agreed these words:

*"That this Assembly welcomes the important intervention of disability campaigner Heidi Crowter and rejects the imposition of abortion legislation that extends to all non-fatal disabilities, including Down's syndrome." — [Official Report (Hansard), 2 June 2020, p61, col 2].*

Following the resounding support that Heidi received in the Chamber, I was moved to introduce the Bill, along with other MLAs who are in the Chamber today. Again, I put on record my thanks to Robbie Butler from the Ulster Unionist Party, Dolores Kelly from the SDLP and Trevor Lunn, who is here in the Chamber. They have supported the Bill from the start. Politicians, though, did not do this alone. In addition to Heidi's support, I am indebted to that from Lynn Murray from the advocacy charity Don't Screen Us Out. It was

her help and advice that led to the Bill that is before us again today. I also thank my party colleague Christopher Stalford, who took my place as the primary Bill sponsor in June and steered the Bill through Committee Stage.

I want to be very clear that the Bill is not my Bill; it is not Christopher's Bill, it is not a DUP Bill; and it is not a Bill of other parties' MLAs who support it. The Bill seeks to enact legislation that people with disabilities have told the Assembly they want to see enacted. It is a Bill about their human rights. The Bill gives us an opportunity to say to them that we in this House place a high value on their lives.

This is not an exhaustive or complex Bill. It has only one substantive clause. That clause makes a very simple amendment to the Abortion (Northern Ireland) (No. 2) Regulations 2020. Regulation 7 of the 2020 regulations allows for abortion up to term in two instances: first, for what has become known as fatal fetal abnormality; and, secondly, for severe fetal impairment. The Bill makes one simple amendment to that regulation. It removes the condition of severe fetal impairment as grounds for termination of a baby up to term. That is a baby with Down's syndrome, a cleft palate or a club foot. The Bill seeks to protect those babies.

The Bill is not as some Members have portrayed it. It is not about playing fast and loose with human rights. On the contrary, human rights and the rights of people with disabilities stand at the heart of it. The Bill is short, but it achieves something very significant for people like Heidi. It tells Heidi and other people with conditions like Down's syndrome that they matter and that we place a high value on their lives.

The Bill is about protecting the human rights of those with disabilities. I agree with the words of the late Lord Justice Kerr when he said that the United Nations Convention on the Rights of Persons with Disabilities is based on the premise that:

*"if abortion is permissible, there should be no discrimination on the basis that the foetus, because of a defect, will result in a child being born with a physical or mental disability."*

I diverge, however, from the quotation in one sense: the use of the word "defect". That word plays into some of the stereotyping and stigma that exist: the very stigmatisation and stereotyping that Mr Carroll referred to in his language when he talked about "abnormality". Those people are not abnormal. That language

is harmful and hurtful. To refer to people with those disabilities as "abnormal" and "defective" is to disregard the representations that they have made. People with what is considered to be a severe fetal impairment do not have defects. They are just like everyone else. They are full of life, love and joy.

Part of the problem in Great Britain is that people who face pregnancy in those circumstances are not afforded a choice. What they are presented with is a "defect", rather than a person. They are not informed of the support that is available and the way in which they can be helped to raise their child. Too many assumptions are made about what a particular mother's choice should be rather than about how life could be enriched for families, parents, siblings and the child.

The words of Lord Shinkwin, a peer with disability, say it all. When speaking about the Abortion (Northern Ireland) Regulations 2021, he said:

*"I am a severely disabled parliamentarian who believes that I have as much right to exist as anyone else. The regulations may not apply to me directly, but they still threaten me because they challenge that right by devaluing my existence. The narrative of the regulations is that I should not really exist. Indeed, I would be better off dead. The Minister cites CEDAW, but I wonder how that narrative does not perpetuate a negative stereotype against disabled people, which CEDAW expressly prohibits. If we pass the regulations today, not only are we endorsing lethal disability discrimination right up to birth but we are in practice saying to anyone who is born with a disability that they somehow escaped the net."*

The Bill says this to people with disabilities: you are not a defect but a human being with the multitude of life opportunities that the rest of us have.

As I took steps to introduce the Bill earlier in the year, I was told constantly that doctors disagreed with I was proposing. Indeed, some Members have already repeated that in the debate. At Committee Stage, I note that some groups came before the Committee to give evidence on behalf of the medical profession. That evidence made sweeping generalisations, stating that doctors totally opposed the Bill. It has not been my experience that the medical profession opposes the Bill: far from it. At Second Stage, I shared with the House that over 200 doctors had contacted me to let it be

known that they did not agree with the Royal College of Obstetricians and Gynaecologists (RCOG) in London. Let me remind Members what Dr Claire Sinton, a paediatrician who works in the Royal Belfast Hospital for Sick Children, said:

*"As a paediatrician I have cared for many babies and children with disabilities. The lives of these children are no less valuable or meaningful because of their differing levels of mental or physical ability. To offer additional access to abortion for babies diagnosed antenatally with non fatal abnormalities sends a clear signal that we, as a society, place less value on the life of a disabled individual. I feel strongly that to be human is to have intrinsic value, regardless of gender, race or ability. I oppose a law that seeks to single out disabled babies as being less worthy of protection or even the opportunity to live." — [Official Report (Hansard), 15 March 2021, p16, col 1].*

I ask those Members who will oppose the Bill today to search within themselves and ask why exactly it is that they will vote against the Bill. Mr Carroll will vote against it because of the welfare system. That is one of his reasons. The Bill is not about the welfare state. If it is because the Bill is being supported by me, my party colleagues and MLAs from other parties, I urge Members who are thinking in that way to ignore the messengers but hear the message. The Bill is not about the politicians who support it.

The Bill is about the people in our society who live with non-fatal disabilities and want to feel valued. It is people like Heidi and those families who have told us that the current law is stigmatising, dehumanising and devaluing. Today, we have an opportunity to tell the people who are campaigning for this Bill that we do value them and that their life has meaning and worth.

### 1.30 pm

I will address the amendment tabled by the deputy First Minister that was unable to be selected for debate. While I disagree with the need for that amendment, I welcome that the deputy First Minister and her party signalled that they support the main clause of the legislation by tabling that amendment. All we disagree on is when the protection for people with non-fatal disability should be brought into force. That position is in line with the amendment that Sinn Féin brought to the original motion that was before the Assembly.



That amendment would have led to a motion being passed in the Assembly that stated:

*"That this Assembly welcomes the important intervention of disability campaigner Heidi Crowter and rejects the specific legislative provision in the abortion legislation which goes beyond fatal foetal abnormalities to include non-fatal disabilities, including Down's syndrome."*

Sinn Féin has an opportunity to vote for the position that it has expressed support for. I urge the deputy First Minister and her party to join me and others, from across all parties in the Assembly, in declaring that disability discrimination has no place in Northern Ireland and voting to bring in this change to the law. The Bill is supported across the House, and I welcome that. We create a better Northern Ireland when we work together.

The message that the support from across the parties in Northern Ireland has sent to people with disabilities and campaigners has not gone unnoticed. I want to put on record my thanks and appreciation for the support that we have received from members of other parties. I ask Members once again, from right across the Assembly, to send out a message that we care. We want to make this place a home where everyone can feel that they belong and are valued. I urge Members to support the Bill.

**Ms S Bradley:** First, I thank Paul Givan, now our First Minister, for being the primary sponsor of the Bill, but I also thank Christopher Stalford for stepping up and making sure that this important legislation makes it through to the next stage of the process. In doing so, I also recognise that the crux of the Bill is about setting a person with a disability on the same legal footing as everyone else. If or when I see blatant discrimination — as I do in this case — I, like every other Member of the House, have a duty to recognise it, call it out and stop it.

For the sake of this debate and to give some simplicity to the matter, I looked up the dictionary definition of discrimination. It states:

*"treating a person or particular group of people differently, especially in a worse way from the way in which you treat other people, because of their skin colour, sex, sexuality, etc".*

In this case, we are talking about a person's disability. When I put the question to myself, given that the task of this Bill is to eradicate that discrimination, I felt compelled not just to

support the Bill but to take action to help it proceed.

I also looked back, and I will quote a man I hold in very high esteem and use as a guiding light for many of the principles in life, no less a man than John Hume. When John Hume delivered his Nobel Peace Prize lecture, he said:

*"Difference is an accident of birth and it should therefore never be the source of hatred or conflict. The answer to difference is to respect it. Therein lies a most fundamental principle of peace".*

John Hume had the wisdom to see that we need to recognise people and their differences and embrace them. Only with that can we be at peace with ourselves and together as a community. It is through that lens of wisdom that I will be asking myself, "Does the language in the Bill discriminate against those people who have a disability?" I will read the language in the Bill, because there has been a lot of conflated debate around what exactly we are trying to achieve today.

The Bill reads:

*"if the child were born, it would suffer from such physical or mental impairment as to be seriously disabled."*

We have taken a set of children who have not been born, and the Bill segregates and separates out those children who may have, or be born with, a mental or physical disablement. Surely that is the definition of discrimination. Members may find comfort in trying to conflate this and make it about a lot of other issues to pad out and, probably, hide their blushes, but I tell everyone in the House that I see it as discrimination, I recognise it and I will play my part in making sure that this Bill makes it through to the next stage so that I can look every person in the eye and say, "Whether you do or do not have a disability, you are an equal member of our society".

**Ms Bradshaw:** I rise to support the opposition to clause 1 and, indeed, clause 2 standing part of the Bill. I am opposed to the Bill for a vast range of reasons, including, technically, its incompatibility with the law as passed by the UK Parliament and with the UK's international human rights obligations under CEDAW. However, in the end, I come back to one practical and fundamental reason: that the best person to choose whether to proceed with a pregnancy is the woman herself, with the advice of medical professionals with decades of

experience in this field. These decisions should be based not on legal documents but on human sentiment and knowledge. I want to place on record, at this point, that when I talk about women, I include pregnant people. I fully acknowledge and support the right of those in the trans community to access reproductive healthcare provision in Northern Ireland.

Although I disagree with them profoundly, I can see why, on the grounds of moral conscience, based on religious doctrine, people may be uncertain about this Bill. What I cannot understand is why anyone who agrees with me on the fundamental point that the best person to choose whether to proceed with a pregnancy is the woman herself would not instantly outright oppose a Bill with the clear and single intent to tamper with that choice. No one who tweeted "trust women" or told us how women should never again be exiled to Great Britain to seek healthcare should pause even for a moment before opposing this Bill outright. On top of that, it is hard to see how anyone who has prioritised human rights and, indeed, a bill of rights as a central part of our future would delay for one moment before opposing a Bill that fundamentally breaches them.

I made a statement in the Assembly in March this year ensuring that we would hear from the human rights experts around this proposed legislation. It was entirely right to establish the human rights issues, and anyone who is serious about rights-based approaches and a bill of rights must then legislate accordingly once the human rights issues have been established.

I thank the Northern Ireland Human Rights Commission for its written and oral evidence to the Assembly, including its definitive reminder that CEDAW identified through its inquiry that the old law created "grave and systemic violations" of human rights for women in Northern Ireland. Likewise, Amnesty International highlighted the fact that the CEDAW inquiry concluded:

*"A restriction affecting only women from exercising reproductive choice, and resulting in women being forced to carry almost every pregnancy to full term, involves mental or physical suffering constituting violence against women".*

Amnesty International also advised the Committee that international treaty bodies have consistently found that denying access to abortion, including in cases of severe fetal impairment:

*"undermines women's reproductive autonomy and violates their rights to privacy and equality, alongside their rights to life, health, and freedom from torture or ill-treatment."*

All human rights are balanced, but those who prioritise rights-based approaches should note well that the chair of the UN Committee on the Convention on the Rights of Persons with Disabilities, Theresia Degener, in 2008, stated:

*"Disability rights and gender equality are two components of the same human rights standard that should not be construed as conflicting".*

She also noted that using the convention in any effort:

*"to restrict or prohibit ... access to safe abortion ... constitutes a misinterpretation of the Convention on the Rights of Persons with Disabilities."*

The UN convention that is of relevance to the Bill is, of course, the Convention on the Elimination of All Forms of Discrimination against Women, which was adopted by the UN General Assembly in 1979. It has applied in the UK since 1986, and I make particular reference to the 'Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women' in 2018. Therefore, in order to be compatible with international human rights standards, those who prioritise human rights, a bill of rights and making rights-proofing a fundamental part of our legislative process will surely want to be assured that the Bill is compatible with the recommendations of the CEDAW report, as contained in paragraphs 85 and 86; yet no such assurance has been received. The Northern Ireland Human Rights Commission specifically stated that the legislation is clearly "contrary" to the required human rights standards.

At this stage, I add that it is not just women's rights, including the right to access healthcare and to make choices for their health and well-being, that are at issue here; the evidence that we have received at Committee and elsewhere clarified that social and economic rights are at issue. For example, given that the Bill is silent on access to screening, those with means and money will be able to go private, but those without will not, resulting in a clear reinforcement of inequality. It has also been well established that the Bill will lead not to

fewer abortions but to more travel for abortions. That is much harder for those without the means. The Bill clearly reinforces a socio-economic imbalance, particularly against women. Anyone who seeks to emphasise the need for socio-economic rights as an absolute political priority will surely oppose the Bill instantly.

At this time, I am more concerned than ever about the implicit and, sometimes, explicit attacks on medical professionals, which has formed part of the promotion of the Bill. Some have been, rightly, disgusted at the claims that have been made, and I tried to make an intervention during the First Minister's contribution on this point. I place on record the response from Dr Manderson to the Health Committee when I asked him about the potential for doctors here to coerce women into abortions for a cleft lip or a club foot. Those claims were made not only today but the last time that we debated the Bill in the Assembly. He said:

*"That is completely untrue. It is very far from the truth. No baby would have a termination for a cleft lip, a talipes or an isolated single defect like that. The problem may be a misinterpretation of figures. People do not realise that, when you have babies with severe fetal abnormality, they have a mixture and complexity of conditions, possibly involving their brains or hearts and, on top of that, they may have a cleft lip or a talipes of their foot. ... We refute that accusation. We are a caring and compassionate group of people. We are trained to a high level and are trying to manage difficult situations".*

It is, therefore, worth reading into the record the academic background and credentials of those medical professionals who work in that field and support women facing those diagnoses. At Committee, we heard that, after years of studying for their medical degrees and time spent as junior doctors, it takes nine years to become a consultant in the field of obstetrics and gynaecology, then there is a three-year training programme to become a specialist in fetal medicine, followed by one year of research and two years of working in a fetal medicine subspeciality. Some go on to do a doctorate in the field, which takes another four years. On top of that, we heard that the UK is a world leader in fetal medicine. Those working here attend yearly events and meetings and seek to learn and exchange information as medical evidence emerges and is peer-reviewed across Great Britain, Ireland and around the world, not only in that subspecialism but in pathology,

psychology, neuroradiology, paediatrics, cardiology and so on. Many of the trainees who are based here will train in London, Dublin and across the world and then bring that expertise back here. As I pointed out, they are highly specialised and committed to that field of medicine.

The Bill sponsor likes to ignore the professionals but I do not.

**1.45 pm**

**Mr Stalford:** Would the Member be prepared to give way?

**Ms Bradshaw:** Yes, I would. Sure.

**Mr Stalford:** I am grateful to my constituency colleague for giving way. In a joint statement, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Society of Radiographers and the College of Radiographers acknowledged:

*"Some parents whose babies have been identified as having a higher chance of Down's syndrome, Edwards' syndrome or Patau's syndrome, and who have decided to continue with the pregnancy, have reported being asked repeatedly if they want further diagnostic tests or an abortion.*

*They report having their decisions challenged and being pressured into changing their minds."*

Those are your experts.

**Ms Bradshaw:** Thank you for the intervention, but we had the Royal College of Obstetricians and Gynaecologists at the Health Committee and we put those questions to them. I have outlined how they refuted that allegation. I was really impressed, and I hope other Health Committee members were equally impressed, by their professionalism and dedication to their field of medicine. They were absolutely affronted that anyone in the Chamber would accuse them of trying to coerce anyone into having an abortion.

I will move on. The Bill sponsor likes to ignore the professionals, but I do not. For example, let us consider what the Royal College of Obstetricians and Gynaecologists had to say on the issue:

*"Removing these provisions in law will ultimately prevent a patient-centred,*

*individualised approach to care for women who may already be distressed, ignore the clinical complexity of severe fetal impairment and result in women travelling to Great Britain to access healthcare."*

The British Medical Association noted that the legislation:

*"could have a chilling effect on the ability of doctors to make clinically indicated decisions in conjunction with their patients".*

That does not sound like coercion to me. Consider these words carefully: it will prevent a patient-centred approach for distressed women, ignore clinical complexity, essentially prevent medical professionals from doing their job and result in women travelling for health care. Whatever the objectives of the Bill, those would be the outcomes if it became law.

I am grateful to Dr Hunter, who provided the Committee with the example of one of her patients whose first baby died in utero at 26 weeks. She was then forced to travel to England when she was told that her second child had a serious brain abnormality and would have no quality of life. How tragic was that?

I will now look at the recent case that was courageously brought by Heidi Crowter. I appreciate her contributions to the Health Committee, because they gave a lot of focus to our deliberations. The Bill sponsor and others ignored the outcome of that court case, of course. It was noted in the judgement that the legislation already requires an opinion to be, "formed in good faith". That means that the opinion is based on literally decades of training and practice, as I have already outlined, and specialist expertise. It was also made clear that it was misleading that cleft palate, for example, would suffice for an abortion after 24 weeks. Again, I already demonstrated that that would not happen here. The test, to repeat, is good faith. By ignoring the judgement that was approved by the court and handed down in this case, the Bill sponsor continues to ignore some essential but basic points. I quote from the Royal College of Obstetricians and Gynaecologists:

*"Precise definition" —*

— that is, of fatal abnormality —

*"is impractical for two reasons. Firstly, sufficiently advanced diagnostic techniques capable of accurately defining abnormalities or of predicting the seriousness of outcomes*

*are not currently available. Secondly, the consequences of an abnormality are difficult to predict, not only for the fetus in terms of viability ... but also in relation to the impact in childhood as well as on the family into which the child would be born."*

I quote again from the Heidi Crowter judgement:

*"it is important to bear in mind that Parliament gives a choice to women; it does not impose its will upon them. The evidence before the Court powerfully shows that there will be some families who positively wish to have a child, even knowing that it will be born with severe disabilities. But the evidence is also clear that not every family will react in that way. ... the ability of families to provide a disabled child with a nurturing and supportive environment will vary significantly."*

Yet, the Bill is silent on helping families to provide that nurturing and supportive environment. It offers no support at all for women who opt to proceed with the pregnancy; it simply removes their choice, and then says, "You're on your own".

We are now clear that many issues around disability rights have been legitimately raised by Heidi Crowter and others, but those apply primarily to providing support for pregnant women, not to removing their choices. The Bill sponsor has known that since the court judgement in September, but he has opted to do nothing about it in the Bill. Most of all, it will not reduce the number of women seeking healthcare. It will just make it more difficult for them to do so, including having to travel to Great Britain, and the Chair of the Health Committee clearly laid out some of the systemic and economic barriers that many women will face, not least when in a very distressed state.

Members will also need to be clear about the consequences of this. We will not reduce the number of abortions; we will simply increase the struggle faced by women. Again, I ask those who were only too keen to tweet about trusting women whether they are content to allow a Bill to pass, the main effect of which will be to force women to take action rather than support them.

I will move on to disability. What bewilders me, and should bewilder all of us, is why a Bill that is supposedly about disability rights and ensuring that people with Down's syndrome are equally valued focuses solely on abortion regulations. It is because the Bill is not really about disability discrimination. If it were, it

would have taken a very different form. For example, not once has the Bill considered pregnant women who themselves may be disabled. The Bill sets out to pit disability rights against women's rights in a divisive way rather than recognising that they are part of the same human rights standard.

The CEDAW chair, whom I have already quoted, added:

*"I am very concerned that opponents of reproductive rights ... often actively and deliberately refer to disability rights in an effort to restrict ... women's access to safe abortion".*

Of course, there was no consultation on the Bill, and we can guess why that was. Perhaps it was to avoid actually hearing from disabled people who see the Bill for what it is: one about restricting women's rights and nothing else. As the Women's Resource and Development Agency put it:

*"Disabled people are a broad group with a diverse range of views. Please do not use disability only when it suits your agenda".*

I suggest that that is the nail hit firmly on the head.

I will turn to medical screening. The Bill, mysteriously, was not subject to formal consultation, and that means that there was a lack of consultation with medical professionals, who made their views clear to the Health Committee but whose views, as I noted earlier, continue to be ignored by the Bill sponsor. With regard to screening, had either Bill sponsor consulted the Royal College of Obstetricians and Gynaecologists, they would have been told, even before the judgement in the Heidi Crowter case, that we do not have:

*"sufficiently advanced diagnostic techniques to detect malformations accurately all of the time and it is not always possible to predict the 'seriousness' of the outcome".*

That issue has arisen south of the border, where women have been ostracised for seeking abortions where the outcome is likely to be fatal but has not been determined as such by specialists for fear of being charged with breaking the law. I am grateful to the Abortion Rights Campaign for the insight that it provided to the Health Committee on the experiences of women in the Republic of Ireland due to how the abortion laws there are construed and limited. Ms Stonehouse advised that 85% of

women who received a complex neonatal diagnosis had to travel to England.

It is noteworthy that, when asked questions in Committee about screening, the Bill sponsor had nothing to say about it. This is an important

—  
**Mr Stalford:** Will the Member give way?

**Ms Bradshaw:** Go ahead.

**Mr Stalford:** If I recall correctly, during my appearance in front of the Committee, you commenced your contribution by saying, "I do not really have a question as such to ask", and then delivered a speech to me. I do not recall you ever asking me a question at my Committee appearance.

**Ms Bradshaw:** Likewise, I do not remember you offering any alternatives or amendments to the screening process here.

This is a practical and important issue, and screening is carried out by NHS England earlier than it is carried out by trusts in Northern Ireland: namely, at around 12 to 14 weeks as opposed to at around 20 weeks here. There is potential here for women not to be adequately informed about what is to follow and how to prepare, and, as I have already noted, that creates a differential impact depending on means. In other words, the Bill exacerbates an existing problem rather than seeking to solve it, and it creates a clear inequality without acting to tackle it. Furthermore, the professionals pointed out that effectively forcing a 23-week limit on abortions in certain circumstances may lead to more abortions taking place, not fewer. Neither proposer has considered that at all, yet it should be obvious. If either proposer wants to come in at this point, I am happy to take an intervention.

We should not be forcing women to make life-changing decisions in a rush. There is limited support for those who choose to continue such pregnancies, and the Bill does nothing about that. With limited support, what decisions are likely in such a scenario?

Let me reinforce the point. The blunt reality is that the best people to judge what to do in the case of a difficult diagnosis, weighing up the full impact, are the women, taking advice from the professionals in a multidisciplinary team of experts. That reinforces how the Bill fundamentally attempts to interfere with the woman's right to choose, forcing her to do

something rather than supporting her to make a decision.

In the end, it is simply inevitable that the Bill will limit women's choices and condemn them to ostracisation. Many, for fear of not having adequate support to continue with the pregnancy, will choose to travel. That is the blunt outcome of this legislation. Women will have less support, and there may well be more abortions. Worst of all, we will have women having to make difficult choices without adequate support. Do we want the days of exiling women to continue after all? That point was very forcibly made by Alliance for Choice, which said:

*"Reintroducing criminalisation does not do anything to change the shame associated with effectively being disowned by Northern Ireland because of your pregnancy choices."*

Dr Hunter talked about the grief and guilt, on top of that shame, that are felt by women receiving the diagnosis. She said:

*"they feel such guilt. To make that guilt worse by saying, 'And, by the way, in Northern Ireland, you cannot access abortion. You must carry on with the pregnancy, or you will have to travel' is horrendously awful."*

I get angry even thinking that the Bill will, into the future, force women to make that lonely and desperately sad journey.

I ask all Members to consider carefully the practical impact of the Bill as presented by the medical professionals, Alliance for Choice, Alliance for Choice Derry, women's groups and the legal experts. The Bill is not about disability; it is about abortion. It will, however, lead not to fewer abortions but to less support for women in their time of need.

I acknowledge the sterling work of Informing Choices and healthcare professionals and leaders across the health and social care trusts in stepping up to support women when those in positions of power did not.

**Mr Speaker:** I thank the Member for her contribution. Question Time begins at 2.00 pm. The debate will continue after Question Time, when the next Member to speak will be Michelle O'Neill. Members should take their ease for a moment or two.

*The debate stood suspended.*

2.00 pm

*(Mr Principal Deputy Speaker [Mr Stalford] in the Chair)*

## Oral Answers to Questions

### Infrastructure

**Mr Principal Deputy Speaker:** Questions 3 and 4 have been withdrawn.

### Cycle Schemes: Belfast and Ballymena

1. **Mr Lyttle** asked the Minister for Infrastructure whether cycle schemes in Belfast and Ballymena, proposed by her Department, will adhere to the 'Cycle Infrastructure Design' manual, local transport note (LTN) 1/20, in relation to the separation of cyclists and pedestrians on urban streets. (AQO 2921/17-22)

**Ms Mallon (The Minister for Infrastructure):** I have made clear my desire to change the way in which we use our roads and streets in order to ensure that they work for the whole community, residents and businesses alike. Providing safe routes that give people the freedom and confidence to walk, wheel and cycle as part of their everyday routine is an important way in which to achieve higher levels of active and sustainable transport and fewer car journeys.

LTN 1/20 emphasises that separated cycling space should be prioritised, and that is the kind of quality infrastructure that I want to see introduced. It also indicates:

*"A well-constructed shared use facility designed to meet the needs of cycle traffic — including its width, alignment and treatment at side roads and other junctions — may be adequate where pedestrian numbers are very low."*

I appreciate that this is a source of frustration for many, but the reality is that the delivery of schemes takes a number of years to develop, owing to consultation, design of services and the acquisition of land.

The challenge that we face in Northern Ireland is that we are moving from a situation in which there is little infrastructure to one in which we will have the best-quality infrastructure. It is not always possible to do that in one step. Although

providing a wide shared facility in the short term can be a step in the right direction, I wish to move as quickly as possible to full implementation of LTN 1/20.

**Mr Lyttle:** I thank the Infrastructure Minister for her answer and for her commitment to delivering improved cycle infrastructure in Northern Ireland. I respectfully press her on whether the new schemes in Ballymena and Belfast will include separate cycle lanes that adequately separate cyclists and pedestrians, as per the 'Cycle Infrastructure Design' manual LTN 1/20?

**Ms Mallon:** Two schemes are currently being developed for Ballymena, one of which is the construction of a dedicated cycle path at the Larne Road Link. That is expected to commence in the new year and will provide almost 550 metres of segregated cycle path, with some shared paths linking to it at either end. The second one is the footway/cycleway scheme on the Antrim Road, for which the planned design work is ongoing.

I understand the Member's point. I wish to move to the implementation of LTN 1/20 as quickly as possible. As a demonstration of that, we have put in place new blue-green teams in each of our Roads divisions and created 17 new posts, and those staff are being trained in LTN 1/20. Arrangements are also under way to ensure that as many roads engineers as required receive training. I expect that training to be delivered to around 35 engineers in this financial year. I understand people's frustrations at the pace of change, but we are moving from a very low starting point. I want to accelerate things as quickly as I can.

**Mr Allister:** Has the Minister taken time to review the disastrous scheme that her Department has enforced, without consultation, outside Slemish College in Ballymena, which has removed bus parking bays for hundreds of children who must attend the school by bus? The Education Minister has taken the time to visit the school and has seen for herself the absurdity of the scheme, but the roads Minister is apparently deaf on that and does not even want to see it. Will she address that issue?

**Ms Mallon:** I thank the Member for his question, but I am not the roads Minister. That is an outdated, old-fashioned understanding of the role of the Minister for Infrastructure. What I will say is that I am aware of the concerns — I have expressed this to the Member — about the construction of a new footway and cycleway scheme at Larne Road and the displacement of

parking directly outside the school. The scheme forms part of a larger network of active travel schemes proposed for the Ballymena area. The Member will also know that my Department's officials have been engaging with the school principal and Translink to determine whether any adjustments can be made to bus stop and access arrangements at the school and will continue to monitor the impact of the scheme.

**Ms Ferguson:** Minister, it is very clear that we need protective cycle lanes separate from other traffic to increase safety and to encourage people to take up cycling. I understand, however, that there are no segregated cycle lanes in Derry city and that, although Belfast has a cycling network plan, Derry does not. That is an inequality. Surely the people of Derry deserve proper cycling infrastructure. Will the Minister therefore commit to working with the local council to produce a Derry cycling network plan?

**Ms Mallon:** While we should do much more and invest much more in active travel, as Minister, I am pleased to say that, comparatively, we are investing record levels of money in active travel. Of course we need to do more. I am keen to work with the council. As a result of the COVID pandemic, we brought forward such initiatives in Derry as people-centred place shaping. I am keen to continue to work with local elected representatives and the council to roll out active travel opportunities, be they the Strathfoyle greenway, which I am investing in, or walking or cycling facilities. I am happy to do that.

**Mr O'Toole:** We have heard today that some in the Chamber are still stuck on the idea that roads are the only way to travel. Belfast is one of the most congested cities on these islands; it has some of the worst air quality on these islands; and it has given priority to the car for too long. Will the Minister provide an update on broader plans, specifically pop-up cycle pilot schemes in Belfast?

**Ms Mallon:** Pop-up cycle lanes have been a popular addition to city centre streets across the world, particularly in response to the pandemic. I am pleased to say that I have published the full report of the review of cycle lanes, and I have listened to all of the feedback. That is why I am taking forward measures to make further improvements to active and sustainable travel in that area. I will take forward legislation to introduce a bus lane along the Dublin Road that will improve public transport on the corridor, subject to consultation processes. Work has already begun to restore the second lane,

which will be available to all traffic until the legislative process is completed. I remain committed to enhancing our active and sustainable travel facilities. They allow us to connect communities, improve our health and well-being and, of course, tackle the climate crisis.

## Winter Preparedness

2. **Mr Chambers** asked the Minister for Infrastructure for an assessment of her Department's preparedness for winter. (AQO 2922/17-22)

**Ms Mallon:** I am pleased to advise that the delivery of winter service functions in DFI has been ongoing since 18 October 2021 and will continue until the end of the winter season. As part of planning for the winter gritting programme, my Department ensures that adequate staff resource is available, all winter service equipment is in satisfactory working order and there are adequate supplies of salt. There are also arrangements in place to supplement contracting resource and stocks of salt during the winter period, if that becomes necessary. The Department generally salts the main through roads that carry more than 1,500 vehicles per day. Roads that have difficult topography and carry between 1,000 and 1,500 vehicles daily are also salted in exceptional circumstances.

Preparing for the emergency response to flooding is an ongoing process throughout the year as heavy rainfall can occur at any time, but, as winter arrives, there is an increased risk of adverse weather that could lead to flooding conditions. The Department operates an on-call duty and flooding officer rota system 24 hours a day, 365 days a year, with staff on standby to respond to flooding. That is in addition to routine cyclical inspections. My Department's arm's-length bodies, Translink and Northern Ireland Water, also have response plans in place over the winter months.

**Mr Chambers:** I thank the Minister. I commend all of the Minister's staff who work to keep our roads safe during the winter in probably very challenging conditions, when the rest of us are tucked up in bed. A feature of winter weather, which the Minister alluded to, is localised pooling and flooding on roadways that can prove to be dangerous. Does the Department identify hotspots where that habitually occurs and provide additional gully clearing or longer-term solutions in those areas?

**Ms Mallon:** I thank the Member for his kind words to our staff on the ground. I will make sure that they are fed back to them, and I am sure that they will appreciate his comments.

The Department keeps a close eye on areas of concern, and routine inspections are carried out. In addition, our operational staff, when out and about, carrying out a range of services, feed back any issues that need to be examined and rectified. That is ongoing.

Gully cleaning is a very important service that is carried out by my Department. Of course, I would like to do much more on a range of services, but, unfortunately, due to budget cuts that were imposed on the Department a number of years back, services have had to be reduced. That is not just disappointing but counterproductive. I continue to make the case at the Executive for the allocation of increased funding to the Department for Infrastructure so that it can carry out the services that are so critical to communities and businesses across Northern Ireland.

**Ms Kimmins:** I echo the comments of the previous Member in paying tribute to the staff.

Minister, probably one of the biggest issues that we as MLAs get on winter preparedness is around roads leading to schools that are not included on the gritting schedule. As examples in my constituency, I think of the Tullyah Road in Belleeks and Chapel Road in Meigh. Has the Minister considered adding important roads like those that lead to primary and secondary schools, particularly in rural areas, to the winter gritting schedule and looking at the policies around that?

**Ms Mallon:** The current policy is to salt main through routes carrying more than 1,500 vehicles a day and other busy through routes carrying more than 1,000 vehicles a day where there are specific difficulties such as steep hills. The current policy means that 28% of the road network is salted, and that serves 80% of daily traffic across the North. I would like to do much more when it comes to our winter gritting service, but, if we were to increase that to, say, 90% or 100% of our network, we would double the cost of winter service to £14 million or quadruple it to £28 million. That is just not financially feasible. To try to address difficulties with roads that are not on our salting network, we are happy to provide grit boxes. We have provided over 5,600 grit boxes across the North, and we have provided 63,000 grit piles; I know that a number of those are located at schools. If the Member has schools that she is concerned about, for example where grit piles



have not been provided, I am happy to consider a request.

**Mr Blair:** I also associate myself with the gratitude expressed for those working in severe weather conditions.

Separate to that, in relation to the increased occurrence of extreme weather, what contingency measures is the Department putting in place to deal with any future storms that may be as bad as or worse than those seen recently?

**Ms Mallon:** The Member is right to highlight the increasing severity of the impact of the climate emergency, which leads to extreme weather events. With storm Barra, the most recent storm that we have had to experience in Northern Ireland, my Department received 571 high-priority enquiries, 247 of which related to fallen trees and branches causing an obstruction on roads. Of course, my Department works closely with the Met Office to identify periods of extreme weather, making sure that we have all the plans and preparations in place. Obviously, we work with our partners across emergency services and other Departments and with communities to try to ensure that we can be as prepared as possible. Of course, if we are not serious about tackling the climate emergency, regrettably, extreme weather events will become more and more frequent.

**Mr Principal Deputy Speaker:** Questions 3 and 4 have been withdrawn.

## Regional Strategic Transport Network Transport Plan

5. **Mr Storey** asked the Minister for Infrastructure when she will publish the regional strategic transport network transport plan. (AQO 2925/17-22)

**Ms Mallon:** My Department is currently developing the new regional strategic transport network transport plan (RSTNTP), which will set out priorities for investment in our road, rail and inter-urban limited stop bus network, including park and ride, through to 2035. Since coming into office, I have been clear that it is my priority to address regional imbalance, tackle the climate crisis and better connect communities across our island. It is essential that we get the new RSTNTP right, and I expect to publish a draft RSTNTP for public consultation when the work has been completed and I have had time and opportunity to consider it. Following that, I would welcome representations from Members,

stakeholders and communities, and I will use the feedback received to inform any final decision on the content of the final plan.

**Mr Storey:** The difficulty, Minister, with the answer that you have given today is that it is a repeat of what we have heard for the past number of months. All we get is, "We are planning to do this", and, in fact, in one answer to another Member, you said that you intended to publish a draft plan for public consultation late in 2021. We are getting pretty late now. Can the Minister assure me that the delay is not to ensure that road networks that are priorities will be treated in a way that is unfavourable? For example, the A26 north of Glarryford in my constituency of North Antrim and junctions such as the Kirk Road and the Knock Road need to be seriously addressed to improve safety and improve the experience of road users.

Minister, I conclude by paying tribute to your staff —

**Mr Principal Deputy Speaker:** I think the Minister has the point.

**Mr Storey:** — for the work that they do.

**Mr Principal Deputy Speaker:** To be fair, and for brevity's sake, the Minister has the point.

### 2.15 pm

**Ms Mallon:** I thank the Member for the positive comments on staff. I will make sure that they are fed back along with those of Ms Kimmins. Our staff work in communities, and they want to do everything that they can to improve our road network and infrastructure. They operate under difficult financial circumstances, and, sometimes, when Members and members of the public are frustrated, the people who bear the brunt of that are, unfortunately, front-line staff, and that is not fair.

The regional strategic transport network transport plan is a considerable piece of work, and it is important that we get it right, because it will determine the capital projects that come forward for road and rail for a considerable number of years. Officials continue to work on it, and we will consult on it when the work is completed and I have had time to consider it.

The A26 was one of the roads that Mr Storey referred to. I am aware of the tragic accident and the death on Frosses Road, north of the Drones Road roundabout. I understand that the accident is still under investigation by the police, and I hope that the Member will

understand that it would be inappropriate for me to comment further at this time, but I want him to know that I am very conscious of it.

**Mr Beggs:** Previous regional road network plans have highlighted the York Street junction as a key failing. Will the Minister advise us of when we will learn of the new plans and concept for it? How will the congestion and pollution that occur there be addressed?

**Ms Mallon:** I reassure the Member — he will nod; he does not need me to rehearse it — that I want the scheme to work for those who will use it and those who live around it. I want to ensure, as we all do, that capital schemes of such significance are future-proofed. I accepted in full the six recommendations of an assurance review, and work is ongoing to maximise ambition on what can be delivered for communities, connectivity and the wider Living Places agenda. I expect to receive the report this month. That will allow me to quickly identify next steps.

I reassure Members that I recognise the strategic importance of the scheme, but I want to make sure that it is the right scheme, as I said, for those who use it and for the communities who live around it. They have been completely separated. I would argue that the Westlink in its current format has caused harm and detriment to the communities who live around it. I am keen to receive the report and to move the project forward, but I want to make sure that we move the right project forward.

**Mr Catney:** In light of the regional strategic transport network transport plan, Minister, will you provide an update on the major roadworks that are under construction? Off the back of that and regarding the Knockmore link, which is in my constituency, is it a good time to feed into the plan to get the railway open from Antrim to Lisburn?

**Ms Mallon:** I know that the Member has been a tireless campaigner for that stretch of our rail network, and those issues will be considered as part of the regional strategic transport plan, but he will also be aware of the all-island strategic rail review. The review will look at the existing rail network to see how it can be improved, at where new rail connections should be provided and, importantly, at rail connectivity to our international gateways — ports and airports — and at the potential of the rail network for freight. There will be a lot of new opportunities for people to engage in that process. I was pleased to announce, with Minister Eamon Ryan, the public consultation phase of the all-

island strategic rail review, and I encourage Members to feed into that.

Ongoing major works include those that continue to progress on the A6, which has one of our largest ever construction projects on site. We are working on a number of flagship projects, because we are keen to continue to progress those and to keep pushing them forward. That is why I am pleased that we will, I hope, move to multi-year Budgets, because that will give greater certainty to the Minister for Infrastructure in driving forward capital projects. I just hope that we get sufficient resource allocation to ensure that we can deliver on those big capital ambitions.

**Mr Muir:** The plan is crucial, yet, just a few weeks after COP26, the Infrastructure Committee received a letter from the Finance Minister in which he shrugged his shoulders at the financial plight of Translink and the need to invest in public transport. He stated that steps must be taken by the Department for Infrastructure and Translink to put the latter's finances on a more sustainable footing. What will the Minister do if the Finance Minister continues to shrug his shoulders at the issue?

**Ms Mallon:** The Member raises a very important and concerning issue. The Finance Minister is very quick to point out, and rightly so, the financial support that was provided to our publicly owned public transport network in the face of COVID, given that passengers numbers, and therefore income, were decimated. However, I am becoming increasingly concerned at the Finance Minister's push for cuts to our public transport network, because Translink has delivered a number of efficiencies and it did so during COVID too.

I have heard very passionate calls from Members from across the House for the expansion of the public transport network, which means the expansion of our bus and rail networks. However, I have to be honest with people: I share that ambition, but I am battling to ensure the survival of our existing public transport network. That is not good for connecting communities, it is not good for tackling regional imbalance and it is certainly not good for tackling the climate crisis.

**Mr Boylan:** Minister, the Committee for Infrastructure carried out an inquiry into the decarbonisation of the transport network, and one of its recommendations was the development of a green transport policy. Given the important role that rail plays, is there an

opportunity for new rail connections and extensions under the new transport plan? The Minister will be aware of the feasibility study into the Portadown to Armagh railway link. Are there any opportunities for links like that under the regional strategic transport network transport plan?

**Ms Mallon:** I thank the Member for his question. As he rightly identified, I provided funding for a feasibility study into the Portadown to Armagh railway link. I am also getting phase 3 of the Derry line back on track and the all-island strategic rail review has gone out for public consultation. I was very heartened by the Committee's report on decarbonisation, and I agree with the Member that rail has a really important role to play in that.

I must go back to the point that I just made. We are battling to maintain existing transport links in our publicly owned public transport network. Those concerns will materialise if we do not receive a sufficient allocation in the January monitoring round. My focus is on making the case to the Finance Minister and others to ensure that we get sufficient funding to protect our existing public transport network. However, I will not apologise for being ambitious about the growth of the network, and so I will look to Members across the House to support the Minister for Infrastructure, put aside party politics and support bids to ensure that we not only maintain the public transport network on which so many of our citizens rely — including those who cannot afford cars — but grow it.

## **A5 Western Transport Corridor: Update**

6. **Mr T Buchanan** asked the Minister for Infrastructure for an update on the proposed A5 western transport corridor. (AQO 2926/17-22)

**Ms Mallon:** I can confirm that work continues at pace on the development of the A5 western transport corridor project, which I acutely recognise is of significant strategic importance to the region. The project will help to tackle regional imbalance, improve the economy, improve job prospects and prosperity, connect communities and improve road safety. Following receipt of the interim report from the Planning Appeals Commission (PAC) on the public inquiry that was held during 2020, officials have been working on the development of a new environmental statement addendum for consultation. It is anticipated that the public inquiry will then be reconvened next year, as recommended by the PAC. Receipt of the PAC's final report from the inquiry should then

allow a new ministerial decision to be taken. Subject to the successful completion of the necessary statutory processes and environmental assessments, the construction of phase 1A, New Buildings to the north of Strabane, can commence. In recent years, the programme for scheme delivery alluded to there being full scheme completion by 2028, and, although some slippage has occurred, that time frame remains achievable

**Mr T Buchanan:** I thank the Minister for her response. Minister, last week we saw another fatality on that road. Another year has passed, hundreds of thousands of pounds have been spent and not one sod has been turned on that road. We are talking about more environmental statements and more delays. Will you give the House some indication of when work will start on-site? We have all those statements coming forward, but the project seems to be getting pushed back into the abyss. Give us some indication of when the work will start and when we will see diggers on-site.

**Ms Mallon:** I understand the Member's frustration with the project, and I share it. I am particularly frustrated by the fact that the second public inquiry gave the green light to the A5, but, unfortunately, we had no Minister in place to take the work forward. That is why we had to go to a third public inquiry, which, quite unexpectedly, delivered an interim report, not a full one. In order to move things forward, however, and complete all the statutory processes in the quickest possible time frame, we have accepted the recommendations.

Officials are working hard to get the work completed and go out to public consultation so that they can go to a reconvened public inquiry next year. The Minister for Infrastructure has no authority over when a public inquiry can be held. That is a decision for the inquiry, not my Department. As I said, however, the programme for scheme delivery is still on track for 2028. It is still achievable. Certainly, that is the time frame that, I have said to my officials, we need to work to.

**Ms Brogan:** Minister, the A5 is a hugely important flagship project. It is really important for the people of west Tyrone. The delays to the project are really frustrating for them, because they use the A5 so frequently. With the public inquiry set to reconvene next year, if there is a positive outcome, will your Department be properly prepared to finally see the vital project commence?

**Ms Mallon:** It is a hugely important project. It is a strategic project, given that it is a strategic corridor. It is also key in tackling regional imbalance, and, as other Members have stated, there are huge road safety concerns that would be addressed by the road's construction. My officials are therefore working at pace to complete all the statutory processes. That work is ongoing. As I said, it is frustrating that it has been subject to legal challenge on so many occasions and that, when there was a green light at the second public inquiry, there was no Minister in place to push it forward. We are where we are now, however, and I am keen for my officials to continue to work at pace. I hope that we can get an expedited date for a public inquiry so that we can move through to construction of that really important road.

**Mrs Barton:** Minister, the interim commissioner's report said that the Ballygawley to Aughnacloy section of the A5 could not be justified as the traffic volumes would not justify dualling. Will you take the commissioner's advice and prioritise sections such as the Omagh bypass and the Strabane bypass so that planning permission can be granted and work can commence to improve the A5?

**Ms Mallon:** I thank the Member for her question. The original scheme put forward through the North/South Ministerial Council in 2007 was for a dual carriageway from New Buildings to the border at Aughnacloy. The A5 dualling project is also recognised by the Executive as a flagship project and is a commitment of the Executive and the British and Irish Governments in New Decade, New Approach.

The Member is right that, in its interim report on the public inquiry, the PAC took the view that there is an obligation on the Department, in its role as a statutory decision maker, to consider reasonable alternatives to the proposed scheme. That means that I have to examine matters such as the extent to which town bypasses and selected improvements to the existing A5 will meet or fail to meet the overall aim and objectives of the dual carriageway scheme. I have instructed my officials to carry out and then publish that assessment as part of the new environmental statement addendum in accordance with the PAC recommendations. The focus for me, however, has to be on completing all the statutory processes, getting the project back to a reconvened public inquiry and then moving through, as quickly as possible, to construction.

**Mr K Buchanan:** Minister, on the theme of western transport, you were very welcome last week in Cookstown at the launch of the preferred route for the A29 bypass. I presume that your officials are still in the phase of engagement and providing solutions. I have some concerns about Killymoon Castle, a castle built in the 1600s that has no pedestrian access. I appreciate that this is an early stage, but it is good to put concerns on the record. We talk about walking and about blue-green matters: it is important that a place such as that, where people go walking, have access.

**Ms Mallon:** I thank the Member for his comments. I had a very warm welcome in Cookstown and was pleased to go to the public information days. They were about trying to get the public's views on the proposed Cookstown bypass.

I am aware of local issues and concerns. The Member raised one of those concerns. The Killymoon golf course is another, and my officials have engaged closely with the club. I am happy for my officials to meet the Member to talk through his concerns about the matter.

**2.30 pm**

**Mr Principal Deputy Speaker:** Dr Archibald, I am afraid that there is time for only one question and one response.

### **North-west Transport Hub: Railway Line to Belfast**

7. **Dr Archibald** asked the Minister for Infrastructure what plans she has to improve the railway line from the north-west transport hub to Belfast. (AQO 2927/17-22)

**Ms Mallon:** I am ambitious for our rail network and keen to do all that I can to explore how to progress rail improvements within the budgetary envelope that is available to me. Rail has huge untapped potential to deliver multiple benefits across our island, particularly in tackling regional imbalance and the lack of connectivity in the north-west.

The Member will know that, in June 2020, I commissioned a feasibility study to get phase 3 of the Coleraine to Derry project back on track. The feasibility study has been completed, my officials are engaging with stakeholders, and a business case for that work is being prepared. I have commissioned additional studies to explore the possibility of a half-hourly service from Derry to Belfast, as well as providing

additional halts at Ballykelly, Strathfoyle and City of Derry Airport/Eglinton.

I feel obliged to say that I am concerned that so much of the financial focus has to be on maintaining the current public transport network. The outcome of the October monitoring round was disappointing. I hope that that situation will be addressed in the January monitoring round. I reassure the Member, however, that I will continue to make the case for investment in our public transport network and in rail in particular.

**Mr Principal Deputy Speaker:** We now move on to topical questions.

### **Road Resurfacing Schemes: Western Area**

T1. **Mr T Buchanan** asked the Minister for Infrastructure, following the shambles that her Department made of the procurement of a number of road resurfacing schemes in the west, to provide an update on the 29 road resurfacing schemes in the Fermanagh and Omagh District Council area and the 24 schemes in the Derry City and Strabane District Council area. (AQT 1911/17-22)

**Ms Mallon:** I thank the Member for his question. I do not have the specifics on the two areas that the Member has highlighted, but I am happy to provide that information in writing. I will, however, take the opportunity to give a more general update on how we are working to address that problem.

The Member will know that, earlier this year, the Department received legal challenges preventing the award of resurfacing contracts in four council areas. My statement to the House on 15 June 2021 indicated that officials were working at pace to develop an interim procurement strategy for resurfacing contracts consisting of term contracts supplemented by one-off contract packages. Following a pre-market engagement exercise that took place over the summer, that strategy has been finalised.

The strategy consists of four phases, with six new term contracts in each. I am pleased to announce that my Department published the first phase for tender on 19 November 2021, and that includes the majority of the four areas affected by the legal challenge. The Department anticipates being in a position to award the contracts next month, which will allow much-needed resurfacing to resume in those areas.

Work on the next phase of term contracts is at an advanced stage, with this and subsequent phases to follow at three-month intervals. In addition, two one-off contract packages are being tendered, and others are being prepared.

**Mr T Buchanan:** I thank the Minister for that answer. Will the schemes be completed prior to the end of the financial year? If not, will the money that is allocated to them have to be returned?

**Ms Mallon:** At this stage, I cannot give an assurance that all of those schemes will be completed by the end of this financial year, but we are working hard to do as much as we can. I reassure the Member that I doubled the funding allocated to the rural roads fund this year. The Member may be aware that we allocated £10 million to that last year. I have allocated £15 million to it this year, which is the highest level of funding yet to be allocated to a specific rural roads initiative. I reassure the Member that none of that work is affected by the legal challenges.

**Mr Principal Deputy Speaker:** Ms Carál Ní Chuilín is not in her place. Ms Claire Sugden has withdrawn her question.

### **Lough Neagh Partnership**

T4. **Mr O'Dowd** asked the Minister for Infrastructure [Inaudible] she or her officials have had with the Lough Neagh Partnership recently. (AQT 1914/17-22)

**Ms Mallon:** I have been in receipt of a number of items of correspondence about that issue, and my officials have met the partnership on a number of occasions. I also wrote to Minister Poots recently on the matter, given the limited remit that my Department has and the contribution that his Department can make. I am keen that we take a partnership approach to the range of issues that affect our communities.

**Mr O'Dowd:** Minister, I welcome your commitment to partnership working on Lough Neagh. You will be aware that it supplies 40% of the North's drinking water. It has huge tourism and economic potential, neither of which has been properly developed because of a lack of partnership working across a number of Departments. Will you undertake to pursue that work and to consider including Lough Neagh as part of Waterways Ireland's project?

**Ms Mallon:** I thank the Member for his question. I am happy to continue to reach out. I

recently received a response from Minister Poots, and I am giving that consideration, because I am keen that we work together on a range of issues. There is huge potential in that regard.

The Member will know that Lough Neagh does not currently sit within Waterways Ireland's remit. The difficulty will be one of funding and how that might be taken forward, but I am happy to give the issue further consideration.

## Rail Review

T5. **Mr McNulty** asked the Minister for Infrastructure, in light of the all-island strategic rail review that she announced recently with Minister Ryan, which is an exciting review and long overdue in that it is the first for more than 100 years, how certain she is that there will be an hourly Enterprise service between Belfast and Dublin, with every train stopping in Newry and with trains leaving on time to allow people to arrive in Dublin on time for work, and whether she will commit to doing everything in her power to ensure that the rail connection between Portadown and Armagh is re-established. (AQT 1915/17-22)

**Ms Mallon:** I am always amazed by Members' creativity in getting multiple questions into one.

**Mr Principal Deputy Speaker:** The Minister is under no obligation to answer any more than one.

**Ms Mallon:** I recognise the importance of the Portadown to Armagh line. The Member will know that I have offered funding to try to advance the feasibility study for it. The council is responsible for taking forward that piece of work.

The Member will know that we have gone out to public consultation on the all-island strategic rail review. I urge all Members to feed into that their views on specific aspects of our rail network on the island that they would like to see advanced. I also highlight the UK connectivity review to the Member. Sir Peter Hendy published the interim review, which very much focused on rail. It talked about the strategic economic corridors, such as the Dublin to Belfast corridor, but it also specifically referenced the all-island strategic rail review. I continue to try to progress the issues on a number of fronts. I am keen to ensure that the Member feeds into the public consultation exercise to make his views known.

**Mr McNulty:** Thank you, Minister, for your answers thus far. In keeping with the green

agenda and the climate crisis on which we all know that we need to take radical action to address, will your officials commit to working with officials in the Shared Island unit to see what options there are for Armagh City, Banbridge and Craigavon Borough Council and Newry, Mourne and Down District Council to transform the Newry canal and create a new blue-green artery through the wonderful and beautiful countryside of Armagh? That could transform lives for generations to come.

**Mr Principal Deputy Speaker:** I think that the Minister heard the question. The tourism advert for Armagh was an added bonus.

**Ms Mallon:** I regularly engage with ministerial colleagues in the South. We have regular discussions about potential opportunities from the Shared Island Fund. The Member will be aware that the Taoiseach announced funding for the Ulster canal and for the Narrow Water bridge through that fund. I therefore assure the Member that we have regular engagement through the North/South Ministerial Council meetings, when they take place, but I also have individual ministerial engagement with Minister Eamon Ryan, Minister Darragh O'Brien and the Taoiseach.

## Belfast Transport: Circle Line

T6. **Mr O'Toole** asked the Minister for Infrastructure, given that earlier questions have referred to the reopening of the Knockmore line, as well as the chronic congestion and overdependence on cars in Belfast, to state whether she or her officials have considered some of the interesting proposals around connecting some of those lines to create, in the medium or long term, a circle line for Belfast. (AQT 1916/17-22)

**Ms Mallon:** I thank the Member for his question. I became aware of that issue from social media, and there has been a very positive social media campaign around that. As yet, we have not received any specific proposal in respect of it, and I would be keen to do so.

As we have discussed here at Question Time and on a number of occasions previously, work is ongoing on the regional strategic transport plan. That provides a good opportunity to look strategically at how we can improve our road and rail network.

**Mr O'Toole:** Most people will acknowledge that you, as Minister, have done more to advance the all-island strategic rail review and the other feasibility reviews to promote the cause for

rebuilding our shattered rail network in the North and across the island. Many of the Finance Minister's colleagues have spoken today about the importance of re-establishing a viable rail network here. Does the Minister agree with me that, if the Finance Minister believes in that and believes that it is part of the low-carbon transition, there has to be a meaningful commitment to it in the multi-year Budget, otherwise it is just empty words? If we want to rebuild our rail network, we have to put money behind it.

**Ms Mallon:** The truth is that there are severe financial pressures right across the Executive. I am not going to deny that. I also think that we need to be forward thinking on investment. For me, investment in public transport is a social justice issue because it primarily supports those who cannot afford a car. It is also an issue of health and well-being because heavy traffic pollution contributes to air pollution, which leads to respiratory difficulties and illnesses, often in our inner-city, working-class communities. As Members will know, it is also key in tackling the climate emergency.

For all those reasons, we absolutely have to invest in our publicly owned transport network. I never want to see a situation where we have a transport network where routes are only provided based on profit. Therefore, we need to continue to invest to maintain our existing network and services, but we should invest more to ensure that we maximise our rail connectivity and maximise the public transport and its accessibility for communities, particularly our rural communities, in the North.

## Irish Language: Infrastructure Remit

T7. **Mr Sheehan** asked the Minister for Infrastructure to state the measures that she has taken to encourage and facilitate the Irish language within her departmental responsibilities, including on public transport. (AQT 1917/17-22)

**Ms Mallon:** I want to preface my comments by saying that I am very frustrated at the lack of progress on Acht na Gaeilge and the establishment of the culture, languages and identity unit, which was a key commitment upon which we all came back to this place and the SDLP got around the Executive table.

The Member will know about the Irish language signage on the Glider in west Belfast. On our departmental literature, the logo on our ministerial letters is dual language as well — Irish and English. Very recently, I provided a

green community car to the community of Rathlin to support it in its ambitions to be carbon neutral. That was branded with the Department's logo in Irish as well as English.

Those are small efforts, but I want to do what we can, and I want to work with Executive colleagues to ensure that we introduce an Irish language Act to underpin all that as quickly as possible.

**Mr Sheehan:** Gabhaim buíochas leis an Aire as ucht a freagra. I thank the Minister for that answer. Irish language speakers are entitled to equality, and public bodies have a responsibility to encourage and facilitate the language. With that in mind, will she tell us what percentage of the public transport fleet have place names in Irish on their destination screens?

**Ms Mallon:** I do not have that information to hand, but I absolutely agree that we should have equality. That is why we should have an Irish language Act underpinning everything; it should have legislative equality. Once we have a legislative basis, that will drive investment because it will be a statutory requirement, but, in the absence of that, we should not be sitting, doing nothing. So, I am keen to do what I can to advance the Irish language and to ensure that we get to that place where there is equality for Irish language speakers here in the North.

2.45 pm

## Planning Advice Note

T8. **Dr Archibald** asked the Minister for Infrastructure, following the controversy over her countryside planning advice note (PAN), whether she will commit to ensuring that any future guidance will be properly prepared in consultation with those whom it will affect. (AQT 1918/17-22)

**Ms Mallon:** Now that the planning advice note has been withdrawn, I am taking stock of all the concerns that have been raised about it and about countryside development in general. My officials will undertake further engagement and analysis on this important policy area, which will include consideration of current and emerging issues such as climate change legislation and a green recovery from the pandemic.

My Department engages regularly with councils and other stakeholders to understand how the planning system is working and to assist with its effective and efficient operation. Recently, on 12 November, my Department's chief planner and director of regional planning attended the

Northern Ireland Local Government Association executive meeting to discuss planning issues, including the PAN and countryside development generally. Further engagement with council officials on current planning issues will take place at forthcoming strategic planning group meetings, which are chaired by the chief planner and attended by council heads of planning.

I firmly believe that the strategic planning policy statement does and should continue to provide opportunities for sustainable development in the countryside, striking a balance between supporting and sustaining rural communities and protecting the countryside from inappropriate development. I remain fully committed to ensuring that strategic planning policy for development in the countryside remains fit for purpose going forward.

**Mr Principal Deputy Speaker:** That concludes questions to the Minister for Infrastructure. Members may take their ease for a moment to allow for a change at the top Table.

*(Mr Speaker in the Chair)*

## Private Members' Business

### The Severe Fetal Impairment Abortion (Amendment) Bill: Consideration Stage

#### *Clause 1 (Amendment of abortion on the grounds of disability)*

*Debate resumed on amendment No 1, which amendment was:*

**Mrs O'Neill:** I will speak in this important debate as Sinn Féin's Assembly leader. The first thing to say is that the women of this island have waited long enough to access modern and compassionate abortion services. That is an undeniable, indisputable and appalling fact. Yet here we are today, where, instead of supporting the provision of modern, compassionate abortion services for women, the DUP and the Health Minister continue to hold up and deny that essential healthcare service to women and girls who need it.

Westminster had to legislate for abortion services in the North because of the blockages by the very people in front of us who bring this legislation today. Those very same people are attempting to roll back on any progress that was made. The DUP created this situation and took the responsibility to legislate on those important issues away from the Assembly. Across our community, the vast majority of people see that move for what it is: a deeply cynical ploy motivated by an ideology that belongs only in the past. Today, a new generation of women will not abide or accept a repeated failure of the past, particularly when it comes to their healthcare.

It is now more than a year — in fact, it is almost 20 months — since the law was changed, and here we are today, having the debate and conversation when the Health Minister has still not moved to implement those health services. He has to answer this question: why does he continue to fail women? Meanwhile, as we have this conversation, women wait for access to the care that they so badly need, sometimes in the most traumatic of circumstances. Today, I think of Sarah Ewart and Savita Halappanavar and many more women like them. Yet, the DUP continues with that plan; it continues with a strategy that is all about designing a block for abortion services, and that is absolutely, totally shameful.



We are political leaders as part of a power-sharing Executive. We have a responsibility to work together and to deliver public services for everyone — not a few, not some, not those whom we do and do not like. It is for all. More and more people can see the DUP's machinations for what they are. Let me be very clear today: the women of the North see you; the women in your communities see you; those women are all of us. Those women are your mothers, your sisters, your aunts, the women whom you work with, and the women whom you stand beside in the shops. They are the women of our community who deserve to be supported. You cannot block forever the change that women so desperately need. The demand is stronger than any barrier that you will ever put in the way.

Today, I want to take the opportunity to briefly clarify Sinn Féin's position on abortion services, because much of what has been written and reported is inaccurate and wrong. Actually, as a matter of fact, it has been deliberately misleading. Sinn Féin has an all-island policy on abortion services. We want to see the very same laws and services here as have been adopted in the South following the repeal of the eighth amendment. We want to see that implemented in the North. We want the same healthcare services that can be accessed in Dublin to be available in Belfast. There are no ifs; there are no buts; there are no maybes or sugar-coating it: that is as clear cut as it can be.

Sinn Féin's policy is not in favour of access to abortion in cases where a non-fatal fetal abnormality has been diagnosed. That is also excluded by legislation in the South.

**Ms Bradshaw:** Will the Minister take an intervention?

**Mrs O'Neill:** Let me finish my point. Thanks.

Sinn Féin's policy is about enacting modern healthcare and ending the mistreatment of women. It is about compassion for women when they need it. I have listened to women who have bravely shared their personal and tragic stories. All those women have had to take those cold and lonesome journeys to England to access abortion services. I have listened to the women who were raped. I have listened to the women who knew that their baby had no chance of survival. Those journeys have left a deep emotional scar and a profound sense of abandonment and, alongside that, feelings of betrayal and distrust that will never be fully repaired.

It reflects badly on all of us that women have to make those journeys in 2021. We have to end the failure, the mistreatment and the abandonment. We have to speak with one voice and to say it loudly: women are entitled to modern, compassionate healthcare, and the Assembly needs to deliver that. That is why Sinn Féin attempted to table an amendment to the DUP Bill that would immediately commission abortion services and harmonise the law, North and South. Our amendment was not accepted, so we have submitted a motion on the commissioning of services, which we will seek to have debated in the new year. We are seeking cross-party support for that. We will also continue to work at the Executive to ensure that those services are commissioned. If that does not happen and services are not commissioned, we will oppose the continued passage of the DUP Bill because, as other Members have referred to today, we know what this Bill is about. It is a ploy, a ruse and a deliberate attempt to distract from the key issue, which is that the commissioning of services needs to happen now.

This is the time to do the right thing. This is the time to ensure the commissioning of services. This is about having a rights-based society where we uphold the rights and entitlements of everyone, regardless of whether they fit our own beliefs. This is about trusting women. This is about recognising that we are best placed to make decisions about our pregnancies in conjunction with medical healthcare professionals. We have had enough. We have had enough of women being exiled abroad. We have had enough of women taking abortion pills, often on their own and without medical supervision. This is the moment to draw the line. This is the moment to stand up for healthcare for women. This is the moment to stand up for compassionate healthcare for women; for our daughters, for future generations and for all women. History will not judge kindly those who, in full knowledge of the tragic consequences, chose to fail women again. Now is the time to right the historic wrong. Let us not waste this time: there is too much at stake.

**Mrs Erskine:** I am pleased to add my voice to those in support of this Bill. I add my thanks to our First Minister, Paul Givan, for his work on the Bill and to Christopher Stalford for continuing that work. I also echo the thanks and gratitude that were expressed by Members to Heidi Crowter and their acknowledgement of her work. What an example she has set for us. Her resilience and commitment to advocating for the rights of those with disabilities are

remarkable. As a society, we should be empowering other young people like her.

This Bill is a targeted piece of draft legislation that focuses on stereotypes against disabilities. As Mr Stalford said at the Heath Committee, disability discrimination is an issue that we are dealing with today. In Northern Ireland, for the past 30 years, many have campaigned and advocated for legal protections for those with disabilities. The Disability Discrimination Act 1995 protects the rights of persons with disabilities. The Northern Ireland Act 1998 placed a statutory duty on public authorities to:

*"have due regard to the need to promote equality"*

for persons with a disability. The Disability Discrimination (Northern Ireland) Order 2006 further amended the 1995 Act to include a requirement on public authorities to promote positive attitudes towards disabled persons. The UK ratified the UN Convention on the Rights of Persons with Disabilities in 2009. Those laws are intended to create an equal society, ensuring that people with disabilities enjoy the same rights as everyone else. Are we really going to allow decades of legislative progress to be undermined by regulation 7 of the Abortion (Northern Ireland) (No. 2) Regulations 2020?

I remind the Assembly that, in 2017, the UN Committee on the Rights of Persons with Disabilities (UNCRPD), in its report on Great Britain and Northern Ireland, stated:

*"The Committee is concerned about perceptions in society that stigmatize persons with disabilities as living a life of less value than that of others and about the termination of pregnancy at any stage on the basis of fetal impairment."*

The committee also recommended that GB should amend its abortion law accordingly. Regulation 7(1)(b) mirrors the same legislation that the UNCRPD rejected. How can we allow that regulation to remain?

It is clear to me that regulation 7(1)(b) of the Abortion (Northern Ireland) (No. 2) Regulations 2020 adds to the stigmas that exist in our society and, if unchallenged, has the potential to continue to perpetuate those outdated falsehoods about a life with disability.

**3.00 pm**

The answer to poor standards of antenatal care for women is not to liberalise the law on abortion; it is to invest in specialised pathways and to support those who have received a diagnosis of fetal impairment. Screening results and advice should be given in highly supportive environments. There is also the need for the provision of psychological support for families of children with significant congenital anomalies. The view expressed by the royal college that the care system may not be able to cope with the challenges of supporting mothers and babies with complex disabilities seems to imply that it would be more convenient to not allow those with disabilities to be born at all.

Research by the Down's Syndrome Association found that women were not provided with enough information about Down's syndrome during their pregnancy. Screening for Down's syndrome has been increasingly used as a means of identifying unborn babies that can be aborted. There is evidence of a prevailing culture among clinicians that assumes that women will favour abortion. Screening results are often expressed with sadness and a lack of information on support or alternatives to abortion. That was best summed by Sara McNeill from County Antrim, a mother whose son, Tommy, was born with Down's syndrome. She stated:

*"I would urge any parent faced with the decision of what to do, not to be blinded by poor, outdated preconceptions of what Down's syndrome is. I thought our outlook seemed bleak when our doctor first shared her suspicions about our brand new baby... but now I know better."*

As some Members pointed out, the current law sends the message that people with disabilities are less worthy of protection than those without disabilities. What a disappointing message to send out from the Assembly and a troubling legacy to leave. I remind anyone who suggests that that is not the message that the law sends out of my friend Hannah Wilson, a young woman with Down's syndrome from County Fermanagh. I have the privilege of calling that young woman my friend. Hannah said:

*"I felt very sad when this was explained to me... The law should not treat some people differently from others... We just want to be treated like everyone else"*.

I know Hannah; she is a very talented young woman, and, if I may say so, she put me to shame on the dance floor at my wedding. Imagine if it was you, your son or your daughter, and consider the impact of that law.

Disability is not a disease, but it presents challenges, and it is our job, as legislators, to ensure that those faced with such challenges have every opportunity to overcome them. A country's abortion laws would be totally condemned if they singled out babies on the grounds of gender or skin colour, but, because it is a disability, such as Down's syndrome, it is somehow viewed as acceptable: it is not. That is why I am honoured to take a stand against disability discrimination with Heidi, Hannah and many others. It is time that we started to see people's ability, not their disability.

**Mrs Cameron:** I thank the Member, my party colleague Christopher Stalford, for sponsoring the Bill through the Assembly. I also thank the now First Minister, Paul Givan, who introduced the Bill in the House. While Mr Stalford is sponsoring the Bill today, I am sure that he agrees with me that it is impossible to consider the legislation without acknowledging the contribution of Heidi Crowter and her tireless fight for equality. She is an inspiration for the Bill. During the debate, Members across the Chamber have talked a lot about people with disabilities. Heidi is a powerful voice, and she speaks from experience. She bravely took on this fight for herself and for people like her.

Following the judgement in Heidi's judicial review of the abortion law in England and Wales, she said:

*"The judges might not think [the law] discriminates against me, the government might not think it discriminates against me but I am telling you that I do feel discriminated against ... and the verdict doesn't change how I and thousands in the Down's syndrome community feel."*

If you do not hear any other voice in the debate, listen to the voice of Heidi. She speaks powerfully into the Chamber today, and she says to each Member that she feels discriminated against. The law as it currently applies in Northern Ireland and the rest of the UK is discriminatory.

The judgement in Heidi's case makes it clear there is a remedy for that discrimination, and that remedy is legislation. The judgement states that these:

*"intensely difficult issues ... are better debated in Parliament, which can take account of different interests and viewpoints, rather than in litigation."*

The Bill offers the Assembly the opportunity to take account of Heidi's viewpoint and to end the discrimination against her. Although we can legislate only for this part of the UK, we can take the lead by ending discrimination here. We do not want mothers in Northern Ireland to face the same issues as mothers have faced in the rest of the UK.

A 2018 GB survey of 1,410 women who had given birth to a baby with Down's syndrome since 2000 revealed that 69% of them were offered an abortion on receiving news of a diagnosis. Some 46% of women, after advising doctors that they wished to continue with the pregnancy and give birth, were asked for a second time whether they wished to terminate their pregnancy. So much for respecting the choice of those mothers.

We should listen to the experience of mothers in Great Britain, mothers like Emma Mellor, who said:

*"we were offered 15 terminations, even though we made it really clear that it wasn't an option for us, but they really seemed to push and really seemed to want us to terminate".*

Emma had made her choice, yet she was constantly questioned.

**A Member:** Will the Member give way?

**Mrs Cameron:** I will not give way, thank you.

Listen to the words of Rachel Mewes, who said:

*"I was pressured to consider [to] have a late term abortion at 7 months pregnant. I had previously stated repeatedly that I would never terminate for Down's Syndrome. I have PTSD as a result of this experience. Being forced to imagine someone killing Betsy near destroyed me".*

These are stories that should never need to be told, and this legislation will stop them becoming a reality here.

It is clear that, on occasions, doctors have failed to provide balanced options to women giving birth to children with disabilities. Even the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Society of Radiographers and the College of Radiographers acknowledge that that is the case in their joint statement on pregnancy screening.

**Ms Bradshaw:** Will the Member give way?

**Mrs Cameron:** I will not, thank you.

They state:

*"Some parents whose babies have been identified as having a higher chance of Down's syndrome, Edwards' syndrome or Patau's syndrome, and who have decided to continue with the pregnancy, have reported being asked repeatedly if they want further diagnostic tests or an abortion.*

*They report having their decisions challenged and being pressured into changing their minds."*

This legislation would stop that pressure. It would end discrimination against babies with disabilities and allow mothers the dignity of having their decision respected. There is no reason why a termination could not take place today, right up to term, on the basis of a disability. The voices of those who are campaigning for this Bill want the law to be changed. For them, the law as it stands makes them feel devalued.

I urge the Members opposite to hear the words of Heidi and others, and to give them the equality that they deserve without delay. I urge everyone in the Assembly to listen to those voices for equality and to end discrimination by supporting the Bill.

**Mr Speaker:** I thank the Member for that contribution.

**Ms McLaughlin:** I support the opposition to clauses 1 and 2. I am against the Bill.

I am a mother of two daughters. Both have said that they want to have children some day, and Peter and I greatly look forward to the day that we become grandparents. It is the most natural thing in the world to create and sustain life, yet it is not always straightforward: just because you plan a family does not mean that it will happen that easily. I hope that my two daughters experience the absolute joy and love that motherhood brings, but, as we all know, life can also be very cruel.

We all have families. We have watched friends have difficult and complicated pregnancies, but what if something goes badly wrong? What happens if your daughter, your sister, your wife or your niece is told that her baby has a severe fetal impairment? The devastation that that news brings to the mother, her partner and their

families is unbearable. The first reaction is one of total disbelief. You question the diagnosis, you seek more opinions and, of course, you seek more tests, all in the pursuit of perhaps finding that tiny glimmer of hope in the darkness.

Thank goodness that it is only a small number of women who are faced with that scenario each year. Although the number receiving such a diagnosis is small, imagine if it were your daughter. What would you want to happen to her? I would want to give my daughter space. I would want to give her time to process the information that she has received. I would want her to get a second opinion. I would want her to talk through her options with her family and friends. I would want her to have clear choices so that she could make the right decision that best suited her family circumstances, that best suited her mental well-being and that best suited her future plans. I would want her human rights to be valued and respected.

I am not just a mother, however. I am also a legislator, and I have a Bill before me today that has the potential to deny my daughter, your daughter, your wife, your sister or your friend the space, the time and the dignity to come to her own decision. The Bill would force women, likely with much-wanted pregnancies, to make a decision without having adequate time to process the new information, explore the supports that might help them choose to continue with their pregnancy and then reflect on the options available to them. The choice before us today is between whether or not we make that difficult decision even more difficult for women who receive a diagnosis of a severe condition that may be fatal. The choice is between whether or not we want to cause additional trauma to those women by forcing them to make a rushed decision to travel to England to access care without their usual support networks around them.

I do not want to be the legislator who votes, or, indeed, who abstains from voting, for a Bill that will essentially tell your daughters, your sisters and your nieces that they cannot have medical care at home and that, if they wish to terminate their pregnancy, they must book an appointment with a clinic in England, pack their case, book a flight and make the saddest journey of their life, all because the legislators in this place rolled back their rights, took away their choice and took away their access to healthcare when they needed it most. Bodily autonomy is a core human right, and every woman deserves the freedom to make the choice that is right for her.

It was the terrible story of Sarah Ewart that caused our rules preventing abortion to be examined, not just here but around the world. People looked at us and were shocked. Sarah was carrying a fetus that she knew would not survive and that doctors told her would not survive, yet our antiquated laws meant that she had to travel to England for an abortion. That added to her grief and trauma.

That made people stop and see sense — some people, at least.

### 3.15 pm

The British Government recognised that we in Northern Ireland were in breach of CEDAW human rights requirements. We were in breach of internationally respected standards for the treatment of women whose human rights were being breached. Let us be absolutely clear: it is a breach of a woman's human rights to be told that she must carry to full term a fetus that will be dead on birth. Only in the late stage of the pregnancy are parents likely to be told that the fetus will not survive birth. It is exactly the situation that Sarah Ewart faced that will be repeated again and again, if the Bill passes.

Passing the Bill would also compel medical professionals to make impossible distinctions between fatal and non-fatal abnormalities. Lack of advanced diagnostic techniques can make it difficult for doctors to distinguish between severe and fatal fetal impairment. On that basis, I make a particular appeal to anyone who agrees that abortion should be available in cases of fatal fetal abnormalities to oppose the Bill.

This is where we come to the heart of the debate around the Bill. Some of those who propose or support the Bill call themselves "libertarians". They believe in free choice; yet they believe in removing choice for women in traumatic circumstances. They believe that it is right to use force — the power of the state — to intervene in the most intimate and difficult decisions that women or parents will ever take. They believe that they know better than the woman and her partner, who are living the trauma, the heartache, the horror of the situation, and they believe that it is for them to intervene in the decisions of others at this most difficult of times. Yet they call themselves "libertarians".

Ireland, North and South, has a long tradition of treating women badly. Our Churches have caused untold harm to generations of women. There have been harmful doctrines about

human sexuality and a focus on treating women pregnant outside marriage cruelly and dispassionately. The treatment of babies born outside wedlock was vile, and so were the human trafficking carried out by institutions and the disregard of babies who were stillborn. The list goes on. Surely to goodness, that was then, and this is now. It is 2021. We in the House have an opportunity to respect women and value their choices.

I say this specifically to Sinn Féin: your choice to abstain from voting on the Bill secures the same outcome as the sponsor. You may dress it up and talk all you want about the provision of services. That is a distraction, and it is not what the Bill is about. As republicans, you believe in the freedom of Irish women — just not for Irish women in crisis. The Bill is where we see libertarians and republicans join together to deny women's right to choice. To those who think that the Bill is about the protection of the disabled I will let my constituent speak. A young carer, she says:

*"This Bill seeks to pit vulnerable people against vulnerable people. The human rights of disabled people will never be won in the denial of others' human rights. It is because of our love as carers that we oppose this Bill, not in spite of it."*

Another carer said this to me; again, I will let her speak, as she says it much better than I could:

*"I am a full time carer to a close family member with profound special needs, they mean the world to me. I am also strongly pro choice. Being a carer is a 24/7, non-stop job. I am in a position where I can give my loved one the best life possible. However, many people unfortunately are not. Forcing people into this position benefits nobody."*

I will not support the Bill. I said at the beginning of my speech that life can be cruel at times. The Bill is cruel and unnecessarily so. I will vote against it with every ounce of humanity and every fibre and bone in my body.

**Mr Muir:** Members will be aware that abortion is a matter of conscience for the Alliance Party, so I will speak in a personal capacity as I explain why I oppose the two clauses. I spoke at length at the Bill's Second Stage, so I do not intend to rehearse an awful lot of those arguments here. I also intend to speak at Final Stage, if, indeed, the Bill passes its Consideration Stage.

This private Member's Bill is in conflict with the Northern Ireland (Executive Formation etc) Act 2019 and is non-compliant with human rights obligations. In addition, it is contrary to the CEDAW report, which states at paragraph 83:

*"The Committee finds that the State party is responsible for:*

*(a) Grave violations of rights under the Convention considering that the State party's criminal law compels women in cases of severe foetal impairment, including FFA, and victims of rape or incest to carry pregnancies to full term, thereby subjecting them to severe physical and mental anguish, constituting gender-based violence against women".*

The Bill's two clauses, on which we will vote today, seek to roll back rights and the progress recommended in the CEDAW report and enshrined in law. When this place came back in January 2020, I was conscious of the progress that had occurred with the 2019 legislation. I did not join the House to roll back that progress. For far too long, certain Members of the House — I know it far too well — have denied rights and equality to different people and different communities across Northern Ireland. It is long past time that we trusted women and ensured that the rights of women and girls, provided for by the Northern Ireland (Executive Formation etc) Act, are upheld.

Supporting the clauses will not prevent women in Northern Ireland from obtaining abortions; instead, it will just add pressures and economic strain during what is already an incredibly difficult time in a woman's life, as she is forced to travel elsewhere away from her home to receive healthcare. Nobody should have to go through that trauma. I trust women. I stand opposed to both clauses, and I encourage others to do likewise.

**Ms Bailey:** I too oppose clauses 1 and 2 standing part of the Severe Fetal Impairment Abortion (Amendment) Bill. It is really interesting to note that the Bill makes no mention of disability, despite what we have heard. Severe fetal impairment is a separate issue, but, sure, why let fact get in the way of good moral legislation? My party cannot and will not support either the clauses or the intent of the Bill, and I will outline the reasons why, because MLAs need to be clear in their understanding of what they are being asked to vote on today.

I have listened to so much debate that completely misses the reality of the Bill and

simply regurgitates deflection tactics. If that was not the intention of the Members who spoke, I despair at the level of knowledge displayed today about the Bill, particularly when some of those Members are still willing to vote the Bill through regardless. Anyone willing to do that today is an absolute danger to women and their rights. I want Members to be sure about what the impact will be on women in Northern Ireland if they agree to the clauses today. That includes the Bill sponsor, Mr Stalford, who came up to me during the debate and asked whether I knew what Sinn Féin was doing after Michelle O'Neill left the Chamber. The fact that he is willing to come and do that makes me even more convinced that he is playing political games with the Bill, and that is not OK.

**Mr Stalford:** Will the Member give way?

**Ms Bailey:** No, I will not.

**Mr Stalford:** No, you will not. OK.

**Ms Bailey:** You will have plenty of time to come back.

**Ms Bailey:** Women in Northern Ireland have never been afforded their rights by this institution. When abortion was eventually decriminalised in 2020, it was not done by this House; ironically, of course, it was done in the absence of this House. The legislation was changed at Westminster. It was not done at Westminster because MPs had finally discovered the 50 years of discrimination that they had allowed women in Northern Ireland to endure. No, Westminster began to take that discrimination seriously only after the United Nations Committee on the Elimination of Discrimination against Women took the decision to carry out a full state inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women. It does not carry out inquiries regularly. To date, the only other states that it has investigated include South Africa, Kazakhstan, Mali, Canada and the Philippines. Now, we join that list.

Abortion provision for women in Northern Ireland came to the attention of that committee only after global media attention was given to the issue when Marie Stopes International opened the doors of its clinic in Belfast city centre in 2012, offering non-surgical, early medical abortion services. Despite the targeted campaign of harassment and intimidation that unfolded on the streets outside the clinic, when

every woman of childbearing age who entered the building was targeted — that included Dawn Purvis, the clinic director — thousands of women came for treatment. The oldest was 52, and the youngest was 13 — 13 years old. We have no idea why each of those women and girls needed to access that healthcare — nor should we, because that is a private matter and it is protected under article 8 of the Human Rights Act. They paid for that private treatment, because the Assembly refused access to services free at the point of need. Allowing the clause and the Bill to pass will bring us back to that system.

As that was happening, it became apparent to some MPs at Westminster that they needed to step up. Eventually, cross-party support at Westminster allowed for the end of the economic discrimination that women in Northern Ireland had endured, whereby those who could afford to travel to England to access private treatment did so and those who could not were forced to continue with traumatic pregnancies and give birth or put themselves at risk. Passing the clause and the Bill will ensure that we continue to do that in cases of severe fetal impairment.

We should all be familiar by now with the horrific experiences that women such as Sarah Ewart and Ashleigh Topley were forced to disclose to public media, along with intimate details of personal matters, so that we understood the implications of the legislation that we upheld. It is also worth noting that not one bed is available across this island to allow a mother and a baby to stay together in such circumstances. I hope that all Members have spoken to the women who have been discharged from maternity units and sent home, separated from their sick babies. I hope that every MLA who votes in favour of the Bill or considering anything else has heard those women when they have told us of sleeping on the floor of hospital corridors after giving birth, until their child dies or is discharged. I hope that Members have listened to them speak of the abject fear that they have when they learn that they are pregnant again and begin to go through that journey all over again. By passing the clause and the Bill, that is what Members will ensure legally happens.

After the moves from Westminster, the Women and Equalities Committee agreed that it would step up and cover the financial costs for women travelling from here to England for the compassionate and normalised healthcare that is available elsewhere.

From talking to MPs during that time, it became shockingly clear to me that the issue was not, as I had always thought, a lack of care for women in Northern Ireland. MPs had not stepped up and addressed the wrongs that we had suffered, but something very different was keeping them at bay. Many MPs told me at that time that, when they tried to raise the issue, they were very often told not to interfere in Northern Ireland politics and that stepping into the abortion debate would threaten our institutions and the very peace process itself. So, they backed off, believing that they were doing a good thing. Now that that lie has also been exposed, I, for one, am very glad of every intervention to date, and I thank them for it. Who knew the extent and the power of women's reproductive justice?

### 3.30 pm

Westminster finally did step up and change the law by passing the legislation that was brought by Stella Creasy MP to decriminalise abortion in Northern Ireland, but the clauses in the Bill roll back on that UK legislation. Supporting the Bill today will roll back on the hard-fought progress that women across this island have had to fight for. They are watching today to see who is content to continue exporting healthcare and who is content to continue shaming women. We know that neither the Bill nor its clauses will stop abortion happening in any scenario. It will just allow us to go back to washing our hands of the issue and allowing others to look after our women because we will not.

On the final state inquiry that was published by CEDAW in 2018, the UN Office of the High Commissioner for Human Rights stated:

*"thousands of women and girls in Northern Ireland are subjected to grave and systematic violations of rights through being compelled to either travel outside Northern Ireland to procure a legal abortion or to carry their pregnancy to term."*

The CEDAW vice chair stated:

*"The situation in Northern Ireland constitutes violence against women that may amount to torture or cruel, inhuman or degrading treatment".*

The UN Office of the High Commissioner for Human Rights continued:

*"In its report, the Committee concludes that a restriction affecting only women from exercising reproductive choice, and resulting*

*in women being forced to carry almost every pregnancy to full term, involves mental and physical suffering constituting violence against women. It also potentially amounts to torture or cruel, inhuman and degrading treatment, in violation of several articles of the Convention on the Elimination of Discrimination against Women."*

The CEDAW vice chair continued:

*"Denial of abortion and criminalization of abortion amounts to discrimination against women because it is a denial of a service that only women need. And it puts women in horrific situations".*

The report recommended:

*"that abortion on the ground of severe fetal impairment be made available to facilitate reproductive choice and autonomy, States parties are obligated to ensure that women's decisions to terminate pregnancies on that ground do not perpetuate stereotypes towards persons with disabilities. Such measures should include the provision of appropriate social and financial support for women who choose to carry such pregnancies to term."*

The clause and the wider Bill, which will remove abortion provision in cases of severe fetal impairment, is being couched as concern for disability rights and discrimination, but it is very far from it. If that were the rationale, something more understandable than this clause would be offered. In fact, Disabled Women Ireland has said:

*"social and financial support to disabled people and their parents is the strongest way to deal with concerns for disability rights. Recognising the full extent of disabled people's rights from infancy to old age – to education, to early childhood support, to personal assistance – will make meaningful changes to the quality of disabled people's everyday lives. Restrictions on abortion will only place further restrictions on the reproductive rights and freedoms of people with disabilities."*

I look at the clause, and I see that it would disproportionately harm disabled women whose pregnancies are diagnosed with a fetal anomaly and would contravene the state's obligation under the Convention on the Rights of Persons with Disabilities. To every Member claiming to vote it through on what is the pretence of disability rights, I say: you are wrong. For those

who are not sure about the impact of what they are minded to support, I repeat, for clarity:

*"Restrictions on abortion will only place further restrictions on the reproductive rights and freedoms of people with disabilities."*

This clause, if passed, will serve to add further discriminatory barriers that disproportionately affect disabled women. We should be discussing significant increases in funding to enable disabled people, rather than broadly trying to restrict the rights of women even further. The Green Party will not support the start of such a clawback. We have always supported and will continue to support the women who have spoken out, the women who have suffered in silence, those who have worked hard to end the shame on abortion and the campaigners who have openly flouted and broken the law on abortion. If the Bill or any of its clauses passes, I will continue to support those women and stand with them, because this Bill will bring us right back to needing to take those actions.

During yesterday's debate on the COVID certification scheme, I listened to concerns that Members shared about personal and private health data that should be confidential. Let us have a wee look at women's health and confidentiality. Is reporting us to the PSNI OK? Are the constant debates in the Chamber OK? Is the need to bare our souls in public OK? To speak on TV and radio talk shows — is that OK? That is exactly what we have been forced to do, and we are sick and tired of it. Neither the contents of my womb nor those of any other womb are the business of any MLA. It needs to stop.

Yesterday, Members were so concerned that a multi-option COVID certification scheme, just to get a pint as safely as possible, created discrimination beyond the like of which they had never encountered, and they wanted it to stop, and yet, today, they will vote to remove my access to healthcare if I have a diagnosis of severe fetal impairment.

Reducing the anomaly provision to cover only fatal anomalies has been shown, as in the example of the Republic of Ireland, to limit even fatal diagnoses, owing to the unattainable certainty required. This Bill, proposed by the DUP, would compel medics to make impossible distinctions between fatal and non-fatal anomalies and would limit access to abortion healthcare. A similar provision in the Irish Republic has resulted in women and girls whose pregnancies are diagnosed with a severe and life-threatening anomaly continuing



to be forced to travel overseas to access abortion. It is just as though repeal had never happened.

Women need to know that we will stand up for them today. We have that choice. There are serious concerns about what will happen next. I know that every MLA has been contacted about the Bill. Responses sent to every inbox have been clear on the impacts and implications. That is what we, as legislators, need to focus on before moral judgement and personal beliefs. The doctors, the nurses, the medics and the activists such as Alliance for Choice, the Human Rights Commission, Amnesty International, Informing Choices NI — I declare an interest as a board member of that organisation — and many others have set out the fact over the fiction.

I urge Members to listen to them and to pay attention. Just in case some Members have not done so, I will repeat what they said. They told us that the Bill seeks to remove abortion in cases of severe fetal impairment, thereby restricting the option of a termination beyond 24 weeks to cases of fatal, as opposed to severe, fetal impairment. Some 94% of all abortions provided in England and Wales last year, however, occurred within the first 12 weeks of pregnancy. Abortions performed after 24 weeks accounted for 0.1% of the total figure. We therefore know that the Bill will not do what its proposers say that it will do.

Members have been told that it is not always possible to distinguish between a severe fetal impairment and one that could prove to be fatal. The 2016 report of the working group on fatal fetal abnormality highlighted the fact that it is impossible to create a list of fatal conditions, yet the Bill seeks to force medics to do exactly that.

The British Medical Association stated that the proposed legislation would remove the "legal clarity" for clinicians that the Abortion (Northern Ireland) (No. 2) Regulations 2020 provided. As mentioned by Paula Bradshaw, that could have, according to the British Medical Association:

*"a chilling effect on the ability of doctors to make clinically indicated decisions in conjunction with their patients."*

Members have also been told that all pregnant women in Northern Ireland are offered a fetal anomaly scan between 18 and 21 weeks of pregnancy and that, as a result, the removal of the ability to access abortions for severe fetal impairments beyond 24 weeks could result in an "unintended consequence", as:

*"Women may not ... avail of further diagnostic testing or seek further information and counselling, which could provide reassurance or help them make an informed choice."*

We know that the Bill will simply continue exporting women's healthcare. Members were told that in the UK Government's response. Just in case Members missed that as well, I will quote:

*"The Bill, if passed, would breach the human rights of women in Northern Ireland and would conflict with the primary legislation enacted by the UK Parliament by a significant majority. It would also send a very clear and damaging message to those who may need abortion that they cannot trust their devolved Assembly to safeguard their rights."*

The Green Party will not support the Bill. We urge anyone who will support it to think very carefully about what they are willing to impose on women. By supporting the Bill, they will bring us back to the streets, back to exposing our souls and back to where we never should have been. I urge them to reject the Bill simply because they do not want to create laws that contravene human rights. Those are the rights of their mothers, their sisters and their daughters. The Bill is not rights-based. I urge Members to vote it down and allow us to move on finally.

**Mr Lyttle:** As colleagues mentioned, Alliance Party policy is that start-of-life and end-of-life matters are matters of individual conscience. Therefore, I will speak in an individual capacity on this important matter.

I have spoken in the Assembly on the serious matter of abortion on a number of occasions. I have done my best to engage with a range of people with widely different views on it. In 2016, I voted in favour of legislative provision for medical termination on the grounds of fatal fetal abnormality. On that occasion, I voted in favour of the amendments that Trevor Lunn MLA and Stewart Dickson MLA tabled, which is legislative provision that the courts have since required of this jurisdiction. Since then, in the absence of a Northern Ireland Executive — for well-known reasons — the UK Government have legislated on the matter of abortion in Northern Ireland.

**3.45 pm**

The Abortion (Northern Ireland) (No. 2) Regulations 2020 make provision for abortion in Northern Ireland. They make provision for the termination of a pregnancy up to 12 weeks without condition; for access to abortion services for up to 24 weeks in cases in which the continuation:

*"of the pregnancy would involve risk of injury to the physical or mental health of the pregnant woman"*

or girl that is greater than the risk of terminating the pregnancy; for termination of pregnancy with no limit in cases in which there is an immediate necessity:

*"to save the life, or to prevent grave permanent injury to the physical or mental health, of the pregnant woman";*

and for termination without limit in cases of severe fetal impairment and fatal fetal abnormality. That is in regulation 7. On severe fetal impairment or fatal fetal abnormality, regulation 7(1) states:

*"A registered medical professional may terminate a pregnancy where two registered medical professionals are of the opinion, formed in good faith, that there is a substantial risk that the condition of the fetus is such that—*

*(a) the death of the fetus is likely before, during or shortly after birth; or*

*(b) if the child were born, it would suffer from such physical or mental impairment as to be seriously disabled",*

which is serious physical or mental disability.

One of the main reasons that severe fetal impairment is included in the legislation is the UN CEDAW recommendations. It is therefore hard to see how the removal of severe fetal impairment will have long-term legal effect on such law.

That said, I have serious concerns about legislative provision for abortion on the grounds of severe fetal impairment, given the difficulty in defining "severe fetal impairment" in law, particularly if that definition is "serious physical or mental disability". CEDAW does not define "severe fetal impairment", and the UK Supreme Court did not rule on severe fetal impairment. The Abortion (Northern Ireland) (No. 2) Regulations 2020 define it: as I said, they define it as serious physical or mental disability.

The Royal College of Obstetricians and Gynaecologists gives guidance on the termination of pregnancy for fetal abnormality, which it defines as a "serious handicap" that:

*"would require the child to have physical or mental disability which would cause significant suffering or long-term impairment of their ability to function in society."*

I have to be honest that I have a genuinely held difficulty with that language:

*"long-term impairment of their ability to function in society."*

That is in guidance, however, rather than in legislation.

The questions that I have wrestled with in the debate concern whether "severe fetal impairment" should be defined in law. If it is defined in law, is "serious physical or mental disability" an appropriate definition? Should it be left to guidance, and is the language that I referred to appropriate language for guidance on the matter?

The Severe Fetal Impairment Abortion (Amendment) Bill proposes to remove the definition of "severe fetal impairment" as a serious physical or mental disability. That is what I am required to vote on today. I am required to vote on that single issue, regardless of how we have got to that proposal. In making my decision about that, I considered the Health Committee evidence that was taken throughout the Bill's Committee Stage, in particular that given by medical professionals.

As was referenced earlier, some medical professionals pointed out that the lack of a legal definition that removes the grounds for abortion for "seriously disabled" will mean that clinicians will have to judge whether a serious fetal impairment is likely to be fatal. They argue that there is a need for a legal definition of "severe fetal impairment".

A number of such submissions made reference to a recent study that aimed to identify what congenital anomalies are responsible for perinatal death and whether they are classified as "fatal fetal abnormality" in accordance with criteria that are outlined in legislation. That study identified that less than half of the congenital abnormalities could be classified as a fatal fetal abnormality, but all were fatal. That, as the evidence states, acknowledges the complexity of such cases. Evidence that was submitted by some medical professionals

expressed concern that, in the absence of a legal definition of terms such as "severe", doctors could be at risk from prosecution if they err on the wrong side of the law. Concerns were expressed that doctors would focus on interpreting the law rather than providing the best healthcare for women with a diagnosis of severe fetal impairment.

The Committee report states:

*"The Committee heard concerns that some non-fatal conditions, such as Down Syndrome, as well as treatable conditions such as club foot and cleft palate, could be interpreted as SFIs under the current regulations, and therefore grounds for termination."*

Medical professionals refuted that any clinician would consider conditions such as isolated cleft lip and pallet, or club foot, or cases of Down's syndrome, as grounds for abortion where there is not an associated significant structural fetal anomaly. The Royal College of Obstetricians and Gynaecologists stated:

*"that the termination of a such a pregnancy would not happen in either NI, or in the units in GB that clinicians here liaise with."*

I appreciate that statement, but I am not sure that it means that the law — the Abortion (Northern Ireland) (No. 2) Regulations 2020 — does not permit it on those grounds. Therefore, I remain concerned by the definition of "severe fetal impairment" that is provided in law by the Abortion (Northern Ireland) (No. 2) Regulations 2020 — physical or mental impairment as to be seriously disabled — and by the Royal College of Obstetricians and Gynaecologists guidance that I mentioned earlier, which refers to:

*"physical or mental disability which would cause significant suffering or long-term impairment of their ability to function in society."*

There may be a need for a legal definition that provides for abortion on the grounds of severe fetal impairment, but I do not feel able to support a legal definition that provides for it on the grounds of serious physical or mental disability. Therefore, I feel bound to permit the passage of the Bill to Further Consideration Stage.

**Mr O'Toole:** I will speak fairly briefly about the Bill today. To be clear at the very beginning, I will support the opposition to clauses 1 and 2 stand part because I oppose the Bill for many of

the reasons that have been outlined persuasively by my party colleague Sinead McLaughlin and my constituency colleagues Paula Bradshaw and Clare Bailey.

Much of the terms of debate has been based on a false premise that is deeply offensive to women, couples and families who are in the extremely difficult and delicate situation of needing to consider the possibility of accessing abortion services for severe fetal impairment. It has been said, correctly, multiple times that the Bill is, on a fundamental level, legally inconsistent with the CEDAW requirements that led the UK Government to change abortion law here, and the law that the UK Government introduced, which was the Northern Ireland (Executive Formation etc) Act 2019. The Human Rights Commission has already told us that the Bill as it stands is entirely incompatible with CEDAW recommendations and, by definition, the Northern Ireland (Executive Formation etc) Act. Why would we pass a law that we know is incompatible with CEDAW and incompatible with the aforementioned law and which could well be struck down by the courts as both illegal and a violation of human rights provisions?

On the question about definition of "disabled", my party allows a conscience vote on the issue, and I am acutely aware that people of goodwill can take different views on it. I take a very strong pro-choice position, but I am aware that people whom I respect take a different approach to the issue. I respect that, but I slightly resent some of the way that questions around the rights of the disabled in the Bill have been presented. That is not what the Bill is about. It is about restricting rights of people in very delicate situations to access abortion services. Proponents of the Bill have latched onto the fact that abortion law, as passed here and as law here, has not been delivered, because, as has been mentioned, abortion services have not been commissioned in this place despite it being the law of the land. One argument made by proponents of the Bill is that it does not define "severely disabled". There are good reasons why that is not the case. Severe abnormalities are not defined with extreme specificity in abortion regulations, so as to give flexibility to medical judgements by doctors and healthcare professionals.

Frankly, the idea that abortions for severe fetal impairment happen in a kind of flippant way, either for the people who have to access those services or for the doctors and medical professionals who have to advise and perform them is, I am afraid, wrong and does not do any justice to the medical professionals. I am not on

the Health Committee, but others who are the Health Committee have noted that every one of the relevant professional medical bodies is opposed to the Bill. Part of the reason why they are opposed to it is that it flies in the face of allowing sound, rigorous, medical judgements to be made. Medicine is a changing field. New diseases —

**Ms Bradshaw:** Will the Member give way?

**Mr O'Toole:** Yes, I will give way.

**Ms Bradshaw:** Will the Member agree with me that these consultations with healthcare professionals will involve women who are carrying a much wanted pregnancy, so it is a very difficult conversation that nobody wants to give or receive?

**Mr O'Toole:** I completely agree with that. I am always aware when I stand up and speak about this issue that, first of all, as a legislator, I am making laws for everyone not in an ideal situation, because no one who is accessing those services is, by definition, in an ideal situation. I am also conscious of the fact that I am a man, and that is relevant to how we should approach this discussion. The Member is completely right in the remarks that she made. In very many cases, these will be wanted and, indeed, longed-for pregnancies. People having to access abortion care in those circumstances are not people who wanted, in many cases, to have to access those services. I ask some of the Members opposite to reflect on that too when they talk about these issues. It is very unlikely — in fact, it is unthinkable — that people will flippantly seek those kinds of abortions unless they are in extreme circumstances.

It is also worth saying — not that it is the core point, but it is a numerical one — that this law would not stop those abortions happening, because people in Northern Ireland would still be legally allowed to access them in Britain. So it would not stop those abortions happening. It would simply mean that they could not happen in Northern Ireland. It would simply be an extension of the, in my view, unacceptable position that people here were in for decades, which is that they were able to access abortion services but had to go through the undignified, often traumatic and stressful process of travelling across the Irish Sea to access them. The people who will have to travel across the Irish Sea to access those services will be families, women and couples of all ages and backgrounds, and they will have to do so in the

most difficult and extreme circumstances. I will give way to the Bill sponsor.

**4.00 pm**

**Mr Stalford:** I am grateful to the Member for giving way. In debates and arguments around what are, obviously, very sensitive issues, language is really important, and it is really important that people who are on opposite sides of the debates and arguments treat each other with respect. In that context, does the Member think that it was appropriate for a Member of the House to tweet out a message with the hashtag "KillTheBill" last night? How is language like that, in any way, appropriate?

**Mr O'Toole:** I do not know the origin of that tweet. I am not going to provide commentary on what other people say; I am here to make my own remarks as an Assembly Member. I do not agree with the Bill. I disagree with it passionately. I respect the Member's right, as an MLA, to bring it and to advocate for it on the Floor of the Assembly. However, I and others, obviously, have a responsibility to argue against it and to oppose it.

As I said, there are good medical reasons why clear definitions of what is meant by "seriously disabled" are not included. That is not an evasion or a decision to make that as expansive as possible and, somehow, maximise the number of abortions that are accessed. It is because those decisions are best taken by medical professionals and the people whom they are working for, ultimately; their patients.

Earlier, one of the proponents of the Bill referred to specific instances where people who had had children with different disabilities had resented the fact that they had been offered abortion services in the first place. It is important to say that people who choose to proceed with pregnancy need to be offered much greater support and prenatal care than they receive at the minute. That is one of the frustrations about the Bill. It is hugely important that we treasure people who are born with disabilities, support parents of disabled people, and ensure that the services that are available to them are as well funded and comprehensive as possible. I am afraid that the Bill does not do that. Obviously, those were specific examples that were read out. We do not know the circumstances in which those experiences happened. It is, however, also the case that many other people have had to go through the trauma of travelling to Liverpool, Manchester, Glasgow, London, or wherever in Britain in

order to access abortion services, not because they wanted to or it was something that they sought, but because they had to make an extremely — frankly, awful — difficult and challenging decision; one that I hope that neither I nor anyone close to me has to make. As legislators, we have to acknowledge that that is who we are legislating for.

As I said, there is a reason why the regulations and the law as it currently applies, but is not properly commissioned, in Northern Ireland is not specific and binding on clinicians. That is because there is guidance on how a medical professional should assess whether a condition is defined as a serious disability. Serious impairment has been set out by the Royal College of Obstetricians and Gynaecologists. There is a list of indicators and sets of guidance from the royal college to allow doctors and medical professionals to make that judgement and serve their patients. I want to come back to that important point, because the implication or idea that we are dealing with here that the Bill — should it become law, and I hope that it does not — will significantly reduce the number of abortions that happen is, I am afraid, wrong. I acknowledge and respect the fact that many people sincerely dislike abortion on principle.

I strongly take a different view, but it is wrong to imply or allow people to think that the Bill will significantly reduce the number of abortions because it will not. As I said before, it will place people in the most difficult pregnancy situations imaginable. There will be people who have wanted pregnancies with severe abnormalities that doctors will not be able to say are fatal with complete confidence. In many cases, although it is highly likely that the abnormalities will be fatal, that simply will not be able to be guaranteed. In such cases, people will be forced across the Irish Sea to seek services, which is a horrible situation for them to have to face.

It is worth saying that one party has talked about the need to have a degree of consistency in the provision of abortion care across Ireland. Clearly, in the North, one of the things that made the question most urgent — in my view, it was urgent before this — was the successful referendum to repeal the eighth amendment in the South. The activists — including some in the Chamber — who were at the vanguard of pushing for change in the South of Ireland were the ones who were extremely vocal, and rightly so, about the need for some level of reform, which was decades overdue, in the North. However, the truth is that the law in the South is not perfect, far from it. It is not a credible argument to say that every jot and tittle of the

law in the other jurisdiction has to be followed, particularly when there is evidence that it is not working as well as it should.

Coming back to the point about definitions of severe fetal impairment, a recent study in the Republic looked at coronial inquests on still births and neonatal deaths. That information was provided by Informing Choices NI, and I am sure that many Members will have been able to access it. The study concluded:

*"less than half of the anomalies" —*

— those that led to stillbirths and neonatal deaths —

*"could be classified as fatal fetal abnormalities, and yet all were fatal".*

That is the very difficult situation that we are placing women, families and, indeed, medical professionals in. In many cases, medical professionals are not able to say that a fetal abnormality is so severe that it will definitely lead to death or stillbirth, so they end up not making that diagnosis because they simply are not able to make a definitive judgement at the time.

I note the argument that has been made consistently about the rights of disabled people in society. I passionately share the desire to improve services and rights for disabled people in society: I simply take a different view on the Bill. I strongly disagree with the idea that the Bill is fundamentally about improving access to services or the status of disabled people in this society. The CEDAW report, which we have talked much about today, urged abortion regulation to proceed:

*"without perpetuating stereotypes towards persons with disabilities and ensuring appropriate and ongoing support, social and financial, for women who decide to carry such pregnancies to term."*

That is critical. I do not want anything to happen today that gives the impression that I do not uphold the dignity of all disabled people. However, I deeply resent the way in which the Bill has been presented as simply being about protecting the rights of disabled people when, as has been outlined in the debate, there are many disability rights campaigners and others in the disability sector who strongly disagree with the provisions of the Bill.

There are several other provisions of the Bill that I could go through, but others have already

done that. To close, I will focus on the tragic situation that existed in our laws for a very long time. We consistently exported the problem of crisis pregnancies and women who needed abortions to Britain.

That is still happening, and it will happen in the most appalling circumstances if the Bill becomes law. We have made some progress on this island. My colleague Sinead McLaughlin mentioned that Ireland has, in some ways, a shameful history around the treatment of women. That is true. It is an unavoidable truth, and more information about that has come out in recent years. That places an obligation on all of us to ensure that our laws do not perpetuate that. While respecting those who take a different view, morally or ethically, and as someone who represents a party that takes a conscience position, I will always be careful to acknowledge the fact that the most ethical people can come to a different view on the issue. It is important to stand against the Bill today, which is why I support the opposition to clauses 1 and 2 standing part of the Bill, as others have outlined. I hope that the Bill does not proceed to Further Consideration Stage. I will conclude my remarks with that.

**Mr Allister:** I find it deeply shocking that saving the life of a Down's baby can provoke such venomous opposition in the House. That is shocking almost beyond words. What is abortion? Abortion is the snuffing out of whatever life, in this case, is in the womb. Abortion law is about determining the circumstances in which life in the womb can be brought to an end. The Bill addresses, in a niche and narrow way, whether or not it is right for the state to validate death in the womb to those who are likely to be born with a significant disability. That is the nub of this debate. Does disability deserve death? That is the real question in this debate. The means of death is abortion. The place of death is what should be the safest place for any unborn: the womb. The question is that, because the child in the womb is likely to be significantly disabled, does it deserve to die? Is the state or the Assembly prepared to validate the death of those so disabled?

You can dress this up as much as you like as being about rights — I have heard no talk about the rights of the unborn — but that is the abiding question: is the Assembly, and are we as legislators, in the business of validating death being visited on a disabled living being? The Bill is necessary because our current law validates death being visited on a living being in the womb because it is disabled. We can dress

it up as much as we like, but that is what it comes down to.

#### 4.15 pm

I have heard talk about how severe impairment is not defined. Paragraph 7 of the regulations defines it to an extent:

*"if the child were born, it would suffer from such physical or mental impairment as to be seriously disabled."*

The Royal College of Obstetricians and Gynaecologists has given a definition of severe impairment. It said:

*"Severe impairments are wide-ranging and can include chromosomal anomalies, congenital anomalies and anomalies related to the nervous system",*

as well as combinations of those complex impairments. It can be any one of those. In medical literature, congenital impairments or anomalies are commonly identified as including the following: cerebral palsy, Down's syndrome, spina bifida, cystic fibrosis, heart conditions and, yes, cleft lip and cleft palate. Therefore, we do have an indication of the type of disability that we are invited to visit death upon. It is all of those conditions. Those who vote to stop the Bill signal for themselves and those whom they say that they represent that they are onside with visiting death upon a living being in the womb because it suffers from a disability. I trust that the House has not got to the point at which it is prepared to endorse that.

The advocacy that we have heard in the House today is beyond shocking to me. It has been fenced around with doublespeak and prevarication. Take Sinn Féin. Michelle O'Neill told us that Sinn Féin believes in an all-island policy. On 2 June 2020, its spokesperson on that occasion was Emma Sheerin, who very clearly put on the record in the House:

*"Sinn Féin does not believe that a non-fatal foetal abnormality is an appropriate criterion for an abortion." — [Official Report (Hansard), 2 June 2020, Bound Volume 128, p65, col 1].*

If that is so, why would there be any hesitation about the Bill? We will see whether there is any such hesitation.

I will be deliberately brief, because I have made my point, and it is very clear. Is the House on the side of visiting death because of disability

— not just to disability but because of disability? That is the nub of the question.

**Mr Speaker:** I thank the Member for that contribution.

**Mr Lunn:** This is a difficult issue for the Assembly and for every Member, including me. During my time with Alliance, it was a conscience issue, and I still see it that way. Mr Lyttle and Ms Bradshaw have clearly indicated that it is still a conscience issue. They are entitled to disagree on the matter, and I respect that. It is also a conscience issue for the SDLP. I am not sure about the Ulster Unionist Party. It certainly is not a conscience issue for the two major parties.

Back in March 2020, when we debated the introduction of the Abortion (Northern Ireland) (No. 2) Regulations 2020 that were imposed on Northern Ireland by Westminster, I welcomed their introduction. As a long-term supporter of a woman's right to choose, my stance has always been pro-choice, and, for the record, it is an absolute disgrace and a shame on the Assembly that full abortion services have not yet been commissioned here. I join others in demanding that that situation be rectified as soon as possible. I made it clear, however, that the inclusion in the regulations of the words "severe fetal impairment" as opposed to "fatal fetal abnormality" was unacceptable.

I expressed my hope at the time that the Assembly could do something about it, which is why we are here today.

When the Bill came before the House, I was glad to see a majority across parties in support, even though it put me in an unusual place, going through a Lobby with the DUP, with which I more often disagree on social issues. I did have an assurance at that time from the now First Minister that the Bill's sole purpose was to remove the reference to "Severe fetal impairment or" and would not be used as a stepping stone to attempt to interfere further with abortion regulations as a whole. On that basis, I therefore openly supported the current Bill.

**Mr Stalford:** Will the Member give way?

**Mr Lunn:** I was about to invite Mr Stalford to confirm that for me.

**Mr Stalford:** I am grateful to the Member for taking an intervention, because he has touched on an important issue. The reason that the Bill has two clauses and is so tightly drafted is to

make that explicit and clear and to give people that assurance that that is the inference to be drawn the Bill and that that is what the Bill will deliver. My understanding is that, because the Bill is drafted so tightly, is clear in what it does and is clear in its aims, that was one of the reasons that the amendment that the deputy First Minister tabled could not be accepted for debate.

**Mr Lunn:** I thank Mr Stalford for that. That is reassuring.

At the time, there was considerable argument about aspects of what we were doing: first, around the principle of the Northern Ireland Assembly even trying to amend Westminster legislation; and, secondly, whether we were bound by the CEDAW agreement and regulations to which the UK is a signatory, as that would indicate that we cannot legally do what is now proposed, as that is an unacceptable infringement of women's rights.

On the first point about whether we are competent to amend Westminster legislation, I really do not know. I fancy, however, that, if and when we pass the Bill, and I think that we may well do, and it reaches the point of Royal Assent, we will find out then, if not before.

On the point about CEDAW and our United Nations obligations, there were different legal opinions. The First Minister, when he was here, highlighted some of them. Former Lord Chief Justice Kerr, the noble lord who was severely disabled himself, gave us some background as to what might have happened to him if this law had been in force. There was also medical opinion given locally here. The First Minister said that at least 200 medical practitioners supported this change to the law.

At this point, I acknowledge the briefing from Amnesty International advising us that I should not support the Bill. I have enormous respect for Amnesty International when I think of the work that Patrick Corrigan and Grainne Teggart do. I find it strange for me to be supporting the DUP on this type of subject, but it is most unusual for me to disagree with Amnesty. That is where you find yourself sometimes.

I am capable of changing my mind on issues. I have done it before. I do not think that I will do it again, but I did it on two major issues in the past. On this matter, however, and on the specific point of the Bill, I do not intend to change my mind, and I will be supporting the Bill today. Having campaigned for the rights of women to request a termination on the grounds of a fatal fetal abnormality, where there was no

hope of life outside the womb, I find it frankly objectionable to be asked to support a measure that allows for termination at any point in the pregnancy owing to a non-life-threatening condition.

There is no definition of what constitutes a severe fetal impairment. Various authorities have tried to define it, but it is not clear. It appears, however, to allow for a fetus to be aborted because of Down's syndrome, among other conditions. I hear reference to cleft palate, club foot and cleft lip. I noted in Ms Bradshaw's remarks that medical opinion here was that there would have been no abortions performed here, nor would there be, on the basis of cleft palate or club foot. I do not know what the situation is in Great Britain, however. It may well be that those are considered grounds for an abortion there. I really do not know.

Most of us will know children who have to live with Down's. They are usually loving and affectionate. They are something of a handful at times, like most children, but are capable of a normal and enjoyable life. I am not prepared to sanction a measure that goes beyond what is available in the regulations and that, dare I say it, would not have been included if the Assembly had lived up to its responsibility and passed its own legislation instead of abdicating its responsibility and leaving it to Westminster to legislate.

This matter will not be finished whatever our conclusion is when we pass this measure — if we pass this measure. I think that we should do so, and I hope that the majority here will agree with me. It is necessary, and I will continue to support it.

**Mr Speaker:** I thank the Member for that. I call Christopher Stalford, the sponsor of the Bill.

**Mr Stalford:** Before I move into my remarks, I will say that I have sat through, I think, certainly 90% of the debate, and, by and large, it has been a respectful conversation amongst colleagues who have genuine differences on an issue. It has not descended into rancour or acrimony, and I think that the public will be glad of that because that is the last thing that people want to see on an issue as sensitive as this.

I will reflect on some of the contributions that have been made during the debate, the first of which was from my colleague the First Minister. He rightly pointed out that, in tabling the amendment that it did, Sinn Féin implicitly accepted the principle of the Bill. It happened to link the provisions of the Bill to the

commissioning of services, and we know — I explained my view, and I am not in any way gainsaying — that the amendment was not called. However, we know that, by tabling it, there has been an implicit acceptance of the principles that are at the heart of the Bill, and I hope that that will continue into the future because I think that this is an issue that will unite the huge majority of people in this country.

Sinéad Bradley referenced how she views this through the prism of anti-discrimination, and I think that that is the prism that this measure should be viewed through. In her contribution, the deputy First Minister underscored the position and policy of her party, which had been outlined in previous debates by the Member for Mid Ulster. I am glad that that is on the record and is there for people to see.

Deborah Erskine spoke of her friend and gave a great example of the contribution that she has made to her life. Pam Cameron spoke powerfully about the voices that have been raised against disability discrimination. Those are very powerful voices and include mothers such as Emma Mellor and Rachel Mewes. Mr Allister, in his contribution, provided us with a clear and easy to understand list of the sort of conditions that are covered by the existing United Kingdom law.

I am pleased to have the opportunity to bring the Bill before the Assembly for its Consideration Stage. Before I set out the purpose of my amendment, I would like to make some general remarks.

I want to take this opportunity to thank the First Minister, Paul Givan, for his work on the Bill before becoming First Minister. I would also like to thank Heidi Crowter for her tireless work as an advocate for disability rights. Many here have had the privilege of meeting her, and I think that we will all agree that she is a remarkable young woman who has had, and continues to have, a powerful impact on our society. I thank the Health Committee, ably chaired by Mr Gildernew, for its work, and I also thank all those who gave evidence to that Committee. The interest in the Bill demonstrates what an important issue is at stake here.

Mr Carroll and others have indicated their opposition to clauses 1 and 2 standing part of the Bill, so I think that it is important that people understand what precisely the Bill does and what it does not do. Given the nature of the Order Paper today, it was natural that we were going to have a wider debate, beyond purely the focus on the two clauses of the Bill, but it is



important that, at this stage, before Members cast their votes, we return to the central content of the Bill.

At Committee Stage, evidence and discussion on the various issues also strayed far from the narrow focus of the two clauses and moved to much wider issues.

**4.30 pm**

**Ms Bradshaw:** I thank the Member for giving way. I appreciate that, as you have outlined, it is a very narrowly defined Bill, with very little content. However, there will be far-reaching consequences if a lot of women have to travel to England to terminate their pregnancies. The reason why we expanded the debate was to give voice to the women who have made that journey and for those who will have to make it in the future.

**Mr Stalford:** I deliberately did not reference what the Member said in the debate, because I have no desire to cause an argument with her. I am happy to sit down again, and she can correct me if I am wrong, but the interpretation I took from what the Member said in the debate is that she is in favour of abortion up to birth, without exception. Is that inaccurate?

**Ms Bradshaw:** Thank you for letting me back in. I very clearly laid out the qualifications, the background, the expertise and the knowledge of those fetal medicine subspecialists who would be working with the mother, in very distressful circumstances, to guide her in her decision. Do not put words in my mouth.

**Mr Stalford:** I asked —.

**Ms Bradshaw:** Thank you.

**Mr Stalford:** I asked —.

**Mr Speaker:** Sorry —.

**Mr Stalford:** I asked —.

**Mr Speaker:** Mr Stalford, just to remind you — you know this as Principal Deputy Speaker — when you allow an intervention, you should let it take its course.

**Mr Stalford:** Of course, and I asked a fairly straight question and I think people will be able to judge the answer for themselves.

I urge Members contributing to the debate to address what is in the Bill, rather than what they

perceive to be in it. We need to be clear about what the Bill is about. It seeks to legislate for an area of disability discrimination that rests at the heart of the present abortion law. Put simply, the Bill ensures that children who have non-fatal disabilities are treated with the same dignity as those who have not. The Bill is about fairness.

Currently, regulation 7 of the Abortion (Northern Ireland) Regulations (No. 2) 2020 applies to the unborn with disability. This provision admits abortion in the very different cases where the baby has a disability which is likely to be fatal, either some time or before birth. I point out to Members that these cases are unaffected by the content of the Bill that we have just discussed.

The Bill is a very narrow in scope. Clause 1 removes regulation 7(1)(b) so that there are no grounds for an abortion on the basis that the baby has a non-fatal disability. The Bill will ensure that all children are treated fairly. That is it. That is the sum content of the Bill. Clause 2 commences the Bill, and my amendment No 1 is to that clause.

Why is the Bill needed? In a debate in June 2020, my party colleague Joanne Bunting pointed out that, in Great Britain, the equivalent section of the Abortion Act 1967, section 1(1)(d), has been interpreted to allow for abortion up to term for conditions such as Down's syndrome, cleft palate or cleft lip, and there is a real risk that a similar interpretation can be applied in Northern Ireland. Regulation 7 is the only ground where decisions are made based on a diagnosis of potential disabilities that a fetus may have and, like the legislation in GB, it allows for abortion up to birth. The law as currently drafted affords greater protection to human beings in the womb who are deemed to be able-bodied than it affords to human beings in the womb who have non-fatal disabilities such as Down's syndrome.

The current law says to mothers of babies with conditions like Down's syndrome that their child is of less value and less worthy of protection than a baby without Down's syndrome. It is clear that regulation 7(1)(b) is discriminatory. The reality is that, because of this law, people with disabilities in our society feel less valued and, in turn, it encourages our society to view people with Down's syndrome or other non-fatal disabilities as less valued: that somehow their life is less worthy of celebration and protection when compared to those who we describe as able-bodied. Putting an end to this form of discrimination is why the Bill was introduced.

When Mr Givan introduced the Bill on 15 March, he set out a compelling number of testimonies from families, who are the reason why the Bill is important. It is not about statistics and theoretical situations but about real people and real lives. I will not repeat all those testimonies, but I remind Members of Lily, Daisy, Kirsty, Clara, Aiden, Hannah and Nathan, as we debate the Bill today.

Let us for a moment consider the impact that failing to pass the Bill could have on people with disabilities. What message would the Assembly be sending to them? If we do not change the law, the message that we are sending is clear and simple to understand: people with Down's syndrome or other non-fatal disabilities are less valuable to society and, as such, deserve less protection under the law. That is the current situation, so if Members opt to maintain such a situation, it is my strongly held view that that is the message that we will be sending out. I will go further and suggest that the law is more than just discriminatory; in this day and age, it is offensive. It is offensive to people with those disabilities and their families, in particular the mums who are faced with difficult choices.

That is why I strongly believe that clause 1 should remain part of the Bill. Without clause 1, there can be no clause 2. As I said earlier, clause 2 commences the Bill. My amendment to the Bill is simply a tidying-up exercise to assure clarity on the commencement date and ensure that people are given notice of when the provisions will come into force. It is a simple housekeeping amendment. There is no craft or design to it.

As I mentioned, I am aware that an amendment was tabled in the name of the deputy First Minister, Mrs Michelle O'Neill. That amendment, which is not on the Marshalled List, sought to delay the commencement of the Bill. I hope that that means that she agrees with the principle — I think that we got that message today in the Chamber — and agrees that we need to remove that discriminatory clause. However, providing for any delay suggests to me that parties are content for those sorts of terminations to take place until a later date. I do not think that we can do that.

The current law feeds into outdated stigmas and stereotypes that exist in our society: to raise a child with a disability is a terrible burden. Those are the stereotypes that parents like Liz Crowter and Karen Wilson have been fighting to refute.

**Mr Lyttle:** Will the Member give way?

**Mr Stalford:** Yes.

**Mr Lyttle:** May I give the Member an opportunity to recognise that we have a long way to go before we deliver the support, services and quality that children with additional needs need in Northern Ireland, without that being taken the wrong way?

**Mr Stalford:** Absolutely. As the father of a child who has just gone through the statementing process, I totally agree with the Member about some of the inadequacies that children with additional needs face and the fact that the system lets them down. I have no hesitation in saying that we need to invest more in helping children with additional needs.

Liz Crowter and Karen Wilson are fighting to refute those negative stereotypes. Karen and Edwin Wilson, who were referenced earlier in the debate by my colleague from Fermanagh and South Tyrone, and whose daughter Hannah has Down's syndrome, describe her journey as a:

*"a roller-coaster of emotions, from elation at attained milestones, to frustrations at well-meaning bureaucracy. We always believed that Hannah's greatest hurdle in life, would be other people's attitudes and this has proven to be correct."*

In 2021, we should not be implementing laws that perpetuate negative attitudes; rather, we should be ensuring that we have legislation in place that ensures that those children receive the protection that they deserve. I hope that Members will reject the opposition to clauses 1 and 2 standing part of the Bill.

This is our opportunity, as an Assembly, to make it clear that, in Northern Ireland in 2021, there is no place for discrimination on the grounds of disability and that people with disabilities will be afforded the same protection in the law.

As we conclude the debate, it is important that we focus on what the Bill says and what it aims to achieve, rather than debating things that it does not address. We owe it to the people who are campaigning for the law to focus on it. The debate has been respectful, as I said, and I hope that further stages are granted to the Bill and we can have further such respectful conversations. I urge the Assembly to vote in support of the Bill and in support of fairness, to end a form of disability discrimination that has no place in our law. In conclusion, I urge Members to uphold the precedent that was set

by Members in June 2020 and again in the debate of March of this year and vote for the Bill.

**Mr Speaker:** I thank the Member for that contribution. I call Gerry Carroll to make a winding-up speech.

**Mr Carroll:** I will try to respond to some of the comments that were made, although I will not go through everything.

The Chair of the Committee said that the Committee had received many submissions during its consultation on the Bill and talked about the fact that full abortion services are not currently available. He said that there had been Executive approval for the provision of services by the Health Minister but that that had not been implemented. He also suggested that the lack of screening and prenatal testing came through as an issue during the Committee's consideration of the Bill. I think that the Chair also said that the Bill would export abortions to Britain and that the evidence shows that. I find it astounding that the Health Committee did not oppose the Bill for all those reasons.

The First Minister said that the Bill came from people with disabilities who were looking for support for the Bill. I say this: people with disabilities need abortions as well and want the choice. Some will choose to carry to full term, and some will choose abortion; the choice should be up to them. That is what we have heard throughout the consideration of the Bill. He also repeated the myth that a cleft lip and a club foot are the main reasons for terminations. Ms Bradshaw did a good job of dispelling that myth, and it needed to be dispelled.

**Mr O'Toole:** Will the Member give way?

**Mr Carroll:** Yes.

**Mr O'Toole:** Does the Member agree that it should be put on the record again that conditions such as club foot or cleft palate, which have been used at times to sensationalise what we are debating, are often indicators that are connected to broad fetal abnormalities that may be linked to serious abnormalities that may, in many cases, lead to stillbirth or very severe life-threatening conditions? That is why medical professionals draw attention to them. To sensationalise and talk about club foot and cleft palate as though they are reasons why people have later-term abortions is a misrepresentation; in fact, it is demeaning to the experiences of people who are in very difficult situations.

**Mr Carroll:** I agree with the Member. That point was well illustrated in the Committee and, as I said, by Ms Bradshaw's reference to the doctor on that point. A feigned concern has been put forward today about standing up for people with disabilities.

The First Minister acts as if there is no choice for women and purposely so. He acts like all women will decide to terminate when they receive a severe fetal diagnosis. He said that opposition to the Bill should not be about his party. The opposition is not solely because of his party, but there is hypocrisy dripping from head to toe when he says that the Bill is about people with disabilities: it is not. The Bill is damaging for all women, especially women with disabilities, and says that you cannot have an abortion here in cases of severe fetal abnormality.

Sinéad Bradley talked about discrimination and her concerns about civil rights. The point that I would make is that the Abortion Rights Campaign said to the Committee that:

*"Restrictions on reproductive rights do not serve to uphold or extend the rights of disabled people."*

Civil rights should apply and do apply to women and people who are pregnant.

**4.45 pm**

Paula Bradshaw said that there was a vast range of reasons for opposing the Bill and that the best person to choose to terminate or not is the woman herself. She said that the old law created grave and systemic violations of human rights. I absolutely agree with that. She said that people will be forced to go private and travel for abortions, if the Bill is passed, and she indicated opposition to the Bill.

The deputy First Minister or joint First Minister, Michelle O'Neill, stated that women have waited long enough for compassionate healthcare and said that the Bill was a cynical ploy from the DUP. I think that it is cynical, to be frank, to say, "The North is next" but to allow and support or not to oppose legislation that restricts abortion. For me, it is not worth having an all-Ireland policy that tramples over women and exports them to Britain for medical decisions on healthcare. I want to see and be part of a united Ireland that does not put women on boats for basic healthcare procedures.

Deborah Erskine talked about standing against disability discrimination. I repeat: the Bill does

not do that and is not about that. It erects barriers for disabled women who need access to abortions.

Pam Cameron alluded to the fact or suggested, depending on how you interpret it, that there may be or is an agenda by medical professionals to encourage abortions as an option or to force abortions onto people. That is inaccurate, and those are the health workers whom she, her party and others clapped, supported and thanked for their work throughout COVID and before that. That myth needs to be dispelled.

Sinead McLaughlin talked about the need to allow people space, time and dignity to make decisions and indicated her opposition to the Bill and to clauses 1 and 2. Obviously, she spoke against the main aims of the Bill.

Andrew Muir spoke about his opposition to the Bill in that it rolls back rights and said that that was not why he came to the Assembly.

Clare Bailey talked about CEDAW and said that people who supported the Bill were a danger to women. She said that the issue of abortion is a private matter for individuals, and I absolutely agree. She talked about the lack of services currently and about how abortion being denied or restricted was violence against women. She said that, if the Bill goes through, we will be back on the streets. Unfortunately, that will be the case, if the Bill proceeds.

Chris Lyttle outlined his serious issues with the Bill and his opposition to it.

Matthew O'Toole indicated his opposition to clauses 1 and 2. He referenced CEDAW, saying that the Bill was not compatible with human rights and that people do not decide to have an abortion or termination in a flippant way. He stated that, often, there are pregnancies that are wanted but meet unexpected complexities, obstacles and unforeseen situations.

Jim Allister indicated his support for the Bill. He asked, "What is abortion?". It is something that has been happening for thousands of years, and I think that the first recorded case was in 1550 BC in Egypt, if anybody wants to look into that.

Trevor Lunn talked about the work of human rights organisations and said that, initially, he was considering how to vote on the Bill. He stated that, ultimately, he would support the Bill and would not change his mind. I hope that that is an accurate reflection of his position.

I will make a few final comments. Throughout the debate, DUP MLAs have said that the message from the Assembly is that people with disabilities are treated as "lesser than". I reiterate what I said earlier: the Assembly does not send out a message that people with disabilities are not "lesser than" when it comes to PIP, welfare reform and its inaction on the many demands from disabled campaigners. We must not forget the disgraceful way that people with disabilities were treated during the pandemic, never mind the fact that disabled women need abortion, as has been said again and again. Does the DUP's desire to help people with disabilities stop at the need for an abortion?

It is remarkable that the Bill sponsor gets more animated about a hashtag on Twitter than the desperate and traumatic impact of restricting abortion. That tells us all that we need to know. For the record, however it happens, I hope that we kill the Bill. If it passes, it would be very dangerous for women across the North.

Clare Bailey rightly highlighted the level of myth in the Chamber throughout the debate. She spoke about the rejection of medical fact and the shameful lack of knowledge on the hard realities facing pregnant women who need abortions, especially given the gut-wrenching testimony offered by women who have experienced this. The idea put forward by one MLA that removing access to abortion would reduce pressure on women is incredible. Removing choice and options in healthcare for women is dangerous and backward. As Clare Bailey said, it causes fear. Doing so in order to protect the fetus, regardless of the consequences to the woman carrying the fetus, is cruel and unjust.

How low is the DUP's opinion of women that it believes them to be so cruel and careless that they need to be prevented from making decisions about their pregnancy?

I agree with Clare Bailey that the DUP is playing politics. It knew last year, when Sinn Féin tabled an amendment that had the same intent as this Bill, that it would be a useful way of exposing Sinn Féin. It has done that, but shame on the DUP for using political games to get one over on Sinn Féin at the expense of women. It is proof, again, of what the DUP thinks of women across the North, especially, in this case, those who are in need.

Like Mr Stalford, I was left none the wiser as to how Sinn Féin was going to vote after Michelle O'Neill's intervention, which set out over and over again that we need modern and

compassionate healthcare, while implying that Sinn Féin would rather see women on boats than getting access to abortion here in the case of severe fetal abnormality. Telling women that they have to carry a pregnancy with a severe anomaly to full term against their will is state coercion. There is nothing moderate or compassionate about it, nor is there anything compassionate in Sinn Féin's wanting to extend the law from Dublin to here.

In reality, that would represent a rollback on rights. It would guarantee that women still have to travel, and it is not human rights-compliant. It might clarify Sinn Féin's position for the press, but, for those of us who knew their policy, it is a reiteration of what we are campaigning and fighting against: limitations, barriers, cruel restrictions and heartache. As Michelle O'Neill said to the DUP, we see you.

There is nothing moderate, modern or compassionate about Sinn Féin's abortion policy. Being better than the DUP on any rights issue is hardly much of a yardstick. I urge Sinn Féin MLAs to vote against the Bill. One thing that I join Michelle O'Neill in saying is that the demands of the pro-choice movement are stronger than any barriers that Stormont can erect. It has ever been that way. It is how decriminalisation was won. It was how repeal was won. It is how we will get services on the ground, and it is the only way in which women will once again get Sinn Féin and other MLAs to budge on this issue. The sooner, the better.

I will conclude my remarks there. I will oppose clauses 1 and 2 standing part of the Bill. I invite all pro-choice MLAs to do the same.

**Mr Speaker:** Before I put the Question, I remind Members that the House will vote on whether clause 1 should stand part of the Bill.

*Question put, That the clause stand part of the Bill.*

*The Assembly divided:*

*Ayes 43; Noes 45.*

## **AYES**

*Mr Allister, Mrs Barton, Mr Beggs, Mr M Bradley, Ms P Bradley, Ms S Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Butler, Mrs Cameron, Mr Chambers, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Durkan, Mr Easton, Mrs Erskine, Mr Frew, Mr Givan, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mrs D Kelly, Mr Lunn, Mr*

*Lyons, Mr Lyttle, Mr McCrossan, Mr McGlone, Mr McGrath, Miss McIlveen, Mr McNulty, Ms Mallon, Mr Middleton, Mr Newton, Mr Poots, Mr Robinson, Mr Stalford, Mr Storey, Mr Weir, Mr Wells.*

*Tellers for the Ayes: Mr Givan and Mr Lunn*

## **NOES**

*Dr Aiken, Mr Allen, Dr Archibald, Ms Armstrong, Ms Bailey, Mr Beattie, Mr Blair, Mr Boylan, Ms Bradshaw, Ms Brogan, Mr Carroll, Mr Catney, Mr Delargy, Mr Dickson, Ms Dillon, Ms Dolan, Ms Ennis, Ms Ferguson, Ms Flynn, Mr Gildernew, Ms Hargey, Ms Hunter, Mr Kearney, Mr G Kelly, Ms Kimmins, Mrs Long, Mr McAleer, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr Muir, Ms Á Murphy, Mr C Murphy, Mr Nesbitt, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Miss Reilly, Ms Rogan, Mr Sheehan, Ms Sheerin, Mr Stewart, Ms Sugden, Miss Woods.*

*Tellers for the Noes: Ms Bailey and Mr Carroll*

*Question accordingly negatived.*

*Clause 1 disagreed to.*

## **Clause 2 (Short title and commencement)**

*Question put, That the amendment be made.*

**Mr Speaker:** I have been advised by the party Whips that, in accordance with Standing Order 113(5)(b), there is an agreement that we can dispense with the three minutes and move straight to the Division.

*The Assembly divided:*

*Ayes 43; Noes 45.*

## **AYES**

*Mr Allister, Mrs Barton, Mr Beggs, Mr M Bradley, Ms P Bradley, Ms S Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Butler, Mrs Cameron, Mr Chambers, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Durkan, Mr Easton, Mrs Erskine, Mr Frew, Mr Givan, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mrs D Kelly, Mr Lunn, Mr Lyons, Mr Lyttle, Mr McCrossan, Mr McGlone, Mr McGrath, Miss McIlveen, Mr McNulty, Ms Mallon, Mr Middleton, Mr Newton, Mr Poots, Mr Robinson, Mr Stalford, Mr Storey, Mr Weir, Mr Wells.*

*Tellers for the Ayes: Mrs Cameron and Mr Givan*

**NOES**

*Dr Aiken, Mr Allen, Dr Archibald, Ms Armstrong, Ms Bailey, Mr Beattie, Mr Blair, Mr Boylan, Ms Bradshaw, Ms Brogan, Mr Carroll, Mr Catney, Mr Delargy, Mr Dickson, Ms Dillon, Ms Dolan, Ms Ennis, Ms Ferguson, Ms Flynn, Mr Gildernew, Ms Hargey, Ms Hunter, Mr Kearney, Mr G Kelly, Ms Kimmins, Mrs Long, Mr McAleer, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr Muir, Ms Á Murphy, Mr C Murphy, Mr Nesbitt, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Miss Reilly, Ms Rogan, Mr Sheehan, Ms Sheerin, Mr Stewart, Ms Sugden, Miss Woods.*

*Tellers for the Noes: Ms Bailey and Mr Carroll*

*Question accordingly negated.*

**Mr Speaker:** Before I put the Question, I remind Members that we will now vote on whether clause 2 should stand part of the Bill.

*Question put, That the clause stand part of the Bill.*

*The Assembly divided:*

*Ayes 43; Noes 45.*

**AYES**

*Mr Allister, Mrs Barton, Mr Beggs, Mr M Bradley, Ms P Bradley, Ms S Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Butler, Mrs Cameron, Mr Chambers, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Durkan, Mr Easton, Mrs Erskine, Mr Frew, Mr Givan, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mrs D Kelly, Mr Lunn, Mr Lyons, Mr Lyttle, Mr McCrossan, Mr McGlone, Mr McGrath, Miss McIlveen, Mr McNulty, Ms Mallon, Mr Middleton, Mr Newton, Mr Poots, Mr Robinson, Mr Stalford, Mr Storey, Mr Weir, Mr Wells.*

*Tellers for the Ayes: Mrs Cameron and Mrs Erskine*

**NOES**

*Dr Aiken, Mr Allen, Dr Archibald, Ms Armstrong, Ms Bailey, Mr Beattie, Mr Blair, Mr Boylan, Ms Bradshaw, Ms Brogan, Mr Carroll, Mr Catney, Mr Delargy, Mr Dickson, Ms Dillon, Ms Dolan, Ms Ennis, Ms Ferguson, Ms Flynn, Mr Gildernew, Ms Hargey, Ms Hunter, Mr Kearney,*

*Mr G Kelly, Ms Kimmins, Mrs Long, Mr McAleer, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr Muir, Ms Á Murphy, Mr C Murphy, Mr Nesbitt, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Miss Reilly, Ms Rogan, Mr Sheehan, Ms Sheerin, Mr Stewart, Ms Sugden, Miss Woods.*

*Tellers for the Noes: Ms Bailey and Mr Carroll*

*Question accordingly negated.*

*Clause 2 disagreed to.*

*Question put, That the long title be agreed.*

*The Assembly divided:*

*Ayes 42; Noes 45.*

**AYES**

*Mr Allister, Mrs Barton, Mr Beggs, Mr M Bradley, Ms P Bradley, Ms S Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Butler, Mrs Cameron, Mr Chambers, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Durkan, Mr Easton, Mrs Erskine, Mr Frew, Mr Givan, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mrs D Kelly, Mr Lyons, Mr Lyttle, Mr McCrossan, Mr McGlone, Mr McGrath, Miss McIlveen, Mr McNulty, Ms Mallon, Mr Middleton, Mr Newton, Mr Poots, Mr Robinson, Mr Stalford, Mr Storey, Mr Weir, Mr Wells.*

*Tellers for the Ayes: Mrs Cameron and Mrs Erskine*

**NOES**

*Dr Aiken, Mr Allen, Dr Archibald, Ms Armstrong, Ms Bailey, Mr Beattie, Mr Blair, Mr Boylan, Ms Bradshaw, Ms Brogan, Mr Carroll, Mr Catney, Mr Delargy, Mr Dickson, Ms Dillon, Ms Dolan, Ms Ennis, Ms Ferguson, Ms Flynn, Mr Gildernew, Ms Hargey, Ms Hunter, Mr Kearney, Mr G Kelly, Ms Kimmins, Mrs Long, Mr McAleer, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr Muir, Ms Á Murphy, Mr C Murphy, Mr Nesbitt, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Miss Reilly, Ms Rogan, Mr Sheehan, Ms Sheerin, Mr Stewart, Ms Sugden, Miss Woods.*

*Tellers for the Noes: Ms Bailey and Mr Carroll*

*Question accordingly negated.*

*Long title disagreed to.*

**Mr Speaker:** That concludes the Consideration Stage of the Severe Fetal Impairment Abortion (Amendment) Bill. The Bill stands referred to the Speaker. I ask Members to take their ease for a moment or two before we move to the final item of business in the Order Paper.

*(Mr Deputy Speaker [Mr Beggs] in the Chair)*

*Motion made:*

*That the Assembly do now adjourn. — [Mr Deputy Speaker (Mr Beggs).]*

## Adjournment

### Belfast Rapid Transit: South Belfast

**Mr Deputy Speaker (Mr Beggs):** In conjunction with the Business Committee, the Speaker has given leave to Christopher Stalford to raise the matter of Belfast Rapid Transit (BRT) in South Belfast. The Member has up to 15 minutes.

**Mr Stalford:** I want to put Members at ease by assuring them that I do not intend to use the full 15 minutes that have been generously allocated to me by the Speaker. I want this to be a friendly conversation amongst Members who have shared policy goals and objectives on the issue.

At the outset, it is important to state that I support the Belfast Rapid Transit scheme, and I support its coming into my constituency. My chief concern with where things are at present is that, while an active debate is going on in north Belfast around the options — Shore Road or Antrim Road — we cannot have that debate in the south of the city because, thus far, only one option has been put forward by Translink. That is not necessarily the way in which we should do it. I am not suggesting that we go for the model that has been applied in the north of the city of comparing two options. I would like to see the Department engaging in a wider consultation that involves the communities that could benefit from the scheme. If we are talking about communities in which transportation infrastructure is poor, bus routes are insufficient or it is difficult for people to access public transport, we should involve those communities. I am sure that Members will agree that, oftentimes, the lack of bus services is raised as an issue in our constituencies; it is raised in my constituency in respect of the like of Belvoir and Milltown. The BRT can play a part in solving that problem, if we have the conversation with people and if it is a community-led conversation that can steer the development of the expansion of Belfast Rapid Transit into that part of the town.

A concern has been raised with me about the provision of the Glider on the Ormeau Road. Businesses on the Ormeau Road are

concerned about deliveries. Take, for example, the Centra, which is up and across the road from Cooke Centenary Presbyterian Church. When the Centra is getting a big delivery, a lorry will be parked outside the store. The reason for that is simple: there is no rear access for delivery vehicles to almost any premises on that block, from the former Ormeau bakery up to the Orange hall. There is no rear vehicular access for deliveries. That is a major concern for many of the businesses. It has been raised with me as, I am sure, it has with lots of other representatives from the constituency.

In the context of COP26 and everything that has just happened, there has been a public focus, and the public has focused its imagination, on the real challenges that we face in producing cleaner, greener living spaces; tackling the threat of climate change; and making a contribution to reducing our reliance on private cars. I do not think that there is any dispute among us about that. One of the issues with, first, the route and, secondly, simply putting in a transit line, for want of a better expression, is that the contribution that it can make to those overall aims that I have mentioned will be limited. While everybody might be looking at the shiny thing — the route that Belfast Rapid Transit will take — there is a much wider policy context. I am sure that the Minister agrees with me on that. I am talking about improving walkways and the provision of spaces for people to cycle and developing greenways. My constituency has the biggest urban forest in Europe. Belvoir Forest is a massive facility that could be used to develop that wider policy context. Everyone recognises that we need to think globally and act locally. That is certainly the case when it comes to the provision of transport infrastructure in South Belfast.

### 6.00 pm

As I said, I previously secured time to raise this issue, and that came out of conversations that I had had with local businesses and some of the community in and around Ballynafeigh. It is important that this is a friendly conversation amongst people who have shared policy objectives, including the Minister, and that we can kick-start that debate and that discussion. I have outlined just some of the small areas of concern that I have, and I hope that the Minister will take an assurance from me that I will be her friend on this.

Let us see whether all parties can come together in pursuing a shared objective. Let us learn the lessons from east and west Belfast,

where Belfast Rapid Transit has been in place for some time. Let us identify areas for improvement and take on board the lessons that have been learned in the east and west about the rapid transit system that is operating there. I am sure that lessons can be learned. I am sure that there are ways in which the south and the north of the city can apply those lessons to deliver a rapid transit system that works for all our people. In doing so, we can achieve our goals of improving the environment and tackling the threat of global warming and climate change. We can see this in the much wider context of improving the overall transportation infrastructure in the constituency. It is quite funny that, when there is a discussion about infrastructure, SDLP MLAs ask when the Finance Minister will give the Infrastructure Minister more money; Sinn Féin MLAs ask when the Infrastructure Minister will concentrate on the savings that need to be made. I will not do that, and I am sure that we will not do that in this discussion. I hope that my remarks have kick-started the conversation and that other Members here can participate in it.

**Ms Hargey:** Thanks to Chris for bringing this important issue to the House, and thanks to Nichola —

**Mr Deputy Speaker (Mr Beggs):** Sorry. I should have advised that all remaining Members will have six minutes to speak on this constituency issue.

**Ms Hargey:** Hopefully, I will take less time than that. I am speaking in my capacity as an MLA for the area, and I am also speaking on behalf of Sinn Féin, which has had engagement with the community and local businesses on the proposals that have been laid out.

As a party, Sinn Féin is committed to improved public transport, improved air quality, a reduction in emissions and a reduction in car dependency in the south of the city and, indeed, across society. We support phase 2 of the Belfast Rapid Transit system, and, indeed, the proposed route. That was in our response to the consultation. We welcome the enhanced access to Forestside shopping centre, Cairnshill car park and park-and-ride facilities and, of course, the extension to Queen's University because of the flow of people who go there.

We feel that the scheme needs to look at additional stops to take this scheme into Carryduff, which is an expanding neighbourhood. Over the past year or so, I have engaged with the Carryduff Regeneration Forum, many of the sporting organisations and,



indeed, with residents. As officials said, there was some difficulty with the roundabout there, but stopping phase 2 at Cairnshill will cut off the opportunity and potential to connect with that expanding community. We see its definite growth in the number of people who now live there and the number of homes that are being built, and both will only increase in the time ahead. So, rather than waiting until, potentially, 2027, if there is an opportunity to add one or two stops to take Belfast Rapid Transit phase 2 into Carryduff, I ask the Minister to look favourably at the opportunities that that would present.

Off the back of the engagements that we have had with local communities and the business community — Christopher reflected on that — there are concerns about how phase 2 will operate and about its impact on businesses. Ensuring that there is a comprehensive traffic impact assessment to understand the impacts and bring in the appropriate mitigations is also a concern. As in phase 1, we argue for an appropriate financial mitigation package for those who would be affected by the proposed changes and for consideration of other ways of mitigating any negative impacts that may arise notwithstanding the positive impacts of a rapid transit system that we see playing out from phase 1.

It is also about making sure that there is improved and appropriate cycle infrastructure. Could that be done at the same time, in order to complement the expansion of Belfast Rapid Transit phase 2? I know that the Department works with the Department for Communities to look at the public realm and connectivity with the surrounding communities. It is fair to ask how we can use an investment of this scale, working across government with other Departments, to engage communities. Often, when you look at regeneration, particularly in Belfast in the 1960s and 1970s, you see that roads infrastructure was used to cut off, disconnect and sever communities from opportunities and, indeed, from each other. There is learning from that with which I know that the Minister is very in tune, as we have had conversations about it before.

With Belfast Rapid Transit phase 2, there is potential to look at how we can build on the cycle infrastructure and the public realm through greenways and by engaging neighbourhoods and communities on how we can reconnect and restitch them through the potential of the Belfast Rapid Transit system. Like others, I look forward to continued engagement on it with the Minister and her Department.

**Mr O'Toole:** I am pleased that we can debate phase 2 of the Glider today. It is an important subject. It is, hopefully, the last thing that we will debate before Christmas and is a subject that will, as has been said, bring a degree of consensus and positivity to the Chamber.

It is important to acknowledge that a large measure of the work that the Minister has done in her time at the Department has been about putting in place the groundwork, if you will pardon the pun, to address the systemic underinvestment that we have seen over generations in our public transport network in this city, across Northern Ireland and, indeed, across the island of Ireland.

To put it bluntly, one of the things that people find most striking when they come to Belfast is how geared towards the car and roads it is. Frankly, whatever your view of individual road expansion projects, this city is in too many places a spaghetti junction of roads with vast numbers of lanes, where investment in public transport and the public realm has been deprioritised for decades, if not generations. It is too hard to walk and cycle around too many parts of this city.

That is the starting point. We also have the climate crisis to face. That is the burning platform that we all need to get off in the century to come. It is the big challenge that we need to face, so we have two interlinked challenges: the climate crisis and the fact that this city is far too geared towards the car. It is far too difficult to move around this city on public transport. You do not need to compare it only with big metropolises such as London and New York. Compare it with smaller cities. There is Dublin, of course, but there are also smaller cities dotted around Britain that have much more integrated commuter rail, for example, and rapid transit systems.

In a sense, the Glider system is a vital part of building a greener, more active transport system in our city, but, again to put it bluntly, it is also about us catching up with other cities because we did not make the investment in it in years and decades gone past. That is therefore the starting point for me. The Glider system, as people have acknowledged, has its flaws relative to other systems, but you start from a basis of what is practical and deliverable.

I echo a lot of what has already been said by Christopher Stalford and Deirdre Hargey about some of the specific questions and issues. I will raise a few myself, but I wanted to start by putting that on the record.

Frankly, no debate about public transport in Belfast could proceed without acknowledging how bad it has been and the current position, which is that public transport in the city is not and has not been good enough, and that is before we even get on to the climate crisis. I also do not need to mention the very serious issue with air pollution. Belfast is the third most-polluted city in the UK. Our air quality is terrible. I do not need to mention it because the previous Member who spoke will probably know much better than I do how bad the air quality is in Cromac Street. It is shameful that people who live in and around the Markets and the lower Ormeau have to breathe that air. Investing in public transport is something that we have to do.

Earlier this year, there was a detailed consultation on the specific route for BRT phase 2. As a party, the SDLP is obviously very broadly supportive of that consultation. As was said, and as the Minister will, no doubt, say, the whole purpose of a consultation is to deal with specific questions and issues. We have an advantage when delivering the Glider in South Belfast because, as mentioned, we have the example of the west to east route. We know the specific issues that were faced by some traders on the Falls or Newtownards roads, so the system can be built around building in solutions, engagement and consultation upfront to deal with those.

It is also true to say that that connection between two parts of the city that were not directly connected previously is terrific. It is genuinely wonderful that someone can get on a Glider in Andersonstown, the Falls or even the city centre and go for a bite to eat in Ballyhackamore. Someone can also get from the east of the city to the new Andersonstown leisure centre and its famous and amazing water slides. It is brilliant that that connectivity exists in the city in a way that it did not before. I want to see that from north to south.

As part of that, it will be important — it is one of the reasons why the recommended route is down the Ormeau Road — for it to go down a route where there are attractions and businesses that can benefit from it. For example, there are growing hospitality and independent retail sectors in and around Ballyhackamore. Hopefully, people have been out spending their Spend Local cards there. It is wonderful, and one of the things that facilitated that was the Glider. That is something that we need to consider including for the Ormeau Road.

As the previous Member who spoke did, I want to touch on the critical issue of Carryduff. I have engaged with the Carryduff Regeneration Forum. That part of the city is expanding, and the section of the A24 from Cairnshill to Carryduff is largely zoned for housing. Given that we know that the BRT phase 2 will not be fully implemented until 2027 at the very earliest, there is a strong argument for looking again at the Carryduff extension. Clearly, there are four lanes of traffic there already, and, as I said, we have examples of other outer parts of Belfast, such as Dundonald and out towards Andersonstown and Dunmurry, where the Glider has been implemented. I would be keen on exploring that for Carryduff as we go forward.

In general, it is a really important and positive development for the south of the city. The consultation is there. Local traders, including those in Ballynafeigh, who are right to have specific questions, need to be engaged with, and they will engage with it, as should others, indeed, in the north of the city. However, we are talking about the south of the city. I welcome the debate and thank my constituency colleague for securing it.

**Ms Bradshaw:** I thank Christopher Stalford for securing the debate. I start my contribution by saying that the Alliance Party is very supportive of the proposal. As others do, we have some concerns, but I will start with the positives, including the fact that the Ormeau Road has been chosen as the route for the BRT phase 2. Also, as the previous Member who spoke mentioned, the success and growing popularity of Ballyhackamore has been down to the fact that that regular service passes through there. The Ormeau Road is certainly one of the in places in the city now, which is great to see.

I share the concerns about the difficulties that will arise from the loading bays if the scheme proceeds. However, there is also the issue of people parking along the Ormeau Road. While we would all like to move towards a greener system, we cannot get away from the fact that people will use their cars. I would reflect very much on what has happened in west Belfast, primarily around the back of the Royal Victoria Hospital, where a lot of cars have been moved into neighbouring communities, causing residents difficulties in being able to park outside their doors. That is another issue that has not been touched upon today. We know that those roads are tight enough and that parking spaces outside houses are at a premium, so that would certainly have to be considered by looking, for example, at whether

we need a residents-only parking scheme to run alongside this.

### 6.15 pm

I will move on. I very much concur with others who indicated that the route should extend all the way to Carryduff. The fact that the planning permission for the new Lidl supermarket went through last week is wonderful and much-awaited news for local residents. It will be fantastic to put some heart back into that area. I also urge the Minister to do what she can to expedite the Carryduff greenway scheme. That has a lot of potential but has stalled, as a lot of capital projects did during COVID. A wee bit more energy could be brought back to that scheme.

Like Christopher Stalford, I have concerns that parts of South Belfast are not properly and adequately served by public transport. He mentioned Belvoir estate, as I am about to. That is a huge area. Opportunities could be looked at for linking this scheme into Belvoir estate in some way. However, I will not repeat what others have said. I welcome the debate and thank the MLA for securing it tonight.

**Ms Bailey:** I thank my colleague Christopher Stalford for bringing this debate to the House. Listening to the comments, we know that one bus will not solve the climate crisis, nor will it solve air pollution. Of course, most people are supportive of upgrading public transport in South Belfast. Like others, I have heard concerns about phase 2 of the Glider scheme that are a direct result of the Department's failure to prioritise and commit to active travel and sustainable transport measures over the years.

While there is much to be welcomed about the introduction of a service that seeks to connect north and south Belfast and that promotes better transport, the question of why we have to choose remains. Why do we have to choose between the Ormeau Road and the Ravenhill Road or between the Shore Road and the Antrim Road? Why do we have to choose between extending the service out to Carryduff or Glengormley or the other way? Of course, businesses on the route will have the same concerns, no matter where it goes. We hear about Carryduff being zoned for housing but, as constituency MLAs, we are very aware that the infrastructure in the area cannot sustain the level of development that is already happening.

It is 2021, and we are in code red for humanity, but we are still being told that we have to wait

until 2027 for one bus route. That is the extent of our ambition. I truly fail to comprehend how it is beyond the Department, along with Translink — our sole public transport operator — to come up with a comprehensive bus and rail network across every part of the city and, indeed, across Northern Ireland as a whole. Bus-lane priority could be implemented swiftly across the entire city. That could be done now. Off-board ticketing systems could be implemented now.

I do not need to be convinced of the benefits of a Glider: it is just a more modern bus, for goodness' sake. It is currently, however, still a fossil-fuelled bus. I just do not understand how two routes in about 15 years is in any way adequate or sufficient. Residents and businesses have concerns about the routes that have been suggested so far. I have spent time discussing their issues with them. No one is opposed to better public transport; it is the Department's approach of working away in a silo and then opening up a consultation on what people feel is a predetermined route that understandably puts people's backs up.

**Mr O'Toole:** I thank the Member for giving way. I largely agree on lots of that stuff, but I gently ask the Member to acknowledge that she called for a comprehensive public transport system in Belfast. Does she acknowledge that, by definition, that would also involve residents and businesses having questions and concerns? Any massive improvement to a public transport system will, by definition, involve people having concerns, if you see what I mean. This is a relatively discrete one when compared to a comprehensive one, but I hope that the Member sees the point that I am making.

**Mr Deputy Speaker (Mr Beggs):** The Member has an extra minute.

**Ms Bailey:** Thank you, Deputy Speaker.

**Mr Stalford:** Will the Member give way briefly?

**Ms Bailey:** I will just address the concerns that were raised. I have already said that, no matter where the bus goes and what the route is, businesses and residents on that route will have concerns. That is a given.

The whole point is that their concerns are linked to not being engaged. Things are done in silos. They feel that the consultation that was put out was a tick-box exercise and that there were predetermined outcomes without their engagement.

I am happy to give way.

**Mr Stalford:** Thank you. Ms Bailey has touched on exactly the point that I was going to make. The key point is co-design. If schools, businesses, local communities and groups feel that they are actively involved in the design of the project, they will take a sense of ownership to an extent that would not have been the case otherwise.

**Ms Bailey:** Thank you for that. Co-design is where I was going.

Of course, the residents and businesses along the arterial routes want to see their areas thrive. They also know and understand their areas. They understand their problems. They see and understand the opportunities better than engineers or departmental officials ever could, so they should be actively involved in designing such schemes. As Christopher said, we hear a lot about the need for co-design and co-production, but we have yet to see any evidence of that taking place at ground level.

I heard about a lot of the fears in the run-up to the launch of phase 1 of the Glider. I think that we are all thankful that there is very little evidence of very much materialising from that, and that, largely, the whole development scheme has been very positive. However, we need the Department and Translink to communicate better in the early stages with those who will be directly affected in order to allay their fears, to explain to people what the thinking is and to get their buy-in, and to make sure that everybody is heading in the same direction. We have to take communities with us. We cannot keep doing things to communities and expect them to get on board. That is the nub of the feedback that has come back to me. It is not opposition; it is about inclusion. It is about listening to what the communities want and identifying potential opportunities.

I am really glad that the last item of business in the Chamber before Christmas is a South Belfast-focused discussion. I wish everyone — Members and Assembly staff — a very happy holiday, however you choose to spend it, and a very peaceful and productive 2022.

**Mr G Kelly:** It may not have escaped people's attention that I am a Member for North Belfast, but —

**Ms Mallon (The Minister for Infrastructure):** Hear, hear.

**Mr G Kelly:** The Minister is as well, of course. I thank her for coming here.

Agreement has, to a great extent, burst out from all the things that have been said, so I will say just a couple of wee things, although they may be repetitious.

Consultation and co-design are crucial. We have to learn lessons. There are lessons to be learned from phase 1. I live on the route. I ended up having to dig up my garden to try to find somewhere to park my car, so I know about some of the problems. A consultation was done in North Belfast, and I presume, from what Members have said, that one was done in South Belfast. Consultation with all the stakeholders is very important. That includes businesses. There are over 100 businesses along the Antrim Road. I am sure that there are as many, or even more, along the Ormeau Road.

We know about the problems, one of which is parking. Paula mentioned the Falls Road and the RVH. If we had free parking for those who work in the hospital, a lot of the problems with cars in Beechmount and all those areas would be alleviated. The biggest problem is that the people who work all day in the hospital do not want to pay those amounts.

I support the Carryduff proposal. It is about thinking big. As Clare said, it will not sort out all the problems, but we should think big and go to Carryduff on one side and Glengormley on the other. There are 20,000 people in Glengormley. I do not know how many people there are in Carryduff, but the service would provide connectivity right into the city centre and back out again. For that reason, we need to look at extending it. I know that that becomes more and more difficult and that there is an issue of resources. Cycling lanes, greenways and footpaths need to be included. There is congestion around schools and businesses.

There are loads of schools on the Antrim Road, but if becomes something that the schools can all use, it could take away a lot of the traffic caused by parents etc.

It has been mentioned that we can look at whether there are alternatives in an area, especially by way of public transport. For instance, on the Shore Road, you have the railway and the motorway. The argument that I make is that the Antrim Road has neither of those things and is a very congested area.

Tourism also comes into it. You have the zoo, the castle, Cavehill Country Park and the jail. I recommend that you go to the jail now that it is closed: as an ex-tenant, I know that it is much

more comfortable now. There is also the Waterworks.

The connectivity with health should also be taken into consideration. There are mental health and anti-suicide facilities at the Mater Hospital, the Carlisle Wellbeing and Treatment Centre, the Old See House, PIPS, AWARE, Lighthouse and the Bridge of Hope all within a reasonable distance.

Parking is a very important issue, despite what I said about the Falls Road. The issue is finding areas where you can decide to have parking. If we do not have the road any more, we need to look at how we can set up parking in areas that are free now.

The biggest issue is the pre-planning, which has been mentioned before. We need a plan well beforehand for co-design so that it can be looked at. That way decisions can be made, because you might end up saying, "That might have been a good idea on paper, but, practically, it is not a good idea because it will cause massive disruption". Someone — I think that it was Chris — mentioned loading: you have to have a facility so that people can still load, otherwise you will have more congestion. That means setting out different areas where those people can cross to do that. We have done a lot of consultation with commuters and residents on that, and when you talk to residents and people who are affected, you find out more than you think you know.

There is a general acceptance that, despite the problems, phase 1 was a good thing. That is why phase 2 is getting the type of backing that it is getting, but, as a number of people have said, there are problems. If we can sort them out before we start, we will be well ahead.

Cycling was mentioned. Let me argue very forcefully for that. There is a dearth of facilities for cycling. Cycling would be good for people's health, never mind anything else, so it would be massive if we could have that as part of the plan.

I thank the Deputy Speaker for allowing me that leeway because he knows that I am from North Belfast; I tried my best to connect things up. My last effort is that the Antrim Road would be the most effective, sustainable and logical area for the scheme in North Belfast.

**Mr Deputy Speaker (Mr Beggs):** I thank the Member for connecting his speech to the subject matter. I invite the Minister to respond to the debate. You have up to 20 minutes.

**Ms Mallon:** First, I thank the Member for South Belfast Mr Stalford for securing the debate. This is an opportune time for the House to debate the introduction of BRT2, given the essential need to focus on promoting and providing more active and sustainable travel opportunities, and it is a key element of our climate action. Members will recognise that one of my key priorities as Minister for Infrastructure is to develop sustainable transport projects, green our infrastructure and encourage more people to use our public transport.

As Members from across the House have rightly identified, phase 1 of the Belfast Rapid Transit Glider service has been a hugely transformative project for Belfast, providing a modern, improved public transport experience for people who live, work, socialise and, importantly, visit our city. It has also improved connectivity across the east-west corridor in the city and, most importantly, increased the numbers of people using public transport. It is my hope that, when delivered, BRT2 will add to the opportunities and transport choices for people living on the north/south corridor and beyond.

The past 18 months have undoubtedly been very tough for public transport as a result of the pandemic.

However, it is vital that we continue to build and plan for future enhanced public transport provision. As Members will know, I launched a public consultation on 26 July, and it closed on 4 October. The purpose of that was to seek the views of the public, businesses and elected representatives on a number of potential routes for BRT2. I am pleased to say that the consultation attracted a significant response, with 1,200 responses being received. My officials are considering the feedback.

### 6.30 pm

I assure Members that I am listening, and a final route has yet to be determined. I am aware of the case that is being made for extending BRT2 into Glengormley in north Belfast and for the extension into Carryduff as part of the southern route. I am also conscious of the cases that are being made for the Shore Road in north Belfast and the Antrim Road, as Mr Kelly highlighted, and of Mr Stalford's views. I reassure Members that I am happy to consider those matters further, and I will be informed by the comments and views of local residents, businesses and elected representatives in North Belfast and South Belfast as final

consideration is given to the BRT2 routes and, of course, its design.

I also reassure Members that we have carefully considered the lessons to be learned from the roll-out of BRT1. Mr Stalford and Mr Kelly raised that issue. I want to give you that reassurance. From our experience of BRT1 it was clear that good communication and engagement were vital, as Ms Bailey highlighted. Officials are open to meeting elected representatives, local businesses and residents and, indeed, have done so as part of the consultation process. We also recognise the importance of working with local businesses and residents to ensure that we look at the mitigations that can be put in place to address concerns and reduce the disruption. Ms Bailey captured the tensions that exist in trying to do that. I can understand her frustrations around the lack of a radical approach to transforming public transport. She also rightly identified the need to take communities with us. That is why I agree with Members about the need for consultation and working with local communities as we shape their communities and the opportunities that are before them.

I want to address the important point that Mr Stalford made about recognising that it is not just about the Glider. When we are identifying preferred routes, we also want to look at what we can do to enhance the public transport offering in areas. We will look at it in a much wider field and see whether we should give consideration to feeder services. I assure Members that we are not just looking at having a single Glider route and forgetting about everyone else who lives in the north and south of our city.

I agree strongly with the point that was made by Ms Hargey and a number of Members about seeing this as part of a catalyst for regeneration. This is about improving the active and sustainable travel options for communities in north and south Belfast and about connecting the wider city. It is also about ensuring that it is complemented by public realm schemes. I am conscious of A Bolder Vision for Belfast, which the Department for Communities, the Department for Infrastructure and Belfast City Council are working on. Councils have their local development plans. There are a lot of opportunities to take a more strategic and cohesive approach to all that. We should be excited by that.

I will touch on one or two points that Members raised. I take the points that were made by Mr O'Toole, Ms Hargey, I think, and, certainly, Ms Bradshaw about the Carryduff element. I

acknowledge that it is a growing and expanding neighbourhood. It is the same for Glengormley. One of the lessons that we learned from BRT1 was about the importance of weighting the non-monetary benefits of a scheme, such as access to opportunity and looking at issues around deprivation. We will give careful consideration to those things. Ms Bradshaw made the point about the Carryduff greenway. The Member will know that I have rolled on the blue-green fund for a second year. That is a capital fund. However, I am keen to work with councils. We are investing in greenways again this year.

I am keen to work with the council to advance that project. There are multiple benefits to be had from it.

I will draw my remarks to a close. Given that the consultation has just closed, I am very much in listening mode. The next steps will be our consideration of all the responses received and, after that, the publication of a public consultation report containing details of the deliberations and responses to the suggestions received. I look forward to working with the elected representatives of North Belfast and South Belfast as we work together to advance the project.

I join Clare Bailey in wishing all Members, Assembly staff and the staff in my Department a very happy and, hopefully, peaceful Christmas.

**Mr Deputy Speaker (Mr Beggs):** I, too, wish Members and staff a happy, peaceful and safe Christmas and new year.

**Mr Stalford:** On a point of order, Mr Deputy Speaker. Speaking as the father of four children under 11, I can assure you that there will be nothing peaceful about my Christmas  
*[Laughter.]*

*Adjourned at 6.36 pm.*

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