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Northern Ireland Assembly

Tuesday 23 April 2024

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

Members observed two minutes' silence.

Members' Statements

Mr Speaker: There is no Speaker's Business, so we will move straight to Members' Statements. As usual, there will be no interventions.

Dr Rosemary Coogan

Dr Aiken: I rise to speak as the Chair of the all-party group on science, technology, engineering and mathematics (STEM) to congratulate Dr Rosemary Coogan on being selected for the final stage of her astronaut programme and being awarded her astronaut wings yesterday. It is a remarkable achievement for someone from Northern Ireland to join the European Space Agency's astronaut programme, but it also highlights the importance of the space sector to Northern Ireland.

It was not so long ago that, here in Belfast, we had the UK Space Conference, at which many companies from Northern Ireland demonstrated their ability to work in the space programme. Indeed, some of you might be surprised by the amount of work that is done in Northern Ireland towards the space programme. Work is being done in not only our universities and the Armagh Observatory, but in some of the great companies that we have in Northern Ireland such as Thales, which is heavily involved in the Artemis programme.

We are all proud of everything that Dr Coogan has done. Now that she has joined the astronaut programme and is very likely to fly, I hope to have her here in Parliament Buildings at some stage to talk about the importance of STEM, particularly to our young people — especially our young women — who will see that the study of engineering, science and technology is a great way ahead and a great way forward.

Finally, before I sit down, I will also talk about the new all-party group on aerospace, defence and space that I am setting up. That will be a

great opportunity for all of us to encourage those developments here in Northern Ireland.

Special Educational Needs Services: Downpatrick

Mrs Mason: I am very concerned that Downpatrick has been identified as one of the areas that is under the greatest pressure with regard to special educational needs. That is extremely worrying.

Too many young people and their parents are being failed by the current system. Each of us will have had anxious and worried parents come through our office doors at breaking point, because, after sitting on waiting lists for months, sometimes years, they have been told that there is no place for their child. That is not acceptable.

Young people with special educational needs and their families in South Down and across the North must have access to properly funded first-class services. We have consistently called for an overhaul of the SEN system to ensure that it meets the needs of children and families. We ask the Education Minister to work alongside the Health Minister to transform special educational needs provision so that it delivers for children in Downpatrick and across the North.

Isle of Man: Closure of Fishing Grounds

Miss McIlveen: On 6 February, the Isle of Man Government launched a consultation on a proposal to close vast areas of their fishing grounds, which the Northern Ireland trawl fleet has fished for generations. The consultation closed on 18 March, and access was shut off on 1 April. The Manx Government's evidence document admitted that they cannot accurately measure the value of the fishing area to our trawl fleet. It also recognised that the closed areas interfere with trawl patterns in ways that

make even trawling adjacent to the closed areas unviable.

The Isle of Man Government purport to have done that to protect blue-carbon habitats, but the science does not support blanket trawling bans as an effective measure. It is suspected that the purpose of the closure is the Isle of Man's proposal to establish a pot fishery for prawns where our vessels trawled. With Northern Ireland vessels out of the way, they have granted themselves a free run. However, there are flaws in the evidence document. In practice, only one in four of the animals in the pot fishery will be of marketable size to langoustine buyers, so it will not be the higher value fishery that the document suggests. To achieve the hoped-for economic benefit, instead of licensing 400 pots per boat, they will require more than 1,600 pots. The environmental impact of each boat working 1,600 pots is potentially catastrophic.

The UK Government gift the Isle of Man additional fishing quotas every year, which include prawn and herring quotas. Surely that cannot be allowed to continue, when the reward for that generosity is having our traditional fishing grounds snatched away from us. The ban will cause financial stress for almost every trawlerman in Northern Ireland, and it will put pressure on the 1,850 full-time equivalents in our fishing industry and those that they support. It is imperative that DEFRA, in recognition of this devastating decision, provides some means of compensation for the loss and to support diversification, perhaps in the form of additional herring quota. In no way will that replace the economic value of what has been taken, but Northern Ireland's fishermen need our support and a principled stand must be taken. I call on the Agriculture Minister to urgently meet his Manx counterpart to request that the position that has been taken be reversed, and to speak to the Secretary of State at DEFRA and the Fisheries Minister to discuss alternatives for our fleet.

Historical Clerical Child Abuse

Ms Bradshaw: I want to put on record my frustration at the ongoing delays in the interdepartmental working group between the Executive Office and the Department of Health bringing forward any meaningful work on historical clerical child abuse. Members will be aware that that working group was established in 2017 to pick up on areas that fell outside the remit of the inquiry into historical institutional abuse, including mother-and-baby homes, Magdalene laundries and workhouses and

historical clerical child abuse. We know that work has been progressing on the mother-and-baby homes, and I look forward to chairing a session on that topic at the Committee for the Executive Office in May. Work on clerical abuse, however, appears to be far behind after seven years.

The Executive Office's website states:

"A high-level investigation plan has been developed and it is hoped to procure delivery partners by Autumn 2023."

That has not happened and there is no evidence of it. Furthermore, from papers provided to Committee members, we have seen that the Executive Office intends to:

"commission research into Historical Clerical Child Abuse to inform next steps".

It is many years, probably six, since I accompanied members of Birth Mothers and their Children for Justice Northern Ireland to a meeting with TEO officials, and I was advised then that that was TEO's plan.

At a meeting of the Health Committee in November 2020, we were told by representatives of the working group that they were:

"about to embark on the commissioning of research that will, ultimately, determine the Executive's actions to address the needs of individuals affected by historical clerical child abuse."

We were advised that the timescale for commissioning that research was "the coming weeks" and that the period covered by the research would be from 1968, due to the introduction of the Children and Young Persons Act in that year. I include that date in my remarks to indicate that time is not on our side in securing robust evidence.

There is a recurring theme: always just about to move forward with the research but never quite doing it. One of my main frustrations is that the procurement process, when it begins, can, we know, take months. Then, the research is conducted and the report is written, and, before we know it, two more years are lost. Then, the officials have to take their time to review the findings, conclusions and recommendations and consider what to put to the Ministers. Meanwhile, the victims and survivors of historical clerical abuse are left with the pain, shame and lifelong trauma of what happened to

them. We can no longer continue to tolerate that. I call on the First Minister and deputy First Minister to sign off on the terms of reference for the research.

Test Cricket: Stormont

Mr O'Toole: I welcome warmly the news that we are going to have a Test cricket match at Stormont. That is wonderful news. Cricket is a sport that has a proud and really fascinating history on this island. I am from Downpatrick, where cricket has historically been played; indeed, I used to work in the bar, pulling pints, at Downpatrick Cricket Club. Before I worked there, it had hosted the famous West Indies team of the 1980s and, indeed, the South African team of the 1990s. Obviously, it is only in the last few years that Ireland has become a Test nation. The first Test match was at Lord's last summer, and there was a subsequent Test match in Dublin. However, this will be only the second Test match played in Ireland and the first played in the North. That is wonderful news, and it is something to celebrate. I congratulate Cricket Ireland and, up here, the Northern Cricket Union and the North West Cricket Union on making it happen. I believe that they have engaged with the Communities Department. I encourage that partnership to continue.

Cricket is one of those sports that I wish I had played. I would have loved to learn how to spin bowl, but I did not get round to it. Maybe there is still time for me. Of course, it has many devotees in this place whom you would not automatically expect. Our former leader John Hume was an enthusiastic cricket player and supporter. Indeed, the former deputy First Minister, the late Martin McGuinness, was also a big cricket fan, which, of course, sometimes surprises people.

Cricket really is an example of pluralism and diversity as it works itself on the island and in this part of the island, which is something to celebrate. It is also an example of how sport can not only exemplify plurality on this island but unite us in our diversity. We have seen that in other arenas. We have seen it with the rugby team, which was triumphant, although not quite as triumphant as we would have liked in terms of the Grand Slam, but it won the Six Nations this year. We have seen it with the soccer teams on both sides of the border, albeit they have not been as successful recently in terms of qualification. We have also seen it with the GAA, which is reaching huge new communities and places, including east Belfast, where this match will be played in the summer.

Of course, some people prefer one-day cricket to Test cricket. They think that Test cricket can be grinding, attritional and difficult to watch. Some might say, "What better place for it than Stormont?". I would not say that: I would say that this will be a wonderful feast of sport. It should be part of building Belfast into a centre for sport. We will, hopefully, have the Euros at Casement Park in a few years' time. This is wonderful news. It is something to celebrate. Let us hope and keep our fingers crossed that —

Mr Speaker: It is great to see you so enthused, but your time is up, Mr O'Toole.

Mr O'Toole: — the weather is good for us. Thank you, Mr Speaker.

Classroom Assistants: Pay and Conditions

Mr Delargy: Today, I rise again to speak on behalf of classroom assistants. Classroom assistants deserve fair pay and conditions. They have been waiting too long, and they cannot wait any longer. It is time for the Education Minister to deliver fair pay and conditions now.

10.45 am

We have had agreement across the Assembly on many issues. One of those is provision for children with special educational needs. Why, then, are we still waiting for the Education Minister to deliver fair pay for classroom assistants, who provide support for children in our schools and enhance children's educational experience every day? I ask that for the many classroom assistants whom I have worked with as a teacher and the many whom I have met and listened to as an MLA. Staff are leaving in their droves because of inadequate pay and conditions. At a time when we are talking about workforce planning and encouraging people to become classroom assistants, where is that recognition? Where is the fair pay?

I want classroom assistants to know that we in Sinn Féin have your back. I want them to know that we will continue to fight for their pay and stand up for fair contracts and conditions.

Rathcoole Primary School: Families First Awards

Mr Brett: I stand to celebrate the success of Rathcoole Primary School and Nursery Unit at the Families First Awards, which took place on

Saturday evening. Rathcoole Primary School was given three separate awards at the event, including a highly commended award in the best principal category for principal Emma Quinn, the school of the year award and the WOW award for a school culture that tries to ensure that its pupils thrive.

Rathcoole Primary School has been transformed in recent years. I pay particular tribute to our former Education Minister Michelle McIlveen, who is here today. She invested much time and effort to ensure that Rathcoole Primary School continues to grow and thrive. I thank the parents, pupils and leadership at Rathcoole Primary School, who, despite operating in some of the most economically challenged and socially deprived wards in Northern Ireland, continue to deliver educational excellence for our young people and ensure that the future generations of North Belfast have the education and support that they need to truly fulfil their potential.

Mid Ulster Hospital: Thompson House Unit

Ms Sheerin: I rise to draw attention to the deepening concern felt in my area about the lack of capacity in ward 6 of the Thompson House unit in the Mid Ulster Hospital site, or, as it is still commonly known at home in south Derry, "the old maternity end". The rehab unit is a brilliant facility, but there is a massive issue with capacity there. It is used predominantly by patients who are ready for discharge from the hospital but are not quite ready to go home following a fall or some other incident. It is both a cause and effect of our enduring crisis in domiciliary care in south Derry, which means that people who should be at home but cannot be because of the lack of a care package end up in the rehab unit for longer than they need to be, and people who are in hospital cannot get into the rehab unit when they are ready because there is no space for them.

Recently, I dealt with two families who brought this to my attention. Last week, I was told about a husband and wife who both had falls at home recently. The wife, who is a dementia patient, has been in the rehab unit and made great progress, but she cannot return home because there is no domiciliary care package for her. Her husband is in the Antrim Area Hospital and ready to be discharged to ward 6, but he cannot get there because there is no bed for him. It is a really desperate situation. Their family is obviously experiencing massive stress, strife and anxiety over the head of it, and there is little we can do to offer a solution.

Another family contacted me just over the weekend. Their elderly mother, at 80 years of age, fell and broke her hip. She had her surgery eventually and will soon be ready to be discharged to ward 6, but she cannot because there is no capacity.

I raise the issue here in the hope that the Northern Trust and Minister can do something to increase capacity for that vital service in our area.

Excess Deaths

Mr Frew: The Northern Ireland Statistics and Research Agency (NISRA) has recorded, for week 15 of 2024, that we have breached over 500 excess deaths, with 502. To put that in context, we have been experiencing excess deaths for two years now, but, this time last year, for week 15 of 2023, it was recorded that there were 117 excess deaths. Last year, there were 117, but, this year, there are 502. It took us until the week ending 24 November 2023 to reach 503 excess deaths, yet the Health Minister refuses to call for an investigation of excess deaths. The Chief Medical Officer and the Chief Scientific Adviser play down the figures, and the media continue to ignore the deaths.

I take the opportunity to again call on the Health Minister to make a statement to the House and to commence an investigation of excess deaths in this country.

A5: Anniversary of Road Deaths

Mr McCrossan: I pay tribute to the memories of three victims who died on the A5 — three members of the one family. The first-year anniversary of their deaths will be this week, on Saturday 27 April. On that day a year ago, travelling home from the funeral of a family member in England, they were travelling along the Aughnacloy section of the A5. The McSorley and McKane family members were in a minibus when, unfortunately, a tragic and terrible accident occurred. Of those on the bus, three lost their lives. One was Julia McSorley, and I am thinking on her husband Patsy, her son Patsy, her daughter Maria, her son Shane, her son Colin and her daughter Julie. Dan McKane lost his life, and I am thinking on his daughters, Cara and Ruth. His sister Christine McKane also lost her life in that accident, and I am thinking on Nicole, Gary and Danny. I know that the House will join me today in keeping them in our prayers as they face what will be an extremely difficult week.

That accident was one of the most horrific to have occurred on the road. It has hit hard in the community of Newtownstewart and in Strabane, and it has impacted deeply and very harshly on the wider family. Three members of the family survived that terrible crash, but I know that they have struggled all year to comprehend what happened. There are young people and children at the heart of this and a family who are suffering tremendous pain. The road continues to put people's lives at risk daily, and there is no day on which I do not hear of a serious accident. Unfortunately, the McKane family faced the worst possible consequences of that on a difficult section of the road. Fifty people have died on that road, and hundreds, if not thousands, have been injured. Unfortunately, unless the road upgrade is delivered, more will face terrible consequences. We need a decision, and we need one soon. Today and this week, given that a year has almost passed, I would like the McKane and McSorley family to know that they are in our prayers and that the Members of the House are thinking on them and on all families who have been affected by tremendous loss on the A5 road.

Brain Tumour: National Strategy

Mrs Erskine: Today, across the UK devolved regions, there is a campaign by the Brain Tumour Charity to ask all locally devolved Health Ministers to introduce a national brain tumour strategy. In late February, the Brain Tumour Charity launched an open letter addressed to the four UK Ministers. Within just three weeks of that letter going live online, it had exceeded its target of obtaining 40,000 signatures and had reached over 52,000 before it closed on 15 April. Today, Members of the Assembly have jointly written to our Health Minister to ask him to work on and implement a national strategy.

Brain tumours remain the biggest cancer killer of those under 40. That is a staggering reality, yet there have been few clinical breakthroughs compared with other diseases, with treatment options still mostly limited to surgery, chemotherapy and radiotherapy, all of which are tough on patients. There are also difficulties in getting a diagnosis. The Brain Tumour Charity carried out a survey that indicated that 41% of respondents said that they had visited their GP three times or more before getting a diagnosis. There needs to be an improvement in our health service for patients with a brain tumour in diagnosis, care, treatment and research. That is why, today, representatives across the political spectrum and across parties

are coming together across the UK jurisdictions to call on the Health Ministers to tackle the issues through systematic change and a comprehensive national brain tumour strategy that covers the whole patient pathway.

Safety of Rwanda (Asylum and Immigration) Bill

Mr Allister: Last night, the Parliament of the United Kingdom completed the passage of the Safety of Rwanda (Asylum and Immigration) Bill. I do not think that it will deliver the stopping of the boats, but the issue of primary concern to me is in respect of Northern Ireland. That question is this: will the Bill even apply in its full reach to this part of the United Kingdom? I raise that question because of the fact that, under the protocol, the European Charter of Fundamental Rights continues to apply to this part of the United Kingdom and this part alone.

We have already seen how the Northern Ireland Troubles (Legacy and Reconciliation) Act 2023 was struck down by our High Court because of incompatibility with the protocol. The logic and legal pathway that gave rise to that would equally apply to the provisions of the Rwanda Bill vis-à-vis Northern Ireland and the special arrangements that exist under the charter of fundamental human rights. Of course, the legacy Act case is under appeal, but, subject to that, it seems to me that, by virtue of the fact that article 18 of the Charter of Fundamental Rights has a special protection for asylum seekers, we are on course for the distinctly unacceptable possibility that the Rwanda Bill's ability to remove asylum seekers will not apply with the same force and effect to Northern Ireland, creating a further border, this time an asylum immigration border, and underscoring the iniquity of the Union-dismantling nature of the protocol.

It is something that one will watch with great interest, noting that the Rwanda Bill purports to disapply portions of the European Convention on Human Rights but does not disapply any portions of the Charter of Fundamental Rights, which, of course, applies here. Hence my conclusion that we are likely to see great disparity in the approach and great detriment to our supposed position as an integral part of the United Kingdom.

Royal Black Institution: Memorial Service

Mr Elliott: Joined by other Members, I attended a service on Sunday in Killyman church to

remember eight members of the Royal Black Institution in that small area who were murdered by terrorists during the Troubles. Those members — Frederick Greeves, Cormac McCabe, Samuel Clarke, David Graham, Robert Bloomer, George Gibson, Stanley Hazelton and David Wilson — were all murdered by terrorists in cold blood. Cormac McCabe, for example, was a local schoolteacher who was kidnapped and brutally murdered by terrorists.

I am pleased that the Royal Black Institution held that service to remember those people and put their names on a bannerette that will always be close to them. They will remember them, future generations will remember them, and it puts down the facts of what happened to those people: that they were brutally murdered. Those people were part of the community. They worked in their civilian life — just, as I said, like Cormac McCabe, who was a schoolteacher — doing things for the community and educating our people for the future, and that was how they were treated. It is absolutely despicable. I commend and congratulate Killyman Royal Black district for doing that and for remembering those who were close to their hearts and their families.

Assembly Business

Public Petition: Adult ADHD Services

Mr Speaker: Peter McReynolds has sought leave to present a public petition in accordance with Standing Order 22. The Member has up to three minutes in which to speak.

11.00 am

Mr McReynolds: I rise to speak on behalf of thousands of adults who are living with or potentially living with attention deficit hyperactivity disorder (ADHD) across Northern Ireland. All MLAs in the Chamber will be aware of the fight that parents face annually to attain access to statements or support for children in an education setting. It is rightly argued by some, however, that we have already missed two generations of children, now adults, who have had to mask their symptoms or suffer internally with the overwhelming nature of everyday life. One doctor whom I met recently explained to me that we are all walking on a treadmill in life but those with ADHD do so on a level 6 incline, meaning that they can complete their walk but it will be more fatiguing and easily lead to burnout.

My interest in the area was piqued when I asked a question for written answer of the current Health Minister about how many adults were on the waiting list for an ADHD diagnosis in Northern Ireland. I was stunned when I received the reply that, because there are no commissioned services for adults here, there is no need to keep such a list. Since then, I have received hundreds of emails, messages and phone calls from people telling me about their daily lived experience, about how the lack of commissioned services impacts on them, about the spiralling costs that some inflict on themselves each month and about the sheer postcode lottery across our trusts.

The petition that I present today has received 3,586 signatures in the three short weeks since I launched it. We call for an adult ADHD service to be commissioned in Northern Ireland and for the Health Minister and his officials to get an urgent grip on the issue rather than take the organic approach that has been allowed to happen, which is simply not enough. People have been suffering for too long. They are told that it is unlikely that they will be seen by someone in the health service for three to six years. The private sector has all but shut its doors owing to demand. People are receiving bills of hundreds of pounds for medication that

one person described to me as being transformative to their life. In 2024, that is a disgrace.

I thank you, Mr Speaker, and your officials for arranging to accept the petition so quickly. I take the opportunity to thank Sarah Salters and Keith Anderson from ADD-NI, a charity that has been operating for the past 27 years that has been of massive help and support to me and the adults who have contacted me about their experiences. I also thank Claire and Stephen Loftus for highlighting this injustice through their own experiences and the long list of people who have communicated with me through social media and my office.

While I do not expect the petition to lead immediately to the introduction of services here, I see it as an important first step towards their introduction. Anyone watching today can rest assured that I will not stop raising the issue until people living with ADHD receive the support and dignity that they deserve.

Mr McReynolds moved forward and laid the petition on the Table.

Mr Speaker: I will forward the petition to the Minister of Health and send a copy to the Committee for Health.

Executive Committee Business

Hospital Parking Charges Bill: Consideration Stage

Mr Speaker: I call the Minister of Health, Mr Robin Swann, to move the Consideration Stage of the Hospital Parking Charges Bill.

Moved. — [Mr Swann (The Minister of Health).]

Mr Speaker: Members will have a copy of the Marshalled List of amendments detailing the order for consideration. The amendments have been grouped for debate in the provisional grouping of amendments selected list. There is a single group of four amendments that deal with the date for the ban on charges.

I remind Members who intend to speak that they should address all the amendments on which they wish to comment. Once the debate on the group is completed, the other amendments in the group will be moved formally as we go through the Bill, and the Question on each 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 will proceed.

Clause 1 (New date for ban on charges)

Mr Speaker: We now come to the amendments for debate. With amendment No 1, it will be convenient to debate amendment Nos 2 to 4. In that group, amendment Nos 1 and 2 are mutually exclusive; amendment Nos 3 and 4 are mutually exclusive; amendment Nos 1 and 3 are linked; and amendment Nos 2 and 4 are linked.

I call Mr Gerry Carroll to move amendment No 1 and to address the other amendments in the group.

Mr Carroll: I beg to move amendment No 1: In page 1, line 6, leave out "12 May 2026" and insert "1 September 2024".

The following amendments stood on the Marshalled List:

No 2: In page 1, line 6, leave out "2026" and insert "2025".— *[Mr McGrath.]*

No 3: In page 1, line 9, leave out "12 May 2026" and insert "1 September 2024".— *[Mr Carroll.]*

No 4: In page 1, line 9, leave out "2026" and insert "2025".— *[Mr McGrath.]*

Mr Carroll: Every day, at the side of this Building, I walk past a small fleet of gleaming, top-of-the-range cars with a chauffeur in the driver's seat. Those cars, which park for free and are paid for through the public purse, belong to the very Ministers who are imposing — reimposing, rather — hospital parking charges on health workers and patients.

In hospitals across the city and beyond are our trust chief executives, many of whom opposed free hospital parking for staff and patients from the outset. At this moment, their cars are parked for free outside their place of work. People in the Assembly should think long and hard about the message that that sends out to health workers and the sick, who are set to face two more years of punitive taxation at the Executive's hands.

As People Before Profit has said time and again, hospital parking charges are a tax on health workers and on the sick. Health workers are being told that they must pay to work. Patients and their families are being told that they must pay for their illness. What a rotten state of affairs. The Executive tell us that they took in £6.4 million last year from hospital parking charges. That was at the last count. I repeat what I said last week: that is not a huge sum for the Department of Health, but it is an astronomical sum to be made up by health workers and patients who have struggled during the worst cost-of-living crisis in living memory.

We are talking about health workers who have had their pay cut, their bills raised and their overall living standards attacked by the Tories and successive Stormont Administrations. The last time I checked, health workers who have a permit were paying £200 a year to park at their place of work. That is high enough, but Unite, which represents some of the lowest-paid health workers in our hospital, has told us that some workers pay £2,000 a year to park at their place of work. That is almost 10% of a porter's wage. It is scandalous.

The DUP, Sinn Féin, the UUP, Alliance and others tell us what that figure and the earlier figure are per day. They have worked it out. They tell us that the rates hike that they voted through last month is only x pounds and y pennies. Some will tell us that water charges, prescription charges and other revenue-raising measures will cost the public only so much. We should add to that rising rents, rising bills and rising childcare costs. I invite the Executive to add them all up and tell us how much health

workers, patients and others are meant to pay and how they are meant to cope with the situation.

Parties across the Chamber had no problem with voting for free hospital parking charges in the mouth of an election. The then and current Health Minister, Robin Swann, and his UUP colleagues could not wait to welcome them. The now junior Minister Aisling Reilly was seen posing for photos outside the Royal Victoria Hospital and telling voters how Sinn Féin had scrapped hospital parking charges. Lo and behold, now that the time has come to pay the piper, they have gone sheepish all of a sudden. They now tell us that there is no alternative and that the big, bad Tories are imposing another austerity budget. Ministers bemoan the devastating impact that it will have on public services, yet have agreed, once again, to do the Tories' dirty work for them.

I challenge the Executive today to put it up to the Tories and to say that our hospitals, workers' pay, schools and so much else cannot be weighed against a rotten Tory ledger. I challenge them to spend the money that is necessary to protect patient lives, educate our children and lift people out of poverty and then to tell the Tories that they need to find the money.

The Executive want us to believe that the state cannot afford the £10 million or so that it will cost to provide free parking, while handing some £400 million to private agencies for the provision of staff in our hospitals. While the private sector milks our health system dry, health workers and patients are asked to pick up the pieces. That is what it boils down to.

I put it on record that, from the outset, I and my party opposed the delay to scrapping hospital parking charges. Most other parties here voted to impose them for another two years. We are prepared to offer an alternative. The Health Minister says that the technology necessary for free hospital parking should be ready by September, so we are prepared to take him at his word. We want to speed up the process and scrap the charges by September. If he is telling the truth when he says that the necessary technology should or, perhaps, will be in place, there is no good reason why he, his party and other Members should not accept our amendment.

If the Executive parties do not vote for our amendment, we will have called their bluff. A refusal to support our amendment will prove that the legislation was never about technological or logistical issues but was always about squeezing more money from

people, including health workers and the public. Our amendment will ensure that patients, health workers and trade unions will know where the Executive really stand on the issue when all is said and done. We want hospital parking charges scrapped for good, as the Assembly voted for two years ago, and not just for electoral gain, which the Executive parties have shown once again that it was. If the Executive impose this regressive tax on health workers and patients, I will call on the public to organise a campaign to oppose them and to, hopefully, see the charges scrapped once and for all.

Mr McGrath: I welcome the opportunity to speak at Consideration Stage. While I welcome the Minister's response on the Bill last week and the level of clarity provided in his comments, it was as a result of those comments that we felt an amendment would be the best course of action.

In the previous mandate, all Executive parties supported the Hospital Parking Charges Bill through its entire legislative process. Today, all four of the Executive parties — Sinn Féin, the DUP, Alliance and the UUP — support the use of accelerated passage to delay the removal of hospital car parking charges. While, admittedly, it is for the Executive parties to justify or not justify their position, they have all had the opportunity to table an amendment to the Minister's Bill, and they have not done so.

Last week, Sinn Féin expressed its disappointment that the Hospital Parking Charges Act 2022 had not been implemented and asked how hospital car parking charges could be justified. The DUP said that it hoped that it would not take two years to get the 2022 Act into operation. The Alliance Party said that it supported the Hospital Parking Charges Act and welcomed its passage through the Assembly in the previous mandate. Alliance also stated that the Bill does not alter the intentions of the 2022 Act, but it does. The UUP has given its full support to today's Bill.

Let us not dance about it: while all parties endorsed the original Bill to remove hospital parking charges just before the election in 2022, today, only the Executive parties endorse delaying that by another two years. The SDLP and others want to see earlier removal of hospital car parking charges. However, as the Department evidently cannot deliver that within the time frame set out in the Act, the official Opposition have tabled two amendments to today's Bill.

Our two proposed amendments are minor and will work for patients and their families. The

need for patients to have easy access to hospital services is obvious. It would be remiss of me not to mention that Asthma + Lung UK are in the Building today to launch its "Saving Your Breath" report, as it advocates the need for close and free access to hospital car parking services for those suffering from asthma. Its event will take place between 1.00 pm and 2.00 today. Our amendments will also work for hospital staff and, we believe, for the Department. That is the work of a constructive Opposition.

The Minister outlined last week that the need for the delay was the result of a lack of access to NHS England's shared business services framework. The health and social care trusts here had to set up a regional procurement plan of their own, and that resulted in a legal challenge. The legal challenge has now been resolved, and the Department still hopes to award the contract for the new system this month. The Minister has said that the system will not be ready until September and suggested that there will be a need for another few months to complete the process of ordering the equipment, assessing ground conditions and installing the equipment. We believe that will take us up to about February 2025.

While we recognise the good intent behind Mr Carroll's two amendments, it is our view that the Department will not be able to deliver on them. Should those amendments be made, the charges will be abolished on 1 September 2024, at which stage the barriers will go up for everyone, but the trusts will still be implementing the new system.

That will only cause confusion and disarray for patients, their families and hospital staff. The SDLP amendments, on the other hand, provide a proper lead-in time for the legislation.

11.15 am

Mr O'Toole: Will the Member give way?

Mr McGrath: Yes, of course.

Mr O'Toole: Does the Member agree that this and our amendments are really about honesty and competence in government? If the Executive parties regret the legislation's passing in 2022, they should have the honesty to say that they do not want to implement it. However, if they think that there are no logistical reasons why it cannot be implemented in a year's time, they should explain why our amendments are not acceptable. Our amendments are clearly designed to allow the

change to be implemented, but with an amended lead-in time.

Mr McGrath: Absolutely, and I thank the Minister who, throughout the Second Stage debate and this debate, has been upfront and honest about the impacts of the Bill. However, it really is galling to see people jumping up and down, saying that the delay is absolutely horrendous, and then voting at every stage to create the delay. There is something in there that does not match up. It is important for the public and the staff who work for patients at the affected hospital sites to realise that you cannot have both: you cannot say, "It is a disgrace and it needs to change immediately", and then say, "But we will delay it and delay it". Contrary to what Sinn Féin, the DUP, Alliance and the UUP say, there is no need to delay the removal of charges at hospital car parks for two years.

There are further questions on which we require clarity from the Health Minister. Last week, I twice asked the Minister specifically about the expedited introduction of free car parking for staff. In one response the Minister said:

"There is work on that that is, again, dependent on this legislation going through."
— [Official Report (Hansard), 16 April 2024, p70, col 1].

He also said:

"I have therefore directed that there be consistency across all trusts for those who apply for the parking permits that will be free of charge from the date of implementation."
— [Official Report (Hansard), 16 April 2024, p68, col 2].

Can we get an assurance today on when that provision will be made available for staff? When will that be introduced? I ask that because we know that the removal of hospital car parking charges will, should it happen, provide a welcome morale boost for our hospital staff who work in some of the most pressurised environments.

However, I add a note of caution, which I would like the Minister to reply to in his remarks, on the criteria that will be set for free car parking for staff. We know that, at some of the larger sites, a significant number of staff receive varying scales of pay. If one of the criteria is based on income, will some staff will lose the ability to get a free pass? For example, could a nurse lose out on a pass because they earn more than a porter? On top of that, at the Committee, we heard from departmental staff

that the criteria might also mean that a consultant would meet the criteria due to their working across three sites in a day. They might have surgery to perform in one hospital, a clinic to hold in another and be on call. We could have a nurse not being able to avail themselves of the pass because they earn more than a porter, but also because they do not meet the criteria that a consultant does. If that nurse lives in Carryduff, they might have to take the bus into the city centre and the Glider out to the Royal, which means that they would incur more cost than if they were paying hospital car parking charges. That cost could be above and beyond what they were paying for car parking. In other words, it could cost them more. Does the Minister think that that could be an unintended consequence of the 2022 Act? Did the initial sponsor of the 2022 Act ever discuss that with him?

Last week the Minister said:

"I have had the conversations with Aisling Reilly, the sponsor of the previous Bill, and she knows my intended consequences of moving this legislation." — [Official Report (Hansard), 16 April 2024, p69, col 2].

Surely this is something that has not just transpired. Was it not discussed that, rather than there being universal free car parking for staff, there would be criteria set and free car parking for some — not all — staff? Was that discussed with the sponsor of the then Bill throughout the legislative process? Were the Executive aware that there would not be a universal free facility as a result of the legislation? Have all the Minister's Executive colleagues been made aware that there will now be a tiered system of free car parking for staff and that many staff will, in fact, lose out?

As I said, the SDLP amendments are minor. The amendments that we have proposed would speed up the removal of car parking charges for patients, their families and healthcare staff, some of whom are spending thousands of pounds every year on parking charges. The timescale that we offer is achievable: we have suggested changing it to one year down the line instead of two. We have examined the Hansard reports of the Committee engagement and the Second Stage of the Bill and see no reason for delaying it for a full two years. We appreciate that, for whatever reason or regardless of who is at fault, the legislation has not progressed at the speed at which everyone who voted for it in 2022 understood that it would progress. However, a two-year wait is unfair and ridiculous, given the evidence that we have been presented with. That is why we have

proposed the reasonable compromise date of May 2025 for the removal of that unfair tax on patients, their families and hospital staff. I urge other Members to support the SDLP amendments.

Ms Kimmins: I will not rehash the comments that I made last week. It is very clear that this is a Sinn Féin Act. We, particularly the primary sponsor, Aisling Reilly, worked extremely hard on this legislation. We consulted with the widest possible range of people on it. I do not accept the comments that others have made that we are delaying this because we regret the Act. We are completely committed to delivering on this for people. We have made that clear, time and again. However, we have to be realistic with people. The Minister and his officials have said that it is not possible, so it would be unfair to give people false hope by saying that we must continue to pursue it when we know that it is not possible. It would be completely unfair of us to do that and give people hope. We do not want to be in this situation, and the Minister said that he feels the same.

We understand why it has to be delayed — we heard the reasons in Committee — but I have some questions that I would like the Minister to answer as part of the debate today. Realistically, could the timeline be brought forward? We were told in Committee by officials and the Minister that it will take until at least September for the required infrastructure to be implemented. What else is required to ensure that the full removal of hospital parking charges can be implemented, and do we have a timeline around that? We have said at every stage that we do not want to delay this, but if that could be brought forward, we are happy to consider the amendments that are in front of us today. Can the Minister give us some clarity around how long it will take for it to be fully implemented? I acknowledge that we have had two years to look at this. The trusts have also had two years to look at it. I have heard about the challenges, but they are the same challenges that we heard about in the first debate.

We have been engaging. In Committee last week, we heard from the RCN. We have heard from the junior doctors committee and lots of different representatives about their views on the recent developments. It is very clear that we need to make sure that this is delivered at the earliest possible stage, but we have to be honest with people about how realistic that is. We want to ensure that that is done at pace, but we want to make sure that it is done properly, so that we do not have to come back here in September, or in six or eight months' time, and

go through this all over again, with people saying, "What is actually happening?"

I ask the Minister to outline a realistic timeline as to what is involved. Does he foresee that being done? We have said that the two-year date is not a target; we want it to be done as quickly as possible. I am also conscious that we may be dealing with another Minister during that period, so we want to ensure that it is a very streamlined process in order to avoid any disruption or unnecessary further delays.

Mrs Dodds: As the Member who spoke before me said, we do not — I made this absolutely clear last week — resile from the original Bill. That Bill was voted through with our support, and we do not resile from it. We cannot state that clearly enough. We supported the aims and objectives of that Bill. However, we are in politics to be practical and reasonable. It is important that, if a Minister says, "I cannot deliver in this particular time", we look at what is reasonable and practical. For that reason, we will not support Mr Carroll's amendment. We want to be clear with people. We do not want to raise expectations for something that we simply cannot deliver and that we cannot ask the Health Minister to deliver.

On that reasonable and practical issue, we want to know this: is there a way that the Minister can truncate his desire to withhold the measure for two years and give us the opportunity to implement the Act earlier? I hope that, by the time that a year has passed, the Finance Minister will be able to have a multi-year Budget, and, therefore, the Minister will have some clarity on the Budget. I hope that the Minister can clarify those issues for us and that we will be able to implement the measure much sooner.

I asked the Minister this question in the previous debate on the issue, and he answered it, but will he clarify whether he will look again at the range of options that are already there? When I met the Northern Ireland Children's Health Coalition, its representatives were absolutely clear that what is available is not adequate to address the needs of families with children who have long-term conditions, such as cancer, and who may be in hospital for weeks on end. They need better supports. Parking is a significant issue for them, and I want the Minister to come back and tell us clearly about that and not just repeat what he said last week. In the interests of being reasonable and practical, I would like the Minister to answer the questions and tell us whether he can shorten that time frame.

I know that the procurement process for operators for the car parks and so on has gone ahead, but I also ask the Minister to tell us whether there is a capital expenditure in buying further land at some hospitals for car parks. I have heard that mentioned a couple of times, and I want to be clear on it as well.

Mr Donnelly: I make my comments as an Alliance health spokesperson. I welcome the opportunity to speak in the debate, which is one of the first Consideration Stages of the mandate. Hopefully, it will not be too long before that becomes a more regular occurrence. The Alliance Party will not support amendment Nos 1 to 4, and we will vote to retain the initial date of 12 May 2026, as proposed in the Bill.

It is, of course, disappointing that the Hospital Parking Charges Act (Northern Ireland) 2022 is not yet ready to be implemented by the intended date of 12 May 2024. Other Members and I highlighted that in the Second Stage debate and at Health Committee briefings on the Bill with departmental officials. During the Health Committee meeting on 11 April, departmental officials told us the rationale for the two-year deferral specifically, as opposed to six months or one year. While the awarding of a contract for traffic management, followed by its implementation, is envisaged to be rolled out by September 2024, as we heard, there is no guarantee that that will be the case. We will be interested to hear the Minister will answer the queries about whether he will be able to provide a truncated period.

In correspondence to the Committee, the Minister indicated that he intends to bring forward a paper setting out his plans for the implementation of the legislation. I encourage him to do that as soon as possible. The Minister should also take the opportunity to develop a funding plan for the implementation of free car parking after the deferral period has ended. The Minister's proposition of making car parking permits free for some Health and Social Care (HSC) staff, subject to criteria, is welcome and should not be delayed. I echo the calls for clarity on that.

One reason why we cannot support the amendments is because of the pressures that are facing the staff in particular in the Department of Health. There are so many issues that the Department needs to work on and prioritise, a few of which include waiting lists, domiciliary care practices, general practice and community pharmacy. If we reduce the deferral period, as we are told, from the proposed two years to one year or just a few

months, the Department will have to focus more of its already strained resources on that single policy issue, possibly to the detriment of others.

11.30 am

Mr O'Toole: I am grateful to the Member for giving way. I am intrigued by the idea that delaying for one year as opposed to two years would put an undue and unnecessary burden on the Department and make it unable, for example, to deal with waiting lists. In that case, why not simply delay it indefinitely? It seems implausible that a delay of one year versus two years would be the difference in the Department's being able to deal with waiting lists and all the rest. I am intrigued to hear the Member's views on that.

Mr Donnelly: Certainly, it was raised in the Committee that certain departmental resources would have to be put into this, and I am sure that the Minister can clarify that in his response.

It is important that all Members consider the bigger picture on issues such as this. I understand that one of the Members who proposed the amendments is a member of the official Opposition, so holding the Executive to account is a key part of their role. Any proposals brought forward by the Opposition need to be workable and take into account the numerous and fundamental challenges facing the Department of Health and, indeed, all Departments.

Ms Bradshaw: I thank the Member for giving way. My concern and that of our party is that we have not yet seen the reconfiguration of the hospitals. In the intervening period, the Minister needs to bring forward proposals for that, because it is not just about better services; it is about better use of public money. That would give the Minister time to look at the issue in greater depth.

Mr Donnelly: Thank you. Certainly, we are looking forward to seeing the reconfiguration plans.

The pressures on the health service are immense and are resulting in unacceptably long waiting lists for treatments and poor health outcomes for many people across Northern Ireland. In that context, we have a responsibility to prioritise addressing multiple ongoing crises, workforce stabilisation and long-overdue reform. That is the basis on which the Health Minister was requesting a deferral period of two years. He has stated that it is his intention that the plans will be progressed to meet the

September 2026 date supported by Members at Second Stage.

Mr Robinson: My contribution today will be short because, as for other Members, the points that I wanted to raise during last week's Second Stage and the queries that I wanted to pose have, on the whole, been answered.

One matter that I raised during my contribution last week, Minister, was not addressed. It is the issue of permits for the dedicated staff and those working shifts, especially the low-paid workers in our health service. Indeed, we received information this week that Northern Ireland junior doctors have reported costs of up to £1,150 a year to park at the Royal Victoria Hospital. Parking for a single shift at Belfast City Hospital can cost £11 a day. Again, following my query last week, will the Minister inform the House how advanced is the issuing of the permits? Who will benefit, and when does he expect staff to be in a position to avail themselves of these? Has the Minister had any conversations with the Infrastructure Minister about creating better transport links between public transport routes and Health and Social Care (HSC) sites?

Mr Swann (The Minister of Health): Thank you for the opportunity to respond to the amendments tabled to the Hospital Parking Charges Bill. The amendments tabled by Mr McGrath would result in the postponement of the introduction of free parking for one year instead of the two years outlined in the Bill. The amendment tabled by Mr Carroll would result in the postponement of the introduction of free parking for three and a half months instead of the two years outlined in the Bill.

Members will recall that I hope that the traffic management system contract will be awarded in the next couple of weeks. In the coming period, it is envisaged that site surveys will be completed by the contractor to look at appropriate locations for equipment, assess ground conditions, assess signage requirements and order equipment. It is also expected that the installation of priority items and equipment will take place by that date. However, I have asked for a further period of approximately 12 weeks. That will be required for the installation of all other automatic number plate recognition (ANPR) items in areas such as the set-down locations, smaller parking areas, bus routes and delivery yards in order to facilitate free movement of on-site traffic and mitigate potential congestion.

Over the following eight weeks, there will be checks to assess whether the system is

working as planned, management reports will be finalised, and data will be added in relation to permitted staff registration details, contractor vehicles and any known recurrent patient registration numbers to enable access to car parks. Training for front-line staff and back-office staff will take place during that period. The three-and-a-half-month timeline proposed by Mr Carroll would mean that, if parking were made free from 1 September 2024, there would still be a significant risk that trusts would not be able to control parking, preserve blue-light routes and protect designated spaces as required through traffic management systems, because those systems will not be fully operational. I think that Mr McGrath has recognised that.

Health and Social Care has advised that, once parking is made free with the desired traffic management system, it will be able to control parking, preserve blue-light routes and protect designated spaces. Trusts are at present fully committed to the implementation of Encompass, which will continue to 2025. I have been informed that the Encompass project impacts on the availability of trust resources in ICT and estates services and that that will need to be taken into consideration in the roll-out of the traffic management system.

A time frame of 12 months, as proposed by Mr McGrath, is not without risk. I have proposed a two-year deferral period to provide my Department with more time to stabilise its finances and allow trusts time and space to fully commit to the roll-out of Encompass without placing additional pressure on ICT and estates time. I propose to use the deferral period to fully implement the infrastructure required to manage free car parking. That period will also allow trusts time to fully review the impact of the new traffic management system and its impact on demand and car park usage and to overcome any teething issues. That will place trusts in the best position to ensure successful roll-out of free car parking after the deferral period.

Ms Kimmins: Will the Member give way?

Mr Swann: I will respond to comments that have been made, and I will then give way to Members if I have not answered their questions during my contribution.

Mr Carroll talked about making permits free. I talked about that last time, Mr McGrath raised the issue, and other Members have spoken about it. If permits become free, a criteria-based allocation system will be rolled out regionally to ensure a fair and consistent award process.

Regionally, there are 5,032 designated staff permit-holder car parking spaces, and over 11,600 staff have been allocated staff parking permits. Those spaces can be shared by part-time staff and hybrid and shift workers. I have committed and will commit in answer to Members' questions today that all 11,606 permits will be made free of charge if a deferral period is agreed. They will become free of charge on 12 May.

Access to a parking permit is currently awarded on a non-criteria-based system in the Southern Health and Social Care Trust and the Northern Health and Social Care Trust. In those trusts, permits have been awarded to staff on a waiting list on a solely first come, first served basis. The Western Health and Social Care Trust does not operate a staff permit system, as the use of the vast majority of its car parking spaces is already free of charge. Criteria-based permit allocation is preferable, as it provides a mechanism by which the staff who most need a car parking permit are prioritised fairly and equitably. Due to limited capacity, not all staff who meet the criteria for a parking permit will have access to one initially, with many staff being placed on a waiting list.

Criteria-based permit allocation is preferable because it provides a mechanism by which the staff who are in most need of car parking permits are prioritised, I have, as the Member identified, directed all trusts to roll out criteria-based permit allocations. The Belfast Trust's eligibility criteria include being required to use a private vehicle on a daily basis to deliver patient or client care; to provide regular clinics; to provide services at more than one site; to participate in a scheduled on-call rota; to manage service staff on more than one site; to hold a blue badge through disability; and to undertake cross-site working. The additional criteria will include the requirement to carry out shift working regularly scheduled to start before 7.30 am or finish after 7.30 pm; working permanently on night duty; being a registered car sharer who is actively sharing on a daily basis; having a public transport journey that involves one or more changes including park and ride and that exceeds one hour of commuting; or being a parent, guardian or carer who uses a private vehicle to transport children or provide caring responsibilities on the way to or from a base site and public transport is not available.

Income criteria are currently not applied in the Belfast Trust or the South Eastern Trust. I note that many lower-paid workers tend to live closer to their workplace at the minute, and that information is coming from our trust staff. Staff

permits are currently allocated on a needs basis, including on the basis of shift working, disability and the time and distance required to travel to the workplace. My intention is to apply the criteria consistently.

Diane Dodds raised a query from the Children's Health Coalition about children with long-term conditions. I indicated at Second Stage that a number of conditions met the criteria for accessing permits. I will now ask that the trusts and my officials who are present engage with the Member and the Children's Health Coalition to see what more work we can do to make sure that eligible parents get full access to the permit system, because that is a criterion that I want to see maintained.

I will take interventions at this stage, initially from the Chair of the Health Committee.

Ms Kimmins: I thank the Minister for giving way. I just want some clarity. He said, when talking about Colin McGrath's amendments, that the 12-month date is not without risk. Can you provide some clarity on that? Given the work that I would expect to have been done in the two years since the original legislation was passed and given where we are now, I would like to think that we now have a clear understanding of what is involved to ensure that the change is implemented. Nothing is without risk, so I would prefer to know whether two years is the more realistic option for having the legislation implemented, because we could be back here in another two years hearing, "We need another 12 months", and that would not be without risk either. Can we get some clarity on what is involved and on how likely it is that full implementation can be successfully achieved in that period?

Mr Swann: I thank the Chair for her intervention. I will address her comments. As I said, the 12-month date is not without risk. The original Bill was introduced over two years ago, and we now face additional challenges with our finances. It comes back to the point that Alan Robinson made, and the Chair raised it as well. If I thought that this could be done in less than two years, that is what the legislation would state. If the changes could be delivered in less than two years, I would seek that my officials do that. To be realistic about delivery, however, and given the commitment that I have made to Executive colleagues that trusts will look at how we manage the financial impact rather than seek additional moneys from the Department of Finance, I think that two years is realistic and deliverable and, to use Mrs Dodds's words, "reasonable and practical". Rather than have to come back in a year's time to seek a further

extension, it makes sense to embed the two years in legislation now, and, if that period can then be shortened, it can be. That is why I ask Members to oppose Mr McGrath's amendments and definitely Mr Carroll's amendments.

I will give way to Miss McAllister.

Miss McAllister: I thank the Minister for giving way. One of my questions was answered during the debate, but I will follow on from what the Chair asked. On the extension, you are saying that you can commit today that, if this is doable before two years but most likely after one year, you will do it. It is important for the messaging that we hear that it will not take beyond the two years to implement, and we should seek that it be done before then.

My other issue is that, last week, we had representatives from the Royal College of Nursing before the Committee, and they explicitly stated their support for free car parking at hospitals to come in as soon as possible and said that a large number of their nurses want to use that. If we are not including income as a criterion, how do we get round the fact that there may be those who do shift work from perhaps 9.00 am until 6.00 pm or 8.00 am until 6.00 pm and therefore fall outside that criterion? What assistance can we give them?

Mr Swann: I thank the Member for her intervention. On her first point, as I said, I considered at the start the time frame that I would ask for in the Bill. I have carefully considered the amendments that Mr Carroll and Mr McGrath have tabled about a change of timeline. I would not be standing here asking for two years if I did not think that that was the reasonable and practical ask to make sure that we can deliver free parking without risk, and, if we can do so, we will bring forward the date.

11.45 am

The specific criteria are about looking at how we support the entirety of our staff base rather than focusing solely on one profession. The criteria that I listed earlier are what I want to see all trusts working towards to make sure that there is a consistent approach across all trusts. It is about those who provide regular clinics or services, hold a blue badge due to a disability, or even do cross-site working. We also look again at the shift criteria and whether it is before 7.30 am or finishing after 7.30 pm. The initial intention of the Bill was to make staff car parking free, as I would like, but we are constrained at the minute to maintaining the number of permits that we have, but we will

make sure that those are accessible to as many people as possible.

Mr Allister: Will the Minister give way?

Mr Swann: Yes.

Mr Allister: I would like to ask the pro tem Minister to be absolutely clear on something that he said a few minutes ago. He is not suggesting to the House, is he, that, if the Department finds that it can do it quicker than the two years, it will do it? I ask that because the terms of the Bill are clear: it does not come into effect until May 2026, so there is no option, surely, to do it sooner, even if you could.

Mr Swann: I thank the Member for his clear and astute point. If we find a point at which we can introduce it earlier, there will always be a point at which the House can change legislation

Mr Allister: It will be new legislation.

Mr Swann: — because we are a legislative Assembly, after all. Issues around the two-year period go back to Mrs Dodds's points on looking for a multi-year Budget that will allow those decisions to be made by the Department. The intention is that it is there for two years; that is why I set the criteria. If we can do things earlier and have the equipment and the finance in place, I hope that whoever is in this place does so.

I move now to some of the other comments that were made. Mr Carroll talked about Tory austerity and certain asks to be made of the Tory Government. I am aware, as, I am sure, Members are, that the First Minister and deputy First Minister met the Secretary of State on 19 April, and have asked for a meeting with the Prime Minister on the challenges that we face. Mr Carroll said, again, that £6.5 million is not a significant sum when it comes to the Department of Health. I can assure him that, when I look at this year's budget, what we want to do, the challenges that we have and what we could be looking at next year, £6.5 million is a considerable sum.

I think that I have answered Mr McGrath and the Chair's questions. Mrs Dodds asked a pertinent question at the end of her contribution about whether capital has been spent on additional car parks. I am not aware that it has, but I will ask trusts to confirm that, because, again, the capital budget line of trusts and the Department of Health is pretty tight, and I would be surprised if it was being used to buy land to

simply extend the car parks estate. Danny Donnelly commented on one year versus two years, and he was supportive of the rationale as set out. I welcome his support on that.

Mr Speaker, I think that I have covered the majority of the points that have been —.

Mr McGrath: Will the Minister give way?

Mr Swann: Yes.

Mr McGrath: Most of this conversation is around two or three issues, all of which will have been known when the Bill was passed. We are hearing a lot about financial implications. It would be clearer to simply say, "We just do not have the money to do this at this time, and that is what we are looking the extension for". Encompass was on the table when the Bill was passed, but it is being used now as the reason for a delay. It seems that it is being brought up as a way of saying, "We can't do it because we're too busy doing something else".

Has the Minister had any indication of how many staff will have parking spaces available? I ask that because if we go back and look at Hansard after Hansard after Hansard of the original debates on the original Bill, we see that it was always the intention of those who were supporting it that there would be universal free car parking. Moving now to that not being the case, and supporting the fact that there are going to be criteria, is significantly different from what the Bill sponsor, and others, were suggesting at the time.

Mr Swann: I thank the Member for his point. As I said earlier when I was talking about the criteria, there are currently 5,032 designated staff-permit-holder car parking spaces across the trusts, but we have 11,606 staff who have an allocated staff parking permit. It is about how we migrate those, with a consistent approach to permits, but also make sure that, come 12 May, those permits are free of charge.

I am sure that the Member will appreciate that, given the challenges created by Encompass, we are still working with very small teams across the trusts to implement what will be electronic criteria. He is aware that the delay in the introduction of the equipment was due to a legal challenge, which has only just been lifted. Given when the work under the original Bill was scheduled, it would have been the same staff working in two different time periods. The delay in the installation of the equipment due to the legal challenge, means that we are now looking

for the installation of the car parking equipment to coincide with the delivery of Encompass. That was not the timeline under the first Bill.

The Member made a very valid point about supporting the lung care event in the Long Gallery. I encourage all Members to go to that. That ties into Mr Robinson's point about the conversations and meetings with the Infrastructure Minister about how we join this up with public transport. I am sure that the Member will be aware that it is an ask of the clean air fraternity that we use public transport as much as possible. We have always looked to staff to do that. It goes back to Ms Bradshaw's point — she is not in the Chamber — and how we look at that reconfiguration. We must make sure that, when we ask patients and staff to travel, we support them not just by offering free car parking and free permits but by ensuring that there is public transport provision.

My primary concern has always been to protect access to hospitals for appropriate users. I know that many colleagues have supported this legislation because of the benefits to staff, patients and visitors. The trusts have been asked to stop charging for all existing staff car parking permits from 12 May. They should put in place a fair and consistent award process for the allocation of staff parking permits as soon as possible. Some trusts already operate a criteria-based system for the allocation of parking permits. Therefore, in the interest of consistency, regional collaboration has been recommended to promote consistency and a timely roll-out.

In conclusion, I do not support the amendments tabled by Mr McGrath or Mr Carroll. I assure Members that I and the Department are committed to ensuring full implementation of the Bill's provisions once they are passed into law, and I ask others to do likewise.

Mr Speaker: I call Mr Gerry Carroll to make his winding-up speech.

Mr Carroll: I want to go through some of the comments that have been made and then make some general points at the end. Mr McGrath, referring to his amendments and mine, said that, if my amendments were voted through, they could bring some "confusion and disarray". I remind him that, last week, the Minister said that the technology should be in place by September. To repeat, I want to take him at his word, hence the date in my amendments.

On a general point, this place should set out its priorities and its views on things, and Departments should take a lead and follow on

from that. The Member called this an "unfair tax", and he is right. However, he criticises the Executive parties for extending it for two years, but he and his party are happy to extend it for another year. The logic of his argument does not really stand up.

The Chair of the Health Committee stated that she and her party are committed to delivery of the Act. She said that she did not want to give "false hope", but she and her party will continue to give false hope by, presumably, voting against these amendments and supporting the Minister's Bill. Generally speaking here, it is a case of free parking for MLAs and Ministers but not for the public — "Do as I say, not as I do".

Mrs Dodds said that her party would not resile from the original Bill but that, in politics, you have to be practical and reasonable. I would argue that it is impractical and unreasonable to vote to reintroduce parking charges, and that it is unfair to impose this regressive tax and penalty on people, which is what it is.

Mr McGrath: Will the Member give way?

Mr Carroll: I will give way briefly.

Mr McGrath: Does the Member agree that, when we had the discussions about the original Bill, never mind delays, there was no mention of criteria being put in place that staff would have to meet to avail themselves of free parking? The whole way through the process, we were led to believe that staff would be able to access free parking and that that was the purpose of the then Bill. Yet, now, the Department will suggest to the trusts that criteria be introduced, which will see many staff not being able to avail themselves of free car parking. Their hopes have been built up and they have been told that they will get money back in their pockets, but the bottom line now is that a sizeable majority of them will not.

Mr Carroll: I thank the Member for his intervention. We discussed that two years ago at the Health Committee. That confirms my suspicion that there is an element in the Department, and, maybe, in the Minister's team, who want to chip away at the legislation. That is my recollection of the briefings at the time, and the Member's comments confirm that. That is very concerning, and it goes against the spirit and the detail of the legislation.

Danny Donnelly, who, if I am correct, is a former healthcare worker —

Mr Donnelly: I still am one.

Mr Carroll: He still is one. He said that he is disappointed about the delay. Again, his party and others are disappointed about the delay, but they are voting for it, which does not really add up. There will be a continuation of the charges for at least two years. I say "at least", because who knows what the new Health Minister will decide and what state our health service will be in in years to come? Mr Donnelly also talked about pressures on the Department. I repeat that £400 million was spent on agency staff last year. Compared with that, £6 million or £10 million is miniscule. The money is there, but the Department, in many ways, is prioritising things in the wrong direction.

Alan Robinson talked about the large figure paid by junior doctors. It would be remiss of me not to talk about the fact that their pay has been reduced and that they are overworked. For them, the parking charges really add insult to injury.

The Minister said that the system will be in place in the coming weeks, with, amongst other things, equipment being ordered. He said that, if my amendment is made, there is a significant risk that the system will not be in place on 1 September. I respectfully say to the Minister that work needs to continue at pace to speed up the implementation of the system. We have had two years to get this correct. Leaving aside the court case and the legal challenges, I sincerely ask what has been done over those two years.

Hospital parking charges are an unfair tax and revenue-raising measure. We heard Members say that it is an important revenue-raising measure in the context of budgets being squeezed. Here we have the absurdity and unfairness of it all. We have huge, out-of-control waiting lists that the public are told to stomach and underpaid health and social care workers, some of whom are on welfare, who, to put the cherry on top, have to continue to pay to go to work for at least another year but possibly two years or longer. In a different context during COVID, some decisions were made quickly. Departments did not always make the right decisions, but those decisions were made quickly. It is beyond belief that it will take some four years to implement the system that Members voted through. I have heard of a snail's pace, but that really takes the biscuit.

There was some allusion to a bogeyman argument that people might park in hospital or health centre car parks if they were free — people just parking there for the craic. There is no evidence of that; no data has been provided. Two years ago at the Health Committee, I

asked departmental officials for that evidence, and it was not provided. That argument does not recognise the fact that, despite charges already being in place, people who work in hospitals and healthcare centres have to park off-site. There is a wider point being made by some Members and Ministers about investment in public transport. I urge them to get on with that at speed.

I ask the House to support amendment Nos 1 and 3, which are in my name.

Mr Speaker: Members should note that, as amendment Nos 1 and 2 are mutually exclusive — amendments that are tabled to the same place in the Bill — and amendment Nos 2 and 4 are linked to each other, if amendment No 1 is made, I will not call amendment Nos 2 and 4.

12.00 noon

Question, That amendment No 1 be made, put and negatived.

Amendment No 2 proposed:

In page 1, line 6, leave out "2026" and insert "2025".— [Mr McGrath.]

Question put, That the amendment be made.

The Assembly divided:

Ayes 28; Noes 48.

AYES

Mr Allister, Mr Brett, Mr Brooks, Ms Brownlee, Mr K Buchanan, Mr Buckley, Ms Bunting, Mr Carroll, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Durkan, Mr Easton, Mrs Erskine, Ms Forsythe, Mr Frew, Mr Harvey, Ms Hunter, Mr Irwin, Mr Kingston, Mr McCrossan, Mr McGrath, Miss McIlveen, Ms McLaughlin, Mr McNulty, Mr Middleton, Mr O'Toole, Mr Robinson.

Tellers for the Ayes: Ms Hunter and Mr McGrath

NOES

Dr Aiken, Mr Allen, Dr Archibald, Ms Armstrong, Mr Baker, Mr Blair, Mr Boylan, Ms Bradshaw, Miss Brogan, Mr Brown, Mr Chambers, Mr Dickson, Mrs Dillon, Mr Donnelly, Ms Eastwood, Ms Egan, Mr Elliott, Ms Ennis, Ms Ferguson, Ms Flynn, Mr Gildernew, Miss Hargey, Mr Honeyford, Mr Kelly, Ms Kimmins, Mrs Long, Mr McAleer, Miss McAllister, Mr McGuigan, Mr McHugh, Mr McReynolds, Mrs

Mason, Mr Mathison, Mr Muir, Ms Mulholland, Ms Á Murphy, Mr C Murphy, Mr Nesbitt, Ms Ní Chuilín, Ms Nicholl, Mr O'Dowd, Mrs O'Neill, Miss Reilly, Mr Sheehan, Ms Sheerin, Mr Stewart, Mr Swann, Mr Tennyson.

Tellers for the Noes: Dr Aiken and Mr Nesbitt

Question accordingly negatived.

12.15 pm

Mr Speaker: I will not call amendment Nos 3 and 4, as they are linked to amendment Nos 1 and 2, neither of which were made.

Clause 1 ordered to stand part of the Bill.

Clause 2 ordered to stand part of the Bill.

Long title agreed to.

Mr Speaker: That concludes the Consideration Stage of the Hospital Parking Charges Bill. The Bill stands referred to the Speaker. I ask Members to take their ease while we change the top Table.

(Mr Deputy Speaker [Dr Aiken] in the Chair)

Private Members' Business

Addiction and Drug-related Deaths

Ms Flynn: I beg to move

That this Assembly notes with concern NISRA's 2024 report on 'Drug-related and drug misuse deaths', which found a significant increase in the number of deaths attributed to drugs and alcohol; further notes the intrinsic connection between social deprivation, poverty, isolation, mental health and addiction issues; acknowledges with concern the NISRA figures that show that drug-related deaths are highest among 25-34-year-olds, are five and a half times more likely in areas of highest deprivation and that opioids are consistently the most common form of drug listed as cause of death; and calls on the Minister of Health, in cooperation with the Executive's ministerial committee for public health, to urgently implement the provisions aimed at harm prevention, harm reduction and tackling addiction within the substance use strategy 2021-2031, including developing plans for a new residential rehabilitation unit in Belfast.

Mr Deputy Speaker (Dr Aiken): The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes in which to propose and 10 minutes in which to make a winding-up speech. As an amendment has been selected and published on the Marshallled List, the Business Committee has agreed that 15 minutes will be added to the total time for the debate. Please open the debate on the motion.

Ms Flynn: Go raibh maith agat, a Leas-Cheann Comhairle. [Translation: Thank you, Mr Deputy Speaker.] It gives me no joy to bring forward this motion. It comes from a place of sadness and tragedy. For the past three years, I have worked with bereaved families from across the North, campaigning alongside them in the hope that we can secure additional resources to help people who are battling with addiction and to help to prevent or reduce harm, where possible. My time spent with those families has brought home the absolute devastation that drugs cause to families in all our communities. I doubt that any Members would struggle to think of a family whom they know personally, represent or have worked with who has not been, or is not, affected by the awful disease that is addiction. It costs our economy £1.5 billion a year. That figure alone makes a powerful argument for

investing now to help people recover when they are battling with addiction. Investing in recovery can and will save people's lives. Again, I have no doubt that we have all heard many sad and heartbreaking stories from families who tried to get help for their loved ones before it was too late but failed.

The families with whom I have worked over the past number of years have told me that the reason that they failed in their desperate attempts to keep their loved one alive was the lack of available treatment options at that time of crisis. Families exhausted routes via their GP, via emergency departments and via community addiction teams. They made multiple attempts to find an appropriate and accessible wrap-around residential rehab unit that could have taken in their loved ones during that small, precious window of opportunity when they were crying out for the help that they needed.

I in no way underestimate the excellent work that services provide and the brilliant and dedicated staff who work in addiction services at community level, at trust level or in primary care. We know, however, that the number of deaths has doubled over the past 10 years. That tells us that something, somewhere is not working. Too many people are dying an unnecessary death. Addiction is a disease, not a choice. It tears families apart, and we should not leave those families to deal with the additional burden of not knowing where to turn or where to send their loved ones when battling with that illness.

We talk about harm reduction and harm prevention. An overdose prevention facility is needed in Belfast. Throughout Europe, overdose prevention facilities have been successful in managing the number of overdose deaths. Of course, the ideal scenario is that people do not inject drugs, but if they are going to inject, it makes more sense for them to do so where it is safe and where trained staff can help them, monitor them and work with them, and if the worst happens and people overdose, they can reverse it.

Rapid drug testing is another initiative that will save lives. The Minister is probably aware that a model is available through Queen's University at the minute. I know that budgets are tight and are squeezed, but if it were possible to get that model funded even for the first year in order to get it off the ground, its testing programme could provide a 24-hour turnaround that would confirm when dangerous or lethal drugs are in circulation on our streets. That would allow an alert system to kick in, similar to what happens

in Dublin and parts of Britain. The Dublin model is used elsewhere. If we could introduce it here, in some form or at some level, it would save lives.

As the amendment implies, the issue requires Executive-wide support. During questions to the Minister of Justice yesterday, we heard about the pressure on our prison system. People who fall through gaps in the health system, in education and across society sadly end up in jail with poor mental health and addictions. In our schools, children are now at huge risk. It has been reported in the news recently that vapes mixed with spice have made their way into the school community. Parents have been put on alert by the PSNI, which is warning that, for young people, it is an immediate concern. Every Department must make interventions to help with those critical issues. As the motion states, there is an intrinsic connection between poverty, deprivation, and drug and alcohol addiction, and that will also require a strong response from the Department for Communities through anti-poverty interventions.

I understand that the issue is cross-departmental and that each Department has a huge responsibility to address it, but I hope that, from the health perspective, the Minister can respond positively to the motion and support the calls that are coming from families who are sadly at the other end of the problem, with their loved ones having already died. Their lives have already been lost to drugs. My hope is that their voices can be heard loud and clear during today's debate.

The Jack's Promise campaign group has invited parents, siblings and friends who have lost loved ones to a candle-lit vigil that has taken place in the past couple of years on the steps of Stormont, in the mouth of Christmas, to highlight the empty seat they have at their Christmas table because their loved one has died. The People's Kitchen held a poignant demonstration last summer, when it laid out 212 pairs of shoes along the steps of Stormont to mark each life that has been lost to an overdose in 2021.

I am really pleased that the Minister has agreed to meet some families this Thursday, which is a coincidence as we are debating the matter today. I know that the Minister will meet and directly engage with families this week, and his officials have intently engaged with some of the bereaved families, which they appreciate — I know because I have been at some of the meetings — and they will also appreciate the direct conversation with the Minister on Thursday. Outside of the meetings and the

engagement, we need a firm commitment to deal with the rise in drug and alcohol deaths and to provide the resources to assist with doing that, and it is not an easy ask.

I will conclude by highlighting the calls from mothers in the Belfast area who attended the Stormont vigil a few months ago and who are making a direct plea for a rehabilitation unit in Belfast.

Chloe Lennon from West Belfast was 22 when she died from a drug overdose in November 2022. Her mother, Lorraine, told BBC News that her daughter had started taking drugs at the age of 13. She stated:

"She suffered trauma and took cannabis to deal with that. Then she started taking pregabalin, cocaine, heroin and strong alcohol. Her mental health went through the roof. She needed help in Belfast but there wasn't anything when she needed it."

It was heart-wrenching, her mother said, that, two weeks after Chloe died, she received an appointment for help. Mrs Lennon explained:

"One did come through, but they discharged her because she didn't attend. She didn't attend because she was already dead - it was too late."

Those are her mother's words: it was too late.

Lorraine Brennan's son, Jack, died from a drug overdose in 2021. She said that Jack needed help; he was crying out for help, but the services were not available. She stated that when he was brought to A&E:

"I begged the mental health team to keep him. He begged to be sectioned. But he was let home."

Jack was also from West Belfast. He had taken prescription drugs since he was 15 and, by the age of 21, was using heroin and suffered from mental health issues, alongside his drug use. Lorraine said:

"We as a family, want to prevent other families from losing a loved one to addiction and experiencing this painful grief and loss. We want to give our young people more hope and support when they need it."

The Jack's Promise petition was presented to the Assembly in 2021. It now has over 4,000 signatures. Sadly, Jack's experience is not an isolated one, and it is arguably one of the most

common experiences that families are currently facing, not just in Belfast but in every area of the country.

I will end my remarks by reading one of Jack's poems. Jack, God love him, wrote it before he went into rehab in Liverpool. The poem is so heart-breaking, and it is called 'The Days of My Life':

"Surrounded by people yet all alone trapped within this darkening zone.

A world where chaos and hate overtake any bit of happiness that tries to escape.

Laughter and positive thoughts never seem to last, because I am haunted by my memories of the past.

Running the distance with nowhere to go, these are the days of my life, a Broadway show.

I scream out for help yet they never really hear, the demons of death are coming so near!

Echoes in my head tormenting me all day long, breaking the man who was once whole and strong.

What does serenity mean anyway?

Is it the spring in my step or the words that I say.

Suicide seems the answer, many times I've tried, happiness seems to be the tears that I have cried.

Unable to distinguish what's real from fiction.

Hope is an illusion, an optimists prediction.

I wonder what will it take to get me right, a visit from the devil on a lonely night?

Angels prepare to battle and take a stand to remind me of their holy land.

When I want to give up, they push for me to be strong, and in my head I hear their comforting song.

Life is an illusion, a constant mind trick on me... who knows what my fate will be.

Heaven and hell are both fair game, will I find peace or leave them with shame?

Surrounded by people, yet all alone, trapped within this darkening zone".

I am sorry for going over time.

12.30 pm

Mr Deputy Speaker (Dr Aiken): Thank you for those poignant remarks at the end.

Mr Chambers: I beg to move the following amendment:

Leave out all after "including" and insert;

"plans to develop a residential rehabilitation service in a regionally strategic location; and further calls on the Executive to commit to providing appropriate subsequent resources in the 2024-25 Budget for the Department of Health."

Mr Deputy Speaker (Dr Aiken): Alan, you will have 10 minutes to propose and five minutes to make a winding-up speech. Other Members who are called to speak will have five minutes. Over to you, Alan.

Mr Chambers: Thank you. Mr Deputy Speaker. I commend the proposer of the motion for bringing forward such an important topic for discussion.

Alcohol and drug abuse can ruin families and sadly cost lives. I offer my deepest sympathies to all families who have sadly lost loved ones in such difficult circumstances. I cannot start to imagine the helplessness and grief experienced by families as they watch a close loved one succumb to the dreadful illness of uncontrolled addiction.

Unfortunately there is not a town, village or, indeed, corner of any of our constituencies that has escaped unscathed the ravages of drug abuse and addiction. As the motion rightly highlights, drug-related deaths are significantly more common in the areas of highest deprivation. That presents an even greater need for us, as MLAs, and all Ministers and stakeholders to ensure that we, collectively, do all we can to highlight and tackle the problem.

Of course, the dilemma with addiction and drug-related deaths is that the problem can be so large and multifaceted that it requires an all-encompassing response. No single reason or automatic change in circumstances leads to such challenges in one's life. Addiction and drug misuse is a society-wide problem, but some contributory factors are more common

than others. Poverty and deprivation are certainly two, but there are many others such as mental health, family and personal circumstances and, even, more deep-rooted inequalities such as educational attainment and housing standards. There is, unfortunately, a particularly deep-rooted and interlinking connection between homelessness and drug misuse. However, overall, there are no specific causes, and thus addiction and, tragically, drug-related deaths can visit any home across Northern Ireland.

I am sure that the Preventing Harm, Empowering Recovery substance use strategy will be referenced regularly during the debate, and so it should be. It goes without saying that we should all have a close interest and desire to see that strategy implemented. It is important to note that many of the underlying causes and harms arising from substance use cannot be tackled by one Minister or one Department. Thankfully, thinking back to the strategy's launch in 2021, I recall that it had Executive-wide support, and I suspect that it retains broad cross-party support to this day. Of course, whilst the substance use strategy is a very important document, it sits alongside other equally important pieces of work, such as the 10-year mental health strategy and Making Life Better, Northern Ireland's overarching framework for public health.

Nevertheless, whilst it is all fine and well to have well-intended strategies, as the Minister has often said, the true value of such documents and plans can be truly realised only through delivery and implementation. In that regard, I am glad that there appears to have been some good progress already. Particularly relevant to today's debate is the work on substance use services, which I was pleased to see moved to the next step earlier this year and which I look forward to hearing more about, not only later in the debate but in the weeks and months ahead.

That brings me to my amendment. Ultimately, whilst I suspect there is likely broad political unanimity on implementing the various plans relevant to the debate, we need to realise that, if we wish to see the full potential of the improvements and transformations on offer, it will cost money. The Executive must decide collectively whether the strategies that the previous Executive signed up to are still a priority and are still to be taken forward and funded as such. Whilst we can certainly never put a price on a life, we need to remember that sufficient upfront investment in substance use and mental health services can often save much more in the longer term. As Ministers

meet in the coming days and weeks to thrash out the 2024-25 Budget, I hope that the real implications of the future viability of the various hugely important health strategies and plans remain to the fore of their minds.

Moving to the other key part of my amendment, I fully agree that it is important that we examine and enhance our existing inpatient treatment services. I hope that the review that is under way sets a clear and evidence-driven direction of travel. While I largely cannot fault any of the substantive motion, I had some concern about the reference to locating a new residential rehabilitation service in Belfast. Whilst I absolutely understand that there have been some particularly compelling calls for such a service in Belfast, there are calls for the service to be located somewhere else in Northern Ireland that are, perhaps, equally persuasive. I think in particular of the services that are on offer in the Northlands centre in Londonderry as an example. Of course, it is essential that the location of any new service is evidence-led and decided only after full and detailed consideration. That is why the tier 4 review that is under way is so important. Whilst my amendment removes the call for the service to be located in Belfast, that does not necessarily mean that it will not be; it will be located wherever it has the greatest impact and benefit.

I am happy to move today's amendment. Again, I thank the sponsors of this important motion. I end my remarks by offering my heartfelt sympathy to every family that has lost a loved one in such difficult circumstances.

Mrs Dodds: As the previous Member did, I offer my sincere condolences to those who have lost loved ones. I thank the proposer of the motion for the beautiful poem, which describes the chaos and difficulties of someone caught in the trap of addiction.

I start by reflecting on the number of drug deaths in Northern Ireland and the fact that we have seen an explosion in those deaths over the past 10 or 15 years. We have seen a 98% increase in drug-related deaths since 2012. In 2022, there were 154 drug-related deaths, which represents a 40% increase from 2014. In 2022, the underlying causes of 82.5% of drug-related deaths were substances that are controlled under the Misuse of Drugs Act 1971, with heroin and morphine being the most prevalent ones listed. Those statistics are taken from the Northern Ireland Statistics and Research Agency (NISRA) report that was recently released. In 2022, two thirds of those who suffered from drug-related deaths were men. That is a really sad reflection on society

and the increasing use of drugs, but it would be remiss of us not to say today that we all support removing the scourge of drug dealers from our communities. They bring nothing but pain and death. It is incredibly important that we look at that.

The proposer of the motion rightly spent her time reflecting on some of the stories and the humanity behind drug misuse and addiction. I will look at some of the strategies and the wider areas that we, as policymakers, also need to look at and reflect on. Mr Chambers mentioned the Preventing Harm, Empowering Recovery strategy, on which a report was published last month. In that most recent report, 33 actions — 58% — are currently set as green, so they are progressing as planned, which is good news in many ways. However, 24% are not and are set as amber, since they require the confirmation of additional funding.

Before the restoration of devolution, I attended a meeting with community groups whose funding has been cut. One issue that was cited was the fact that community groups that deal with drug addiction and the misuse of drugs have had a lot of their funding cut. We need to look at restoring that. I appreciate, Minister, and understand the difficulties. That is why I support the amendment, because that issue is very important.

We also need to look at how we prevent and tackle the issue by trying to get it at source before it becomes a huge problem. In 2020, the Northern Ireland Audit Office (NIAO) report, 'Addiction Services in Northern Ireland', showed that the Department of Health spends £900 million each year on tackling drug and alcohol misuse but only a small budget is allocated to combating the issue: £8 million for implementing the drug and alcohol strategy and £8 million for statutory addiction services. I suggest that, if we are to prevent the huge amount of money that the health service spends on that very important issue, we need to get into the prevention space much more quickly and effectively.

Mr Middleton: Will the Member give way?

Mrs Dodds: Yes, of course.

Mr Middleton: I fully agree with the Member. Does the Member agree that the early intervention piece is key to ensuring that, by investing early, in the long term, we save money for the health service?

Mr Deputy Speaker (Dr Aiken): The Member has an extra minute.

Mrs Dodds: Thank you. I absolutely agree that it is totally key and extremely important.

To close, I will speak a little about dual diagnosis. That term is used to describe the concurrence of a mental health problem alongside substance misuse. It is a significant issue for the health service. Up to 70% of people in drug services and 86% in alcohol services also experience mental health problems. It is really important that we look at and deal with the issue of dual diagnosis. Many of those people are young. Between 64% and 88% of adolescents with substance misuse disorders have at least one co-existing mental health issue. Therefore —

Mr Deputy Speaker (Dr Aiken): I ask the Member to draw her remarks to a close, please.

Mrs Dodds: Yes. Thank you, Mr Deputy Speaker, for allowing me to go on.

We need greater coordination between the services, and I appeal for the Minister to look at that as well.

Mr Donnelly: I support the motion and the amendment. I thank colleagues from Sinn Féin and the Ulster Unionist Party for bringing these important issues to the Assembly.

NISRA's 2024 report on drug-related and drug-misuse deaths makes for truly shocking reading. It is extremely concerning that there has been a 98% increase in deaths due to drug-related causes since 2012. It is also concerning that the majority of those deaths — 55.8% — were of individuals aged between 25 and 44. As the motion rightly states, opioids are consistently the most common form of drug listed as a cause of death, averaging 118 deaths a year between 2020 and 2022. By comparison, road deaths average around 54, which, obviously, is still far too high.

Like the proposer, I attended the vigils at Stormont and spoke to families who have lost a loved one. It can be easy to get lost in the statistics in debates such as this, but we should never forget that each drug- and alcohol-related death is the loss of an individual and a devastating loss for their families, friends and wider community. We must do everything that we can to tackle the harms around substance abuse. It is important that the Department of Health progresses the implementation of the 57 actions outlined in the substance use strategy.

With support, people can turn their lives around. We have seen that again and again. As has been noted by Members, tackling drug addiction and drug-related deaths is not solely a health issue, and a joined-up collaborative approach is required across the Executive to confront the root causes of drug addiction.

Mr McGuigan: I thank the Member for giving way. Obviously, the statistics in the report are shocking, and it is right and proper to say, as the Member did, that we need action to be taken by more than just the Department of Health. Nominally — at least, in theory — we have a public health approach to alcohol- and drug-related deaths.

As a fellow member of the all-party group (APG) on reducing harm related to gambling, does the Member agree that we also need to seriously tackle addiction that is related to gambling and that that too needs to be included in any public health approach that the Department takes forward?

12.45 pm

Mr Deputy Speaker (Dr Aiken): The Member has an extra minute.

Mr Donnelly: Yes, absolutely, and, as someone who sits on the APG on reducing harm related to gambling, I have heard horrendous stories about the addictive nature of gambling, and, certainly, we have to address that as a public health issue.

The motion notes the:

"intrinsic connection between social deprivation, poverty, isolation, mental health and addiction issues",

and many steps must be taken to confront each of those challenges. The absence of opportunities in many communities remains an issue for many young people, particularly in housing and employment, which exacerbates existing poverty and isolation. The greater prevalence of mental health problems in Northern Ireland, as Diane Dodds noted, compared with the rest of the UK, not least because of the legacy of the Troubles, reiterates the importance of the full implementation of the mental health strategy 2021-2031.

We are happy to support the amendment. It is important that plans for a residential rehabilitation service are outlined as soon as possible, especially in what constitutes a

regionally strategic location. The service does not necessarily have to be in Belfast, as mentioned, but, as Belfast is the capital city and where most of those issues are prevalent, a location there may prove to be the most suitable and beneficial. We will await detailed proposals from the Department.

I want to touch on something that was initially absent from the motion but that was then mentioned by the Member who moved the motion, Órlaithí Flynn. That is the inclusion of an overdose prevention centre. Overdose prevention centres are safe and hygienic spaces where people are allowed to inject drugs under the supervision of professionally trained staff who can offer safe equipment and drug testing and who can respond immediately to any overdoses. An overdose is a medical emergency that can be treated primarily with naloxone. There are over 200 overdose prevention centres across 17 countries worldwide, and peer-reviewed research evidences that overdose prevention centres can prevent thousands of deaths, decrease the spread of disease and improve communities by reducing drug litter and by making drug use on our streets less visible. They can also save taxpayers' money through reduced emergency service use. The provision of the opioid reversal drug naloxone to users and their families has also been shown to save lives. I hope to see that progress too.

Section 5 of the Misuse of Drugs Act 1971 prohibits overdose prevention centres, but, despite that, there are plans to open the UK's first sanctioned facility later this year in Scotland, following the experience of an unsanctioned overdose prevention centre in Glasgow in 2020-21. The Lord Advocate for Scotland has provided guidance for police, highlighting that it is not in the public interest to prosecute someone for using an overdose prevention centres. Last year, Belfast City Council voted to support a motion to set up an overdose prevention centre in the city, and I believe that the Assembly should now look at that. Doing so would complement the motion by providing a tried and proven method of saving lives and preventing drug-related deaths. We also need wider reform of drug policy and legislation, particularly the increasingly outdated Misuse of Drugs Act 1971. However, that is for Westminster, given that those are primarily reserved matters. In the Assembly, we must do all that we can to reduce harm, tackle addiction and prevent drug-related deaths. The provision of a regional rehabilitation centre and overdose prevention centre would be key steps forward.

Mr Durkan: Addiction is a plague in our society. It is the great equaliser. It does not discriminate based on age, gender, race or social status. The story of addiction is a human story; it is one of pain and struggle and one that I am sure all of us can relate to in some way or another. Sadly, like many here, I see the impact of addiction on an almost daily basis. For example, the bereaved parents whose lives have been shattered, the individuals in the throes of addiction who were maybe placed in emergency housing far from their family and support network and the young people who are at rock bottom, feeling that they have nowhere else to turn.

Mr McNulty: I thank the Member for giving way. Does he agree that it is important to recognise that drug addiction is a disease and that we should all respond to addiction with compassion, concern and empathy? For those battling addiction, it is important that we communicate this loudly: you are not alone in the struggle, and recovery and escape from drug addiction is a challenging journey, but it is one that can lead to hope, healing and transformation. Help and support are out there, free from the risk of prosecution. Stay strong, and know that there is hope for a brighter, healthier future.

Mr Deputy Speaker (Dr Aiken): The Member has another minute.

Mr Durkan: I thank the Member for his intervention. I concur entirely that compassion is key to healing and helping those who are fighting addiction.

Many of us see and feel the impacts of addiction much closer to home, and the escalation in numbers of affected people and severity of illness has been heartbreaking to bear witness to — there but for the grace of God go I. At the moment, far too many vulnerable people fall through the gaps between addiction support services. We are witnessing a frightening trajectory in the number of drug-related deaths, with 212 people having lost their life in the past year. Behind every statistic, as others have said, is a life cut short, dreams shattered and a family devastated. Each death is a stark reminder of the urgent need for action.

It is no coincidence that drug-related deaths have trebled in a decade. It is a direct result of Tory austerity and failed leadership. The failures of government exact the highest cost: the loss of life. Our post-pandemic landscape and the cost-of-living crisis have rubbed salt

into the wounds, compounding pressures on broken lives. The motion neglects to mention — other Members, including the proposer of the motion, have mentioned it — the co-occurrence of addiction and mental health conditions and the need for a dual diagnosis approach. Both conditions remain a harrowing feature in the lives of so many here. That cycle can prove difficult to escape, especially for those who suffer socio-economic disadvantage.

Those who are brave enough to seek support often find themselves forced to be led from pillar to post in their efforts to find meaningful and appropriate services and support. From housing to health services, it seems to have become, at times, a case of "pass the problem". That is about failing to see the son, the daughter, the parent, the brother or the sister struggling to stay afloat in a world that has become so unbearable. That is not to criticise staff of any of the organisations. They, too, are working in a challenging environment, unequipped to deal with the complexities and volume of people who present.

I am acutely aware that addiction is a complex issue. A range of factors leads people down that cruel path. Once on it, many individuals are pushed even further to the margins of society by a system that is stacked against them. The increased risk of homelessness and the situation around temporary accommodation that I mentioned really need to be addressed. At present, very vulnerable people are placed outside their home towns, away from family, friends and access to their GP. That marked isolation leaves people at risk of abuse, neglect and further exploitation by drug dealers — death dealers — who peddle misery with no care about consequences and little fear of punishment. We need tougher sentences for those dealers. I commend my constituent Pauline Duddy, who has channelled her grief at the loss of her lovely daughter Jasmin into a courageous campaign for tougher sentencing.

Collaborative work involving Departments, the police, the public and local organisations is the only way to achieve tangible results for people who are suffering. I place on record my gratitude for the invaluable work of organisations across the North but particularly in my constituency, including ARC Fitness, Northlands and Hurt, which are shining examples of the approach that we need to tackle the crisis head-on. First and foremost, it is about treating people with compassion. While we welcome plans for a new, regionally significant rehabilitation unit, it is imperative that the Executive and the British Government deliver on their commitments to provide

adequate addiction funding and facilities for the north-west in order to prevent further loss of life and more lost lives. More broken promises are the last thing that people need.

Mr Deputy Speaker (Dr Aiken): I call Carál Ní Chuilín.

Ms Ní Chuilín: Go raibh maith agat, a Leas-Cheann Comhairle. *[Translation: Thank you, Mr Deputy Speaker.]* I just want to put on record my thanks to you for swapping our chairing duties so that I could speak on this very important issue today. I also thank Órlaithí and Alan for moving the motion and the amendment.

When we are talking about mental health and addiction, the whole issue of dual diagnosis comes up every single time. Like many others, I have worked with health and social care professionals, in hospital settings and within the community, who have said that they are frustrated and that they want to try to help people, but there is still a lack of understanding about what dual diagnosis is. Diane Dodds explained it by saying that someone comes forward for help and they are under the influence of drugs, alcohol or both, and trying to help someone in those circumstances needs specialism and proper training. One thing that everybody has in abundance is care and compassion, so that needs to be put on the record.

All Members who have spoken have raised the issue that drug dealers are death dealers. I do not care what organisation they were or are affiliated with: they are armed gangs who peddle misery and kill kids, and that is it. Sin é. *[Translation: That is it.]* That is what they do, and I do not think that anyone is under any other illusion about what they are, because that is what they do.

I had and have the privilege — I am sure that we all do — of working with a lot of really compassionate people who go above and beyond. For example, they go into Belfast city centre — you know: this out of sight, out of mind — and talk to addicts on the street. They try to work with their families. They give them food and clothes, and they also help them with benefits. I visited the People's Kitchen when this place was recently restored, and the families there would have broken your heart.

The NISRA report is very helpful, but for me, as someone living in one of the most deprived constituencies, I could almost — I am sure that we do — put together a list of things that people are going to be affected by: poverty, ill health,

poor mental health, poor housing, poor educational outcomes and the rest. They are very resilient people and very proud people, but I have seen the journey that people have been on. Unfortunately, a lot of us have gone to wakes after family members have died because they "loved a wee drink" or because they "had a wee problem". Now people are saying that he or she "was an addict", and they are saying that because the rest of the community knows exactly what it means.

The other aspect — I would say that we all have experienced this — is that I have sat looking at really elderly constituents who are paying off debts to drug dealers on behalf of their grandkids. They are going to credit unions and going everywhere because they do not want their grandkids getting hurt. For me, that is an absolute disgrace, because the grandparents of the people who are coming to their doors know the grandparents whom they are squeezing. They all know each other's families and they really do not care, but we care, and that is the clear message that needs to go out today.

In preparation for today, I talked to someone who still considers themselves an addict, and they explained to me that, when they went to the Mater looking for help, they were seen as a nuisance. Somebody who was really sick was more deserving than them. They took the brave step of going to the Mater to get help, and they did eventually get it, but they got it from other addicts. They went to housing, and it was almost like, "You cannot get a house", and when that person did get a house or was offered temporary accommodation, drug-related problems were prevalent in that area, and, because they wanted to get clean, they could not go.

Miss McAllister: Will the Member give way?

Ms Ní Chuilín: I will, surely.

Miss McAllister: I am conscious of the time. Do you appreciate that the staff who work in the Housing Executive do understand that this is a massive issue, but they are not equipped to deal with this issue? They need assistance from others.

Ms Ní Chuilín: The Member is right, and that is what I said at the start. All those professionals, be it in health, housing, education or the community, are really compassionate, but they are not equipped. The saying that we all live in and rely on each other's shadows is really evident, but we need somewhere. We need a

place where it actually says, "You can come here and we can try to help", and that pathway and references to all the other supports that are there will be very clear.

The other elephant in the room is that we are a post-conflict generation — now into three and going into four generations. We need to take a trauma-informed approach to addiction. I have seen the grandchildren of people who have been through the conflict, and who lost members of their family during the conflict, and I cannot dismiss the coincidence. Addiction is prevalent right throughout the family, and it seems that, the bigger the conflict and the bigger its impact, the more likely addiction is to become almost hereditary.

1.00 pm

I thank all groups. For us, it is about where the need is. Órlaithí, as a Member for West Belfast, and I, as a Member for North Belfast, are going to argue for Belfast, but we want a needs-based approach to be taken to every available resource.

Mr Deputy Speaker (Dr Aiken): Will the Member draw her remarks to a close, please?

Ms Ní Chuilín: I thank Members for their support. I commend the motion as proposed by Órlaithí.

Mr Deputy Speaker (Dr Aiken): The Business Committee has arranged to meet at 1.00 pm. I propose therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The debate will continue after Question Time, when the next Member to be called will be Alan Robinson.

The debate stood suspended.

The sitting was suspended at 1.01 pm.

On resuming (Madam Principal Deputy Speaker [Ms Ní Chuilín] in the Chair) —

2.00 pm

Oral Answers to Questions

Communities

Madam Principal Deputy Speaker: Question 1 has been withdrawn.

Football: National Training Centre

2. Mr Brett asked the Minister for Communities for an update on the development of a national training centre by the Irish Football Association (IFA). (AQO 324/22-27)

Mr Lyons (The Minister for Communities): My officials are working closely with the Irish FA to take forward the development of a national training centre. National training centres are common in other jurisdictions, and the Irish FA considers a national training centre to be a crucial component of its future strategy to develop football locally. It is expected that the Department will make a small contribution to the funding for the development of a national training centre from the current subregional budget of £36.2 million, with the remainder of the funds provided by the Irish FA. A steering group has been established to assist the Irish FA in the development of a robust business case and to help secure a suitable site to locate a national training centre.

Mr Brett: I thank the Minister for his update and his commitment to football. Will he also commit to releasing the subregional stadia funding which, for far too long, has been held to political ransom by previous Ministers?

Mr Lyons: The Member is absolutely right to highlight the subregional stadia fund, and all of us in the House know how important that is. I have been asked a lot of questions about it, and I can inform the Member that significant work has been carried out in the two months since I came into office. I am pleased to report that I will soon be in a position to make further announcements on that. Of course, in order to stay in the Speaker's good graces, any announcements will be made to the House first. That will impact on performance clubs as well as grassroots football and the national training centre.

I am sure that everyone in the House will allow me to take the opportunity to congratulate Larne Football Club in getting one step closer to the league championship. I am aware that I am sitting beside and in front of Linfield fans, so maybe I should leave it there. *[Laughter.]*

Mr Allister: Given the Minister's commitment to the Casement Park Euro project, what will be the actual physical legacy for football from the Euros?

Mr Lyons: The Member is correct to raise the impact of the legacy of the Euros. As I have said in the House and elsewhere, it is important that a footballing tournament has a footballing legacy. I intend that the subregional stadia programme, as well as other work that I intend to carry out in this area, will mean that we will have a much improved footballing legacy across Northern Ireland.

Social Housing: Intimidation Points

3. **Miss McIlveen** asked the Minister for Communities what steps are being taken to ensure the award of intimidation points for social housing is not abused. (AQO 325/22-27)

Mr Lyons: I am aware that there is significant concern that intimidation points are being abused. I can confirm that the Housing Executive undertakes a robust verification process to ensure that points are awarded to those who meet the specified criteria. However, I believe that change is needed to ensure that victims of trauma or violence, including victims of domestic abuse, are treated more consistently. People who are genuinely victims of violence must receive the priority they deserve.

We must also ensure that the system cannot be abused. As part of the ongoing fundamental review of social housing allocations, I will consider the future options for intimidation points. Independent research on the subject is close to completion. That will inform the options for future provision for the assessment, verification and prioritisation of housing need for victims of violence.

Miss McIlveen: The Minister will appreciate that intimidation can cover a lot of scenarios. For example, there are instances where individuals who are intimidated out of their home due to their alleged criminal activity or alleged affiliation to another illegal organisation are simply moved down the street to another estate, inevitably bringing difficulties to the residents of the new estate. The Housing

Executive and housing associations say that their hands are tied. Will the Minister look into how social housing providers can adequately address that issue in order to support the right of existing tenants to peaceful enjoyment of their properties, free from undue interference?

Mr Lyons: The Member has given an example that, I am sure, will be familiar to many Members. She is correct to highlight the importance of protecting the rights of existing tenants and the peaceful protection of their property. That is what I intend to do as Minister. As well as looking at the issue of intimidation points, I intend to keep under review policies and sanctions that will allow the Housing Executive and housing associations to take action against those who are causing problems in their neighbourhoods.

Ms Armstrong: Can the Minister, please, provide an update on proposal 7 in the fundamental review of the allocation system?

Mr Lyons: I am sorry. I do not have proposal 7. I am not sure which one that is.

Ms Armstrong: Strengthening verification.

Mr Lyons: Yes, that is part of the review. It is the one of the recommendations on which progress is to be made. I can give her that specific information. I am pleased that the recommendations that were agreed are moving forward at pace. I understand that some have been slower to progress than we would like. I intend to move those forward, as well as the outstanding ones, and consider them when the report comes through.

Mr McCrossan: Minister, can you provide any detail on the number of people who have abused the intimidation points system over each of the last three years?

Mr Lyons: No, I am unable to provide that, because, of course, we do not have concrete evidence of exactly who has or has not been abusing that. A lot of the information we have is based on anecdotal evidence, which is not always possible to verify. The issue is raised frequently with me. I look forward to receiving the report so that I can base my decision on the evidence that is provided.

Ms Ferguson: I welcome the fact that the Minister spoke about getting better at the verification process for intimidation points and that he will seek clarity on that. Can the scheme

be broadened to protect those at risk from domestic abuse?

Mr Lyons: That issue is raised frequently. I know that there is a sense of unfairness about the fact that issues such as domestic abuse are not included. Protecting the most vulnerable in our society is central, and some of those who have been subject to domestic abuse, obviously, fall into that category. Under the current scheme, those who are subject to intimidation receive 200 points. Someone who leaves their home as a result of domestic abuse can be allocated 70 points for homelessness and up to 40 primary social need points for violence or the threat of violence, which is a total of 110 points. There is therefore a system in place that can be of some assistance if you fall into that category. Work on that is ongoing, and I will take that forward.

Madam Principal Deputy Speaker: I call Colm Gildernew.

Mr Gildernew: Go raibh maith agat, a Phríomh-Leas-Cheann Comhairle. *[Translation: Thank you, Madam Principal Deputy Speaker.]* I apologise for not being in my place for a topical question yesterday.

Benefit Cap: Welfare Supplementary Payment

4. **Mr Gildernew** asked the Minister for Communities whether he will extend the benefit cap welfare supplementary payment beyond March 2025. (AQO 326/22-27)

Mr Lyons: My Department has a statutory obligation to produce a report on the operation of existing welfare supplementary payment schemes before 31 March 2025. It will then be for the Executive to consider the next steps.

Mr Gildernew: Minister, do you agree that families with children are much more likely to receive the benefit cap mitigation payment and that its removal would push those children further into poverty?

Mr Lyons: There certainly is evidence on the impact of the lack of mitigations in GB compared with what we have in place. It is my understanding that the number of families affected is going down. I think that will be a smaller cost to the Executive in future years. It is right and proper that we examine all the mitigations that we have in place, examine their effectiveness and make sure that we have money available to help tackle the issues that

the Member and others have raised in the Chamber, especially during our debates on poverty last week.

Ms Mulholland: Minister, are alternative measures being considered to address the needs of those who might be impacted if the benefit cap welfare supplementary payment is not extended?

Mr Lyons: The Member will be aware of the independent advisory panel report on welfare mitigations. That sets out the issues and the potential costs of some of the mitigations that are in place currently. As well as that, it offers additional mitigations that could be put in place. Obviously, it is not for me to commit to any of those right now; that will be a decision for the Executive. As I said to the Committee Chair, it is important that we use the limited resources that we have in a way that helps to target and has the most impact on issues such as poverty.

Mr Kingston: I thank the Minister for his answers so far. How much do the current mitigations cost, and what are the projected costs of the additional welfare mitigations highlighted in the report?

Mr Lyons: The funding that is paid for the current mitigations, not including their implementation and delivery, is £24 million for the social sector size criteria; £2 million for the benefit cap; £122,000 for the loss of care payments; £113,000 for the time-limiting of employment and support allowance (ESA); and £354,000 for the move from disability living allowance (DLA) to personal independence payment (PIP). It will be difficult for my Department to estimate the total cost of the potential additional mitigations — some of them are hard to estimate — but the cost of the ones that we have figures for is probably in and around £700 million.

Mr Allen: The Minister has highlighted the important work of the independent panel. We would love to be able to fund and take forward many important mitigations in its report. I appreciate that the Minister will not commit to those today. What are his views on the carers' recognition payment?

Mr Lyons: The Member is absolutely correct to recognise that all that will, obviously, be subject to Executive agreement and a Budget being in place. Our carers do a fantastic job. In so many areas, we have people — carers who work in the voluntary and community sector — who take huge pressure off Departments. That should be taken into consideration.

Paralympic Games: Financial Support

5. **Ms Egan** asked the Minister for Communities what financial support will be available for people from Northern Ireland competing in the Paralympic Games. (AQO 327/22-27)

Mr Lyons: I eagerly await the upcoming Paralympic Games in Paris for the opportunity to watch athletes from Northern Ireland competing on the world stage. Northern Ireland has a number of noteworthy Paralympic athletes, including Claire Taggart, who is from my constituency, and James MacSorley. Both Paralympians have represented Team GB and NI at recent games.

Ms Egan: Thank you, Minister. I agree that we have absolutely fantastic Para athletes in Northern Ireland. I give a shout-out to Kelly Gallagher from my constituency, who was one of the first women on Team GB to win gold in Para alpine games. Minister, what plans do you and your Department have to ensure that people with disabilities can access sport across Northern Ireland?

Mr Lyons: I should have answered the Member's initial question fully by saying that £37,000 has been provided to individual Paralympic athletes through the athlete award programme and that, since 2020, Disability Sport Northern Ireland has received £663,502 from Sport NI.

The Member asked what support we can give those who are disabled to take part in sport, which is of interest to me. I am pleased that we will soon bring forward a disability strategy that will have a sporting element, but, overall, I want to see more people taking part in sport, especially those who have been under-represented in the past, such as women and disabled people. I think that I have an invitation to meet people who are interested in the issue, and I am more than happy to meet them as we put together the disability strategy.

Ms Brownlee: I thank the Minister for his positive responses. Will he detail the practical support that will be provided for those athletes?

Mr Lyons: Yes. Sport NI offers its facilities at the Sports Institute in Jordanstown, in our constituency, which seeks to support national governing bodies by helping to improve individual athletes' sport performance through the provision of its science, medicine and support programmes. That includes

performance management, performance skills, performance analysis, performance nutrition, strength and conditioning and sports medicine.

Madam Principal Deputy Speaker: Paula Bradshaw is not in her place.

Faith-based Sector: Financial Support

7. **Mrs Dodds** asked the Minister for Communities to outline the amount of financial support provided to the faith-based sector in the past five years. (AQO 329/22-27)

2.15 pm

Mr Lyons: The faith-based sector plays an important role in society across Northern Ireland, and the Department works closely with faith-based organisations that are involved in delivering projects and support to communities to help address societal issues including childcare, deprivation, health and well-being and access to critical services. In the past five years, the Department has provided over £5.6 million in resource and capital funding through various programmes to a range of faith-based organisations for community development and support programmes. The Department has also invested some £375,000 over the past five years as part of our infrastructure support to promote the role of faith-based organisations in serving the needs of communities across Northern Ireland.

Mrs Dodds: Thanks to the Minister. I know that he is personally aware of the huge role that faith-based organisations play in our community. Too often, they have to sort of have their faith as a secondary element in order to ask for grant support either from government or from wider agencies. Will the Minister commit to looking at that element of the support for faith-based organisations and acknowledge the significant community services that they provide?

Mr Lyons: I am absolutely happy to look at that. The Member will be aware that many of the services that were originally provided to people across Northern Ireland, such as schools and hospitals, came from a faith-based background. That continues today. Many churches and faith-based organisations are involved in various anti-poverty measures, in food banks, in mental health support and, in particular, in youth and children's work. That is particularly significant here in Northern Ireland. We can think of many of the youth

organisations that provide an incredible service, especially to children and young people. We should look at the ways in which we can share their help to deliver some of the support services that they provide.

Social Housing Decarbonisation Fund

Madam Principal Deputy Speaker: I call Sorcha Eastwood.

Ms Eastwood: I would like to ask the Minister whether he has any intentions to —.

Madam Principal Deputy Speaker: Sorry, Sorcha. Please call out your question number.

8. **Ms Eastwood** asked the Minister for Communities whether he will introduce a social housing decarbonisation fund. (AQO 330/22-27)

Mr Lyons: I am committed to ensuring that social housing tenants are not left behind on the pathway to net zero by 2050. My Department has developed a housing supply strategy, which acknowledges the importance of ensuring that we have good quality homes. One of the proposed long-term commitments of the strategy is to ensure that there is an emphasis on improving the energy efficiency of homes and ensuring a just transition to decarbonised solutions.

My Department has also supported the Housing Executive in securing and utilising €22.951 million from the European regional development fund for its energy efficiency in social housing programme, with match funding from the Housing Executive. The programme improved the thermal efficiency of 1,406 non-traditional construction homes within the Housing Executive stock. A further £57.5 million has been made available for the Housing Executive's thermal improvement and low-carbon programmes in the financial year 2024-25. My officials are also working on developing the NIHE revitalisation programme and a potential future retrofit funding model for registered housing associations.

Given that level of investment in social home decarbonisation alongside the severe financial and budgetary constraints that all Departments are facing, I have no plans to introduce a separate social housing decarbonisation fund.

Ms Eastwood: Sorry about that, Madam Principal Deputy Speaker. It is one of those weeks, and it is only Tuesday.

I thank the Minister for his response. How would the implementation of the social housing decarbonisation fund help to achieve net zero targets?

Mr Lyons: Some of the work that I have just outlined will significantly contribute to our net zero targets, because we understand how much residential buildings are contributing to meeting those targets. For me, it is even more important to make sure that people have a warm home to live in. We know the health impacts that that can have, and we know how it can impact on young people's educational attainment. Having the most energy-efficient homes and warm homes helps to protect people and protect their incomes, and that is one of the most important reasons for us to take this on.

Ms Ferguson: Can the Minister outline the most up-to-date projected scale of social housing investment required to address the backlog in maintenance and reflect decarbonisation costs to future-proof our social homes?

Mr Lyons: I do not have the specific figure with me, but, for the overall budget that is required to bring our homes up to standard, including the energy efficiency measures and the schemes that will need to take place to help us reach net zero, we are talking in the billions of pounds.

Ms McLaughlin: As you said, Minister, there are huge health benefits to decarbonisation. Some of our older housing stock is contributing to making people sick. People are coming into our offices with asthma and COPD, and, ultimately, that can be worked back to the state of their house. How can you address those health inequalities in the provision of housing that you are overseeing?

Mr Lyons: Unfortunately, that is not limited to any one area. All of us will have had constituents come to us highlighting the issues with some of the housing stock that we have in Northern Ireland. That is why it is essential that we invest more. That may require a change to how the Housing Executive in particular operates. I am determined to take that forward. If we can change that system and how it is funded, we can improve our social housing stock so that people can live in warmer and healthier homes.

Mrs Erskine: I welcome what the Minister said about warmer homes. That is important. What more can be done to retrofit existing housing stock with renewable energy solutions, taking into account what the Minister has already said?

Mr Lyons: The Member is absolutely right to highlight the renewable energy solutions that can be deployed to make sure that we have more energy-efficient homes. If a home has a roof, which all should, that provides great opportunity for householders to generate some of their own energy through the installation of solar panels. We should all be considering that, especially right now, given that the price of solar panels has gone so low. That is a way that helps us not only to meet our targets but, importantly, allows people to keep more of their money in their pockets.

Social Housing: NI Water

9. **Mr Beattie** asked the Minister for Communities to outline what impact the challenges faced by Northern Ireland Water (NIW) has on his Department's ability to achieve its plans to build new social homes over the next five years. (AQO 331/22-27)

Mr Lyons: The impact of capacity restrictions on water and sewerage infrastructure on residential development is significant. It is highlighted regularly in discussions between my Department and stakeholders regarding social housing delivery.

I will mention the social housing development programme. In the event of a confirmed and significant reduction in the capital budget allocation for Northern Ireland Water over the coming years, the Northern Ireland Housing Executive has been advised that NIW's understanding is that housing developments that are under construction should generally still be permitted to connect to the Northern Ireland Water network at completion stage. From the 2024-25 programme year onwards, it is my understanding that any reduction in the Northern Ireland Water capital budget will have a knock-on impact on the timetable for planned upgrade works over the coming years. Whilst that will not necessarily preclude new social housing developments being approved and developed, it will mean that the current position, whereby the majority of new developments require a site-specific Northern Ireland Water engineering solution in order to progress, will continue for a longer period.

Mr Beattie: I thank the Minister for his answer. He answered a bit of my question, but some areas are already at capacity, with owners having to install their own septic tanks at a cost that is maybe just shy of £10,000, and that is increasing the cost of social housing. Will the Minister consider a scheme to match fund so that we can ensure that social housing can continue to be built in areas where we are at capacity?

Mr Lyons: The process that I just outlined will, inevitably, add delays and costs to the planning approvals process for new social housing developments. I am open to all ideas about how we can progress this, but, ultimately, we need to deal with it at the root cause, which is making sure that we have the necessary waste water infrastructure in place. That is where it should be directed in the meantime.

Mr Brett: Given the pressure on providing social homes as a result of a lack of sewerage capacity, will the Minister agree that it is nonsensical to demolish houses in areas of high social housing demand? I am thinking in particular of my ongoing campaign to save Abbotscoole House in Rathcoole in north Belfast, where residents want to remain but the Housing Executive wants to put them out of their home and knock those homes down. Will the Minister commit to supporting my campaign to keep those families in their home?

Mr Lyons: I am grateful to the Member for raising that with me yet again. He has been consistent in his desire to see those homes remain. It is important that we look at the cost of the renovations that may need to take place, but we also need to make sure that there are homes that can be lived in. We also have to take into consideration the views of local residents when it comes to these issues. Many want to ensure that they continue to have a supply of housing. My priority is to make sure that we have housing and that we look at whatever options will help us to achieve that.

Mr Durkan: Given the capacity issues faced by Northern Ireland Water and the impact that they have on the delivery of housing, particularly social housing, can the Minister outline any collaboration, or even conversations, that he has had with his counterpart in DFI, the Minister for Infrastructure, about addressing this issue?

Mr Lyons: Absolutely. My officials regularly engage with their counterparts in other Departments and with those in the Department for Infrastructure in particular. I will bring a housing supply strategy to the Executive soon,

because I recognise that this is not an issue for just one Department to tackle. We need cross-party, cross-departmental working, and I believe that I will be able to get that housing supply strategy to the Executive and get buy-in so that we can address those issues.

Madam Principal Deputy Speaker: Question 10 has been withdrawn.

Housing Executive Tenants: Sanctions

11. **Ms Bunting** asked the Minister for Communities whether he will consider reviewing the relevant policies and sanctions to enable the Housing Executive to deal more effectively with persistently problematic tenants. (AQO 333/22-27)

Mr Lyons: The Housing Executive has a range of powers at its disposal for dealing with antisocial behaviour issues. My Department keeps those powers under review to ensure that they are working effectively. To that end, as part of a joint public consultation with the Department of Justice, my Department recently published proposals to amend existing antisocial behaviour legislation, including grounds for possession and injunctions against antisocial behaviour. Officials will review the responses received, and I will consider the recommendations and next steps in due course.

Ms Bunting: The issue is that there are tenants who have problems and other tenants who wilfully cause mayhem and misery wherever they live and wherever they are moved, and the Housing Executive is obliged to house them. Those tenants are persistent offenders, and it seems that the thresholds to deal with them are extremely high. What measures will the Minister take to ensure that whatever is brought forward will have the teeth needed to deal with people who wreck the reputations of given areas?

Mr Lyons: I am grateful to the Member for her question and for raising the issue. As I said to Michelle McIlveen a few moments ago, that is a real issue. Problem tenants do not just cause problems for themselves or their immediate neighbours; sometimes, they cause problems for quite a number of people throughout the area in which they live.

The first thing that we need to do is ensure that the Housing Executive and housing associations are able to use the powers that they currently have and that, where changes

are needed, they are put in place. In addition, as part of the review of the housing selection scheme, my Department is committed to taking forward legislation that will implement changes to eligibility for social housing and full duty homelessness status where there has been unacceptable behaviour. Such a Bill would be subject to the Executive's legislative priorities.

I would be more than happy to further discuss the issue with the Member.

Mr O'Toole: Minister, you mentioned the joint review that is being undertaken between your Department and the Justice Department. Do you specifically plan or intend to make a joint announcement on next steps with the Justice Minister? When might we expect that?

Mr Lyons: The joint consultation was launched in November and ran until March. A further extension was granted until 5 April. I will be briefed on the responses to the consultation and on next steps in due course. I will be happy to keep the House informed.

Madam Principal Deputy Speaker: Very quickly, Kellie.

Ms Armstrong: When the Housing Executive is provided with data that can help with the removal of problem tenants, the same data cannot be provided to housing associations. Will the Minister consider reviewing the policy to allow that to happen?

Mr Lyons: I would be happy to do that.

Madam Principal Deputy Speaker: That ends the period for listed questions. We now move on to 15 minutes of topical questions.

Temporary Promotions: DFC

T1. **Mr McCrossan** asked the Minister for Communities, in light of the fact that, at its meeting last week, the Committee for Communities was told that temporary promotions were given in DFC only in exceptional circumstances, with the aim of restricting their duration to a year, to outline why 3,499 people have been temporarily promoted for up to one year, 725 for up to two years, 201 for up to three years, 67 for up to four years, 18 for up to five years and 10 for over seven years. (AQT 211/22-27)

2.30 pm

Mr Lyons: Clearly, we are not happy with that. Work is ongoing; in fact, there has been some movement on it in recent weeks. I raised the issue with the permanent secretary last week, as the Member will have done. The level of temporary promotions in DFC is in line with that in other departments across the Northern Ireland Civil Service (NICS). My Department operates in line with the temporary promotions policy that sets out how such promotions are to be managed. The duration of temporary promotion relates to individuals, not to specific posts.

Mr McCrossan: I thank the Minister for that. I think he is saying, "It is awful, but we are no different from every Department, so every Department is awful". That is an unacceptable situation. I am sure you will agree that the huge number of temporary promotions in your Department is a cause of concern for existing staff in terms of available opportunities for them and is not best practice for your Department or any other in the Executive.

Mr Lyons: I thank the Member. As I said, I am committed to reducing the number and duration of temporary promotion arrangements. My officials are engaged with NICS HR to progress recruitment competitions that will fill more posts substantively and to improve and speed up recruitment processes through the NICS people plan.

Casement Park: Delay

T2. **Mr Honeyford** asked the Minister for Communities to explain the delay with the Casement Park project and, with the tender documents for Casement Park having been ready and with him for almost two months, to outline the difference in his approach and that of his party colleague the Education Minister, Paul Givan, who is pressing ahead with a £400 million capital school-building project in Omagh without a business case or security of future funding. (AQT 212/22-27)

Mr Lyons: Quite simply, we are waiting for funding clarity from partners, including from the UK Government. Once we receive it, we will consider next steps.

Mr Honeyford: Given that the delivery timeline for Casement Park is extremely tight, I asked why what is good for one DUP Minister is not good for the other. The Education Minister is pressing ahead without a business case and without security of funding, so can the Minister give a firm commitment, reassure the House and ensure that he will not let the tender

process or any other process delay or drag to the point that we miss out on Euro 2028?

Mr Lyons: As I have already said, that depends on funding from the UK Government. On the Strule education campus, my understanding is that the Minister went to the Executive and received the funding that was needed to begin that project. We do not have the funding clarity that we need.

Regeneration: Rural Communities

T3. **Mr McAleer** asked the Minister for Communities whether he will consider reviewing the policy that he referred to in a reply to a recent question, in which he said that the regeneration focus of his Department is on populations of 5,000 or more, given that, in rural constituencies such as West Tyrone, there are only two settlements of more than 5,000 people (AQT 213/22-27)

Mr Lyons: While my Department is responsible for urban regeneration, I understand the issues faced by our rural communities. I come from a rural community, and I represent one. My predecessor, Paul Givan, when he was Communities Minister, indicated that he wanted to extend the Department's scheme to regenerate public spaces to small towns and villages. We hoped to have a phased approach, beginning with settlements of over 2,500 persons and working closely with councils and the Department for Agriculture, Environment and Rural Affairs. However, that was dependent on the resources being made available. No further funds were found to take that forward. Since then, particularly in response to COVID-19, my Department has led on the COVID-19 recovery, revitalisation and small settlements programmes in partnership with DFI and DAERA. The cross-departmental nature of those regeneration activities has been clearly demonstrated, which has confirmed the need for the Executive to take them forward.

Mr McAleer: I welcome the Minister's response. In light of that, is he satisfied that his Department is fulfilling its statutory responsibilities under the Rural Needs Act 2016 to pay due regard to the needs of rural areas when developing and implementing policies?

Mr Lyons: Yes. I believe that we are adhering to our statutory responsibilities. We can, however, always do more than simply follow the law. We can go over and above what is required, and that is why I am always more than happy to work with my ministerial counterpart in DAERA to put in place schemes to support

regeneration in rural settlements such as the village catalyst grant scheme and the Architectural Heritage Fund (AHF) grant scheme as well as work through the Housing Executive.

Local Government: Remote Meetings Regulations

T4. **Mr Mathison** asked the Minister for Communities to confirm a time frame for when local government remote meetings regulations will be brought to the Assembly, further to the papers on the issue that were tabled at the Committee for Communities. (AQT 214/22-27)

Mr Lyons: I hope to be in a position to bring the regulations to the Assembly in the coming weeks.

Mr Mathison: I thank the Minister for his answer. His papers that have been tabled with the Committee detail how there will be conditions that the member must meet to attend a council meeting remotely. Can the Minister advise what those conditions will be?

Mr Lyons: My approach has been largely to leave it in the hands of councils. There will need to be changes to their standing orders. I have my views on how and when a member should be allowed to attend remotely, but, ultimately, that should be a decision for the councils.

Boiler Replacement Scheme

T5. **Mr Brett** asked the Minister for Communities, following the closure of the boiler replacement scheme by his Department before Christmas, for an update on his plans to introduce a new boiler replacement scheme to support families across Northern Ireland, given that one of the biggest causes of fuel poverty for our constituents is the cost of boiler replacement. (AQT 215/22-27)

Mr Lyons: In September 2023, the closure of the boiler replacement scheme was announced owing to budgetary constraints. In the previous two years, the scheme had seen a significant decrease in enquiries and applications received. The decision was made to consolidate and protect the affordable warmth scheme, which was kept open. I understand that there are still people who need help to heat their home, and the affordable warmth scheme is open to applications and is set to run until March 2026. The scheme continues to assist low-income owner-occupiers and households in

the private rented sector with an annual household income of less than £23,000.

My Department is in the early stages of developing a new fuel poverty intervention that will replace the current affordable warmth scheme when it ends. A boiler replacement element could be part of the new scheme.

Mr Brett: Thank you, Minister. I welcome your commitment to developing a new policy support, but, like you, we on these Benches were elected to help working families. One of the main concerns with those schemes was the low-income threshold, which meant that hard-pressed families across North Belfast were not able to avail themselves of the support. Will the Minister look at raising the income threshold to ensure that working families can avail themselves of the scheme?

Mr Lyons: We are in the early stages of the redevelopment of the scheme. A lot of different factors and elements have to be considered, as well as the issue that the Member has raised about eligibility. I absolutely agree with him, however, that some of the most hard-pressed people in our communities are working families — the working poor — who so often miss out on other benefits that are available. Those people need our help and support, and making sure that we can help the most hard-pressed will drive decision-making.

Westland Estate: Community Centre

T6. **Mr Kingston** asked the Minister for Communities to outline the support provided by his Department to fulfil the long-held desire of the community in the Westland estate in North Belfast to have a replacement community centre. (AQT 216/22-27)

Mr Lyons: The Member frequently raises the Westland estate with me. I will have to visit sometime, because I have heard so much about it from him. I understand that the proposal to build a new community facility to serve the Westland estate is being managed by the Executive Office through its Urban Villages programme. My officials have engaged with community representatives in the area over a sustained period to support and develop community infrastructure in the area through the Westland Community Group, and that is being delivered through the capacity support project.

Mr Kingston: I thank the Minister for his reply and his commitment. Can he set out his Department's financial support for community

development in the Westland area in recent times?

Mr Lyons: Yes. In November 2023, my Department issued a neighbourhood renewal grant funding agreement to provide salary and programme costs to enable Belfast City Council to engage a community development worker to support the group for the period from November 2023 to March 2025. Funding of £12,007.09 was awarded for the period from December 2023 to March 2024. Funding for 2024-25 remains to be determined; however, £8,417 has been awarded for the first quarter of the year, in line with funding procedures for the neighbourhood renewal funded organisations, while the Department's budget allocation is clarified.

Sexual Orientation Strategy: Update

T7. **Ms Sheerin** asked the Minister for Communities for an update on the sexual orientation strategy. (AQT 217/22-27)

Mr Lyons: My Department has responsibility for a number of the social inclusion strategies. I am currently considering evidence, advice and briefing on each of those. They are at different stages. When I have an update, I will, of course, bring that to the House.

Ms Sheerin: I thank the Minister for that answer. In the absence of a bill of rights for the North, we are obviously in a rights deficit here, and that is particularly true of groups, such as the LGBTQIA+ community, who suffer that vividly. Does the Minister agree with me on the importance of the strategy, in the first instance, and will he commit to liaising with the sector on the specifics of the strategy?

Mr Lyons: Of course, I am happy to engage with anyone whom the Member wants to bring to speak to me to help inform the development of the strategies.

Milltown Cemetery

T8. **Miss McAllister** asked the Minister for Communities, who will be aware that his Department granted a licence for exploratory work at Milltown cemetery, in the area at the bottom of the cemetery that includes the graves of babies and unmarked burial plots, whether, given the information that has come to light, he will use his power to enforce that the Catholic Church, through the trust diocese, stops any works there until such time as an independent investigation is carried out. (AQT 218/22-27)

Mr Lyons: I appreciate the Member raising the issue. I believe that a licence was issued to Northern Archaeological Consultancy (NAC) last year to archaeologically monitor test trenching at Milltown cemetery. Trenching took place to the east and north of the existing burial plots. Some 28 trenches were excavated, with nine previously unmarked burials located in three of the trenches. All burials were undisturbed and remain in situ. No burials were disturbed or excavated during the test trenching, and, with their locations now known, they will be avoided by modern burials as the cemetery expands into that area.

That is the briefing that I have received on that. If the Member has further concerns, I am happy to discuss those with her.

Miss McAllister: I can inform the Minister that I have in my possession, as do others, affidavits signed by former workers at Milltown cemetery, who have stated that they buried infants in the land that is now being reused for burial plots. I urge the Minister to do anything in his power to ensure that the babies buried in those unmarked graves rest in peace.

Mr Lyons: I understand the importance and sensitivity of the issue. I recognise that the Member has raised this, so I will raise it with officials and ensure that her concerns and the concerns, I am sure, of many others are taken seriously.

Empty Homes Strategy

T9. **Mr Brooks** asked the Minister for Communities to outline his Department's plans to advance an empty homes strategy. (AQT 219/22-27)

Mr Lyons: The Member will be aware of the previous empty homes strategy that was taken forward by my Department. It is fair to say that the success of that was questionable. He will be aware of the housing supply strategy that I intend to bring to the Executive soon. Empty homes will have to be considered as we look at housing supply all round.

Madam Principal Deputy Speaker: Quickly, David.

Mr Brooks: I thank the Minister for his engagement on that, and, given the scale of the housing crisis and the issues with new developments and infrastructure difficulties that have been talked about today, I encourage him to engage with all relevant stakeholders,

housing associations etc to ensure that we maximise the potential of those vacant dwellings and bring them back into use.

2.45 pm

Mr Lyons: I am happy to do that. We have an intense housing need right across Northern Ireland, so it does not make sense for homes to be lying empty. Obviously, we want people in those homes. There can also often be an antisocial element to empty homes. On Saturday, I spoke to residents in my constituency who are concerned about an empty home in their area. We should explore all options and engage with all relevant partners and Departments to ensure that empty homes can be lived in.

Madam Principal Deputy Speaker: That is the end of Question Time. Well done, everyone. Members should take their ease while we make a change at the top Table.

(Mr Deputy Speaker [Dr Aiken] in the Chair)

Private Members' Business

Addiction and Drug-related Deaths

Debate resumed on amendment to motion:

That this Assembly notes with concern NISRA's 2024 report on 'Drug-related and drug misuse deaths', which found a significant increase in the number of deaths attributed to drugs and alcohol; further notes the intrinsic connection between social deprivation, poverty, isolation, mental health and addiction issues; acknowledges with concern the NISRA figures that show that drug-related deaths are highest among 25-34-year-olds, are five and a half times more likely in areas of highest deprivation and that opioids are consistently the most common form of drug listed as cause of death; and calls on the Minister of Health, in cooperation with the Executive's ministerial committee for public health, to urgently implement the provisions aimed at harm prevention, harm reduction and tackling addiction within the substance use strategy 2021-2031, including developing plans for a new residential rehabilitation unit in Belfast. — [Ms Flynn.]

Which amendment was:

Leave out all after "including" and insert;

"plans to develop a residential rehabilitation service in a regionally strategic location; and further calls on the Executive to commit to providing appropriate subsequent resources in the 2024-25 Budget for the Department of Health." — [Mr Chambers.]

Mr Robinson: On a similar theme to that of other Members, I express my sincerest condolences to those who have lost loved ones who are part of the sad and ever-growing stats that we have before us today. The debate has been conducted in the right tone, and those who have lost loved ones have been central to it.

I absolutely recognise that this is an issue of the utmost importance, and that it affects the very fabric of our society. The report that was published by NISRA in January cast a light on drug-related deaths and substance misuse. Since 2012, deaths due to drug-related causes have risen by 98%: from 110 in 2012 to a peak of 218 in 2020 and 213 in 2021. However, there was a marked decrease in the number of drug-

related deaths in 2022. The 2022 figure of 154 still represents a 40% increase in the number of drug deaths that were registered a decade ago, but it is a significant decrease from the 2021 figure. I ask the Minister for his assessment of that. Does he believe that some aspect of the substance misuse strategy is working?

As those on the front line grapple with the crisis, we must always recognise that this is not merely a statistical blip. Any death is a human tragedy that touches lives, families and entire areas. Those are not mere numbers; they represent sons, daughters, friends and neighbours who were lost prematurely. The:

"intrinsic connection between social deprivation, poverty, isolation, mental health and addiction"

cannot be overstated. It is a vicious cycle that traps individuals in a web of despair, where substance misuse becomes both a symptom and a cause.

The NI Audit Office report detailed how the 20% most-deprived areas accounted for 44.5% of drug-related deaths and 44.4% of drug misuse deaths between 2018 and 2022, compared to 7.6% drug-related and 7.2% drug misuse deaths in the 20% least-deprived areas over the same period. The Belfast area had the highest rate of drug deaths in 2022, while the Causeway Coast and Glens area, which is in my constituency, had the second-highest rate. The NISRA data on deprivation shows that addiction thrives where hope is scarce. As the data is dissected, we find that those aged 25 to 34 bear the brunt of the epidemic. Those are the prime years of life, filled with promise and potential, yet they are cut short by the grip of addiction.

It is a multifaceted problem that cuts across society, and such societal issues require a number of Executive Ministers to deal with them collectively. Therefore, I urge the Minister to keep his focus on this topic. The substance use strategy provides a road map and lifeline for harm prevention, harm reduction and addiction treatment. The strategy detailed the rapidly changing nature of substance use and recommended that a review be conducted after five years to refresh its actions and give the opportunity for emerging evidence to be taken on board. I trust that life will continue to be breathed into those provisions.

The NISRA report also shows that opioids consistently top the list as the cause of those tragic deaths. Indeed, each year, over half of drug-related deaths have involved opioids, with

heroin and morphine the most frequently mentioned. As for providing residential rehabilitation services in Northern Ireland, I hope that they are provided on an equal-access basis. Whilst providing such services will require an ongoing and considerable financial outlay, that will be an investment in our collective well-being. That is borne out by the NI Audit Office report, which indicated that the cost of alcohol misuse alone in the Province was £900 million per annum and that adding the costs of the harms related to other drugs to that figure took the cost to £1.5 billion per annum.

In conclusion, beyond the statistics, there are human faces behind the numbers: our loved ones, friends and neighbours. Lives have been lost and families shattered. The Assembly and the Executive must be shown to be the architects of change in the storm of addiction, and we must turn the tide. My party supports the amendment.

Mr Deputy Speaker (Dr Aiken): Miss McAllister is not in her place. I call Paula Bradshaw.

Ms Bradshaw: I thank the proposer of the motion. It is a very important debate, and I concur with other Members' comments about its tone and sentiment

To bring the motion to life, I will talk about a number of issues that I have dealt with as an MLA. I am very struck by how the motion mentions:

"the intrinsic connection between social deprivation, poverty, isolation, mental health and addiction"

to drugs. On Saturday, I was in my constituency and happened upon a very serious argument in the street. There was a young woman in a very distressed state and a very aggravated partner, who was shouting out of the window at her. She wanted to get back into her house. Of course, I was not going anywhere when I saw this happening. It turned out that her partner is a very serious drug addict. She had found drugs in the house and, as she has a young family, flushed them down the toilet. He thought that a measured reaction to that would be to smash the house up. She was in a very distressed state. Earlier in the week, he had stolen £100-odd — I do not want to give too much detail — from her purse to cover a drug debt. I concur with what Carál said: the drug debts are owed to so-called paramilitaries — thugs — so there is that added layer of complexity in Northern Ireland. He effectively stole money out of the

mouths of his babies. The money was meant for top-up cards and clothes etc.

The problem with all that is that, if that young man had not been in an addicted state, he would probably be highly ashamed and sorry for what he had got himself into. I spoke to the young lady, took her round the corner and got her a cup of tea. She said that his parents are both lifelong abusers of drugs and alcohol. Is it any wonder that he ended up in that state? Again, Carál hit the nail on the head on this issue. The young man had presented at the Mater and at the emergency department at the Royal many times, looking for help, but it just was not there, so he came home. He had suffered from poor mental health for his entire life. It was the worst of situations to stumble across. My office is working with that young lady now, but it is so sad how addiction affects not only the individual but everybody around them.

I will also pick up on the need for the residential rehabilitation unit in Belfast. Again, while walking through my constituency — I do not do it on purpose — I saw a really aggravated argument between a young woman, who was clearly pregnant, and a guy. Again, I was not going to walk away. I am not a superhero, but I am the type of person who will not walk away from something if I am not sure that it is safe. The next thing was that the young woman smacked the guy up the face. I then spoke up, and he ran off. It turned out that the woman, who was seven months pregnant, had just left the Royal Victoria Hospital. She had been an inpatient and still had the wristband on her arm. Her boyfriend had picked her up from the Royal, and she went straight to Botanic Avenue to buy drugs. The drug dealer had taken her money and had not given her any drugs. The need for a residential rehabilitation unit is plain to see. From that day on, I very much agreed with it.

My last story is about when we were doing a walk around in the Holylands and, in one of the alleyways, there were two heroin users. One was injecting the other's foot with a syringe, because, obviously, the rest of his veins had collapsed. Around every corner, especially in inner-city communities, you will find the impact of the scourge of drugs and the very hopeless people who are addicted to them.

To go back to that young lady who was seven months pregnant, I always wonder what happened to her. I wonder about what happened to her and her baby and whether they ever got the support that they needed. It is a desperate situation.

I thank Órlaithí for the times that she has brought people to the steps of Stormont. I met some of the mothers and bereaved parents that she brought up that day. They were so frustrated that they had walked those steps up to Stormont so many times, begging for help. They have lost loved ones and do not want anyone else to go through that.

The motion is very timely and very much supported, and I look forward to hearing the Minister's response on what concrete action can be taken, especially around the residential rehabilitation unit.

Ms Hunter: First, I thank the Members who tabled this really important motion. I thank Órlaithí for the large amount of work that she has done on this. I know that she cares passionately about the issue, and I thank her for tabling today's motion.

I echo the sentiment today in offering my condolences to families that have lost someone due to drugs or alcohol. My constituency colleague Mr Robinson touched so eloquently on the complexities of the lives that those people live and on the fact that, in the Causeway Coast and Glens area, we have a real drug problem and that a lot of people need to know that support is out there. It is so difficult for the family network, but help is out there, so please seek it.

I welcome today's debate on this pressing issue, which has been silently harming our communities. For years, we have seen the undeniable link between drug use, alcoholism, mental ill health, suicide and, of course, in the North, intergenerational trauma. Those issues have defined the lives, families and even childhoods of so many of us. At the Education Committee, I raised the real need for us, as MLAs and Committee members, to recognise how addiction impacts on the entire home and the children within it. We need to recognise the impact that such behaviour can have on children at school and their achievements. It can often act as an adverse childhood experience. It can shape their later life and push them into having an addiction as well.

Behind the stark statistics of addiction and drug deaths lie real humans and real human stories, each one a tragedy. Each one has a family, and each one is a desperate call for action. Let us start with some awful statistics. In 2022, there were 154 drug-related deaths. While that was a decrease from the previous year, it is so important to recognise that drug-related deaths have been on a steady rise since 2012, with a staggering 98% increase. Over two-thirds of

those deaths were classified as drug misuse deaths, affecting predominately men and with the 25-44 age group bearing the brunt of the crisis. There is a real emphasis on awareness that that demographic — that age group — is struggling so significantly. We need to ensure that we are creating safe spaces for young men and fellas to open up and talk about mental health. Mrs Dodds touched on dual diagnosis. I celebrate the work of the MLAs, including my colleague Mark Durkan, on that APG. It is so positive to see the cross-party support for those kinds of initiatives and to hear colleagues talking about the societal issues that impact on every one of us and our families at some point in our life.

3.00 pm

The numbers that I have just mentioned only scratch the surface. They fail to capture what is a complex web of pain and suffering that lies beneath those who struggle with addiction. Behind each death lies a story of despair that is often rooted in intergenerational trauma. Many use opioids, for example, to numb psychological and physical pain. For many, drugs and alcohol offer temporary escape from a cycle of pain, but, tragically, that often leads to further anguish, death and destruction. The link between substance abuse and mental health is irrefutable, and those who struggle with trauma and depression too often turn to drugs and alcohol as a coping mechanism, only to find themselves further trapped in a vicious cycle of addiction. As the grip of addiction tightens, the risk of suicide, sadly, looms ever larger. It is a vicious cycle that is perpetuated by the legacy of our troubled history. It is important to note — we are well aware of this — the impact that the Troubles have had on people of all backgrounds and beliefs across the North. There is an undeniable link with that: people use alcohol and drugs to cope with what has happened in their life, perhaps in their childhood; they have children who witness alcoholism in the home and see parents who struggle to cope with trauma; and that passes through the generations. I am delighted that we are having the conversation today.

Amidst the darkness, there is hope. We have the power to break that cycle, to offer support and compassion to those in need and to address the root causes of addiction and mental illness. That is why we support the amendment and the motion. It starts with recognising that substance abuse is not simply a matter of choice but often a symptom of a deeper societal problem. The substance use strategy and harm reduction models must urgently be implemented. I have found, in four

years of being an MLA, that people who need access to mental health support have a real struggle. For example, if you have drink or drugs in your system and you present to A&E to look for help, you do not get it; you are pushed away. We need to look at how we can best support vulnerable people when they are at their lowest.

We will support the amendment and the motion. I thank the Health Minister for being here; I know that he cares passionately about the issue. I echo the thanks to our leader, Colum Eastwood, for working with the British Government on the Northlands centre. I hope that the Executive can support that.

Mr Deputy Speaker (Dr Aiken): I call Nuala McAllister.

Miss McAllister: Thank you, Deputy Speaker. I apologise for not being in my place. I have just spoken to the Minister about my topical question.

I thank Órlaithí for tabling the motion. I will start by discussing the poem by Jack that was read out. It is reflective of his mind and of how he was an artistic and capable person who had a whole future ahead of him. It is a really sad fact that society has let down Jack and his family, who have been left behind.

It is incumbent on all of us and, most importantly, the Minister to grapple with the issue of addiction in society. It is not just about a health approach — it is about a health approach first and foremost but not just that — and I will speak about that for a moment. I declare an interest as a political member of the Policing Board. When it comes to drugs and addiction, there is a policing element to it. One example is the prevalent use of naloxone and the fact that police officers, as first responders, utilise it. They have spoken at the Policing Board about how it has been useful to them in saving lives. I hope that the Minister can provide feedback on its roll-out to other first responders. When we are talking about budgets that are very stretched, we need to ensure that we have assistance in any way that we can manage.

The other angle on a policing response is that the criminal justice system often punishes people for having an addiction, because they have been let down first and foremost by society and then by the health system. Last October, there was a move by the police that I spoke in favour of and supported them on. They took a public health approach by sending a message about the dangers of using drugs to

the phones of 2,000 people whose numbers were on a phone that was found during a drugs raid. That was important, because it showed that there was not just one approach in the criminal justice system, so there should not be just one approach in the health system to tackling drugs.

When I was Lord Mayor, I took an interest in the issue because, as I was growing up in north Belfast, members of an extended family suffered from alcohol addiction. At that time, I thought, rather naively, that it was their fault, but I was young, and it is important that we reflect and acknowledge that views change, which is important. I took it on myself to become more knowledgeable in that area and understand how it affects people and how every one of those individuals is a person. I went to Depaul Ireland's Stella Maris in the Sailortown area of north Belfast, and I met some amazing people there who suffered, unfortunately, with an alcohol addiction. I spent a lot of time there because it was just so important to have your eyes opened to the realities of what life can throw at you.

Carál Ní Chuilín mentioned the trauma that people face in their life. When I thought about that yesterday, I texted someone who went with me to Stella Maris, and I learned that one of the residents there has since died from a drug overdose. They were found with a needle in their arm in a room all alone. I was not aware of that at the time, and that is really sad. On reflection, it seems to me that people get angry about drug overdoses and deaths only when they happen in public. When they happen in quiet rooms, which they often do, people do not get angry, and that is why we need a whole-system approach. We do not need just a health approach or just a criminal justice approach; we need a Department for Communities approach too, because we also need to tackle poverty and the root causes of addiction and the harm that it can do to families and, most importantly, to the individual. Compassion is the way forward.

I understand that there is a lot to do in that regard, and I understand that budgets are stretched, but it costs more to do nothing or very little than it does to implement a proper substance abuse strategy and have a rehabilitation service. We are not concerned about where it is located, because we do not want a postcode lottery; we want to ensure that everyone in Northern Ireland will have access to it where it is needed. Therefore, we will support the amendment and the motion. Hopefully, I will hear responses from the Minister to some of the points that I have made.

I thank the Member for tabling the motion. From being on the Committee with the Member, I know that she is passionate about the issue.

Mr Deputy Speaker (Dr Aiken): Will the Member bring her remarks to a close, please?

Miss McAllister: We will join her in campaigning on the issue for the long term.

Mr Carroll: I thank the Member for tabling today's motion.

It is clear that the war on drugs has failed. Working-class areas are in the grip of a deepening mental health and drug addiction crisis, and those affected deserve our support. Communities devastated by years of austerity and inequality are at the sharp end of those crises, and that is the direct impact of the failure of the state — Westminster and Stormont — to lift people out of poverty and to invest in mental health services and addiction support. Obviously, there are no quick and easy solutions to some of the problems, but we need to start with an approach that deals with it primarily as a health issue rather than a criminal justice issue.

We need to recognise that those who use drugs often self-medicate while they are forced to cope with the ravages of a broken economic system, including having trauma themselves. Therefore, I welcome the call today for the provision of a properly equipped rehab centre, but, given the agenda of the Executive and the talk of budget cuts and budget restraints, I seriously question that they will provide the necessary funding. I hope that the motion is not just for the optics. I think that Sinn Féin and the DUP may, in theory, want a rehab centre, but are they prepared to bring that forward and fund it in practice?

Similarly, no Executive parties will say that they want people to suffer mental ill health, but they continue to underfund mental health services year-on-year. By doing so, the Government condemn more people to addiction and far too many to death. The number of drug deaths in the North has risen by 40% in 10 years. That has happened on the watch of the ruling parties here, and the need for better services is greater than ever. However, tackling this critical issue will require funding and resources. I hope that I am wrong, but I am not confident that the Executive are prepared to provide that funding in the context of yet another austerity Budget.

Delivery of the services needs to be more than a hypothetical suggestion or a distant

aspiration. A safe injection centre is not mentioned in the motion — it needs to be — but we need that and more needle exchange programmes so that we can prevent overdoses, ensure people's safety and ensure that needles are disposed of properly. The law and order approach does not work. It serves only to criminalise those with serious addiction issues and allows paramilitary and criminal gangs to ultimately profit from the trade. By every metric, the war on drugs has failed: drug use has remained largely the same, whilst drug deaths have increased.

Time and again, we hear of the success of countries like Portugal, which has deployed a health-based model, yet the state refuses to accept and listen to the evidence. Portugal has the lowest number of drug deaths in western Europe, at one tenth the rate of Britain and one fiftieth of that of the US. From around 2001 to 2018, Portugal's number of heroin addicts dropped from 100,000 to 25,000 — a huge reduction of 75% — and HIV infections from drug use injection had declined by 90%. Those are incredible figures. In Switzerland, which has also taken a more progressive approach, drug deaths have halved since the mid-1990s. In that same period, the UK's drug deaths have doubled. The health-based model is safer, reduces drug use and saves money that would otherwise be pumped into futile policing and justice that has not worked.

The Home Office spends an estimated £20 billion per year on the war on drugs, whilst the British Government spend just £680 million on treatment and prevention. The Executive have allocated £63 million to the PSNI's paramilitary crime task force whilst continuing to criminalise drug users who need support. It is also unacceptable for the Government to actively criminalise addicts while refusing to address the root causes of their problems: poverty, a lack of social housing, stagnant wages, declining services and so on. The Executive need to get real about tackling those issues. If they commit to opening a rehab centre, I ask them to commit to funding it.

The Government should also recognise the failures of the Misuse of Drugs Act and the lives that have been lost due to the war on drugs. They should recognise the need to treat addiction as a health issue and commit to opening an overdose prevention centre where people can use drugs safely under medical supervision. They also need to recognise that the austerity agenda, cuts and Tory-backed Budget that they will likely implement in the days and weeks ahead will only fuel poverty and, as a result, addiction in the long run.

Mr Deputy Speaker (Dr Aiken): I call the Minister. Minister, you have 15 minutes.

Mr Swann (The Minister of Health): Thank you very much, Mr Deputy Speaker. I welcome the opportunity to speak to the motion and the amendment. I will support both, because the amendment adds to and strengthens the motion; it does not take away from it or its intent.

I want to address some of the extremely important issues that have been highlighted by Members. However, I begin, as others have done, by offering my heartfelt sympathy to all of the families who have lost someone dear to them in similar circumstances, because, as has been said around the Chamber, too many people across Northern Ireland have suffered the devastating loss of a loved one because of substance use issues. I thank Members for the tone of today's discussion and for the way in which the issue has been taken forward. It was summed up in two words from Ms Ní Chuilín in her contribution when she said that we are doing this because "We care". I believe that that is why we as Members, parties and individuals are in the Chamber.

I thank Ms Órlaithí Flynn for moving the motion. I have worked with her extensively on this. I thank her for the acknowledgement that she gave to my officials for the work that has been done on this. The co-working and partnership approach that she brings and that her colleagues and other MLAs have brought as we try jointly to tackle this serious issue shows how we can best work together. The previous work that we have done collectively is a prime example of what we can do when we set our minds to it. In that regard, the Member noted that I am meeting families later this week — again, with her, at her invitation — because of how she is respected in a community that wants to tackle this serious issue.

Today's motion asks us to note:

"with concern NISRA's 2024 report on 'Drug-related and drug misuse deaths'".

The most recent drug death statistics, which have been quoted and were published on 31 January 2024, are a reminder of the tragic impact that drug-related harm has on individuals, families and communities across Northern Ireland.

Mr Robinson noted the positive reduction in drug-related deaths across Northern Ireland, from 213 in 2021 to 153 in 2022. Like him, I

hope that that is not a blip but rather an indication that society is going in the right direction as we use our strategies and the resources that we have available to keep concentrating on the matter.

3.15 pm

Although many Members have referred to the statistics, and I thank them for noting them, it has been realised in the Chamber today that behind every one of those statistics and each of the numbers is a person: a son, a daughter, a brother, a sister, a father or a mother. That is why the tone of the debate today has been particularly welcome. I will say, however, that we cannot be complacent. We must continue to make the issue a priority. It is important to recognise that the trend over the past decade has been an upward one.

Today's motion focuses on the harms from drug use, but it is vital, and Ms Ní Chuilín raised this, that we also consider the impact of alcohol. The most recent alcohol-specific death statistics, which were published on 14 February, show that 356 such deaths were recorded in 2022. That is a stark reminder of the tragic and potentially lethal impact that alcohol can still have. As has been mentioned, the harm related to substance use is driven by a range of multifaceted issues that exist across the whole of our society. Those include poverty and deprivation, homelessness, unemployment, lack of economic development, mental health and trauma, paramilitarism, community relations and justice issues, education attainment inequalities and the legacy of the past. As has been mentioned many times, tackling those societal issues requires the whole Executive to operate collectively.

The families whom I have met know only too well the pain and sorrow that sits behind each and every death recorded as a result of substance use, as well as the complex factors that drive people to substance use. It is my view that every single one of these deaths is preventable, and we must continue to work to address all the issues. The Members who tabled the motion are asking us to acknowledge the worrying statistic that the rate of drug-related deaths in the 25- to 34-year-old age group was the highest of any age group in 2022. In addition, the figures confirm once again that drug-related and drug-misuse deaths continue to be higher in areas of highest deprivation.

Rightly, the motion also notes the intrinsic connection, as I mentioned, between social deprivation, poverty, isolation, mental health

and addiction issues. As we are all aware, those are not issues that Health and Social Care can solve on its own. To be truly effective, our response must therefore be a collective one. I will continue to work with colleagues in the House and in the Health Committee and across all areas, and especially with my ministerial colleagues in other Departments, to address the challenging societal issues. For example, my Department works closely with colleagues in the Department for Communities to look at the needs of those who are suffering homelessness. That includes doing work through the Complex Lives initiative in Belfast, which takes an inter-agency, multidisciplinary approach to those who are most vulnerable and wraps support around them in order to meet their basic needs. We also work closely with the Department of Justice on enforcement, community safety and the healthcare needs of those who are in the justice system.

Furthermore, the motion rightly calls on me, as Minister of Health, to:

"implement the provisions aimed at harm prevention, harm reduction and tackling addiction within the substance use strategy".

As Members will be aware, I launched our 10-year substance use strategy, 'Preventing Harm, Empowering Recovery', in September 2021 with the full support of the Executive. The alcohol- and drug-related statistics that we have already touched on demonstrate why we need to continue to drill down and focus on the strategy's full implementation, because it is that strategy that sets out the values and priorities that underpin all our efforts in this area. Those efforts include targeting groups for which the need is greatest and for which it is most necessary that the strategy be effective. The strategy describes three main priority groups believed to be most at risk of harm: those who are homeless; those who inject drugs; and those who are in contact with the justice system. The strategy also recognises the risks that face our young people today and set out what more we need to do in that space. Our strategy aims to directly reduce harm through that focus, as has been said, on prevention and on harm-reduction support measures for people in those groups who use alcohol and other drugs.

In recognition of the fact that it is a growing issue, work is under way to develop what will be a new, holistic, strategic plan for the delivery of substance use services. That will seek to improve the availability, accessibility and quality of the treatment and support provided right across Northern Ireland. The strategic

commissioning plan was consulted on earlier this year following a co-production process that involved over 100 individuals and organisations. That strategic plan is being updated and finalised following the consultation and will be published in the near future. It will then become the new road map for effective services, not just for my Department but for any organisation looking to address substance-use-related issues. However, a plan on its own will not solve all our issues.

Mr Carroll: I thank the Minister for giving way. Does he agree that part of the holistic approach that he outlined should be to challenge the Misuse of Drugs Act? Although it is, as he stated, a reserved matter, that Act helps to criminalise addicts. You cannot treat and support somebody through healthcare if they are criminalised. Does he agree that part of the approach should be to challenge the Misuse of Drugs Act?

Mr Swann: I do. It goes back to the point that the Member and others made about how we look at the abuse of drugs. The substance use strategy sits, rightly, in my Department. Addiction is a health issue, not a justice issue. We should not punish people who cannot step out of addiction and out of that cycle that keeps them where they are. There is a health response and a public response. There is a holistic approach to be taken across the Assembly, too.

The Member mentioned the Misuse of Drugs Act 1971. We talk about overdose prevention centres and the opportunity to have one in Northern Ireland. As the Member acknowledged, that is UK-wide legislation, so it is not within my remit to be able to set one up here in Northern Ireland. However, we will monitor forthcoming evidence on the effectiveness of two different interventions: the pilot overdose prevention facilities in Glasgow and Dublin. We will give due consideration —

Miss McAllister: Will the Minister give way?

Mr Swann: — to new interventions, as appropriate, within the wider legislative framework. It is not, therefore, something that I am opposed to.

Miss McAllister: Sorry for interrupting, Minister. Further to the previous intervention, whilst I recognise and respect that it is outside your remit to amend the Westminster Act, is there any work that your Department can do in conjunction with or alongside the PSNI to gather evidence on the effect of such drugs and

on the negative approach of using a sledgehammer to crack a nut when it comes to using the criminal justice system rather than a health approach?

Mr Swann: The Member raises an issue on which her party leader, the Minister of Justice, and I have said that we want to work closely together. I look forward to continuing work on how we make sure that substance abuse and addiction are not treated as criminal activities; we should address them as health issues. We have to look at how we as an Executive approach that as well.

Miss McAllister raised the issue of naloxone in her comments. I can confirm wider expansion of its use. Earlier today, I corresponded on the issue with Andrea Leadsom, Parliamentary Under Secretary of State for Public Health, Start for Life and Primary Care, who is looking at introducing legislation on that in Westminster, on how we develop that and bring it forward. I will continue to work with her on that.

I go back to the substance use strategy. When it was published, it was estimated, at that point, that its implementation would require an additional £6.2 million in recurrent funding. In what will undoubtedly be an extremely challenging budget environment, I am pleased to confirm that, to date, I have managed to assign an extra £750,000 recurrently towards that strategy's implementation.

I am conscious of time. With regard to other positives, a number of Members mentioned dual diagnosis services. Members will be aware that dual diagnosis is mentioned in both the mental health strategy and the substance use strategy, because, when we were co-designing and co-producing those two strategies in the Department, we recognised that dual diagnosis sat across both. Dual diagnosis, or co-occurring mental health and addiction problems, is a key priority in both those strategies. Therefore, it is critical that we reinforce the linkages between the two strategies, with early intervention and an action plan, development of the regional mental health crisis service and development of the regional mental health service. Again, recurrent funding has been provided to appoint a co-occurring mental health and substance use project manager who will be based in the SPPG. Recruitment to that post is under way. That should ensure improved pathways with more timely access to the treatment and support that a person with a co-occurring mental health and addiction problem needs to enable them to maximise their recovery.

The problem is significant, but ongoing work and recurrent additional investment will address some of the core issues in the system, such as ensuring that there are clearer pathways, better support for dual diagnosis when an individual experiences co-occurring mental health and addiction issues, and greater consistency in inpatient treatment services. Those services range, as we have heard, from tier 1, the provision of information and education, to tier 4, inpatient treatment services. While we seek to improve the accessibility and quality of services that we provide, there are already vital life-saving services in place. If you think that you may have an issue with substance use, or you know someone who needs help, you should come forward and seek help and support.

In respect of services, the motion specifically references rehabilitation; an issue that has often been raised with me. That is why one of the key early actions that we have undertaken under the strategy is the independent review of inpatient tier 4 detoxification and residential rehabilitation services across Northern Ireland. That work was commissioned in 2023. A report has now been submitted for consideration. Following the tier 4 review, that will provide an overview of current service provision and will help to set the future direction for inpatient treatment services, both statutory services and —

Mr Deputy Speaker (Dr Aiken): Can the Minister draw his remarks to a close, please?

Mr Swann: — services in the community and voluntary sector across Northern Ireland.

I have tried to keep my comments succinct and to the point. It would be impossible to cover all the complexities of this concerning issue today. I encourage Members to support the motion and amendment.

Mr Deputy Speaker (Dr Aiken): I call Tom Elliott to make the winding-up speech on the amendment. Tom, you have five minutes.

Mr Elliott: Thank you very much, Mr Deputy Speaker. I thank the Members who brought forward the motion. It is very much appreciated and extremely relevant in today's society.

Like others, I, obviously, sympathise deeply with people who have been impacted by the issue. You probably cannot realise the impact until you are in that situation yourself; the individual who is finding it difficult to cope with either drugs or alcohol — or, indeed, any other addiction — or their family, because they go

through a journey as well. There is a journey when they hear of their loved one's being addicted to drugs or alcohol. Then, there is a further journey — we have heard about it a couple of times today — if someone takes money off their family members, or senior family members or grandparents have to go and pay off the drug dealers. Indeed, then, there is a journey when someone passes away due to addiction. That is a huge, difficult journey for that family. As MLAs, some of us hear about it from our constituents, but until you are in that situation as a family, I do not think that you can comprehend it fully.

I was interested in the particular comments of a couple of Members. The first was Carál Ní Chuilín, who, if I quote her correctly, said "drug dealers are death dealers". Other Members mentioned that we have to deal with the dealers as well. We can deal with addictions, but we must take the dealers out of society as well. That is a very important issue.

3.30 pm

The second issue was raised by Miss McAllister, who said that people only get angry or annoyed when they see drug overdoses or deaths in public. I know exactly what she means, but I think that the family members and friends who witness those events behind the scenes are a huge issue. They are going through huge trauma, which they sometimes cannot talk about or disclose to the rest of their family or to their friends or colleagues. That is a massive stress on those people, and they need support and help.

I fully support the motion and the issues raised in it. We heard from the Minister, who widely supports it. While we are not saying in our amendment that Belfast is not the proper place for a rehabilitation unit, there may be other locations for it. I heard a couple of Members, including Mr Durkan, talk about Northlands in Londonderry. That is a very important centre in the north-west, but it is a regional centre that provides a huge amount of support and help for the wider community. We are just saying, "Don't write off those other areas". Maybe we will have a couple of regional centres, because that is what is required.

You only have to look at the resources that are tied up in Justice, Education and Health to realise that it is clearly a cross-departmental situation. I had the privilege of being in an emergency department for some hours quite recently. The Minister of Health kindly got me special treatment and made me stay there for in the region of 24 to 30 hours. I witnessed a lot of

comings and goings in that time, including people coming in who clearly had difficulties with addiction. Most of those people were accompanied by police officers, usually at least two or three. In a 20-hour period when I was in that emergency department, there were at least four individuals who were accompanied by four different groups of police officers. The amount of security force and health sector resources that were tied up at that time was enormous.

This has been a good debate, and it has been positive in the sense that we all want to do something. I listened to Mr Carroll's concern that nothing will happen, but there is a willingness there, which I support. Therefore, I commend the motion and the amendment.

Mr Deputy Speaker (Dr Aiken): I call Liz Kimmins to conclude the debate with a winding-up speech. Liz, you have up to 10 minutes.

Ms Kimmins: I thank my colleague Órlaithí Flynn for bringing this important motion to the Floor of the House. I know, as others have said, how committed Órlaithí has been in this area: the support that she has provided for families has been steadfast, and that was reflected in her remarks. I thank the Minister for his remarks. It is uplifting to hear that we are all on the same page and that we all know what we want to do. I would not have expected otherwise. We understand the financial picture and that things are challenging; however, that does not mean that we do nothing. It is important to note that this is not just about money; it is about looking at what we can do with what we have. There are definitely things that can be done, which I will get into later in my remarks.

As others have said, very few families and very few of us in the Chamber have not been touched by the devastation that addiction causes, whether it is drugs, alcohol or, as my colleague Philip McGuigan mentioned, gambling. It devastates families; there is no doubt about that. It can be a very lonely place for anyone who is affected, not least for the individual but for those around them who are trying to do their best to support them while also dealing with the undoubted stigma and shame that is linked to their circumstances. It is a very difficult situation for anybody who wants to do the best for their loved one but is also very conscious of how others view their family and the family member concerned and the connotations around that. More often than not, they are left with no place to go. That is not to take away from some of the really good work that we know is happening. In my constituency, we have Cuan Mhuire, and I cannot speak

highly enough of the Cuan Mhuire facility and the work that happens there. However, it is inundated and is often well over capacity, as are many existing services. They need support, and they need us to deliver on that support.

Everyone has outlined personal and harrowing stories that they know from their constituents or their families, friends or neighbours. Just yesterday, I attended an excellent conference hosted by the School of Nursing and Midwifery, in partnership with the Patient and Carer Education Partnership, at Queen's University. That looked at showcasing the impact of proper partnership working in education or training, as we train future nurses, midwives and health professionals, and in service delivery.

One of the most powerful contributions at the conference came from a lady who described her experience of having a loved one with an addiction. However, it was not about her addiction. That young girl, whose issues started when she was around 15 years old, had mental health problems that manifested themselves in an addiction. I have no doubt that, for every example that was given in the Chamber today, that is how it started. Whether it is based on abuse or a trauma, generally it comes from mental health.

That is where the problem lies, because, when they have an addiction and go for help, that support is not available. That is something that we hear. The lady gave a personal account of her experience. Her younger sister, who is, sadly, now deceased — she died when she was 28 — fought for 13 years to get help. When she was at crisis point and tried to take her own life, those who should have been there to step in and provide that support — because it was a mental health issue — on a technicality, walked away. Sadly, we are talking about that in the past tense now because that young girl never got the support that she really needed. That is a story that is far too common. We all heard that today.

There is that constant ping-pong between services, whether it is mental health, addiction or, indeed, the judicial service. To give you an example of that, I want to speak about a family in my constituency; a family that is close to me. They had a son who had everything. He had a family; he had a good job; he had beautiful children. He had everything going for him, but his mental health deteriorated, and, sadly, he turned to drink and, eventually, to drugs to try to cope with that, because he did not have the support that he needed at that time. He lost everything. He lost his family, he lost his home

and he lost his job, and, at that stage, he was probably in the worst place he could have been.

His family came to me for help, because they did not know what to do — he was a grown man, an adult — and it was a difficult situation. He then got engaged with the judicial system because of the impacts of everything that was going on in his life. The shocking thing for me in that case was that his family felt relief when he was taken into custody. I do not know how anybody can look at that as a solution, but, for them, that was when they knew that he was safe. They knew that he was not taking drugs or drink; he was not going to come to harm. He would go in and out over a short period — in for maybe two weeks or six weeks, whatever it was, and then he was just put out again, and we were back into that cycle. Sadly, it is another case where he then passed away due to his health. He was not looking after himself. The trauma and long-term impact on his whole family circle has been immense. We tried and tried and tried, but that joined-up approach simply is not there.

That is where we need to focus in the interim. We understand that a lot of this costs money, but we need people to be working together here and to stop hiding behind red tape, because that is where we are at. If somebody tells me that they are depressed so they drink, that is different from them being depressed because they drink. That is when people services do not get involved. We need to start applying some logic to how we deal with these things. How many more people have to die before we start to realise that the system is kicking them out, and it is just too difficult to access?

We have all said — I am not going to point out anybody in particular because everyone said it — that addiction is not a choice; it is an illness, and we have to treat it like that. We have to treat it as though we were going to hospital with a broken leg, pneumonia or one of those things that requires immediate treatment. We also need to listen to those who have been through the system and that experience and take on board where they were failed and what we need to do to change it.

Cara Hunter mentioned that we are in a post-conflict society. Absolutely, and we probably have a higher prevalence of drug, alcohol and mental health issues for that reason, and that has led to social deprivation being one of the key drivers for people having those issues. We cannot ignore that. That is why we have to take a whole-system approach, but that will require proper early intervention and investment. We

have to look holistically at all that, and a dual-diagnosis approach is key.

It is really positive that, for once, we are all in agreement on a very important issue. Others said, and the Member for West Belfast pointed out, that things have got worse and that there are issues with money and all those things. I hope that we can address all that, and we absolutely want to, but the reality is that we are completely underfunded. I look forward to the Minister making representation on the matter to the British Government so that we get can the money that we need, because they are failing our people.

We will support the motion and the amendment. I hope that we can start to move forward on these things. We cannot allow more people to die in the meantime.

Mr Deputy Speaker (Dr Aiken): Thank you very much. I commend all Members for a thoughtful and respectful debate.

Question, That the amendment be made, put and agreed to.

Main Question, as amended, put and agreed to.

Resolved:

That this Assembly notes with concern NISRA's 2024 report on 'Drug-related and drug misuse deaths', which found a significant increase in the number of deaths attributed to drugs and alcohol; further notes the intrinsic connection between social deprivation, poverty, isolation, mental health and addiction issues; acknowledges with concern the NISRA figures that show that drug-related deaths are highest among 25-34-year-olds, are five and a half times more likely in areas of highest deprivation and that opioids are consistently the most common form of drug listed as cause of death; and calls on the Minister of Health, in cooperation with the Executive's ministerial committee for public health, to urgently implement the provisions aimed at harm prevention, harm reduction and tackling addiction within the substance use strategy 2021-2031, including plans to develop a residential rehabilitation service in a regionally strategic location; and further calls on the Executive to commit to providing appropriate subsequent resources in the 2024-25 Budget for the Department of Health.

Mr Deputy Speaker (Dr Aiken): I ask Members to take their ease.

(Madam Principal Deputy Speaker [Ms Ní Chuilín] in the Chair)

Foster Carers

Mrs Dodds: I beg to move

That this Assembly commends the vital contribution of foster carers throughout Northern Ireland; believes that the provision of a safe, loving and nurturing home can transform the lives of children and young people in care, helping them to reach their full potential; is deeply alarmed that whilst the number of children and young people in care in Northern Ireland is at its highest level since 1995, there are fewer people willing to foster; expresses regret at the finding of a poll commissioned by Barnardo's Northern Ireland indicating that just 2% of respondents in Northern Ireland would consider fostering a child in the next five years; stresses the need to address the many misconceptions about fostering; reiterates the fact that fostering can be a hugely beneficial experience for the entire family, including birth children; stresses the importance of providing greater financial support for foster/kinship foster carers in order to cover the costs of caring for children and young people; and calls on the Minister of Health to launch a new, ambitious and fully resourced recruitment programme.

Madam Principal Deputy Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes to propose and 10 minutes to make a winding-up speech. All other Members who are called to speak will have five minutes.

Mrs Dodds: I start the debate by offering thanks to those who give so tirelessly of their time, their care and their love to so many of the most vulnerable children. I think that all of us in the Chamber will have the privilege of knowing the effort, care and love that we put into looking after our own children — in my case, it is my grandchildren, too — and our nieces and nephews.

Foster parents give that love and support to children in often traumatic and difficult circumstances. The children may have been removed from their home because they were at risk of harm or simply because of difficult family circumstances. Fostering is an incredible service given by ordinary families in some extraordinary circumstances. Their duty of care is an immense service to children and young people in Northern Ireland.

3.45 pm

I want to recognise and thank Kathleen Toner from The Fostering Network NI. Her knowledge, advice and professionalism are much appreciated, and I look forward to working with her in the future. I also look forward to Foster Care Fortnight in May, during which the network will celebrate and try to recruit foster carers in Northern Ireland. We wish it well in that endeavour.

In my constituency advice centre — I am sure that many others have experienced this — I have recently supported families and foster carers who are providing a loving home for children who were removed suddenly from their own home and threatened with a placement in a residential home in a trust unit far away from their own environment. Thankfully, we got the situation resolved with foster carers in the locality, meaning that the children could continue with their social circle and their school.

Some people have asked me why I chose to raise the issue of foster carers and looked-after children. Minister, I acknowledge that there are huge issues in the health remit and that your Department has many challenges. Many of them will require Executive agreement and huge amounts of money, but there are other issues in your Department that you can deal with much more quickly. In the context of a healthcare budget of over £7 billion every year, setting to rights the issues around fostering and looked-after children should be a relatively simple and small task for your Department.

I do not want this to be just another nice debate in the Assembly. We have had lots of those since the restoration of devolution. I really want the debate to be a call to action to support some of the most vulnerable and traumatised children in Northern Ireland. It is a call to support foster parents, who give their time and guidance to those children. The motion has actions that I intend to monitor closely, and I will look at their implementation by the Health Department. Some of the actions that I will outline are eminently achievable. They are not hugely costly, but they would make a substantial difference to the people who foster and the children who are looked after.

Foster carers care for about 83% of children in the care system. In March 2023, 3,154 children in Northern Ireland were being looked after by a total of 2,562 trust foster carers and 265 independent providers. They are looked-after children who cannot live with their families for a multitude of reasons. Removing a child from a family must always be in the best interests of

that child, but it is often difficult and traumatic. It is estimated that we need a further 261 foster carers to meet the growing need, because we have more looked-after children now than we have ever had.

Retaining foster carers is a huge challenge. Let me put that in context: during 2022-23, 419 foster carers who had been recruited by the trusts ceased to be foster carers. You can see the magnitude of the problem that is faced by foster carers, the trusts and, most importantly, the looked-after children. The number of children in care increased by 5% in the last year and by over 35% in the last decade. That is an incredible number of looked-after children in Northern Ireland. In the UK as a whole, every 20 minutes, a child comes into care. Some children who come into care will experience multiple moves that will impact on their attachment and development. In Northern Ireland, some children in care will live far from their families, their social network, their school and the environment they know. They will either have to change school or be transported to the school on a long journey every day. The families I was involved with were going to face a 30-mile journey every day just to get to school: it was a 60-mile round trip.

Northern Ireland has higher rates of referral for children in need and children with child protection plans than other parts of the United Kingdom, with an over-reliance on kinship care, which does not suit every child because of difficulties in the family situation. However, kinship placements have increased from 25% to 45% since 2010. Minister, what are we going to do about a situation that is in danger of running out of control for the most vulnerable children in our society? The first thing we must do is value the foster carers who give their time. Foster carers in other parts of the United Kingdom were advised about the annual uplift to their foster allowances for this financial year, but Northern Ireland foster carers have been left in the dark.

Ms Brownlee: Will the Member give way?

Mrs Dodds: I will, of course.

Ms Brownlee: Will the Member agree that the current system of deciding on fees needs an urgent review, particularly in the case of complex foster payments? Fees have not been increased for some families for over four years in some of the most complex cases, leaving foster carers feeling forgotten by the system and without support.

Mrs Dodds: The Member has made an important point about children with special needs.

In general, I have looked at the table of allowances for foster carers, and it is lower in Northern Ireland than in other parts of the United Kingdom and significantly lower than in the Republic of Ireland. Foster carers who take on the added responsibility of children with special needs need to understand how they will be supported, both financially and with advice; that is hugely important. Minister, on top of that, we need to look at foster carers who are fee-paid to take in young children and the transparency around the award of that amount of money.

Thank you for your question, Ms Brownlee; I know you have been contacted by constituents in advance of the debate.

Minister, we need to hear what you are doing about the allowances for foster carers in Northern Ireland and to make sure that those allowances are increased in line, at least, with the rest of the United Kingdom. I understand that there have been proposals about a foster carer recruitment and retention strategy and a greater development of foster carers' skills. That will also benefit the system. Most importantly, foster carers want to feel valued. They want to feel like part of an overall care team. They need to be involved in meetings and decisions about the children they live with and work with daily. I would like you to consider how the whole team of foster carers, children and social workers can work together to the benefit of those children.

Madam Principal Deputy Speaker: The Member's time is up.

Mrs Dodds: Thank you. I will step down.

We also, importantly, need a register of foster carers.

Mr Baker: Foster carers play a hugely important role in the lives of children and young people across the North. Children and young people of all ages and backgrounds may need foster care at some point if they cannot stay with their birth family. For some, foster care will be a short-term solution, but, for others, it may last several years. Having to leave the family home for whatever reason is a traumatic experience, and some children and young people may also have experienced abuse or neglect. Foster carers can fundamentally change children and young people's lives for

the better by providing them with a safe space and consistent care, helping them to develop their social and emotional needs.

Supporting children and young people in building or rebuilding their self-esteem, resilience and social skills, as well as helping them recover from traumatic early experiences, is a key pillar of their development. Importantly, by giving children and young people a safe space in which to live, foster carers help to address wider social problems such as homelessness, poverty and drug and alcohol abuse.

Foster carers are also vital to supporting children and young people's unique educational requirements. There is a significant attainment gap between children in care and those not in care. A substantially higher proportion of children in care have special educational needs (SEN). Giving children and young people a regular routine and specific support can close that gap and help set them up for future success.

The number of children and young people in care in the North is at its highest since 1995, and referrals are on the rise. A growing shortage of foster carers, however, is leaving them without safe, stable and loving support. There has also been an increase in the number of children who have been moved multiple times in the care system owing to the lack of available foster carers. It is a vicious circle. With fewer carers available, children and young people are more likely to experience multiple moves, which can cause long-lasting trauma and prevent them from having a safe and stable home. All of that takes place against a backdrop of an increase in children and young people with additional learning needs, some of whom also have physical disabilities, meaning that their care needs are a lot more complex.

Mindful of the fantastic work that they do, it is essential that foster carers have access to support, guidance, resources, training and financial support. As Tory cuts continually let our children and young people down, our foster carers are on the front line, providing support, education and a safe and happy home. Let us commit today to ensuring that our foster carers are valued and supported and to working across party lines to deliver real change for our children and young people.

Miss McAllister: I thank the Members who tabled the motion. It is an issue in which I take a special interest, not just in foster carers but in children who are under the care of the state and those who, unfortunately, have been removed

from their parents' care. Foster care and children's social services as a whole really need reform, and I very much welcome the independent review by Professor Ray Jones. We will hear from him in Committee soon. I look forward to hearing the Minister's position on all the recommendations from the review.

The number of children and young people in care is increasing, as many Members have said, with 1,082 children in Belfast currently in the care system. That is acutely felt in north Belfast in the Water Works ward, an area in my constituency where one in 20 children is in the care system. In every classroom in some of the most deprived wards in the north Belfast area, there is more than one child in care. That is a shocking figure, and I can attest to its truth. I have four siblings who are teachers, and the stories that they tell me of the number of children in care would just break your heart.

The resilience of those kids is also extremely important, however. Before I speak further in the debate, I pay tribute to all the children and staff who work with Voice of Young People in Care (VOYPIC) and Include Youth. A number of weeks ago, the Committee for Health had in the Department of Health and the Strategic Planning and Performance Group (SPPG) so that we could hear about the future of children's social services. A number of those young people were in attendance, and I had the opportunity to speak to them outside the Committee room. They were absolutely fantastic, and what was clear was that, for those from care-experienced backgrounds, a loving and stable foster care system is so important, not just when they are under the care of the state but as they grow into adulthood. That is significant.

I will be perfectly honest, Minister: when I heard from the officials present, I was not at all happy with the responses given.

Instead of hearing about children being first and foremost, we heard about more work streams and about reviews of a review that has taken place. I echo what I said in Committee: a review has already taken place into children's social services — implement it. Implement as many of its recommendations as you can as soon as possible, and, in the long term, implement it in full.

4.00 pm

I took some time to speak to people who have gone through the process of becoming a foster carer. They said that it is too bureaucratic and

process-driven, which, ultimately, leads to people deciding not to pursue the idea. We are facing a serious shortage of foster carers, so we need to make it easier for people to enter the system. I, of course, recognise that issues around safeguarding and child safety must be paramount in the process, but we must ensure that we work hand in hand with people who were driven away from being foster carers and listen to the reasons why.

Foster carers also said that a significant barrier is finances, as was stated by the proposer. In one case, the individuals considered fully the potential of becoming foster carers, made enquiries with the trust, completed applications and mandatory training and were convinced that it was the right option for them. They were then informed that the allowance to cover expenses and caring responsibilities was only £7,500 a year. The Minister will be aware that young people who are in care and are under the school age cannot simply be left with a childminder or in a daycare provider because additional rules are, rightly, in place for foster carers. Ultimately, someone needs to be at home with those young people who are in the care system, but how can they do that on £7,500 a year? To be clear, money formed no part of their decision to become foster carers, but it was the sole reason why, in the end, they were unable to do so. The Minister really needs to ensure that something is done about that in the long term.

The reality is that foster caring is vital. Without those stable family-based care options, children in Northern Ireland will be placed in residential care.

Madam Principal Deputy Speaker: The Member's time is up.

Miss McAllister: I thank the proposer for today's motion.

Mr Chambers: I very much welcome the chance to speak on the topic of foster carers today. Foster carers are an incredibly important cohort of incredibly selfless and generous people in our society. Locally, foster carers provide truly invaluable support to so many children and young people right across Northern Ireland. Most importantly, they provide those young people with a stable and loving home in times of need.

There is no such thing as a typical foster carer. They can be young or old, they can be raising a family of their own at the same time, their children may have already flown the nest, or, as

is increasingly the case, they may not have had any children at all. Whatever the circumstances, for so long as a child is placed with them, they immediately become part of that family. Some carers offer short-term single placements, perhaps in times of crisis or to provide some relief for other carers, while others are, effectively, full-time foster carers, with multiple young people, perhaps with various levels of need. Overall, regardless of whom or how many they care for, fostering offers our carers an incredible opportunity to make a lasting impact on so many of our young people. The love, support and stability that foster carers can provide to just one child has the power to transform many lives for the better. I commend each and every one of them.

Of course, it is not just rewarding for the young people. Over the years, I have spoken with many foster carers where their own delight and happiness with what they do is evident to see. My party colleague Robbie Butler has been very open in speaking of the joy, as well as that of his wife, that fostering children over the past 18 years has brought them. That joy will be replicated in many homes right across Northern Ireland. However, we also need to be honest and realise that fostering is not always easy. Although it can be highly rewarding, it can be highly challenging. It is also a significant commitment for any person or couple to undertake. That is why it is imperative that we, as an Assembly and Executive, do all that we can to support them.

The issue of foster care allowances has, rightly, been raised today. It is deeply regrettable that there is not an equal level of support right across the UK. Foster carers matter as much in Northern Ireland as they do in Wales, England and Scotland. I know that local foster carers very much welcomed the direct support that the Minister was able to provide when he was last in post. However, they, like so many other people, have suffered as a result of the political and budgetary uncertainty over the past two years. Indeed, last year, as the cost-of-living crisis gripped so many homes and families, it was disappointing that only a limited increase in the foster care allowance could be provided. I appreciate that the Department of Health's hands were tied, especially in the context of such a dire budgetary position, but, ultimately, we, as MLAs, need to see such outcomes as a direct consequence of the failure of politics in this place.

As I mentioned in the earlier debate on addiction and drug misuse, Ministers will shortly come together to try to agree broad Budget allocations for the rest of this year. If we, as

parties, want to see important investments being made, such as the overdue uplift in foster care allowances, it is important that the Department of Health is awarded the finances necessary to deliver that. Nevertheless, whatever the outcome of the upcoming budgetary discussions, it is essential that foster carers receive support wherever and however they require it, for without them there would be many thousands of young people, both now and in the future, who would be much poorer off. In the meantime, I fully encourage anyone considering putting their name forward to be a foster carer to come forward and speak to any of the trusts or other bodies that stand ready to support them in whatever way they can.

Mr McGrath: I welcome the opportunity to participate in the debate and support the motion as presented. There are many reasons why children may be taken into foster care. Most children come into care as a result of some form of neglect. They may have experienced a family breakdown, including domestic violence. They may have been the victim of physical or sexual abuse. In exceptional cases, it may be because of the death of a parent.

Every child is unique. Every child is an individual. Every child has an inalienable and fundamental set of rights. Children who enter care will have experienced much in their young lives. They may have experienced deep-seated trauma or have complex needs. The history of this place often adds to much of that complexity. A child may have a disability that requires a particular level of care. Children who are asylum seekers may need a foster family. Some foster parents may even host a mother and her child. Therefore, the foster care that is afforded to children is often bespoke, and the families providing that care do so because they have a particular gift or a vocation to foster a child.

While a child may only be in a family's care for a set period, long or short, those families provide essential care and compassion for that child during that time. It is nothing short of remarkable. I, too, pay tribute to our Lagan Valley colleague Robbie Butler, who has spoken so passionately of his experiences of fostering children.

The most important thing that we can do is to ensure that we have a structure in place to match the right family with the right child. We may be in the position where we have fewer people who are willing to foster, but, hopefully, the Minister will be able to address that. I ask him whether we can get an update on what work is being done to address that gap.

Towards the end of the previous mandate, the Minister allocated an additional £1 million to those who foster. Hearing whether such funding could be replicated in the incoming year would be welcome. I appreciate that there were two years in which this place did not sit. Work went on to complete the independent review of children's social care services by Professor Ray Jones. That review is now complete, and there are 53 recommendations. While I agree with the specific text of the motion, it is also a timely reminder for the Executive to consider the outcomes of Professor Jones's report. I ask the Minister whether consideration is being given to how the outcomes of that report will be implemented. I look forward to hearing the answer to all those questions and getting an update from the Minister on them, but the SDLP is happy to support the motion.

Mrs Dillon: I thank the sponsors of the motion for bringing it to the House today. As has been said, in the North, we have over 3,800 children in care, just over 3,000 of whom are with foster families. Like others, I acknowledge the value of those foster families, what they give to those children and young people and what they give to us, as a society. If they were not there, what would happen to those children? Where would they be and what harm would they come to or, potentially, cause because of what they were going through?

Foster carers give value to every single one of us, and I want to acknowledge that. Very often, it is not just about the difference that they make to the life of the young person who stays with them; it is about the difference that they make to the lives of the entire family of the foster child because young people end up in foster care for myriad reasons. Sometimes, it is because of illness and temporary challenges in a family, and, very often, the foster carers are the vital cog that allows that family to remain together so that, when all is said and done, the child can go back home. We also know that children end up in foster care because they have experienced domestic violence, witnessed drug and alcohol misuse or been abused and neglected. For many children and young people, but certainly not all, fostering is their first positive experience of family life. It is an experience where, hopefully, they get the love and stability that they need for whatever time it is required.

Professor Ray Jones's independent review of children's social care services, which has been mentioned by a number of Members, has highlighted the rise in the number of children and young people who are going into care at a time when there are real challenges in supporting more families to become foster

carers. As the motion points out, and as has been related to us by many of our constituents, we need to see proper financial support for foster and kinship carers. We are well aware that, given the current cost-of-living crisis, families who would like to be foster families are concerned about being able to adequately provide for the children and young people who are in their care.

Foster care families have, as I said, given stable and safe homes to children at some of the most difficult times in their lives. From speaking to those who have been foster carers for many years, that is what drives them. They also say that their own family often benefits from the experience of the children and young people being in their homes. When I was a child — many, many years ago — I had close family members who were foster carers. I used to stay with them for the entire summer through choice, which shows how good they were. It was very easy to become attached to the children and young people who came to stay with them, and we did. That was because we genuinely loved them: we cared about them and wanted to make sure that they had a good outcome in their lives. Sometimes, it was hard to see them going back. Sometimes, their going back to their families was a great outcome. They may have been going back after a short illness in the family, or sometimes, in very large families, after a period when the mother just could not cope with the younger children. Those were really good outcomes, but, sometimes, you were worried about what they were going back to and wondered for many years whether they were OK. Hopefully, they got the support and ended up in good positions.

We know that there is a lot of overlap and, when we talk about money and strategies, we need to think about that. There is a lot of overlap between the motion that we debated earlier on addiction and drug-related deaths and this motion, because children can end up in foster care because of alcohol and drug abuse in their homes and children who go through the care system can end up abusing alcohol and drugs. We need to look at how we can get a holistic approach, and that is something that we need to focus on. Money can be focused on the wrong things. We need to look at how we look after children from the very point that they are born because that is how we will — to put it bluntly — save money but also save lives and make lives better. That is where our focus needs to be. We certainly need to see a properly resourced recruitment programme, but, in addition to that, we need to see much more support for families. We need to see more social workers. We know — the Minister will be

well aware of this — that some of our social work teams are running at 50% capacity. How can they possibly be expected to properly support families and properly support children into the right care settings?

We need to see more early intervention for families and more Step Up Step Down supports to prevent children from going into care in the first place. Foster families play an important role in that.

4.15 pm

Mr Robinson: I begin, as others have, by commending foster carers past and present throughout Northern Ireland for their vital contribution. Those unsung heroes have played a key role in shaping the lives of our most vulnerable children and young people. Their dedication, compassion and unwavering commitment creates safe havens for young people who face adversity, loss and uncertainty. In the embrace of a loving foster home, children find solace, stability and a chance to reach their full potential in a place where predicted futures can be rewritten. Yet, as we debate the motion, the number of children and young people in care has reached its highest level since 1995, while only 2% of people in Northern Ireland who took part in a Barnardo's poll indicated that they would consider fostering a child in the next five years.

The Fostering Network tells us that the Province is short of approximately 300 foster carers, meaning that the stability that I mentioned will be lost to some children as a result of their being moved around the system. Why are we short of foster carers? Is there a lack of aggression in the recruitment processes? Is it because of a lack of strategic planning? Is it because of the cost-of-living crisis in which families struggle to care for their children? Is it the case in Northern Ireland because the weekly fostering allowances in the Province have not kept up with inflation or with the same allowances in the Republic of Ireland or mainland UK? In the Irish Republic, in November 2024, the foster care allowance for children under 12 will increase to €400 a week, and that allowance for children aged 12 and over will increase to €425 a week. Foster care allowances here sit 16% below the GB average, with the gap set to widen further. Effectively, the real-world costs are transferred to the families who foster.

Merely pinning the blame on money would do foster carers a disservice; indeed, there is a similar problem in England with the number of

foster carers stepping forward. Foster carers have pointed to poor communication between trust staff and social work teams that has left them feeling undervalued. Addressing that will require a cultural change in the health system. Rather than being seen by trusts as service users, foster carers want to be treated as key partners. Those who consider being foster carers would be more willing if they knew that they would be regarded as an integral part of not only the care plan for those in their care but the children's social services workforce. Receiving the right, easily accessible support is also key to transforming people's attitudes to taking on the foster carer role, which provides opportunities for development and specialist training.

I am keen to hear from the Minister what feedback is collated from those who leave fostering, to uncover the reasons behind their decision to exit or deregister. That information would be useful in dictating current and future policies and could help to drive recruitment campaigns, including to attract different demographics, such as single people —.

Miss McAllister: Will the Member give way?

Mr Robinson: Yes, I am happy to do so.

Miss McAllister: Does the Member agree that it is important that the Department also listens to the voices of young people who are care-experienced, in their feedback on the positive effects that stable foster carers have had on their life? That could speak louder than anything else when it comes to attracting more foster carers.

Madam Principal Deputy Speaker: The Member has an extra minute.

Mr Robinson: Absolutely. I am more than happy to agree with that.

That information would be useful in dictating current and future policies and could help to drive recruitment campaigns, including to attract different demographics, such as single people, those who do not own their home and those with a disability.

In conclusion, Minister, I ask what your vision is: what action plan do you have to recruit, retain and reward carers before the crisis in foster care deepens any further?

Mr Donnelly: Many of the points that I was going to make have already been made by Members who spoke previously.

I welcome the opportunity to speak on this important motion, and I thank the DUP Members for tabling it. It gives us the opportunity to acknowledge and commend the essential contribution of foster carers. The benefits of foster care are clear: it provides children with a secure, stable and supportive environment. A foster family can provide a child with a very different and more stable life than they may have otherwise. As the motion says:

"a safe, loving and nurturing home can transform the lives of children and young people ... helping them to reach their full potential".

Foster carers can provide exactly that.

As has been noted many times, it is disappointing that fewer people are willing to foster. A significant challenge is the bureaucratic obstacles and barriers that face some willing foster carers. Some of that has been outlined in the 'Review of Children's Social Care Services Report', which was headed by Professor Ray Jones. One concern is that children can be moved several times, often at short notice, either between foster carers or between foster care and residential care. Another issue that was raised in the Ray Jones review relates to the significant variations between our health trusts in staffing structures and numbers.

There are some advantages for foster care services in Northern Ireland compared with those in the rest of the UK. For example, there is the comparative absence of intrusion by private commercial companies, which we have seen in England. That can drain funding away from public services. There are also disadvantages, one of which is that Northern Ireland is too small to have five separate public-sector foster care agencies and four independent-sector agencies. As the report states:

"It would be more consistent, equitable, efficient and economic to have one foster care (and adoption) service for Northern Ireland".

That could cover all of Northern Ireland. Avoiding unnecessary competition would provide a more effective service.

We also need to move away from foster care being viewed as a volunteer-based service to one that is viewed as a more modern and skills-based service that places children and foster carers at the centre of decision-making. That was suggested over a decade ago in the

Regulation and Quality Improvement Authority (RQIA) review of statutory fostering services, which was published in 2013.

As the Member who moved the motion and many others mentioned, pay remains another issue, but, obviously, that is not the key driver in people's decision to foster children. In addition to the variation on accessing free payments in Northern Ireland, on average, the percentage of paid foster carers in Northern Ireland is significantly lower than that in the rest of the UK.

While residential care may be the best solution for some children, it is important that children who need care, nurture and stability in a family environment have that option. There are, of course, other barriers that must be addressed in order to make becoming a foster carer easier. There are major workforce issues involving social workers, the bureaucratic nature of the administrative set-up in Northern Ireland and the inability to work across trusts. Many of those issues were raised in the Ray Jones review. However, financial support is again referred to as a significant issue.

I absolutely support the motion's call for a:

"new, ambitious and fully resourced recruitment programme."

That must be combined with action to address the issues that have been raised. Once the barriers are lowered and those who provide foster care can finally feel recognised and empowered as an invaluable part of the workforce, I am confident that willingness to foster will no longer be an issue, which it is now.

Those are just a few of the issues that the Department needs to consider in a new recruitment programme. I support the motion's call on the Minister to launch such a programme, and I encourage him to adopt an ambitious approach that fully acknowledges the vital contribution of foster carers across Northern Ireland along with the necessary resources and pay that are required to carry out that important role.

Madam Principal Deputy Speaker: I call Tom Elliott.

Mr Elliott: Thank you, Madam Principal Deputy Speaker, for calling me. As the debate went on, I thought of a few points that I wanted to make, and they are probably too long to make during an intervention.

I want to put a slightly different perspective on this. I also pay tribute to all foster carers, and I declare an interest as a former registered foster carer who then went down the route of adoption. I want to make clear the difficulties that the social workers are in, as the foster carers are. They each find themselves in hugely difficult positions, and that is why I believe that there is a such a difficulty in recruiting foster carers, just as there is in recruiting social workers, for this role.

One reason why I am looking at it from a slightly different perspective is because of the management and control that foster carers and social workers have of young people, particularly those who are at that slightly advanced age of between 12 and 16. If you want that young person, or it is recommended for them, to go on some type of course or training, they can absolutely refuse. There is no right for a social worker, a foster carer or even a parent to insist that they go, even if going would benefit the young person. I talk to foster carers regularly. That is the difficulty that some of them find themselves in, and our laws create the difficulty. There needs to be a review. Apologies for looking at this from a slightly different perspective, but there needs to be a review. Sometimes, when you want to help these young people, you cannot do so, because they are taking a different view, and that is due to the rights that they have.

We need to have a review that is broader than simply looking at the need to pay foster carers more. The majority of foster carers are not in it for the money. They are in it to make a difference to the young people. I am asking the Minister whether there could be a broader review. When a care order is placed on a young person, even the courts do not always have the right to insist that they go for help when they need it. I am telling you that from experience. It leaves the foster carers, as it leaves social workers, in an extremely difficult position. I suggest that there needs to be a broader review than simply of money and finances. These people want to do good for the young people and steer them in the right direction.

Madam Principal Deputy Speaker: Thank you, Tom. I call the Minister of Health, Mr Robin Swann. Robin, you have 15 minutes to respond.

Mr Swann (The Minister of Health): Thank you, Madam Principal Deputy Speaker. I welcome the opportunity to speak in the debate and again put on record my deep appreciation of foster carers for caring for our children and young people. I was pleased to be able to

translate my respect and appreciation for foster carers into a practical support when I was in this role during the pandemic. At the outset of the pandemic, our trusts provided a £100 one-off payment to foster parents to enable them to purchase materials to help to keep children occupied whilst at home. In addition, I made almost £1.4 million available to uplift fostering allowances in 2021 and March 2022, and I made available the additional payment that was referenced earlier and that required funding of almost £1 million to help to sustain foster placements during what was a very challenging time for families. Furthermore, at that point, foster parents in Northern Ireland were included in group 2 of the COVID vaccination programme alongside front-line health and social care workers. Northern Ireland was the only region of the UK to take that step.

It has been said, however, that this is not just about the money. I think that it was Mrs Dodds who, when she proposed the motion, said that it was about valuing foster carers. I recognise that those were short-term measures and that there is a real need to develop a sustainable recruitment and retention plan for foster carers that will encourage new carers to come forward and support our existing foster parents to continue in the vital role that they perform.

I want to take a moment to set out the context in which foster parents are caring for children. As was referenced, the number of looked-after children is higher today than it has ever been, with almost 4,000 children in care. Over 80% of those in care are looked after in a foster care placement. The A Life Deserved: Caring for Children and Young People in Northern Ireland strategy for our looked-after children recognises that we are fortunate in Northern Ireland that so many of our children in care are able to live with foster carers in a stable home environment, but it also recognises the challenges facing foster carers and is clear about the need to support them. That strategy identifies the need for an effective recruitment plan and improved support for foster carers. In line with commitments in that strategy, a regional approach to the recruitment of foster carers has been in place since 2020, when the HSC NI adoption and fostering service was launched. It is that service that recruits, trains and supports foster carers and takes an always-recruiting approach to keep fostering in the public arena.

The passage of the Adoption and Children Act (Northern Ireland) in April 2022 was another important step in bringing forward legislation to strengthen the arrangements for assessing and approving foster carers.

I expect to be able to bring forward those new fostering agency regulations before the summer.

4.30 pm

In March 2023, there were 3,140 children in foster care — 83% of children in care. In addition, 315 young care leavers were living with their former foster carers as part of the Going the Extra Mile (GEM) scheme. That GEM scheme will be placed on a statutory basis under the Adoption and Children Act (Northern Ireland) 2022. Importantly, the balance of children placed in kinship care and non-kinship care has shifted dramatically in recent years. In March 2019, 52% of children in foster care were living with non-kin foster parents, while 48% were living with kinship carers. Since March 2020, however, that has changed, and a greater proportion of children in foster care have been placed with family members or friends. At March 2023, 55% of children in foster care were living in kinship care, while 45% were living with non-kin foster carers. That shift is also evident in the number of foster parents available to care for children.

At this point, I acknowledge the contribution made by kinship carers to the lives of children and young people — the grandparents, brothers, sisters, aunts and uncles who step up to care for children who can no longer live with their parents. They do that often at great sacrifice to themselves and their plans for the future. They act out of love, care and compassion.

The number of foster carers has increased by just 9% in the last five years, compared with a corresponding increase in the number of children in care of 16% over the same period. The number of kinship carers over the same five-year period from March 2019 to March 2023 increased by 22%. The number of non-kinship carers, however, fell by 6%. That is significant, because living with close family members or friends whom they know and trust is of benefit to those children, but it is also important to acknowledge that kinship carers may require additional support to help them care for the child or children whom they are looking after.

I want to be clear that foster carers are provided with support. Social workers across the trusts work tirelessly to build supportive relationships with foster carers and to help them through every step of the fostering journey. Foster carers in Northern Ireland can benefit from a range of support, including training and development opportunities, financial

allowances, dedicated support groups and bespoke resources and services. I thank the Members for tabling the motion: it is clear that we need to do more.

In the year to March 2023, the Regional Adoption and Fostering Service received 573 enquiries about fostering. Excluding those who came forward in response to a targeted young refugee appeal, that represented a 54% reduction in enquiries from the previous year. I agree with Members that action is needed now to turn that around. The current level of foster care allowances are a concern, and it is a matter of regret that it was possible to increase foster care allowances by only 3% last year. That was because of the absence of a confirmed Budget for 2024-25. Unfortunately, it is also not possible for me to make a firm commitment today on the level of increase for this year. However, I have asked my officials to develop early proposals for my consideration and to ensure that any uplift in allowances is communicated and paid to foster carers as quickly as possible. I stress that an uplift in foster care allowances will have resource implications in the context of the severe budgetary constraints faced by my Department, but I will carefully consider any proposals to increase foster allowances.

I also want to review how we use all the funding that is currently available to us in the most effective way, in addition to the payment of allowances, because we also pay fees. The totality of that investment is more than £60 million annually. I have asked again for an examination of how that funding is used, in order to determine whether we are using it as effectively as possible and whether there is scope to do something differently.

As has been said by many contributors to the debate, financial support is important, but I also want to see more practical and emotional support provided to foster carers. One of the areas where, foster carers have told us, they need more support is during investigations. A review of the process for handling complaints and allegations against foster carers is under way. That is to ensure that complaints and those who are the subject of a complaint are treated fairly and to ensure that foster carers are clear about the process and the support that they can expect to receive while concerns are being investigated. I expect a new policy to be operational later this year.

Foster parents are in the unique position of caring for a child 24 hours a day, seven days a week. I want to see the knowledge of foster parents better reflected in the planning for those

in their care. A review of current planning in looked-after child review arrangements has commenced and is in its early stages. Alongside children and young people, foster carers will have a key role in informing that review and, importantly, future decision-making processes. At this point, I will pick up on what Mr Elliott said and ensure that his comments and reflections are included in that work.

In the longer term, the continued roll-out of the Northern Ireland framework for integrated therapeutic care will expand into foster care settings. The framework recognises the valuable contribution of everyone in a child's caregiving network, including foster carers, and the importance of supporting those people so that they, in turn, can help children.

I am also bringing forward new regulations to update the legislative framework for fostering and to bring fostering agencies within the scope of registration with the RQIA. The regulations aim to improve the assessment and approval process for foster parents and will place new duties on trusts and adoption agencies in respect of the information, training and support that they provide to foster carers. It is intended that the new regulations will be complemented by new standards that will, again, be developed in partnership with foster parents and those for whom they care.

In time, our new special guardianship orders (SGOs) will also be introduced. SGOs will enable greater permanence for some foster children, enabling them to leave care with continued support and assistance provided to them and their guardians.

All of that is taking place in the context of much wider reform of children's social care services following the publication of the independent review led by Professor Ray Jones that I commissioned. Professor Jones highlighted the challenges in foster care. He also considered the high proportion of children placed in kinship care to be a particular strength, however. The review recommended that previous reviews of foster care policies and services be updated and acted on now and not allowed to drift. As I have said, I expect to bring forward new fostering regulations by the summer. Work is under way to develop the accompanying standards. I also recommended that the experience and expertise of foster carers be harnessed through, for example, the region-wide introduction of the Mockingbird model to enhance the support and status of foster carers.

Professor Ray Jones was clear that foster carers should be recognised and positioned as

valued members of the children's social care team. That recommendation was accepted from the outset and has been identified as one of the guiding principles to inform the implementation of the review's other recommendations and the associated reform programme. That reform programme has been in place since April 2023 and has a work stream dedicated to improving the recruitment and retention of foster carers, in recognition of their vital role in our children's social care system. That work stream has already carried out much of the necessary exploratory work to inform the new approaches to recruiting and retaining foster carers.

I am clear that it is now time for us to take specific actions that will help stabilise, support and expand foster care services. Those actions must include improving our capacity to engage with potential foster carers, learning from successful recruitment and retention measures in other areas and improving the process to assess and approve new foster carers. I need to acknowledge, however, the high vacancy rates in children's social care services, including in the fostering teams, that are impacting on teams' ability to engage with and support potential foster carers and progress new applications. Actions are being taken to address the recruitment and retention difficulties, but there is more work to do.

Miss McAllister: Will the Minister take an intervention?

Mr Swann: I will, yes.

Miss McAllister: Can the Minister clarify what actions are being taken and say whether they include action on the number of training places for social workers? While I welcome a lot of what has been said, specifics would go a long way towards saying to the workforce that more help is coming.

Mr Swann: The Member makes a valuable point about those training places. Yesterday, I engaged with officials on the submission with regard to what budget would be assigned to that. As the Member well knows, I currently do not have a budget. I am working with a flatline budget for the training places that I can currently commission. I have not received firm recommendations from my officials, but social work and social workers are high-priority. I see a recognised need because of issues that have been raised today. I would like to look on that favourably.

I want to get back to the issue that the Member raised about the specific number of children in

care in her area. I assure her that we are working with the Belfast Trust to better understand the reasons why children are being taken into care, by considering the available data and comparing practice across the trust, particularly in North Belfast, because the pattern is not uniform across the trust. We need to understand why that is the case and see what can be done to address that.

In responding to the consultation on the children's services review, people were clear about the need for improved support for foster carers and meaningful engagement with them. I expect to receive detailed advice on the next steps to implement Professor Jones's recommendations in the coming weeks. I will have the voices of foster carers and children in my mind as I consider that advice and make decisions on the way forward.

Madam Principal Deputy Speaker: I call Deborah Erskine to make the winding-up speech on the motion. Deborah, you have 10 minutes.

Mrs Erskine: Thank you, Madam Principal Deputy Speaker. I thank my colleagues who tabled the motion. It is an important motion. As we have heard in the Chamber, the value that foster carers have in society must not be underestimated. When I came to the Assembly, the Health Committee looked at the Adoption and Children Bill, which was a huge piece of legislation. As a member of the Health Committee at that time — I am looking across the Chamber at other Members who were there during that time — we had informal meetings with foster carers and young people. I have to say that the Zoom calls with those people were some of the most enriching meetings that I had during my time on the Health Committee, because what they really showed in those Zoom calls was the love, care and attention that they give to young people in our community. If nothing else comes out of the Chamber today, the value that we should place on the people who provide that in communities is certainly recognised.

In the debate, Members have pointed to the inconsistencies in the social care systems and processes across trusts that lead to inequality of provision. We must ensure that there is no postcode lottery.

One way in which to provide support is through the Step Up Step Down initiative. Linda Dillon mentioned it towards the end of her contribution. That initiative is being trialled by the South Eastern Trust. It could be expanded Province-wide. I understand that it is being

introduced in Wales. The foster care role in the Step Up Step Down programme provides intensive work alongside birth families to build up skills, capacity and networks. A highly trained and experienced family support foster carer can step up if a family needs additional support and then step down when things improve again, and that might give holistic help to families.

I want to touch briefly on some of the points that Members raised. My colleague Mrs Dodds pointed out rightly at the outset the care, love and attention that foster carers give to young people who are in the most difficult circumstances and are vulnerable. She also pointed out that Foster Care Fortnight will happen in May: I hope that Members will all try to promote that in the Chamber, as we need to encourage people in our constituencies to take up that important role of foster carer.

Mrs Dodds outrightly said that this should be a call to action today. This should be about implementation. I think that it was Miss McAllister who rightly said that we have had review after review, time and time again. It is time for implementation. People are tired of hearing about reviews and one thing and another; they just want help and support in the community. We have the documents: let us implement them. The Minister will know. I know that we are working through the budgets, but there is bound to be modelling in relation to social workers and the need that is out there.

4.45 pm

I thank my constituency colleague Mr Elliott for pointing out the issue of social workers. Something that came out of those Zoom calls was the fact that social workers come and go quite a bit. That has an impact on stability for foster carers and their ability to support the children in their care. They feel that, sometimes, they have to go way back to the start when a new social worker comes into place. That was a huge frustration that came out in some of those conversations. Mr Baker pointed out the need to close the gap and ensure that each child reaches their full potential. That is exactly what we want to ensure that we do for the many children who need foster care.

Mr Chambers pointed out the lasting impact that foster carers can have. He noted the lack of government, but this issue has been on the cards for quite some time. As the motion states, the number of children and young people in care in Northern Ireland is at its highest level

since 1995. It was an issue in 1995, as it is today. There are fewer people who are willing to foster. We need to deal with it. We need to implement the strategies that are in place. I remind Mr Chambers that the Department of Health has a budget of over £7 billion, so we need to be able to invest in this area appropriately and properly. Other Members pointed to that.

Mr McGrath, who was in those meetings alongside me, said that foster care is a vocation and that we need to ensure that the right children are placed with the right family. He pointed to the work of Professor Ray Jones and the implementation of his report. My party colleague Alan Robinson highlighted the fact that 2% of respondents to a Barnardo's poll said that they would consider fostering. He questioned, very validly, why that might be. Mr Donnelly pointed out the differences in social care across the UK and, indeed, in Northern Ireland and said that more value needs to be placed on foster care.

The very clear message from the Chamber today is about the value of our foster carers and the need for implementation in order to provide more for people on the ground and to ensure that we enrich the lives of children and young people.

Question put and agreed to.

Resolved:

That this Assembly commends the vital contribution of foster carers throughout Northern Ireland; believes that the provision of a safe, loving and nurturing home can transform the lives of children and young people in care, helping them to reach their full potential; is deeply alarmed that whilst the number of children and young people in care in Northern Ireland is at its highest level since 1995, there are fewer people willing to foster; expresses regret at the finding of a poll commissioned by Barnardo's Northern Ireland indicating that just 2% of respondents in Northern Ireland would consider fostering a child in the next five years; stresses the need to address the many misconceptions about fostering; reiterates the fact that fostering can be a hugely beneficial experience for the entire family, including birth children; stresses the importance of providing greater financial support for foster/kinship foster carers in order to cover the costs of caring for children and young people; and calls on the Minister of Health to launch a new, ambitious and fully resourced recruitment programme.

Madam Principal Deputy Speaker: Members, take your ease for a couple of minutes.

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

Motion made:

That the Assembly do now adjourn. — [Mr Deputy Speaker (Mr Blair).]

Adjournment

Maze/Long Kesh Redevelopment and Investment

Mr Deputy Speaker (Mr Blair): In conjunction with the Business Committee, the Speaker has given leave to Sorcha Eastwood to raise the redevelopment of, and investment in, the Maze/Long Kesh (MLK) site. I call Sorcha Eastwood, who has up to 15 minutes

Ms Eastwood: Thank you, Mr Deputy Speaker. I declare an interest as a former councillor on Lisburn and Castlereagh City Council.

I welcome the opportunity to have this debate. I want it to be solution-focused and forward-looking. However, we need to acknowledge where we are with the Maze/Long Kesh site and how we got here.

The Maze/Long Kesh site perfectly encapsulates a level of political failure: something full of such promise that has stalled. It is a site of huge economic and social value, not to just Lagan Valley but the whole of Northern Ireland. It sits on the Belfast to Dublin corridor, which is, I think, the only European transport corridor on the whole island, and is close to major airports and ports. The Maze/Long Kesh Development Corporation noted that it has the potential to deliver £800 million of investment and up to 14,000 jobs, yet Ministers refuse time and time again to be decisive and choose a positive way forward.

Ahead of the debate, I looked at previous plans for the site. Of course, we know about the potential for a multisport stadium that could have seen us hosting multiple international events, but the previous master plan also had provision for housing, leisure facilities, innovation zones, parks and community areas. While the headlines always talk about the lost opportunity with the sports stadium, I talk about the loss for our constituents in Lagan Valley of all the things that could have made our area so much better: housing, jobs and green space. This is deeply personal to me as I grew up just a short distance from the Maze/Long Kesh site, and I know what it could be for the people of the area and beyond. We know that brilliant work is

being done at the site with the Ulster Aviation Society and Air Ambulance Northern Ireland and that it now houses the Balmoral show. However, we are where we are, and where we are today with Maze/Long Kesh is nothing short of a scandal.

The Maze/Long Kesh Development Corporation became operational in 2012. It had a remit to secure the regeneration of Maze/Long Kesh by bringing land and buildings into effective use; encouraging public and private investment and the development of industry and commerce; creating an attractive environment; and ensuring that social, recreational, cultural and community facilities were available. However, as there is no ministerial agreement on a way forward, the corporation is constrained in what it can do.

In an answer to my question for written answer, the First Minister and deputy First Minister said:

"The Development Corporation is currently charged with maintaining and managing the site, carrying out essential health and safety works, and supporting the existing tenants."

Its role has, effectively, been reduced to that of caretakers; yet we have appointed a new board and chairman, at significant expense. We need to do much better.

In its annual report for 2022-23, the MLK Development Corporation noted that there was the potential to create six hubs on the site, including for health and life sciences, agri-food, community living and health and well-being. Indeed, I am sure that Invest NI and Enterprise NI would be willing to lend their expertise when it comes to bringing the site to life. There was also talk of Northern Ireland becoming a green investment zone. I would welcome that and argue that this site could play a major role in it.

There is a clear vision, and there are ideas for the site, but the political leadership to help bring them forward is missing. I look forward to the response to the debate from the First Minister and deputy First Minister, but I really do not want to hear the obvious response. Indeed, I looked back over years of questions for written answer about plans for the site, and the response from the First Minister and deputy First Minister has always been roughly the same: "We recognise the great value and potential of the site and look forward to working towards its regeneration". I truly hope that there is more to say in today's debate, because everyone knows the value and potential of the site. That is not what is missing.

The people of Lagan Valley and across Northern Ireland deserve better than drift, year after year. I want to hear clear ambition and detail today, because I have that ambition for us all. I want plans and timelines. I want our First Minister and deputy First Minister to deliver on the potential of the site so that we can start to realise its full potential and move towards the better future that we all deserve.

Mr Deputy Speaker (Mr Blair): Before we proceed, I notify Members that Members for the Lagan Valley constituency will have six minutes in which to speak and that all other Members will have four minutes.

Mrs Little-Pengelly: It is great to have the opportunity to speak on this important issue for Lagan Valley. To clarify, I am speaking from the Back Benches and not in my capacity as deputy First Minister. The response to the debate will officially be from the First Minister. I do, however, want to contribute to the debate because of the site's importance for Lagan Valley in particular and, in my view, Northern Ireland. This is a site of regional importance, not just Lagan Valley importance. I also speak as somebody who has another role in which, hopefully, I have capacity and the position to seek to move this project forward.

I worked very closely with the site long before I came into the Lagan Valley constituency. For many years, I worked with colleagues around the Assembly, some of whom are still in the Assembly. I can honestly say that I have spent many hundreds of hours of my life working on the Maze/Long Kesh proposals. Of course it is a source of deep frustration that the overall site has not been developed, and there are a number of reasons for that. Sometimes, it is incredibly simplistic to put this down to being a political disagreement. The reality is that the politics and decisions around a site such as this are not about what we do to people or what politics decides and imposes through leadership or whatever it may be. The development of the site had to happen together with those who were involved in, had a link to or had understandable issues, concerns and genuine fears and apprehensions about some aspects of the site, because there are historical aspects of the site that touch on all that.

I see that my Assembly colleague the Member for Strangford is here. He was actively involved with many of the organisations at the time of the initial proposals. Some of the proposals were very ambitious, and we worked very hard on them. This site can be an economic driver not just for Lagan Valley but for Northern Ireland. There is space on the site, which is in the key

geographic location of the Belfast to Dublin corridor, with links to airports and ports. The site has so much potential for us and would be ideal for an economic hub, particularly in some of the new areas that we talk about all the time, such as regtech, green tech and AI.

It must also be a site for the community. I am glad that I have been working with many in the community, including local sports organisations, on the potential of using the dedicated community and sports aspects of the site.

5.00 pm

We also need to listen to the people who had concerns about the initial proposals. The prison site is an example of the challenging and difficult legacy issues that we often have to deal with in Northern Ireland. We went out and spoke to people about the original proposal. We listened to groups and to the people who would be most impacted by it, and we understood. We had to listen to the genuine concerns and issues of victims and survivors, the prison officers who worked on the site, the prison officers who were injured, the families of those who were killed on the site and around the prison and of those who may be connected to the prison perhaps because they served time there. There is a lot of history with the site. That will require us to move forward with consensus and sensitivity and by taking people with us. The most important thing for us in politics is not to step forward to do something that will create further division, hurt and harm. The previous proposals could not go ahead not because of a lack of political agreement at the time but because there was no consensus among the key stakeholders — the people who were most invested in the way forward for the site. However, that does not mean that we should not take on the challenge of navigating those issues and finding a way through. Finding any way forward for the site must be done with victims at its heart. It must be done in a way that is entirely sensitive to the needs of victims and to the history, heritage and legacy of this place. That is my pledge today.

There have been huge success stories on the site, and I will refer to them. The Balmoral show attracts a million visitors a year. It is a huge success. Great progress has been made with many of the buildings there. It has really become a source of celebration, I know, for all of Northern Ireland, but I am particularly proud to have it right in the heart of Lagan Valley. It attracts visitors from across Northern Ireland. I always encourage city folk and town folk to get there to see some of the wonderful agricultural

and rural aspects that are on display. That has been really positive, and we look forward to working closely with the Royal Ulster Agricultural Society (RUAS).

I will also refer to the fantastic Ulster Aviation Society. If anyone who is listening to the debate has not been down to see the hangars and the incredible things that the society has there, please get down to see them. On European Heritage Day, 3,000 visitors attended. There are some really good examples, but the challenge for us is to move forward positively, to ensure that we maximise the site's potential and to do so by working with people and not imposing something on them.

Mr Honeyford: As I and others have said before, Maze/Long Kesh is a symbolic microcosm of Northern Ireland. It has all the potential, resource, location and opportunity, but it lies underutilised and, in the main, dormant.

Maze/Long Kesh symbolises not only our past but the Northern Ireland of today and its potential for the future. It is an example of where our ambition for growth, unfortunately, meets the divisive nature of Northern Ireland politics, where we will not make a decision. Unrealised potential means that everybody misses out and everybody loses. I remain hopeful, however, that the potential can finally be realised and seen and that the community around the site can play a part in that.

I also feel hopeful that this region can be confident and have a prosperous future. If the Assembly is to fully function and deliver for everyone in the North, the Executive, First Minister and deputy First Minister must start to make hard decisions and long-term investments that future generations will feel the benefits of. They must make the decisions that are a vital component of growing our economy in order to give local companies a platform on which to thrive and attract inward investment. The advantage of growing our economy is that it raises the living standards of every one of our constituents.

My colleague Sorcha Eastwood said that there are opportunities at Maze/Long Kesh to develop a new green business technology zone for green energy and agri-food. It could link with our colleges to grow our entrepreneurial base, and it could use the intellectual property that is owned and lives here to generate wealth locally. The site could be used for our design and manufacturing industry to generate foreign direct investment and create jobs, apprenticeships and opportunities. The

Maze/Long Kesh site is located centrally on the island in the M1 economic corridor, and the new Knockmore Link will provide easy access, linking the potential of the central industrial hub of the Belfast/Dublin economic corridor to the site. There are opportunities to provide land for community leisure facilities and sports pitches, which are in huge demand in the area.

Like Northern Ireland, the Maze/Long Kesh site was once associated with conflict and has not realised its full potential. There has been substantial tourism investment in Hillsborough. There has been investment in Hillsborough village by Lisburn and Castlereagh City Council, and it is to be commended for that work, which has been funded as part of the city deal. The city deal is to create and market a tourism opportunity and offering for the stunning Georgian Hillsborough village, with its bars, restaurants, cafes, boutique shops and hotels. Alongside the royal residence of Hillsborough Castle and its gardens are The Dark Walk, the fort and the neighbouring forest park. The area hosts the Ulster Aviation Society, as was mentioned, and there is the Eikon Exhibition Centre.

Importantly, the Maze/Long Kesh site contains one of the remaining H-blocks. Finally building a peace and reconciliation centre could massively enhance and add to the offering and bring our community together in a way that helps us to deal with our past and our history. It would physically demonstrate the progress that we have made as a society, as we move towards peace, and it would be a place where others could learn from us.

The site would be:

"one of the biggest development opportunities anywhere in Northern Ireland".

That is what Peter Robinson said about the site in 2012.

It could be an economic driver for tourism in the wider area. Approximately 70% of tourists enter the island from the South. We need to attract them into the North, and developing the site will help us to market the area and benefit everyone. This is the future that we could have. This is our future, but we need political leadership to deliver the results that will bring the community along. If we choose to walk into this, we will need decisions, not nice words.

We have had a peace process for the entire adult lifetime of practically everybody under the age of almost 50. While it is important to continue the work towards a truly peaceful

society, this has to be the time when we finally start to look forward and finally start to look for and build prosperity for the wider region in the North. The development of the MLK site is subject to ministerial agreement on the way forward. Decisions finally need to be made, setting political baggage and aspirations aside, decisions that move this forward. I look forward in hope that decisions will come that provide the opportunities that this generation and the next deserve.

Mr Givan: I am on the Back Benches, which are much more comfortable than the Front Bench, although Mr Nesbitt is keen to get to the Front Bench. It is more comfortable here, Mike; trust me. However, the challenge is always better on the Front Bench.

I thank Sorcha Eastwood for securing the Adjournment debate. It is tricky for Emma or me to do so in our ministerial capacity, and the debate gives us a chance to speak as MLAs for Lagan Valley. Thank you for that.

It is an opportune time to talk about the Maze or Long Kesh. I am comfortable with either, and I will outline why in due course. It is important that we seek to unlock the potential that we have in the Lagan Valley constituency. Colleagues have touched on the strategic importance of the location: 350 acres sitting beside the 400-acre Blaris site. The total amount of ground that could be unlocked as part of the opportunity would have huge economic benefits not just for Lisburn but for Northern Ireland. Its accessibility, east-west and north-south, is critical. Some 60% of our population can get to the Maze site within 30 minutes. Some 80% of our population can get to it within one hour. It is accessible to so many people, and we need to find ways to create opportunities for it.

Long before it was known as "HMP Maze", locals called it "the Long Kesh". The Kesh Road sits right beside the site. It was a home and a base for the Royal Air Force, known as "RAF Long Kesh". I appreciate that, in more recent times, it is associated with the time when prisoners were there, but the history of Long Kesh and the Royal Air Force existed long before it became the Long Kesh of the prisoners. Interestingly, important visitors came to RAF Long Kesh. President Eisenhower visited the site; as did Winston Churchill during the Second World War. Her Late Majesty Queen Elizabeth II took her first flight and landed at RAF Long Kesh. There is a great history to Long Kesh and the Royal Air Force, and that is important.

Ms Eastwood: I thank the Member for giving way. As we are going through the roll of honour, it would be remiss of me not to mention that my grandad Tom also served at RAF Long Kesh, as it was then, with 23 Maintenance Unit (MU) before they moved to Aldergrove. The site used to have a lineage or heritage of local industry, commerce and engineering or whatever you want to call it. I thought it would be remiss not to mention my wee grandad Tom. That was a huge thing for so many people back then who served their time.

Mr Deputy Speaker (Mr Blair): The Member has an extra minute.

Mr Givan: Thank you. That neatly takes me to my family and personal connections with the site and its association with the prison, HMP Maze. My father served in the Maze in loyalist and republican wings as a prison officer for 36 years. We lived that life, which was very much different to the lives of prisoners. As a son of a prison officer, I remember going with mum to pick up dad as he walked through the steel gate and the door opened. I remember distinctly the smell of tobacco on his uniform. Dad never smoked, but it was something that I recall as a child. Obviously, it was because of the environment that he was in. I also remember him coming home with snooker balls that had been thrown at him. I know from when I was growing up that he kept his personal protection weapon close. He checked under the vehicle. We had bulletproof windows installed in the house because his name was on a list that the Provisional IRA had. He was sent a letter bomb that arrived within weeks of him starting in the Maze, a parcel bomb delivered to the house as the prisoners let him know that they knew where he lived. As the son of a prison officer, I know the story associated with the impact that it had.

My uncle served in the Maze. The IRA put 13 bullets in his car as he drove up the motorway. He was a principal officer in the IRA wing when they broke out. They wore his uniform; he was hooded and stripped. So I come to this from the perspective of knowing what it was like to be a part of that family, the trauma that prison officers went through and the pain that they endured. My dad worked with prisoners with whom, as a councillor in Lisburn, he now works at a community level. They were loyalist prisoners, and I see at first hand the contribution that they make to my community, which is improving it. It is important that we look forward to the future, as well as remembering that awful period in the past. We need to find a way to navigate that space, and I think we can. We should be able to do that.

The Balmoral show is there. I remember when the Ulster Aviation Society (UAS) was based at Langford and needed to be relocated. Edwin Poots was a member of the Maze panel at the time, and, to secure the UAS's future, he was able to get it into the aircraft hangars. There are also the retained buildings. We just need to navigate the space sensibly. We need to make sure that we can unlock the potential of the Maze site — it has huge potential — so that it becomes something of significance for not just the Lagan Valley constituency but Northern Ireland. We need to see progress be made in the weeks, months and years ahead. I hope that, with the Executive having been restored, we can do that in a sensible manner that unlocks the potential of the Maze/Long Kesh.

5.15 pm

Mr Delargy: I thank Mr Givan for his comments. They lead neatly on to mine. We have talked about economic drivers and the potential of the site. It is imperative that we look at bringing trade, skills and jobs to the area in order to unlock its economic potential. The key word in all of this is "potential". It is about opportunity, positivity and what can be done with the site.

As has been mentioned by, I think, all Members so far, this is about Lagan Valley and Lisburn. It is also about the entire region and the entire east coast of Ireland, however. Two projects in my constituency have been, and continue to be, unlocked: at the Ebrington site and at the Fort George site. The Ebrington site has unlocked huge potential for foreign direct investment, for supporting local businesses and for its being an economic driver for the north-west. It has transformed and expanded our city centre, and it acts as a key point in our city for culture, arts and innovation. The Fort George site is at a slightly different phase of development, in that it is probably more in its infancy. There is therefore the potential to unlock another key site in our city for business and trade. What we have touched on today has largely been about the economy. That site is also about health, however. All of us recognise the health access issues that our constituents are facing at the minute. Fort George has the potential to unlock those issues. It is imperative that we look in the round at the economic side of things, but there is also the potential to unlock and challenge the other issues that our constituents are facing.

My speech is very short. I reaffirm Sinn Féin's commitment to the development of the Long Kesh site and to unlocking and developing the economic potential of that site and others across the North.

Mr Nesbitt: I think that I have said before that the feel of this mandate is different. The mood is better, the positivity is higher and the determination is greater, so I do not want to be critical. We have to be honest, however, and say that, over the years, our record on developing major infrastructure projects is not the best. Desertcreat was supposed to be a world-class facility for all our blue-light responders. That did not happen. The York Street interchange could still be years away. Of course, we also have the Maze/Long Kesh. It is nearly 20 years since the cross-party group published the master plan in May 2006. It stated that we should have a multisports stadium. That did not happen. We are living with the legacy of that, because we have built or redeveloped only two of three stadia. As an important aside, if the two that we developed had been Casement and Windsor, what would the rugby union fraternity be saying about not having its development? If it had been Casement and Ravenhill, what would the Association football people be saying if Windsor Park were the odd one out of the three? We therefore need to think about the consequences of not doing what we say we are going to do.

Of course, the master plan included an international centre for conflict transformation. The Strategic Investment Board (SIB) was tasked with consulting on the proposal for the peace-building and conflict resolution centre, as it was called. I was one of the four victims' commissioners at the time. We did not have a view on whether we supported it, but I did attend what I think was the first meeting that the SIB held at the Community Relations Council (CRC). The poor official tried to focus people, all of whom were representatives of victims' groups, on three questions: should we have a centre; if so, what should be in it; and where should it be? Everybody went straight to question 3. Everybody who represented a nationalist/republican viewpoint said, "It has to be the Maze. It is the only site you can have". Everybody on the unionist/loyalist side said, "Oh no, anywhere but the Maze". It convinced me that it was the most toxic choice of land in Northern Ireland that we could possibly have come across.

If that issue is still the blockage, I propose something that I have proposed before. Let us have a peace-building and conflict resolution centre but not at the Maze/Long Kesh; let us retake the Crumlin Road courthouse. The First Minister and deputy First Minister were there last week with Joe Kennedy, looking at the fantastic work on the other side of the road. The tunnel is still there, and it could be reopened. The courthouse could be a conflict resolution

centre in North Belfast, which saw more murders per square mile than any other part of the country and where levels of deprivation and dereliction today are very high, as Members such as Mr Kingston quite rightly remind us.

When it comes to the prison, the remaining hospital wing and the rest, can we be imaginative? Think of the Constitutional Court of South Africa in Johannesburg. The courthouse was built on the site of an old prison, and part of the construction involved taking bricks from the former prison's wing for those awaiting trial and putting them into a gable wall of the new Constitutional Court. Maybe we could be imaginative about how we link things together. If we did that, what a great permanent home for Colin Davidson's 'Silent Testimony' collection as the start of peace-building and reconciliation.

Ms McLaughlin: We talk a lot about the difficulties of reaching political agreement in this place and about how years of stop-start government and political dysfunction have frustrated progress on a whole range of issues. I do not think that there is any better example than the Maze/Long Kesh site. It is the perfect metaphor for the inability of this place and — it must be said — of the two biggest parties in particular to work together, form consensus and reach agreement.

Members will be familiar with my advocacy for the north-west and the urgent need to address how starved our city has been of jobs and investment. As economy spokesperson for the SDLP, however, I am really willing to talk about our huge opportunities for investment in Northern Ireland on the eastern economic corridor. That is exactly what the Maze/Long Kesh site represents. As Minister Givan said, there are North/South and east-west opportunities. Sitting on the Belfast to Dublin economic corridor, the site is well placed to attract investment and drive economic development, particularly given its proximity to its nearest neighbour and the access to that dual opportunity.

People are so frustrated about the lack of progress at the Maze/Long Kesh site because the potential is clear for everyone to see. I have visited the site and witnessed the 347 acres of opportunity that exist. I have visited the Ulster Aviation Society and the H-blocks. I was fascinated by both, to be honest. The area is four times the size of Canary Wharf and twice the size of the Titanic Quarter. Logistically, it is a prime site, and everyone knows that it is a huge asset.

I understand that the site presents many complex challenges. Telling the story of our history is never easy. The redevelopment of the whole site may involve making some hard decisions, but we are politicians — that is literally our job. The Executive Office cannot keep batting the issue away because it is too hard. The Maze/Long Kesh site is situated in the deputy First Minister and the Education Minister's constituency. Surely both Ministers should show leadership and move the project forward. We can find a way to tell our stories with respect and dignity. In the meantime, we should get on with the development of the rest of the site and not allow the complex issue of legacy and the prison to hold us back any longer.

What is taking place, in the absence of that political leadership and direction, is that the taxpayer is being asked to fork out an enormous amount of money with little or no return. The choice has been made to throw more and more public money at the management of the site, with little to show for it. The estate is deteriorating before our very eyes.

In the past three years, the Maze/Long Kesh Development Corporation has received funding from TEO to the tune of £4.8 million. In that time, the corporation has spent around £350,000 on maintenance. Appointments to its board, including six in November, were among the 360 public appointments made here without the oversight of a public appointments commissioner. Based on previous experience, those appointees could be paid tens of thousands of pounds of taxpayers' money. Since 2013, the Maze/Long Kesh site has remained frozen because of political stalemate. That huge piece of infrastructure has been stuck in limbo, but the taxpayer has not been stuck in limbo. The taxpayer continues to fork out the money to maintain the site.

Mr Deputy Speaker (Mr Blair): The Member's time is up.

Ms McLaughlin: That must change, finally, and it must change soon.

Mr Deputy Speaker (Mr Blair): Thanks to all Members who have contributed. That concludes the list of Members who indicated a wish to speak. I call on the First Minister to respond.

Mrs O'Neill (The First Minister): Go raibh maith agat, a Leas-Cheann Comhairle. *[Translation: Thank you, Mr Deputy Speaker.]* I thank the Member for bringing the Adjournment

debate and I acknowledge the passionate contributions on the common ground that we all share, which is that this is an opportunity that we must grasp with both hands. Different Members, particularly those who represent the constituency, talked about their family connections and lived experiences. Those things are all important, but, equally, everybody has recognised that this goes much wider than Lisburn or the Lagan Valley constituency. It is a site that has enormous economic, historic and reconciliation opportunities. Those are the things that we have to look to for common ground. To pick up on a phrase that was used, it is time to change the record. I agree — it is time to do this, time to make it happen and time to make the site an enormous catalyst for investment and all that we can achieve. Let us make that our common ground and something to build on from today's debate.

Everybody has referenced the amazing strategic potential that the site offers. Some have referred to the fact that it is 347 acres — twice the size of the Titanic Quarter — with around 1 million people living within 30 minutes of it. Again, that speaks to the potential and the opportunity that we have. Members have also said that it has such a strategic location, on a key transport corridor, for access to our airports and ports. That gives the whole site an unparalleled competitive advantage. The catalyst that it can be for development, jobs and investment, and the positive impact that it can bring to local communities, have to be maximised, and we are determined to make sure that that happens.

Many Members reflected on the fact that there has been a lot of development on the site. Obviously, there is much more to come. The Balmoral show, which will open again on 15 May, is a hugely popular event that brings much to the site. Thousands of people come to it from all over, and, as someone said, that is not just those from an agricultural and farming background. It goes wider than that and is a fantastic day out for people. That one event showcases all that is good about our agri-food industry and the high-quality food and drink offerings that we have here. The Ulster Aviation Society is one of our top-rated attractions given its number of visitors. Progress has been made on public access to the collection and the hangars. That has all been a good development. The Air Ambulance, such a vital emergency service that we are all very proud of, also operates from the site.

It boils down to the fact that, given its location and size, full regeneration of the site will be a catalyst for attracting investment and creating

jobs. That can be to the benefit of everybody in this society — everybody whom we, collectively, serve — and that is what I want us to work towards.

5.30 pm

I assure the Member who secured the debate that work is being undertaken by the new board and that it is actively looking at how the site might be developed. Plans evolve with the passage of time, and I look forward to the board, in due course, providing us — myself and Emma, the deputy First Minister — with the plans for how it sees the work going forward. The board will provide us with advice and options on how to proceed. As part of that process, the board will also consider the infrastructure that is needed to support those development plans, because there are, obviously, a lot of issues that we will have to deal with, not least the connection to the primary road network and the transport infrastructure, which are prime examples of the things that we will have to invest in.

As the site owner, the development corporation has a duty to maintain the listed and retained buildings, which include the former prison complex and the World War II hangars. A programme of continual maintenance is in place, which includes regular condition surveys and the provision of expert advice.

The work that is being done is welcome, but we should all be focused on the potential. The deputy First Minister and I will meet the board in the very near future to take stock of the current position and hear its thoughts on the development of the road map for the site. That will inform how we proceed: our next step, what we reach for next and how we will tap into the potential. The scale of the investment that is needed in the site is large, but the options for funding that, based on the plans that are put on the table, will inform the conversation for moving forward.

I will leave Members with this thought: we have such a great opportunity at the site, and we are determined to take that opportunity and maximise it for the benefit of all. That is our collective objective, and I look forward to working with all interested Members and with the corporation board to ensure that we make it happen.

Mr Deputy Speaker (Mr Blair): I thank the First Minister for that response.

Adjourned at 5.31 pm.