Official Report

(Hansard)

Tuesday 7 December 2010

Volume 58, No 6

Session 2010-2011

Private Members’ Business

Autism Bill: Second Stage

Mr D Bradley: I beg to move

*That the Second Stage of the Autism Bill [NIA 2/10]*

*be agreed.*

Go raibh míle maith agat, a LeasCheann

Comhairle. Tá an-áthas orm go bhfuil an Dara

Céim den Bhille Uathachais sa Teach inniu.

The Bill consists of seven clauses. The first

three clauses form the main part of the Bill, and

they deal with the amendment to the Disability

Discrimination Act 1995 — *[Interruption.]*

Mr Deputy Speaker: Order. There should be

only one Member on his or her feet. Members,

please resume your seats.

Mr D Bradley: As I was saying, the main part

of the Bill deals with the amendment to the

Disability Discrimination Act 1995 and the

autism strategy. The remaining four clauses

concern interpretation, commencement,

regulations and the short title.

I bring the Bill before the House on behalf of

people with autism in Northern Ireland and

on behalf of their families. I also bring it here

on behalf of the all-party Assembly group on

autism, of which I am chairperson, on my own

behalf and on behalf of the SDLP. Members

of the all-party Assembly group on autism will

speak in the debate and will acknowledge their

membership of the group. I want to publicly thank

the group’s members for their commitment and

support in the preparation of the Bill.

Second Stage deals with the general principles

behind a Bill, and, in this case, they are quite

straightforward: to ensure that people with

autism in Northern Ireland are afforded the

rights that are their due and that comprehensive

services are provided to them and their families

from their earliest years and throughout their lives

on a cross-departmental basis, because, as we

know, autism is a developmental disorder that

affects the way in which a person communicates

with, and relates to, other people throughout

their whole life.

To ensure that people with autism have full

access to the range of services that they need,

it is necessary to have autism recognised under

the Disability Discrimination Act as a social and

communicative disorder that affects how they

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make sense of the world around them. Autism

is a spectrum condition, which means that,

although all people with autism share three

main areas of difficulty, their condition will affect

them in different ways and they will rely on a

variety of services at various stages in their life.

12.00 noon

A triad of impairments largely defines autism.

People with autism have difficulty with social

interaction and with recognising and understanding

other people’s feelings and managing their own.

Autism also includes difficulty in understanding

how to interact with others, making it difficult for

people with autism to form friendships, and that,

in turn, leads to loneliness and isolation. There

are also difficulties with social communication,

including the use and understanding of verbal

and non-verbal language, such as gestures,

facial expression and tone of voice.

As regards social imagination, people with

autism have difficulties in understanding

and predicting other people’s intentions and

behaviour and imagining situations outside

their own routine. That can be accompanied by

a narrow, repetitive range of activities. Around

15% of people with autism are able to live a

relatively independent life. Others, unfortunately,

need a lifetime of specialist care. People

with autism may also experience some form

of sensory sensitivity or undersensitivity to

sounds, touch, tastes, lights or colours.

Asperger’s syndrome is also a form of autism.

People with it are often of average or aboveaverage

intelligence. They have fewer problems

with speech but may still have difficulty

understanding and processing language. People

with Asperger’s syndrome do not necessarily

have learning disabilities but often have

accompanying learning difficulties, such as

dyslexia.

The Health Department’s programmes of

care for autism are inadequate because ASD

is placed in the mental health and learning

disability programme of care, with its budget

coming from that for learning disability. Such

an approach perpetuates the use of IQ as a

gateway to services for people with ASD, and

that means that 75% of people with ASD fall

outside service entitlement. In amending the

Disability Discrimination Act, the Bill will help

to ensure that such people will no longer suffer

discrimination due to that anomaly.

Along with the IQ anomaly, there is evidence

that some public bodies use the DDA definition

of disability as a guide in decision-making

about the award of such benefits as disability

living allowance. Some schools punish pupils

with ASD for offences against the schools’

codes of discipline for behavioural reactions

that are beyond the students’ control. Why is

that happening? Simply because ASD is not

recognised as a disability under the DDA, and

that leads to the expectation that pupils will

adhere to rules of behaviour to which, through

no fault of their own, they cannot adhere.

The amendment to the DDA will give clear

guidance to government bodies, schools and

other organisations, by ensuring that ASD is

brought clearly within the scope of the Disability

Discrimination Act. For families, that measure

will give recognition to a challenging condition

that has been low in our society’s hierarchy of

disability.

When implemented across public bodies,

the Bill has the potential to improve public

understanding in general, as well as to improve

issues such as access to services and buildings

for individuals with ASD. Significantly, it will

signal the beginning of the end of discrimination

against individuals with ASD whose IQ is over 70.

By giving recognition to ASD in law, the Bill will

make a practical and emotional difference to

families through the systematic education of

the public that will flow from adaptations to

public spaces, facilities and services. The clarity

that will come through ASD being recognised

in law will bring a level of validity to those with

a condition that is still treated with suspicion

and indeed ignorance by some professionals

and agencies. Clarity in law will guide decisionmaking

about benefit entitlements and the

updating of disability action plans for public

bodies and improve access to equality legislation.

Families will have a reference point for service

entitlement and will no longer have to deal with

the anomaly of the issue of an IQ of over 70.

The physical adaptations to public buildings will

assist not just people with ASD but the wider

disabled community.

I hope that the Bill will take autism in from the

cold to the mainstream of services and help to

ensure that people, including many adults, who

are denied services will receive the help and

support that, by right, they should have now.

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Mr Easton: As the Member knows, I fully support

the Bill, but I have one disappointment in the

removal from the Bill of plans for an advocate.

Are there any plans for appointing an advocate,

and how can that issue be dealt with?

Mr D Bradley: I thank the Member for his

intervention, and I will address the issue that he

raised later in my speech.

Autism is much more common in our society

than many people know or believe. It is estimated

that there are 17,000 people with autism

in Northern Ireland. If we take into account

immediate family members affected, autism

touches the lives of a staggering 68,000-plus

people. In August 2008, the National Autistic

Society (NAS) in Northern Ireland commissioned

a leading market research company to survey

a sample of the Northern Ireland population

on their awareness and understanding of

autism. The survey clearly showed that 90%

did not know how common autism is; only 48%

of people had heard of Asperger’s syndrome,

which, as I said, is a form of autism; and 55%

of people who had heard of autism thought it

mostly if not only affected children. This Bill will

raise public awareness and help to dissipate the

ignorance around autism.

The gap in services that makes the Bill so

necessary is evidenced by the 2008 NAS

campaign, I Exist. That campaign highlighted

the stark and often desperate reality for the

majority of adults with autism in Northern

Ireland, who do not receive the support and

services that they so badly need. The report

that accompanied the launch of that campaign

showed that 96% of adults who took part in the

survey felt that, with more support, they would

feel less isolated. As a direct result of the lack

of support, 34% of adults in the survey had

experienced severe mental health difficulties;

65% had experienced anxiety; and 57% had

suffered from depression. Most adults depend

solely on their family for support. Sixty-four

per cent of adults in the survey lived at home;

13% lived on their own; and only a quarter were

financially independent.

Those statistics give us an indication of the

reality of life for those with autism in Northern

Ireland. Adults with autism who rely solely on

their parents for support will, inevitably, face a

time when their parents can no longer care for

them. According to the survey, 83% of parents

and carers are worried about what will happen

to their son or daughter when they can no longer

support or care for them.

Autism Northern Ireland commissioned two

related research reports on family support

— ‘The Hidden Community’ and ‘Is Anyone

Listening?’ — which focused on the human cost

of living with autism. Among the intersecting

issues from those investigations are the

lack of recognition of the challenges that the

disability presents to carers; the isolation that

carers feel; and the requirement for constant

combative lobbying to secure recognition and

services. That is energy-sapping and often

leaves people physically and emotionally drained

and near to total exhaustion. The evidence

shows that the stress levels of primary carers

for family members who have autism are unique

in the disability community. The latest local

research gives us a sliding scale from 80% of

mothers who experience high levels of anxiety

through to 50% who are on long-term medication

linked to trauma and stress. The need is clearly

there among people of all ages who have autism

and among those who care for them. This Bill

can and will address that need and will make a

real difference to their lives.

The Autism Bill will direct the establishment of

a cross-cutting approach to autistic spectrum

disorder by requiring the development of a

cross-departmental strategy for autism. The

historic failure to recognise ASD has left a tragic

legacy of underfunding across Departments.

All Departments will eventually have to address

the impact of legislative change on their

policies, practice and provision for people

with ASD. Clause 2 creates a requirement

for Departments to undertake that exercise

together in an effort to minimise duplication

and maximise effectiveness. I presume that

there is wide consensus around the view that

the development of single-Department ASD

strategies by the Department of Health and,

more recently, the Department of Education is in

sharp contrast to the joined-up realities of life,

where one life transition leads to another across

home, education, employment and community.

In this climate of economic constraint it is

incumbent on us all to plan smartly for future

challenges. Not only is cross-departmental

commitment to joint planning for ASD good

practice, it is an opportunity to look afresh at

how resources can be used or redeployed while

challenging all Departments to work innovatively

with the voluntary sector to maximise the

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accountability, flexibility and creativity of all

partners. By recognising in law the need for

required cross-departmental planning and

buy-in, the Bill will make a real difference to

families. That measure assures families that

the Government recognise the lifelong and

whole-life commitment and reality of ASD, and

it gives assurance of the potential of service

development, even in harsh economic times,

through shared funding initiatives across

Departments. The Bill recognises that ASD is a

shared responsibility in our community and that

duplication and confusion can be addressed. It

should also help to ensure that life transitions,

which are uniquely distressing for individuals

with autism, can be planned, resourced and well

managed.

12.15 pm

The Bill deals with the accountability issue raised

by Mr Easton by placing a duty on the Minister

of the designated lead Department, namely the

Health Department, to report to the Assembly

every three years on the implementation of

the autism strategy. The original draft of the

Bill envisaged a commissioner to ensure

accountability. However, the provision was

withdrawn in light of current financial conditions.

If, in future, the reporting mechanism needs

additional back-up, consideration can be given

to the possibility of a commissioner. I hope that

that satisfies Mr Easton.

In advance of the publication of the draft Autism

Bill, concerns focusing largely on the perceived

implementation costs and the impact that such

legislation would have on other disability groups

were noted. All views were listened to carefully;

that has been the policy of the all-party group

since its establishment in 2008 in response to

a six-year campaign by families committed to

social change.

In the past, special separate measures, such as

the three health and social care trust strategies

for ASD, the Department of Health’s strategy,

the Department of Education’s strategy, task

force report, and guidance and policies and

the education and library boards’ ASD policies

have been the approaches used, because

existing, generic disability policies were seen

to be inadequate. In 2008, the all-party group

commissioned the only independent research on

the systemic changes required by government to

address the failures in ASD service prioritisation,

provision and planning. That report, which was

produced by the Assembly’s Research and

Library Service, placed the need for legislation

front and centre, and it concluded that individual

departmental approaches, such as those

mentioned, were seen as temporary fixes that

would not work in the long term. According to

the report, legislation was the best long-term

solution.

More recently, in March and April 2010,

consultation on the proposed legislation was

conducted across statutory and voluntary

agencies, resulting in a 70% to 80% positive

rating for legislation. In addition, the Assembly,

NILGA and most of the 26 district councils

passed unanimous motions in support of the

required legislative changes. We held follow-up

meetings with the Equality Commission, the

Children’s Commissioner and Disability Action,

resulting in agreed positions on the potential

benefits of the Bill. All the autism charities in

Northern Ireland, including Autism NI, PEAT, NAS,

CEAT, SPEAC and Autism Initiatives, support the

proposed legislation.

Precedent has already been established for the

approach taken in the Bill. A single condition

ASD focus already exists in the English Autism

Act 2009. A government strategy for ASD

exists in Wales and may soon be established

in Scotland. The Disability Discrimination Act

1995 has, in the past, been amended to include

specific conditions that sit more easily within

the existing definition of disability than ASD,

such as HIV, multiple sclerosis and cancer. In

England, the Disability Discrimination Act 1995

has been replaced by the Equality Act 2010,

and the definition of “disability” in that Act is

currently subject to consultation. The Republic

of Ireland’s Disability Act 2005 includes definitions

of sensory conditions and physical and mental

health.

I hope that I have dealt adequately with the

general principles of the Autism Bill. It is the

majority position of the all-party Assembly group on

autism that those general principles are sound

and that they will lead, if enacted, to a huge

improvement for people with autism in Northern

Ireland. I commend the Bill to the House.

The Chairperson of the Committee for Health,

Social Services and Public Safety (Mr Wells):

Autistic spectrum disorder is a lifelong

developmental condition that affects those

who live with it in different ways. Essentially,

however, it affects the way in which a person

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communicates with and relates to other people.

It is a serious condition that has a significant

impact not only on individuals but on their

families and carers. I can speak on behalf of all

members of the Committee for Health, Social

Services and Public Safety when I say that we

welcome the seriousness with which the health

and social care sector, other statutory agencies

and, indeed, the Assembly are now treating

autism and ASD.

The Committee has, since its inception, shown

a close interest in the delivery of services to

children and adults who live with autism. The

Committee is committed to finding the best way

to deliver those services and has examined

the issue on a number of occasions. When

the Department of Health, Social Services and

Public Safety consulted on its autistic spectrum

disorder strategic action plan in 2008, the

Committee took evidence from the major autism

charities and the independent review of autism

services. Committee members visited Wales

to study the workings of the Welsh Assembly

Government’s autistic spectrum disorder strategy,

which has been in place since April 2008.

The Committee commended much in the

Department’s strategy but expressed concerns

that the action plan sought to address services

for people with autism solely from a health

and social care perspective. At that time, the

Committee emphasised the view that the

provision of services for people with autism

benefits greatly from being addressed on a

cross-departmental basis. Although autism may

be primarily a health issue, other Departments,

including the Department of Education, the

Department for Employment and Learning, the

Department for Social Development and the

Department of Justice, have a crucial role to play.

More recently, the Committee undertook

prelegislative scrutiny of the Autism Bill. On

14 October 2010, the Committee was briefed

by Mr Dominic Bradley, who was accompanied

by a representative of the secretariat of the

all-party Assembly group on autism. At that

time, the Committee had before it Mr Bradley’s

draft Bill. An interesting discussion ensued, and

the Committee debated and explored various

issues with Mr Bradley, including the proposed

cross-departmental strategy, the proposed

changes to the Disability Discrimination Act

1995 and the issue of resources. Following the

discussion with Mr Bradley, the Committee held

an evidence session on 2 December 2010 with

officials from the Department of Health, Social

Services and Public Safety in order to gauge

the Department’s view on the Autism Bill. The

Department had serious reservations about the

Bill, which, no doubt, the Minister will elaborate

on in detail today.

The Committee recognises that the Member

who brought the Bill to the House and the

Minister of Health, Social Services and Public

Safety are committed to improving services

for those who live with autism. However, they

disagree on how those services can be best

delivered, whether through legislation or the

departmental strategies that set out how

each Department will provide the services

for which it is responsible. There is a lack of

convergence on the resource implications of the

Bill. Pending a successful Second Stage and

the referral of the Bill to the Health Committee,

we will examine the clauses of the Bill and their

implications in detail.

As with any Bill, the Committee will take evidence

from key stakeholders who are involved in

providing services to children and adults with

autism and from organisations that may be

affected by the Bill. The Committee recognises

that complex issues are in play and that there

are different opinions on the various aspects

of the Bill. We will listen carefully to all views

and come to our decisions on the basis of the

evidence that is put before us.

For obvious reasons, I will take a neutral stance

on any further discussions today. It is important

that the Chairman of the Committee goes in

with an open mind as we gather evidence on

this important issue.

Mr Deputy Speaker: The Business Committee

has arranged to meet immediately upon lunchtime

suspension. I propose, therefore, by leave of the

Assembly, to suspend the sitting until 2.00 pm.

*The debate stood suspended.*

*The sitting was suspended at 12.25 pm.*

3.00 pm

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*Debate resumed on motion:*

*That the Second Stage of the Autism Bill [NIA 2/10]*

*be agreed. — [Mr D Bradley.]*

Mrs O’Neill: Go raibh maith agat, a LeasCheann

Comhairle. I support the principles set out in

the Bill and declare an interest as a member

of the all-party Assembly group on disability.

In moving the Second Stage, Dominic Bradley

set out the general principles that are to be

achieved through the Bill. I want to pick up and

expand on a few of those points, particularly

about autism, autistic spectrum disorder (ASD)

and Asperger’s syndrome and their effects and

why early intervention is important. I will pick up

on the prevalence of the conditions and on the

equality agenda.

Autism is a neural development disability that

affects the areas of the brain responsible

for social communication, imagination and

social interaction. Individuals with autism will

have problems in one, two or all three areas.

Around 25% of people with ASD will have an

accompanying learning disability. Of those with

autism, 75% have an IQ level of more than 70.

Asperger’s syndrome is autism without a learning

disability. Individuals with Asperger’s syndrome

may have average or above-average intelligence

and may not have the language or speech

problems of a person with autism. However, they

may have language or communication problems

and co-ordination and movement problems,

as well as social difficulties, particularly in

comprehending social rules in relationships

and situations. That predisposes people with

Asperger’s syndrome to anxiety and stress

conditions that may require intervention.

Mental health services lack the expertise

and confidence to provide an adequate and

appropriate service for people with ASD.

Dominic Bradley referred to statistics that

reflect the association between mental health

and autism, and I think that that should be high

on our agenda.

Dominic touched on prevalence rates, and it is

startling that 20,000 children and adults have

autism. Five thousand of the children are of

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school age. Each year, 300 children who will

later be diagnosed with ASD are born. The most

startling statistic is that the number of children

with ASD has increased by 500% over the past

seven years. People often say that the disability

is rare: it is not. It is one of the fastest growing

developmental disabilities, and a look at the

statistics makes that clear. Four times more

males than females are affected by autism,

and 25% of people with ASD have a learning

disability. Of those with ASD, approximately 75%

fall outside the current Department of Health

programme of care model.

There is no known cure for autism, but, with

correct intervention and support, individuals

can have meaningful levels of independence in

their life, something that is at the heart of the

legislation being debated. Research suggests

that there is no single cause of autism but

there is a physical problem that affects the

parts of the brain that integrate language and

information processed from the senses. Autism

has a physical — not emotional — origin, and

evidence regarding a genetic link to ASD is

increasing. There is an ongoing debate about

the impact of environmental factors. Some

sources contend that the rapidly growing

prevalence that we see today cannot be due

totally to better detection rates. There must be

other factors.

Individuals with ASD have problems in three

main areas, the first of which is social

interaction. For example, they may not want to

socialise or be with other people, or they may

behave socially inappropriately — “naive” may

be another way to look at it. They have difficulty

understanding social rules, and that often brings

people with ASD into conflict with the public

and the justice system. Yesterday, in the debate

on early intervention, all Members agreed that,

often, the justice system deals with people

who would not be there, had there been proper

intervention at an early stage in their life.

The second area is social communication. Some

individuals may never speak any meaningful

language, or they may have a functional language,

with no interest in making small talk. Some

may engage in one-sided interactions, such

as talking for long periods about a subject of

special interest to them, with no awareness of

the needs of the listener.

Imagination is the third area in which ASD

prevails. Often, children at the severe end of

the spectrum will not play in a meaningful and

imaginative way. They may prefer to line up their

toys according to size or colour. Such individuals

may not be able to imagine an alternative. They

have little tolerance for unexpected changes in any

areas of their life and may be driven to follow

particular routines and be unable to accept

change or be flexible in their day-to-day life.

A person with autism will also experience

sensory problems with certain noises or a need

for deep pressure. Individuals may also have

problems filtering out information; for example,

a child may not be able to ignore certain sounds

or stimuli in the environment that they are

in. Individuals may also have a problem with

organisation; for example, the child may be

highly intelligent but, regardless of their ability,

may find it very difficult to sequence putting

on their clothes. That can seem unusual to

others who do not understand the condition

and are not properly prepared for dealing with

such children, especially schools, teachers and

support workers in general.

ASD affects the lives of people of all ages and

levels of ability. Popular culture often presents

the perception that ASD is a condition of

childhood: that is not the case. However, it

is often diagnosed in childhood and is best

diagnosed by a multidisciplinary team that

assesses the child in a variety of settings,

for example, in the home, school and clinic.

Each professional will contribute to the overall

diagnosis, from which a treatment plan will

be developed. The team is likely to be made

up of a paediatrician, a speech and language

therapist, an occupational therapist, a clinical

psychologist and sometimes a specialist social

worker. A child psychiatrist can also often be in

attendance. If symptoms are picked up on at

school by a teacher or classroom assistant, the

child may be referred for an assessment by an

educational psychologist.

When queries are first raised about a child’s

difficulty in social communication, even before

diagnosis, it is important that advice is sought.

The months that parents spend waiting for a

diagnosis can be put to good use, reading about

and becoming familiar with holistic intervention

programmes. I pay tribute to the many support

organisations, such as Autism NI, Parents’

Education as Autism Therapists, the Centre

for Early Autism Treatment, Autism Initiatives

and the National Autistic Society. There are

so many groups. They do fantastic work and

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support parents who find themselves in a

difficult situation when they have recently had a

diagnosis and are not sure where to turn.

The other particularly difficult issue for those

who have ASD is managing transitions. Routine

and predictability are very important to people

with ASD, and it can be difficult to interpret and

make sense of social rules and situations. It

is vital that services plan and work together to

smooth the child’s life transitions from preschool,

along their school life and into lifelong learning.

Again, I point to the voluntary sector, which has

worked tirelessly with parents and those on

the autistic spectrum to support them and help

them through those situations.

Issues of equality have been raised around

autism and autism legislation as regards

the creation of a hierarchy of disability and

the whole equality agenda. I do not believe

that that is what we are doing through this

legislation. ASD is not recognised as a social

and communicative disability under the current

Disability Discrimination Act. We looked to other

examples, and, in England, the Government are

repealing the Disability Discrimination Act and

replacing it or consulting on replacing it with the

Equality Act 2010. The definition of disability

that will be contained in that legislation is out

for consultation, and we have a real chance

here today to address the current inequality

around the fact that autism is not recognised.

The Disability Discrimination Act refers to

physical and mental disability but not explicitly

to communication and social disability. This is

our opportunity to address that inequality and

to make it right for all who are on the autistic

spectrum.

There have been many developments in

autism over the past years, none less than

the Department of Health, Social Services

and Public Safety’s action plan, as well as the

work of the community and voluntary sector in

supporting parents and those on the spectrum.

There has been an increase in funding from the

Department of Health, and I fully recognise that.

I also welcome the development of the action

plan and the new network where parents are

very much involved in progressing that plan.

Today’s debate should not be a battle. We

all want the same outcome. We all want to

improve the lives of people with autism. That

needs to be at the core of everything that we do

today. Let us build on the good work that has

happened. This legislation is not taking away

from that; it is enhancing it and calling for more

cross-departmental working.

Last but not least, I commend the work of

parents. I have met many parents since my

election to this Assembly — parents who make

sure that we, as MLAs, are very much aware of

the effects of autism on the individual and on

the entire family circle.

With this legislation, we have a real opportunity

to change for the better the lives of those on the

autistic spectrum. I look forward to Committee

Stage, and I know that the National Autistic

Society has suggested an amendment requiring

more parental consultation in the strategy that

we take forward. I would not dispute that for a

moment; it would be very positive. Therefore,

I look forward to Committee Stage and to

ensuring that, collectively, we improve the lives

of those on the autistic spectrum.

Mr Gardiner: I would willingly support any measure

that made the early diagnosis and treatment

of autism possible. Nevertheless, we need to

see this measure in context. On 29 November,

the Health Minister, Michael McGimpsey,

announced an additional £100,000 of funding

for autism services in Northern Ireland. That

happened even though he was already involved

in two major budgetary battles with the Finance

Minister. One of those battles related to local

budgetary cuts of £370 million. Members will

recall that the Health Minister had to find £113

million of that. The other battle was, of course,

over the comprehensive spending review cuts.

The extra funding that the Minister announced

for autism will be used to develop specialist

adult autism diagnostic services. The new

money was in addition to the extra investment

of £1·54 million in autism services over

2009-2011, bringing the recurrent total new

investment to £1·64 million from April 2011.

At the same time that the Minister announced

that extra funding, he gave a guarantee that autism

would be prioritised across all Departments.

The Minister also drew attention to the fact

that waiting times for an autism referral were

reducing and that he was determined that no

child should have to wait longer than the current

13-week target for diagnostic assessment. The

Minister said that he believed that he already

possessed all the legislative authority he

needed to make all necessary improvements

in autism services. He was able to say that

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because he controls social care as well as

healthcare — a combination of responsibilities

that, in the United Kingdom, is unique to

Northern Ireland.

One thing that we must guard against is

overlegislation. The fact that we can legislate

does not mean that, on every occasion, we

should legislate. Often, legislation imposes new

and unavoidable costs on government, and, of

course, this is a time when we could do without

additional costs. If the Minister believes that

he already possesses the relevant authority to

deliver, we need to ask whether new legislation

is justified.

3.15 pm

Mr McCarthy: The answer to that question is

most definitely yes.

On behalf of the Alliance Party, I support the

Bill and congratulate everyone involved in

getting us to where we are today. It has been

an uphill battle. However, when something is

right and people have fight in their bellies, they

do not lie down; they battle their way through

many obstacles and work with others, as far

as possible, to arrive at a consensus, all to the

benefit, in this instance, of children and adults

who have autism.

I am delighted to be the Alliance Party’s

representative on the all-party group on autism,

and I pay tribute to its chairman, Mr Dominic

Bradley, who has played a pivotal role, along

with others, in getting the Autism Bill to its

Second Stage in the Assembly today. I also pay

tribute to all the voluntary groups throughout

Northern Ireland that have worked with elected

Members to convince us all of the need for an

Autism Bill, despite the reservations that have

been expressed in some quarters.

It is unfortunate that Northern Ireland is

experiencing an increase in the incidence of

autism among youngsters who, inevitably,

will grow to become adults and seniors. The

Assembly must accept what is happening and

make the necessary arrangements to ensure

that everyone with autism has exactly the same

rights and expectations as everyone else. It is

unfortunate that, more often than not, people

with autism and their parents and guardians

have to fight for everything when it comes to

health, education, social development and so

on. Why should that happen? Like the rest of

us, people with autism have normal everyday

needs and ambitions. That is why we need an

Autism Bill, so that, as a statutory requirement,

everyone will receive their entitlement. It is

outrageous that, at present, parents and

guardians, with so much caring and watching to

do, have to spend much valuable time getting

what is theirs simply as of right. I speak with the

knowledge of having been through something

similar.

The Autism Bill has the support of the vast

majority of groups engaged in promoting the

wishes and needs of the ASD voluntary sector.

The strategic action plan put forward by the

Department of Health, Social Services and

Public Safety falls far short of what is required.

The Autism Bill will direct the formation of a crossdepartmental

approach to ASD by requiring the

development of a cross-departmental strategy

for autism.

The evidence presented in the Assembly allparty

group on autism’s briefing paper was

overwhelmingly in favour of progressing with

the Bill. As has already been said, a petition of

support, signed by thousands of campaigners,

was presented to all the political parties

and the Northern Ireland Local Government

Association. All 26 local councils, as far as I

know, supported positive motions in favour of

an Autism Bill. Most of the political parties have

signed up to support the Bill. Many families,

who are at the coalface of the autism spectrum,

have supported the Bill. Indeed, in preparation

for next year’s Assembly elections, parties are

registering ASD as a priority. I say loud and clear

today that the Alliance Party is 100% behind the

need for an Autism Bill without delay. We will

have that in our party manifesto and will work

tirelessly in the new mandate to see that the Bill

is brought to fruition. I hope that other parties

will do the same.

When the Assembly signs off on this important

Bill, the people most in need of legislation will

see a lifelong strategy adopted that places

the welfare of people with autism and their

families at its centre. The Autism Bill will provide

for an Executive-sponsored ASD awareness

campaign that will include a first awareness

level of training for senior civil servants. All

Departments will have to address the impact

of legislative change on their policies, practices

and provision. The Bill will have a real and

positive effect on families. It will assure parents

and guardians that, at last, the Executive

recognise the lifelong and whole-life reality of

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ASD; that ASD is a shared responsibility in our

community; that duplication and confusion can

be addressed; and that transactions that are

distressing for individuals with autism can be

planned and resourced.

We all want a better life for all our constituents,

and the Autism Bill will, when it becomes law,

help to do just that. The Alliance Party supports

the Second Stage of the Bill and looks forward

to its early progression and, indeed, its

implementation at a later date.

Mr Buchanan: I rise as a member of the allparty

group on autism to support the Second

Stage of the Bill. The chairman of the group

earlier explained some of the thinking behind

the Bill and set out clearly the nature of autism or,

as it is known, ASD, and the types of challenges

that it presents to us all. It is a complex issue, and

I am conscious that there are many variations to

what we broadly define as autism.

The work that has been done on the Bill so

far and the investigations into the issues that

surround it have certainly provided an insight

into the many problems faced by parents and

those who suffer from autism, and I have no

doubt whatsoever that there is a real need for

this legislation. The all-party group is agreed

on the need for the Bill, which has received

considerable support across the board, and

we are keen for it to progress as quickly as is

practically possible. The group’s consultation in

March revealed an 80% approval rating for the

legislation, and, as has been said around the

House already today — it bears repetition —

NILGA and all the 26 councils have indicated

their support for the Bill. Independent research

reports are also very supportive. However, like

most draft legislation, the Bill is not perfect.

Further issues will need to be addressed, but it

marks a significant start, takes us on a journey

down the right road and focuses our attention

on the need to deliver for those who suffer from

autistic disorder. We might help to change their

lives and provide a better lifestyle for them.

I will set out a few key arguments in favour of

the Bill. The Bill has two main aims. First, it

seeks to amend the Disability Discrimination Act

1995 to resolve any ambiguity as to whether the

term “disability” applies to autistic spectrum

conditions. Secondly and very importantly, it

makes the preparation and implementation of

an autism strategy a requirement. That is long

overdue.

The Disability Discrimination Act 1995, as it

stands, does not recognise ASD. The Act is quite

prescriptive. It defines disability as physical

or mental, and the latter includes learning

disability and mental illness. That seems fairly

comprehensive but, although some argue that it

should fit into the Disability Discrimination Act

1995, the reality is that ASD does not fall into

any of those categories. In practice, that legal

ambiguity has an adverse impact on those who

suffer from autism, those who care for them

and those who represent them, such as the

Commissioner for Children and Young People,

the Equality Commission and the Children’s Law

Centre. The Disability Discrimination Act 1995

and the guidance issued under it means that it

is difficult, if not impossible, for a person with

autism to qualify for benefits such as disability

living allowance.

Autism is the fastest-growing neuro-developmental

disability in modern society. It is a neurological

condition with a biological cause that can be

traced to trauma to a specific brain function.

It is defined as a social and communication

disability. Therefore, to ensure that autism is

included in the 1995 Act, the Bill inserts the

words “social (including communication)”. Of

course, some will say that that opens the door

to the inclusion of an almost endless range of

groups and categories. I understand that view,

but I do not think that such concerns will be

realised. It is worth noting that, in 2006, the

definition of “disability” was amended so that

anyone with cancer, MS or HIV is now deemed

disabled from the point of diagnosis rather than

from the point at which the condition starts

to have a substantial and adverse effect on a

person’s ability to carry out normal day-to-day

activities. In a sense, therefore, a precedent for

the amendment that is before the House has

been set. The change to the definition will give

long overdue legal recognition to a condition

that is still treated with a high degree of

suspicion and scepticism by some professionals

and agencies. It will be of considerable help

to the various public bodies in their decisionmaking

and in providing guidance.

There are many examples of those with autism

suffering from discrimination and not being

treated with the respect that they deserve.

Take, for example, a pupil who faces disciplinary

proceedings for breaching a school code. If his

or her behaviour is caused by ASD that has not

been diagnosed, recognised or treated in the

proper fashion, it seems most unfair for that

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pupil to be punished for something beyond

his or her control. A change to the legislation,

along with greater clarity in the guidance, will

ensure that that pupil’s autistic disorder is fully

recognised.

The proposed change to the Act will also help

families, many of whom have battled for years

to gain some sort of recognition for the autistic

disorder. We hope that the Bill will go a long

way to achieving that. Significantly, too, it will

signal the end of discrimination against those

who have autism but have an IQ of over 70 and

who, therefore, currently fall between a number

of stools.

The other major change that the Bill will bring

about is that it will direct the development

of a cross-departmental strategy for autism.

At present, Departments are under no legal

obligation to do that, and we simply rely on

the goodwill of Ministers and officials. I fully

accept that the Department of Health, Social

Services and Public Safety is aware of the

need for action. Indeed, it already has in place

an action plan, to which a Member who spoke

earlier referred. However, its plan does not work

for people who suffer from an autistic disorder.

The Department of Education is also aware

of the importance of the issue but, again, is

doing nothing to deliver for those who suffer

from the condition. It would make much more

sense, therefore, for the key Departments to

co-operate rather than developing separate

policies. In times of limited funding, it is more

vital than ever to minimise duplication and

to maximise effectiveness and efficiency. We

must try to break out of the traditional silo

mentality of the Civil Service. The Bill also

provides for a government-sponsored autism

awareness campaign that includes awareness

training for civil servants. In the current climate

of economic constraint, it is incumbent on us

all to plan smartly for future challenges. With

the Bill, we have made an important start. It

presents us with challenges but also with many

opportunities.

Most if not all Members around the Chamber

today have been faced by parents in their

constituency offices who have children with an

autistic disorder. They are of preschool age,

primary-school age, at high school or college or

even in the workplace. Some of their disorders,

however, have not been recognised, and others

are on huge waiting lists to have their problems

and difficulties diagnosed. The process seems

to go on endlessly. That is why the Bill must

go through the House today. The legislation is

important in helping those who have suffered in

silence. I encourage the House to support the

Bill.

Mr Boylan: Go raibh maith agat a LeasCheann

Comhairle. I am also a member of the all-party

Assembly group on autism. I apologise for

missing some of its meetings. I pay tribute to

the sponsor of the Bill and chairperson of the

group for bringing the legislation to the Floor

today.

Some Members talked about over-legislating,

but this is an important piece of legislation,

which we need to put through the Assembly to

ensure that the rights of people on the autism

spectrum are protected and that they get the

resources that they deserve. I thank Research

Services for its paper on the Bill, and I thank

Arlene Cassidy and all the people who have

worked to deliver a service to people on the

autism spectrum in the absence of a properly

funded model.

3.30 pm

I will not rehash what most Members have

said, but there are two key issues to do with

the Bill. First, the Bill proposes to amend the

Disability Discrimination Act 1995, and it is

time that we ended the discrimination against

people with autism. It proposes the insertion of

the words “social”, “social interaction”, which

includes communication, and “forming social

relationships”. That will ensure that all forms of

autism will get their recognition.

I will talk from a personal point of view. My

colleague Michelle O’Neill talked about social

interaction. People with autism may not want to

socialise or be with other people, and they may

behave in socially inappropriate or naive ways.

Difficulties in the area of social communication

mean that some individuals may never speak

any meaningful language. A further area is

imagination, and children with difficulties in

that area may not play in a meaningful and

imaginative way.

That rings true for me, because I have experienced

that with my nephew. Around 15 years ago, that

lad was diagnosed with autism. The research

paper describes exactly what was happening.

I used to buy a Thomas the Tank Engine toy

because that was what the young lad wanted

all the time. It was easy for me to buy birthday

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and Christmas presents because he related to

that toy all the time. Fifteen years later, I see

that experience written in the paper. People

need to be there and to experience it, and, if the

Assembly were to do that, it would ensure that

the legislation went through to protect those

people and give them every opportunity. That

lad is 15 years old, and thankfully, he is a clever

young lad, and he comes from a good, caring

home. He gets the best of care, and he is doing

very well. I hope that he continues to do so.

The second aspect of the Bill is the requirement

for a strategy. The strategy must look at early

intervention. Information from Autism NI states:

*“Autism is best diagnosed by a multidisciplinary*

*team”.*

That is correct. When I think back to the early

days when it was discovered in the family, there

was early intervention from teachers in schools

and from elsewhere, and people gave their

opinion. The strategy must produce a proper way

of looking forward and of providing guidance to

ensure that early intervention happens.

The strategy should also look at the parents,

carers and the family. People do not realise

the strain, stress and trauma that families

experience. For people who are not connected

and who do not see it at first hand, I have another

paper that identifies clearly what happens. Fifty

per cent of parents are on long-term medication;

65% report illness linked to caring; 80% of

families report feeling overwhelmed and

helpless; and 57% of families report acute

anxiety and panic attacks. There is a whole raft

of issues, and I want the strategy to provide for

the carers to be looked after and for a respite

element. I do not want to go down the line that

those families want a break away, but they need

some respite and some time away.

Dominic Bradley also mentioned cost. He did

so in the right context. There is no way that a

cost can be put on that. It is extremely difficult

for someone to look after a child or adult with

autistic spectrum disorder (ASD). I do not want

anyone to get up and say that it is a matter

of cost. I believe that in 2009, the Minister

allocated £100,000 for a period of this year. I

thank the Minister for that £100,000. However,

a great deal more is needed.

I have mentioned costs in one respect, however,

an element of the budget and a proper funding

package will be identified through this legislation

that will help people with autistic spectrum

disorder and their carers. I fully support the

Bill’s principles. I hope that the Assembly will

stand up, take notice and pass this piece of

legislation. Any secondary measures flowing

from it need to be written up now, so that they

will be ready when the Bill is passed.

Mr Craig: I support the Bill. I speak as a member

of the all-party working group on autism. The

first part of the Bill amends the Disability

Discrimination Act 1995. The second part deals

with the development of an autism strategy. I

welcome the Bill’s Second Stage. It has been a

long time coming, and I am pleased that it has

come before the House.

Clause one amends the Disability Discrimination

Act 1995. Autism is not covered by the 1995

Act, and a number of Members have reiterated

that fact. ASD is recognised in disability

legislation in other parts of the United Kingdom;

therefore, it is important that Northern Ireland

falls into line with the rest of the UK.

Some people might ask why ASD should be

covered. The majority of disabilities are already

covered by section 1(1) of the Disability

Discrimination Act 1995, and they include

physical and mental conditions, such as

learning disabilities, mental illness, cerebral

palsy, multiple sclerosis, visual impairment,

schizophrenia, et cetera. All of those conditions

are already recognised; however, ASD and

associated problems are not. ASD is neither a

physical nor mental disability.

The impact of its current status on ASD

sufferers is as follows. If someone has ASD

and a learning disability, that person receives

services from the learning disability sector,

which leaves 75% of people with ASD outside

those services. If someone has ASD and a

mental illness, that person receives services

from the mental health sector. If someone has

ASD and a visual or hearing impairment, that

person receives services from the latter sector.

Shockingly, someone with ASD who has an IQ

above 70, or who is an adult, or both, has no

entitlement to services.

Prevalence levels have reached what is described

as the “tipping balance”. Now, more people in

Northern Ireland are diagnosed with ASD than

with learning disabilities. There are now 5,000

school-age children with ASD, compared to 900

in 2002. More people are diagnosed with ASD

than the combined total of people with multiple

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sclerosis, Down’s syndrome and Parkinson’s

disease.

Mothers of children with ASD show higher levels

of stress than mothers of children with other

disabilities. Several Members have mentioned

that in the debate. Having met some of those

parents and their children at a summer scheme

in 2009, I can, certainly, confirm that that stress

is a fact. I witnessed a child physically attack

their mother several times purely because they

had been taken out of their routine.

It was amazing to see the patience shown by

those parents and how they dealt with that

situation. One can understand the stress that

that causes to those parents, and I was not

surprised when I found out that 80% of mothers

of children with ASD take antidepressants.

Significant numbers of people in our prisons

have been diagnosed with ASD. That is not to

say that that is the main cause for their being

in prison, but that condition should have been

dealt with long before they reached that stage.

That is all very concerning and some of the

statistics are also a cause for concern.

Clause 3(1) states:

*“The autism strategy must set out how the needs*

*of persons with autism are to be addressed*

*throughout their lives.”*

In a lifelong approach, the points of transition

in an individual’s life are prioritised in all

strategies and action plans. It appears that it is

in the area of transition that the cross-cutting

nature of services and co-operation between

Departments, government agencies and

voluntary and community groups becomes most

important. Transitions are particularly difficult

for those with ASD to manage, because routine

and predictability, which help them to learn,

interpret and make sense of social rules and

situations, are not always there. It is vital that

services plan and work together to smooth life

transitions from preschool to lifelong learning.

We can debate the issue until the cows come

home, but, quite frankly, unless we have a

child with ASD, none of us will fully understand

the impact of the Bill on families in Northern

Ireland. It is unfortunate for those families that

we live in a part of the United Kingdom that

discriminates against a group of individuals

who fall outside the existing legislation. It is

good that the Bill will rectify that situation, and I

commend it to the House.

Mr B McCrea: The Ulster Unionist Party welcomes

the Bill and looks forward to scrutinising it

during its Committee Stage. Members will be

aware that the UUP has long been involved in

this important issue and has taken a lead role

in promoting services for those who are affected

by autism in the Departments that it looks after.

The UUP is an advocate and a promoter of

services for autism in Northern Ireland, and the

party feels that it is leading the way.

My colleague from Upper Bann mentioned the

Minister of Health, Social Services and Public

Safety’s input into the strategy that he brought

forward and the additional £100,000 that he

has made available for autism services. I am

also pleased to report that in the Department

for Employment and Learning, UUP Ministers

introduced innovative ways to help those with

health conditions, including ASD, to find some

form of training and employment that is suitable

to their needs.

Mr Boylan: I agree with the Member’s point

about the additional £100,000 being made

available. However, does he not agree that it is

about time that legislation is put in place, with a

set budget and funding stream, to address the

needs of the autistic spectrum?

Mr B McCrea: I thank the Member for his

point; it brings me on nicely to an issue that

I was going to raise. In Mr Boylan’s earlier

contribution, he said that the issue is not

about costs. However, if we are looking for

separate funding streams — presumably,

additional funding streams, otherwise there

is no point in doing it — the money will have

to come from somewhere, and it is difficult to

see which Department will have money taken

from it to provide for this very needy case. That

is because, on three separate occasions, the

Member’s party voted for cuts in the health

budget. When it comes to issues of budgets and

finding more money to pay for autism services,

the Assembly must realise —

Mrs O’Neill: Will the Member give way?

Mr B McCrea: I will give way in a moment, when

I have finished. When the Assembly calls for

more services, they should be properly costed,

and we must also work out how we are going

to target the resources in the right way. We will

have an informed discussion during the Bill’s

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Committee Stage to ensure that we are doing the

right thing. I will now give way to the Member.

3.45 pm

Mrs O’Neill: I look forward to that Committee

Stage. However, when every Department becomes

involved in a cross-departmental approach,

surely they should bring their funding streams to

the table as well as their contributions.

Mr B McCrea: I thank the Member for her

contribution. That raises the issue of the

Department of Education, which she will know

something about because she serves with me

on the Committee for Education. There seems

to be some divergence of strategies, which we

should address. Members have raised concerns

repeatedly about whether the investment that

we make in Middletown really solves the issues

that we want to be dealing with. So, I certainly

look forward to Ministers and Departments cooperating

properly, as they should do of right, to

deal with that matter.

Mrs D Kelly: On the development of strategies, and

given your statement that the UUP will scrutinise

the legislation, can we also have a commitment

that unlike at least one other party you will

not use a petition of concern to prevent good

legislation coming to the Floor of the Chamber?

Mr B McCrea: I assure you that our aim is to

make sure that we get good legislation. I concur

that petitions of concern should be used for the

purpose for which they were intended, and not

for other reasons.

We are concerned about certain issues in the

Bill. I was taken by what Mr Craig said. I, too,

have met the parents of children with autism at

summer schools, in their houses and at other

places. One cannot help but be impressed by

their resilience and fortitude in carrying on and

dealing with those things. However, there are

very real challenges. Frankly, I will not repeat

some of the issues and conditions, because

they are distressing. However, I can tell you that

they had a very personal impact on me.

I accept absolutely that there are people with a

very serious condition who are not yet identified

within a statutory framework. The problem with

how we fix that is as follows: can we legislate

our way out of it? Can we have something that is

on a spectrum? How does one define it?

I listened to the proposer of the motion, Mr Bradley,

talk about some of the issues that identify people

on the autistic spectrum. I agree that difficulty

with social skills and interacting with people

are determining factors. However, those are not

exclusive to people with that condition. Were the

matter not so serious, I might talk about people

in the immediate vicinity who have those issues.

The point that I want to make without undue

levity is the difficulty in constraining a condition

that is on a spectrum. There is a question of

whether we disassemble the argument that is

being put forward.

Mr D Bradley: Since the Member met the parents

of children with autism, the children themselves,

and others, he will probably be aware that there

is quite a stringent diagnostic process to go

through before a person is deemed to be at

this or that point on the spectrum. So, it is not

the case that people will come along without

stringent and professional diagnosis.

I am glad that the Member mentioned the

positive contribution that the UUP made to

the autism debate and to services. I welcome

that, and remind him that his colleagues Mr

McCallister and Mr Savage supported the Bill at

the beginning. That was very welcome as well.

I direct the Member’s attention to a 2010 paper

from the Assembly Research and Library Service

entitled ‘Autism Bill’, which states:

*“In spite of the existing guidance and case law,*

*meeting the definition of disability contained in*

*the DDA is likely to continue to present challenges*

*to those with autistic spectrum disorders. The Bill*

*seeks to amend the DDA in a way which widens*

*the scope of the existing definition in a way which*

*would encompass autistic spectrum conditions.”*

In order for discrimination against autistic

spectrum conditions to end, it is necessary to

amend the legislation. That is one of the main

aims of the Bill.

Mr B McCrea: I thank the Member for his

comprehensive intervention. I spoke to Mr

McCallister today — I know that Mr Savage will

support this — and he was most insistent that

I should be here because, unfortunately, he

cannot make it. I assure the Member that Mr

McCallister is absolutely committed to dealing

with the serious issues that have been raised.

Not only have I met families and people that are

on the autistic spectrum; I have also engaged,

as has Mr McCallister, with Autism NI, Arlene

Cassidy, Eileen Bell and a number of other people.

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The Member will, of course, acknowledge that

there are a significant number of bodies that

seek to address the issue and that there is a

diversity of views about the best way forward.

It is with that in mind that we look forward to

the Committee Stage of the Bill, when we can

identify the best way forward.

Mr D Bradley: The Member is correct: there

is quite a wide range of advocacy groups for

people with autism, but all of those groups, as

Michelle O’Neill pointed out earlier, are of one

mind about the necessity for legislation. What

they differ about are the interventions that are

most effective, and that is an issue that I will

leave to them.

Mr B McCrea: I thank the Member for that.

The House will properly give the legislation due

scrutiny. The issue, which I am sure the Member

will acknowledge is at least a consideration

for us all, is that there is a wide variety of

conditions, not all of which have their own

Bill. People will look at us to see what way

we approach the issue. That may well be the

appropriate thing to do, but there are other

issues that will come along. We are a relatively

young and immature legislative Assembly, so

it is appropriate that we do not make rash

decisions that actually have implications.

Mr Craig: Will the Member give way?

Mr B McCrea: I will, but I want to finish with one

last thing. Go ahead.

Mr Craig: I thank the Member for giving way.

The Member talks about the immaturity of this

House, but will he acknowledge that the Mother

of Parliaments has already passed legislation

on this issue? It is wrong to say that there

are no legislative criteria out there when the

Mother of Parliaments at Westminster can pass

legislation on the issue.

We can talk in circles for ages on the issue, but

will he recognise that the Bill will do away with

a discriminatory factor in respect of autism and

ASD, in that it is not properly defined in existing

legislation and there are individuals who keep

falling outside the scope of that legislation? We

are correcting discrimination. That is why the

debate about cost is secondary. There may be

such implications, but they will have to be dealt

with in another debate.

Mr B McCrea: I thank the Member for his

intervention. I will deal with those points in

reverse order. There are cost implications. I have

absolute respect and support for people who

are struggling in some very trying situations.

The Member has met the same people that

I have, but there are implications and we, as

an Assembly, need to make sure that we are

aware of exactly what they are. In relation to his

earlier point about legislation at Westminster, he

will, no doubt, be aware that there are different

conditions and different strategies over there,

and that what was appropriate over there may

not necessarily be appropriate here.

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

We will look at those issues at Committee

Stage. I will pose a question to the Minister,

and perhaps he will deal with it. He knows that,

in another place, I have an interest in human

rights. I want to ensure that the Bill is compliant

with the European Convention on Human

Rights, and we must check whether the Bill is

competent. I also have some reservations about

whether it is compliant with section 75 of the

Northern Ireland Act 1998. We must address

those issues, and I do not express a view one

way or the other.

Earlier, we spoke about people with different

views. People have concerns about those

issues, and it is right that we address those

concerns. Professor Brice Dickson, the former

chief commissioner of the Northern Ireland

Human Rights Commission, had this to say:

*“Autism is a very wide spectrum and to say that*

*everyone who has autistic tendencies is disabled*

*… would be going I think probably too far.”*

Mr D Bradley: I explained to the Member

that the Bill does not, as it were, allow in

everyone with autistic tendencies, and stringent

diagnostic hurdles must be got over before

someone is included.

The Member rightly cautions the Assembly in

its infancy to be careful about how it legislates.

However, I point out to him that the Disability

Discrimination Act was amended previously to

include cancer, HIV and multiple sclerosis. The

floodgates were evidently manageable on those

occasions, and I do not see why they will not be

so on this issue.

Mr B McCrea: I make it clear to the Member, as

he has intervened on a number of occasions,

that I am not in any way opposing the treatment

of, or provision of services for, autism. I do not

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argue that changes will not be necessary or

are impossible. I merely point out that, as a

competent legislative Assembly, we ought to

look at such issues to ensure that anything that

we do is properly costed and has the intended

results, and that we are not capable of doing

the things that we want to do in a different or

better way. That seems to be the appropriate

way for a legislative Assembly to progress, and

I look forward to dealing with such issues at

Committee Stage.

I warned — I meant it in the gentlest of ways

— that we are all here because we represent

people and want to do the best for them,

particularly for the people in most need. The

danger for all of us is that we attempt to boil an

ocean. We must not do that. We need targeted

intervention for those who are most in need. I

am sure that I am not alone in suggesting that

that is the right way forward.

I do not want to say much more, but I want to

bring out a few points. The Department argued

that the cost of introducing the legislation

is money that could be better spent on front

line services such as attacking waiting lists.

We have to consider the issue in the round.

Are we doing right by everyone in our entire

society? There may be issues about additional

funding. I know that Members made genuine and

positive interventions, and I was touched by the

contributions. However, we cannot cut the health

budget and then tell the Department that, by the

way, it needs to do more. We have to address

that issue.

I conclude my contribution by saying that I

welcome the Bill’s introduction. I look forward

to an informed and reasonable discussion

at Committee Stage. I am committed to the

issue of resolving autism and helping those

who do not get the services that they desire. I

realise the problems that are pushed on them.

I recognise that it is not only those children

or adults who have autism who need help but

those who care for them; that was mentioned

by other Members. There is a need for respite

and for the care of other children who may be

involved. I am aware of a range of issues, and I

am personally involved. I want to ensure that we

do it right. We have to get it right for the people

whom we are trying to serve.

4.00 pm

Mr P Ramsey: I am delighted to be participating

in this debate, which is hugely important for so

many people across Northern Ireland. I thank my

party colleague Dominic Bradley for his passion,

commitment and dedication to the matter, which

is very close to his heart. I also thank all the

members of the all-party group on autism. It was

right to bring forward legislation that will end,

once and for all, discrimination against so many

people across Northern Ireland.

Autistic spectrum disorder is widely recognised

in the Chamber as a serious and complex

spectrum of conditions. Despite recent focus

on the disorder, there is no doubt that the

necessary structured services have not been

in place to ensure that people with ASD, their

families and carers have a reasonable standard

of life. The SDLP supports the Bill, because

it will remove ambiguity about the status

of the condition as defined in the Disability

Discrimination Act 1995 and will ensure that the

social impairment is specifically recognised in

law as a disability.

The SDLP is concerned, as are many other

groups and individuals, about the fact that

failed cross-departmental action has resulted in

inadequate services for people with ASD, their

families and carers. The SDLP and others have,

therefore, concluded that to ensure that there is

a much more co-ordinated cross-departmental

approach to providing the necessary services,

there must be a statutory obligation on

Departments to deliver. Given the cross-cutting

nature of the ASD strategy, it is much more

likely to be delivered effectively if it is backed

up by legislation. The Bill will create a crossdepartmental

statutory responsibility to deliver

an autism strategy.

I am sure that, through constituency work,

all Members have met carers of people with

ASD who are burned out and deeply frustrated

by a system that delivers only in parts. In

many cases, carers are close to breakdowns,

because, after years of caring, they are no

longer able to cope with the emotional and

psychological damage. The lack of proper

support for many people with autism has led

to unnecessary mental health breakdowns and

terrible living conditions for people who, in many

cases, could live fairly independent lives with

some support.

People with ASD, of whom there are many in our

communities, need particular help at transitional

points in their lives and a highly structured

environment and routine to function effectively.

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Those transitional points include moving

from primary to secondary school; leaving

the parental home to living independently

post-school age; moving from education to

employment; and continuing lifelong education.

Parents are often very worried about the ability

of their autistic child to cope after either one or

both of them has passed on.

There is a lot of concern that many people,

particularly adults, are living with autism without

being diagnosed. Given the number of children

now being diagnosed, it seems very likely that

many adults have been undiagnosed and are,

therefore, vulnerable and living impaired lives.

Such people are liable to suffer all kinds of

abuse. There is little doubt that the underlying

cause of mental health problems suffered by

many people in psychiatric care is autism. There

is also little doubt that many people in prison

have, as an underlying condition, autism and

had there been earlier intervention, they may

not have ended up in the situation in which they

now find themselves. We need to ensure that,

as part of the strategy, proper audits are carried

out so that the number and circumstances of

people with ASD is widely known.

It is important that I put on record some

examples of the cases in my consistency. I

recently met a mother in my office who is at the

age at which most people should be looking

forward to retirement and to beginning to take

life somewhat easier. However, she has a

grown-up son with autism and is on the edge

of mental and physical breakdown because

of her constant, virtually round-the-clock work

to try to care for her son. She should not be

taking antidepressants. She should be getting

adequate support to look after the son whom

she loves and to maintain her physical and

mental health. If anything happened to her, her

son would probably have to be institutionalised,

which is her big worry and concern. The state

would then have to take on all his care needs.

Therefore, even from a pragmatic perspective,

it makes sense that that mother should get

the help that she needs now. It is a terrible

indictment of our statutory system that she has

to turn to elected representatives to get the

help that she needs to care for her son. What is

terribly worrying is that there many people who

do not seek that help and are living with that

burden, day in, day out.

The SDLP honestly and honourably supports

the Bill. We will try to ensure that the social

impairment that results from autistic spectrum

disorder is defined as a disability and that there

will be clear statutory responsibilities across

a number of Departments in the formation,

periodic reviews and, most importantly, delivery

of the autism strategy. The SDLP supports the

Bill, but we need to ensure proper support and a

decent life for so many people.

Over recent weeks, I have received e-mails and

telephone calls, and people have called into my

office appealing to me directly, to make sure

that I support the Autism Bill. Those are cries

from people’s hearts, whose family members

may have passed on. They want to ensure that,

for future generations, we have a proper antidiscrimination

and equality law that will protect

other children as they grow up.

Mr I McCrea: Like most other Members, I

support the Bill. As a member of the all-party

group on autism, I am delighted that we are

here today for the Bill’s Second Stage. That

is a welcome development, and I have no

doubt that the Bill’s implementation will result

in delivering positive change for people with

ASD. I particularly welcome the fact that the

Bill will require the establishment of a crossdepartmental

approach to ASD.

Clause 3(1) states:

*“The autism strategy must set out how the needs*

*of persons with autism are to be addressed*

*throughout their lives.”*

A lifelong approach and the points of transition

in an individual’s life are prioritised in all the

strategies and action plans. It appears that it is

in that area of transitions that the cross-cutting

nature of services and co-operation between

Departments, agencies, and voluntary and

community groups becomes most important.

Transitions are particularly difficult for people

with ASD to manage because routine and

predictability help them to learn, to interpret and

to make sense of social rules and situations. It

is vital that services plan and work together to

smooth life transitions from preschool to lifelong

learning. Such a strategy is vital for people with

autism. It is the missing piece of the puzzle for

many sufferers of ASD. A lifelong approach that

stretches beyond health and social care into

education is vital for young people with autism.

I believe that we need legislation in order to see

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action on a cross-departmental strategy. That is

included in the legislation, and we need the buyin

of all Departments to deliver effective and fair

services for sufferers and their carers.

In recent years, autism has been underfunded.

I welcome the Minister’s commitment to

autism, and even on Twitter, he has committed

to providing funding for autism, but I do not

believe that that is enough. I do not wish to

get into political point-scoring in respect of who

provides the money and matters like that, but

I believe that people who suffer from autism,

their families, carers and friends all want an

Autism Bill. Many people feel that there is no

co-operation between education and health, and

that is what we hope to change in the Bill.

The Bill will ensure that data collection on ASD

will be required and must be synchronised

across Departments. That will inform existing

and future planning of services and resource

allocation. Currently, ASD data collection in

the health and social care sector is manualdependent.

The Bill provides for a lifelong

strategy that places the welfare of families

at the centre and a government-sponsored

ASD awareness campaign, including a first

awareness level of training for civil servants.

The historic failure to recognise ASD has

resulted in a tragic legacy of underfunding

across Departments. As the amendment to DDA

takes effect, all Departments will inevitably have

to address the impact of legislative change to

their policies, practice and provision. Clause

3 creates the requirement to undertake that

exercise together in an effort to minimise

duplication and maximise effectiveness.

In this climate of economic constraint, it is

important and incumbent on all of us to play

smartly for future challenges. Not only is crossdepartmental

commitment to joint planning

for ASD good practice, it is an opportunity to

look afresh at the resources that we have and

how they can be used or redeployed while, at

the same time, challenging all Departments

to work innovatively with the voluntary sector

to maximise the accountability, flexibility and

creativity of all sectors.

The Bill will make a real difference for families.

This measure assures families that government

recognises the lifelong and whole-life reality

of ASD. It gives assurance of the potential

of service development in harsh economic

times through shared funding initiatives across

Departments. The Bill makes it clear that ASD

is a shared responsibility in our community.

Duplication and confusion can, therefore, be

addressed and transitions better planned,

managed and resourced.

We have heard Members refer to constituency

cases. All Members have had constituents

come to their offices and speak to them about

dealing with issues in respect of education and

health. I do not want to pick out an individual

case, but my staff and I are there to help people

in as best a way as we can. Tragically, however,

we have to help people in circumstances like

this too often, instead of having things in place

so that they do not have to go to their elected

representative.

In an intervention during Basil McCrea’s

contribution, my colleague referred to the

legislation that went through the House of

Commons. I believe that it was Cheryl Gillan,

a Conservative MP, who brought the private

Member’s Bill through the House of Commons.

It has gone through that process, and it received

Royal Assent on 12 November 2009. The

House of Commons welcomed the Bill. In fact,

I believe that there was no disagreement when

the Bill was finally put. It is good that most

Members across the House can join together,

right a wrong and give families, carers and those

who suffer from ASD a future that removes

any discrimination outside of the Disability

Discrimination Act 1995 and ensures that

people with autism have rights equal to those of

every other person. I support the Bill, and I hope

that all Members will do likewise.

Mr Easton: I rise to support the Bill, which

has been a long time in coming. For too long,

people with ASD have been left behind. They

were left out of the Disability Discrimination

Act 1995 and healthcare initiatives here.

To be fair to the Minister, he has increased

funding, and Mr Gardiner and Basil McCrea

mentioned the £100,000. We would like to see

more than that invested in autism. That is why

the Bill will create a joined-up approach from

different Departments, which, I hope, will lead

eventually to more funding coming from other

Departments.

4.15 pm

Mr B McCrea: For the record, the Minister

produced an extra £2·02 million to underpin

the three-year action plan. Only last week, he

announced a further £100,000.

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Mr Easton: I thank the Member for his

intervention. It is good that he is blowing the

Minister’s trumpet. Funding levels have increased.

Last year, the Minister of Health, Social Services

and Public Safety published a regional strategy

that took account of contact and networking

among all those who represent people with ASD

to improve and advance services. The Autism

Bill adds to the regional strategy and enhances

it substantially.

Currently, 20,000 adults and children who live

in Northern Ireland have autism, and more than

5,000 children suffer from autism. The number

of individuals who suffer from autism exceeds

the combined number of those with Down’s

syndrome, Parkinson’s disease and multiple

sclerosis, as was mentioned by my colleague

Mr Craig. In addition, 25% of those who suffer

from autism have a learning disability. The

remaining 75%, therefore, fall outside the

DHSSPS programme of care model. ASD falls

outside the Disability Discrimination Act 1995,

so the amendment to include “social (including

communication)” in the DDA is welcome. All

other regions of the UK have implemented changes

to DDA to take that into account, so it is vital

that we fall in line with the rest of the UK.

Clause 2 relates to the development of a

strategy for autism. That is important, as other

parts of the UK have had strategies in place for

some time, so we have been lagging behind.

Wales is recognised as the first country in

the world to have established a cross-cutting

national strategy action plan for autism. That

cross-departmental strategy is aimed at driving

improvements for children, young people and

adult services in health, social services and

education. With it has come a significant level of

investment in services and care for those with

ASD. The Bill ensures that the Department will

prepare a strategy on autism and will publish it

not less than two years after the Bill’s passing.

Clause 3 refers to the content of the strategy.

It must set out how the needs of persons

with autism are to be addressed throughout

their lives, and that is vital. The strategy also

has to reach across Departments, including

the Department of Education, as provision for

children with autism in our schools is required

to facilitate a life plan.

The heart of the strategy must set out how

the needs of families and carers of persons

with autism are to be addressed. The Bill also

requests that staff in the Northern Ireland Civil

Service who deal directly with the public are

given autism awareness training, which is vital.

It is important that we raise awareness of those

who suffer from autism, as it is a life illness

that affects a person’s ability to speak and to

communicate clearly as well as to concentrate.

It is vital that we address the needs of those

who suffer from autism and work to better their

care and lives as well as those of their carers.

Mr D Bradley: I join the Member in welcoming

the additional £100,000 that the Minister

announced about a week ago to develop

specialist adult diagnostic services, but very

little can be done with that amount in that

context. For example, psychologists are needed

in the diagnostic process, but £100,000 would

bring very few psychologists in to the system.

Basil McCrea mentioned the £2·2 million that

underpins the three-year plan, but that is, in

fact, part of the additional resource of £17

million for learning disability services. If my

understanding is correct, people who have an

IQ of over 70 do not have access to learning

disability funding. Part of the Bill is aimed at

modifying DDA so that people with an IQ of

over 70 will not be discriminated against in the

future. I thank the Member for giving way.

Mr Easton: I thank the Member for his

intervention. Moneys for autism have been

reduced from £2·2 million to £1·54 million.

Perhaps we need some clarification as to why

there has been a reduction in the moneys. I

agree wholeheartedly with —

Mr B McCrea: Will the Member give way?

Mr Easton: No, because I am coming to the end

of my speech.

Mr Storey: He has to defend the Minister.

Mr Easton: Go ahead.

Mr Storey: He is the John O’Dowd of the Ulster

Unionist Party.

Mr B McCrea: Compliments indeed.

Members said that this is not about money, but

their issue is that we had to make cuts. I think

that the figure is £1·6 million, although the

Minister will talk about that. It comes back to

the argument that if there are to be additional

resources, they need to identified, costed and

properly scrutinised. We have to make decisions

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about where we want to take that money from,

and I have no doubt that we will have the

Member’s support in finding additional funding

for this very important issue.

Mr Easton: I thank the Member for his

intervention. As usual, he is talking a load of

nonsense. However, as I come to the end of my

speech, I return to the issue that I raised earlier

with Mr Bradley. The fact is that the Bill makes

no provision for an advocate. He addressed that

to some extent. Hopefully, as the Bill progresses

and is finalised, and as we put in place all its

strategies, we may be able to look at including

provision for an advocate at some stage in the

future. I support the Bill’s Second Stage.

Mrs D Kelly: I thank the Minister for being

present for the debate. I congratulate Mr Bradley,

members of the all-party Assembly group and the

staff for their work in formulating the clauses

and drafting the Bill. I also thank the advocates

and the many parents and families of children

with autistic spectrum disorder. Constituents of

mine are worried about the future prospects of

their quite young children, and during the earlier

debate on the Commissioner for Older People

Bill, we were reminded by my party colleague

Mrs Bradley that carers save the Northern

Ireland Budget more than £3 billion a year.

Unfortunately, many carers, particularly carers

of young children with autism, do not receive

much help. That is often because the diagnosis

is not clear, and they fall between two stools.

For example, one lady with six autistic children

does not get any respite care because her

children have not been diagnosed with a severe

learning disability. She does not have any direct

payments in order to plan their care and, for the

past five years, she has had inadequate housing

to meet her family’s needs. The list goes on and

on. That is only one example.

I am sure that that lady, like many others, is

frustrated by the general lack of awareness.

Many young children whom I have met look

like quite normal children, as, indeed, they are,

except that they have difficulties in interacting

and have behavioural problems. Many people

blame the parents for bad behaviour and for

not bringing up their children properly, when, in

fact, those children have a recognised disorder.

Therefore, they require special treatment and

consideration by health and other services.

Members who contributed to the debate have

made it evident that there needs to be crossdepartmental

working. Although the Health

Minister is here, the issue cuts across the

education and employment and learning portfolios.

Lessons are to be learnt across all public sector

agencies in contact with people with autism. In

the same way as staff are trained to work with

people with visual or hearing impairments, the

Bill asks for special training and consideration

to be given to agencies that provide services to

people with autism.

Members have referred, rightly, to the funding

and the budget for implementing the Bill.

However, I venture to suggest that a lot of it is

not rocket science. A lot of it is common sense.

It is about joined-up government and joined-up

service delivery, and it often does not require a

huge budget. It is about doing things differently.

Ms J McCann: Does the Member agree that

it can make economic sense to have that

integrated services and early intervention

approach to issues such as autism, because it

saves money later?

Mrs D Kelly: I thank the Member for giving me

the opportunity to speak as Chairperson of the

Committee for Employment and Learning and

to mention the young people not in education,

employment or training (NEETS) inquiry report

that we will launch in January 2011, all being

well. One main recommendation is that early

prevention and detection pay dividends in the

longer term, not just to the individual but to

society as a whole. The Member is quite right

that that makes economic sense.

Mr B McCrea: Since we are being so friendly,

will the Member welcome the attendance of

the Minister of Education at this important

debate, as we are going to talk about integrated

solutions?

Mrs D Kelly: I am sure that the Ministers

decided between themselves who would be

present today. I acknowledge that. I said in my

opening remarks that I welcomed the presence

of the Health Minister because the subject

crosses many Executive portfolios, most notably

health and education.

Mr D Bradley: Ms McCann pointed out that the

financial costs attached to the legislation can

be matched to savings generated by reducing

duplication between Departments as a result

of an effective strategy. Any financial costs

attached to legislation must be measured

against the current human costs, the cost of

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loss of earnings to families and the cost to the

state. That is detailed very clearly in work that

has been carried out in the UK, Canada and

Australia, and here in the North in a publication

by Autism Northern Ireland called ‘Autism:

The Costs’. Does the Member agree that any

financial costs can be met through a phased

programme of implementation within funding

already available for DDA compliance?

Mrs D Kelly: There are some measures that can

be taken quite swiftly that could make a real

difference to people’s lives.

I am a parent, and I know that although you love

your children dearly, they can be very trying. That

has to be the case much more so for parents of

children with a disability. Those parents are to

be commended for their work on behalf of wider

society. They should be supported in that role.

The Member is right to say that there is a loss

of earnings by parents who provide that care.

The other point that the Member made was not

just about care but phased implementation.

That could be done in conjunction and

consultation with the autism support groups.

I do not think that people are making

unreasonable demands. It should be seen in the

context of working together to do things better

and to provide better outcomes.

The Bill includes a requirement on each health

and social care trust to:

*“provide data on the prevalence of autism in its*

*area in order —*

*(a) that it can publish and update the strategy; and*

*(b) that the Northern Ireland departments can*

*effectively implement the strategy.”*

That is a critical starting point. It is something

that we have learned in our inquiry into young

people not in education, employment or training.

We have to know the scale of the problem in

order to know how we can deal with it. I welcome

that as a starting point for the strategy.

A lot has been said, but I will make one final

point. I have family members who have young

people with disabilities. One of the greatest

fears of an uncle of mine was for the future of

his child after he was gone. After his own death,

what would his child do and what would that

child’s future be? Surely we should give some

reassurance that society cares, not just about

how young people are given opportunities and

allowed to develop into adulthood but about

their care into older age. That is something

that this Assembly should do. We heard earlier

today about how, by bringing forward the older

people’s legislation, the Assembly is putting

democracy in action for older people. Let us

have democracy in action for some of the most

vulnerable in society: the children and young

people who suffer from autism and associated

illnesses.

4.30 pm

Mr Girvan: I support the Bill. However, in doing

so, I want to make a few points that deal with

a number of elements in it. Autism affects not

only those who are being dealt with through

the Department of Health, Social Services and

Public Safety but other areas of government,

such as education and social security. I have

dealt with a number of agencies on behalf of

people who have been diagnosed as being on

the autistic spectrum and found that they treat

people in the most appalling manner. The Bill

would help to provide proper training for those

on the front line who deal with people. It has

been extremely difficult to get some agencies

to adopt a positive approach, so this legislation

would be extremely helpful in achieving that.

Much noise has been made about the cost

of implementing the Bill. However, as far as

I am concerned, we are trying to address an

inequality. Equality is peddled regularly in the

Chamber. For those suffering from the condition

and the families who must deal with them, there

is an inequality. We have to take on board all

aspects of people’s daily living, not just what

they have to deal with from a health perspective.

To deal with the situation properly, we need to

encourage people to come forward.

Mention was made of how we can promote

training through the Bill. There needs to be

buy-in, so I am sad to see that few members

of other Committees and Ministers from other

Departments are here, because they will be

responsible for delivering funding through their

Departments to ensure that training happens.

It was said that minimal cost would be involved.

I do not know whether that is true. However, we

need to support the legislation, and I am glad

that it is before the House today.

Every Member who contributed to the debate

mentioned facts and details relating to those

who suffer from the condition. As far as I am

concerned, autism and ASD support groups

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have done a fantastic job in helping to bring about

this legislation, and I congratulate them for

lobbying the all-party Assembly group on autism

(APAGA) and the Member who introduced the Bill.

Another point that needs to be made is whether

the £100,000 from the health budget is, in

fact, additional funding. In interventions, some

Members indicated that the amount of money

coming forward in recent years has increased. I

do not know whether that is accurate, but, in the

light of what has been said, it does not appear

to be. I am not necessarily saying that we need

to spend a lot of money to make things happen,

but it needs to be recognised that the condition

exists and that it requires special attention.

Special conditions need to be put in place to

ensure that those suffering from the condition

are not put in jeopardy.

I am in favour of the motion, because the

House owes it to people who suffer from autism

and ASD to have the Bill pass its Second

Stage. Such people form a large section of

the community, and they do not always receive

an early diagnosis, which is a problem that, in

the past, was probably endemic in our society.

People who are now adults may have suffered

all their life without being diagnosed. Another

challenge is for the Department of Education

to get social workers to identify young people

in school who have not been diagnosed. That

was another major problem in the past. Early

intervention procedures and resources must be

put in place to deal with those who have been

diagnosed.

Mr B Wilson: As a member of the Assembly

all-party group on autism, I welcome the fact

that the Autism Bill has reached Second Stage.

I congratulate the chairman of the group and all

those who put so much work into it.

As other Members pointed out, there have been

a number of important and positive milestones

on the journey towards meeting the needs of

people with autism. Second Stage is another

important milestone on the way to eliminating

the discrimination against those people with

ASD who fall outside the vision of the Disability

Discrimination Act 1995. The all-party group

autism proposes that the Government create a

legal obligation for action on ASD by enshrining

it in legislation. That is the approach taken by

the Autism Bill, and the all-party group believes

that that is the way forward. The Bill has

widespread support among the general public

and from seven of the eight voluntary agencies

that are involved in autism.

As previously indicated, a number of research

projects on autism have been carried out in

Northern Ireland. Those include the Northern

Ireland Assembly Research and Library Service’s

2008 reports, ‘Improving Services for People

with Autism Spectrum Disorder (ASD)’, ‘Autistic

Spectrum Disorder (ASD)’ and its 2010 report

on the Autism Bill. Those were independent

research reports, all of which support the

principles of the Bill. In addition, the Assembly

all-party group on autism carried out a consultation

in March 2010, which resulted in an 80%

approval rating for ASD legislation.

The Equality Commission and Disability Action

confirmed that the new Bill would bring clarity.

Many Members will recall the walk for legislation

rally in which we participated in 2008. All the

political parties were presented with a petition

that was signed by thousands of supporters of

the Bill. Again, all but one of the ASD-specific

voluntary organisations supported the general

principles of the Bill. All 26 councils have given

some positive support for the Bill, and the

political parties in the Assembly with, perhaps,

one exception, have all agreed to vote for it.

Some parties have included in their manifesto

their belief that action on ASD should be treated

as a priority. There is considerable support

among political parties and the general public

for the Autism Bill.

As part of the legislative process, the Assembly

all-party group on autism issued a consultation

document on the Bill to get the views of the

various bodies that were involved in autism. The

document was sent to 38 consultees across

all sectors, and 26 completed responses

were received, which was a response rate of

approximately 70%. The main findings of the

consultation were extremely positive. The need

for a cross-departmental strategy was widely

supported by 80% of the respondents. They

agreed that the new law should require the

autism strategy to be cross-departmental; in

other words, that all the relevant Departments

should be required to work together to agree

on and implement the strategy, but not in the

piecemeal way in which work is carried out at

present, which causes people to fall through

the net. Given the diverse needs of the autistic

population, cross-departmental accountability is

central to the successful implementation of the

strategy.

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Some 72% of respondents to the consultation

supported the need for autism legislation. One

respondent noted that the Bill should promote

fairness and provide access to and support for

services based on the needs of the individual,

not on whether such individuals comply with the

requirements of the Disability Discrimination

Act 1995. Another respondent claimed that the

Bill would challenge the exclusion from services

that faces many people with autism and their

families and carers.

The consultation also highlighted the need for

formal partnerships. Again, 72% of respondents

agreed that the law underpinning a crossdepartmental

strategy should promote a

partnership among Departments, public bodies

and community and voluntary sector bodies, and

they emphasised that such bodies had a lot of

expertise that must be used. The consultation

also highlighted the need for an agreed

definition of ASD across all Departments and in

guidance. That proposal received the support of

88% of respondents.

There are concerns, but they have largely been

met by the Bill. The Bill can improve the lives

of thousands of people with autism and their

families, and, therefore, I support it.

The Chairperson of the Committee for

Education (Mr Storey): I speak as the Chairperson

of the Education Committee, as it is important

that the House be made aware of the Education

Committee’s scrutiny of the Bill. The Committee

received its most recent briefing on the Autism

Bill from Mr Dominic Bradley at its meeting on

3 November 2010. The Committee raised a

number of issues, including the statement in the

Bill’s explanatory and financial memorandum that:

*“The bill will not have significant financial*

*implications.”*

That is particularly interesting in light of the

requirement in clause 3(5) that all public servants:

*“who deal directly with the public in the course of*

*their duties are given autism awareness training.”*

I will come back to the issue of training later.

The Committee also raised possible unforeseen

consequences of the Bill. For example, we

considered whether the Disability Discrimination

Act 1995 might mean that extreme shyness

could be claimed as a substantial long-term

social impairment under the Bill.

Mr D Bradley: Will the Member give way?

The Chairperson of the Committee for

Education: Yes. The Member’s intervention will,

no doubt, be as short as all the previous ones.

Mr D Bradley: I have no doubt about that

myself. *[Laughter.]* The Member mentioned

the example of extreme shyness. Under the

Bill, it will be necessary for a person to have

a diagnosis, and, as I am sure the Member is

aware from his constituency work, a diagnosis

is not simply handed out. A strict number of

hurdles must be crossed before a diagnosis

is complete. There is no laissez-faire attitude

whereby something such as extreme shyness

will qualify a person.

The Chairperson of the Committee for

Education: I thank the Member for his brevity.

We raised those issues with the Department,

and we still await a response.

The Committee raised the issue of the Department

of Education’s view, which was expressed in

a letter to the Committee dated 25 August,

that both the health and education sectors are

implementing a strategic autism action plan and

that a high priority is being given to partnership

working between the Department of Education

and the Department of Health, Social Services

and Public Safety. It stated that there is also

an active inter-education and library board

ASD group that recently received an extremely

positive Education and Training Inspectorate

(ETI) evaluation.

The final issue that the Committee raised with

Mr Bradley on 3 November was about a point

that was highlighted in the Department of

Education’s briefing paper on autism from July

2009. That document pointed out that children

with ASD often have other associated serious

conditions and that if the autism legislation

covers children with dual or multiple diagnoses,

that raises the issue of discrimination against

children who do not suffer from ASD. The

Committee raised those issues during Mr Bradley’s

presentation, and it is only right and proper that

the House be made aware of them.

The Committee for Education raised a few key

issues on the Bill on 3 November. The Committee

wrote immediately to the Department of Education

on 4 November to ask for its views on the Bill as

soon as possible, bearing in mind that the Bill

was scheduled for introduction to the House.

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I must inform the House that the Committee has

not yet received the Department of Education’s

specific view on the Bill. The Committee’s

statutory duty is to scrutinise the implications

of the Bill for the education service. From

the Committee’s scrutiny to date, it is clear

that there are complex issues, such as the

implications of the proposed changes to special

educational needs policy and its associated

legislation, some of which may have important

implications for education. That is where the

Committee for Education is with the Bill. Until

we receive and scrutinise a detailed, specific

response from the Department, I cannot comment

any further. The Committee will come back to

the issue at a later stage.

4.45 pm

I now speak as a Member. I welcome the

opportunity to make a few comments on the

Bill. No one in the House underestimates or in

any way places limits on the seriousness of the

issue. That is often the case when Members

come to the House to deal with serious and

complex issues, such as autism. None of us

are experts in the field, despite all our efforts

to give that impression to the outside world.

The experts are those who have to deal with the

situation on a day-to-day basis; the families, the

parents, the practitioners and the professionals.

They see the huge problems and challenges

that are presented by the complex needs of

children, young people and, indeed, older people

with autism. A Member raised the point that we

should not forget that, earlier today, the House

endorsed the establishment of a Commissioner

for Older People. We should not forget, therefore,

that older people also suffer from the condition.

Recently, I received some correspondence,

as we all do. All Members are inundated with

correspondence, and I pay tribute to those

members of our society in Northern Ireland

who take the time and make the effort to write.

They feel that the issue is important enough

to contact their local representative. For many

years, apart from local councillors, there has

been a democratic deficit at a regional level

in Northern Ireland. Decisions were made by

direct rule Ministers who did not have to face

constituents when they went out to do their

normal weekly chores in the supermarket or in

the main street of their town.

Now, as a result of the House being in existence,

and despite all its flaws and imperfections,

we have opportunities. If those behind the

legislation were asked whether, without the House,

the Bill would have come to fruition, they would

say that that would not have been the case.

Mrs D Kelly: Does the Member agree that the

Bill is not only a case of democracy in action,

but is also the right thing to do?

The Chairperson of the Committee for

Education: The Member is absolutely right.

It is right that we ensure that we make every

provision, legislatively and practically, for those

in society. The Member’s point is well made, and

it is a point that is given.

One particular issue is of grave concern to

me. As a precursor to my comments, they are

neither an attack on the Education Minister nor an

attack on a Minister from another Department.

I could easily come to the House and, because

my party does not have the health portfolio,

say that all the problems with the Bill’s delivery

emanate from the Minister of Health, Social

Services and Public Safety. However, Members

must realise the seriousness of the issue.

Irrespective of their class, colour, creed, where

they hang their hat on a Sunday or with which

political party they have an affiliation, many

families in Northern Ireland are affected by

autism on a day-to-day basis. It is easy to

say that we should not play party politics with

the issue. Unfortunately, however, that often

happens with serious issues.

That was a precursor to what I want to say

about education.

I have a letter from a parent who raises very

serious concerns about the state of current

provision:

*“The pathway of entry to diagnosis for many*

*children is not through the agreed healthcare*

*pathway we have worked on, but through education.*

*This diagnostic pathway through school we have*

*very little information on. This is a pathway which*

*does not follow an agreed time frame, does not tell*

*us about the agreed diagnostic methods and is,*

*in essence, not open to us to discuss. It depends*

*upon identification by schools and involves several*

*standards of assessment, including paediatricians.*

*This is one of the multidisciplinary assessments*

*which involves educational psychologist profiles.”*

How many Members have been contacted

by constituents who are, rightly, complaining

and raising concerns about the psychologist

assessments and the way in which the needs of

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children are identified? Repeatedly, only a limited

number of allocations are given to schools,

which is inadequate to deal with all the issues.

That parent went on to say:

*“In my personal case, I met with the teacher and*

*delivered information on”*

— she then names her son —

*“at the start of each year, in his seven years of*

*education.”*

Now, listen to this:

*“One teacher had gone on inset training and her*

*feedback on it was that it was simply not enough*

*help.”*

Members, we come to this House and stand

here and say that we support this Bill. However,

are we absolutely sure that in supporting this

Bill, we will be able to change the structures

that are clearly not delivering for children with

autism and their parents?

I conclude by turning to an issue that this House

needs to seriously address. It has been raised

by Members, and it is the autism provision visà-

vis the Middletown centre. We would do well

to remind ourselves what the Comptroller and

Auditor General for Northern Ireland found in his

2009 report. This is dealing with young people,

allegedly, who have autism. This was a body that

was set up to deal with the specific problems

facing children with autism. The Comptroller and

Auditor General said:

*“Key services including working directly with young*

*people with autistic spectrum disorders are not*

*being achieved despite the Centre operating since*

*2007 and it appears unlikely that the position will*

*change in the short term.”*

Despite £13 million of investment, no direct

work with any child has been carried out over

this period. At least eight changes have been

made in strategic direction.

We talk about a joined-up approach. Earlier, Ian

McCrea talked about the missing piece of the

puzzle. I think that the puzzle has been thrown

up in the air, and we do not know where some

of the pieces are. I am convinced that it is not

about additional money. If there is an education

issue, it is easy for me to say to the Education

Minister that she should do x, y and z. And, of

course, the Education Minister looks across and

says, “Well, I would do that if you would support

me and give me more money.” I am sure that

every Minister could spend more money. Every

Minister could find an allocation where he would

be able to put a certain amount of additional

money. However, I do not think that it is just

about more money. Are we clear in our minds

that this Bill will ensure that the money that is

currently available is being spent in the most

appropriate way to benefit our children?

In my view, what we have in Middletown is a

white elephant. I urge the Minister of Health —

Mrs O’Neill: The Member talked about £13 million

being spent, and he referred to the Comptroller

and Auditor General’s comments on how that

money is being spent. Does he think that it is

a waste of money to train and upskill people to

deliver a service for children with autism?

The Chairperson of the Committee for

Education: That question would be better asked

to the parents I have met over the past number

of months. No less recently than yesterday, I

met a group of parents who represent at least

1,000 parents, and they said that spending

has brought no benefit to them as parents of

children with autism. I am not interested in

boosting some limited company and spending a

huge amount of money on buildings that are not

built. Salaries are being drawn at a huge cost to

the taxpayer, and we are not getting an output.

Mr B McCrea: Is the Member as bemused as

me about why the Minister of Education seems

to be so set on Middletown? No real argument

has been put forward for why we should put

that form of expenditure in there. There is

general support for dealing with issues and

trying to get money to the people who need it,

but the argument is not being made. Does he

understand why we are continuing to invest in

Middletown?

Mr Deputy Speaker: Although Middletown may

be an issue for another debate, today’s debate

is on the Autism Bill. Perhaps we can turn back

to that.

The Chairperson of the Committee for

Education: Middletown is relevant, because

the issue is about the amount of money that

is mentioned in the explanatory and financial

memorandum. That is why I raised the issue

at the outset. It was raised in the Committee

for Education, because we have to ensure that

there will be no resource implications from the

issue.

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In answer to the Member’s intervention, it is not

for me to get into the mind of the Minister of

Education and explain why she supports certain

things. Perhaps I am contradicting my earlier

comment that politicians should not play politics

with this issue, but I think that Middletown

is being supported because of agreements

that were made in the past. “North/Southery”

arrangements came out of the Belfast Agreement.

The Middletown Centre for Autism was the result

of a North/South arrangement.

My point is this: is the money that we are spending

being spent appropriately? I am disappointed

that Chairpersons of other Committees, on

whom the Bill impinges, are not here to speak

about what they have done. I know that it is not

practical for all of the Ministers to be present

when an issue is cross-departmental and requires

cross-working, but I ask the Health Minister

to take the points that I have made. I have

also made the points on the Committee for

Education, and we are awaiting a response from

the Department on the specifics of the Bill. I

ask him to take on board the concerns about

the amount of money, Middletown, and the

current strategic delivery of the services. Is that

being done in the best way that advances the

children and parents who have to deal daily with

a serious issue, which is, unfortunately, all too

common in our society?

Mr Callaghan: I support the Bill, and I appreciate

the presence of the Minister of Health, Social

Services and Public Safety. I appreciate

the contributions from the Chairperson of

the Committee for Education and from the

Chairperson of the Committee for Employment

and Learning, because, as many Members

have said, this is not a provision for a single

Department. One of the Bill’s main purposes

is to try to break a silo mentality that has

apparently afflicted autism service provision

over many years across this region.

From my attendance at the Health Committee

meeting last week and my reading of the

submission from the Department, it seems to

me that the Health Department and possibility

other Departments have an “it will be all right

on the night” type of attitude. As Mary Byrne

and Ann Widdecombe found out on Sunday

night, it is not always all right on the night.

Unfortunately, for many families of someone

with autism and for children and adults with

the condition throughout Northern Ireland, it

has not been all right on the night for many

nights and days over many years. That is why

I commend my colleague Dominic Bradley and

other members of the all-party group on autism

for putting so much work into the Bill, and I

further commend Dominic for bringing it before

the House.

5.00 pm

Unfortunately, the experience of many people

with autism and other conditions across the

ASD spectrum and their families has been one

of disjointed services. Outcomes have been

dependent on where they lived or on what staff

were available at a particular time or place,

and the strategies have been discretionary. The

Bill’s purpose is to replace the begging bowl and

busking hat that families have had to take from

one statutory agency to another with a statutory

guarantee. It is useful that the Assembly

reflects on the point that other Members made

about the intervention at Westminster in 2009.

Although not all the statutory provisions are

identical, Westminster also took the position

that it would not always be all right on the night.

The House should bear that consideration in

mind, as well as the steps that are being taken

in Scotland. The position must be reached at

which people with autism and their families are

seen not as society’s burden but as its asset.

That potential must be emancipated in the

region’s legislation.

As I said, I view the Bill as a silo-busting

provision. Since I took my place in the House

and, in particular, since I was appointed to

the Committee for Health, Social Services

and Public Safety, I have been contacted by

constituents in the Western Trust area in

anticipation of the Bill. The message from many

of them is that the services are fractured, and

they want something to be done about that.

Members on the opposite Benches referred to

cost on numerous occasions, as have other

Members of the House. The message from

families and, indeed, from front line workers

who are involved in service provision is that, in

fact, services are often duplicated and poorly

co-ordinated. Front line workers, who are highly

specialised and trained people, are frustrated

that they find it difficult to co-ordinate the

agencies that work with people with autism. In

many ways, therefore, the Bill should release

funds through better co-ordination, co-operation

and reduction of service duplication.

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In the western area, the education and library

board side of the house has a dedicated autism

team and a communications team that also

deals with children with autism. The Western

Trust side of the house has a learning disability

team, which, I understand, takes the lead in

many cases. In addition, there is input from

speech and language therapists and so on. I

have been told by families and workers that

some of those services do not communicate

well with one another. In some cases, the

uptake of one service can preclude a child or

adult from access to another service. That

should concern the House, and it is a reason to

support the Bill.

I received an e-mail from a front line worker in

autism services. She works in the statutory

sector, and she said:

*“There are so many teams out there that no*

*one knows what the other is doing. It is very*

*frustrating, especially for us on the ground, but*

*more frustrating for the families, given the volumes*

*of appointments that they have to attend. Services*

*for anyone on the spectrum are disjointed. The*

*greatest loser is the child.”*

The Bill will go a long way in helping to deliver

more co-ordinated and better planned provision

throughout the region, which will, I hope, do

away with some of her concerns.

As I said, more joined-up thinking is needed.

It seems to me that the silo mentality here

radiates from the very top. At last week’s

Committee meeting, we received a briefing from

departmental officials. I want my remarks to be

taken not as a criticism of the Department but

as an accurate reflection of the state of play.

During that briefing, the Committee was told

that the Department’s production of a detailed

autism strategy was well advanced. However,

when the matter was pressed in Committee,

it was fairly apparent that officials from the

Department of Education had not co-ordinated

with the officials from the Department of

Health, Social Services and Public Safety when

they prepared their autism strategy. Either

Department could say that that is fair enough

and that no rules were broken. However, the Bill

will provide for one statutorily based strategy for

the Northern Ireland region, and it will impress a

statutory duty on all Departments to co-ordinate

in the development of that strategy. That will

allow for the better planning of services, with

various Departments having an input from the

get-go, and the different pieces of the jigsaw,

to borrow an analogy from a Member from

a different side of the House, would be put

together earlier in the process. That would, ipso

facto, lead to better outcomes on the ground.

In order to achieve better planning and

outcomes, it is important that the Assembly

consider its overarching responsibility to bring

together the agencies and their efforts. That is

why I again say that autism is not solely a health

issue and that it should not be treated as such.

I hope that the Committee for Health, Social

Services and Public Safety will receive briefings

and input from officials from other Departments,

rather than just those from the Department

whose Minister is in the Chamber this evening.

The history of autism services in this region

has far too often been one of promises not

delivered. It is incumbent on every Member

to vote for the Bill if they want to guarantee

services, rather than potentially risk replicating

the delays, distress and disappointments

that too many families have experienced. If

devolution is to make a difference to people, we

need to break that cycle and bring about better

delivery. There has been a history of shouldhave-

beens, and it seems that one Department

is presenting us with a promise of maybes, but

we need to deliver a future of will-bes for the

families out there. That is why I, for one, will

vote for the Bill today.

The Minister of Health, Social Services and

Public Safety (Mr McGimpsey): I have heard

and taken on board the comments of the

Members who have spoken on the Bill today. I

want to reiterate my commitment to improving

health and social care services for children and

adults with autism and those who devote a large

part of their life to caring for them.

My record on the matter speaks for itself. My

Department published an ASD strategic action

plan in 2009. That plan set out in detail the

improvements that the Department wanted

to make and the timescale over which they

would be completed. To ensure that those

improvements are implemented equally across

Northern Ireland, I established the regional

autistic spectrum disorder network group, which

is chaired by Dr Stephen Bergin. That network

group is multidisciplinary and multiagency in

nature, and it receives input from colleagues

in education services. That goes a long way

towards meeting the stated aims of the supporters

of the Bill.

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Through the network group, we have delivered

significant improvements in the service. Despite

increased referrals — up almost 40% over the

past year — we have made a big reduction

in the number of children waiting more than

13 weeks for an assessment. The majority of

trusts are already meeting that target, and it

is expected that, by March 2011, no child in

Northern Ireland will wait more than 13 weeks

for an assessment. In addition, I was pleased

to announce the development of a diagnostic

pathway for children and young people last

week. That pathway will be implemented from this

month across all trusts and will ensure that, no

matter where a child lives in Northern Ireland,

they will experience the same assessment

process and be subject to the same timescales.

The implementation of the pathway will also

facilitate more appropriate data collection at trust

level and help us to more clearly understand the

prevalence of autism here.

As part of the network, I have also established a

reference group under the chairmanship of Lord

Maginnis. That reference group facilitates the

involvement of 30 parents, service users and

carers and 10 voluntary organisations in the

design and planning of autism services. Those

best placed to know where improvements are

necessary are now in a position to influence

that change. Many parents, carers and those

who use social care services expressed strong

support for that approach.

As well as establishing that robust infrastructure

to deliver improvements, I invested significant

money in supporting the action plan. From

March 2011, an additional £1·6 million recurrent

will be available for autism services. That will

support the network to complete the excellent

work that it began and to identify and begin

work on other priority areas, particularly on adult

services.

I was able to do all that within the authority and

legislation that is currently available to me. I

will continue my commitment to targeting all

available resources at front line services to

improve the lives of those living with autism and

for those caring for and supporting them.

I can advise that the Bill was discussed by

Executive colleagues at our meeting on 2

December 2010. Following preliminary legal

opinion, reservations were expressed regarding

the proposed amendment to the Disability

Discrimination Act 1995 and in relation to the

Bill’s compliance with the European Convention

on Human Rights. I have sought the view of

the Attorney General on the Bill’s competence

and will return to Members once that view has

been received. The Assembly will also wish to

reassure itself on the Bill’s competence.

Apart from that, my Department will play a

full role, as would only be expected, with the

Committee as it deliberates on the proposals

for the Bill. I look forward to the discussions

that will ensue.

Mr D Bradley: I thank all those who participated

in the debate. It was a long debate, and I think

that all Members who wished to do so had the

opportunity to express their views.

I shall start at the end and deal first with the

Minister’s points. He referred to the attitude and

reservations of his colleagues in the Executive

about the Bill. Obviously, I am not privy to the

confidential discussions that take place in the

Executive Committee. The Minister is privy to

those discussions, and sometimes it looks as

if Mr McCrea is as well, because he happens

to have the same reservations about the Bill’s

compliance with the European Convention on

Human Rights. Could I point out to both the

Minister —

Mr B McCrea: Will the Member give way?

Mr D Bradley: I cannot refuse after the Member

gave way to me three times.

Mr B McCrea: Since the Member raised the

issue, I make the point that I sit on the Policing

Board, I chair the human rights and professional

standards committee of the Policing Board and

I spoke at my party conference on Saturday on

the issue of human rights. Human rights and

the European Convention on Human Rights are

very important to me, and I raised my concerns

on that basis. However, it is just a question. Let

us find out what the answer is.

Mr D Bradley: I will accept that on this occasion

it is mere coincidence that the Member and

his Minister have reservations about the same

issue. However, I must point out to both of them

that the Bill was examined by the Assembly’s

legal team. It was found to be competent, and

that was accepted by the Speaker. However, if

there are other legal issues, we are certainly

prepared to look at them. I am glad that the

Minister is now resorting to the Attorney General

for legal advice. Previously, he quoted the Chief

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Medical Officer on the issue of legal advice. It is

progress that the Minister is now taking advice

from the Attorney General.

5.15 pm

The Minister of Health, Social Services and

Public Safety: On a point of order, Mr Deputy

Speaker. It is a procedure within the Executive,

since the appointment of the Attorney General,

that his advice is available. It is not that it is

progress for me; it is progress for the Executive

that the Attorney General is available to us. The

Member should perhaps weigh his remarks in a

different direction.

Mr D Bradley: I am suitably admonished by the

Minister, and I accept what he says. Of course,

I do not think we had an Attorney General when

we were originally dealing with this issue, so

that is a major development, without a doubt.

In any case, the Minister has outlined the good

work that he has done in the field of autism,

and we heard earlier about the investment in

resources that has gone into much of that work.

I welcome that, and I hope that that work is

done effectively and efficiently. However, what

I hear from some of the autism community in

Northern Ireland is that the Department’s action

plan for autism has in fact disenfranchised

a significant section of that community, who

feel that the Department’s attitude towards

legislation is dismissive. Quite a bit of tension

has grown up between parts of the autism

community and the Department on that issue.

We saw that manifested in a recent television

programme.

The Department has certainly been opposed to

the Bill. The Department is so opposed to the

Bill that it was opposed to it before it was even

drafted. That is an attitude that requires some

examination and re-examination. Officials from

the Department were able to tell me some years

ago in Washington that it would not agree to

legislation. Before the Bill was even seen by the

Department, it was opposed by the Department.

I suspect that there is an attitude within the

Civil Service that, as my colleague Pól Callaghan

said, is based in a silo mentality that does

not want to change or to co-operate with other

Departments.

As we have heard today, autism is a lifelong

condition, and it requires a lifelong response.

The best way in which we can provide that is

through a cross-cutting, cross-departmental

strategy. I hope that the difficulties that we are

seeing from the Health Department can be

overcome, because it is such an important

issue. That has been emphasised by Mr McCrea,

Mr Storey and numerous other Members during

the debate. It is such a serious issue that, as

Mr McCrea said, we need to get it right. As

sponsor of the Bill and as chairperson of the allparty

group, I am prepared to get it right.

As I pointed out in my initial remarks, we have

listened to criticism from various quarters and

have reacted and adopted the Bill in response

to that criticism. If there is further constructive

criticism, we will take that on board. We

look forward to Committee Stage and to

strengthening any weaknesses in the Bill at that

stage.

Mr B McCrea: This is my second intervention;

we have one more to go. The Member has rightly

put forward arguments and said that he has

listened to things. We have also listened to what

he has had to say. The Ulster Unionist Party

is on record as saying that we welcome the

movement of the Bill through to Consideration

Stage and we are prepared to engage properly.

That is the tone in which we look at it. We are

all trying to do our best, but we just want to

make sure that we get it right.

Mr D Bradley: I have absolutely no contention

with what the Member says. In fact, I welcome

his attitude and know that he will engage

constructively in the process.

There is a strong case for legislation, and we have

made that case. Many Members agreed that

there needs to be a change to the Disability

Discrimination Act 1995 and that there needs to

be a strategy. I do not want to go through what

each Member said in detail, but it would be remiss

of me to ignore the various contributions.

The first Member to speak was Mr Wells, the

Chairman of the Health Committee. He informed

us that the Committee is not totally of one mind

about legislation. As Chairperson, he wishes

to remain objective, and he will examine the

evidence in due course. I accept his position on

the issue.

Michelle O’Neill outlined some autism statistics:

there had been a 500% increase in prevalence

over the past seven years, and there are four

times more males with autism than females.

She mentioned the fact that proper intervention

can help individuals and enable them to lead

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a productive life. She was interested in the

equality aspects of the Bill and argued that the

Bill does not create a hierarchy of disabilities; it

does the opposite by giving rights to those who

are denied them. Mr McCarthy, who spoke on

behalf of the Alliance Party, was very supportive

as well.

Mr Gardiner cautioned that there is not always a

need to legislate. That was echoed by Mr Basil

McCrea. I agree with that point, and I dealt with

it in one of the interventions. I am sure that the

House does not want me to expand on it again.

Jonathan Craig spoke in favour of the Bill.

He mentioned how ASD conditions can fall

between various stools and explained that the

IQ anomaly discriminates against people with

autism who have an IQ above 70. He highlighted

once again the need for a cross-cutting approach.

I need not go into the detail of Mr Basil McCrea’s

contribution. He and I expanded on that sufficiently

during the debate, and I hope that I dealt with

the arguments that he raised about human

rights. However, he has the right to explore

those issues as the Bill goes into Committee.

Pat Ramsey also spoke in support of the Bill. He

gave the heart-rending example of the mother

of an adult son with autism. She was, he said,

worn out, and her major concern was what will

happen to her son when she can no longer

care for him. At this stage, the supposition

is that he will probably be institutionalised.

That is something that we have to change.

No matter what party or side of the House

we come from, we have to ensure that we put

in place processes and support that make it

unnecessary for a person in that position to be

institutionalised. We should be working against

such an approach.

Ian McCrea described the Bill as the missing

piece of the puzzle, and Mr Storey expanded

on that metaphor. Mr McCrea underlined the

need for buy-in from all Departments. Mr Easton

mentioned his major reservation: the absence

of the autism advocate. However, I dealt with

that issue following an intervention by him.

Mrs Kelly agreed with a phased implementation

programme, with funding already available for

DDA compliance. She appealed to the House

to let us have democracy in action. Paul Girvan

said that we are trying to address an inequality

and that we owe it to the autistic community

to do so. Brian Wilson described the Bill as an

important milestone on the way to eradicating

discrimination against people with autism.

He outlined the wide support for the Bill and

the very positive outcome of the consultation

carried out by the all-party group.

Mr Storey raised some issues that were brought

to the Education Committee. However, I dealt

with those issues in an intervention, so I will not

repeat them now. He said that the real experts

in autism are those who deal with the issue on

a day-to-day basis. Mr Storey also agreed that

introducing the Bill was the right thing to do and

was, as Mrs Kelly said, democracy in action. He

also mentioned the need for the Bill to change

the current structures, which are evidently not

delivering. Furthermore, he underlined the fact

that this is not about additional money but

about ensuring that we use the resources that

we have to hand to the best effect.

Mr Pól Callaghan welcomed the Minister to

the House, and I do, too. I am glad that he is

here and that he responded to the debate. Mr

Callaghan also welcomed the Chairperson of the

Education Committee and the Chairperson of

the Committee for Employment and Learning. Mr

Callaghan mentioned the silo mentality and said

that the Bill should be a silo-busting mechanism

to ensure that there is cross-departmental cooperation

in addressing the problem.

I have already dealt with the Minister’s contribution.

I tried to summarise, as best I could, what was

quite a long debate with quite a number of

contributions. Mr Deputy Speaker, I am grateful

to you and your staff for enabling us to debate

the Bill’s Second Stage today. I think that every

Member concerned, even those who might

have reservations about the Bill, acknowledged

that this is an important day for the autism

community. I look forward to Committee Stage

and to being back here for Consideration Stage.

Go raibh céad maith agat, a LeasCheann

Comhairle.

*Question put and agreed to.*

*Resolved:*

*That the Second Stage of the Autism Bill [NIA 2/10]*

*be agreed.*