



Northern Ireland
Assembly

Committee for Health

Report on the Autism (Amendment) Bill

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Report: NIA 131/17-22 Committee for Health

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Powers and Membership

Powers

The Committee for Health is a Statutory Departmental Committee established in accordance with paragraphs 8 and 9 of Strand One of the Belfast Agreement 1998 and under Assembly Standing Order 48. The Committee has a scrutiny, policy development and consultation role with respect to the Department for Health and has a role in the initiation of legislation.

The Committee has power to:

- consider and advise on Departmental budgets and annual plans in the context of the overall budget allocation;
- consider subordinate legislation and take the Committee Stage of primary legislation;
- call for persons and papers;
- initiate inquiries and make reports; and
- consider and advise on matters brought to the Committee by the Minister of Health.

Membership

The Committee has 9 members, including a Chairperson and Deputy Chairperson, and a quorum of five members. The membership of the Committee is as follows:

- Colm Gildernew MLA (Chairperson)
- Pam Cameron MLA (Deputy Chairperson)
- Paula Bradshaw MLA
- Gerry Carroll MLA

- Alan Chambers MLA¹
- Deborah Erskine MLA²
- Órlaithí Flynn MLA
- Colin McGrath MLA³
- Carál Ní Chuilín MLA⁴

¹ Alan Chambers replaced John Stewart MLA with effect from 10 February 2020.

² Deborah Erskine replaced Jonathan Buckley MLA with effect from 1 November 2021. Jonathan Buckley previously replaced Alex Easton MLA with effect from 2 November 2020.

³ Cara Hunter MLA replaced Colin McGrath on the Committee between 14 December 2020 and 18 October 2021. Colin McGrath previously replaced Sinéad Bradley MLA with effect from 23 March 2020.

⁴ Carál Ní Chuilín replaced Pat Sheehan MLA with effect from 1 February 2021. Pat Sheehan previously replaced Jemma Dolan MLA with effect from 16 March 2020.

List of Abbreviations and Acronyms used in this Report

HSCT: Health and Social Care Trust

HSC: Health and Social Care

NAS: National Autistic Society

NIHRC: Northern Ireland Human Rights Commission

The Bill: The Autism (Amendment) Bill

The Department: Department of Health

The 2011 Act: The Autism Act (Northern Ireland) 2011

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

Executive Summary

1. This report sets out the Committee for Health's consideration of the Autism (Amendment) Bill.
2. The Autism (Amendment) Bill was introduced in the Northern Ireland Assembly on 5 July 2021 by Bill Sponsor, Pam Cameron MLA, and was referred to the Committee for Health for consideration on completion of the Second Stage of the Bill on 21 September 2021.
3. The purpose of the Bill is to amend the 2011 Autism Act to enhance the autism strategy by; strengthening the consultation process and collection of data; providing information on autism training for staff of public bodies; setting out details of an autism early intervention service; providing details of a new autism information service; specifying information on the needs of adults with autism; and requiring the appointment of an autism reviewer.
4. The Committee received 11 written submissions to its call for evidence on the Bill. The Committee held a total of four evidence sessions on the Bill.
5. Following consideration of the written and oral evidence, the Committee agreed a number of recommendations and amendments to the Bill.

Clause 1: Autism Strategy – Consultations and data

6. The Committee recommends that the Department puts in place the necessary processes that will ensure the voices and opinions of people with autism, their families/carers and representative groups are heard and reflected in the Autism Strategy.
7. The Committee also recommends that this is an area that the Autism Reviewer should report on in their annual report.

Clause 2: Additional components of the autism strategy

8. The Committee recognises the importance of providing autism training to staff and recommends that both the Department of Health and the Department of Education consider mandatory autism training for relevant front-line staff,

including trainee teachers, teachers and classroom assistants. This will ensure that training resources are targeted to those who have direct contact with the public and with children.

9. The Committee agreed that the role of an early intervention service is to intervene at the earliest opportunity no matter a person's age. The Committee would outline that early intervention is key to providing support to people and families going through the autism assessment and diagnosis process. The Committee agreed that an amendment to the wording of this part of the clause would clarify this. The Committee agreed the following amendment:

Clause 2, page 1, line 17

After 'autism' insert 'support and'

10. In relation to Section 4D of Clause 2, the Committee considered the needs of adults with autism. The Committee agreed that the list should include physical health and therefore agreed the following amendment:

Clause 2, Page 2, Line 7

At end insert '(ca) physical health,'

11. The Committee agreed it would like an amendment to include '*housing*' in the list. This amendment would clarify that there are different housing options that autistic adults may want to avail of and not just supported living. The Committee's amendment is included below:

Clause 2, Page 2, Line 9,

at end insert - '(f) housing.'"'

12. The Committee agreed that the Bill should provide a statutory duty for the Strategy to set out how waiting times for assessment and treatment services were going to be reduced. The Committee agreed the following amendment to Clause 2.

Clause 2, Page 2, Line 9

at end insert-

'(4E) The autism strategy must set out how the Department will reduce waiting times for autism assessment and treatment services provided by HSC trusts.'

Clause 3: Methodology of Autism Strategy

13. The Committee agreed that there was a need to highlight that not only a multidisciplinary approach to autism is required, but a cross-departmental approach to autism. The Committee agreed the following amendment:

Clause 3, Page 2, Line 17

After 'multidisciplinary' insert 'and cross-departmental'

14. The Committee also agreed that the clause could be strengthened to outline that the strategy must set out how consistency of practice is to be achieved across areas rather than the current wording of *'the strategy must aim to ensure consistency of practice across all HSC Trusts'*. The Committee agreed the following amendment:

Clause 3, page 2, line 18

Leave out subsection (4) and insert-

'(4) The autism strategy must set out how consistency of practice is to be achieved across –

- (a) HSC trusts, and*
- (b) education services.'*

15. The Committee also considered the issue of how the strategy would specifically address the needs of underrepresented groups in both diagnosis and support, including by gender, ethnicity, language and age. The Committee are concerned at the discrepancy rates in diagnosis between male and female and are keen to ensure that there is equality of access across all Section 75 sectors. The Committee agrees that equality of access to assessment, diagnosis and treatment is an area that the Reviewer should consider in their work.

Clause 4 – Annual Autism Funding Reports

16. The Committee did not agree any amendments to this clause, but highlighted the difficulties that there are in the Department in identifying funding for specific themes when funding can come from different sources. The Committee outlined a number of key questions that the Department need to consider when compiling the annual funding report.

Clause 5 – Autism Reviewer

17. The Committee did have concerns that the way the Bill was drafted would not provide assurance, to the Assembly and the public, that the role would be independent of NI Departments. The Committee agreed an amendment to the Bill that provides the necessary assurances. The Committee agreed the following amendment to this clause:

Amendment

Clause 5, page 3, line 16, at end insert-

‘(1a) The autism reviewer must not be a person employed by a Northern Ireland department.

(1b) The autism reviewer is not subject to the direction or control of the Northern Ireland departments.

(1c) But this is subject to the requirement under this section for the Department to pay the autism reviewer’s expenses and allowances.’

18. The Committee would outline the important role of the Reviewer and would outline the need for the Reviewer to be able to consult widely, both with the sector and with those diagnosed with autism and their families and carers. The Committee also recommends that the Reviewer works closely with the Department’s Autism Forum and is able to use the Forum’s expertise to inform the work of the Reviewer.

19. The Committee deliberated on the evidence it heard on the Bill at its meetings on 26 December and 11 January 2022, and undertook its formal clause by clause scrutiny of the Bill at the meeting on 11 January 2022.

20. At its meeting on 13 January 2022, the Committee agreed its final report on the Autism (Amendment) Bill and ordered that it should be published.

Introduction

1. The Autism (Amendment) Bill⁵ (“the Bill”) was introduced to the Northern Ireland Assembly on 5 July 2021 and was referred to the Committee for Health for consideration in accordance with Standing Order 33 (1) on completion of the Second Stage⁶ of the Bill on 21 September 2021.
2. At introduction the Bill Sponsor, Pam Cameron MLA made the following statement under section 9 of the Northern Ireland Act 1998: *‘In my view the Autism (Amendment) Bill would be within the legislative competence of the Northern Ireland Assembly.*
3. The Bill will amend The Autism Act (Northern Ireland) 2011 (“The 2011 Act”) to:
 - a) enhance the autism strategy by strengthening the consultation process and the collection of data;
 - b) provide information on autism training for staff of public bodies; to set out details of an autism early intervention service; details of a new autism information service; and specific information on the needs of adults with autism; The Bill also seeks to amend the methodology used in preparation of the autism strategy to reflect best international practice. The strategy must recognise the individualised needs of autistic people and contain measurable targets to determine success. The Minister of Health must prepare an annual report setting out information on the funding of autism; and
 - c) require the appointment of an autism reviewer to review the Department of Health’s functions in relation to autism and to produce an annual report to be laid before the Assembly.
4. Further information on the background and policy objectives of the Bill can be found in the Bill’s accompanying Explanatory and Financial Memorandum⁷.

⁵ The Autism (Amendment) Bill as introduced, available at: [\[Title of Bill\] \(niassembly.gov.uk\)](#)

⁶ Second Stage debate on 21 September 2021, available at: [Official Reports \(niassembly.gov.uk\)](#)

⁷ Autism (Amendment) Bill Explanatory and Financial Memorandum, available at: [autism-amendment-bill---efm---as-introduced.pdf \(niassembly.gov.uk\)](#)

Committee Approach

5. In view of the limited time remaining in this mandate, and the heavy legislative workload of the Committee, the Committee agreed at its meeting on 8 July to proceed with the call for evidence, ahead of the Bill passing second stage. A public notice inviting written submissions on the Bill was placed in the Belfast Telegraph, Irish News and Newsletter. In addition, the Committee invited views from a number of key stakeholders. The Committee received 11 written submissions in response to its call for evidence. Copies of the written submissions are included at Appendix 3.
6. The Committee was briefed on the principles of the Bill by Pam Cameron MLA and representatives from Autism NI on 16 September. The Minutes of Evidence of this, and all other evidence sessions relating to the Bill can be found at Appendix 2.
7. The Committee also invited and received written briefing from the Department of Health on the Bill. Correspondence from the Department of Health on the Bill is included at Appendix 3.
8. During the period covered by this report the Committee considered the Bill and related issues at 13 meetings. The related Minutes of Proceedings are included at Appendix 1.
9. At its meeting on 7 October 2021, the Committee agreed a motion to extend the Committee Stage of the Autism (Amendment) Bill to 14 January 2022. The extension was sought to ensure that there was sufficient opportunity to take oral evidence and carry out robust scrutiny of the Bill while also ensuring there was time for the Bill to complete its passage before the end of the mandate. The motion to extend Committee Stage was supported by the Assembly on 1 November 2021.
10. The Committee held a total of four evidence sessions, including an oral evidence with the Human Rights Commission, the National Autistic Society and two Ulster University academics. The Committee also held an evidence session with the Health and Social Care (HSC) Trusts. The Committee also

took oral evidence from the Department on its views in relation to the Bill. The Minutes of Evidence for these sessions are included at Appendix 2.

11. The Committee would like to place on record its thanks to all of the organisations and individuals who responded in writing and provided oral evidence on this Bill.
12. The Committee explored the issues raised in the evidence it received with the Bill Sponsor both in writing and in a further oral evidence session on 25 November 2021. The Minutes of Evidence for the session with Pam Cameron MLA on 25 November are included at Appendix 2.
13. The Committee sought advice from the Examiner of Statutory Rules on whether there were any delegated powers in the Bill and if so, to provide delegated powers advice on this. The Examiner confirmed that she was satisfied that the Bill as presently drafted did not provide for the delegation of legislative powers.
14. The Committee carried out informal deliberations on the Clauses of the Bill over a number of weeks and undertook its formal clause by clause scrutiny of the Bill at the meeting on 11 January 2022.
15. At its meeting on 11 January 2022, the Committee considered the content that it wished to see reflected in its Bill report and the Committee agreed its final report on the Autism Bill at its meeting on 13 January 2022 and ordered that it should be published.
16. The next two sections of the report set out the Committee's consideration of the evidence it received and the Committee's clause by clause consideration of the Bill.

Consideration of Clauses

Clause 1 - Autism Strategy: Consultations and Data

17. This clause seeks to place an additional obligation on the Department to consult, not only other departments, but other persons, before preparing the strategy. This clause will also place a specific duty on the Department to request Trusts to provide data on the prevalence of autism in both adults and children.
18. In relation to the collation of data, the Bill Sponsor outlined that there is no data collected in relation to the number of adults with autism and it was imperative that the Department gather prevalence data on adults to aid future planning and service provision for our autistic adult population.
19. In its submission, the Human Rights Commission welcomed clause 1, but stated that any consultation on the strategy should include people with autism, parents/carers of children and adults with autism and representative organisations. The NIHRC stated in its submission that *'Article 4(3) of the UN CRPD requires State parties to "closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations" in the development and implementation of policies relevant to the implementation of the UN CRPD.'*
20. The Committee recognises the importance of consulting directly with those who are most impacted and affected when developing strategies. The Committee sees great value in a co-design and co-production process for the Autism Strategy that would allow people with autism, their family and carers and representative groups to play an active role in the design and implementation of the strategy.
21. The Committee recommends that the Department puts in place the necessary processes that will ensure the voices and opinions of people with autism, their families/carers and representative groups are heard and reflected in the Autism Strategy.

22. The Committee also recommends that this is an area that the Autism Reviewer should report on in their annual report.

Clause 2 – Additional Components of the Autism Strategy

23. This clause seeks to add a number of components to the autism strategy including:

- The Strategy must now include information on the training which is to be provided to civil servants and staff of all public bodies on autism;
- The Strategy must set out details of an autism early intervention service;
- The Strategy must include information on a new autism information service; and
- The Strategy must include information on the needs of adults with autism.

24. The Bill Sponsor outlined that the training component would seek to provide a consistent approach and co-ordination across agencies; that the early intervention service would not only provide consistency of approach across Trusts, but is the most cost effective way to deliver services; that the information service will ensure consistency of advice and be able to signpost autistic people and families to services in their area; and that the clause would provide focus for adult services to be developed.

25. On the issue of training, the National Autistic Society (NAS) outlined that the Bill should have contained a mechanism to make autism training for Education professionals and Health and Social Care staff mandatory. The Committee considered the proposal to make training for educational professionals and health and social care staff mandatory, but felt that placing a duty for mandatory training for all staff was outside the scope of the Bill.

26. The Committee would outline that the Assembly agreed a motion in February 2020 *“That this Assembly recognises the specific needs of pupils with autism in our schools; values and supports the role of all educators in ensuring pupils*

with autism have the best educational outcomes; and calls on the Minister of Education to introduce mandatory autism training for all trainee teachers, teachers and classroom assistants.”

27. The Committee recognises the importance of providing autism training to staff and recommends that both the Department of Health and the Department of Education consider mandatory autism training for relevant front-line staff, including trainee teachers, teachers and classroom assistants. This will ensure that training resources are targeted to those who have direct contact with the public and with children.

28. The Committee also considered the early intervention service and in evidence NAS recommended the rewording from “*make provision for an autism early intervention service*” to “*make provision for an **autism intervention and support service***”. The Society outlined that autistic people are diagnosed at different ages, including adulthood and feel that early intervention implies only young children.

29. The Committee agreed that the role of an early intervention service is to intervene at the earliest opportunity no matter a person’s age. The Committee would outline that early intervention is key to providing support to people and families going through the autism assessment and diagnosis process. The Committee agreed that an amendment to the wording of this part of the clause would clarify this. The Committee agreed the following amendment:

Clause 2, page 1, line 17

After ‘autism’ insert ‘support and’

30. This will amend the clause from “autism early intervention service” to “autism support and early intervention service”. The Committee agrees that this provides better clarification on the role of this service.

31. In relation to Section 4D of Clause 2, the Committee considered the needs of adults with autism. The Committee agreed that the list should include physical health and therefore agreed the following amendment:

Clause 2, Page 2, Line 7

At end insert '(ca) physical health,'

32. The Committee also considered the issue of the term “supported living”. In evidence the NAS stated that “supported living” should be changed to housing as there are different housing options that autistic people may want to avail of not just supported living. The Committee agreed it would like an amendment to include *‘housing’* in the list. This amendment would clarify that there are different housing options that autistic adults may want to avail of and not just supported living. The Committee’s amendment is included below:

Clause 2, Page 2, Line 9,

at end insert - '(f) housing.’

33. During evidence, NAS also suggested that a clause could be added to outline how the Department is going to address assessment waiting lists. The Committee agreed that the Bill should provide a statutory duty for the Strategy to set out how waiting times for assessment and treatment services were going to be reduced. The Committee agreed the following amendment to Clause 2.

Clause 2, Page 2, Line 9

at end insert-

‘(4E) The autism strategy must set out how the Department will reduce waiting times for autism assessment and treatment services provided by HSC trusts.’

Clause 3 – Methodology of the Autism Strategy

34. This clause amends the 2011 Act by inserting a new section on the methodology required for the preparation of the autism strategy. The sponsor of the Bill outlined that this clause provides that the strategy must reflect best international practice. Also, the strategy must recognise the fact that autistic people have individualised needs and that there must be regional consistency across Northern Ireland in the approach to autism. The sponsor also outlined that the strategy must contain hard targets, and these targets should be used to measure whether or not the strategy has been successful.

35. The Committee agreed to make two amendments to this clause. The Committee agreed that there was a need to highlight that not only a multidisciplinary approach to autism is required, but a cross-departmental approach to autism. The Committee agreed the following amendment:

Clause 3, Page 2, Line 17

After 'multidisciplinary' insert 'and cross-departmental'

36. The Committee also agreed that the clause could be strengthened to outline that the strategy must set out how consistency of practice is to be achieved across areas rather than the current wording of *'the strategy must aim to ensure consistency of practice across all HSC Trusts'*. The Committee also wanted to outline that there should be a consistent approach in education services. The Committee agreed the following amendment:

Clause 3, page 2, line 18

Leave out subsection (4) and insert-

'(4) The autism strategy must set out how consistency of practice is to be achieved across –

(c) HSC trusts, and
(d) education services.'

37. The Committee also considered the issue of how the strategy would specifically address the needs of underrepresented groups in both diagnosis and support, including by gender, ethnicity, language and age. The Committee is concerned at the discrepancy rates in diagnosis between male and female and are keen to ensure that there is equality of access across all Section 75 sectors. The Committee agrees that equality of access to assessment, diagnosis and treatment is an area that the Reviewer should consider in their work.

Clause 4 – Annual Autism Funding Reports

38. This clause amends the 2011 Act by establishing a new requirement for the Minister to prepare an annual report setting out information on the funding of autism. The Bill sponsor stated that this amendment to the 2011 Act would address the failure by Departments to bid for investment to progress the autism strategy. The sponsor indicated that it would also evidence the matching of data against investment and ask, for example, whether the rising prevalence of autism is being matched with rising investment.
39. The Committee has indicated previously to the Department during budget briefings that, as funding can come from many different areas, it can be difficult to identify the total resource that is being allocated to a particular stream. This is also indicative of other areas such as mental health where the Department's and Trust's budget lines can be difficult to follow and therefore identify total funding.
40. The Committee is keen to see how this annual funding report will work in practice and have identified a number of key questions that the department needs to consider. These include:
- a. How an annual report will provide the necessary information when the Executive is moving to multi-year budgets?
 - b. What is the scope and scale of resources that will be required to compile this information?
 - c. How can you measure spend on autism, when a person's autism may not be the primary diagnosis or reason for accessing a service?
 - d. How can this report be based on dedicated spend and linked to identifiable outcomes?

Clause 5 – Autism Reviewer

41. This clause amends the 2011 Act by requiring the appointment of a person known as the autism reviewer. The primary role of the autism reviewer is keep under review the Department's functions relating to autism. The Bill sponsor outlined in evidence that she had proposed the appointment of an autism reviewer with a budget allocation similar to that of the mental health champion

but with duties that protect the independence of the post from departmental influence or interference.

42. The Explanatory and Financial Memorandum of the Bill outlines that the role of the Autism Reviewer currently has no comparators, but outlined that the cost of the non-statutory Mental Health Champion role, including staff, is estimated at between £300,000 and £500,000 per year. However, the proposer outlines that they think the costs are likely to be less than that amount.
43. This is an area that a number of submissions and oral evidence sessions commented on and specifically in relation to the need for independence from the Department. The Committee did have concerns that the way the Bill was drafted would not provide assurance, to the Assembly and the public, that the role would be independent of NI Departments.
44. The Committee agreed to request an amendment be drafted that would provide the necessary independence assurances. The Committee agreed the following amendment to this clause:

Amendment

Clause 5, page 3, line 16, at end insert-

'(1a) The autism reviewer must not be a person employed by a Northern Ireland department.

(1b) The autism reviewer is not subject to the direction or control of the Northern Ireland departments.

(1c) But this is subject to the requirement under this section for the Department to pay the autism reviewer's expenses and allowances.'

45. The Committee would outline the important role of the Reviewer and would outline the need for the Reviewer to be able to consult widely, both with the sector and with those diagnosed with autism and their families and carers. The Committee recommends that the Reviewer works closely with the

Department's Autism Forum and is able to use the Forum's expertise to inform the work of the Reviewer.

46. The Committee envisages the role of the Reviewer as being reflective of the whole sector and should be independent of any organisation/s and should engage widely with the sector and directly with people with autism and the parents/carers.

Other consideration

47. The Committee sought advice from the Examiner of Statutory Rules in relation to the range of powers within the Bill to make subordinate legislation. The Examiner stated that the Bill, as presently drafted, does not provide for the delegation of legislative power.
48. The Committee carried out informal deliberations on the Clauses of the Bill at its meetings on 9 December, 16 December and 11 January. The Committee undertook its formal clause by clause scrutiny of the Bill on 11 January.
49. At its meeting on 13 January, the Committee agreed its report on the Autism (Amendment) Bill and ordered that it should be published.
50. The next section of the report sets out the Committee's clause by clause scrutiny of the Bill and outlines the amendments the Committee wishes to see made to the Bill.

Clause by Clause Scrutiny of the Bill

51. Having considered the written and oral evidence received on the Bill, the Committee undertook its formal Clause-by-Clause consideration at its meeting on 11 January 2022. The related Minutes of Proceedings of the Committee's clause by clause consideration are in Appendix 1 and the Minutes of Evidence of the proceedings are in Appendix 2.

52. Information on the Committee's deliberations on the individual Clauses in the Bill can be found in the previous section of this report.

Clause 1: Autism Strategy: consultations and data

53. **Agreed:** The Committee agreed that it was content with Clause 1 as drafted.

Clause 2: Additional components of autism strategy

54. The Committee considered the following proposed amendments to Clause 2:

1. *Clause 2, page 1, line 17*

After 'autism' insert 'support and'

2. *Clause 2, Page 2, Line 7*

At end insert '(ca) physical health,'

3. *Clause 2, Page 2, Line 9,*

at end insert - '(f) housing.'"'

4. *Clause 2, Page 2, Line 9*

at end insert-

'(4E) The autism strategy must set out how the Department will reduce waiting times for autism assessment and treatment services provided by HSC trusts.'

55. **Agreed:** The Committee agreed that it was content with the amendments as drafted.

56. **Agreed:** The Committee agreed that it was content with Clause 2 as amended.

Clause 3: Methodology of the autism strategy

57. **Agreed:** The Committee considered the following proposed amendments to Clause 3:

1. *Clause 3, Page 2, Line 17*

After 'multidisciplinary' insert 'and cross-departmental'

2. *Clause 3, page 2, line 18*

Leave out subsection (4) and insert-

'(4) The autism strategy must set out how consistency of practice is to be achieved across –

- a. HSC trusts, and*
- b. education services.'*

58. **Agreed:** The Committee agreed that it was content with the amendments as drafted.

59. **Agreed:** The Committee agreed that it was content with Clause 3 as amended.

Clause 4: Annual autism funding reports

60. **Agreed:** The Committee agreed that it was content with Clause 4 as drafted.

Clause 5: Autism Reviewer

61. **Agreed:** The Committee considered the following proposed amendment to Clause 5:

Amendment

Clause 5, page 3, line 16, at end insert-

'(1a) The autism reviewer must not be a person employed by a Northern Ireland department.

(1b) The autism reviewer is not subject to the direction or control of the Northern Ireland departments.

(1c) But this is subject to the requirement under this section for the Department to pay the autism reviewer's expenses and allowances.'

62. **Agreed:** The Committee agreed that it was content with Clause 5 as amended.

Clause 6: Interpretation

63. **Agreed:** The Committee agreed that it was content with Clause 6 as drafted.

Clause 7: Commencement

64. **Agreed:** The Committee agreed that it was content with Clause 7 as drafted.

Clause 8: Short title

65. **Agreed:** The Committee agreed that it was content with Clause 8 as drafted.

Long Title

66. **Agreed:** The Committee agreed that it was content with the Long Title as drafted.

Links to Appendices

Appendix 1: Minutes of Proceedings

[View Minutes of Proceedings of Committee meetings related to the report](#)

Appendix 2: Minutes of Evidence

[View Minutes of Evidence from evidence sessions related to the report](#)

Appendix 3: Written submissions

[View the written submission received in relation to the Bill](#)

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