



Northern Ireland
Assembly

Committee for Employment and Learning

OFFICIAL REPORT (Hansard)

CLIC Sargent

11 December 2013

NORTHERN IRELAND ASSEMBLY

Committee for Employment and Learning

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Members present for all or part of the proceedings:

Mr Robin Swann (Chairperson)
Mr Thomas Buchanan (Deputy Chairperson)
Mr David Hilditch
Ms Bronwyn McGahan
Mr Pat Ramsey
Mr Alastair Ross

Witnesses:

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|---------------------|--------------|
| Mr Simon Darby | CLIC Sargent |
| Ms Alana McCrea | CLIC Sargent |
| Mrs Cecilia Milburn | CLIC Sargent |

The Chairperson: I welcome Mrs Cecilia Milburn, CLIC Sargent's services team leader, and Mr Simon Darby, social worker. I give a special welcome to Ms Alana McCrea, one of the service users. Alana, you are very welcome. We are a friendly bunch, so do not let the surroundings put you off. If you were a departmental official, it might be different. Over to you, folks.

Mrs Cecilia Milburn (CLIC Sargent): I will give an introduction on CLIC Sargent. We will do a quick summary of the report and then explain to you what we are doing in Northern Ireland to address some of the issues raised in the report. I thank the Committee for having us along today. It is a delight to be speaking to you.

CLIC Sargent is the UK's leading charity for children and young people with cancer. We support children and young people aged from nought up to 24. It is probably worth noting that that age range was set through National Institute for Health and Care Excellence (NICE) guidance. It recommended that we continue to work up to 24 to deal with the issues of transition and the needs of young people with cancer.

Our aim is to see that all young people with cancer live life to the full. We do that by providing clinical, practical, emotional and financial support to them and their families. We have a range of services across the UK that families from Northern Ireland access, including grants, specialist information, a holiday service and a welfare benefits advice service. In Northern Ireland, most of the children, young people and families whom we work with will know us because of the high-quality and professional social work support that we provide in the two main treatment centres at the Royal hospital in Belfast and the Northern Ireland Cancer Centre. Some will also have used our home-from-home accommodation while attending treatment in hospitals outside Northern Ireland. That is free, self-catering accommodation for families to stay in while children are in hospital. We are currently developing that in Belfast.

The report is called 'No young person with cancer left out', and it is our latest report on the impact of cancer on young people's education, employment and training. It follows two previous reports, 'No child with cancer left out' and 'No teenager with cancer left out'.

'No young person with cancer left out' looks at the experiences of young people across the UK who were diagnosed with cancer between the ages of 16 and 24. We talked to 205 young people through surveys, focus groups and face-to-face interviews. We asked whether their cancer diagnosis and treatment presented any barriers to accessing or maintaining education and employment opportunities. We asked what additional support they would have needed and whether they adequately received it.

We found that young people feel that they have a number of barriers to their education and employment following a cancer diagnosis and treatment. Over two thirds agreed that they were worried about the impact that cancer would have on their education, and three quarters of them expressed the same level of concern about the impact of cancer on their employment. They were concerned about getting a job or about securing a place in education. They were concerned that their confidence had been knocked so were worried about the impact that that would have, for example, in interviews or in application procedures. More than half of them said that they were not fully confident about preparing for job interviews after going through cancer, and they were particularly worried about what employers would think about gaps in their employment history or if they had taken longer to complete their university degree.

However, there were positives. Over 80% agreed that their employer understood their situation and over two thirds said that employers made necessary adjustments at work. However, a significant minority — one in 10 — did not have a good experience, and, in the most extreme cases, young people said that they had been passed over for promotion or lost their job. Others were forced to leave education or transfer to a different university or course. One in three who had gone through cancer did not know what adjustments they were entitled to at work and just under half were not aware of the adjustments that they were legally entitled to from their education provider.

Some examples from young people in Northern Ireland that we have worked with show that they are often very motivated to stay in education despite their cancer diagnosis. One of the young people that we worked with had just been diagnosed at the end of the first year of her university degree. She had made a plan about how she was going to continue her education while receiving treatment but found that there was a lack of flexibility from her education providers at the university. It was extremely challenging. She found herself having to battle with the university to stay in education through that year. It requires determination and support to ensure that young people's voices are heard.

One of the other things that we have noticed is the contrast between the support available to A-level students, for example, in a school setting and the lack of support that they feel that they get from their further education college. There is a gap in pastoral care. In our experience of two young men who were diagnosed at the same time, both of whom were sitting A-levels, the one who was at school completed his A levels and the other found that his FE college was not in a position to offer him that pastoral care. He dropped out and is still not back in full-time education, training or employment.

The report highlights the social and emotional impact of cancer on young people, including their worries about social exclusion and about fulfilling their potential. It was clear that they want more support to overcome those barriers. Some of that support would be very practical, such as having access to more work experience, and for others it would be more emotional, helping young people with cancer to build their confidence when talking about their cancer to prospective employers and education providers. Lack of awareness can be a problem. Many young people told us that there was a lack of understanding of the effects of their treatment and that, even when they were finished chemotherapy or radiotherapy, they would still have ongoing health issues such as fatigue. They found that there was impatience or an assumption that they would no longer need adjustments. Our findings show that education providers and employers need more specialist information to help them to better understand the impact of cancer and treatment on young people. This will help to improve communication between young people and their education providers or employers, particularly when they need to be away from their work or studies.

I am delighted to have Alana with us this morning. This is an interesting place to be. In CLIC Sargent, part of what we do is support young people to make their voice heard, and so we are delighted to bring her along today. I will let Alana tell you a bit about her story, and then we will explain what we are doing in Northern Ireland.

Ms Alana McCrea (CLIC Sargent): I am here today to share with you my cancer journey and how CLIC Sargent has helped me. In November 2011, my cancer journey began. Having suffered stomach aches and pains since fourth year, I was eventually told in February 2012 that I had a dermoid cyst. I knew that it was not a cyst, but no one would listen to me. I knew that it was a tumour. The tumour grew and grew until I thought that I was pregnant. My tumour was half the size of the piece of paper from which I am reading. In July 2012, the tumour burst, and I had to have an emergency operation to remove it. I was then told that it was an ovarian teratoma and not a cyst, as I had always said.

A few weeks later, my mum and I met Simon, my CLIC Sargent social worker. Simon met us at our first visit to the cancer centre. He sat with us during my X-ray, when my bloods were being taken and when I got my peripherally inserted central catheter (PICC) line put in, not that he was any use, because he does not like needles. Simon took us on to the ward and showed me where I would receive my chemotherapy. That helped to calm me, because it was scary to think that I was going into a hospital that had only old people in it, but I just wanted to get started. From August to December last year, I went through my chemo. Simon visited me every time I was admitted to the ward. At the very beginning, he had my benefits assessed, which meant that I did not have to worry about how I was going to pay my bills. He helped me a lot with understanding the side effects of the treatment. In December 2012, I finished my treatment and continued to visit the cancer centre for routine check-ups. I was told in January that the chemo had been successful. I then started to get my life back on track.

For months, I could not go out with friends, eat what I wanted to eat or do what I wanted to do because of the chemo and its side effects. My friends slowly stopped inviting me out and treated me differently, all because I had cancer. From the very first day I met Simon, I remembered him saying that my life does not stop because I have cancer. He helped me with my employer, McDonald's, by ensuring that they were not pressuring me to return to work before I was ready and kept my job for me, too. Simon encouraged me to reapply for college to do acting, which was something that I had wanted to do the previous year but could not because of my tumour. He got me the details on different courses in May, and I auditioned and was accepted.

Since the chemotherapy, my energy, motivation and fitness have been badly affected. I would have struggled to make it up the steps of Stormont without stopping to catch my breath. I find getting to college a struggle and still arrive exhausted. My course involves dance, musical theatre and acting, which means that I do not have time to catch my breath before starting at 9.00 am. I soon realised that I was going to struggle with the course. I spoke to my head of year, Judith McSpadden, who understood my situation. She made amendments to my course, which made it easier to attend. Unfortunately, the pain in my stomach was still holding me back. Not all my teachers were as understanding, and, on one occasion, I was made to remove my hat when in class. The chemotherapy meant that my long, beautiful hair fell out. I am slowly growing it back, but it is hard to get used to at times. Simon and Judith were able to resolve this for me by letting me wear a hat.

As my stomach pain continued and I struggled getting to college, I was not able to attend my classes and felt that I was falling behind. In October, accompanied by Simon, I was told that I had to have a tumour removed from my bowel. Doctors believed that it was causing the pain in my stomach. I had surgery in November to remove it. Although the college had given me time off for my operation and recovery, last week I was told that I had missed my assignments and hand-in dates and would therefore have to reapply next year because had I missed so much. Simon immediately spoke to the college and arranged for me to do my essential skills classes full-time over two weeks at Easter. So I will be able to go into the third year of my course in September rather than having to repeat. That gives me time to focus on my fitness and strength so that I can cope with the course demands next year.

I might want to return to McDonald's at some stage, but I will not worry about how cancer has impacted on my job. I know that I will not be able to stand for long periods or take on 10-hour shifts. I will not be able to work outside in the drive-through in the cold, and I will not be able to wear a headset because my hearing was affected by the chemotherapy. I will not be able to lift boxes, clean or mop in the same way because it is exhausting. I love my job in McDonald's. They put no pressure on me to come back and even visited me in hospital. I can see how people with cancer find it hard to keep a job because your body and mind are not the same afterwards.

Through Simon's help, and with the help from CLIC Sargent, I will continue to work towards moving my life forward. I know that cancer can limit me only if I allow it to. Over the next year, I will attend

Simon's group to look at improving my employability, learning skills and fitness. In doing that, I will be with other young people who, like me, are going through cancer. Thank you for listening.

Mrs Milburn: Many young people told us that having cancer inspired them to succeed in education and employment and that it gave them a renewed focus. Many of the young people whom we spoke to felt that they had acquired skills. For Alana, speaking today is a skill that she might not have had without her cancer journey.

Given the right support, young people used their experience of cancer to inspire them. It gave them new focus and helped them to reshape their future. Young people with cancer talk passionately about how their experience forced them to re-examine their life and brought greater clarity to what they wanted to achieve and the determination to achieve it.

For some, that meant changing their career direction. We have three young people completing social work degrees because of their experience with CLIC Sargent social workers. For others, it spurred them to achieve long-held ambitions. However, they often still needed more information to learn about the adjustments they were entitled to so that they could talk positively about having cancer.

Simon will now explain how we help. We will be doing simple things on our website, providing specialist information for employers and education providers to access. We have a particular project under way in Northern Ireland.

Mr Simon Darby (CLIC Sargent): Good morning. I am a young person's social worker with CLIC Sargent. For the past five years, I have worked as a social worker with teenagers and young adults, previously in mental health and for the past two years with CLIC Sargent to support teenagers and young adults who have cancer and their families.

I came to this job through my experience of being told at the age of 18 that I had testicular cancer. I am one of only two young people social workers in Northern Ireland, working out of the Northern Ireland Cancer Centre but now operating out of all hospitals across Northern Ireland. My role is to support young people such as Alana and their families to reduce and limit the impact that cancer will have on their lives, supporting them across aspects such as education, employment, finance, practical support, advocacy and psychological support.

As cancer is indiscriminate, the people whom I support come from all walks of life, with issues such as debt, low educational attainment, mental ill health and addictions preceding their diagnosis. My role is to find a service to fulfil their particular need and allow the young person to embark on one of the most difficult journeys of his or her life with as few worries as possible.

There is no area of someone's life where my role does not take me, and no area is less important than another. Being part of the cancer journey of a young person such as Alana is an honour. If I can make a difference to the outcome for that person, my job is very much worth it.

The most time-consuming area of focus in my work is education, employment and training for young people with cancer. The provision and inequality of pre- and post-16 educational support for young people has a delayed impact on employment and learning opportunities in later years. An example of that is a 17-year-old patient of mine from the Southern Health and Social Care Trust. She is over 16, therefore there is no obligation on the education and library board to fund home tuition for her to continue her A levels. When she attends Belfast City Hospital, we are able, through the Belfast Hospital School funded by the education and library board, to provide her with a tutor. Therefore, educationally, that young girl is better off when she is admitted to hospital long term than she would be at home.

Other inequalities lie in the number of home tuition hours available from all the education and library boards. I have seen the impact on those who come to the stage of their life when they are looking for employment. Having been on treatment for six months, they achieve three and four GCSEs, whereas, before diagnosis, their predicted outcome was better. If they leave school completely, they are able to receive a maximum of only eight hours' tuition a week. In some cases, that is eight hours for young people aiming to achieve 10 GCSEs, which I am sure you would agree is a difficult task.

For young people looking for employment and further learning, there is an impact on their participation in return-to-work and preparation-for-work schemes, many of which are automatically excluded as options because of infection risks, the impact of post-treatment fatigue and continuing hospital attendance for reviews. Having spent the last two years fulfilling the needs of young people in this

area, I am clear that although there are schemes designed for young people who are not in education or training and young people with training or learning disabilities, they do not take into account the specific needs of this client group. For young people with cancer, the support is difficult to navigate.

One way in which we are tackling this issue is through our group work programme, which is funded by the Big Lottery Fund. Over the next five years, we will support young people in survivorship. By promoting equality of opportunity and inclusion in communities, we aim to support young people across all aspects of survivorship by reducing disadvantage and exclusion. Alana mentioned that she attended the group that I ran in the hospital last year. Over the next five years, we will be able to offer those group programmes across all of Northern Ireland and to young people who do not necessarily attend the cancer centre for treatment.

The group programme has been influenced by consultation with young people last year and continuing feedback and evaluation after each group. This year alone, we will focus on supporting more and more young people with e-learning courses and learning and development that can be done at home: fatigue management; improving physical health to enable their return to employment; higher education and further education; continuing with hobbies and pastimes; and areas such as CV development, preparation for interview, improving fitness to work longer shifts and preparation for job roles.

I am also having to find out what employment and learning services are available across all of Northern Ireland and how young people who live rurally can attend these services without facing transport and finance obstacles. Built into the group work programme that we will run is financial provision to fund transport for those young people to attend groups, which will reduce the impact on the young person's already limited budget. Partnership working is key to the success of these groups and to fulfilling the employment and learning needs of young people with cancer.

A difficulty has been that those receiving treatment in Belfast cannot physically avail themselves of the opportunities in a local area such as Strabane or Omagh and that, as most funded services are area-specific, the schemes in Belfast cannot support those in hospital whose addresses are in other areas of Northern Ireland. As a result, I have to be creative and use Belfast City Hospital's address for young people to access services at the right time — do not tell anyone. It is evident that the expertise of organisations and schemes in working with this particular age group are predominantly Belfast-based.

Through individual assessments and support plans for young people, we use the Rickter Scale, which a lot of other schemes also avail themselves of. Along with independent review of the group work programme, halfway through and at the end, we are keen to evaluate the effectiveness of such an approach in the coming years. We will work with large businesses that will come on board as fundraisers for CLIC Sargent on looking at possible work-placement schemes. I will support those young people when they take up their placement.

I hope that you will take the time to consider the report that we have produced. Young people with cancer focus on the here and now when it comes to their treatment. My job is to ensure that there are provisions in place to support them post-treatment so that they can continue to live their lives without cancer limiting their potential too much. Thank you for taking the time to listen to me today. I will accept any questions that you have.

Mrs Milburn: I think that we have covered everything. We have given you the basis of the report. I, too, am happy to take any questions.

The Chairperson: Alana, how difficult did you find it to catch up with your education?

Ms A McCrea: Very difficult. It was impossible to catch up. I had no energy.

The Chairperson: Would you have been able to do it without Simon's presence?

Ms A McCrea: No. I always went to him to sort things out.

The Chairperson: When trying to talk to teachers, schools or higher education colleges, was it difficult to get to the right person or to get somebody to listen to you?

Ms A McCrea: It was difficult to get someone to listen.

Mrs Milburn: Do you want to share your experience of going to student support at your FE college?

Ms A McCrea: I went to student support at the Titanic Quarter campus. They promised me that they would do this and do that to help me, but they never did anything to help me at all.

Mrs Milburn: That has been our experience. When people are faced with a young person with cancer, they want to do something. They have a notion that they have the ability to do something, but they are not exactly sure what. So they tend to promise but be unable to deliver. Also, this might be only a tiny part of somebody's remit, so it can get lost in everything else that they do.

All of our reports are based on direct interviews with young people. Previous reports that we have produced highlighted the importance of having a named person. Young people really need that one person to go to. I have spoken to other forums, and this is a lesson that might apply to any young people with additional needs: they need that one person. They do not have the capacity to explore contact with three, four or five different people. They want that one person who they can pick up the phone and call and who will act on their behalf.

As a manager of a social work team, I know that even my staff face challenges in identifying the right people at the right time, and they are professionally qualified people with lots of resources. Expecting a young person to do that on their own when they are not well is, I think, impossible. I certainly would have given up on some of the battles that we have seen young people face. Quite often, I am astounded that they keep going.

The Chairperson: Simon, have you found any examples of best practice in your engagement with higher and further education institutions in Northern Ireland? Do one or more institutions know how to do this right?

Mr Darby: There is a big difference in the level of service and support that the two universities in Northern Ireland give to their students. Even then, it depends on the type of course. We have a lot of people who study law, and that department is very flexible with coursework and hand-in dates. Others are studying performance arts, and those courses have no flexibility.

There is also a slight difference between campuses in the two universities. Magee College is very oriented towards pastoral care, but we have had some difficulties with Jordanstown allowing flexibility in attending classes. The location of rooms in universities is sometimes difficult, too.

Support services in the college campuses can be hit and miss. Again, they very much rely on the person raising his or her issues with them. However, I think that they sometimes miss out on the fact that somebody is experiencing long-term fatigue, has been through six months of gruelling treatment and, for whom, the idea of getting up in the morning and getting to college is a battle. They then have to go to student finance and talk to their teachers. We speak to teachers on their behalf more than student support services do.

The Chairperson: Are there two of you in Northern Ireland?

Mr Darby: Only two.

The Chairperson: For how many students or young people?

Mrs Milburn: I have spoken to some of your colleagues on the Health Committee, because one of the challenges is that young people over the age of 16 are treated like any other adult in the health system. The Committee is looking at helping us to better identify these young people. Our best estimate is between 80 and 85 young people are diagnosed each year in Northern Ireland.

We had always understood that the vast majority would come to the cancer centre for treatment. Simon has been in post for two years, and that has allowed us to offer a regional service. Simon is directly employed by CLIC Sargent. We have found young people being treated at the Ulster Hospital, whom we did not know about, and in the Northern Trust area and at Altnagelvin Hospital. Even letting young people know that a service is available, and that their age means that they can access support, presents a challenge to us. Quite often, young people have been struggling for a while before they realise that we are here and able to help. Your colleagues in the Health Committee are doing their

best to help us with that. We appreciate that we are a small population in the big world of cancer, but they are working on that.

The Chairperson: Simon, you mentioned the two universities. In your presentation, you also spoke about e-learning and so on. Have you approached the Open University (OU), which is Northern Ireland's third university?

Mr Darby: We approached it before, but the issue is that many of its courses attract a cost. We tend to offer e-learning courses on CV development and improving presentation skills. We offer a lot of skill-based e-learning rather than qualification-based e-learning. It is very difficult to find sources of funding from social security care grants or anything that would enable young people to pay for those courses. That is a difficulty.

We approached the Open University on two occasions. It is very good when it comes to sports education. Many young people have taken OU courses over six months while in bed connected to chemo drips. We have used it quite a bit.

Mr P Ramsey: Listening to your presentation puts life into perspective. I look at Alana and think that there, but for the grace of God, go all of us and our families. As someone who has faced cancer, you are an inspiration. You have inspired us today. I wish you good luck with your future. I hope that your medical condition has stabilised and that you have seen the end of cancer. Well done on coming along to the Committee, which can be a daunting exercise. You have a lovely smile, and I think that the customers in McDonald's will be well treated. *[Laughter.]* It is disappointing to hear about the lack of consistency, which is where we might be able to assist in some way. I think that we should be facilitating greater knowledge in the colleges and universities. Perhaps we should write to the colleges and universities in Northern Ireland. It is good to hear that Magee College has a good pastoral care system, but there needs to be consistency.

Alana, how did you learn about CLIC Sargent? How did that process develop?

Ms A McCrea: Cancer Lifeline introduced me to Simon.

Mrs Milburn: Yes, it was through another charity. Much of what we do involves Simon checking bed lists in hospitals to see whether someone of the age for which we cater is being admitted. We then go and introduce ourselves, tell them what we do and ask whether we can help. The trusts are doing a lot of work on networking and helping all the charities to explain better what they do. We are engaging with the trusts and trying to let people know that we are available. Currently, it is done very much on a case-by-case basis.

Mr P Ramsey: I was wondering how you compiled your database and figures.

One could only be touched and affected by hearing your concerns. I do not know whether we should write to the Department. We heard a recent announcement of an increase in student support moneys to universities for general disability issues. In light of this, I think that we should write to the Department. We would be ineffective if we did not bring your concerns to its attention, and Alana's testimony has been important. Thanks very much for coming along. Normally, we are here to cross-examine officials, but it was reassuring and heart-warming to hear your presentation.

Mrs Milburn: Thank you.

Mr Hilditch: Thanks for your presentation. Alana, your presentation was particularly great. Thank you.

Alastair and I have a similar situation. We have someone in our workplace who is ill, so we know the sort of issues that come up. You briefly mentioned hygiene in the workplace. I know full well, from the situation in our office, some of the detail required. Do people on site help you with that or do you have to look after that end as well?

Mr Darby: We have to provide the education. Thankfully, since January, a clinical nurse specialist has been working with teenagers and young adults, and she is able to work with employers on making adaptations to the workplace.

When people are going through cancer treatment, their platelet levels drop quite significantly, which means that, if they cut themselves, they are unable to stop the bleeding — their blood does not clot. Furthermore, during cancer treatment and afterwards the white blood cell count — neutrophils — depletes, which means that people are more susceptible to infections. Compared with those of us around this table, they do not have enough white blood cells to fight infection.

Mr Hilditch: You could be in an office with someone who, to the layperson, looks spot on.

Mr Darby: Yes. It even has a big impact on childcare. Many parents have to stay in hospital for longer periods because their children are at crèche or school and catch everything. Some parents do not see their children for 16 weeks. Over the Christmas period, there is a ban on children on wards for that reason.

We write to employers. CLIC Sargent has quite a good bank of information on how employers can make adaptations to their workplaces. It is the same with schools. We have a lot of issues with under-16s and post-16s: some school toilets do not even have soap at the best of times. We advise that they should have alcohol wipes and alcohol dispensers.

Mrs Milburn: We have a lot of young people at university in GB, so they are away from home. We have had to negotiate with universities to help them to understand that these young people are able to look after themselves. The universities are very anxious about having them on campus. We tell them that these young people are experts in their illness: in fact, they are far more expert than we are because they have been through a lot of education with their medical team.

Some of this is about us, as adults, wanting to wrap young people in cotton wool and protect them. However, they say, "I know how to do this, and I know how to take care of myself. If you give me the opportunity, I can communicate this to you. I will look after myself if you will just let me". We all see what young people are going through and want to make it better for them, but, in doing so, we almost overprotect.

We were able to negotiate with universities to achieve that understanding. We also told them that, if they have gone through the process and made all the reasonable adjustments, they will not be liable for anything that happens to a young person. If universities make the adjustments and have a written record of doing so, they do not have to worry. Nobody will come back and say that they have not done enough. In addition, we say that they, as an employer, have been through the process and put in reasonable adjustments, so a young person is then taking that step and risk themselves.

Mr Hilditch: Thank you. Best wishes, Alana. Do not be worried about coming here — most of us dread coming here every day. *[Laughter.]*

Mrs Milburn: I was trying to explain that we sit with knocking knees, too.

Mr Buchanan: I commend CLIC Sargent for its tremendous work with children and young people. I had some experience with it some years ago. When someone who suffers from cancer goes to university, do you find that student fees are much of a barrier? Should there be more flexibility for those who find themselves unable to study full-time and so on?

Mr Darby: We produced a report on the cost of living with cancer. In it, we described how, often, one parent had to leave their job, go part-time or take longer periods off work, so the income of the family unit reduced. Sometimes, however, the assessment of income that the universities request does not depict that correctly. It is not until the following year that student finance is able to carry out a better review of the family situation. Alana, for example, when working full-time, had that level of income. Now, she has only her benefits, which are nowhere near the amount that she was used to. It is exactly the same for other young people. They are on a limited income right up until they start college. Even when in college, it affects how much of their student fees are paid for them.

Mrs Milburn: There is also anxiety. They ask, "If I have to take a year out, what happens to my fees and my student loan?" Even if we are able to negotiate and make arrangements for young people, there is anxiety, which leads to pressure to finish their study. Also, when they are studying, they are not able to have a part-time job alongside university. The rest of the student population is topping up their income with their job in the pub or supermarket, but our young people are struggling just to get through the course. They do not have that extra stream of income.

Also, young people still have to travel to Belfast for their check-ups. We have had young people flying back from Southampton and Edinburgh for check-ups, which shows how determined they are to be in university. The way in which that cost is recouped does not always cover the total. I know that many of you represent rural constituencies, and there is certainly a transport pressure

The Chairperson: Cecilia and Simon, thank you very much. Alana, thank you very much for coming along, and congratulations — this is something that you can put on your CV now.

Mrs Milburn: That is exactly what we said. We encourage young people to sit on panels with us when we interview for staff. We encourage them to take opportunities like this. Very few other young people will be able to put on their CV that they have presented to the Committee for Employment and Learning.

Mr P Ramsey: Hat and all.

Mrs Milburn: It is a great hat.

The Chairperson: We wish you well in your studies and career.

Ms A McCrea: Thank you.

The Chairperson: I wish you a happy Christmas from the Committee. In a couple of minutes, there will be a photograph taken in the Great Hall to promote your report.

Mrs Milburn: Great, thank you very much.

Ms A McCrea: Thank you.