



Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

**Mental Capacity (Health, Welfare and
Finance) Bill**

5 October 2011

NORTHERN IRELAND ASSEMBLY

**COMMITTEE FOR
HEALTH, SOCIAL SERVICES
AND PUBLIC SAFETY**

Mental Capacity (Health, Welfare and Finance) Bill

5 October 2011

Members present for all or part of the proceedings:

Ms Michelle Gildernew (Chairperson)
Mr Jim Wells (Deputy Chairperson)
Ms Michaela Boyle
Ms Paula Bradley
Mr Mickey Brady
Mr Gordon Dunne
Mr Sam Gardiner
Mr Kieran McCarthy

Witnesses:

Ms Christine Jendoubi)
Ms Alison McCaffrey) Department of Health, Social Services and Public Safety
Mr Patrick McConville)

The Chairperson:

I am nipping out for two minutes while the presentation is beginning. I hope that members will excuse me. Jim, will you take over?

The Deputy Chairperson:

Welcome. You have been before us before at some stage, but I do not recognise this young lady.

Ms Alison McCaffrey (Department of Health, Social Services and Public Safety):

I have not been before.

The Deputy Chairperson:

Hopefully, you will find your first time a pleasant experience. Christine Jendoubi was before us last week —

Ms Christine Jendoubi (Department of Health, Social Services and Public Safety):

And the week before.

The Deputy Chairperson:

She is a regular; she will be with us regularly over the next few months, I am sure. Ms Jendoubi is the director of mental health and disability policy; Patrick McConville is from the mental capacity legislation unit, as is Alison McCaffrey. You are old hands at this — young old hands, Christine — so you know the routine well. After your presentation I will invite members to ask questions. I suspect that the Chairman will have returned by that stage and we will do a switchover.

Ms Jendoubi:

Thank you very much, Deputy Chairperson. Members have copies of the short briefing paper that we sent in August. I would like to amplify that a bit, and I will start by giving you some background to the Bill.

The need for the new legislation in Northern Ireland was identified by the Bamford review, which reported in 2007. It recommended a single legislative framework for the reform of the Mental Health (Northern Ireland) Order 1986 and the introduction of new mental capacity legislation. In response to the Bamford review, the Department took the view that the most pragmatic way of ensuring that legislation was enacted in the 2007-11 Assembly session, which was our mandate at the time, would be through the development of separate mental capacity and mental health legislation underpinned by a common set of principles. All other jurisdictions in the British Isles adopted that approach and have introduced or are introducing mental capacity legislation in addition to their mental health legislation.

The Department consulted on the proposals in January 2009, and the outcome was that the key

stakeholders strongly supported the single Bill approach that Bamford proposed. They thought that that approach would reduce the stigma associated with separate mental health legislation and provide better protections for those unable to make decisions for themselves. Respondents recognised that a single Bill would take longer to deliver but maintained that the Department should get its legislative approach right. In response to the consultation, the previous Health Minister announced that the Department would develop policies to underpin a single Bill approach but advised that the Bill itself could not be enacted until 2013 at the earliest, as more time would be needed to deliver what will be hugely complex legislation.

With the policy development stage now largely complete and Executive approval for the proposed way forward obtained earlier this year, the Department is now drafting instructions to counsel on the preparation of a civil Bill: a Bill that will apply to the civil population only, as that was the basis on which the Executive's approval was obtained. We have made substantial progress.

Before I give you more detail on the key policies in the Bill, it is important to say upfront how innovative and unique the legislation will be. For the first time in any jurisdiction, a Bill will fuse together mental capacity and mental health law. That will mean that mental illness will be dealt with in the same way as other impairments of the mind, such as stroke, learning disability or loss of consciousness, which result in a person's being unable to make decisions for themselves. That has not been done anywhere else, so there are no truly comparative templates from which to work. Getting to the present stage has therefore been a challenge, but it is one that has greatly benefited from the inclusive and structured approach that we have adopted for policy development.

If members will bear with me, I would like to give a brief outline of the key policy proposals in the legislation. The Department's position is that the Bill will apply generally to those aged 16 and over who lack the mental capacity to take a decision for themselves about their health, welfare or finances. The age range is now, however, subject to further consideration following recent representations by interested key stakeholders. At this stage, the Bill will not apply to those in the criminal justice system, as I have already said, but I will say more about that later.

The Bill will be based on the principles set out in the original Bamford report, and the leading principle will be Bamford's principle of autonomy, which will empower individuals to exercise

their own mental capacity to make decisions where they can and to encourage participation as far as possible. The starting point, therefore, will be that a person is presumed to have the mental capacity to make their own decisions unless the contrary is proved. That will be stated in the Bill and will give effect to Bamford's autonomy principle.

However, there will be situations where decisions will have to be made on behalf of a person who lacks capacity. For example, where it is shown, through an assessment of mental capacity, that a person lacks capacity and that person has not put in place alternative decision-making arrangements, such as power of attorney, the Bill will provide powers to enable decisions concerning health, welfare and financial matters to be made on behalf of that person. The test for whether a person has the capacity to make a particular decision — all the tests will relate to individual decisions — will also be described in the Bill.

The assessment of mental capacity will be a two-stage process. The first stage is diagnostic and will test whether a person has an impairment of, or disturbance in, the functioning of the mind or brain. That test is common to all UK capacity legislation.

The second stage is a functional test, which considers whether, as a result of the impairment or disturbance, the individual can understand the information needed to make a decision, and, if required, whether the person must be assisted in that understanding. The person should be able to retain the information at least long enough to make the decision and should be able to use, weigh and appreciate the information in order to make the decision. Finally, every assistance must be given to ensure that the person should be able to communicate the information. I apologise that the description is somewhat detailed and technical, but it will be the crux of understanding what it means to judge whether someone lacks the capacity to make a decision for themselves when the safeguards in the Bill come into play.

It is important to remember that capacity will be decision-specific. It is perfectly possible for a person to be able to make a decision, for example, about how they want to be cared for or their everyday finances but not about the treatment that they might be getting for a particular condition. The Bill will also provide important protections. It will enhance the lives of those affected by ensuring that the person's views and the views of others are taken into account and by requiring substitute decision makers to intervene in a way that is compatible with the principles and in a way that is in the person's best interests at all times.

The Department believes that safeguards must be proportionate to the seriousness of an intervention. That will also be described in the Bill, but a serious intervention would include, for example, acute clinical or surgical interventions, rehousing, or the compulsory treatment of a mental disorder. Our proposed approach is the more serious the intervention, the greater the safeguards the Bill will offer.

Individuals subject to a serious intervention will be entitled to identify and nominate a person, or, if they cannot do that, a nominated person will be identified to look after their interests. If the individual lacking capacity resists the serious intervention, or the nominated person objects to the decision made, the individual will also be entitled to an independent advocate. Where there is continued objection, the Bill will require the intervention to be authorised by the health trust. That intervention will be subject to review either by the Mental Health Review Tribunal or by the High Court.

The Bill will work by giving effect to the common law defence of necessity, which provides those intervening in the life of someone who lacks capacity with protection from liability, providing they establish that the person lacks capacity and that they apply the safeguards, particularly the best interests one. Although some of the provisions will resemble those in the English Mental Capacity Act (2005), it is important to remember that the Northern Ireland Bill will include mental health provisions and will develop important safeguards in relation to serious interventions that do not exist in the English legislation.

The major difference between the current position and the new Bill is that only those mental health patients who lack capacity will be able to be compulsorily treated, which was a key recommendation of the Bamford review. It reflects the fact that this Bill is about protecting the individual lacking capacity. It also reflects the position in Scotland under its mental health law, which was introduced in 2003 and which is considered to have worked well to date.

Turning to the criminal justice system, at this stage our proposals apply only to the civil population, as I mentioned earlier. Although the Health Department and the Department of Justice agree in principle that the Bill should apply to all in society, and that was Bamford's clear preference, more work is needed on the criminal justice side to develop detailed policy proposals in consultation with criminal justice agencies and other key stakeholders. We are working

closely with officials from the Department of Justice who are responsible for bringing forward criminal justice proposals in time to achieve the preferred option of merging them with the civil provisions into one Bill. However, should that not prove possible without significantly affecting the timetable, careful consideration will need to be given to all the available options to ensure that the important changes that the Bill will introduce happen as soon as possible.

I mentioned briefly that the Bill will introduce a new statutory right to an independent advocate for individuals who lack capacity and who are subject to a serious intervention to which they or their nominated person object. To prepare the way for that new right, the Department established a working group in June 2010 to develop a policy on advocacy, and, in particular, some principles and standards that will underpin the future commissioning and delivery of advocacy services. That draft policy is now complete and out for consultation, which will end on 14 October. Given the linkages with the Bill, we thought that today would be a useful opportunity to highlight the draft policy to the Committee and to answer any questions that you may have on it.

There will be costs associated with the proposals in the Bill. There will be start-up costs for the Department in relation to public awareness and the training and recruitment of staff, and there will be a recurrent annual cost associated with the assessment of mental capacity, improved provision of community-delivered interventions and advocacy services. The briefing paper provides members with an estimate of those costs, which will be revisited when the Bill has been fully drafted.

The Committee has been interested in the timetable for bringing forward the legislation. Our team in the Department is drafting the remaining instructions, which we hope to have completed by the end of October. Colleagues have met the Office of the Legislative Counsel, and although drafting complexities continue to emerge, it is estimated that a draft Bill could be ready early next year. A decision will then be taken by the Minister and the Executive on whether to consult on what will be an important piece of social legislation. We expect that the decision will be made to consult.

Although it is difficult to estimate at this stage the timing of our next steps, allowing for a consultation stage we hope to have a draft Bill ready for introduction to the Assembly by autumn 2012. In practice, it will probably be ready for introduction around the end of September or

beginning of October 2012.

Finally, the complexities of the Bill will not stop with its drafting. If an amended new Act passes through the Assembly, it will be an extremely complex piece of legislation. I mentioned earlier that the initial estimates of implementation costs may later prove to be conservative in training terms. Therefore, it is our intention that it will be accompanied by a substantial code of practice to clarify and assist health and social care practitioners to give effect to its provisions.

I apologise for the length of the presentation, but you will understand that it is a complex piece of legislation. The briefing paper will help to outline the way ahead.

The Bill provides a real opportunity to protect and support some of the most vulnerable people in our society. As I said, drafting is at an early stage, and, to date, the Department has only had sight of early drafts of the opening clauses. However, I hope that we can answer the Committee's questions; if we cannot, we will follow up in writing wherever we can.

The Chairperson:

OK. Thanks, Christine. We will not criticise you for the length of the presentation because we prefer to have too much information rather than too little. This is a huge and complex piece of legislation, so it is vital that we get it right. This is the introductory session for the Committee to see what is likely to be in it.

When I was out of the room, I understand that you said that you had heard from stakeholders about the issue of under-16s. I know that the Children's Law Centre was very concerned about the rebuttal issue. Telling a 14- or 15-year-old that they do not have the maturity or capacity to make their own decisions would not go down well in many quarters, so I would be concerned that young people are treated as adults.

You can see all sorts of difficulties around, for example, enforced treatment for eating disorders and whether a young person is being forced to accept treatment that they may not want. There is so much in this legislation that we want to work with you to get right, so we need to ensure that the views of stakeholders and people who advocate on behalf of young people are heard. Equally, the views of those who advocate on behalf of people in the criminal justice system also have to be taken into consideration.

I am concerned about how you are likely to proceed. We are glad that you are proceeding with the legislation — do not get me wrong — and I welcome the fact that we will be going through the Assembly process in about a year's time as opposed to two or three years' time. However, I am concerned that DOJ is not in a position to take forward the parts of the Bill that apply to it to ensure that people in the criminal justice system are treated the same as everyone else.

We will hold a further evidence session with stakeholders. This Bill must be joined-up. I do not know how much you have tried to persuade the Justice Committee or the Justice Minister or whether the expectation is that the Health Minister will try to persuade the Justice Department to do what it needs to do. However, it is important that this legislation is joined-up and takes care of everyone that it should.

Mr Brady:

Thank you very much for your presentation. Initially, the Bill may not apply to people in the criminal justice system, even though it is well documented that a disproportionate number of people in it have mental health problems. Introducing a Bill for the civil population that does not apply to those in the criminal justice system will create a dichotomy. The Bill will, hopefully, improve the lot of some people, but it will leave out quite a large number of people with mental health problems.

The other issue is the financial implications. Do the figures cover those in the criminal justice system or will they add more cost? Would it not be better to do it all at once rather than in bits and pieces? Surely there is an onus on the Department of Justice to come into line and deal with people in the criminal justice system. As I said, disproportionate numbers of people in that system are on medication for mental health problems.

Ms Jendoubi:

I will start by addressing the point that the Chairperson made about the age range. We had a very constructive and instructive meeting with the Children's Law Centre on that very point yesterday. We agreed to work together to identify what might be done in relation to capacitous minors to work out what clauses of the Bill, if not all of it, should apply to them.

We picked the age of 16 because of the protections that already exist for children and minors in the Children (Northern Ireland) Order 1995. The Children Order supports the principle of parental responsibility, and we were anxious that that should not be undermined. After our discussion with the Children's Law Centre yesterday, we are keen to see how the Bill might affect capacitous minors and have agreed to work with the centre to identify what the provisions would look like if we applied them to people under the age of 16.

The Chairperson:

What about children and young people in care? Is that an issue? Unfortunately, parental responsibility does not apply equally in our society.

Ms Jendoubi:

If we apply the Bill to people under the age of 16, it will apply to everybody, irrespective of their care setting; it should provide safeguards that are not there for children in care. The Children's Law Centre made the point yesterday that the trust acts in loco parentis for those children and makes decisions about their care and treatment if they have a mental health disorder. The Bill would provide those children, if they have been capacitous and lose their capacity, with additional safeguards.

Mr Patrick McConville (Department of Health, Social Services and Public Safety):

We have taken on board what the Children's Law Centre said yesterday, and we will be looking to see whether it is possible to apply the legislation. However, there are other important pieces of legislation already on the statute book in relation to children, including the Children (Northern Ireland) Order 1995 and the age of majority legislation. We have to ensure that what we do works with existing legislation or that existing legislation is amended to bring that into line. It may not be as simple a task as just applying it to mature minors, as they are called; we may need to think about the implications on other legislation as well.

Ms Jendoubi:

Primarily, we need to ensure that there are no unanticipated consequences, and that will need to be carefully worked through. On the Department of Justice issue, our preference is for a single Bill that would apply to everyone. However, it depends on the timescale within which the Department of Justice can bring forward parallel proposals and conduct its policy development process.

In its defence, I should say that it is not from lack of willingness on the Department's part; it is because it has had to spend its resources on bringing forward the Justice Act (Northern Ireland) 2011. We have been working on it for several years, whereas the Department of Justice only started to work on it this year, so it is behind us. It would be an option to wait for it to catch up; however, at this point, we do not know how long the policy development stage will take. It could take anything up to a year. We do not want to introduce legislation in the Assembly so late that it will not be enacted in the current session and so fall off the end, as it were.

The provisions for the civil population are hugely important; therefore we do not want to delay their introduction any longer than is absolutely necessary. The Department of Justice intends to bring forward either the provisions that will place it in this Bill or a parallel Bill that will do the same for the criminal justice population. If two Bills are necessary, we will have to go through the Mental Health (Northern Ireland) Order 1986 and pick out the provisions that need to be retained to apply to the criminal justice population — those dealt with in part III of the Order. That would be less than satisfactory, but we are where we are.

We have yet to put proposals to the Minister about whether we bring forward our own Bill, apply or disapply parts of the 1986 Order and repeal the parts that do not need to be maintained because of the new Bill; or whether we delay and wait for the Department of Justice to catch up. We are meeting the draftsman — draftslady — next week.

The Chairperson:

Draftsperson.

Ms Jendoubi:

Lady draftsperson. We expect her to give us more detailed advice than about her timescale. She has already indicated that she would like to have instructions by Christmas if she is to meet the timetable that she has given us for having the Bill ready by February 2012. However, we need to discuss that with her and with Department of Justice officials who will also be present next week. Then we will advise the Minister on what we think we need to do with our part of the Bill.

Mr Brady:

Is the purpose of this legislation not to be all-encompassing and improve on the 1986 Order?

Ms Jendoubi:

Yes.

Mr Brady:

Therefore bits will be selected and bits left out. Surely the purpose of the Bill is to improve on what already exists. Are there bits in the 1986 Order that are better in a sense or the same as?

Ms Jendoubi:

If we had a combined Bill to apply to everyone, the 1986 Mental Health Order would be repealed in its entirety. This Bill would replace it and improve on it. If we do not have a Bill that applies to everybody —

Mr Brady:

It is there to protect the people in the criminal justice system. If you had an all-encompassing Bill, you would not need to worry about —

Ms Jendoubi:

You would not need the 1986 Order at all.

Mr Brady:

It seems a better way forward, but you are talking about timelines.

Ms McCaffrey:

To expedite the process as much as possible, we are working closely with officials from the Department of Justice who are responsible for bringing forward proposals on the criminal justice side to ensure that they have the benefit of our experience in developing those policies on the civil side.

Mr Brady:

It throws into relief the issue of joined-up government. We have two Departments, one of which is behind. The advent of the Department of Justice was much more recent; nevertheless, it highlights the need for joined-up government and for Departments to work together. You said that there are financial implications for that Department because its budget may not stretch due to

criminal justice issues. It highlights what we already know.

The Chairperson:

Would it be appropriate for us to write to the Justice Committee putting forward our position on the issue and trying to use our influence to persuade it to work with you to have the legislation ready as part of a joined-up exercise?

Mr McConville:

We cannot really afford to wait. The civil population has waited for this Bill since 2007. Any delay would run the risk, as someone said, of toppling it off the end of the mandate. Would you write to suggest that they move on rather than we slow down?

The Chairperson:

Absolutely. If there is a will, they will find a way of doing it. I had to take forward a number of pieces of legislation in the previous mandate, and I had to push the Department because it was my wish to see the legislation go through in that mandate. If the will is there, I believe that we can find a way for the Department of Justice to catch up. As Alison said, the benefit of your experience could bring it up to speed very quickly. I fear that if we bring the legislation through without including the criminal justice population — given resources, competing demands and all the rest — it could take years to catch up on that legislation. Our already vulnerable population would be more vulnerable because they would not be included in the legislation. It is a matter of the Department of Justice catching up with you.

Mr Wells:

We received a note from NIACRO that indicated that 90% of prisoners have a diagnosable mental health or substance abuse problem or both. Perhaps the people who need the most attention from mental health legislation are the people who may lose out. I take the Chairman's point: I thought that the benefit of having devolution and devolving policing and justice to the Assembly was that there would be a joined-up approach. This is not new to either Department: the issue has been bubbling below the surface for a very long time; it should not have come up suddenly and bitten them. It is not a matter of a year; you may have had two years to deal with the issue. I am a member of the Justice Committee, so I think that this is something that it will have to take up with Mr Ford's team. It should not be beyond the realms of possibility for the two to run in tandem. You say that it will take about a year for the legislation to reach First

Stage.

Ms Jendoubi:

Yes.

Mr Wells:

If we fire the starting gun with the Department of Justice, we are giving it a year to catch up. If it can get its end of things sorted out, the new Bill could be unified to be introduced on the same time schedule. Is that asking the impossible?

Ms Jendoubi:

In our calculations, that year includes a three- or four-month consultation period on the Bill so that people can see what it consists of. Therefore the Department of Justice would need to have its elements of the Bill ready to go out with those if they are to be consulted on. It would also mean that that the draftsman or drafts lady —

The Chairperson:

Draftsperson. *[Laughter.]*

Ms Jendoubi:

Would need to have sufficient time to build the criminal justice provisions into the draft as she builds it up. It is not a matter of saying, “Here is the Bill. This part of it applies to the civil population and that part to the justice population.” The Department of Justice needs to be absolutely clear all the way through the Bill how each aspect of it will apply to individuals at all key parts of the criminal justice process, from the time that they are arrested to the time that they are released from prison — the whole gamut. It is not just a matter of how it applies to people’s fitness to plead, although that is a key consideration; it is about how the system will respond to individuals who lack capacity at every stage of the criminal justice process. It is not a matter of finding provisions in the Bill and putting a criminal justice gloss on them, as it were.

Mr Wells:

It has been an issue long before today.

Ms Jendoubi:

We have involved Department of Justice officials in the development of policy proposals from the outset. They have been fully involved and are aware of the Bill's provisions. Recently, we sent them a copy of the initial provisions that we got back from the draftsman. Nothing that I have just said is in any way strange or foreign to Department of Justice officials.

Mr Wells:

Are you aware of their having done any work on that issue?

Ms Jendoubi:

They have set up a project structure, and as far as I know they have set up a stakeholder group.

Ms McCaffrey:

They are about to set up a reference group similar to that which we had in developing the policies.

The Chairperson:

Have they set up a Bill team? Is there a team of people in DOJ —

Ms McCaffrey:

They have resources attached to that, yes.

The Chairperson:

Have they identified individuals to lead on that?

Ms McCaffrey:

Yes.

Mr McConville:

We have been working with the same people over the past couple of years and feeding them information on that. In their defence, the same people took the Justice Bill through the Assembly last year; I assume that that was their priority. The same people were dealing with the same issue.

Mr Wells:

Have they given you an indication of how long the Bill would be delayed if a policy decision were taken now to incorporate everyone in the new legislation? Are we talking four months or two years? Do we know how long that would delay proceedings? We have to make a balanced judgement about the timing of the mandate and whether it is worth taking the risk. If it is four months, we could live with it; if it is two years, we could not.

Ms Jendoubi:

I am afraid that I cannot answer that question at this point. We will have a better idea after we have discussed it with the draftsman next week.

Mr McCarthy:

I am very disturbed by the lack of joined-up thinking and joined-up government, as that is what this place is supposed to be about. This is an extremely important issue. A single mental capacity Bill would cover all people who lack capacity for any reason and provide equality and remove stigma for people with mental illness. For the Bill to be truly in line with Bamford, it needs to cover everyone, including those in the criminal justice system, where there seems to be a big gap and where there is a high rate of mental disorder.

I agree with the Chairperson that it might be an idea to have a joint presentation from your Department and the Department of Justice so that we can work out together whether there is a way of moving the Bill more quickly rather than have it delayed. We want progress as soon as possible. What progress is being made to ensure that the final form of the legislation will include all health and justice aspects, in other words, a truly integrated single Bill for mental capacity?

Although the Mental Health (Northern Ireland) Order 1986 was implemented, there was a substantial five-year delay before guidance was issued to professionals in the form of a code of practice, which was not published until 1992. Will we see the same here?

Given that the remit of the new legislation will be much wider than that of the 1986 Order, how many people will require training and support? Have there been discussions with those who will implement the new legislation to assess their needs and agree effective training and training strategies?

The Chairperson:

Kieran, do you want Christine to deal with —

Mr McCarthy:

Just one small one: what mechanisms will the Department use to ensure that training changes practice?

Ms Jendoubi:

I can only repeat what I have already said: a combined Bill would be the ideal, but I cannot say at this point how long we will have to wait to get one. If it turns out that the choice is to wait for a combined Bill, defer the additional safeguards that this Bill would provide for the civil population until that point is reached and have it go off the end of the current mandate, or proceed with a civil Bill only, we would need to put that to Ministers. However, I expect that they would tell us to go ahead with a civil Bill.

Mr McCarthy:

That is very important. Will you advise the Committee of your findings in due course?

Ms Jendoubi:

Certainly.

Mr McCarthy:

As early as possible so that we can support it or otherwise.

Ms Jendoubi:

You hoped that a code of practice would not be delayed like the previous one. It is our intention that the code of practice will accompany the Bill when it is enacted in 2013.

The Chairperson:

Will the code of practice be in the primary or the secondary legislation?

Ms Jendoubi:

It will be an administrative document.

The Chairperson:

It will be an annex or whatever.

Ms Jendoubi:

Yes.

Mr McConville:

There will be a statutory requirement that the Department produce a code of practice; it will be stated in the Bill that it must do so. Our intention is to have both ready at the same time.

Ms Jendoubi:

You asked how many people would need training. Essentially, everyone who deals with people in the health and care sector and who might run up against someone who, for one reason or another, lacks capacity will need to know the bare bones of the new Bill's provisions and what people's rights and safeguards are. Indeed, the population of Northern Ireland will need to know that. We are talking about a very significant public awareness-raising exercise for the general population and also a more substantial awareness-raising exercise specifically for health and social care staff. However, that awareness raising will also be necessary for others who deal with people who might have lost capacity in the criminal justice system as well when we get a Bill that covers everyone.

Mr McCarthy:

That was a very comprehensive answer.

Ms Jendoubi:

You asked about training changing practice.

Ms McCaffrey:

You also asked whether there had been discussions with new stakeholders. That has been an important part of the process. A project managing structure was set up at the beginning of the policy development phase, and it included a wide range of stakeholders. They have been involved throughout, now that the policy development stage is largely completed.

Ms Boyle:

I do not have a question, just an observation. I am sure that all members would agree that society is ready for this much-anticipated Bill. We have a great opportunity to make things right, and I am sure that that will happen. Now is the time to get this right. We do not want to be back here in five or 10 years' time saying that we got it wrong. That is why it is important to have joined-upness.

We cannot wait for the Department of Justice to make progress on its criminal justice proposals; we have to move forward with this. There are perfect examples of why this should happen and why the criminal justice system should be involved at this time. We have to get this right. One of the proposals was to write to the Committee for Justice and the Department of Justice, and Kieran's proposal was for a joint meeting.

The Chairperson:

That may be a wee bit premature, Kieran. In the first instance, we would want to have a sit-down with the Chairperson of the Committee for Justice to ascertain his views. Is that an appropriate course of action?

Mr McCarthy:

OK.

The Chairperson:

It may be less unwieldy. There may be a time when we develop that idea; however, a sit-down with Paul Givan would be very useful.

Ms Boyle:

Time is of the essence.

The Chairperson:

It is.

Mr Wells:

Madam Chairman, there is a precedent, because that was the best way of pushing through that issue on the Donagh inquiry, and it saved a great deal of time. That can work as a model.

The Chairperson:

I am not saying that it cannot work. However, if the Department of Justice is not at the same point as we are, we want to persuade it to get to that point and then we could take further evidence sessions if that helped to develop the legislation from the Department of Justice's point of view as well.

This is, as I said, an introductory session. We expect to have Christine, Patrick and Alison back. We want to be constructive in developing a good piece of legislation along with you and scrutinising it as it goes through the Assembly. We look forward to working with you on that. Thanks a million

Ms Jendoubi:

Thank you very much, Chairperson. We look forward to that.