

24 February 2010

Ms Stella McArdle  
Clerk, Committee for Health, Social Services &  
Public Safety  
Room 416  
Parliament Buildings  
Stormont  
Belfast  
BT4 3XX

Dear Ms McArdle

### **Proposed Safeguarding Board**

Thank you for your letter regarding the above. The Northern Trust welcomes this opportunity to provide the Committee with comments in respect of the proposals. Overall, the Trust views the proposed SBNI as a necessary and welcome development and that the proposed functions of the SBNI are appropriate. There are, however, some specific points as to how the SBNI would operate in practice that I would like to raise.

- The Trust would agree that the SBNI will need to satisfy itself that the necessary core child protection arrangements are operating robustly before it extends its consideration to broader safeguarding issues;
- The Trust would wish to emphasize the importance of effective safeguarding systems ensuring “adequate staffing levels and training for staff ....” (section 1.7f);
  - Research commissioned by NICCY “An Analysis of Public Expenditure on Children in Northern Ireland by Economic Research Institute for Northern Ireland (ERINI) and The Institute of Fiscal Studies (IFS)” (pages 50-51) found that per capita expenditure on Personal Social Services for children and families in Northern Ireland was 28% less than in England, 33% less than in Wales and 44% less than in Scotland.
  - Given that Trusts in Northern Ireland have almost identical statutory duties to discharge in respect of Personal Social Services to those of their counterparts in the other three home countries, this represents a substantial and worrying underinvestment in our local services.
  - The SBNI could have an important role in identifying, quantifying and addressing these long-standing shortfalls.

- Continued failure to ensure adequate funding for Safeguarding Services would inevitably undermine the safety and effectiveness of the services the SBNI would be tasked with strengthening.
- In Northern Ireland, there is a separation between the commissioning of safeguarding services in the HPSS (through the HSCB and the PHA) and the provision of such services (through the NHSCTs). We also have a Government Department and the RQIA (for a population equivalent to that of a good sized county in Great Britain) directly involved in safeguarding issues here. The potential for blurred lines of accountability between all these bodies for such a small population is clear and provides a particular, perhaps unique challenge for Northern Ireland as well as a number of opportunities.
  - The proposals could therefore usefully provide much further clarification (in addition to that set out in section 23 regarding the SBNI and commissioning and planning interfaces for instance) regarding the respective roles of each of these agencies in respect of the commissioning of services. This would be important if we are to avoid a situation where each body expresses concern about the funding positions that has been allowed to develop but with each looking to another agency to take the lead in addressing this.
  - An example of the type of issue that might arise in this context is the proposal set out in section 13.7 that the SBNI “will have the lead role in developing and disseminating .... thresholds for intervention in line with current research and best practice and policy from the DHSSPS.” Setting such thresholds will have direct resource implications for the HSCB and service providers which, if not appropriately addressed, would prevent the thresholds being put into practice.
  - One of the key tests for the proposed SBNI is whether it can deliver on this crucial point, as the development of refined policy and procedures for already hard pressed staff will not, in itself deliver the necessary improvements in Northern Ireland’s safeguarding services.
- The proposals could also provide further guidance on the need to ensure each of the agencies co-operate fully through the SBNI to ensure the monitoring and auditing of Trust services does not become so onerous as to diminish Trust capacity to deliver the services themselves (ref. sections 3.1 iii and 13.13);
- The proposal states that the SBNI “will be independent of the Health and Social Care Board and the five Trusts, making it easier to challenge the operation of both the Board and Trusts.”
  - This challenge function is important and welcome and the proposal could usefully clarify how this is to work in practice. However section 18.8 states that “individual members of the SBNI will remain accountable to the organisations that are their employers”. This arrangement, understandable though it is, may increase the potential for disputes/impasses between the SBNI as a whole and it’s constituent member agencies.



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- Would the SBNI be reliant on the Minister to resolve disputes/impasses with constituent agencies or might it have a degree of statutory authority in such situations in a similar way to the HSCB having statutory responsibilities under the Children Order which they delegate to Trusts to discharge in practice?. This could be linked to section 2.2 which states that the “SBNI will be required to set the strategic direction for individual agencies and organisations in relation to meeting their safeguarding responsibilities to actively influence the commissioning and planning processes that will be engage with under the RPA structures within Northern Ireland” A legal duty on constituent agencies to co-operate with the SBNI as well as in respect of safeguarding would helpful.
- Section 15 refers to a statutory duty to be placed on each member agency to promote better co-operation between the SBNI and its member agencies. This mirrors the requirements set out in Article 46 of the Children Order. However Article 46 has not had the impact one might have hoped for and the proposed legislative underpinnings for the SBNI may not fare any better unless made as clear and specific as possible.
- Section 3.1 vi refers to the need for the SBNI to “consider how best to engage with young people which ensures that the young person’s voice is heard in all that the SBNI do”. The proposal might helpfully set out the links with NICCY in this regard and particularly in respect of the Young Persons Safeguarding Forum referred to in section 22. The possibility of the Commissioner’s office being represented at the SBNI in the capacity of observer might also be worth considering.
- Whilst the proposals specify the level of funding to be provided to appoint the necessary staff to support the work of the SBNI, there is no figure provided in respect of the equivalent support for the five proposed Safeguarding Panels referred to in section 16.7. The Trust would advise that unless sufficient additional resources are provided to ensure the Panels are appropriately supported the Panels will not be able to fulfil their responsibilities in full.
- Section 22.3 states that in respect of consultation with children and young people “in particular the SBNI will take an active interest in the different age groups, children with a disability, children from a rural background, children who are carers, children from different ethnic backgrounds and children at risk of offending or subject to child protection services, but it is not an exhaustive list.” There is a good case to be made for each of these categories to be seen as a priority group but if “everyone is a priority, no one is a priority” and the SBNI may need to adopt a more focused set of priorities for consultation, particularly as it begins to become established.
- There is an urgent need to clarify the roles and responsibilities of members of the SBNI in particular to nursing and:
  - the explicit role of the Designated Nurse for Safeguarding Children (as per Co-Operating to Safeguard Children, DHSSPSNI, 2003) in respect of the SBNI;



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- the difference between the Director of Nursing PHA and the Designated Nurse for Safeguarding Children roles;
- the ability of nurse representatives to 'hold their organisation to account', when the professional group that he/she represents is drawn from different organisations; and
- the link between any Designated Nurse for Safeguarding Children role on the SBNI and the Named Nurses for Safeguarding Children (as per Co-Operating to Safeguard Children, DHSSPSNI, 2003) in each Trust.

The nurse assuming the role of Designated Nurse previously carried by a senior nurse in each of the 4 Boards under the previous structure needs to have the necessary experience and seniority to fulfil its functions across the Trusts.

At section 11.2 regarding core membership, the Designated Doctor role could usefully be added.

- An SBNI subgroup framework would promote wider representation on a multi-disciplinary/multi-agency basis than having a large and unwieldy SBNI group trying to reflect this. Standing subgroups for regional consistency as well as localised ones on an assessed needs basis would both be welcome. It would be helpful if chairs of the local Safeguarding Panels are also core members of the SBNI (rather than as subgroup members) in order to ensure stronger and more effective lines of accountability between the SBNI and the Panels.

As stated above, the Trust welcomes and supports the introduction of the proposed arrangements. The comments set out above are intended to help support efforts to ensure the SBNI is provided with the necessary underpinning to fulfil its role effectively and to fully learn the lessons in respect of the limitations of the Area Child Protection Committees the SBNI would replace.

Yours sincerely



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**Colm Donaghy**  
**Chief Executive**

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