



**Northern Ireland
Assembly**

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

**OFFICIAL REPORT
(Hansard)**

**Departmental Briefing on the
Safeguarding Board Bill**

1 October 2009

NORTHERN IRELAND ASSEMBLY

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

Departmental briefing on the Safeguarding Board Bill

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Members present for all or part of the proceedings:

Mrs Michelle O'Neill (Deputy Chairperson)

Dr Kieran Deeny

Mr Alex Easton

Mr Sam Gardiner

Mrs Carmel Hanna

Mrs Dolores Kelly

Mr John McCallister

Mrs Claire McGill

Mrs Iris Robinson

Witnesses:

Mr Fergal Bradley)

Mr Pat McGlew)

Ms Isobel Riddell)

Department of Health, Social Services and Public Safety

The Deputy Chairperson (Mrs O'Neill):

I welcome Fergal Bradley, who is a senior principal officer in the childcare policy directorate of the Department of Health, Social Services and Public Safety (DHSSPS), to give a departmental briefing on the safeguarding board Bill. I also welcome Isobel Riddell and Pat McGlew from the childcare policy directorate. I apologise for keeping you waiting; our first session ran over time. I invite you to make a presentation, after which members will ask questions.

Mr Fergal Bradley (Department of Health, Social Services and Public Safety):

Thank you for inviting us to speak about the proposals for a safeguarding board for Northern Ireland (SBNI). The proposal is to establish a new strategic body that will co-ordinate a range of activity on safeguarding children. The policy context of the proposal is the document 'Co-operating to Safeguard Children', which sets out our arrangements for inter-agency working on child protection in particular.

Under 'Co-operating to Safeguard Children' there has been four area child protection committees (ACPCs), one in each of the four boards. Work is under way to bring those committees together into a single area child protection committee in the board. The issue with the area child protection committees is that they are, essentially, committees; they are groupings within which the various agencies come together to deal with a range of issues. However, we want to strengthen those arrangements for several reasons, one of which is that, given that the social services' locus is in the boards, the focus has largely been on issues that emerge from social services. We are trying to broaden that agenda to include a wider range of safeguarding issues. The purpose is to broaden the role of the area child protection committees. As such, the proposal is to create a safeguarding board that will have a wider remit, including a strong emphasis on child protection, which the ACPCs are supposed to have, while taking account of wider issues.

We are talking about having a single regional board for Northern Ireland and establishing it on a statutory basis. That will increase its standing and give it more authority. We want it to have an independent chairperson, and we want to specify requirements on membership and attendance and so forth. That may not seem important, but one of the issues that we have with regard to keeping the ACPCs as an effective arrangement is trying to get sufficiently senior people from the different agencies to come along — people who can actually speak for those agencies and commit to inter-agency working on behalf of those agencies. We want to introduce a statutory requirement for all of those agencies that will mean that, in discharging their functions, they make arrangements to safeguard children in the context of discharging their responsibilities.

I will now give the Committee an idea of some of the things that the board will do. Its key function will be to maintain and update existing policies and procedures on how agencies work together to protect children. We have detailed policies and procedures in place now and, over time, those will need to be developed, amended and expanded to deal with various issues that

come up so that we can try to work together better.

The board's second function will be to initiate investigations into cases. Those will be called case management reviews (CMRs), and through that function, children who come to harm or are killed will become known to social services and to the system. It will also look on two levels at arrangements for reviewing child death. First, the safeguarding board will collect and maintain information about all child deaths and analyse it to see what agencies can learn about the cause of child death, the role of the various agencies and how we can work better in that area. Secondly, there will be an explicit examination of the issues that are connected to sudden and unexpected child deaths. Again, that is made up of different elements. We are trying to identify any avoidable factors in the death of the child in question. For example, if the child died suddenly, it must be asked whether an ambulance was called, how long it took to arrive and whether it had all the equipment that it needed. That information must then be followed through. The other element is the need to deal with the family sensitively, particularly in the case of an unexplained or a sudden child death. However, as part of that, there may be occasions when agencies need to look at the circumstances around the death to find out whether something was unexplained or needed to be investigated to see whether the death was accidental. It is a case of trying to balance the need to support and work with the family while the agencies discharge their statutory responsibilities to examine matters that surround the death.

Another key element of information sharing is to look at a wide range of issues, including information sharing on adults who might pose a risk to children, information sharing on children, and information sharing about good practice and working together.

The safeguarding board will be required to develop a communication strategy, which will be aimed at other agencies and different segments of the population. It will set out what their role is and what can be done in society to protect and safeguard children. The board will be required to participate in planning arrangements for the commissioning of services. Therefore, the board will have a direct role in influencing what services are commissioned.

In addition to the safeguarding board, we are proposing to establish five statutory safeguarding panels, one in each trust. Those panels will take forward the tasks that the safeguarding board has decided need to be done. The safeguarding panels will do the work on the ground and will have the same type of membership as the board.

The Deputy Chairperson:

Last week, when departmental officials appeared before the Committee, we talked about the health-related Programme for Government targets. The Committee was alerted to the fact that establishing the safeguarding board is an amber or red priority, and we were concerned about that. Therefore, we were glad to hear that you were coming along this week to talk about the safeguarding group.

We welcome the proposed legislation, but when can we expect the Bill to come to the House for its First Stage?

Mr F Bradley:

We hope to be able to have the legislation early next year, subject to Executive approval. Some technical issues still need to be sorted out, but a lot of work has been done, including the instruction of draftsmen. The proposed legislation is subject to Executive approval, and we hope to get that early next year.

The Deputy Chairperson:

The budget for the board is £750,000. Is that correct?

Mr F Bradley:

Yes. Additional resources are available already for area child protection committees. A lot of the work that is done in support of ACPCs is contribution in kind from all the different agencies.

The Deputy Chairperson:

That seems to be quite a small budget with which to manage the board and five local groups.

Mr F Bradley:

A lot of resources are available already. The £750,000 is an additional resource. However, if you were trying to estimate the notional resource for those arrangements, it would be much more.

Mrs D Kelly:

Thank you for your presentation. I start by expressing my disappointment that it has taken so long to get the issue of safeguarding children before the Assembly, particularly given that legislation appeared in England and Wales in 2004. Why has there been a five-year delay in

bringing Northern Ireland into line with England and Wales on the very important subject of protecting our children and young people?

I welcome the fact that there will be a legal duty on all agencies to co-operate. However, what agencies do you anticipate will be required to operate under that legislation, and who will take the lead?

From reading the summary document, it is my understanding that a lot of back room services will be shared with the Public Health Agency with the result that costs will be reduced. I very much welcome that if that is the case.

I note that you are taking cognisance of the findings of the Baby P case and the Victoria Climbié case. However, a report on the death of a family in a fire in Omagh made lot of recommendations that were for the social services. How are those recommendations being taken account of in the policy?

Other than a preliminary discussion with the Children's Commissioner, I note that there is no mention of the Children's Commissioner being a member of the strategic board or the panel. Why not?

Mr F Bradley:

You asked quite a lot of questions.

In bringing forward the original proposals, we spent a long time engaging with a wide range of stakeholders. In trying to develop the proposals, we worked very closely with a range of voluntary sector organisations and with all the statutory sector bodies.

Mrs D Kelly:

Quantity of time does not always mean quality time.

Mr F Bradley:

No, not always.

In the more recent delay, we reached the point where we had very detailed proposals. We consulted widely with various stakeholders.

When the Baby P case emerged and when the UK Government established the Laming inquiry, which examined the function of equivalent arrangements in England and Wales, we paused because we wanted to see what would happen. We met the Laming team to discuss and share our proposals with it. As a result of the Laming inquiry, there is now a move towards having independent chairpersons for all safeguarding boards in England and Wales, which is a proposal that we made. I can account for the most recent delay most easily; we paused in the aftermath of the publication of the Baby P report.

Ms Isobel Riddell (Department of Health, Social Services and Public Safety):

We were pleased about the fact that when developing our detailed policy proposals, we had considered and taken into account already some of the issues that emerged from the Baby P case. One of the key areas was support for the implementation of recommendations from serious case reviews.

We are very conscious of the fact that there has been more emphasis on getting reports completed than there has been on the implementation of recommendations from serious case reviews. The proposed SBNI will have an active role in addressing that issue. A case management review team will look at the effectiveness of agencies in implementing the recommendations from case management reviews, or serious case reviews as they are known in England.

The proposed board will lead on issues such as raising the profile of safeguarding and child protection across a range of agencies and services. As Fergal mentioned, the proposed board will be required to develop a communication strategy. The profile of safeguarding must be raised. That applies not just to child protection; it must be raised in the wider safeguarding agenda. The proposed board will also look at commissioning training to ensure that multi-agency training, which is required to ensure that effective safeguarding of children, actually happens.

Mrs D Kelly:

I know that there is chronic under-resourcing of children's social work services. Will there be, or are there, recommendations on the maximum number of cases that each social worker can manage?

Mr F Bradley:

A recommendation was made on that after the Laming inquiry, and it is being looked at in England. I can link that back to the Baby P and other cases, including the Omagh case that you mentioned, the O'Neill case and others.

In January 2007, the Department published a child protection overview report that had a series of recommendations for improving child protection services in trusts in Northern Ireland. That report was published by the Department's social services inspectorate and was based on the inspection of five trusts during the previous two years.

Using the recommendations of that report, the Department has been taking forward a wide-ranging reform of all children's social services in the trusts. Across the trusts over the past two years, we have put in place common structures, job descriptions, assessment frameworks, supervision standards, recording standards, and information-sharing standards. Historically, one might have thought that all those were in place already.

We have been benchmarking the recommendations of inquiries, such as the O'Neill and McElhill inquiries, against the child protection overview report. We found that essentially the same sorts of issues were raised, and we have been trying to deal with the issues that I just mentioned. Those include: proper supervision of staff; information being shared properly; information being recorded properly; good assessment; proper identification of risks to children; and good inter-agency co-operation.

Mrs D Kelly:

You still have not said whether recommendations will be made or have been made on maximum caseload.

Mr F Bradley:

We have developed and piloted a caseload waiting system in trusts with social services. It is not simply a question of saying that social workers should have 15 cases; three very complex cases can take up as much of a social worker's time and work as 14 less complex cases. We have been working with social services to enable it to pilot that system in a number of different trusts.

The result of the pilot will not be that the recommended number of cases should be 15; rather,

it will produce some idea of what we think an appropriate caseload for individual social workers is. I cannot say what number that will be, but I can say that that is what we have been trying to work with. In that respect, Northern Ireland is ahead of other parts of the UK in that we have at least developed a system that is being trialled with social services.

Dr Deeny:

Thank you for your evidence. The new body will aim to protect our children before they are harmed or lose their life. We have seen and heard about the incidents that happened both here and across the water. I have been wondering about the relationship with social services. I have worked with social services in the community, and it seems that they sometimes take on a large amount of responsibility. Someone who is concerned about the safety of a child will approach social services. The report may reach a certain level, and a senior social worker may decide whether it goes further up the chain. If there are no further problems with that child, that is fine. However, if something goes wrong, that senior social worker will be held to account.

I welcome the proposed new body; if it saves the one child's life, it is the road to take. Will the body provide backup and advice to social services? How will that operate practically? For example, somebody in primary care who is concerned that a child is at risk will approach a health professional, who will, perhaps, involve social services. What happens thereafter? What is the involvement of the local panels? I presume that they become involved and, thereafter, the central panel will be involved.

Mr F Bradley:

I will outline how the board will address, in a practical way, cases such as the McElhill inquiry, case management reviews and other cases where a child is being harmed. Historically, a report and an action plan would have been produced and circulated to various organisations. One function of the safeguarding board is to work with organisations to translate the learning from such inquiries into changes in professional practice. The board will work with those organisations to ensure they make those changes. It should have a supporting role with other organisations and agencies. It will, in essence, support the work of front line staff in discharging their statutory responsibilities.

Social services receive 24% more referrals each year compared with five years ago. However, I do not believe that that is because demand has increased by 24% in the past five years ago.

Rather, inter-agency working and levels of awareness of child protection issues have increased. Moreover, educational agencies, the police, the voluntary sector and members of the public display a much greater willingness to report concerns to social services. To some extent, communities that did not engage with statutory agencies during the Troubles are now more willing to engage with the police or social services on a wider range of issues.

Many complex issues exist within that level of demand. Issues such as suicide, mental-health issues, and drug, alcohol and substance abuse all interplay and often feature in many cases that staff in social services deal with. They deal with a large number of cases, many of which involve complex issues. That is why we have gone down the road of trying to introduce a common assessment framework, which has brought a lot of guidance and training for our front line staff. It has also tried to link with issues such as domestic violence, sexual violence and the drugs and alcohol strategy.

Supervision is an important element. We need to ensure that time is dedicated to the personal development of front line staff and ensure that, for example, a team leader or supervisor supports them and their decision-making. Furthermore, we have invested heavily in services such as family intervention services to give social workers more options so that in situations where they identify a need, they can passport families into services to meet their needs.

I cannot answer your question specifically, other than to say that front line staff will receive a much more support. Many more services for families and children have been put in place over the past number of years. However, in every circumstance, there will come a time at which, based on the evidence, a social worker has to assess the level of need and determine the appropriate intervention. At that point, it is down to professional judgement.

Ms Riddell:

The safeguarding board is intended to be a co-ordinating and strategic body. I will answer the question about how they fit with the kind of case in question.

The safeguarding panels would have a role in overseeing how agencies are working together to safeguard and promote the welfare of children and to see how they are implementing the policies and procedures. That would feed up the line to the safeguarding board for Northern Ireland. Safeguarding panels will contribute to the work of the regional safeguarding forum's

business plan.

Good working relationships must be encouraged and developed to ensure that cases such as those are dealt with appropriately and that the right policies and procedures are followed so that the child is safeguarded. The safeguarding panels mirror the representation of the membership of the regional safeguarding board. The safeguarding panel will be a joining of the relevant agencies and departments.

Mr Pat McGlew (Department of Health, Social Services and Public Safety):

The safeguarding panels would be local and would be the eyes and ears of the safeguarding board. Although they would examine the recommendations from the Regulation and Quality Improvement Authority, or other inquiries, to check whether they have been implemented, the safeguarding panel would work with people on the ground. There would be one panel in each of the health and social care trust geographical areas, and they could bring together local groups with local representation. Not all the safeguarding panels and the local groups that they bring together will be identical. The trusts that are involved could be rural or urban, and they may have different needs. We want there to be some flexibility so that the relevant trust can bring in local interest.

It is all about communication, getting the key people in, listening and talking, and doing the right thing. That is the position that we are trying to work to at a strategic and a local level to get the system to work, not only from the top down, but from the bottom up.

Mrs I Robinson:

What input does the Prison Service have in protecting children? As you are aware, sex offenders who are released back into the community pose a risk to young children, as do paedophiles. Why is the Prison Service not mentioned in the proposals? That concerns me.

Adoption is an issue. If you remember, there was a horrendous case where an adopted child died. Perhaps I am missing it, but where is the liaison with the adoption service? The concerns are not just about the home environment per se; they are about people who hang around outside schools.

Mr F Bradley:

Adoption is an easy matter to deal with. The recommendations of the Briggs inquiry would feature, because such a case would come before the case management review; that is, before the safeguarding board. Any such investigation would look at the recommendations that were made in and the lessons that were learned from that inquiry, and it would work with other agencies to ensure that that learning translated into changes, where appropriate, in how things were done so that the risk of such occurrences happening in the future could be minimised.

The safeguarding board will have strong links with the police in dealing with sex offenders. The proposals on the membership of the safeguarding board are not 100% finalised. Various arrangements will be linked to the safeguarding board in circumstances where other stakeholders are involved, and various subgroups of the safeguarding board will deal with specific issues.

The complexity in child protection is that the issue of dealing with sex offenders also affects adults. Many sex offenders will have offended against women in particular. There is an overlap between the role of social services and the police. That diverges in cases that involve a child and a paedophile; social services will be the lead agency on meeting the needs of the child, making sure that the child is safe and ensuring that their health and social care needs are met after any abuse has taken place.

However, the police and the criminal justice system would take the lead on managing a sex offender, with input from social services. Social services would want to know what information the police can share with it about what the offender has done. At the same time, the police would want to work closely with social services to gather evidence and to learn what has happened to a particular child. That is why a joint protocol for the investigation of cases would be included in the safeguarding board's policies and procedures.

That protocol will be implemented because a child can be harmed further if statutory agencies do not investigate abuse properly. The point of that protocol is to set out how the agencies should work together and do what they need to do while preventing the child from coming to more harm.

The Department would have to look explicitly at the Prison Service. That would link in with the police and other agencies. For example, the Police Authority for Northern Ireland (PANI) is responsible for managing sex offenders. Policy and legislation falls to the NIO, which sets out

the arrangements in the agencies that work together to manage sex offenders, the threats that they pose, and determines the circumstances in which they live in the community. Social services contribute, but the arrangement is multi-agency. It is led by the police, and the NIO is responsible for policy and legislation.

Mrs I Robinson:

Given that we have this legislative opportunity, and given that we are dealing with children, we should make sure that all the i's are dotted and the t's crossed. There is a high percentage of sex offenders and paedophiles in our prisons, which is a major concern. It has come to my attention that only one in 10 envelopes to inmates is opened. How much weight do you place on examining photographs that are passed into prisons? I am aware that some show images of children in very horrible circumstances.

Mr F Bradley:

I am not sure how that fits into the context of the safeguarding board.

Mrs I Robinson:

I am talking about children being abused.

Mr F Bradley:

The child protection agenda is set out in our legislation. However, all Departments and agencies have responsibilities. I cannot answer that question because we do not have direct policy responsibility for what happens with, for example, opening prisoners' mail. Perhaps that issue needs to be raised with the Prison Service through the NIO.

Mrs I Robinson:

I have done that already.

Mr F Bradley:

That sort of issue could be considered as an element of inter-agency working and of the role that different agencies play in contributing towards a solution. At the end of the day, however, it would still be for whoever has policy and management responsibility for the prisons to determine what happens with such matters.

Mrs I Robinson:

There seems to be a gap. All those agencies that have a link to the protection of children should be working together; there should be no gaps in the overall way that our children are looked after and protected. The photographs that I mentioned were taken of children who were in distress. What happens to the children, and who investigates what has happened?

Mr F Bradley:

The PANI arrangements for managing sex offenders cover offenders who are in prison as well as those who are not. The vast majority of high-risk offenders are in the prison system. I can raise your concerns with PANI and enquire about that part of the arrangements for managing sex offenders in the prison system. I do not know the answer, and we cannot change that situation.

Mrs I Robinson:

Such photographs are currency in prison.

Mr F Bradley:

I am quite happy to raise that issue with PANI.

Mr McGlew:

The chief executive of the probation board and an assistant chief constable would be on the safeguarding board. That would be a further link.

Mrs I Robinson:

There needs to be very direct input from the Prison Service.

Mrs McGill:

I welcome you, and I thank you for your briefing. Dolores Kelly mentioned the McElhill case in Omagh. I have a concern about that, given that I come from and represent West Tyrone. Whenever such serious cases occur, the various agencies and organisations reassure us that everything that needs to be put in place will be put in place. What has happened with that case? I know that a report was produced, but I believe that Fergal spoke about a monitoring process and an action plan in which there has been a serious case review.

I take it that improvements have been made to the system after that case. As you said, Isobel,

the basis of safeguarding is that all the agencies work together. Is there evidence that the agencies are working together, particularly in the Western Trust? If it were working well, I would welcome that.

I am concerned that the number of people on the panels and the boards will lead to some unwieldiness. Given that the Health and Social Care (Reform) Act 2009 put new bodies in place, how will the panels and boards that are proposed by the new Bill work in practice? Will the Bill pick up on what is in place already? Your paper provides information on the structure and the membership, but can you provide more detail? Can you reassure us that the structure will not be unwieldy and that the reason for introducing the legislation will not be lost?

Mr F Bradley:

The board will replace the existing area child protection committees. We are trying to strike a balance between, on the one hand, including as many relevant agencies and organisations to make the policy of inter-agency co-operation on safeguarding work, and, on the other hand, preventing it from being unwieldy. That is why other bits and pieces will be linked to the legislation and why we want the board to be established under statute. For example, we will implement requirements on attendance. The committee might comprise 10 people or 30 people, but it would be weakened if all its members did not turn up, especially if those who did turn up were not the ones who could make decisions that have an impact on how their agency uses its resources.

We are finalising the proposals on the membership, and, to make it work, the committees need to be reasonably large because a number of agencies need to be included. We are doing our best to think about how to make that work effectively.

The case management reviews are managed by the area child protection committees. Each case management review has an action plan, and each area child protection committee can report on progress that has been made in implementing the recommendations from each case management review. For example, we have received regular updates on the implementation of the recommendations of the Toner inquiry, which looked into the death of the McElhill family. The vast majority of those recommendations were targeted at social services. Between 56 and 60 of the 65 recommendations were aimed at the Department, the board or the trust. You asked about implementing inter-agency co-operation. In that case, the vast majority of the recommendations did not affect other agencies.

Ms Riddell:

We have requested an update on the implementation of those recommendations. That update is due by Friday 9 October.

Mr McGlew:

Our difficulty was in trying to include all the key agencies that should be at the table while trying to prevent the body from being unwieldy. We are talking of having, perhaps, 20 people on the strategic board. Many organisations would claim that they should be represented, and you are right to say that it would not work if everyone were included. That is why we want to have a structure operating below the safeguarding board that will incorporate local groups, individuals and interests. We want to try to get the messages to come not only from the top down, but from the bottom up.

The 20 people on the strategic board will be senior people; we hope that the board will include people such as an assistant chief constable and the chief executive of the Probation Board. We hope that the same people will attend all the meetings and that, if they were unable to attend, they could send a deputy only with the permission of the chairperson. We are trying to get agreement on that so that the same people from the key organisations attend, and they must be able to speak for those bodies and be held to account on their behalf.

The board will be made up of the top strategic tier, and each of the five panels below it will have an independent chairperson and will mirror the representation, but at a lower level. Depending on the lower level and what its needs are thought to be, local groups can then feed in and give their views.

Communication is the key. As members will see, throughout the document there is mention of inter-agency working and communication and about people understanding their responsibilities and where they fit. No matter how many times that is mentioned, it is extremely difficult for everybody to get it right all the time. However, we still strive to do so. I do not know whether that helps to answer the question.

Mrs McGill:

Thank you. There was a lot in that answer, so I will not pretend that I have picked up everything.

Ms Riddell:

The membership of the safeguarding board will be reviewed 12 months after it commences. We hope to create a power in the legislation that will allow us to bring new members on to the board. New bodies may even be formed that we would wish to bring into the safeguarding board, but we hope that the legislation will at least allow us to do that.

We also plan to use a subgroup-type working structure in the safeguarding board. For example, a voluntary agency that is not represented as a core member of the board may be brought in to do particular pieces of work on certain groups, such as the communications subgroup. I hope that that gives the Committee a feel for the other ways in which bodies can be associated with and involved in the work of the safeguarding board.

Mrs McGill:

What will be the relationship between the local panel and, for example, the Western Trust?

The Deputy Chairperson:

Is that not —

Mr McGlew:

The director of children's services would be on the safeguarding board at the highest level.

Mrs McGill:

I am talking about the local panel.

Mr McGlew:

They would feed in to the high-level strategic plan. There would also be social work representation at the local level, probably at a lower level than that of the panel. Therefore, social work would be included in both the board and the panel, and the panel would have an independent chairperson. Local issues would be discussed at that level, and that is where the trust would link to the panel. Does that answer your question?

Mr F Bradley:

Are you asking to what extent the panel can tell the trust what to do?

Mrs McGill:

Yes. What will be the chain of command? Who will be in charge?

Mrs D Kelly:

I also asked a question about the lead agency.

Mrs McGill:

I am asking these questions entirely without prejudice, Chair, because I am not sure about these issues. We have just gone through the Health and Social Care Reform Bill and dealt with all the changes arising from it. I am just trying to work it out, and I am concerned that the whole structure might be unwieldy. I wish to state on record that my concerns are about protecting young people and children in particular, and I want to be sure in my own head that we are not going to lose sight of that.

Mr McGlew:

The structures will not remove the responsibility of trusts and professionals to safeguard and protect and to do what they should as part of their current jobs.

Ms Riddell:

Child protection panels exist already. Those panels will morph into the new safeguarding panel, although it will have a wider remit, because it will take on some of the role of the current local ACPCs. In the interim, the chairperson of the safeguarding panel will be a person from children's social services. They will lead the safeguarding panel until the safeguarding board legislation is in place.

Mr F Bradley:

A lot of this is about doing things well, having good practice, policies and procedures and having agencies work well together. If you think about it in those terms, the safeguarding board will set out, by agreement among agencies, what the best practice is, how they should work together and who should do what. The safeguarding panel will then translate that into practical action. Therefore, the safeguarding board will set out what should happen, and the panels will make it happen on the ground, taking account of local circumstances, structures and stakeholders. The trust would be part of that.

The Deputy Chairperson:

OK. Will the proposals for the Bill go out for public consultation?

Mr F Bradley:

The policy was put out for consultation previously. We have done a lot of work on the proposals with children's groups and statutory agencies. If the Executive approve the proposals, we intend to produce a draft Bill.

The Deputy Chairperson:

There are no further questions today, but I am sure that you will attend the Committee regularly as we go through our role in scrutinising the Bill in the new year. Thank you very much.