



Northern Ireland  
Assembly

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COMMITTEE FOR  
HEALTH, SOCIAL SERVICES AND  
PUBLIC SAFETY

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OFFICIAL REPORT  
(Hansard)

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**Evidence Session on the Safeguarding  
Board for Northern Ireland with the  
Belfast and Southern Health and Social  
Care Trusts**

18 March 2010

**NORTHERN IRELAND ASSEMBLY**

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**Evidence Session on the Safeguarding Board for Northern  
Ireland with the Belfast and Southern Health and Social Care  
Trusts**

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**Members present for all or part of the proceedings:**

Mr Jim Wells (Chairperson)  
Mrs Michelle O'Neill (Deputy Chairperson)  
Dr Kieran Deeny  
Mr Alex Easton  
Mrs Dolores Kelly  
Mr Conall McDevitt  
Mrs Claire McGill  
Ms Sue Ramsey

**Witnesses:**

Ms Brenda Creaney	)	
Mr John Growcott	)	Belfast Health and Social Care Trust
Ms Lesley Walker	)	
Mr Brian Dornan	)	Southern Health and Social Care Trust
Mr Paul Morgan	)	

**The Chairperson (Mr Wells):**

We have a formidable line-up in front of us today. In a unique situation, we will hear a joint presentation from the Belfast Health and Social Care Trust and the Southern Health and Social Care Trust. You are all very welcome. I hope that the experiment goes smoothly. We

specifically did not ask the chief executives of the trusts to attend. We felt that it was better to hear from those with direct, hands-on involvement in this important issue.

From the Southern Health and Social Care Trust, I welcome Mr Brian Dornan, director of children and young people, and Mr Paul Morgan, assistant director for safeguarding. From the Belfast Health and Social Care Trust, I welcome Ms Lesley Walker, co-director of family and childcare services, Mr John Growcott, co-director of social work and social care governance, and Ms Brenda Creaney, executive director of nursing and patient experience. You have a combined total of 10 minutes in which to present. That will be a difficult target, but our questions will pick up on any issues that you miss. I assume that you have talked among yourselves about how you will make the presentation. I invite whomever it has been decided should lead to do so.

**Mr Brian Dornan (Southern Health and Social Care Trust):**

Thank you for the opportunity to make a presentation to the Committee. We are grateful for the opportunity to be heard. I will start by talking about four issues which, by way of context, have implications for both trusts in discharging our statutory responsibilities.

In the Southern Trust area, we are experiencing demographic change in the form of a considerable growth in our child population. The area has one fifth of the children in Northern Ireland, but the birth rate has risen by 19% over the past few years.

The second issue that has an impact on us is the rise in childcare activity. In the last complete year for which we have statistics, 2008-09, childcare referrals increased by 4.4%. Within that 4.4% increase, there was a 20% increase in child protection referrals, which now run at an average rate of 17 each week. The number of children on the child protection register has increased by one third and continues to increase slowly.

The third issue, as the Committee is aware, is that of funding and resources. The most recent work on that area was the analysis of public expenditure on children in Northern Ireland, which was commissioned by the Children's Commissioner, the Department of Finance and Personnel (DFP) and the Office of the First Minister and deputy First Minister (OFMDFM). That identified, based on 2004-05 figures, that the personal social services spend on children in Northern Ireland was 28.6% lower than in England and 33% lower than in Wales,.

Our spending profile is different to those in England and Wales. We spend approximately 14% of our personal social services funding on children, and the comparable figures for England and Wales are 24% and 26% respectively. Over the past two decades, the situation has improved to a degree. Some 15 years ago, directors of social services identified that we received 33% less funding than England. However, investment in children's services has increased in the latter period of direct rule and during devolution.

The fourth issue that affects us is our workforce. Some 50% of social workers work in childcare, and 75% have their first post in childcare. That means that, for a large number of social workers, working in childcare is just one phase in their career. Our key challenge is to create a situation in which we can retain highly experienced social workers in the extremely complex area of childcare. The Department, the Health and Social Care Board and the trust are working jointly on that and are examining areas such as practice-based careers, improving supervision and support, training and development. Given that our workforce is made up predominantly of young women in their 20s and 30s, we must give careful consideration to flexible working.

The Southern Trust welcomes the proposals as a good step forward in child protection. It is important to ensure that the focus remains on child protection. As we move towards a broader safeguarding brief, and particularly during introductory period of the safeguarding board for Northern Ireland (SBNI), we must not move the focus from child protection. Strong leadership and commitment across partner agencies is fundamental. Performance management is linked to improved outcomes, and we welcome the concept of using the higher-level outcomes in the OFMDFM strategy. We also welcome the development of the regional safeguarding forum as a means of facilitating wider engagement by all those interested in safeguarding.

We want to emphasise the importance of medical representation on the safeguarding board. That issue merits further consideration, because medicine plays a critical role at many points in child protection and can contribute to the board. It is important for all our professions to know that there is medical representation on the board.

We endorse the clear accountability arrangements, including having an independent chairperson who can hold everyone on the board to account. We welcome the legislation on the duty to safeguard and promote the welfare of children, but we suggest that consideration be given

to extending that legislation to include a duty to co-operate.

Case management reviews (CMRs) are important as a means of learning lessons. The excellent work done by the Institute of Child Care Research (ICCR) at Queen's University and the NSPCC could point to a way forward. We are pleased that that issue has been identified.

Communication is critical, and not only with the wider community. Good communication begins at home, and we will have to be careful to communicate with all the partner organisations that are involved in child protection.

**Mr John Growcott (Belfast Health and Social Care Trust):**

I echo Brian's comments in thanking the Committee for the invitation to attend on behalf of the Belfast Trust. My comments will also be in the context of the ongoing rise in service volumes across the trust, specifically in child protection activity, against the background of the current difficult financial situation.

The trust welcomes the thrust of the safeguarding policy proposal. It offers a structure that will afford a strategic and region-wide focus to safeguarding within and across organisations and sectors. The safeguarding board must make explicit its remit, priorities and outcomes. In that context, the trust is concerned to ensure that children and families who interface with the child protection system are a central priority for the safeguarding board.

Effective leadership will be central to the success of the board. The independent chairperson will require a high level of competence, skills and expertise in safeguarding. He or she must also possess leadership qualities that will facilitate the establishment and operationalising of the board, secure the clarity of its remit and outcomes, facilitate consensus and develop assurance and accountability arrangements. Members will require the parallel skills of capacity, commitment, energy and drive.

As far as resources are concerned, specifically the moneys allocated to the safeguarding board, it is vital that those are ring-fenced. We want to ensure that the overall funding to support safeguarding services is appropriately protected at this difficult stage. The safeguarding board will need to have the expertise and knowledge essential to ensuring the quality and relevance of care management review reports and the deliverability of any outcomes. CMRs are a key

learning tool for practitioners and in promoting improvements in service delivery and the outcomes for children.

The local panels are central to the successful delivery of a safeguarding agenda. The Belfast Trust places a strong emphasis on community representation, participation and engagement. The local panels will take forward and drive the quality and integration of safeguarding practice in local communities.

The trust has a skilled, competent and committed multidisciplinary children's workforce. The key issues that we face are the volume of referrals, capacity, availability of resources and the complexity of the tasks to which safeguarding issues give rise.

**The Chairperson:**

That was an object lesson, gentlemen, on how to get the timing of a presentation exactly right. Recently, I was struck by a union advertisement in the local press. It highlighted the dilemma faced by a social worker involved in childcare from the perspective of those at the coalface. Not for one moment would anyone suggest other than that your role is terribly difficult. For every 99 cases in which you successfully protect a child, there is always one that hits the headlines. Unfortunately, "Social worker protects child" is not headline news, whereas "Child is abused following social worker's mistake" is.

It is particularly interesting to have representatives from the Southern Health and Social Care Trust here. Your situation is unique in that most of the area that you cover straddles the border with the Republic. Will the establishment of the safeguarding board and local panels make it easier to trace children who could so easily be shipped across the border to face further abuse? Will those bodies strengthen the relationship with the authorities in Cavan, Monaghan, and so forth, or will they improve the situation only in Northern Ireland?

**Mr Dornan:**

As my colleague Paul Morgan chairs the child protection panel in the Southern Trust area, he may be better placed to answer that.

**Mr Paul Morgan (Southern Health and Social Care Trust):**

Some good work is being done through Cooperation and Working Together (CAWT) on cross-

border arrangements. They have already worked on developing policies in that area and examining what happens when a child crosses the border. I do not think that those policies have been signed off yet, but that work is bridging some of the gaps. I hope that, with the establishment of the safeguarding board and the panels, we could try to build on and strengthen that work.

**The Chairperson:**

We had representatives from CAWT with us a couple of weeks ago, and that issue was raised. At the moment, if someone is abusing a child in, for example, Keady and takes him or her across the border into the Irish Republic, what flow of information goes with the child and the abuser?

**Mr Morgan:**

We get in touch with the PSNI, and it, in turn, contacts the Garda Síochána down South. If we are able to establish where the abuser and child are going, we also talk to our colleagues in the South. That process kicks in as soon as we become aware that a child has moved out of the jurisdiction. In the past, when such cases have arisen, both jurisdictions have worked well for the benefit of the child.

**The Chairperson:**

In England, there are proposals to log the serious case reviews on the Internet so that the public will be aware of them and for the eventual release of specific information. That is one of the areas being considered by the boards and panels in GB. What are the views of the Belfast Trust and the Southern Trust about the move towards greater openness? Do you envisage any dangers with that?

**Ms Lesley Walker (Belfast Health and Social Care Trust):**

In England, only the executive summaries of serious case reviews are available. Name changes and other measures mean that those summaries contain no personal details. In England, the summaries are published on websites, but that is not the case here. However, we face some real challenges in protecting the anonymity of families involved in the CMRs, because of the size of our community and the risk of identification. We must not forget the survivors and their families.

There will be a push to provide some of the information contained in the executive summaries of CMRs, but we do not want that to go any further. CMRs provide a learning experience for the

trusts, and if we stray into the area of making them inquiries, the potential exists for the openness in the process to be compromised. A CMR is primarily a learning experience that outlines what has not gone well and how we can improve our systems, so we are most anxious about any notion of publicising any of the in-depth information contained therein.

**The Chairperson:**

Both trusts made a strong point about how they perceive the comparative underfunding of social services in general and child protection in particular. When serious cases have arisen, we have noticed how inexperienced the team has been, with recently graduated social workers often comprising the majority. Even if, as a result of the introduction of the safeguarding boards, the Government made a commitment to increase funding significantly, are there enough experienced people to fill the posts to bring the service up to the appropriate standard? Do we produce enough graduates and retain enough experienced people to provide the level of service that you feel is necessary?

**Mr Dornan:**

There has been a considerable increase in the number of social workers being trained in Northern Ireland. In the family support teams and the gateway teams, the key issue is the retention of staff. Often, members of those teams find posts in other parts of childcare services or adult services that they consider more attractive as a base for a long-term career.

Some of the steps that have been taken, such as the introduction of funding by the Department of principal practitioners, mean that each trust now has three staff at a very senior grade specifically in childcare. Such steps are improving practice-based career structures.

There is no doubt that social workers enter social work because they want to practise as social workers, and they welcome the opportunity for practice-based career structures. There is a precedent for turning situations around, because, 20 years ago, after the Kincora boys' home scandal, we were talking about the difficulty in attracting qualified social workers to residential childcare. That situation has improved dramatically through a process of improving staffing levels, training, support, status, recognition and pay. That multifaceted approach has delivered successfully. We are working on some of those issues, and funding is one of the pieces of the jigsaw that must be addressed.



**The Chairperson:**

As the Deputy Chairperson is not here, I will take her slot before passing the questioning over to Kieran Deeny. The Committee wants to build and improve on the experiences of the legislation that has been in place in England and Wales since 2004. Are there any major deficiencies or issues with the operation of the safeguarding boards in England and Wales of which we should be aware so that we can avoid them, or are you broadly content with the thrust of what is happening there?

**Ms Walker:**

From my experience as the chair of a safeguarding board in England, I think that I have a little bit of an advantage. Our submission demonstrates how important it is for chairs of the boards in England to have the required skills and how some of the deficits on the boards were linked to certain chairs' lack of skills and experience. The structures in place to support the boards are also important, because the boards themselves clearly cannot carry out the detailed business that is required to ensure that the process for safeguarding children is working adequately all the way down to the front line, particularly in local areas.

The support systems are also important. Many of the safeguarding boards had to create extra posts to ensure that the business in their agencies and across the other agencies was driven forward. That business included asking the necessary searching questions to assure everyone that the services were being properly provided and were appropriately safeguarding children. The structures presented a challenge, and much work was done to address the problems. Although the structures themselves do not protect children, they ensure that the various agencies, particularly those that sit outside the statutory sector, are asked challenging questions and held to account. The structures also ensure that organisations are asked appropriate questions about their safeguarding practice.

**The Chairperson:**

Many witnesses have spoken about the importance of the chairperson's role. Given that the skills and range of expertise required are incredibly onerous, I wonder whether we are advertising for a chair or a deity.

**Dr Deeny:**

Thank you for your presentation, ladies and gentlemen. Mr Dornan, I was taken aback by the

extent of the increase in the number of referrals. Indeed, I think that you mentioned a figure of 20%. Is that because of poor parenting skills or because cases were overlooked in the past?

My second question has been partially answered. I work with social workers, and I know that their jobs are stressful. Will there be a fall-off in the number of students applying to social work courses at universities? More specifically, will the number of students who wish to specialise in childcare decrease? Will that be a problem in the future?

**Mr Morgan:**

Several factors have led to the rise in referrals. First, social services and the voluntary community sector are better at getting the message out, and the public are better at reporting concerns. Secondly, over time, the quality of the assessments and the degree of multi-agency working has improved, and, consequently, there is much more confidence in the process. The engagement in assessing the risks has also improved, because other agencies have been quicker to enter the process at an early stage. The combination of those factors has led to an increase in the number of children who are the subject of pure referrals. That, in turn, has an effect on the number of children on the register.

**Dr Deeny:**

I am not trying to blame parents, but does poor parenting have anything to do with the increase?

**Mr Morgan:**

I know that you are not blaming parents. As a society, we have witnessed the general breakdown of the family unit and extended family unit. We have to replace much of that with community-based support and whatever assistance professional people can provide as part of that. Parenting is, therefore, a factor.

**Mr Dornan:**

I will address the second part of the question. Another of the successes of recent years has been in attracting high-calibre candidates to social work. There have been tremendous steps forward in registration, protection of title, the honours degree, training and post-qualifying training. That has helped considerably, and the quality of applicants to social work courses in Northern Ireland is extremely high at the moment.

A major issue for us is the retention of social workers who work in childcare. There is no doubt that there is the potential for social work to become less attractive, depending on how issues are dealt with in the Province. However, we have made much progress, and I am optimistic that the right calibre of staff will come forward in sufficient numbers. Our challenge is to harness those staff in the long term and to secure their development.

**Dr Deeny:**

Finally, have the recent high-profile public cases had a detrimental effect on young people who may have been considering a career in social work?

**Mr Dornan:**

Yes, but there has been a tremendous reaction within the profession to the degree of support that the Minister has given for extremely difficult cases. That has been viewed as good local leadership in the Province and indicative of the response that we get from local politicians, which tends to be highly responsible. A balanced approach locally to how we interpret different circumstances could be helpful.

**Mr Easton:**

Thank you for your presentation. My original questions have been nobbled, but I have some others to put to you. Lesley, I was interested to hear that you have some experience of safeguarding across the water. In simple terms, will the introduction of safeguarding be good for Northern Ireland? Will it improve the current situation?

Secondly, where will the Children's Commissioner fit into safeguarding, if at all?

**Ms Walker:**

From my experience, the introduction of safeguarding bodies sent out the clear message that safeguarding was everybody's business. There was the sense that agencies had to account for their practice in those areas. It, therefore, shifted the focus. As we state in our submission to the Committee, it is important for the safeguarding board, in its early stages, to keep the focus on the key tasks of child protection. Its work must not become diluted by other issues that may be more generally related to safeguarding children but are not the core areas of child protection. That clear message to agencies provided focus and improvement. As I said, as long as the structures that sit underneath any regional board promote the same safeguarding message, and the structures

are able to deal with local issues by making local agencies accountable, the arrangement should work well.

**Mr Growcott:**

The question of the Children's Commissioner's involvement is linked to a number of issues about how currently established bodies will relate and interface with the safeguarding board. My sense is that the Commissioner's specific remit and responsibility will remain intact and will parallel the operationalising of the safeguarding board. Inevitably, there will be interfaces and issues of common interest, but the Commissioner's role is unique and clear and will continue in parallel with the safeguarding structure.

**Mr Easton:**

It might be interesting to write to the Children's Commissioner to request her view on that.

**The Committee Clerk:**

We have received a submission from the Children's Commissioner.

**Mr McDevitt:**

A question that comes up all the time is whether putting a great structure in place effects a cultural shift or changes the behaviour of organisations. That is a question that I have put to every witness. Given that the trusts are so central to a successful culture and a successful process of safeguarding, how confident are each of you that you have fully embraced, adopted or mainstreamed a safeguarding culture in your trust?

**Mr Morgan:**

I will answer on behalf of the Southern Trust. At the time that the SBNI documentation was coming out, we had three panels and engaged in much dialogue with every member of those panels. Everyone sat round the table to discuss the documentation and what would be the thrust and ethos of the SBNI. Over time, we worked through that and established a single panel that kept the core people involved. We are still in the process of developing mechanisms.

With the SBNI not yet established, we still work on the premise of establishing ourselves as a safeguarding panel for Northern Ireland. The total panel worked on various elements in the SBNI document, such as how we develop subcommittees, how many there should be and what

functions those might undertake. Therefore, everyone has been engaged in the work and felt a sense of ownership. Even before the SBNI came about, we always had a strongly rooted panel, or a number of panels, in the Southern Trust, as, I think, the other trusts have. It worked well with the community and voluntary sector and the statutory sector, and we are building on that.

**Ms Brenda Creaney (Belfast Health and Social Care Trust):**

I will speak on behalf of the Belfast Trust. By profession, I am not a social worker but a children's nurse. Until recently, I was the named nurse for child protection in the Belfast Trust. The requirement for a named nurse is replicated across all the trusts. Our panel, in common with that of the Southern Trust, came together as an amalgam of all the panels from the legacy organisations and has worked in a multidisciplinary way to ensure that safeguarding is embedded across the trust. That process was not without its challenges.

On that panel, we have representatives from mental health, emergency services across the trust, the voluntary and community sector, the police, the Housing Executive and youth justice. We develop our policies, procedures and all our day-to-day working on child protection based on the ethos that child protection is everyone's business. We work hard to maintain that ethos.

**Mr McDevitt:**

I have a specific question for the Belfast Trust. Your submission refers to the type of individual who should sit on the panel. It states that, although there must be an emphasis on senior representatives with the authority to commit their individual organisations to the safeguarding board's proposals and priorities, members must also have sufficient operational experience and expertise in safeguarding and child protection. Who exactly are we talking about?

**Mr Growcott:**

That is a good question, because a whole raft of skills is required. It is legitimate to suggest that a senior representative will have the capacity or authority to speak for his or her organisation and will have sufficient status in that organisation to drive the delivery of a safeguarding agenda. In that context, cultural change in an organisation will happen, and that will be evidenced by a re-profiling of its priorities.

It is not necessary to have been a practitioner, but people must have the necessary commitment, energy, focus and more than an interest in safeguarding. Their knowledge base

must be sufficient to enable them to make informed decisions about the issues that the safeguarding board will address. Moreover, within their organisation, they will have sufficient kudos, knowledge base and competence to advance those decisions.

**Mr McDevitt:**

The events of this week have shown the types of gap that can exist in an organisation. The lack of a safeguarding culture can affect an organisation's credibility in today's world. I do not ask this as a political question, but will similar gaps become evident in the state system as we begin to roll out the formal safeguarding structures? Or are you confident that the trusts and the other apparatus and organs of state have reached the point at which it is unlikely that we will ever hear stories again like those that we heard this week, when such obviously alternative views were expressed about what constitutes acceptable or unacceptable safeguarding?

**Mr Growcott:**

We emphasised the difference between confidence and complacency. My sense is that the trusts — I think that I can speak for all the trusts — have invested substantially in developing strong safeguarding cultures and processes in their organisations. That is reflected in their commitment to developing and training the multidisciplinary staff group and ensuring its standards and competence. Our organisation has robust internal and external governance structures that are delivered through the Regulation and Quality Improvement Authority (RQIA), the commissioner and our accountability to the courts in respect of applications for care orders.

That said, we must never become complacent. There is a constant requirement to revisit the issues, develop and move forward. An important component of the trust's safeguarding agenda is the provision of support and help for struggling organisations and agencies to enable them to reach a robust and safe standard in their safeguarding remit.

**Mr Morgan:**

The agencies that sat on the old panels, which have now been collapsed into one, have demonstrated strong commitment. At the highest levels of the PSNI and the education sector, for example, full commitment has been given to the safeguarding agenda. We gain strength from their commitment.

**Mr Gardiner:**

I join my colleagues in thanking you for your presentation. Mr Dornan, you spoke about the amount of money that is poured into the Department. You compared our expenditure with England and Wales, where the financial support for children's services is much greater than in Northern Ireland. People think that we pour a great deal of money into health, and members around this table say that the Health Minister is the one who spends the big bucks.

This afternoon, however, you proved that your Department is underfunded in comparison with its counterparts in England and Wales. Will you elaborate on that? You also mentioned the increase in the number of children who have been abused coming to the fore. My goodness, it has been embarrassing to read in the papers recently about what happens and how children are not receiving the necessary protection.

**Mr Dornan:**

Over the years, the pattern of expenditure has been examined on a number of occasions, and it has remained broadly similar. However, in recent years, under the Peter Hain and devolved Administrations, there has been a move towards a higher level of investment in children's social services. The amount spent on personal social services in Northern Ireland is about the same as in England, but we spend it differently. We spend more money on adult services than on children's services, so it is not a simple per capita issue. Children make up about 23% of the population here, and we spend 14% of the budget on them. In England, the percentage of children who make up the population is slightly lower, but 24% is spent on them.

Over the years and for a variety of reasons, we have made slightly different choices in Northern Ireland. We want to underscore that, in the constant re-examination of how we should spend our funds, this area of work is highly complex and merits a higher level of investment. The decision to increase expenditure on children's services has been taken elsewhere, and we encourage our Government and policymakers to examine the benefits of doing the same.

**Mr Gardiner:**

We have had conversations about that around this table.

**Mr Dornan:**

John Appleby examined the issue, and, interestingly, his view was that the results in Northern

Ireland were similar to those in England. Our circumstances are slightly different, but we have moved from a 33% lower level of expenditure about 15 years ago to the current level that is 28% or 29% lower.

**Mrs D Kelly:**

I want to pick up on Conall's point. This may be a bit unfair, but, bearing in mind the news this week, and particularly the disgraceful comments made by Monsignor Dooley yesterday, what role would a safeguarding board adopt in relation to the Catholic Church?

**The Chairperson:**

It is fair to deal with the generalities, but I do not think that it would be fair to ask for a view, particularly on the comments of Mr Dooley.

**Mrs D Kelly:**

OK, fair enough.

**The Chairperson:**

I think that we should stick to the general issue of what could be done.

**Mrs D Kelly:**

What would be the role of the safeguarding board?

**Mr Dornan:**

I will turn to one of my experts, as she has been a member of a safeguarding panel.

**Ms Walker:**

I will sum up what John said: it is a case of working with such organisations to bring forward necessary change, to help them to understand their responsibilities in the safeguarding process and to ensure that their processes are robust. That would be the key role of the safeguarding board. There may also be an element of challenge involved.

**Mrs D Kelly:**

Further to your point about challenge, are there any powers not contained in the proposal that the safeguarding board would need to carry out an investigation or bring about affirmative action?



**Mr Growcott:**

A strong legislative base shapes and informs how the statutory functions for protecting children are discharged. Although that is subject to review, my sense is that those functions are robust and comprehensive. As Lesley said, the role of the safeguarding board in engaging with such organisations, wherever they are, is to promote actions and challenge to facilitate their achieving a standard of safeguarding that is deemed appropriate to their remit and role. It is difficult to go beyond that.

**The Chairperson:**

It is helpful that Lesley is here, because of her experience in GB.

**Ms Walker:**

I wish that I had not mentioned that. — *[Laughter.]*

**The Chairperson:**

Have faith-based organisations been involved in appointing members or even chairpersons to panels or boards in GB?

**Ms Walker:**

They have representation on panels and boards, depending on the make-up of particular areas, although not all organisations are represented. All panel members play a key role in appointing the chairperson alongside a rigorous process involving young people's panels, technical panels and other key representatives. Local politicians are also part of that process.

**The Chairperson:**

If we had a board in Northern Ireland today, would its chairperson have been able to speak publicly, on behalf of child protection, about the sort of issues that have been mentioned. Would that happen in GB?

**Ms Walker:**

There has been some debate about that, because of the different nature of chairpersons. If an issue impacted on a particular area, however, the chairperson would be expected to issue press statements and, perhaps, to talk about the matter.

**Mrs D Kelly:**

If we are trying to improve child protection, we must get it right now, because this is our chance. It is important in creating public confidence that the safeguarding board should have a say. Should it come to coping with the kind of situation that arose over the past few weeks and months, are there any deficiencies in the proposal? You may want to come back to the Committee about that after further discussion.

**Mr Morgan:**

The issue of communication and developing a communication strategy is an important element, as is reflected in both trusts' submissions to the Committee. We must get messages out to the public to enhance their confidence. However, we must also send out the message to key stakeholders, so that everyone owns child protection, and, therefore, everyone is open to discussing it and considering how to resolve issues. That is a key element of moving forward.

**Mr McDevitt:**

It is a useful backdrop to the conversation, because it tests the theory, and it is right that we have the conversation in that context. We are talking about having a fairly independent chairperson of the safeguarding board in Northern Ireland, and we all agree that this person should be independently appointed. As Mr Growcott and previous witnesses have observed, however, it will be very difficult to find the right calibre of individual, but we should strive to do so. Would he or she have been expected to comment publicly in the past week?

**Mr Growcott:**

I can speak only from a personal perspective. My answer is yes, but only within certain parameters and on the general issues that relate to the concept of safeguarding, and without commenting on the detail or the particular circumstances.

**The Chairperson:**

Whoever takes up the position will find it an extraordinarily demanding role.

**Mrs D Kelly:**

On a separate matter, in the Southern Trust area, there have been demographic changes. A number of new ethnic minority populations are present, and they have different cultures and

attitudes to child protection. How will they be taken account of in safeguarding? It will feature as a part of education and communication.

**Mr Morgan:**

The Southern Trust has been trying to address that. We have interpreting services, and we work closely with them to ensure that we get the messages across and that the right messages are coming back. We must take account of cultural differences, but we must also take account of the culture in which we live and the standards that we set for caring for children. We must not lower those standards in trying to engage with a family from a black and minority ethnic (BME) community. Our challenge is to protect their children as best we can. The proposal refers to a community forum: through that, and through the local safeguarding panel, we hope to tackle that challenge. They are local issues that vary across the region.

**Mrs D Kelly:**

That is a part of the problem. The cost of interpreting services in the Southern Trust area is hefty, and that should be taken into account. Are there opportunities, through the European Union, to draw down funds and provide education in the countries of origin on the standards that are expected here?

**Ms Creaney:**

Health visitors are crucial to the overall development and behaviour management of children. In the Southern and Belfast Trust areas, health visitors have specialised in working with different ethnic groups. They advise that, although certain BME groups may have different child-rearing practices, acceptable practices must be uppermost. We have also had issues with the translation and interpretation, by the interpreters, of what is acceptable practice. That has been a challenge, but we are getting there. It is also a matter of working with those communities, in some of which we have observed exemplary child-rearing practices from which we could learn quite a bit.

**Mr Dornan:**

One of the Southern Trust's initiatives was to employ five health-visiting assistants, who are native speakers of Portuguese, Polish and Lithuanian, as part of our core health-visiting team.

**Mrs D Kelly:**

Perhaps the Committee could ask the Department about any opportunities or examples in Europe

that may help.

**The Chairperson:**

I will put that on the list of questions for witnesses from the Department. This has been a very interesting session. The reason why the Committee invited the top team from Northern Ireland was to gain an urban and a rural perspective of safeguarding. I am aware of the work of the Southern Trust but know little about the work in Belfast. Are there any contrasts or differences in child protection between an urban and rural setting? The two trusts seem to speak with a unified voice, but are there any particular difficulties? I would have thought that the ethnic issue, for example, would have been more of an issue for the Southern Trust than the Belfast Trust. Perhaps I am wrong in thinking that, but are there any major contrasts between the work of the two trusts?

**Mr Dornan:**

The Southern Trust area has significant urban areas — even a city — as well as rural areas. We encounter intractable difficulties in rural areas too. Sometimes, rural deprivation, which is a factor, can get lost in wards, whereas it is more easily noticed in urban areas. I am not sure that either setting is easier than the other.

**Mr Morgan:**

A constant challenge for the Southern Trust, given the urban/rural split and taking account of the funding within which we have to work, is making our services accessible to people in isolated rural areas. The BME population in the Southern Trust area, which is quite concentrated, presents an additional challenge.

**Ms Creaney:**

It is also important to note how we work across trusts to safeguard children. We all know each other so well because we work across all those boundaries in health and social services. Children from all over Northern Ireland come to use the acute health services in Belfast. Therefore, we work closely with our colleagues across all the trusts to ensure that safeguarding is promoted when a child is discharged from hospital, particularly when there are ongoing difficulties.

**Mr Growcott:**

We have common values and principles that shape and inform practice. Other logistical and

service delivery issues are reflective of geographical size. There are discrete and unique communities in Belfast with a strong sense of cultural and local identity. In an urban setting, a key issue in profiling need and delivering services is accessibility. We must ensure, certainly in respect of our broader family support services, that there is no sense of stigma and no obstacles to the families about whom we are most concerned in accessing those services. That is a particular challenge.

**The Chairperson:**

As part of the Committee's examination of this issue, we have become aware that child protection teams in certain local offices were simply not up to scratch. There were various reasons for that, some of which, such as inexperience, were not their fault. Based on the GB experience, what would happen if the new safeguarding board and panels were to become aware of a child protection team that was not up to scratch? Should a dreadful situation arise, whether through understaffing, inexperience or poor staffing, do you envisage the board and panels investigating and taking action, or would you expect them to wait until a body such as the RQIA checked out what was going on?

**Ms Walker:**

The first recourse would always be to the management of that area. There would, through the safeguarding board, be performance indicators and audit frameworks to give regular feedback and assurance to the board about practice on the ground. We will need to establish and develop a range of measures to assure us about child protection practice in each trust. That assurance would come from the panels and from their reporting to the safeguarding board. Therefore, our first recourse on seeing patterns of concern would always be to ask questions of the local management, because data can be interpreted in different ways. The challenge is clear, and our intention is always to be the first line of defence.

If we have the proper measures in place, we should pick up quickly on indicators of concern through, for example, individual agency reviews of child injuries or the CMR process. That process will highlight here, as a similar one has in England, areas in which there is a higher level of incidents involving children. In a certain area, should any issues about performance indicators or audit processes cause concern, they should be referred to the safeguarding board. That will happen if the process operates as it should, and we hope that it will.

We will ensure that there are mechanisms that raise early alerts on each trust panel and the safeguarding board. We will be able to detect whether there are any issues that we need to address and challenge.

**The Chairperson:**

If the safeguarding board were to remain of the view that an individual trust had not reacted properly to its concerns and that the situation had continued to deteriorate, what would it do?

**Ms Walker:**

The independent chairperson should discuss the matter with those to whom they are accountable and decide on the next step. That is why independent chairpersons will be in place. If they are concerned about the practice in a certain organisation, they can have the difficult conversation with the chief executive or representative of that organisation. That is where the proposal places the challenge function, and the reporting mechanism extends ultimately to the Minister.

**The Chairperson:**

Thank you very much. You have dealt with all the issues raised, and your submission is much appreciated. It is an issue to which the Committee will return many times, particularly when the Bill has been published in draft form. We have finished exactly on time today. If we could train every set of witnesses to be as well organised as you, we would be extremely happy.

**Mr Dornan:**

Thank you very much for the invitation to attend. We greatly appreciate having been brought into the process.