



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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**Safeguarding Board Bill:  
Evidence Session with the Belfast Health  
and Social Care Trust and the Southern  
Health and Social Care Trust**

23 September 2010

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

Mr Jim Wells (Chairperson)  
Mrs Michelle O'Neill (Deputy Chairperson)  
Mr Mickey Brady  
Dr Kieran Deeny  
Mr Alex Easton  
Mr Tommy Gallagher  
Mr Paul Girvan

**Witnesses:**

Mr John Growcott	)	
Mrs Olive MacLeod	)	Belfast Health and Social Care Trust
Ms Lesley Walker	)	
Mr David Douglas	)	Southern Health and Social Care Trust
Mr Paul Morgan	)	

**The Chairperson (Mr Wells):**

We will take evidence from the Belfast Health and Social Care Trust and the Southern Health and Social Care Trust. From the Southern Trust, I introduce Mr Paul Morgan, acting director of family support and safeguarding, and Mr David Douglas, head of safeguarding. From the Belfast Trust, I introduce Lesley Walker, co-director of family and childcare; Mr John Growcott, who has

been in front of us before and is co-director of social work and social care governance; and Olive MacLeod, co-director of governance, patient safety and performance. Those of you who have been in front of us before know the routine. I ask you to take 10 minutes to give your evidence. Members who wish to ask questions should put their names forward to me or the Committee Clerk.

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

I will give a brief presentation on behalf of both trusts. On behalf of the Southern and Belfast Trusts, I thank the Committee for the invitation to participate in the Committee's hearings on the Safeguarding Board Bill. I wish to present an overview of the trusts' perspective on the Bill.

I will begin by providing some context. The population of children under the age of 18 years in the Southern and Belfast Trusts is approximately 165,000. As of 31 March 2010, the total number of children in need, those children in respect of whom the trust has a statutory responsibility to provide services on the basis of assessed need, was approximately 12,000. Of that cohort, a total of 1,050 children were registered on the child protection registers. A separate cohort of 1,014 comprised looked-after children.

Central to the organisational and service delivery arrangements that inform universal and discrete services for children in need in both trusts is an unambiguous focus on promoting the protection and well-being of children through multi-agency, multi-sectoral and multi-professional processes in partnership with parents, local communities and the spectrum of community, voluntary and statutory agencies. Engagement with, and support for, children and their parents is a core template on which the trusts discharge their statutory duties, particularly to those children in respect of whom there are safeguarding concerns. Such interventions are informed by the paramountcy of a child's welfare; proportionate in the exercise of statutory authority; and underpinned by multi-disciplinary and multi-sectoral processes of assessment and care planning.

The safeguarding of children requires effective and integrated multi-sectoral, strategic, organisational and service delivery structures. Those must be appropriately resourced, predicated on robust evidence-based performance processes and have strong assurance arrangements. Regionally and nationally, there has been a significant and sustained increase in the number of referrals of children in need to family and childcare services in the period since the establishment of both trusts in April 2007, which reflects the impact of the Climbié and Baby Peter cases. That

has been paralleled by an ongoing process of modernisation and reform in children's social services, which is informed by the recommendations of several independent inquiries. The trusts consider that structures are essential in affording a framework that optimises opportunities for integration, coherence, transparency and accountability.

Integral to the effective functioning of the safeguarding system are leadership and accountability; individual organisational arrangements that profile the priority to be afforded to safeguarding; inter-agency, multi-professional and multi-sectoral working; a skilled, confident and competent workforce; and communication, information and purposeful engagement with representatives and communities to address the challenges and uncertainties of child protection issues and to enhance public awareness and secure their confidence in the competence of safeguarding services.

The trusts welcome the proposed establishment of the safeguarding board for Northern Ireland (SBNI) and the functions of the board, as delineated at clause 3. In the trusts' view, the duty to co-operate, as referenced in clause 10, will afford a structure and related mechanisms to secure the engagement of key agencies across the spectrum in appropriately profiling the importance of safeguarding; developing robust safeguarding processes within their own organisations; and developing cohesive and integrated strategic priorities and related review and reporting arrangements. The trusts wish the Bill to articulate a duty on the board to establish effective arrangements to engage children and young people in the safeguarding agenda.

The trusts regard the local safeguarding panels, as referenced in clause 7, as key vehicles for the effective delivery of the safeguarding agenda. It is essential that such panels have appropriate community representation and engage effectively with other local organisations to facilitate mechanisms for communication and accountability to their communities. The trusts regard the role of the safeguarding board's chairperson as central to the operational effectiveness of the board; profiling and communicating the safeguarding agenda to the wider public and elected representatives; providing leadership and clarity in addressing the complexities, challenges, tensions and uncertainties that are integral dimensions of safeguarding; and facilitating critical challenges in policy and practice at strategic and service delivery levels.

The trusts are concerned to ensure that the primacy of children in need and child protection is not diluted in the context of the competing priorities across the width of the safeguarding

spectrum.

In conclusion, the trusts affirm that the safeguarding board will facilitate the consolidation and enhancement of multi-sectoral and multi-disciplinary service development and delivery. Research on the effectiveness of the safeguarding board arrangements in England identified the importance of strong leadership, continuity of membership and agency participation, local engagement and accountability arrangements, effective communication processes, clarity, coherence and pragmatism in deliverable, although challenging, performance frameworks and achieving positive outcomes.

**The Chairperson:**

As you know, England has the benefit of having such bodies since they came into operation four years ago; the legislation was enacted six years ago. Have the Southern or Belfast Trusts carried out any investigations to determine how successful those bodies have been or whether there is anything to be learned from child protection practices there? Has there been any such contact at all?

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

As I said to the Committee when I last appeared, I was the independent chairperson of a safeguarding board in England prior to coming back to Northern Ireland. I have some experience of how the safeguarding boards operated, their effectiveness and how they worked to make themselves more effective over time.

We have also studied the recently published research on the evaluation of the arrangements. Through ongoing contacts with several local authorities in England and Wales, we have been receiving regular feedback about what works well and what could be done better to improve the effectiveness of the boards.

**The Chairperson:**

Are you content that the lessons learned and the structures in GB can be easily transferred to the Northern Ireland context? Given that we have five new trusts — we have amalgamated 18 into five — one might think that there would be greater efficiency and that safeguarding panels might not be necessary. It is a more difficult question, but what is your view on that model being brought across to the new situation here?

**Ms Walker:**

In England, the system works slightly differently because each local authority has its own safeguarding board. That is why, in our evidence, we state that the way in which the local safeguarding panels operate is a key consideration. We are working to ensure that the links between the panels and the regional safeguarding board will work effectively. Those are key elements of the way in which the system will work in Northern Ireland.

**The Chairperson:**

I do not know whether you read last week's evidence from a lady in GB, who is the chairperson of a local safeguarding board. We were quite surprised to hear that the board met three days a month. When you were in England, what time commitments did the chairperson give?

**Ms Walker:**

That varied from board to board, depending on the arrangements. I will not go into all the detail, but some of the chairpersons of safeguarding boards in England were also involved in child trust arrangements, which are no longer in operation there. Those that sat on both groups contributed more days. Initially, however, the average commitment was about three or four days a month. For some, it was much more, and for a very few, less.

**The Chairperson:**

The other issue that came up last week, and in a previous hearing, was the problem with the apparent control of the Department over the work of the board, as suggested in the proposed legislation. A strict interpretation would lead one to think that the board and its chairperson could do practically nothing unless instructed or authorised to do so by the Department. Should the legislation pan out that way, do the trusts not regard that as being a major constraint on the board's work?

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

We are all involved in the safeguarding board for Northern Ireland project reference group that is debating several issues. The group includes the Department, the statutory sector and quite a number of representatives of the community and voluntary sector. The group has tried to consider the issues in conjunction with the policy document that we discussed in March. People have collectively signed up to the way in which we are trying to progress that. Some finer details

of accountability and relationships still have to be worked out, and we are hopeful that that will be done around the table by working through the regulations and guidance.

**Ms Walker:**

The chairperson must sit within a clear structure. In England, the chairperson is employed by the local authority and is directly responsible to the director of social services. That is a similar situation, although the nature of the situation and legislation here makes it slightly different. In England, they are clearly not independent and do not sit as independent bodies. They are employed by their local authority and are subject to the direct scrutiny of the lead member and, ultimately, the director of children's services. Therefore, the chairpersons are not totally independent.

**The Chairperson:**

It is markedly different, because we have a unified health and social care structure. That makes us even more worried about the power of the Department. At least with the local authority situation in England, should the Department try to interfere, the lead person or executive of the district council could say that it would not accept such interference. That independent voice does not exist in the Northern Ireland context, where it is a Department/trust issue. There is much uneasiness in the Committee about the role of the Department.

If, for example, you were sitting on the board and exposed institutionalised sex abuse in a children's home, that would be extremely embarrassing for the trust or the Department. You might be about to expose the abuse and to learn lessons from what has happened, but the Department would gently persuade you simply to let the issue drop. As far as we can see, the Department has the power to do that. Do you not regard that as an obvious weakness in what is being proposed?

**Ms Walker:**

As I understand it, the Department would have to publish and be open about any issues of that nature that were raised. All of the constituent agencies around the table would still operate independently within their management structures and, therefore, would still have the ability to speak up about those issues. As I understand it, the Department does not want to use those powers to fetter the safeguarding board. In the same way, in England, the director of children's services could be regarded as being able to act in a similar way. If there were to be an issue with

social services, the director could say that he or she did not agree with its being made public. There are discussions and controls, and, as my colleague from England said, there is a fine line when finding a way through some of those issues, but I feel that they can be overcome.

The chairperson must sit within a clear structure and within the accountabilities of the Department. However, it is equally important to have a structure in which any issues of non-performance can be addressed.

**The Chairperson:**

Did you feel constrained at any time during your period on the board in England?

**Ms Walker:**

It was a fine line — as was stated in the evidence that you heard last week — between my being aware of being employed by the local authority and knowing that I would sometimes be challenging that authority and asking appropriate questions. Most of the issues for the safeguarding board relate to working with the agencies to gain their co-operation and challenging them appropriately when required. I was aware that it was a fine line, but in the annual report and other published documents, I was able to express my view as the independent chairperson. I think that the SBNI's independent chairperson would be able to do so here.

**The Chairperson:**

It has been suggested that, in addition to being reactive and dealing with issues as they arise, the board should have the power to carry out its own investigations and studies independently of any referral. That power would enable the SBNI to research or investigate a particular issue that it found to be arising consistently in a certain area. At present, it seems that the toss of a coin would determine whether the board would be allowed to do that. Were you aware that boards or any other representative bodies in England had taken on that power to carry out widespread investigations, or have they continued to be reactive, case by case? Do you consider that power to be desirable?

**Ms Walker:**

As I understand it, clause 3(10) allows the safeguarding board to:

“engage in any other activity that facilitates, or is conducive to, the achievement of its objective.”

Therefore, the Bill, as it stands, allows the board to carry out investigations. Similarly, in the



English model, boards are able to address issues that arise, subject to their business plan and discussions with constituent members. If a key issue comes up, a board is able to lead on it, take it forward and address it.

**The Chairperson:**

Should the board have powers to hold an inquiry? A couple of weeks ago, witnesses said that that subsection was ambiguous and that the board would need to have that power to carry out a formal investigation into an overall trend or situation. Does clause 3(10) as it stands give the board enough power? Is an amendment required?

**Ms Walker:**

The wording of clause 3(10) gives the board fairly free rein to hold an inquiry should it wish to gather evidence and examine a particular issue in more depth.

**Mr Morgan:**

It is important to take account of some of the structures that already exist in Northern Ireland, such as investigations through the case management review (CMR) process, which are also factored into the legislation. A CMR is usually taken forward by an independent chairperson. Investigation of specific cases is usually carried out on a multi-agency, multidisciplinary basis. We must not lose sight of those structures. The Bill's wording gives the SBNI flexibility to examine other matters, such as the potential trends that you mentioned, which may develop in Northern Ireland.

**Mrs O'Neill:**

Thank you for your presentation. I do not wish to keep going back to you, Lesley, but we want to draw on your experience. Both trusts agree that engagement with children and young people is core to the board's effectiveness in the discharge of its duties. Will you share with the Committee some examples of that or any ideas about how that would work in practice?

**Mr Morgan:**

The policy document states the intention to develop a youth forum to engage with young people. It is not expected that young people will sit on the SBNI, but that their views would be referred to it. We work closely with several voluntary groups, such as Contact Youth, Voice of Young People in Care (VOYPIC) and Include Youth. We expect to build on that work in Northern

Ireland. We would use their expertise and skills to facilitate the voice of young people being heard by the SBNI.

**The Chairperson:**

We chose to speak to the Southern Trust and the Belfast Trust because we wanted to consider an urban situation and a rural situation. We thought that your trusts would be representative. In the field of child protection, Northern Ireland is different. It may be that the issues that affect child protection in Northern Ireland are such that they cannot be addressed by the board. The fundamental issue is the ability to attract and retain social workers with experience of child protection. That is a constant problem. No amount of work or investigation by the safeguarding board will address the difficulty of the enormous stress that the trusts' social services are under.

How could the SBNI deal with that sort of issue? Will the public have a level of expectation and end up being extremely disappointed? Child protection is a terribly difficult job, it is hard to retain staff, particularly those with experience, and it is an utterly thankless task. Is that not the fundamental issue facing child protection in Northern Ireland?

**Mr Morgan:**

There are two elements to your question. First, everyone involved must sign up to the public awareness remit in the SBNI. That means getting some good messages out to the general public as well as the higher profile cases that tend to hit the media. There is an important PR role to play.

The Northern Ireland Association of Social Workers (NIASW) will give evidence to the Committee later today. NIASW is developing a 10-year strategy on the recruitment, development and retention of staff in the profession. Each trust has also considered that issue through workforce planning. I do not have the figures handy, but it is surprising that the turnover rate among some of the teams that work at the coalface is not as high as some people might expect. We have developed some staff who have committed to staying with that type of work over a long period.

**The Chairperson:**

The Regulation and Quality Improvement Authority (RQIA) report identified that, in some specific offices, turnover had been a real problem. The profile of staff showed that a large

number of them were recent graduates and that senior staff had left to work in other fields, sometimes in management. That was identified as one of the main problem areas in child protection in the Western and South Eastern Trusts.

**Mr Growcott:**

We regard the chairperson as having a key role in profiling safeguarding issues generally and child protection specifically. At some level, the chairperson will be the public face through which the issues will be addressed to the general public. We envisage that level of engagement and articulation and an identification of the inherent tensions, difficulties and ambiguities that are part of the process of decision-making in child protection per se. The nature of the role emphasises the multi-disciplinary dimension to the child protection process.

Although social work and social services are the lead agency, services cannot be delivered and children cannot be protected without the active involvement of other professionals and other agencies. The chairperson will have the opportunity to reaffirm that. Part of the brief in the context of the strategic agenda is to profile the particular competencies, needs, strengths and learning opportunities across all professions, including social services, in order to develop, sustain and maintain the skills that are required to manage that.

The safeguarding board might wish to address discrete initiatives regionally or locally. It might, for example, wish to address the issue of joint training initiatives and joint practice development because a key requirement of the board will be to translate its strategic agenda to a local operational level in service delivery, practice competence and confidence among practitioners. At some level, that will be a measure of its performance and success. Our sense was that the board offered a unique opportunity to re-profile and revisit the agendas and priorities that relate to children and to engage with the public, political representatives and all agencies on the importance and significance of that responsibility.

Realistically, the difficult resource context into which we are moving in conjunction with the difficult nature of the work, offers an opportunity to have a more constructive dialogue with the public on their expectation and understanding of the management issues related to safeguarding and, specifically, to child protection.

**The Chairperson:**

I am looking forward to meeting the chairperson of the board. He or she will be a very dynamic character.

**Mr Growcott:**

Without wishing to sound flippant, it is a key role. Its importance is reflected regionally and locally, because a local chairperson will mirror those skills, and delivery is to local people. The chairperson will need the skills to manage the bringing together groups of agencies and professionals across the multi-sectoral spectrum. The chairperson must also have a relevant knowledge base, be of a certain status and have considerable gravitas. Thus, when the chairperson speaks and articulates an issue, we will be able to engage and work with him or her. It is an extremely challenging role at regional and local levels.

**Mr Girvan:**

Thank you for your presentation. After listening to what you said, I still have a few niggling questions. Given the amount of top-end pressure that will come from the Department or the trusts, how will the board keep its independence and act accordingly? I can envisage only the reporting aspect remaining independent. How will cases be reported and dealt with? Will there be an open and transparent process, or will reports be concealed? I know that that happens. Only this morning, another Committee received only part of the picture. How will you make sure that the board receives the full picture so that it can make all its decisions properly? The chairperson of the board will probably link to all the other bodies with which the board communicates. Therefore, they will be open to all sorts of institutionalised bullying from individuals who do not want certain issues to be brought into the open. That goes on, and I want to find out how you will ensure that that will not happen.

**The Chairperson:**

There is a recent example from another Department in which certain senior civil servants sat upon the members of an independent review panel. They were asked to put certain questions and to suppress information. That happened only a month ago, and the issue concerned was much less contentious than some of those that the board will handle.

**Mr David Douglas (Southern Health and Social Care Trust):**

It is crucial that the safeguarding board will be open, transparent and accountable. To achieve

that, there is a clause on the duty to co-operate. The chairperson must be independent, but everyone else around the table needs to be involved. The Bill contains a clear responsibility for the board to provide an annual report, which is to be placed before the Assembly and provided to the Department of Health, Social Services and Public Safety. However, the safeguarding board will be answerable not only to the Department but to the public and to this Committee.

We can strengthen openness, transparency and the sharing of information, particularly in relation to key issues, through clearly explicit regulations and guidance. When conducting a case management review or inquiry, it will be particularly important for us to be clear about the people with whom we share the information and about our accountability to the public with regard to our safeguarding practice.

**Mr Morgan:**

The SBNI is not yet in place. However, the CMR process has provided some transparency. Some trusts took massive hits when certain issues were raised. They had to face those head on and deal with them. There was no hiding from those issues.

The other example of an independent body that has many linkages is the RQIA, which inspects the trusts. It hit us with regional messages, board messages, trust messages and recommendations. It has not shirked or hidden away from that task. That is testimony to the fact that the RQIA had been given the freedom to act and to express its views.

**Mr Girvan:**

As regards the composition of the board, there was a debate about required legal representation. Is that imperative?

**Mr Morgan:**

Was that legal in relation to —

**Mr Girvan:**

The judiciary.

**The Chairperson:**

Should there be a doctor on the board as well?

**Mr Morgan:**

Our submission states that a medical representative is required. We are of the view that the representative should be somebody from paediatrics who is involved with and deals with children, rather than a GP.

As it stands currently, the core members are statutory and voluntary agencies that deliver services to children and families. There are other mechanisms for linking with the likes of the judiciary. We said that the relationship between the likes of the Children Order Advisory Committee (COAC) and the safeguarding forum would be a means of ensuring some input from the judiciary, as well as more local subcommittees. That would afford the judiciary sufficient opportunity to feed in. However, the Bill is not yet done and dusted. Therefore, as we stressed before, we must work on how to strengthen the relationships with, for example, COAC.

**The Chairperson:**

We come now to Mrs MacLeod, who has not had a chance to come in. I am sure that you are very disappointed, Mrs MacLeod. Do you want to add anything?

**Mrs Olive MacLeod (Belfast Health and Social Care Trust):**

No, no. Mrs MacLeod is a nurse who brings to the safeguarding board her knowledge of the multidisciplinary approach, the role of the nurse, the midwife and the health visitor to the safeguarding board. We could not survive in nursing, particularly in midwifery, without our social work colleagues. Often, when a pregnant woman — or a pregnant child — presents to us, that is the when we pick up on problems. That is where the multi-professional working starts and where we start to protect the child.

**The Chairperson:**

I did not want you going out the door annoyed that you had not had a chance to speak.

**Mrs MacLeod:**

No, I was glad. *[Laughter.]*

**Dr Deeny:**

The theme today continues from last week's meeting. Paul, you mentioned the RQIA, which

relates to an issue that I raised last week. I do not have the report of that meeting in front of me. However, we talked about the Department having control over what is said and done by the SBNI.

The more I hear about the Patient and Client Council, the more I begin to worry. I know members of that council, and I wonder whether it is a patient and client contentment group with no power and no clout. To be the patient watchdog, it must have power and clout.

Lesley mentioned the importance of the independence of the chairperson of the safeguarding board. However, we heard last week that the Department would have the power to remove the chairperson and, indeed, its members.

You talked about accountability. I was delighted to hear you say — correct me if I am wrong — that the SBNI would be accountable to the Department. The Department, I presume, is accountable to the public and to the Committee. However, I would like to hear how that will happen. Will the board, for example, have regular meetings with the Committee?

I want to talk about practical problems for individual board members. What if a member of the SBNI, the RQIA or the Patient and Client Council has a problem or concern but is told to keep quiet. To whom can that individual go? That is where transparency and accountability are required, because if members of those organisations feel that they have nowhere to go, they will leave, and, as a consequence of word of mouth, people will not apply for positions in those organisations. We need people who will do the job right. At the end of the day, the people who are most important are the children, whom we must protect at all costs. Therefore, we need people with ability, and there must be channels available to them when they have to insist that something is done.

I work in a different area. However, people come to me, as a senior GP and MLA, with issues — nothing to do with child protection — and say that they are terrified to open their mouths in case they are penalised by those further up the line. We are trying to make sure that that does not happen with the safeguarding board.

Therefore, David, perhaps you will tell me how we, as a Health Committee, can see, on a regular basis, that the SBNI, through the Department, is working, and that the Department is

being open and transparent.

**Mr Douglas:**

It is important that not only the chairperson but everyone who is a member of the safeguarding board can stand up and be counted. If they feel that they are not being listened to, they must be able to put their head above the parapet if and when required. The trust will be included in the membership of the board. However, we also have a responsibility to our own organisation.

If we felt that there was a significant issue to which the board was not listening, or not being taken account of by another Department, we could take that back to the senior management team of our organisation, or we may approach the Minister or the Health Committee directly with that concern. It may be that more detail needs to be provided on those reporting arrangements. It is crucial to the board's activity that it report on the outcomes that it sets itself as a board. Those reporting arrangements are available not only to the Department but, for example, to the Committee. The board can be held to account and may have to come before the Committee to give evidence about its actions.

**Ms Walker:**

As the trust understands it, the reporting arrangements and the details of the legislative group are still being worked out, and there will be more feedback in due course. Reports and discussions about annual reports are still being worked through along with other matters, but those mechanisms will provide good feedback. There will be a sense, through the chairperson, the organisations and other constituent parts, including the —

**Dr Deeny:**

My concern, and I say this as an experienced GP, is that, sometimes, problems start at the bottom. They are bottom-up problems, but they do not get far enough to the top. We do not want a top-down situation in which complaints from any of the groups that have been mentioned get no further than the SBNI or, indeed, the Department. Our job is to monitor and scrutinise the Health Department, and that is why we need to be involved. We want to be assured that that will not be the case, and that if problems arise, they will not be halted at a certain stage and not get to where they should, which is to the Committee.



**Mr Growcott:**

One of the strengths of the safeguarding board is its representation from outwith the statutory sector. Although I cannot speak for them, several substantial community and voluntary groups give me the impression that they would not countenance compromising their integrity in that sense. They would feel able to articulate any issues, particularly if there were any suggestion that their capacity to act was being compromised.

**Mr Morgan:**

It is important that there will be statutory and voluntary and community representation on the reference group. Everyone is working to the best of their ability to ensure transparency. People are still working on the wording of those documents and the membership agreement to determine what a board member can expect when he or she sits at the table. I totally endorse John Growcott's point that many stakeholders would not allow the integrity of their agencies to be compromised.

**Mr Growcott:**

That includes us as an organisation. We have our own integrity, and it is essential that that is not compromised. We are answerable to the courts, to our commissioner, to the public and to the members of the Committee as elected representatives as to how we discharge our statutory functions in the interests of children. Any attempt in the discharge of our statutory role or professional accountability, as individuals and collectively, to conceal, inhibit or deceive in that regard, would be unsustainable.

**Mr Douglas:**

Our responsibilities as a workforce are regulated from a social work perspective. A social worker on a safeguarding board who had a concern would have redress through the Northern Ireland Social Care Council.

**The Chairperson:**

The Northern Ireland Association of Social Workers expressed the concern that seniority does not appear in the criteria for appointment. If organisations did not take the board seriously and appointed junior members of their ranks, that might create a weakness in the board's function. From what level do you envisage trust representatives being appointed? At what level should the appointments be pitched? Would you have any problem with the regulations being changed to

make seniority a criterion for appointment to the board?

**Mr Morgan:**

We would have no issue with seniority as a criterion because we want that to be a priority. Seniority gives a stamp to the SBNI and reflects what it is about and how we need to work together at the highest level, as well as working operationally through the SBNI. The trusts' membership should come from director or assistant director level.

**The Chairperson:**

That level, as opposed to token appointments, would considerably reassure the public that the entire issue was being taken seriously.

**Ms Walker:**

That criterion should apply to all agencies. The evaluations of the English arrangements made clear the need for seniority and consistency to drive through the key messages.

**Mr Morgan:**

We tried to reflect that in the policy document that was discussed back in February or March. It reinforced several times the notion that a board member must be a senior person in the organisation.

**The Chairperson:**

You have generally welcomed the concept of the safeguarding board, and we are really only tweaking the Bill. Therefore, the Committee's questions have not been particularly detailed or hostile. Everyone seems to be on a common track. Nevertheless, your input has been extremely useful. Thank you very much for your time.