



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 Northern  
Ireland Association of Social Workers**

23 September 2010

**NORTHERN IRELAND ASSEMBLY**

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

Mr Jim Wells (Chairperson)  
Mr Mickey Brady  
Dr Kieran Deeny  
Mr Alex Easton  
Mr Tommy Gallagher  
Mr Paul Girvan

**Witnesses:**

Dr John Devaney        )  
Ms Carolyn Ewart       )       Northern Ireland Association of Social Workers  
Ms Jacqui McGarvey    )

**The Chairperson (Mr Wells):**

Good afternoon; thank you for attending. I am sure that you know the format: you have 10 minutes to make a presentation, after which members will indicate whether they wish to ask any questions. We received your submission. I welcome Carolyn Ewart, who is the manager of the Northern Ireland Association of Social Workers, and Dr John Devaney and Ms Jacqui McGarvey, who are members of the association.

**Dr John Devaney (Northern Ireland Association of Social Workers):**

I thank the Committee for Health, Social Services and Public Safety for inviting the Northern Ireland Association of Social Workers to give evidence on the Safeguarding Board Bill. The Northern Ireland Association of Social Workers is a professional association for social workers in Northern Ireland and is part of the UK-wide British Association of Social Workers. The association has almost 13,000 members employed in front-line management, front-line services and academic and research positions in all social care settings.

The association fully supports the proposals that have been brought forward by the Department of Health, Social Services and Public Safety (DHSSPS) and welcomes the intent to strengthen the strategic leadership and inter-agency co-ordination that are at the heart of an effective system for promoting children's well-being and protecting them from all forms of abuse and neglect. As such, the association welcomes the proposal that the new safeguarding board for Northern Ireland (SBNI) will build on the success of the area child protection committees (ACPCs), which it will replace, in providing a forum for the development and implementation of a strategic vision for safeguarding children on an inter-agency and multidisciplinary basis.

In particular, the association supports the functions of the board as set out in the Bill. Unlike the arrangements in England, the SBNI will be a national safeguarding board rather than a small, local affair. As such, although important lessons can be drawn from the English experience, we are mindful that the proposed arrangements for Northern Ireland are more substantial and robust than those in the English system and, ultimately, have the potential to develop significant safeguards and supports for children and families beyond those in any other part of these islands.

In order to achieve that, the work of the new safeguarding board must be underpinned by three elements. First, individual agency representatives must have a clear mandate for contributing to the work of the SBNI and ensuring that their organisations adopt the work of the SBNI in their business planning cycle and priorities; secondly, there must be a clear role for the SBNI in holding member organisations of the board to account for their actions; and thirdly, there must be a clear focus on the outcomes to be achieved for children and their families. The proposals to strengthen those areas in comparison with the area child protection committees are welcome.

One welcome development that underpins the new SBNI is the principle of independence. That should not be confused with the issue of accountability, which we will return to shortly.

From our time acting as advisers to area child protection committees and chairing one of them, I am aware that the committees achieved much that was positive in improving the lives of children and families. However, they were perceived by other professionals as a means of supporting and enabling social services to enact their child protection responsibilities. As such, the principle of independence in the safeguarding board is about all member agencies on the board feeling that they have ownership of the principles and functions of the SBNI and that they have a chairperson who is independent of any of the agencies represented on the board. The agenda should more accurately reflect the issues affecting a wider array of professionals and organisations. If that sense of ownership can be engendered, it is likely that the SBNI can fulfil its functions as laid down in the Safeguarding Board Bill. That is the greatest challenge for the SBNI, alongside its most important role.

In reviewing the operation of child protection systems around the world, a key feature of success is the clarity of lines of responsibility and accountability from legislators to policymakers to senior managers and, ultimately, to practitioners. The SBNI must complement rather than compete with the other bodies and organisations that have a role to play in ensuring that the child protection system in Northern Ireland remains one of the better ones in the world. As such, it does not need to subsume the roles and functions of various inspectorates or regulatory bodies. In that respect, the Northern Ireland Association of Social Workers welcomes the Department's intent that the chairperson of the SBNI will have a direct reporting line to the Minister of Health, Social Services and Public Safety and, through this Committee, to the Assembly for the exercise of its functions as set out in the Bill.

We also welcome the legislative requirement that the SBNI's procedures and annual reports set out how the board discharged its function and the issues that it will address through its business plan across its member agencies. In evidence provided to the Committee by the Chief Social Services Officer, the association has been reassured that the issue of directions by the Department to the SBNI and the need for SBNI publications to be approved by the Department have been clarified. We welcome the assurance that regulations will prescribe that the annual report will contain details of any directions issued to the board by the Department.

As regards membership, to ensure clear lines of accountability, there is a need to retain clarity about the separate responsibilities of central government and public agencies that deliver direct services. The SBNI should have senior representation from a range of bodies that deliver services

to children, families and adults across the education, health, criminal justice and social care sectors. The Northern Ireland Association of Social Workers supports the range of organisations that the Bill prescribes as members of the new board. However, one of the weaknesses of the area child protection committees, which the SBNI replaces, is the seniority of representation from those agencies. In order for the SBNI to provide the strategic leadership that will deliver the outcomes envisaged for children and families and avoid becoming focused on operational issues, it will be necessary for representatives from individual organisations to have sufficient seniority and experience to commit their organisation to the work of the board and, in turn, to deliver any necessary change in their organisation. Without that requirement, it is likely that the intent of the new board to provide a strategic, co-ordinated, inter-agency response to the protection and safeguarding of children will not be realised.

I stated at the outset that the Northern Ireland Association of Social Workers supports the Safeguarding Board Bill. It provides an opportunity to enhance the operation of the child protection system in Northern Ireland and to widen the perspective to consider a broader range of factors that impact on the well-being and safety of children. Thank you for inviting us to provide our views today, and we are happy to answer any questions.

**The Chairperson:**

You raised some interesting points, which I will go through. Did you have the opportunity to listen to the previous evidence session?

**Dr Devaney:**

No, we did not.

**The Chairperson:**

I did not know whether you were in a room to which the session was being relayed. I may repeat a couple of questions. The issue of seniority is valid. The Southern Health and Social Care Trust and the Belfast Health and Social Care Trust said that representation on the board should be at director or deputy director level, which is a clear indication that that is the level of seniority that we are talking about. Do you think that the legislation needs to be changed to reflect that, or would an assurance from the various bodies that they will pitch it at that level suffice?

**Dr Devaney:**

In our written evidence to the Committee, we state that a specific term of seniority should be inserted into the legislation as a means of ensuring that agencies realise that that is a required criterion.

**The Chairperson:**

Should that be done by regulation, or do you think that we need to amend the Bill?

**Dr Devaney:**

Introducing that through regulations would be one way of trying to ensure that it happened, and we would be content if it were specified in regulations.

**The Chairperson:**

At last week's evidence session, we had the advantage of hearing evidence from Sue Woolmore, who has direct experience of being a chairperson of one of the local safeguarding children boards in GB. She talked about how we could ensure the independence of the chairman, chairperson or chairlady — I need to be careful with the terminology, and it will probably be a chairlady because there seems to be many of them out there. She said that one way to ensure that the chairperson's independence is maintained is for the board, rather than the Minister, to appoint the chairperson. In other words, the Minister would set up the board, and the various statutory agencies — the NSPCC, and so on — would appoint their representatives. They would then advertise for, trawl for, interview and appoint a chairperson. That would give the chairperson some independence, and he or she would at least be perceived by the public as having more independence than the Minister sending out an encyclical stating that the chairperson shall be Mr Smith or Mrs Jones. What do you think about that idea?

**Dr Devaney:**

As I mentioned in our evidence, the issue of ownership of child protection across agencies that deliver services to children and families is important. However, a key function of the chairperson will be to ensure that the agencies on the SBNI are in some way held to account and that, if they sign up to a business plan and a strategic vision for child protection over a three- to five-year period, the chairperson is in a position in which he or she can ask them how the individual agency or organisation has delivered against that. Therefore, I am slightly concerned that if the chairperson's appointment, and future appointments, were made by the people around the table,

there would be a slight potential for that important accountability role to be compromised.

The public appointments procedure in Northern Ireland has been shown to be quite robust in ensuring that people who are appointed to key decision-making positions have the confidence of the public, and the way in which people are nominated and elected is transparent. The difference between the situation in Northern Ireland and the local safeguarding children boards in England is that quite often the person who is appointed is from one of the agencies on the board. Therefore, there is a potential conflict of interest, and we have seen how, in certain local authorities in England, that has run into difficulties whereby people are not able to challenge themselves or sufficiently challenge people around the table.

**The Chairperson:**

That is an interesting response, and those points did not come up at last week's evidence session. That gives a counterbalance to the situation. Earlier, I also asked the two trusts whether we are building up a false sense of expectation in that the more that I learn about the work of a social worker, the more glad I am that I never became one. It is an incredibly difficult job and an awfully thankless task.

Some of the perceived problems with child protection simply come back to the fact that we have great difficulty in retaining experienced child protection workers and that much of the work is being carried out by recently graduated members of staff who are under the most enormous stress with their case load. What could the SBNI do to address that fundamental problem, which is about resources and retention rather than anything being structurally wrong with the processes?

**Dr Devaney:**

Occasionally, practitioners can feel isolated from other professionals. The unique role of the safeguarding board for Northern Ireland is to ensure that all agencies and organisations that deliver services to children and families, whether those are support services or services responding to child protection concerns, do so in a more co-ordinated and joined-up way. The lesson that we learned from the past is that, where the greatest tragedies have happened, quite often, that was because individual practitioners and organisations were working independently, even though others may have been involved. If there was a common and shared understanding of the issues in the families involved and of the best way to respond, families are more likely to receive a much better and, ultimately, more successful service. Therefore, inexperienced and new

practitioners can benefit from the experience of other more experienced practitioners, who may work in other organisations or who may fulfil different roles.

The SBNI cannot solve the problem of inexperience in particular disciplines. As an association, we are concerned with ensuring that new practitioners receive the right level of support and are not allocated cases that are too complex for their level of experience. However, the SBNI should be able to provide a more coherent structure to ensure that professionals are able to work together rather than trying to work in isolation or, as sometimes happens, in parallel to one another.

**The Chairperson:**

Let us say that a certain trust is under incredible stress because of the number of gateway referrals that it receives, the average age of its child protection teams and the sheer weight of its casework. The Committee examined a Regulation and Quality Improvement Authority (RQIA) report that stated that there are some worrying stats in certain parts of the country, where it is quite clear that the number of referrals is out of control in comparison with the resources that are available to deal with those. If the SBNI takes that on board and decides to produce a scathing study and to lobby the Minister, are you content that, under the current structure — the chairperson of the board being appointed by the Minister and the Minister approving any SBNI publications — the board would have sufficient independence to deal with that?

**Dr Devaney:**

Two issues are involved. First, we must ensure that the line of accountability between the trusts, the Health and Social Care Board and the Department is maintained and that the SBNI does not in some way cut across that clear line of accountability, which, ultimately, comes back to the Assembly. Secondly, although the Department retains in the legislation the right to view any reports before they are issued —

**The Chairperson:**

That strikes me as a form of censorship.

**Dr Devaney:**

The evidence that Sean Holland, the Chief Social Services Officer, gave to the Committee a number of weeks ago made it clear that that would be used only in exceptional circumstances and

was in part to get around the legal liability that the SBNI may or may not have as a particular type of body housed within the Public Health Agency. Our view is that the annual report could be the mechanism for ensuring that that happens only in exceptional circumstances. Any directions issued by the Department would be included in the annual report, and all reports sent by the SBNI to the Department would be included in the annual report. Therefore, if anybody, whether as an individual or as a member of the Committee, wanted to check whether any report had been held up in the Department, that would become apparent through the annual report.

**The Chairperson:**

That point was made last week.

Finally, there has been a discussion on the composition of the board and whether the judiciary, GPs and the police should be represented. Obviously, the trusts and the lead agencies from the voluntary sector, such as the NSPCC, are named in the Bill, which is unusual. Has your association any thoughts about the remaining representation?

**Dr Devaney:**

It is about trying to strike a balance between having enough of the right individuals and agencies represented on the board and the board being too unwieldy to operate. The judiciary has an important role to play in safeguarding children. If a trust thinks that a child cannot stay at home, an application is made to the courts. For some of the arrangements, it is about looking at existing structures, and, in Northern Ireland, we have the Children Order Advisory Committee, which is chaired by the head of the Family Court division in Northern Ireland. I do not see any reason why the chairperson of the SBNI could not become a member of that committee to ensure that there is a clear interface between the legal systems to safeguard children and the delivery of safeguarding services by a range of public agencies that work directly with children and families before a case reaches the stage at which the court becomes involved. That is an example of how we can try to ensure that existing structures work with the SBNI rather than trying to squeeze everyone into the SBNI and finding that it becomes so unwieldy that it is inoperable.

**The Chairperson:**

Our evidence sessions on the Safeguarding Board Bill have been quite low key because there is general unanimity on its principles. We are tweaking around the edges and suggesting little improvements, many of which the Department would probably accept. There does not seem to be

any fundamental issue with the basic thrust of the legislation. You may wonder why today's session has been quiet compared with others, and it is because we are all heading in the one direction.

**Dr Deeny:**

The Chairperson talked about the composition of the board. Should geographical issues be taken into account? This awful problem affects not only Northern Ireland but the entire planet. John, you talked about ownership of child protection, which was a nice thing to say for all of us who are involved in caring for children.

You also mentioned joined-up working, which is essential. Will you reiterate how the new SBNI, working with the Department and the various agencies, will result in 100% joined-up working? I know people and groups working in Omagh, for example, but we still had the terrible McElhill tragedy. People were doing things but in different ways.

I put the following scenario to the Southern Trust and the Belfast Trust. If a social worker or any member of an organisation that is involved in child protection raises a concern, there must be a cast-iron guarantee that that concern goes all the way up, through the trusts, the board, the Department and this Committee. Unfortunately, I have known of people who have had problems with other services in the Health Service and were terrified of opening their mouths for fear of punishment by more senior people in the trusts. That cannot be allowed to happen, given that we are talking about safeguarding and protecting children.

Those are my three questions. The first is about geography. The second is about guaranteeing joined-up thinking, the importance of which was revealed in the Omagh tragedy. Lastly, if a person has a real concern, how will that be addressed? How can we prevent a more senior person from avoiding that concern because it might be an embarrassment for the trust? How can we ensure that that does not happen and that the concern is brought to the attention of the people at the top, not just to the Department but to the Assembly and to this Committee?

**Dr Devaney:**

The Northern Ireland Association of Social Workers' view is that if anyone felt that there was an issue that they were unable to raise legitimately with their employer, they could come to us, and Carolyn, as manager of the association, would be able to raise it without placing the individual at

risk of being disciplined or suffering for raising a legitimate concern.

**Ms Carolyn Ewart (Northern Ireland Association of Social Workers):**

I support that absolutely. Our role, as the professional body, is to promote excellence in practice and to ensure that social workers practise in safe environments. Certainly, as manager of the association for Northern Ireland, I want to hear from any of our members who have concerns or issues about the safeguarding of children or, indeed, vulnerable adults. We have systems that allow us to make contact with the trusts and their directors. We have relationships with them through which we can report back.

**Dr Deeny:**

If a social worker were frightened of revealing information because of what his or her line manager may do, could he or she go directly to you in confidence?

**Ms Ewart:**

Yes. They could come to us, and we could raise that issue. If there is an issue about the safety of a child, that would have to be addressed.

**The Chairperson:**

It is worth saying that the Northern Ireland Audit Office has a whistle-blowing policy as far as public bodies are concerned. The SBNI will be a public body, so if a situation arose in which people felt that they were being intimidated, they could report it directly to the Audit Office.

**Dr Deeny:**

Whistle-blowing has been talked about for years, but people are still terrified of doing it.

**The Chairperson:**

As a member of the Public Accounts Committee, I saw that in action. I just hope that people in the situation that you mentioned will feel free to avail themselves of that service.

**Ms Ewart:**

We have specialist advice and representation staff. They provide direct support to people who are in those circumstances, such as social workers, to help them to report those issues.

**Ms Jacqui McGarvey (Northern Ireland Association of Social Workers):**

As well as the whistle-blowing policies, the SBNI, when implemented fully, will be about ensuring that social workers know about the role of the board and that they can report up as well. It is about explaining the differences and what the board does.

**Dr Deeny:**

Lastly, the geographical —

**Dr Devaney:**

I will deal with the first two points together. The SBNI will have two levels. The main board will be region-wide and will cover all of Northern Ireland. Five safeguarding panels, which will be coterminous with the five health and social care trusts, will feed into that. Whereas the main board will develop a strategic vision for Northern Ireland, my understanding is that the panels will comprise middle management and local practitioners who are on the ground delivering services. That means that they will feed local issues into the SBNI and will be able to continue to promote and develop local working arrangements. It is about people being comfortable and familiar enough with one another's roles and responsibilities to ensure that they work together rather than in isolation. It is my understanding that the local safeguarding panels at trust level are the mechanism to try to promote and facilitate that.

**Dr Deeny:**

How many people will be on each safeguarding panel in each trust area?

**Dr Devaney:**

My understanding, from reading the policy document and the legislation, is that there will be one panel for each trust. I imagine that that will comprise between 15 and 20 people to try to cover the range of different professionals and agencies that work in a local area.

**Mr Girvan:**

Thank you for your presentation. It helped to clarify a number of points and reinforced some of the issues that we had already discussed. What role will the RQIA have in the process?

**Dr Devaney:**

The RQIA has an important role in respect of quality assuring the delivery of services in health

and social care. Therefore, it is important that it has an inspection role to ensure that services that are delivered by health and social care trusts are at the correct standard and that its reports are shared with the SBNI so that, if the RQIA identifies key areas of learning, the SBNI may want to commission training. It may want to develop policies in the future on issues that develop from the inspection process, or it may want to examine how what happens in health and social care may interface with other sectors such as education or criminal justice.

**Mr Gallagher:**

I am encouraged to hear that you feel that you have the confidence of social workers who are out there on the ground and that they can confide in you about issues of concern, and that you feel free to take those concerns to what you think is the appropriate level. There is absolutely no question that social workers operate in a difficult environment. They have all types of sensitivities and even conflicts in their work setting. However, I sometimes get the impression that there is already enough bureaucracy — too much, perhaps — and that information about serious cases involving the abuse of children does not always get through the system quickly enough. You seem confident that the new arrangements will be better than they are at the moment. I know what the board is trying to achieve, but how do you feel that it will be able to do that without having the bureaucracy drawback?

**Dr Devaney:**

The SBNI is one step forward. In my view, it will not be a panacea for all the areas that challenge the way in which child protection services are delivered in Northern Ireland. However, it will reduce some of the bureaucracy because, until now, we have had four area child protection committees, which were coterminous with the former health and social services boards, whereas agencies such as the police and the Probation Board were regional. It was, therefore, difficult for issues to be handled uniformly across Northern Ireland, but the SBNI will be able to reduce some of that bureaucracy and simultaneously ensure better outcomes for children and families.

However, some of those challenges will still remain. How do we ensure that practitioners and, from our point of view, social workers have enough time to work with families rather than dealing with all the processes and paperwork, which are important but are not necessarily what social workers think that they should be spending their time on?

**The Chairperson:**

Thank you for your evidence and the clarity with which you presented it; it was extremely helpful. This is all part of an extensive programme of witnesses giving evidence on crucial legislation.