COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

Child Protection in Northern Ireland: South Eastern Health and Social Care Trust

10 December 2009

NORTHERN IRELAND ASSEMBLY

COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Child Protection in Northern Ireland: South Eastern Health and Social Care Trust

---

10 December 2009

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
Mr John McCallister
Mrs Claire McGill
Ms Sue Ramsey
Mrs Iris Robinson

Witnesses:

Mr Hugh McCaughey	)	
Mr Seamus McGoran	)	South Eastern Health and Social Care Trust
Mr John Simpson	)	
Ms Kate Thompson	)	

The Chairperson (Mr Wells):

We will now take evidence from the South Eastern Health and Social Care Trust. I welcome Mr Hugh McCaughey, who is the trust's chief executive. I think that this is your first time to appear before the Committee.

Mr Hugh McCaughey (South Eastern Health and Social Care Trust):
I was here in early November for an evidence session on comprehensive spending review (CSR) efficiencies.

The Chairperson:
I missed that meeting. I welcome Ms Kate Thompson, who is the director of children's services and the executive director of social work; Mr John Simpson, who is the director of planning, information and performance management; and Mr Seamus McGoran, who is the director of hospital services. I invite you to make a presentation of approximately 10 minutes, after which, no doubt, members will have questions.

Mr McCaughey:
We have provided members with copies of our presentation. I do not intend to go through all of it, but I will pick out some key points that are pertinent to the Regulation and Quality Improvement Authority (RQIA) report and to the discussion. Our short presentation will cover a summary of the RQIA's findings, some of which were positive, particularly in two sectors of the South Eastern Trust. In one sector, parts of the service were not up to the standard that we want, and improvement is needed in some areas.

I will speak about the actions that we have taken. The context is that demand for children's services has increased significantly, and the number of referrals to the trust has been above the Northern Ireland average. Since the RQIA inspection, we have made significant improvements, and we will provide information on those. We also want to highlight what still needs to be done, because we have a process of continual improvement and strengthening of our systems and procedures.

I will select a few points from the presentation and leave the rest for background information. We highlighted several positive RQIA findings, particularly in two areas. The trust identified, and was keen to highlight, the areas for improvements that the RQIA flagged up in the spring.

Our presentation highlights six main areas: the two legacy trust areas had different approaches and systems; there were gaps in our governance arrangements; we had significant recruitment and staff retention issues, especially among many junior or inexperienced staff, if I may put it that way; there were issues about professional supervision; there were issues about the

quality of record keeping — it was not necessarily that work was not being done but that records were not being maintained, which is important; and we needed to strengthen management arrangements in one office, which was not functioning well.

The presentation outlines the RQIA findings for the social work file audit, and we summarised how we performed compared with other trusts. Overall, the South Eastern Trust did well and was well above the Northern Ireland average in two out of three sectors. We were also first of the five trusts in percentage terms in many of the audited areas. In his presentation, Glenn Houston, the RQIA's chief executive, stated that, in two sectors, the performance is exemplary and at the top end of the Northern Ireland scale.

The presentation shows that the trust's population has remained largely static, although there has been a slight increase in the nought-to-18-year-old population in the past two to three years. Against that, however, we had a significant increase in demand and referrals in the past 12 to 18 months. In 2008-09, child protection referrals almost doubled to 1,022 compared with 524 in 2007-08. We forecast 1,350 referrals in 2009-2010, a 35% increase on 2008-09. Two out of three of those additional cases go to a case conference, and one child in each additional three goes onto the child protection register. Therefore, the South Eastern Trust area has seen a significant increase in referrals of 33% between 2007-08 and 2008-09 compared with the Northern Ireland average of 20%. The presentation also categorises the types of referrals since 2006-07.

John will explain the implications for our staff of that increased demand and what it has meant for productivity. Kate will outline the improvements that the trust has achieved and what it has put in place since the RQIA inspection.

Mr John Simpson (South Eastern Health and Social Care Trust):
Information on productivity and unallocated cases is outlined in the presentation. We analysed our productivity and measured it against the number of cases that remain unallocated. I should comment on the definition of an "unallocated case". Such definitions are supplied by the Department of Health, Social Services and Public Safety (DHSSPS), and the statistics are broken down in a certain way so that the Department can receive returns from us on the reasons why cases may not have been allocated.

Unallocated cases are those that have not been screened, or, if they have been screened, they

have not been allocated to a social worker, or, if they have been allocated to a social worker, a visit or assessment has not taken place. I will turn that on its head for the sake of simplicity: an allocated case is one that has been allocated to a named social worker who has made contact and has commenced the process of assessment.

We can say categorically that there are no child protection referrals: the definitions for children in need and children at risk are different. There are no children-at-risk child protection referrals that remain unallocated. They are all allocated within 24 hours.

Information on productivity is included in our presentation. We examined the unallocated cases that were brought forward at the end of each month alongside that month's referrals. For example, there were 416 referrals in April 2009, and, by October 2009, there were 529 referrals.

We have a figure that represents the total demand on a particular service, and we examine the unallocated referrals that remain at the end of each month. The difference between those two figures gives us an indicator — it is only an indicator — of productivity for that month. Our productivity has improved every month since April, and our current productivity figure is 73%. The presentation includes figures for productivity per member of the gateway teams. Those statistics give us some assurance that our productivity is improving. We deal with child protection cases and the unallocated cases that remain, whereby children are deemed to be in need and require family interventions. Our challenge is to reduce those figures to zero.

Our presentation includes information on thresholding. I will be happy to discuss that matter further, but there has been debate about whether thresholds have shifted upwards or downwards to create the increase in work to which Mr McCaughey referred. The trust was independently audited by the former Eastern Health and Social Services Board on two occasions, on both of which the board was satisfied that our thresholding was appropriate and that we were applying it consistently. Therefore, the increasing trend in child protection referrals is not as a consequence of shifting thresholds; it is a consequence of a variety of factors, not least of which is increased vigilance on the part of the public and the relevant agencies. I shall hand over to Ms Thompson, who will talk about the way in which we have made our improvements.

Ms Kate Thompson (Eastern Health and Social Care Trust):
I hope that the context has been set through my colleagues' description of the increased demand

and capacity issues. I wish to join Mr Simpson in reassuring the Committee that no child protection referrals remain unallocated. All such cases are allocated within 24 hours; that is our procedure.

I want to describe changes in management in the sector that the RQIA described as "underperforming". We have a new sector manager, a principal practitioner, two new social workers and a new senior social worker. It is also important to state that there is support and adequate supervision of staff. At the time of the inspection, it was commented that there was a high number of newly qualified assessed year in employment (AYE) staff, which is similar to a probationary year. After the inspection, we put a mentoring and support system in place for staff. All the staff who worked in that office at that time, in January and February 2009, have remained with us. They have chosen it as their place of work.

There is now clear evidence of managerial oversight of cases. For some nine months, we have worked on improvement. We conducted our own audit of cases, which has shown that all child protection cases were allocated within 24 hours and are up to the standard on which the RQIA would inspect us.

I will give you one example: in the office that was mentioned, 35 child protection cases were referred to it in October 2009. Of those cases, 33 were addressed within 24 hours. In the other two cases, the children had moved. I am satisfied that procedures are being followed.

The issue of the quality of the files was raised. As the chief executive explained, it was not that we were not doing the work; the issue for professionals was that they were not recording that work. Of course, that is unsatisfactory. I assure the Committee that that record keeping is now taking place.

With regard to members' earlier questions to the RQIA, there is evidence that the child is at the centre of the work, the assessment and the care that is provided. That is highly important. Unfortunately, at the beginning of 2009, the RQIA discovered that files were not child-centred. There is now clear evidence that the files are child-centred.

In June 2009, we were audited externally by the board and the monitoring commissioner. We worked closely in partnership with them to ensure that the improvement programme that we put

in place is satisfactory. We also work with the commissioner, who, I understand, is a witness later today, to try to improve capacity and to streamline some of the extra precautions that we take, which, rightly, put pressure on social services, so that we can be more efficient. Indeed, with the commissioner, we are examining some of the work that is directed by the courts, which takes a great deal of social work time — it is called “supervised contact” — so that we will have proper capacity for what looks like an ever-increasing trend.

We were involved in methodologies to try to standardise and improve the process. The process and the procedural tasks that social workers undertake are highly complex, and we are working with the commissioner to consider improvements.

I want to leave you, not with an assurance that a tragedy such as the McElhill case and others will never happen again, but to say that, during the nine months since the RQIA inspection, the South Eastern Trust has improved. I am satisfied that child protection and the safeguarding of children is assured in that office.

The Chairperson:
As a Committee, we wish to record that, in the RQIA report, many aspects of the work of the South Eastern Trust were highly commended. We congratulate you on that. In all our discussions, we must remember that social workers are required to undertake a desperately difficult task, particularly in the area of child protection. I do not believe that many of us would stand in the queue to take on their role.

Office C has come out rather well in the RQIA report. I am not sure whether we know the identity of that office. Certainly, there seems to be good practice there. Again, the Committee wishes to record that.

Ms Thompson:
Sue Ramsey knows the office. We have worked together. It is the office on the Stewartstown Road. I am sorry to interrupt you, Chairman. In the past, that office underwent inspections that deemed it to be unsatisfactory. Our trust has a record of putting things right.

The Chairperson:
The downside, of course, is that office A, which we know is the Newtownards office, came out

rather badly in the report. You gave a general indication of the pressures that staff face because of increased workloads. Was there any specific issue that led to the Newtownards office receiving a particularly bad report, or was it a combination of the issues that you already raised?

Ms Thompson:

I believe that it was a combination of the issues that were raised and, possibly, managerial issues. When we were inspected, we behaved in an open and transparent way. We were quick to put our hands up and say that we had problems. I do not want to go into the internal human resources issues around that. However, at the time of inspection, we had become aware of those shortcomings, so we were not waiting for the RQIA to identify them before we took action.

Mr McCaughey:

We place great store by the importance of teams functioning well in any area of the trust and the importance of team working. In this area, the team was not functioning well. Many of the issues are related to that, such as the record keeping, and others were identified. Many of the issues stem from the team failing to function in an integrated manner.

The Chairperson:

Mr Simpson made it clear that there are no outstanding child protection referrals at present, but it is alleged that that is like moving the problem from the hall to the kitchen. People get through the door, but there is still a blockage further on up the system. Are you content that children who have had a referral are being dealt with properly? I hate the word "productivity": it does not sit well when discussing child protection. However, you know what I am getting at: are the cases moving through the system? Are the children adequately protected?

Ms Thompson:

They are moving through the system. There has been investment in the Families Matter strategy and family support. I am satisfied that the trust has developed a good sound system of family support. We developed family support panels with the voluntary and community sector in the three sectors that were inspected. Some local representatives will know that those are working. We have now exceeded the targets for family support packages set by government. We have somewhere to refer the children-in-need referrals for family support. They do not have to go through the bureaucracy of waiting. We will see a shift of unallocated cases to adequate family support. That is the right thing to do.

The Chairperson:

As members know, this is a serious subject. I exercised some latitude in the RQIA evidence session. However, I emphasise that members must ask questions rather than make statements, although some of you are clever in weaving the two together.

After the Deputy Chairperson, I will give priority to the representatives of constituencies in the South Eastern Trust area, so be ready. The batting order is: Sue Ramsey, Iris Robinson, Alex Easton, Dr Deeny and John McCallister.

Mrs O'Neill:

I welcome the improvements that have been made and the positive points that are highlighted in the RQIA report.

However, serious concerns arose about office A. On the first day of the audit, 15 cases were selected, and, of those, seven files were highlighted as being of concern. They included poor risk assessments, delays between referral and allocation, and there was little evidence of management oversight. It was also noted that there were high levels of newly qualified and inexperienced social workers. There has to be a balance between experienced social workers and training new staff. The RQIA was concerned. The seven unallocated cases were open on the social services client administration and retrieval environment (SOSCARE), which, I imagine, is a computer system. The report states:

> "There was no evidence from any of the seven unallocated files audited that any systematic assessment of risk or monitoring of thresholds had taken place."

I understand that cases were allocated to a senior social worker but were not followed up. It was allocated within 24 hours, so targets for practice were met, but there was no intervention with the family of the child in those cases. Am I correct?

Ms Thompson:

I can offer some explanation for the first part of your question. You are right to highlight that issue because it falsely implies that a case had been allocated, and that was not so. It is a technicality that we have definitely corrected.

Some time ago, the trust employed agency staff, which was an issue but we had to do so

because of the capacity issues that we described. We were unable to put those staff members on our system as SOSCARE, and we had to name someone as being accountable, who was their senior social worker. When we now employ someone, even agency staff, he or she is immediately given a SOSCARE number, which means that we can trace the file more effectively. That explains why it looked as though the files had not been allocated.

When we became aware of the situation, we corrected it immediately. That is the point of an inspection. The situation was not right. I put my hands up and say that, at that time, it was not correct.

Mrs O'Neill:
Has there been a reduction in number of social workers in training, or has that issue been addressed?

Ms Thompson:
The issue has been addressed. We are in a particularly good situation in Northern Ireland, never mind in the South Eastern Trust. We developed a system for newly qualified staff, the assessed year in employment, which English authorities are considering adopting. Representatives from English authorities visited Northern Ireland to look at our system, which wraps support around newly qualified staff. The trust has a social services training team and has set up a mentoring programme to look after all newly qualified social workers until they complete their probationary year. All the staff whom we had at the time of the inspection have chosen to remain at the Ards office, which is probably the best indicator that they want to stay in what is a very difficult job.

Ms S Ramsey:
You are welcome to the Committee. I have had the opportunity to work with Kate over a number of years, and I have always found her to be hard-working and dedicated to her job. We are all aware that much good work is being done and that social workers are constantly under pressure, and we recognise the fact that there is a lack of resources for children and family care. Like Kate, I think that a good working relationship with the local community is vital, because we all have a duty to protect children. Sometimes, the local community spots issues more quickly than practitioners. Why is it hard to attract and retain social workers?

Your presentation shows a steady increase in the number of children in need and the number

of child protection referrals. Has there been an actual increase in the number of child protection cases, or are more cases being recorded because more people are coming forward to report incidents to the agencies and more robust procedures are in place to deal with such cases? In the past, we have dealt with people who had difficulties with social services; I mean no disrespect by that. Will you address my concern about the number of unallocated cases? You say that all child protection referrals are allocated. However, your presentation states that the Department has three definitions for unallocated cases, one of which is cases that have been received but not screened by social services, which is confusing. However, I must give credit to office C, because its staff work extremely hard.

The Chairperson:
Is there a question?

Ms S Ramsey:
I actually asked three questions.

Ms Thompson:
I thought that you asked four questions. You asked why it is difficult to recruit social workers. If you consider what the executive director of social work has had to go through today, you might get an answer. Social workers have never been under so much scrutiny as they are at present, and their jobs are becoming more and more complex. However, we must hold on to the fact that we are getting the best calibre of staff. The students who have been accepted onto the Queen’s social work degree course have the highest qualifications. However, recruitment figures are significantly down this year, which must be due to the fact that the task is so difficult.

On the radio yesterday, the acting chief social services officer said that social work is probably one of the most complex jobs because of its risk management aspect. We need a major recruitment drive and a major push to improve social work’s image in the media. The South Eastern Trust has volunteered to work with the other trusts. Jeanie Johnston has joined our public relations department, and we are determined to work together with other organisations such as the British Association of Social Workers (BASW) and the academic institutions. Members will have read in the press that social work now has one professional body, and that will help. That is an overall answer.

Members highlighted the issue of how we recruit and retain staff. Our chief executive spoke about the need to treat staff as team members and to ensure that they are looked after. I hope that the Committee thinks that we have done that in the nine months since the RQIA inspection, if not before that.

There is an ongoing debate among professionals in the trust and regionally about why there has been an increase in the number of child protection referrals, and we have our own thoughts on that. I do not know what you, as public representatives, think. It could be argued that the primary reason is that the economy is affecting families. The economy is definitely affecting levels of poverty and how people parent. I agree with you that communities must take responsibility but that statutory and voluntary agencies must join them. That is how I believe that matters can improve.

The gateway teams have been successful as a point of contact for people with issues. We are doing things properly at that level. Most significant of all is the fact that agencies are working together effectively and referring to one another. General awareness is higher, although I do not know whether that awareness was always there.

Ms S Ramsey:

Given that the chief executive is here, I will slip in another question. There are rumours that services are being moved out of Dairy Farm into Lisburn, and that is creating some concern.

Ms Thompson:

That is not fair on the chief executive. However, I can help him out on that one. We are in discussions about that, and we will listen to what you say. Is that a fair answer?

Will you remind me what your question was on unallocated cases?

Ms S Ramsey:

What happens to unallocated cases that have not been screened?

Mr McCaughey:

You said that there had been a steady increase in the number of unallocated cases, and we are aware that there has been a steady increase from the start of the year. We put additional

resources, support and attention into that area. The situation turned in October, and we expect the numbers to come down. As Kate said, we prioritise referrals so that the most important cases are dealt with within 24 hours. We expected the number of unallocated cases to come down much further, but there was a big increase in referrals, which has maintained the number of unallocated cases at that level. However, we are determined to bring that down further.

Ms S Ramsey:
There is confusion. The presentation states that unallocated cases have not been screened. However, it also states that all child protection referrals are allocated. If those cases are not screened, or, indeed, if they are, is human error a possibility?

Mr McCaughey:
If a case fits any one of the three listed definitions, it is an unallocated case. Therefore, if a case has not been screened, it is unallocated. If a case has been screened but not allocated to a social worker, it is unallocated. If a case has been allocated to a social worker but has not been visited or assessed, it is unallocated.

Ms Thompson:
I will clarify: the reason why it seems confusing is that, if a child protection case has come from another agency, or if there are issues of a child protection nature involved, the case goes straight into "category 23", which means that it is recorded on screen and allocated. It is most important that that process happens. It could be a case concerning a child in need, which we could defer to a family support panel where it could wait more safely. There is a process in place.

Mrs I Robinson:
Your presentation states that there has been a 95% increase in child protection referrals from 2007-08 to 2008-09. That is a staggering increase from 524 referrals to 1,022, which is worrying. You referred to there being some issues behind those statistics, such as the economy, poverty or parenting. However, I can look back — I am old enough to do so — to when there was abject poverty after the Second World War. That type of situation was not seen then, and we did not wonder whether cases were being screened. I am worried that the figures back up my view that the family unit, and support within a family context, is not there any more. I am not picking on single parents per se, but there are more young single parents who, in most cases, have not had good childhood experiences. I wonder what is being passed on when they themselves have

children.

What is your ratio of staffing levels to deal with that large increase in referrals of 95%?

Ms Thompson:
The South Eastern Trust has employed extra staff since the RQIA report. We have 23 senior practitioners, 68·5 social workers and 20 new social workers who are in their assessed year in employment. We also have 19 agency staff as we await recruitment; we put such agency staff in immediately because we cannot wait for the recruitment process to end. That is our staffing quota.

Mrs I Robinson:
I am aware of the considerable overtime involved. What mentoring is available for staff who are exhausted from dealing with such terribly sad cases? Who is looking after them? I asked the RQIA that question, but it is important to be reassured that case files are not being rushed through to show that you are meeting demand and that the welfare of your social workers is not on the radar.

Ms Thompson:
Your point about the retention of social workers is hugely important. Recruitment is also important, because people will find out whether the trust is a good place in which to work and whether they will be treated properly and given support.

In addition to the 23 senior practitioners, we have three principal practitioners. Those are new jobs, and, instead of being managerial posts, they are professional posts in which the holders offer peer support and guidance. For example, when social workers go to court in highly contentious cases, which are stressful and difficult, the principal practitioners will guide them through the case, advise and check practice with them. We have also involved the Beeches Management Centre, and team support is being offered, particularly for the office that was mentioned, to provide extra guidance. I am satisfied that we are going the extra mile.

Mrs I Robinson:
It will be interesting to see the follow-up in the one area that fell down badly in Ards. I hope that the next review shows a significant improvement in that area, because I hate to think of there

being a question mark over healthcare in Newtownards.

Ms Thompson:

We set up an improvement board in the Ards area, which meets monthly and is attended by the chief executive of the trust, one of the directors, John Simpson, and me. The board meets staff monthly to show complete commitment. We look at everything, including the buildings, the fabric of where our employees work, the systems and processes, and whether employees are supported and receiving guidance. I hope that we will see measurable improvement.

Mrs I Robinson:

I would not want people to think that they are not valued or are not worthy recipients of support. I do not want the message to go out that the South Eastern Trust area is a bad one in which to work.

Mr McCaughey:

We conducted a number of self-audits, which have shown improvement. A telling factor is the improvement in staff retention. Many staff in their assessed year in employment and other junior staff, around whom we built the support mechanism, have stayed with us and gained experience. That tells us that the team is a happier and a better one in which to work.

An important leadership message is coming from the top of the organisation. When we discovered the problems, we established an improvement board. That was not about pillorying people; it was about supporting and retaining staff and ensuring that they could meet professional standards. We were not conducting a witch-hunt. That message is coming clearly from the top of the organisation.

Mr Easton:

Your presentation refers to productivity and unallocated cases from April 2009 to October 2009. Obviously, unallocated cases are not the serious ones. What is your timescale for addressing such cases from start to finish?

Ms Thompson:

It might be helpful to outline the pattern. We concentrate specifically on the gateway team, which deals with front-end cases. Since September 2009, we reduced the number of unallocated

cases from 269 to 172. That is a move in the right direction. The reduction has been slower than we had hoped, but we did not want to use productivity in a negative way. Much more work has come in. It is not the case that we are not working; we are working more effectively and more efficiently, and we will reduce the figures.

Mr Easton:

Have you set time limits for those cases such as 21 days or one month?

Ms Thompson:

We want to reduce the figures. However, we cannot control the work that comes through the front door. Our presentation shows the ever-increasing level of work and how we are trying to reduce the number of unallocated cases. We must work more effectively and more efficiently.

Mr Easton:

Do you not have an official timescale? For example, if a referral that is not top of the range comes in —

Ms Thompson:

I should have said that all cases are reassessed. It is not the case that one injury is worse than another. It does not operate in the same way as an acute hospital; we must reconsider the situation. A senior social worker constantly reviews cases that are waiting to determine the level of risk. We might receive information from other agencies that a child has improved in school or the police might give us new information. Therefore, it is not a static group of cases that are waiting; they must be checked constantly.

Mr Easton:

That is reassuring. You have taken steps to address poor record keeping. As I said during the RQIA evidence session, I am aware that staff in Ards have done an awful lot of overtime to try to bring records up to date. Some staff work three or four additional hours every night. What are you doing to maintain their morale? Do you tell them that they are doing a good job? That is vital.

Ms Thompson:

I totally agree. I meet staff weekly, if not twice a week. I am sure that they do not want to see

me all the time. Senior staff, my assistant director and the chief executive make visits, and we work closely with staff and trade unions. That is important, because they should have a voice at the table. They are part of the board, and I keep a watchful eye on them. It is important that staff stay at their desks to work because they want to achieve results and want the situation to change.

Mr Easton:
Now that the legacy trusts have merged, does everything work in tandem in the new trusts?

Ms Thompson:
Do you mean in tandem with the other trusts?

Mr Easton:
No; I do not mean the other trusts. The previous trusts merged to form new trusts; do they work in the same way now?

Ms Thompson:
Absolutely. At the beginning of the presentation, the Committee heard about two different situations in the two other sectors. We deployed staff from those sectors to help us to establish the same operating process.

Mr Easton:
As Iris and other members said, there has been a huge increase in the number of cases. Do you encounter cases in which, when you investigate them, no issue exists?

Ms Thompson:
Yes, we do. However, it is right to investigate those cases. I mentioned the family support panels; sometimes people need minor practical input. That process used to operate more informally, but we now have a working relationship with the voluntary and community sector. Others are best placed to do that as long as they receive the money and support from us. We do not always need to see people for practical matters. We must ensure that we signpost people to the right place so that they are not turned away. One of the successes of the gateway team process has been that people have not re-referred themselves because they have not got what they want. People receive family support and other services or receive assurances about safeguarding. That is more effective.

Mr McCallister:

I will be as brief as possible. Elements of the RQIA report are to be welcomed, and it is obvious that some of the performance information is useful to the Committee in examining social care issues as opposed to the situation in hospitals. What processes do you have to monitor constantly not only what you are doing but what is happening in the community and voluntary sector? What advice do you receive from that sector, and how do you examine other areas of best practice? As you know, Kate, those issues are constantly evolving and changing, and we need to examine what is going on in other parts of the UK, in other trusts in Northern Ireland and in the Republic. Do you have the mechanisms or processes to do that?

Ms Thompson:

You asked two questions. The first was whether we monitor constantly: we have a clear audit plan in place across children's services, and we use the ISO 9000 accreditation to ensure that our policies and procedures are checked externally. That is reassuring to us. Your second question was about best practice and looking outwards. We are involved in an exciting partnership with the voluntary and community sector to examine high-level outcomes for children. In the future, we hope to invest further upstream so that we do not have some of the problems that we discussed about parenting and the difficulties that families face. We are starting to see results, and we are working with the commissioner. There is a statutory responsibility for children's planning, and we hope that we can influence the way in which children's planning works. The improvement board that was set up by Fionnuala McAndrew, and the new board, examines best practice across England, Scotland and Wales, and we hope that we will be able to do things more effectively and efficiently through that board.

Mr McCaughey:

It is a more systematic approach to auditing and monitoring, and it provides us with assurance. At the outset, I said that we had seen significant improvement, but there are issues that still have to be worked on. For example, our record keeping is not 100% perfect, but we have seen significant improvements. A system of audit checking enables us to target the areas in which we still need to improve.

Mr J Simpson:

You made an opening comment about our focus on acute services. Acute services are well ahead

when it comes to gathering information and understanding what is happening. We are actively working in children's services to gather information and examine definitions to try to ensure that we are comparing like with like and that we understand what is happening. Mrs Robinson asked whether we know why things are happening and what societal changes are taking place. It is important that we follow such a rigorous examination of what is happening.

I take the Chairperson's point about productivity. There is no formula; children's issues are a complex and emotive area, but, at the same time, we need to apply the level of rigour that we have seen in the acute services to the community side, particularly in children's services. Mr McCallister's point about acute services was well made.

Mr McCallister:
Are the trusts now focusing on early intervention with families? We can all talk about it, but are we responding before families go into crisis? Following on from Iris's remarks supporting that, we have all talked about the issue, but we desperately need to see action on the ground.

Ms Thompson:
Absolutely. We are well placed in Northern Ireland because we have integrated health and social care arrangements in which health visitors and social workers work in the community. We cannot do it any other way, and in that I include our partnerships with the education sector and the police.

Mr McCaughey:
It is not simply about addressing children's issues. We are trying to get upstream, and the trust is involved in an exciting initiative to put some of the children who are in its care into employment or work experience, particularly with the trust but also with other employers, so that they take their first step on the employment ladder. The hope is that they will gain employment, because young people can often end up in a continuing cycle in which they have no qualifications and cannot get jobs.

Dr Deeny:
I am delighted that we are talking about children's needs today.

Kate has answered one of the questions that I was going to ask Sean Holland in a later

evidence session. I intended to ask whether all this negative publicity will impact on social worker recruitment and applications to university. That is a worrying development. I have worked with social workers for years, and their job is very difficult. The Committee should take that on board.

Two members already referred to the rapid jump in referrals, and John Simpson talked about referrals almost doubling in one year. In previous years, there were approximately 500 referrals, and now there are over 1,000. That is significant. John also said that it is nothing to do with thresholds being lowered and that it is more to do with vigilance. It would be a good idea for your senior people, clinicians or whoever, to audit that and find out what is causing such an increase.

I have no doubt that we are seeing more abuse. People are reporting abuse, and it is good that they are coming forward. Abuse can be physical, and much of it is sexual. That has been a problem here for years. There has been a certain mindset and a practice of covering up, either by individuals because of the shame attached or by the family of the victim. Abuse can happen in families, and they do not want it to be known. Abuse also happens in educational and religious institutions.

What psychosexual services does the South Eastern Trust offer? Sexual abuse is a major problem not only for people who are currently suffering but for those who will suffer in the future. In primary care, people who have been subject to dreadful abuse for years present with all types of health problems, but they were frightened to bring the issue into the open for a long time. That is a major health issue that is coming to light only now. Trusts should encourage the public to come forward to people on the front line. Kate is quite right in that one or two cases may turn out to be minor, but so what? It will be worth it if it prevents another Omagh tragedy.

Is an audit worthwhile? Last year, the Committee carried out an inquiry into the prevention of suicide and self-harm in Northern Ireland. We heard evidence from people with all types of mental-health problems that stemmed from abuse issues that went back years. We should ask all the trusts what they have in place to deal with psychosexual abuse and how they deal with people who need immediate help. The issue must be dealt with now to prevent future problems.

We work with the Nexus Institute, which undertakes much vital work. What are the trusts

doing to help in that vital work?

Mr J Simpson:

Undoubtedly, the number of sexual abuse cases is increasing. As of now, at the end of month 8, there have been 902 child protection referrals, which will extrapolate to approximately 1,350 referrals by year end. That is a 35% increase on the 1,022 referrals in 2008-09, and there were some 500 referrals in 2007-08. That is a massive increase. We are examining the nature of those referrals and where they come from. We conduct that auditing or monitoring process in collaboration with the Health and Social Care Board, the other trusts and agencies. We monitor very closely, but we clearly have more work to do.

A bigger issue concerns society's expectations about child protection and social workers. We now use the expression "child protection". I am old enough to remember that, in the late 1960s and early 1970s, we referred to "battered babies". That term changed to "non-accidental injury" to "child abuse" to "child protection". The parameters of the issue have changed radically, and we need to ask ourselves some serious questions collectively about our expectations.

Dr Deeny has rightly pointed out a fundamental area that may underpin many difficulties in people's later lives. Perhaps we have choices about how we focus our attention on the critical and important issues. Identifying and analysing the problem is an important process. Indeed, I made that point in response to Mr McCallister's question.

Ms Thompson:

The difference between the current situation and when the inspection took place is that we received funding and set up a specialist team that works with the child and adolescent mental-health services (CAMHS) team, particularly with children who need support; it covers psychology, and extra child psychiatry and therapy sessions. We wrap that round the children and young people who need it most. That development — our obtaining specific funding to set up a team to support children — has happened since the inspection.

Mr McCaughey:

The increase in referrals is not a bad thing. A range of issues drives that — for example, we now are more aware of child protection issues.

We are auditing the situation, and we consider a range of issues to find out whether we can illuminate the causes. Yesterday, we had a discussion with the Health and Social Care Board about how we might shed more light on that. It is important that, if an assessment is made, appropriate action is taken. That is why the presentation includes three separate graphs on referrals, case conferences and child protection. It is not a bad thing if concerns are flagged up and assessments are made, and that does not necessarily mean that a child will go into care.

The Chairperson:
One issue has not been dealt with fully, namely that, although there was good practice in most offices, there were technical issues in the Newtownards office. There seemed to be leadership and professional disciplinary issues, regardless of the mechanics of the numbers coming through. Have those issues been dealt with properly?

Mr McCaughey:
The processes are still under way. It would be inappropriate for me to go into detail on specific issues in public while they are still subject to investigation and internal process. However, let me be quite clear: if there are repeated failings, we will deal with those and use the disciplinary procedure where appropriate.

I will return to some of the points that were made earlier. We want to support the staff on the ground who deal with complex issues of judgement. It is not an area in which 20 questions can be put in, and the right answer will come out. It involves judgement; it is an assessment of risk all the time. As Kate said at the outset, we have changed the management arrangements and presence in the Ards office.

Mrs I Robinson:
Auditing is crucial to help us to see the pattern behind the increasing number of referrals. It is welcome that those problems are being dealt with, but a synopsis of the root causes would help us to deal with the problems and prevent them from arising in the future. It is important to stress that.

The Chairperson:
I thank your team for their evidence, Hugh, and for answering the questions so fully.