



Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

**Evidence session on the Safeguarding
Board for Northern Ireland with the
NSPCC**

25 February 2010

NORTHERN IRELAND ASSEMBLY

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

Evidence session on the Establishment of the Safeguarding Board for
Northern Ireland with the NSPCC

25 February 2010

Members present for all or part of the proceedings:

Mr Jim Wells (Chairperson)
Mrs Michelle O'Neill (Deputy Chairperson)
Mr Thomas Buchanan
Dr Kieran Deeny
Mr Sam Gardiner
Mrs Dolores Kelly
Mr John McCallister
Mr Conall McDevitt
Mrs Claire McGill

Witnesses:

Mr Colm Elliott) NSPCC
Mr Colin Reid)

The Chairperson (Mr Wells):

Not for the first time, we are delighted to have representatives from the NSPCC with us. Mr Colin Reid is the policy and public affairs manager, and Mr Colm Elliott is the assistant director of children's services. Gentlemen, you are most welcome.

You know the routine by now, as you have appeared before various Committees. You have 10 minutes to provide your presentation, after which members will wish to ask questions. You had the benefit of sitting in on some of the previous presentations, and I am sure that you found that useful. It is an interesting and challenging time.

Mr Colin Reid (National Society for the Prevention of Cruelty to Children):

Thank you for your invitation. I also thank the Committee Clerk for her helpful preparatory work that enabled us to be here today.

The NSPCC is a stakeholder in the arrangements for the new safeguarding board. The Children Act 2004 in England is often referenced as the background to the proposed legislation, but it goes back much further than that. The issues of regulating area child protection committees (ACPCs) in England and Northern Ireland, and the difficulties and weaknesses that existed in one area of the child protection system that was not subject to statutory guidance, have been well highlighted.

In 2001, the Labour MP Adrian Bailey brought forward a Private Member's Bill on area child protection committees. We were interested in that legislation and had discussions on it here. In 2002, Patricia Lewsley, then an MLA for Lagan Valley, took up the mantle and ran with a Private Member's Bill to regulate the area child protection committees. Through Patricia, and working with the then Minister Bairbre de Brún, we received the co-operation of the Department of Health, Social Services and Public Safety and worked collaboratively with it on those proposals, which were subject to extensive public consultation. Two public consultations received 30 and 18 responses respectively that were, overwhelmingly, extremely positive about the initiative to try to regulate ACPCs. Unfortunately, as members are aware, the Bill was due for its first reading on the day on which Stormont was suspended.

In fairness, everyone who worked on the legislation, particularly the Department of Health, Social Services and Public Safety, remained true to many of the responses and principles contained in the original Bill. With a slightly changed landscape and structures, we have been working towards the establishment of the safeguarding board (SBNI). At the outset, I declare an interest in that the NSPCC has worked closely and collaboratively with the Department on the proposals that members have before them.

The NSPCC is a national organisation with representation on many local safeguarding children boards (LSCBs) in England. The NSPCC's LSCB co-ordinator is Sue Woolmore, and we sought her advice at various points on what worked well in England and what did not work well in the development of proposals here.

In the previous evidence session, Conall said that co-operation and culture were important. I echo that, and I also think that the architecture is important. The policy proposals that members have had a chance to study show that we are trying to do something radical to ensure that our architecture facilitates co-operation among all agencies that have a responsibility to protect children. The evidence from the Regional Child Protection Committee highlighted the need to ensure a focus on core child protection. We echo that, but we also want to achieve a move to a slightly broader focus on safeguarding.

When the legislation was introduced in England, the tendency was to try to achieve everything in a broad remit, including road traffic policy. We learned from the experience in England that we must focus on the core aspects of safeguarding.

We can benefit from taking a regional approach to many aspects of prevention: for example, a small number of children may be trafficked, and trafficking probably lies in the context of the issue of unaccompanied and separated children, and, therefore, we must deal with the whole immigration agenda. The NSPCC has a cross-border agenda for working with our colleagues in the Irish Republic to ensure that dangerous people are managed on both sides of the border. The proposals deal with the new arrangements for child death review to consider how we might learn from the deaths of children regionally and deal with tragic cases that require urgent attention.

In essence, we are broadly happy with the proposals, but we want to flag up a number of core issues to which you may wish to pay further attention as the legislation comes before you. Colm will deal with the issue of membership first.

Mr Colm Elliott (National Society for the Prevention of Cruelty to Children):

Some membership issues that we were going to mention have already been discussed, either through questions that members raised or through Tony and Martin's presentation. I will highlight a few of the issues that have not been discussed.

The question of balance is important in several ways. The safeguarding board must be large enough to represent the various agencies and disciplines that work in the field of child protection, but it must also be workable. It is important that we get people not only to sit on the main board but on the trusts' panels, if that is what they are to be called, and the working groups. Agencies and individuals will have the opportunity to sit on those panels and groups, and that is where the work will be done.

The question of balance is also important in achieving the appropriate level of staff. They must be able to make decisions on behalf of their organisations and commit their organisations to those decisions. We have already had some discussion on that. Some consideration must be given to whether chief executive officers have sufficient expertise of the minutiae of child protection to understand everything that is going on. Directors of social care are well placed in that respect. It is important to get people who can make decisions and also have a level of expertise to ensure that any action to which they commit or agree is based on knowledge and fact. I say that with no disrespect to chief executives, who are in their positions for particular reasons.

Two issues things struck me, and it is important that those be considered. The first is membership: from my experience of sitting on the western ACPC, one difficulty is how to involve professions, particularly GPs, which is a matter that will interest Dr Deeny. That can be a hit-and-miss process. As GPs work privately, they cannot all be represented by a single GP. We must consider what structure and mechanisms can be put in place to ensure that GPs can represent their colleagues and that any messages and decisions are relayed to them. GPs have a central role to play, as they are one of the first professions to come across child-protection issues when a child has been abused. Therefore, it is important that GPs are aware of what is happening and of the policies that apply.

The second issue that struck me was adult mental health, as highlighted by the deaths of Madeleine and Lauren O'Neill. The interface between adult mental health, child protection and childcare services has not been good, and it is important to improve that over time. Some work is being done in that area, but I noticed that adult mental health is missing from the proposals. It is important that people working in adult mental-health services be included on the safeguarding board, because their role is critical. We are aware that many of the most vulnerable children have a mother or father with a mental-health problem, which leads to the child's being even more vulnerable and in need of greater protection. It is important that I highlight that issue.

When I sat on an ACPC, I was annoyed by the extent of delegation. People would come to one meeting only to delegate an issue to someone else. That led to inconsistency, because, although someone who attends one meeting can be briefed as much as possible, he or she will not carry the same authority, knowledge and expertise as someone who attends daily. We talked about the importance of having people who can take decisions on behalf of their organisation. When the responsibility for decisions is delegated, can the people to whom they are delegated take those decisions on behalf of their organisations?

Mr Reid:

You heard the discussion about the duty under sections 10 and 11 of the Children Act 2004. We support the Department's sensible proposal that a section 11 duty apply to make arrangements to safeguard and promote the welfare of children. The UK Border Agency, for example, has a similar duty as part of the arrangement that it operates in England.

There seems to be a bit of a problem with the section 10 duty. The First Minister and the deputy First Minister wrote to the chairperson of the all-party group on children and young people stating that they would remove it from the proposals, but we are unclear as to why they did so. The section 10 equivalent seems to be a sensible duty, because it ties together the OFMDFM children's strategy and the planning of children's services the ground, and it bolts on the area of safeguarding stuff in the middle. We were not happy that legislation could be proposed without a duty to co-operate to improve the well-being of children. We cannot see what the problem is, and we agree with Dolores that the Committee should examine the matter.

Recently, the review of serious cases has been highlighted in the media. The protection of children is not risk averse. The social workers and others who work to protect children have to take risks every day. Unfortunately, there are times when things go wrong. However, when that happens, we should not generalise and assume that the whole system is at fault. If we are to learn from cases in which something goes wrong, we must do so in a culture of learning and without apportioning blame. That can be achieved through the mechanism of case management reviews (CMRs), which, as the Chairperson said, are called serious case reviews (SCRs) in England.

The new arrangements provide an opportunity to re-examine case management reviews. To date, twenty reviews have been carried out and more are in the pipeline. As anyone who has been

involved in one knows, the reviews have been extremely onerous. There is a challenge for all of us in facilitating the regional and local messages, and some work has already been done on that. The Department of Health, Social Services and Public Safety funded Queen's University and the NSPCC to research the benefits of case management reviews and what needs to change. As Tony Rodgers said, that research will come before the regional board next month, and, I hope that we will be able to publish it.

With the same group of researchers, we are also trying to carry out a review of all serious cases, as has been done in England, to try to disseminate the key messages for us. Some work has already been done on that by the boards and trusts in Northern Ireland, but we hope to carry out the first regional review to learn key messages that can be learnt throughout the system. We can change and improve our system in certain ways, and the new legislation offers us the opportunity to do so.

Funding is also a challenging issue. The Department's potential allocation of £750,000 is not ungenerous. The LSCB co-ordinator in England advised us that it is not an unreasonable amount of money on which to run the new safeguarding board. However, given all the functions that are required, it is important that agencies commit themselves to investing additional funding. Our experience of forums that have funding issues is that Departments, agencies and boards have an awful tendency to retreat to their core functions. It will be necessary for people to put their hands in their pockets to provide funding for such an important task. We may want to consider including some provision for pooled funding in the legislation.

Mr C Elliott:

If the safeguarding board is to work, good communication is essential. If we look back through the recommendations from the CMRs, we find that communication has been a major problem, with agencies and individuals not talking to each other. We need people from a high strategic level to talk to each other and share information at an operational level.

The issue is not only one of communication between agencies. Whatever the SBNI does, communication must be seen to go across as well as up and down. If that happens, I hope that we will begin to find a decreased risk of child deaths and other serious incidents.

Recently, I carried out some research for a presentation on CMRs. When I studied CMRs,

communication emerges as the main issue in all of them from the beginning when the first recommendation is made. It is important that communication between agencies and between committees and operational staff is improved.

The Chairperson:

Thank you, and you have finished your presentation exactly on time. You have a unique position, because you are a nationwide organisation. Do you operate in the Republic as well?

Mr Reid:

Our sister organisation operates there.

The Chairperson:

You have an overview of how the 2004 Act worked in England and Wales. What is your assessment of your colleagues' view on the effect of the Act? I ask because our legislation is largely based on it. Has the 2004 Act delivered, or is it beginning to deliver, greater child protection? I do not whether you heard the comment that it is no good having a wonderful set of controls and beautifully set up monitoring systems if there are still as many children being abused, attacked and murdered.

Mr Reid:

Our colleague, who has an overview of all 144 local safeguarding children boards in England and works with many of our staff members who are involved with them, says that the quality of LSCBs is variable. No doubt Professor France told you that as well, because Loughborough University's research also uncovered varying standards. It comes back to Conall's point that it is a matter of establishing local co-operation and a culture of willingness.

We may be able to do something different in Northern Ireland. Our arrangements are not identical to those in England. The operation here is smaller, and we have much better working relationships with key stakeholders, whom we know quite well. I hope, therefore, that our arrangements will provide us with the architecture and mechanism with which to do something different to deal with our core child-protection duties and take the preventative measures that we must adopt regionally.

Mr C Elliott:

At the end of the day, although setting up a safeguarding board will not save children's lives or afford them more protection, it will create a vehicle that allows information, expertise and best practice to be filtered down to operational staff. If the board works properly, and with legislative power behind it, agencies will be forced to work together better than they have done in the past.

The Chairperson:

The papers from the Department contained a shocking statistic: in the past five years, referrals rose by 25%. Indeed, we discovered that, over a three-year period, the number of children referred to the Newtownards office increased by approximately 90%. If those trends continue, it may not matter what procedures you follow, because there will simply not be enough resources to implement proper childcare and child-protection measures.

Mr Reid:

One must be careful with statistics. Tony Rodgers articulated some of the difficulties with statistics: for example, a rise or fall may be good or bad. We have put considerable effort into encouraging children to report abuse. The Government, for example, invested a considerable amount of money in helpline services, which, for us, means ChildLine. Consequently, we have considerably increased our capacity to help children. In addition, we have new technology coming online that makes it easier for children to seek help. With ChildLine, for example, we found that the number of boys seeking help has increased dramatically because they use technology, whereas they did not use telephones. We also invested in new gateway structures and are working on new methods of communications. It is not surprising, therefore, that we have seen a rise in the reporting of child-protection issues, which, although demanding for front-line staff, is a positive development. It is better to encourage people to report early than for children to have to deal with the consequences of non-reporting in later life.

The Chairperson:

Your written submission contains an interesting comment. You note the need for a process dealing with the death of a child to be underpinned by the SBNI secondary legislation. Will you explain that in a bit more detail, because it differs from other comments that we have received?

Mr Reid:

The child death review arrangements are complicated. Work on a system to review child deaths

has been ongoing for a considerable time. You will have heard that, following David Briggs's death, the inquiry recommended a child death review. The situation is complicated by virtue of the various actors and agencies that are involved, because the matter cuts across a range of devolved and reserved powers, such as those of the Coroners Service for Northern Ireland, the State Pathologist's Office in Ireland, and so forth.

I understand that the Department proposes to put into regulation a system that would allow us first to review local deaths at an early stage in case there are any abuse issues and, in such tragic cases, to provide co-ordinated support to parents. Secondly, the proposed system would allow us to review regional trends in child deaths, so that we could learn from experiences elsewhere and put in place policy changes. That would require statutory regulations, because there are issues about sharing information between, for example, HM Coroners and the new safeguarding board.

Mr McDevitt:

In your written submission, you invited us to unpick some of the relationships between DHSSPS, the Health and Social Care Board, the trusts and the SBNI with respect to primacy and policy issues. Will you expand on your thinking on that, and give us a sense of what you are asking us to explore?

Mr Reid:

The RPA brought about a major change in structures and in the relationships between the Department of Health, Social Services and Public Safety, the new board and the commissioning trusts. The new SBNI arrangement sits in the middle of that. As I understand it, those arrangements are bedding down. The role of the Public Health Agency must also be considered. We seek to flag up the issues of who makes policy and who delivers services, all of which are still in development. The arrangements will settle down, and my understanding is that the Department will take the lead on policy responsibility. However, the SBNI will also develop policy across a raft of safeguarding issues. It will be useful to examine the interfaces and interdependencies as the legislation comes before you.

Mr McDevitt:

Do you have an opinion on that?

Mr Reid:

It is sometimes difficult: for example, 'Co-operating to Safeguard Children' is the regional guidance that was taken forward by the Department and underpinned by much more substantive guidance developed by the area child protection committees. One could argue that we should all work together on that or that the regional policies and procedures contain as much policy as 'Co-operating to Safeguard Children'. Perhaps those issues will become clearer as the SBNI becomes established and develops its working relationships with the Department. You may want to unpick those issues as the legislation comes before you.

Mr McDevitt:

My second question relates to your submission paper in which you mention Internet safety. You advocate the SBNI's having a remit to develop a regional e-strategy to complement the work of the DHSSPS and the UK Council on Child Internet Safety (UKCCIS).

Internet safety is a hobby horse of mine, and I apologise for going slightly off topic, Chairperson. Mr Reid, how would you describe the current regional arrangements?

Mr Reid:

You may be aware that the new UK Council on Child Internet Safety (UKCCIS) recently launched its action plan. If members were to read that plan, they would see that many of the actions relate to England, some relate to regulation, which is not a devolved issue, and others relate to the devolved institutions. The Department of Health, Social Services and Public Safety, along with other Departments, is leading the development and customisation of a strategy on that issue here. In Northern Ireland, we will do certain things that are not being done in England, and other arrangements can be transferred from there. We will be able to use products that emerge from UKCCIS. You may be aware of the Click Clever Click Safe campaign. I understand that funding of £30,000 has been invested in the Northern Ireland element of that.

The Internet is a huge issue that features increasingly in a raft of different ways: you will be aware that some people offend online; Child Exploitation and Online Protection (CEOP) centres have been set up; children send inappropriate material, and there is a convergence of various technologies. For those reasons, Internet safety is a key area on which the safeguarding board should take a lead. It will probably take over the operational reins from the Department on that issue.

Mr McDevitt:

Are you confident that sufficient capacity, skill set and resources are available in the current provision for the safeguarding board to be able to do so successfully?

Mr Reid:

As previous contributors said, the agenda is challenging, and we do not need to overwhelm ourselves with work. It may be a matter of phasing in changes and ensuring that, if the SBNI does not take responsibility for Internet safety, it at least co-ordinates any actions to improve Internet safety.

Dr Deeny:

Thank you, Colin and Colm. You were present during the last presentation, after which we spoke about the fact that the courts play an important role in the protection of children and the importance of members of the judiciary sitting on the safeguarding board.

Colm, you mentioned the involvement of GPs. We are independent contractors, but we have representation and act as a body, despite what some may think. GPs consider that the safeguarding board will protect children and cut down on abuse. You are correct to say that not only GPs but others who work with children often pick up the signs of neglect and abuse.

The board and five regional safeguarding panels will be coterminous with the trusts. A number of GPs do not work full time, and they would, I am sure, would give their time to the board if they knew that it would help. Perhaps you as a group or the Department may be interested in GP and primary care involvement. I suggest, therefore, that you write to Brian Dunn. Our group is the Northern Ireland general practitioners' committee. Brian is the chairperson of the BMA and the best person to explain to you and the Department how GPs could help.

People must be sure that the safeguarding board is not a well-intentioned talking shop that does not achieve results. Colm Elliott hit the nail on the head when he talked about the importance of communication, and the tragic case in Omagh highlighted that. Every agency tried to do its best, but they did not communicate with each other. That is where the handling of the Omagh case fell down, and I am sure that that is the case time and again. If that was the case, and

if communication —

The Chairperson:

Is a question coming, Dr Deeny?

Dr Deeny:

The Chairperson is back with a bang. *[Laughter.]* He was about to convert to Catholicism earlier on.

How can communication be improved, Mr Elliott? That is the big issue. Never mind the setting up of a safeguarding board, which is well intentioned, achieving good communication is a major weapon in the battle against child abuse and neglect.

Mr C Elliott:

Communication must start at the top level with good communication between Departments. Unfortunately, until now, Departments often worked in their own silos and did not communicate as well as they should have. The Department of Education has taken up a particular role in child protection, the Department of Health, Social Services and Public Safety has taken a role, but other Departments feel that it is not part of their role at all.

However, as Mr Rodgers or Mr Quinn mentioned earlier, child protection is everybody's business. It is important that communication is good at the strategic level at which the board will be established. Information must then be passed on and filtered down to an operational level. If people had spoken to each other, picked up the phone or returned calls, previous tragedies might not necessarily have been prevented, but more could have been done beforehand.

There have been two flaws in communication. The first, as we discussed, relates to the current situation in social work. We work with staff who left college only recently. They are inexperienced and do not know what is going on. They do not know what other agencies or individuals are there to help. When I was practising, social work teams knew everything that was going on. We knew whom to contact about a certain issue or a concern about a child. We must get back to that situation in which it is known that everybody can input information.

Part of that work has begun with the introduction of guidance on understanding the needs of

children in Northern Ireland (UNOCINI), and people and agencies are beginning to work together. Assessment is more complete than in the past, but work remains to be done. If operational staff can see that their directors and managers co-operate, they will recognise the importance of doing the same at an operational level.

There must also be respect, because all of us do extremely difficult jobs. Everyone who works in the field does their best to prevent any tragedy and prevent any child from getting hurt. It is, therefore, important that we respect each other and our respective positions. If somebody phones, the call must be returned, which does not always happen. The staff whom I manage regularly try to contact social workers, but most social workers do not return their calls. In such instances, the safeguarding board must have the authority to inform my staff that mechanisms allow them to go further up the management line. That will ensure that, when calls are ignored or not returned, the person responsible is made aware of the incident and told that he or she must begin to communicate with other staff.

Dr Deeny:

That is good, but what about communication from the bottom up? What about the level of communication from people, schools, shops, and communities?

Mr C Elliott:

Colm Elliott talked a little about that. In days gone past, we had a stronger sense of community. People spoke to each other and knew what was happening to their neighbours. Perhaps there was an element of interference, but that is open to interpretation. Nevertheless, people were more interested in helping their neighbours and sharing information on what they knew was going on in their neighbourhood. If they felt that a child was being ignored or was in danger, they were more likely to pass on that information. We must return to that sense of community. People must feel confident that, if they make a phone call to the relevant agency —

Dr Deeny:

People must also be given clarity on the agencies that they can approach.

Mr C Elliott:

Yes, and I was about to move on to that point. People need to know what to do when they are concerned and where to go with information. People often ask me what I would do in that

situation. They are worried about making fools of themselves by ringing social services only to be told that they were wrong. However, I would far rather make a fool of myself by making a totally inappropriate phone call than a child be hurt because I did nothing.

Mrs D Kelly:

It is good to see another former colleague before the Committee this afternoon.

Mr Reid:

Craigavon and Banbridge are the best, Dolores.

Mrs D Kelly:

You made several welcome points, particularly on early intervention and trying to break the cycle of abuse and neglect. Your submission mentions that the proposals remove the duty of well-being. What impact would that have? I thought its removal would sharpen up the preventative end. Will you give us some more information? How does that duty to safeguard well-being improve matters? The Committee may already have received some research on the matter, but I am interested in your interpretation and how you see that panning out.

Colm, you mentioned mental health. Over the past couple of years, there have been cases in the South of Ireland and England in which a mother or father, for whatever reason, killed their children before taking, or trying to take, their own life. That seems to be a new twenty-first century phenomenon. Kieran suggested that the family approach be linked with primary care because GPs may be treating a parent's mental-health problem. Perhaps those children who died had never been under the supervision of any protection system.

Mr Reid:

I will answer the first part of your question as best I can. Among the proliferation of planning processes, the Children's Services Planning Order is vital, as it established a statutory process to plan children's services at local and regional levels. In addition, the children's strategy has six high-level outcomes. It seems eminently sensible that we connect local and regional planning to strategic government outcomes for children. That is what the duty to promote well-being would achieve. We do not regard that as being in any way controversial or different. It does not impose new statutory duties on people; it simply ensures that people co-operate within a certain framework.

One of the high-level outcomes of the OFMDFM strategy concerns safeguarding, so a duty to safeguard well-being sits well with that strategy, and that creates a helpful architecture. To coordinate our actions that involve an element of safeguarding, we probably need to do a bit of work on other existing strategies that sometimes operate in different realms, such as the sexual violence strategy, the domestic abuse strategy, Families Matter and Care Matters.

Mr C Elliott:

The point that Mrs Kelly made about adult mental health is correct: over the past couple of years, there have been a number of tragedies. I spoke to colleagues in mental health not that long ago. Sometimes, psychiatrists do not regard the safeguarding of children as their problem, and that mindset must be examined. It is something that concerns me greatly.

When family, childcare and mental-health agencies are involved with a family, they must work together. They must speak to each other because, in most cases in which a parent has mental-health problems, the capacity to protect his or her children diminishes significantly. Some parents with mental-health problems may even decide to commit suicide and kill their child, which is the ultimate tragedy. However, there are other issues, such as the number of children who have been taken into care or placed on the child protection register because of mental-health issues in the family.

Groups in the trusts are beginning to examine the interface between agencies to determine how interaction can be improved, but that process is a long way from completion. The power of the safeguarding board will allow us to begin to ensure that the professionals on the ground take responsibility not only for their particular field but for other areas that may be affected.

Mrs D Kelly:

It is a bit disappointing to hear that connectivity across the professions and programmes of care does not exist already. Does the proposed legislation present an opportunity to make such connectivity compulsory, or is a good practice guide required?

Mr Reid:

The safeguarding board will not do everything that is required. Let us be clear that the local trusts will continue to carry out their statutory functions, and mental-health professionals will

continue to work with parents. Perhaps our efforts can be co-ordinated more strategically.

You mentioned the tragic cases of filicide. We have researched the small number of tragic cases in which parents killed themselves and their children. That is precisely the type of issue that may require regional action in Northern Ireland. Those are complicated cases to which there are no easy solutions, but the only way to deal with them is to maximise the resources by co-ordinating through forums such as the SBNI.

Mr Buchanan:

You raised some issues that relate to communication, which is vital in safeguarding children. If the safeguarding board is to work properly, there must be good communication. You responded to Kieran's questions on that. Do you envisage a need for some type of mechanism to be put in place, perhaps in the early stages of the board's establishment, to monitor the delivery and success of the communication?

It is all very well to present the Committee with a draft version of what needs to be done and what areas of communication require work, but without monitoring, how will we know what is happening? As we look back at some previous incidents, not least of which was the one in Omagh, we can see the breakdown in communication. If you consider that communication should be monitored, what type of mechanism should be established for that purpose?

Mr C Elliott:

The interim Regional Child Protection Committee will establish a communication subgroup. Part of its remit will be to ensure good communication between and within agencies. That is important, and the idea of having some sort of auditing tool or mechanism to ensure that communication is translated to the operational level is essential. We can talk and have all sorts of ideas, but, unless information is shared and reaches the grass roots, talking does no good. Some form of audit tool must be put in place to ensure that that happens.

How do we know, for example, whether there is compliance with the recommendations for CMRs. A system is needed to ensure that people deliver on what they are being asked to do within the timescale and to the required level. That can be done only through proper auditing. It is important that the up-down relationships within agencies and the relationships between agencies be considered at all levels, not only at directorship or board level, but at operational

level.

Mr Buchanan:

In certain cases, social services could be working with a child and report that he or she faces no real threat. However, a member of the public might come forward to report that he or she considers that the same child faces a real threat. Often, the report that social services produces outweighs a concern reported by a member of the general public. How do you envisage such a case being dealt with?

Mr C Elliott:

That goes back to the point that I made about respect. Professionals must have respect for each other and for the general public. It must be recognised that, in most instances, members of the general public are not experts in the field of child protection. However, if a member of the public makes a referral to social services, regardless of whether social services are working with that family, the referral must be taken seriously. Social services must and do investigate referrals.

Social services may come to a different conclusion from the member of public who reported the concern. However, their conclusions must be based on a proper assessment, which will include examining every issue raised in the referral. Social services must also consider what other agencies and professionals are working with the family. Schools probably see more of children than any other organisation and have a wealth of knowledge. All of the available information must be brought together, and, as I mentioned earlier, it is important that proper assessments are conducted through the UNOCINI process.

Although the UNOCINI process has been in place for a few years, many professionals still do not know how to complete a UNOCINI form, and, as they sometimes regard certain issues as irrelevant, they enter scant information. However, sometimes those are the very issues that are relevant to a case. In many cases, the task is to build up a picture from examining all of the issues. One incident alone may not cause much worry, but, if a professional sees that there have been a number of different issues over a period, he or she starts to get a better picture. If someone from the public also passes on information, that must also be studied, set in context and added to the mix to form a proper assessment.

Mrs McGill:

I raised the matter of communication earlier, and I agree with Colm that it is critical. I support the views on communication expressed by the other two members from West Tyrone, where the Omagh tragedy and another case, to which you referred, Colm, happened. You outlined how to deal with the issues from a practical point of view, because you use the operational experience that you acquired in an earlier life to weigh up the situation. That is valuable to the Committee. Given the comments made by Mr Buchanan, and I do not want to add to your workload, it would be helpful if you were to provide the Committee with more information on communication. What you said was helpful, and, subject to the Committee's approval, it would be helpful if you would outline where you envisage the difficulties will lie. Perhaps you would do so even on an A4 page.

As elected Members, we are aware of the difficulties. The lack of communication, which ended in a tragedy in Omagh, is particularly acute. Will you provide the Committee with a written submission on where the issues lie and how they can be addressed practically? Thank you for your evidence.

Mr C Elliott:

We can look at communication on two levels: the Regional Child Protection Committee and the subgroup will each consider the issues. In some ways we are lucky, because we are independent of the system, and, therefore, we can be critical to a certain degree. We do not want to be critical all the time, but when we see something going wrong or feel that there can be improvements, we are able to step outside the system to comment and make suggestions. We can take your request to our senior management team, raise the issues and come up with what we regard as solutions.

Mr Reid:

The wider issue will be the need for the SBNI to communicate with the general public. There is a big awareness-raising responsibility. Often, we deal with myths and misunderstandings from the general public about who poses a risk to children and where to seek help. I assume that the SBNI will develop a clear communication strategy that will allow us all to communicate effectively the key messages about child protection.

The Deputy Chairperson:

Thank you very much for coming along today.

Mr Reid:

We have even got a bit of homework to do. *[Laughter.]*

The Deputy Chairperson:

I always like to give witnesses some work to take home.