



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Iechyd, Lles a Llywodraeth Leol
The Health, Wellbeing and Local Government Committee**

**Dydd Iau, 27 Mai 2010
Thursday, 27 May 2010**

Cynnwys
Contents

- 4 Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions
- 4 Ymchwiliad y Pwyllgor i Fyrddau Lleol Diogelu Plant yng Nghymru: Tystiolaeth gan Lywodraeth Leol
Committee Inquiry into Local Safeguarding Children Boards: Evidence from Local Government
- 15 Ymchwiliad y Pwyllgor i Fyrddau Lleol Diogelu Plant yng Nghymru: Tystiolaeth gan Gydgysylltwyr Byrddau Lleol Diogelu Plant
Committee Inquiry into Local Safeguarding Children Boards: Evidence from Local Safeguarding Children Board Co-ordinators
- 23 Ymchwiliad y Pwyllgor i Fyrddau Lleol Diogelu Plant yng Nghymru: Tystiolaeth gan Iechyd Cyhoeddus Cymru
Committee Inquiry into Local Safeguarding Children Boards: Evidence from Public Health Wales

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal, cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg. Mae hon yn fersiwn ddrafft o'r cofnod. Cyhoeddir fersiwn derfynol ymhen pum diwrnod gwaith.

These proceedings are reported in the language in which they were spoken in the committee. In addition, an English translation of Welsh speeches is included. This is a draft version of the record. The final version will be published within five working days.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Lorraine Barrett	Llafur Labour
Peter Black	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Andrew R.T. Davies	Ceidwadwyr Cymreig Welsh Conservatives
Irene James	Llafur Labour
Ann Jones	Llafur Labour
Helen Mary Jones	Plaid Cymru The Party of Wales
Val Lloyd	Llafur Labour
Darren Millar	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)

Eraill yn bresennol
Others in attendance

Liz Best	Rheolwr Busnes, Bwrdd Lleol Diogelu Plant Casnewydd Business Manager, Newport Local Safeguarding Children Board
Parry Davies	Cyd-arweinydd Polisi dros Blant a Theuluoedd, Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru Joint Policy Lead for Children and Families, Association of Directors for Social Services Cymru
Beverlea Frowen	Cyfarwyddwr y Gwasanaethau Cymdeithasol a Gwella Iechyd, Cymdeithas Llywodraeth Leol Cymru Director of Social Services and Health Improvement, Welsh Local Government Association
Gabrielle Heeny	Rheolwr Busnes, Bwrdd Lleol Diogelu Plant Conwy a Sir Ddinbych Business Manager, Conwy and Denbighshire Local Safeguarding Children Board
Lin Slater	Nyrs Benodol Designated Nurse
Dr Hywel Williams	Meddyg Penodol Designated Doctor

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Marc Wyn Jones	Clerc Clerk
Sarita Marshall	Dirprwy Glerc Deputy Clerk
Siân Thomas	Gwasanaeth Ymchwil yr Aelodau Members' Research Service

*Dechreuodd y cyfarfod am 12.51 p.m.
The meeting began at 12.51 p.m.*

Cyflwyniad, Ymddiheuriadau a Dirprwyon Introduction, Apologies and Substitutions

[1] **Darren Millar:** I welcome Members and members of the public to the meeting. Headsets are available in the public gallery to hear the simultaneous translation and to amplify the audio. If anyone has any problems using them, the ushers can help. The simultaneous translation feed is available on channel 1, and channel 0 provides the amplification of the language being spoken. I would be grateful if Members, members of the public and witnesses could ensure that mobile phones and BlackBerrys are switched off so that they do not interfere with the broadcasting and other equipment. If it is necessary to evacuate the room in the event of an emergency, we should follow the advice of the ushers, who will guide us to the appropriate exit. *[Interruption.]* Thank you, Irene. I remind everyone that the microphones are operated remotely.

[2] I have received an apology from Dai Lloyd. Val will be joining us later as she has another commitment at the moment. I have not received any further apologies, so I expect the other committee members to arrive shortly. Are there any declarations of interest under Standing Order No. 31.6? I can see that there are none.

12.52 p.m.

Ymchwiliad y Pwyllgor i Fyrddau Lleol Diogelu Plant yng Nghymru: Tystiolaeth gan Lywodraeth Leol Committee Inquiry into Local Safeguarding Children Boards: Evidence from Local Government

[3] **Darren Millar:** I am pleased to welcome Beverlea Frowen, who is a regular visitor to the committee. She is the director of social services and health improvement for the Welsh Local Government Association. I am also pleased to welcome Parry Davies, the joint policy lead for children and families for the Association of Directors for Social Services Cymru. We have received papers from you, which form a part of our evidence. So, with your permission, we will go straight to questions on that evidence. This is a question to both of you. In the oral evidence that we have received from the Children's Commissioner for Wales, it was suggested that we need to inject some momentum and pace into progressing the safeguarding and child protection agenda in Wales. What is your view on that?

[4] **Ms Frowen:** We would all agree that there needs to be continued urgency to address the serious issues. Having said that, there is also a need to reflect on what we make our priorities. There is a series of pressures across the piece. We support the children's commissioner wholeheartedly on the urgent need to find a way in these difficult times to do more preventative work earlier on, because again and again, all the evidence shows that, if we could intervene earlier, we would have a much better chance and we would reap benefits. However, of course, the challenge is that those benefits are not immediate. That is what we are struggling with. However, to create a balance, I would say that it is easy for us to overlook the progress that we have made. We have made considerable progress in the past four or five years: on many aspects to do with safeguarding, we compare favourably with agencies outside Wales. So, there is a need to continue the pace, development and innovation, but, given the reality of financial pressures and complexities, I think that we need to agree on four or five things that we could marshal our troops on together. For me, early prevention is one of those key things.

[5] **Darren Millar:** Do you have anything to add to that, Mr Davies?

[6] **Mr Davies:** Yes, I would endorse that totally. The outcome of some of the reviews undertaken by the inspectorate, partly in response to the baby Peter case and partly to have an overview of the Welsh position, confirmed the fact that, at the initial point, when issues of abuse and neglect come our way, as social services and as partner agencies, our response is timely and appropriate. The issue then is what happens beyond that point, the need to ensure that safeguarding continues to be everybody's concern and interest, and for that to be sustained in planning and in ensuring the best outcomes for children in the longer term.

[7] **Darren Millar:** What sort of role is the new Welsh safeguarding forum, recently established by the Assembly Government, going to play in the improvement agenda? What impact has it had to date, and what impact will it have on shaping things in the future?

[8] **Ms Frowen:** I will respond to that, because I sit on that forum, representing local government. It has met three times, and we have already shared an awful lot of intelligence about the pressures. We have also discussed whether we need to bring some additional, specialist expertise on to the committee. That is being considered at the moment by the officials. One of the early things to have come out is to do with the workforce and the multi-agency approach that we need to take.

[9] **Darren Millar:** This is a gap in the workforce, is it?

[10] **Ms Frowen:** It is just how we develop the workforce. It is early days. The committee has representation from all of the key people. I have to say that my experience so far is that people are engaged in it; there is senior representation. It is taking quite a broad and honest view of the issues. We aim to have something out in the autumn.

[11] **Mr Davies:** The Association of Directors of Social Services Cymru is represented as well, through its president. The question with these things is: if it was not there, would you create it? Its formation was one of the recommendations from the overview report of October 2009, and where else would you get a multi-agency high-level forum to address safeguarding in Wales? That is its basic *raison d'être*.

[12] **Darren Millar:** Okay. Thank you for that. Lorraine Barrett is next.

[13] **Lorraine Barrett:** I think this question will mainly be for Beverlea. In its evidence, the National Society for the Prevention of Cruelty to Children comments on the multi-agency Welsh Government local safeguarding children board task force report, saying that

[14] 'It is disappointing that some of these issues have not been addressed when there were clear recommendations made.'

[15] As the WLGA was a member of the task group, what is your view on the progress that has been made since the recommendations of this task and finish group were accepted by the Welsh Government in May 2008?

[16] **Ms Frowen:** We were represented, and in some respects it seems like a long time ago because so much has been done. I think that there is only so much that you can take on board at one point in time. It is timely, and the NSPCC is right to suggest that it may be time to go back and have another look at why some of the areas were not taken forward. For us, it would be timely for us to look at the recommendations on funding and capacity.

[17] **Peter Black:** A range of witnesses have raised concerns about the role and scope of local safeguarding children boards and how this aspect overlaps with issues of membership

and representation. For example, in its written evidence, the Wales probation trust questions the wisdom of having LSCBs in each local authority, with most doing very similar work. Would having fewer LSCBs enable them to function more effectively? Also, would having fewer of them reduce the pressures on some agencies to provide membership of and representation to all the LSBCs currently functioning in Wales?

1.00p.m.

[18] **Mr Davies:** This is an issue of much debate. It is difficult, especially given the capacity issues that we all face. It is important for us to realise the strength of local safeguarding children boards. I chair our board in Ceredigion, and the remit of the board is very much to ensure that you know what the state of play is in relation to the child population in your own area and what the safeguarding issues are. If you were to look, for instance, at having one board for a wider region—we have been there before, and it is easier in certain parts of Wales—the fear is that much of the local focus would be lost. It does not mean that we should be looking at collaborative arrangements to support those boards. With partner agencies that work across regions—I am thinking of the police and health agencies, and the probation trust is another example—if we were to look at co-ordinating business support arrangements across local authorities, they could give the best of all worlds, in that you would have economies of scope, scale and capability, because it is a specialist role to support LSCBs, while at the same time ensuring a local focus. My feeling is that if regional local safeguarding children boards were to be established, it would not be long before something similar would be created at the local level to ensure a proper focus on safeguarding and child protection.

[19] **Peter Black:** What do you mean by that? Are you saying that you think that it requires local government reorganisation?

[20] **Mr Davies:** No, what I am saying is that, to ensure that there is a local focus on the work of child protection, partners would come together locally in any case, to ensure that they knew what was happening.

[21] **Peter Black:** At the moment, you have the police operating at a regional level, and health boards now operate at a regional level. In a sense, the local authorities are the odd ones out, and children who need safeguarding are moved between local authorities. I have seen a number of serious case reviews where the unfortunate child has been in the care of three or four different social services departments at some stage. Would it not make more sense to have the LSCBs on a regional level?

[22] **Mr Davies:** We have to recognise that in the case of those other partners that have a wider, regional remit in relation to the delivery of services, their operational arrangements to deliver those services are local. In that sense, those regional bodies deliver locally as well as regionally. The issue that you raise about ensuring better communication across borders with children that may have been to several authorities is a valid point, and we need to improve communication.

[23] **Helen Mary Jones:** I would like to ask something specific, Mr Davies. You say that if there were greater co-operation, people would have to create local structures. That is, if you had a regional safeguarding children board, you would also have to have something in every local authority. However, in the north, we have two examples of two local authorities working together. Have they created those local structures? Obviously, that is not regional collaboration on a par with the area covered by the north Wales health board.

[24] **Mr Davies:** When local authorities choose to collaborate, it obviously suits them, and it is a way for them to deliver locally. I suppose that I am differentiating between

collaboration that authorities choose to enter into out of choice, and because they see that there are gains to be made, and a prescriptive view that something over size would make sense, purely because of economies of scope and scale.

[25] **Ms Frowen:** I would like to add a bit of context to that. The Welsh Local Government Association recently organised a policy seminar, which was attended by over 70 people, to look at some of the policy issues to help us to frame this and to feed into the safeguarding forum. We had a presentation from Ynys Môn and Gwynedd LSCBs, which have merged—we are aware that the Conwy and Denbighshire boards have also merged, as has Flintshire. Its ability to give local capacity was quite impressive to see. It was not impressive in lifting it up and away from the people who needed the care. They had done it pragmatically, because of the sheer lack of funding to keep the arrangements going. They were able to fund one full-time business manager who was able to inject a sense of business and capacity. I think that the model requires further research before we jump to say, ‘Other public sector agencies are organised on a regional basis that is not as local as local authorities, therefore we need to have everything on a regional basis’.

[26] There are models of excellent collaboration, despite the fact that a health board has had to relate to several councils, in which they are finding ways to increase capacity. For example, Gwent has to relate to five councils. You have taken evidence already from Caerphilly, and you will hear later from others. Their relationships with those public sector organisations are very strong at the local level. That is because those other agencies see it as important to operate at those local levels. That comes back to the point made by Parry, us, the commissioner and everyone else, namely that safeguarding is not the responsibility solely of social services and the local authority. We must lift this to another level where it is not always the fault of social services or the NHS when something goes wrong, and where it is not always the responsibility of the social services to provide funding. It is everybody’s business, and we have to keep that in mind. If organisational boundaries make it difficult to relate locally, the responsibility is on those people to find ways to make that work, and not to lift it up for organisational convenience.

[27] **Helen Mary Jones:** I have a question about the scope of the work that the safeguarding children boards do. The written evidence from the Newport safeguarding children board states that

[28] ‘LSCBs need to take great care to ensure that they are not operating as the training, procedure writing, or quality assurance arms of any of their partner organisations – as many were or still are.’

[29] However, in his oral evidence to us, the children’s commissioner suggested the possibility of an expansion of the role of safeguarding children boards in terms of supporting front-line practice. He is suggesting that they should perhaps be doing more of the training and ensuring good quality and practice. In the view of both organisations, is there a lack of clarity about where the balance should be struck between the role of local safeguarding children boards and the individual agencies that participate in the boards with regard to safeguarding? Would you support the expansion of the safeguarding children board role in any way, or do we need clarification of what that role is, rather than expansion?

[30] **Ms Frowen:** Our understanding at the WLGA is that we need clarity before we jump into any expansion. We need to assess the innovation and some of the challenges of the last three years. We need to then move forward, which is why we are suggesting that guidance and some further work is necessary, because there is a lack of clarity. We need to be clear, particularly if we address some of the other issues that we have highlighted around outcomes and consistency in outcomes, about what they are trying to achieve and what skill set any chair of theirs should have. We need answers to all of that, rooted in what it is supposed to be

achieving, before we go into the issue of an expanded role. That said, I think that, on balance, if you asked the question, as we did at our policy seminar, ‘Would you like to see a restricted role back on to just child protection?’, people would say, ‘No’, but that does not mean that child protection does not stay central to the role of the safeguarding boards. However, I think that they have welcomed that wider remit since 2006 into recognising safeguarding. That is certainly what the other agencies would say, and Parry, as a director, will be able to allude more to that. Our understanding is that, when it was just focused on child protection—in that narrow field, as in social services—other agencies found it difficult to engage and to contribute to the wider synergy that comes from that multi-agency approach.

1.10 p.m.

[31] **Mr Davies:** The LSCB already has responsibility for ensuring that training is available. It has a quality assurance role with regard to monitoring and, to some extent, holding member agencies to account, although greater clarification would be helpful in that respect. I endorse what Beverlea said about the need for clarification on where you draw the circle around safeguarding. That is what we need to be clearer about.

[32] There has, historically, been a focus on child protection and many LSCBs have retained that as their primary focus. Others, in addition to that focus on child protection, have attempted to take a wide view of safeguarding, which may have led to less of a focus on the core business. It is about being clearer about how broad it really needs to be. To allude to some work that we have done locally, because we have tried to look at this in some detail, the concept of compromised parenting seems to hit the mark. So, elements on parents’ or carers’ ability to care for children, perhaps owing to the five main reasons highlighted by research, is an area for which we feel a reasonable line is drawn. Those include issues of substance misuse, domestic violence and, in some instances, mental health and learning disability issues by carers. In the case of carers and parents, criminality is an issue and, to some extent, a lack of ability or willingness to co-operate with agencies in the more preventative agenda. So, we can define or describe those areas that would draw a reasonable line and would, for local safeguarding boards, make safeguarding more meaningful without making it so broad that it goes into other spheres and causes duplication; that would make it inefficient.

[33] **Irene James:** Commenting on LSCBs in its October report, the Care and Social Services Inspectorate Wales stated that:

[34] ‘frontline practitioners and team managers were often unaware of the LSCB’s role in coordinating policy and practice’.

[35] Why do social workers employed by local authorities have a lack of knowledge of LSCBs?

[36] **Ms Frowen:** I will give a general answer to that question. Albert Heaney will be giving evidence to you, but it is ironic that he is involved today in a big multi-agency seminar to try to bring all the partnerships together to make sense of this agenda.

[37] The degree of lack of knowledge varies. There is a lot more to be done in some areas with regard to communication, but there is good practice as well. It comes back to professional development. It is an area that has been picked up already, although not in any detail, by the safeguarding forum, and there have been examples of where really good communication with staff and engagement is starting to have a real benefit.

[38] **Mr Davies:** It is patchy, and I can only speak in relation to our own arrangements. There are team managers involved in LSCB sub-groups who are certainly aware of the work of the LSCB. The test for me is not to ask a front-line practitioner such as a social worker or

from another agency, ‘What do you know about the work of the LSCB?’ The question that I would ask, and the test of the success of the LSCB, would be, ‘What is your responsibility for children in relation to child protection?’ I would think that the LSCB was doing its work properly if they could answer that question by referring to the primacy of child protection, the priority given to the welfare of the child, what they would need in order to take the first step to protect the child where abuse was suspected or had occurred, and referred perhaps to how they had been helped to develop as a result of training that they had been involved in. I am trying to say that the test of this is whether individual practitioners in social services or elsewhere know what their responsibilities and accountabilities are. That is the test of whether an LSCB is doing its work properly. To use a tin analogy, we have been focusing so much on ensuring that the tin is full and that the product in it is strong and of the right quality, that we have not had a lot of capacity to label it or to market it.

[39] **Irene James:** Everyone would agree that what is most important is the product and what results from that product. I am not concerned about a label as long as what needs to be delivered is being delivered.

[40] **Mr Davies:** There are examples that I could refer to. Most LSCBs have websites that try to promote their work. There are also products that front-line practitioners would not, of necessity, link directly to LSCBs, for example, safe-parenting handbooks. I know that health visitors, social workers, teachers and advisers have seen those as being of great benefit. They would not necessarily say, ‘This is something that the LSCB has done’, but it is useful to them in terms of their dealings with parents on a daily basis.

[41] **Ann Jones:** In its oral evidence, CSSIW suggested that front-line practitioners’ lack of awareness of LSCBs raised broader concerns regarding social work recruitment processes given that the role of LSCBs is outlined in Welsh Government guidance, ‘Safeguarding Children: Working Together under the Children Act 2004’. What are the implications of the CSSIW evidence for local authority social worker recruitment processes, if staff who have been recruited are not familiar with the role of LSCBs? You just mentioned that point, but how do you get over that if people think that they have to be there, but are not helped or trained?

[42] **Mr Davies:** It is helpful to differentiate between the role of the LSCB and the responsibility of each agency—social services being one. Therefore, there is a role for the LSCB to ensure safe practices in recruitment and retention across all agencies, but it is for each partner agency to ensure that it adheres to those practices.

[43] **Ann Jones:** So, on local authority social worker recruitment, how will you ensure that the people who come forward are aware of the LSCBs?

[44] **Mr Davies:** I think that I have already alluded to that in that there is more work to do. The capacity to ensure better communication on LSCB work is quite important.

[45] **Darren Millar:** That should be fundamental, should it not? They have a key role in Wales in protecting vulnerable children, yet brand new social workers who have just come into the system are not aware of their existence. Is there not a huge problem there in terms of the training and the entire recruitment process when new social workers are coming into the system with no knowledge of what an LSCB is?

1.20 p.m.

[46] **Mr Davies:** It is important not to over-generalise on that. There are examples where newly qualified social workers and newly qualified practitioners in all areas, including health and education, might well be insufficiently aware of the framework for safeguarding within

which they work, in terms of the existence of, or, more importantly, the functioning of the LSCB. As I said, for individual LSCBs, the capacity not only to ensure that what they do is done properly, but that what they do is communicated well, is a challenge—and that comes down to basic capacity.

[47] **Darren Millar:** What action is your organisation taking, Mr Davies, to ensure that, if someone does not come in with that knowledge, through an induction process within local authorities, they acquire that knowledge pretty much immediately from day 1? What are you actually doing on that front?

[48] **Mr Davies:** As I have said, it is important not to confuse an understanding of the LSCB framework and the arrangements on a partnership basis with the responsibility of each agency to ensure that individual workers know what their responsibilities are in relation to child protection.

[49] **Darren Millar:** I am asking you, now: what are you doing about this lack of knowledge for front-line staff, whether they have been in place for a number of years or are brand-new recruits? It is the brand-new recruits in particular that I am thinking of, because this was a particular concern of the committee.

[50] **Mr Davies:** If you are asking me as director of Ceredigion or as a chair of the LSCB for that area, then as I said before, within the LSCB, the team manager of our assessment team is a member of the workforce sub-group, so there is a direct line between the LSCB and the day-to-day workers and operational manager.

[51] **Darren Millar:** Is this even on the agenda of ADSS Cymru? Are you doing anything about this issue? You need to ensure that the activities of these key partnership boards are being communicated effectively, so that new recruits, in particular, are aware of them. Is that on the agenda? I do not get the impression that you think that it is too much of a concern.

[52] **Mr Davies:** I would not want you to get that impression. It is a vital concern that front-line practitioners understand not only their own responsibility, but the framework within which they work, including the work of the LSCB as a partnership. I fully endorse that. What I am saying is that more work needs to be done in order to achieve that, but it does imply capacity issues.

[53] **Helen Mary Jones:** I want to turn to the issue of how the boards are funded. We have had a range of evidence both about how this happens now and how it should happen. The WLGA's written evidence states that serious consideration should be given to improving the funding of safeguarding boards, and cites the potential option of a ring-fenced grant provided centrally by the Welsh Government—a positive word on ring fencing is not something that we often hear from the WLGA. However, in fairness, you also draw our attention to the possibility of developing an all-Wales funding formula whereby there will be an agreement as to the appropriate contribution of each of the compulsory partners. Does either organisation have a view as to which of these options would result in the most effective functioning for the safeguarding boards?

[54] **Ms Frowen:** I will start. You are aware that everyone says that the capacity and funding issue needs to be addressed. We take that as read. It is also important to say that not everyone has abdicated their responsibilities here. It is a mixed picture, and even where people have abdicated their responsibilities, and where agencies have not contributed financially, when you ask them, it is sometimes because of a lack of clarity as to what they are funding, because of the evolution of the LSCBs.

[55] If I may refer again to the policy seminar, which we found incredibly useful for

gauging people's views, there was a clear consensus that a formula basis would be best, and that although some of the agencies, such as the police and the probation service, were non-devolved, Wales being small enough and with our being able to have excellent discussions and partnerships, even where it was not devolved, those agencies would be willing to contribute to a discussion about how we came to a voluntary formula. That was particularly helpful from the police, who made that offer at the seminar. The inspectorate also shared with us its view that there was a responsibility for the Assembly Government to help and assist with the funding. So, I think that we all came to the view that a formula basis would be best.

[56] Having said that, the issue of ring fencing is interesting, because we still have ring-fenced issues, such as the integrated family support teams. When I was thinking about giving evidence here today—and I am expressing a personal view rather than something that came up in the discussions—I was thinking that we feel that the IFSTs are so important as a new way to deal with this complexity and getting in there early that the Assembly Government has invested a considerable amount of money. If you consider the times that we are in, the Government has put in place a very expensive and comprehensive legislative programme and detailed regulations, which will now be followed by guidance, and those projects are funded considerably. There are only three of them.

[57] So, if we can attach that much importance to those, should we not then place the same amount of importance on ensuring that the capacity of safeguarding boards is the same? So, that thought caused me to reflect on this, because I think that the safeguarding boards are fundamental to this agenda and that they should have the capacity. It is a shared responsibility, and we have enough innovation and knowledge to look at a funding base. I think that there is willingness in the system to look at that.

[58] **Ann Jones:** I want to tease out the issue of ring fencing a little more, because this piece of paper will be stuck to my wall now, and every time Steve Thomas comes in I shall remind him of this ring-fenced grant, because that has never been the view of councils, of leaders of councils or even of officials of the WLGA. The approach is always, 'Give us the money and we will deal with it'. You have just turned that totally on its head, and out of this I read that you have concerns that, across Wales, there are some authorities that are not putting as much into their local safeguarding children boards as others and that councils' priorities are different in some areas. Is that what underlies your written evidence, or even your oral evidence? Do you think that it is uneven across the piece?

[59] **Ms Frowen:** Absolutely not. I think that it is there as a genuine option on the table as a result of discussions and nothing more.

[60] **Val Lloyd:** I apologise for not being here at the start of the meeting. My absence was work-related—not a long lunch. [*Laughter.*] I have a question about the dissemination of information. I think that this was touched on slightly just as I came in, but in his evidence in an earlier meeting, the children's commissioner said that decisions made by safeguarding children boards are not always conveyed to individual professionals in a timely manner. Why are there such delays in your experience? More importantly, what should be done and by whom to improve the dissemination of information?

[61] **Mr Davies:** I find it quite difficult to respond to that as I am not quite sure what the commissioner meant by that. I do not know whether he was referring to a particular context.

[62] **Val Lloyd:** He certainly did not give us an example as that would have breached confidentiality, but he was quite firm about it. It was in his written evidence that messages are not getting through.

[63] **Mr Davies:** I am not sure whether I am responding to that particular concern, but if it

has to do with, for example, the delay in publishing serious case reviews and so on, we often find ourselves in the position where serious case reviews take a great deal of resource and time, and there is a delay in the publication. That delay is often linked to court proceedings where we are unable to proceed with a serious case review because the matter has not been resolved in a criminal court.

1.30 p.m.

[64] I am not sure whether I have responded to your question fully. If it is to do with a delay in LSCBs making decisions in relation to their work and not being conveyed adequately to the workforce, I come back to my previous response, which is that it is an area that we need to improve upon, but the communication aspect is often hampered by a lack of capacity.

[65] **Darren Millar:** I think that it was more about learning about the themes and issues, basically.

[66] **Mr Davies:** Learning from the cases; I see.

[67] **Ms Frowen:** I have read the commissioner's written response to you, and we would share his view about the urgent need to do more around inter-agency exchange of information. It is an issue that has already exercised the safeguarding forum. We are almost veering into a culture where there is more robust challenge. If you have not shared information, there is a robust challenge to that, and a cultural change around that. It is easier said than done; we are in a situation where this is very complex. However, we all recognise that we have to crack this somehow or other, because it comes up time and again. It does not matter what you read, it comes up time and again. It is not about more guidance or more legislation—it is a cultural, behavioural issue, which is exercising all of us now. It is not just about systems either—this is about multi-agency behaviour. It may well be that we have to work a lot harder on getting in earlier on the training programmes on the supervision of all of the professionals to reassure them that this must happen, and that there is protection for them when they are sometimes challenged because they have shared information. It is not that there is a need for further regulation or inspection.

[68] On information systems, nearly every time that I give evidence to the committee about joint working, whether it is on carers, mental health or whatever, I continue to say that we must as a nation crack the issue that we have far too many independent IT systems that do not talk to others. That happens within agencies, and not just in local authorities, but in the police and the NHS. There is a multitude of information systems that do not make sense in such a small area when we are trying to crack information sharing. Tackling systems is not the answer to everything, but I still hear that they are a real barrier to people receiving timely information. We have not embraced the IT revolution in managing, and we have far too many people in all of these agencies who are still paper-bound, still faxing, still trying to phone people and yet the issue comes up time and again.

[69] **Darren Millar:** Thank you for putting that on the record. Andrew, did you want to come in on this?

[70] **Andrew R.T. Davies:** You have answered quite a bit of my question, and you have probably answered it with answers that would have been given five or 10 years ago. I am relatively new to the Assembly Member role—in looking around the table, all the other Members have been here longer than my good self. One of the issues that is brought up with me time and again is information sharing. You touched on the fact that we have to break down the barriers and tackle the psychology of it, but I dare say that that was said five or 10 years ago. It sounds like a relatively simple thing, but what are you doing to break down those barriers to make that cross-agency dialogue to happen? What do we as an Assembly need to

do to make that happen, because we must break out of the situation and say, 'We know what the problem is; this is what we need to do to talk to each other'. I have sat with the Minister on a couple of occasions when she has talked about serious case reviews, and she has said, 'This bit of information has sat in that corner, but the other three corners of the square have not been addressed'. Can you give us specific examples of where the profession has learned best practice and is sharing it and disseminating information? The children's commissioner was very specific about this when he gave evidence.

[71] **Mr Davies:** I thank the Chair to begin with for pointing out that the question initially was on the issue of learning from serious case reviews. To answer your question, first of all, there is an issue regarding serious case reviews, how they are conducted, and the information being timely, because, by the time the report is out there, a lot of water has passed under the bridge.

[72] **Andrew R.T. Davies:** The evidence that we have received from the children's commissioner was about serious case reviews, but it was also about GPs, for example, at the primary level being able to access information from the boards. So, it was not just about serious case reviews, but the whole orbit of the sharing of information with key professionals who have a duty of care.

[73] **Mr Davies:** The theme of sharing information comes out of so many serious case reviews. There are quite a number of layers to that. In a serious case review you are looking back at a set of circumstances and identifying possible junctures within that case where the sharing of information may have made a difference or would have made a difference. We have to remember that the identifying of that sharing of information as key is as a result of hindsight. That needs to be borne in mind in respect of balance.

[74] The second point, which is a real issue, is IT systems being able to talk to each other. Very often that is not a technical issue, but a matter of having permissions across agencies and ensuring that the IT security is sufficient to allow that sharing of information to occur.

[75] The third point is that, in the end, it comes down to practitioner awareness. It is about the individual practitioner being aware, in respect of conduct in an individual case, of whom they need to share a certain piece of information with. Time and again it comes down to an individual not having the awareness at a certain point that he or she needs to communicate a certain piece of information to another practitioner. That is a matter for training and development.

[76] **Andrew R.T. Davies:** It is also about managing, because if a new social worker, for example, is unaware of this, surely the support should be there to inform them about what to do. In a police environment, if a constable is out on the beat and he or she gains valuable information, it is shared. The managerial structure needs to support the key workers.

[77] **Mr Davies:** Yes. The introduction of the first year in practice model is helpful in that social work practitioners have a protected case load in their first year. There is an attempt to do that at least. The identification of a career pathway for social workers is helpful and makes it clearer what competencies you would expect in years 1, 2, 3 and 4. The role of consultant social worker has been developed so that you can retain experienced staff in the face-to-face aspects of social work, rather than them having to go into management in order to progress. All of those are very positive things, which will help with this agenda.

[78] **Darren Millar:** I remind witnesses and Assembly Members of the time, and I would ask you to be succinct with the questions and answers. We have three more important questions that I want to look at. The next question is from Lorraine Barrett.

[79] **Lorraine Barrett:** The children's commissioner also stated that, ideally, the chair of the LSCB should be independent. Do you agree with that? Do you think that it would be realistic to have an independent chair for all LSCBs?

[80] **Ms Frowen:** This issue is gathering interest, because people are experimenting with different models. Succinctly, the WLGA feels that it is still a matter for local determination, and that we need to do further work to understand the skills, the role, the funding and the implications of that key role. It links back to having clarity about what you are asking them to chair. I am aware that people are experimenting and that there are different views, but we must return to ensuring that we have the right person to do that job and not just assume that, because they are independent, it will be all right.

1.40 p.m.

[81] **Mr Davies:** I have little to add to that. Our position is set out fairly clearly in our submission. The only thing that I would add, from our experience of trying to identify suitable people to be the authors of serious case reviews—these would be the same people with the same skill sets that you would be looking for to become chairs—is that it is acknowledged that they are just not out there at the moment. Irrespective of where you sit on the question of whether they should be wholly independent or not, that is a practical issue.

[82] **Peter Black:** In its written evidence, in respect of the self audit and improvement tool, the Association of Chief Police Officers states that

[83] 'there is little scrutiny from WAG in relation to the work plans/areas for improvement that should have followed this self assessment process.'

[84] However, in its oral evidence, the Care and Social Services Inspectorate Wales outlined the joint inspection work that it will be undertaking as a result of the self audit and improvement tool and stated that this has 'been widely welcomed'. Is sufficient work being done by both local authorities and the Welsh Government to take forward the issues arising from the self-assessment process?

[85] **Mr Davies:** We have just gone through our second self-assessment cycle, and we found it extremely helpful. The issues that it has raised are, on the whole, to do with the scope of safeguarding and our relationship with partners, which I am sure that you will come on to, and with other partnerships. As a result of that analysis—it is an excellent tool—and the work that was undertaken by the late Tony Morrison and Jan Howarth, which is to be commended, we are finding that it comes down to the capacity to take forward those issues in the end.

[86] **Helen Mary Jones:** One of the findings of the inspectorate report of October 2009 is that there is

[87] 'no clear relationship between the effectiveness of LSCBs and the quality of practice and services in safeguarding and protecting children'.

[88] It is telling us that a good safeguarding children board does not necessarily mean that there is good safeguarding practice and a not-so-strong safeguarding children board does not necessarily mean that there is poor practice. I was surprised by that, because it is counterintuitive. What are the implications of that finding for the work of local authorities in safeguarding children and the future role and work of the safeguarding boards?

[89] **Ms Frowen:** When I read that report, I was intrigued by that observation. It helps us to reflect and to ask further questions. Our view is that we need further work on outcomes and effectiveness to deal with future development. The tool is widely viewed as a helpful step

forward, but further work on outcomes and what we are trying to achieve would be more helpful, and then maybe we could track some correlation between them.

[90] **Mr Davies:** I was also intrigued by that comment. All that I would say is that the scope of the definition of ‘safeguarding’ has something to do with that comment. If there is alignment and clarity between the work that social workers and staff from other agencies do in relation to the protection of children and the safeguarding of children, and if there is clarity about what the scope of that work should be, I think that there would be better alignment between local safeguarding children boards and what happens at the front line.

[91] **Darren Millar:** That was our final question. We appreciate your evidence: the oral and written evidence. If there are any further points that you want to make after today, please forward your comments to the clerk and we will circulate them to Members. Once again, thank you, Beverlea and Parry, for your attendance today.

1.42p.m.

**Ymchwiliad y Pwyllgor i Fyrddau Lleol Diogelu Plant yng Nghymru: Tystiolaeth
gan Gydgysylltwyr Byrddau Lleol Diogelu Plant
Committee Inquiry into Local Safeguarding Children Boards: Evidence from
Local Safeguarding Children Board Co-ordinators**

[92] **Darren Millar:** I would like to invite to the table Liz Best, business manager for Newport safeguarding children board—welcome, Liz—and Gabrielle Heeney, the business manager for the Conwy and Denbighshire safeguarding children board, who is from my own neck of the woods—and indeed from Ann Jones’s neck of the woods. You are very welcome indeed. If you are content, we will move straight to questions. Your written evidence has already been circulated to Members.

[93] A number of witnesses have raised concerns about the role and scope of LSCBs and how this overlaps with issues of membership and representation of other bodies. For example, in its written evidence the Wales Probation Trust states that it questions the wisdom of having LSCBs in every local authority area, with most doing very similar work. What is your view on that? Ms Best, would you like to respond to that first?

[94] **Ms Best:** Sorry, could you repeat that?

[95] **Darren Millar:** Do you think that we need so many safeguarding children boards across Wales, or do you think that we need fewer? A case was made to us that perhaps there needed to be regional boards, rather than individual local authority boards.

[96] **Ms Best:** I have also worked in England, supervising the managers of LSCBs, so I know how they work in England too. Personally, I think that they have got it about right in Wales as regards the number of local safeguarding boards. However, we have managed some of the areas that cross over through forums. We have the pan-Gwent group that has different ideas and different groups that meet, such as the sexual exploitation practice fora. Therefore, there is a combining of different authorities in various forum groups, which seems to work quite well. Local safeguarding boards work quite well if they are local to people’s needs. It is very much based on a good, strong business plan, which is strategic, and overriding with clear outcomes. I have just started doing that in our local safeguarding board—I am about halfway through that. It drives through a lot of the aims and outcomes. It does need to be local, but, as stated, you can, within a variety of forms, pull together different local authorities to discuss, for example, the vulnerability issues of different client groups, such as sexual exploitation or trafficking. We have done that quite effectively in the pan-Gwent group.

[97] **Darren Millar:** Things are quite different in north Wales, are they not?

[98] **Ms Heeney:** They are.

[99] **Darren Millar:** In north Wales, there are a number of joint boards, or there are mergers that are taking place, particularly in Conwy and Denbighshire.

[100] **Ms Heeney:** Is the microphone on?

[101] **Darren Millar:** Yes, they come on automatically.

[102] **Ms Heeney:** I represent Conwy and Denbighshire, so I am already in a joint board. As far as I can see, it works very well. It took a while to embed when it was first set up. People are proud of the authority that they come from—social services, education and so on—and it can sometimes lead to a sort of protectionism. However, as the board is established and becomes embedded, those issues are forgotten and they can concentrate on the work of the board. The same is happening in Wrexham and Flintshire, which are looking to establish a joint board. From where I am sitting, it could go wider than that.

1.50 p.m.

[103] **Darren Millar:** In what sense? Do you mean pan-north Wales?

[104] **Ms Heeney:** Perhaps. There would be the drawback of the travel involved, but I do not see why it cannot work. To make that the case, I think that the Welsh Assembly Government could help by setting some sort of standards: funding standards, which I am sure we will get on to; things like reporting standards and who is responsible for what; and, perhaps, a set of performance indicators for local safeguarding children boards. If there were national standards, in all these areas the boards could come together; but, if there were no standards, time would be taken up with negotiating these things, instead of being spent on promoting the board and concentrating on the better work of the board. So, standards would be helpful.

[105] **Darren Millar:** Would regional boards not hinder local delivery? That is the case that is being made to us by other witnesses who have not been keen on the idea of large board areas. Would local delivery be undermined? In Conway and Denbighshire, with the joint board, you have talked about the tensions, which have now calmed to some extent.

[106] **Ms Heeney:** That is now a thing of the past. There is always upheaval. Whenever you do things like this, you lose some impetus, do you not, in delivering the work? You can lose it—though you do not have to—because you are focused on making the arrangements for setting up these things. Maybe it could work. You could have the board itself setting direction and getting reports from local areas. However, you could have local delivery teams. You could have a business manager in each local authority, or one business manager or co-ordinator with administrative support in each of the local authority areas, who would then have responsibility for making sure that there was local delivery. I think that there are ways of making it work.

[107] **Andrew R.T. Davies:** Thank you for your evidence and your written paper. We have had various witnesses in over the last couple of weeks, the Children's Commissioner for Wales being one of them. I am going to touch on the scope of local safeguarding children boards. In the children's commissioner's evidence, he talked about widening the scope, and in particular about having multi-disciplinary teams, with social services, education and the police all training together and developing a common understanding. However, evidence from

the Newport Safeguarding Children Board stated that we need to be careful about how great a scope we give the boards. In particular, we should not revert to what would almost be an accreditation job for other organisations. Would you like to elaborate on that, and on the danger of broadening the boards' scope so much that you lose the basic gist of what they were trying to do?

[108] **Ms Best:** As I said, I have managed several boards, but I am also in a unique position in that I am a service manager for quality assurance, besides holding the NSCB business manager post. So, I have a foot in quite a few camps at the moment.

[109] You have to get your core business and core aims right. In term of comparing the different boards that I have seen, and have also managed and overseen as the service manager, there seems to be quite a difference. The most effective ones, in my opinion and in the opinion of the audits, are the ones that are quite strategic and very outcome focused. The ball is beginning to roll regarding that. I have seen a lot of business plans that are very much about the 'doing', so the LCSBs are the 'doing' entity. In fact, the LSCBs should be about monitoring, evaluating and scrutiny. Quite a few boards get that wrong.

[110] In terms of the Newport board, I am re-devising, along with the members, a much clearer focus regarding what I mentioned before. For me, it is the business plan that drives everything forward. From the business plan, you then create your sub-groups. The business plan is also connected to the children and young people's plan and the quality assurance plan. So, I have my finger on all the business plans, which are all being connected. They all have the same sort of format and model, and all are focused on outcomes. So, what we are doing in Newport is unique in the use of this model, in the strategic element and the outcome model. We also use the same model across the board in the children and young people's plan and within my own team. That means that we are all working pretty much to the same or similar aims. It is very much about the strategic.

[111] Again, if you get your core business right, which is about monitoring, evaluation, strategy, the vulnerable children groups, and training, it is then possible to move on to the wider remit. However, the problem is that we often do not have the money to take up those reins and continue with the wider remit. So, you have to get your core business right. I have seen many an LSCB that has not got that right.

[112] **Darren Millar:** Did you want to add anything to that, Ms Heeney?

[113] **Ms Heeney:** Are you thinking about the wider safeguarding agenda?

[114] **Andrew R.T. Davies:** The children's commissioner talked about trying to engage more with partner organisations, and he talked specifically about social services, education and the police having common training so that there would be a common thread throughout the partner organisations, and the local safeguarding children board being the body that drives that.

[115] **Ms Heeney:** That is probably how it should be.

[116] **Andrew R.T. Davies:** I suppose the issue would be resources, would it not? That is what it always boils down to. We have received evidence previously that says that the optimum amount of money would be around £100,000 for a board to function. We have evidence that has suggested that quite a few boards do not come anywhere near that figure.

[117] **Ms Heeney:** No, but if one of the sub-groups is set up as a training sub-group, it should have—as ours does—the aim to develop a strategic overview of all of the safeguarding training that is delivered through partner organisations. One of its aims should be to establish

a strategic overview to ensure that there are no gaps, which is more important than ensuring that there is no duplication, although duplication is also a waste of resources. It is important to get things sorted. That is one of the things that they should do.

[118] You have to get the core business right. However, if the board has a strategic view, it can communicate that strategic view to other partnerships. I attended one of the meetings of our children and young people's partnership. They are set up around the core aims, and this was a core aim 3 group meeting. It had its priorities for the year, but I was not sure where the priorities had come from or why there had not been greater collaboration with the LSCB, or why, perhaps, the LSCB was not directing those priorities for the children and young people's partnership.

[119] **Darren Millar:** That feeds into the next area that Val wants to ask about.

[120] **Val Lloyd:** It does, because I want to address membership representation, and more specifically the capacity issues within your membership. We have heard a range of evidence on the capacity issues for regional organisations, such as health, the probation service, and the police, and the difficulties that they have in fielding appropriate levels of representation. Is this applicable to your boards? If it is, does it have an impact on effectiveness, or does it not make a difference?

[121] **Ms Heaney:** I would say that our board has good representation. We meet the definition of prescribed membership. We have had a bit of a problem with clarifying membership. Before I was in post, no-one was really keeping an eye on these things. The board was established and then, perhaps, some people did not turn up on a regular basis, or they fielded deputies, and it was not clear that those people were deputies rather than members. So, no-one kept on top of those things until I came, which was seven months ago. The joint board has been in existence for nearly two years.

[122] It is about capacity, but it is also about priorities and people putting their existing resources into the LSCB, including human resources. Our annual report states that our members had a 75 per cent attendance rate, which is good. Again, there is this problem that perhaps some of them were not proper members, but deputies, which we have clarified for this year. However, it has not been an issue.

2.00 p.m.

[123] **Val Lloyd:** You could have an overall attendance of 75 per cent of the membership, with the same 25 per cent missing all the time.

[124] **Ms Heaney:** It is the same people. I think that there was a problem with people moving on and someone perhaps not realising that their membership had continued. There are just a few small issues like that. We do tend to get the same people.

[125] **Ms Best:** I suppose that we operate an inclusive model of membership, which means that we have a fairly large board of around 35 to 40 members. Then, we have an executive tier directly beneath that of four or five members, and then we have smaller sub-groups of different memberships. Within the sub-groups, we have practitioners from social services and the like. My performance management senior practitioner was recently introduced to be on one of the sub-groups. You have a different combination of people, and the sub-groups then feed into the executive, which in turn feeds into the main board so that it is quite sharp and precise in terms of the scrutiny. Action sheets from the sub-groups are continually renewed. It seems to work quite effectively for the big board, but there is a variety of models that you could choose to use. However, this one seems to work in terms of getting the business completed.

[126] **Ann Jones:** Conwy and Denbighshire's written evidence states that you put forward a case for an independent chair, but then you also go on to highlight some of the drawbacks. On balance, do you think that having an independent chair for the local safeguarding children board would make a positive difference in the effectiveness of that board, and is it realistic?

[127] **Ms Heeney:** I think that it would make a difference. That paper was one that I originally put together and other people then added to it, so, it reflects different people's views. I would support an independent chair. It is partly about sending the message to all of the partners as well as bringing independence to the role because, as I have said, the chairing can so often fall to social services. Even having another partner from the board would redress the balance of the responsibility always falling on social services somewhat. As for the independence, however, I do not know what the problem would be. I think that it would work well. It does not have to incur extra cost, because it is only a matter of two or three days a month in general, and that has to come out of somebody's time anyway.

[128] **Helen Mary Jones:** I am interested in the concept of the independent chair. Do you have an independent chair in Conwy and Denbighshire?

[129] **Ms Heeney:** No, we do not.

[130] **Helen Mary Jones:** Do you have a view about how such chairs should be recruited? Obviously, you would need to develop a set of skill sets for the things that you would need people to know about and be able to do. Do you consider it something that needs to be done?

[131] **Ms Heeney:** I have put together a job description and a person specification from what exists elsewhere. I have just taken what is around and put it together so that we have a job description and person specification for a chair. It is put together in a way that could also apply to an independent chair.

[132] **Darren Millar:** The issue here, of course, is engagement. Usually, if the chair is from a social services department, he or she tends to be more engaged in the board than perhaps health, the police or whoever else. Really, it is about engagement in terms of the case that we have heard from some of the other witnesses. If you have an independent chair who can champion across all the organisations, it could make a difference. You have made the case for an independent chair; what is your view, Liz?

[133] **Ms Best:** I have operated under an independent chair and the head of service acting as chair, and there are strengths and weaknesses to both approaches. In England, in the local authority where I was the LSCB business manager, we had an independent chair who operated within three LSCBs. The problem with that was that each one of those LSCBs had a different business plan, and the chair found it quite difficult to manage them in the way that he wanted; there was a great deal of conflict between the business manager and the chair. If you have an independent chair, you have to ensure that he or she has the means of being linked strategically to the locality. I have found it to be a general weakness in about 50 per cent of LSCBs that they do not think strategically enough—their focus is at the bottom end, on the doing. You would have to be very careful in having an independent chair.

[134] However, the other side of the coin is that an independent chair means that you can have scrutiny. It is very difficult to scrutinise social services when your head of service is the chair. One of the ways that I am looking at to get around that is for the executive group to be chaired by somebody other than someone from social services. It is about striking a balance, so long as you are aware of the strengths and weaknesses of each of the proposals, and can address them. However, the main thing for me is to have a chair with the ability to think, and be linked, strategically.

[135] **Darren Millar:** The clock is against us, so I ask Members and witnesses to be brief with their questions and answers.

[136] **Helen Mary Jones:** This is a question for you, Ms Heeney, in particular. In the written evidence from Conwy and Denbighshire Local Safeguarding Children Board, you say that the safeguarding children boards currently seem to have less power and influence than some of the other partnerships, and that there is perhaps a need for some power to require certain actions. Could you talk a bit more about what you mean by that, and give us some idea of what you would like to see change in that respect?

[137] **Ms Heeney:** I touched on the power of the safeguarding children board to set the priorities for the children and young people's plan, and for the health and social care wellbeing board, the community safety partnership and the local safeguarding children board to decide the safeguarding priorities for the area or areas, and for those priorities to have a certain authority, which at the moment they do not have. It is a process of negotiation, and the regulations in 'Working Together to Safeguard Children' tell us that the children and young people's plan should be put together in consultation with the LSCB. However, they do not say that the LSCB must be listened to, so the children and young people's partnership has felt, up to now, that it can go ahead and set its priorities independently, instead of asking the LSCB what the priorities are. It is a two-way thing; if they are expecting those priorities to be set, the LSCB will devote its energies to doing that. At the same time, those priorities have to be balanced and evidence-based, which again would, or should, put a requirement on the LSCB to ensure that the priorities are evidence-based and that the boards research their areas and what the priorities are in them. That is how I see it.

[138] **Irene James:** In its written evidence, the Care and Social Services Inspectorate Wales states that front-line practitioners and team managers were often unaware of the safeguarding board's role in co-ordinating policy and practice. Do you think that that is a significant issue? Could you develop that a little?

2.10 p.m.

[139] **Ms Best:** In our local safeguarding board, we managed it by using an inclusive model for the membership. We have practitioners on specific sub-groups, including the policy and procedure sub-group, and so that is how we have involved them. We also provide practitioner fora, which meet once every two months and are overseen by the local safeguarding children board. We are looking at different methods and models for getting the critical messages across, particularly on policies and procedures. We produce a monthly newsletter. I am also looking at e-learning, which has recently been introduced in Newport. Within our communication sub-group, I am looking at new methods and models of communication, and updating different ways of getting the message across.

[140] On another level, I know that I keep referring back to the business plan, but that is the heart of everything. We have a detailed business plan with performance indicators. The practitioners are very aware of those and understand why we are monitoring, how they are included within the LSCB, and how we are advertising those within social services. It is like a full circle: we are continually including that information in our planning, monitoring and communication. Have I made myself clear, or not?

[141] **Irene James:** Yes.

[142] **Ms Heeney:** It is a communication issue, as far as I can see. For us, communication has been some way down the priority list, and has been affected by a lack of resources. We need resources to produce things like newsletters and to get the message out there. We have

just agreed to set up a communication sub-group, but six months ago, that had not been agreed, because people felt that we did not have the capacity and that we were already struggling to deliver on child protection. However, we are moving that way. It is resources, I think.

[143] **Irene James:** So, you would say that resources are the problem, and you do not think that individual agencies should do more to develop the knowledge of their employees.

[144] **Ms Heeney:** Yes, they should. All agencies are focused on getting the essentials right, are they not? Getting the message across that the LSCB has a role to play in policy is a lower priority.

[145] **Lorraine Barrett:** What more should LSCBs be doing in respect of the most vulnerable groups of children? In your written evidence, the Newport board says that LSCBs have a clear responsibility to ensure that partner agencies learn from experience, going beyond just learning lessons, which we hear about a lot in the reports disseminated about serious case reviews in respect of vulnerable children. What more can be done, other than learning lessons, which we hear a lot about? What happens after those lessons have been learned?

[146] **Ms Best:** In my other role as a lecturer in a couple of universities, I am very interested in what we call ‘near misses’. A very good document was produced about six or seven years ago, and I am trying to find time to progress that. In Newport, the audit sub-group is introducing work on near misses, and I have developed two audit tools for child protection and looked-after children, which I suppose that Munro, the writer, would be very pleased with, because they do not take the typical serious case review format. The process goes from the initial assessment right through to core groups, and shows what good practice should look like. I am trying to engage professionals to train them and to show them what good practice looks like. We will pilot those in three weeks’ time, looking at serious incidents, which have a lower threshold than serious case reviews. It will be more compact, because we are aware of the new stuff that has come out in 2010—the importance of working together, and the tendency for serious case reviews to take too long and to critique based on blame. The work on near misses will be piloted within a few weeks in a different type of format, and we will see how that goes. That is a part of the vulnerability forum for children. We also have a sub-group for vulnerable children, which looks at the variety of sub-headings under that theme. You cannot address all those issues within the board, so we work pan-Gwent in different fora and vulnerability groups. I believe that we are the only one in Wales that has a trafficking protocol, which was introduced about four weeks ago. I see us as being very much at the forefront of this area, and I am trying to progress it further.

[147] On a different level, we have recently included in our business plan a basic strategic point, which is now a performance indicator in England, and that involves asking the children themselves whether they feel safe. We have included within that, as one of our strategic aims, asking children whether they are vulnerable. We are targeting that in a lot of different ways, all pulled together in the business plan.

[148] **Darren Millar:** Ms Heeney, do you want to add anything there?

[149] **Ms Heeney:** Briefly, yes. It is about communication again, and getting the message across that safeguarding children is everyone’s business, so that people can identify vulnerable children and get them into the system. It is also about having evidence-based priorities and knowing where the vulnerable children are. Trafficking was discussed at our board for a while, but it was not considered a high enough priority—that is, it was not happening frequently enough for us to devote our resources to it.

[150] I echo Liz's point that it would be useful to have some standard performance indicators for LSCBs, as I have mentioned before. One of those would be asking children whether they feel safe. That would be an excellent idea.

[151] **Andrew R.T. Davies:** Talking about communication, I want to ask about information sharing. Various witnesses have highlighted the difficulties of trying to extract information from organisations, and their frustration when they have found that that information exists but has not been shared. The Welsh Assembly Government's review group on safeguarding children boards said that a common feature of many serious case reviews in the past few years has been a failure to share information. What is the role of the local safeguarding children board in facilitating greater information sharing among the organisations that have a responsibility here? Could you give us a taste of some of the barriers that are, sadly, obstructing what would be your ideal model? I do not mind who answers first.

[152] **Ms Best:** We are developing an information-sharing protocol. [*Interruption.*] I know. Sometimes, you have to have that. We are almost finished with that, and I hope that it will help. That is one of the major issues for the board. With most of our partner agencies, we have addressed that, but I am targeting discussions on what you used to call the volunteer group, but is now called the third—

[153] **Darren Millar:** The third sector.

[154] **Ms Best:** Thank you. I must try to keep up with the terminology.

2.20 p.m.

[155] That has been a particular issue, and I have had discussions with the third sector about sharing information, and about its representatives sitting on the board so that they can take critical messages back, because they do not have the tiers or the team management meetings to facilitate that. So, for us, communication is one of our main priorities. We have to work out how to develop that with the third tier—the volunteer bodies. We have a communication sub-group that also looks at sharing information. That is one of the areas on which we have worked pan-Gwent: on a protocol for sharing information. However, I think that we have a long way to go because the systems for sharing information in each of our partner agencies are not always up to scratch. For example, ICS, the integrated children's system, does not always give us the information that we need, although we are reintroducing that to get that information in a way that can be provided to other agencies. So, that is one of our priorities.

[156] **Darren Millar:** I am afraid that time has almost beaten us. Is there anything that you would like to add to that?

[157] **Ms Heeney:** Again, I think that it is a communication issue to do with who can share what information. We must make sure that people know that it should always be about sharing information. The reasons should be clear. There should be greater clarity about what should be shared and about the few occasions when information should be withheld. People do not feel confident about sharing information, and so they hold it back because they think that it could leave them open to attack.

[158] **Darren Millar:** So, clarity is needed about what can and cannot be shared.

[159] **Ms Heeney:** Yes, and I think that it is the role of the local safeguarding children boards to let people know and to communicate that. Again, it falls under the banner of communications and a lack of resources.

[160] **Darren Millar:** Ann Jones has one final question.

[161] **Ann Jones:** You say that Conwy and Denbighshire as a board has highlighted the absence of earmarked funding and/or staff directly employed by your board, which has affected the ability to involve children and young people. Given the current economic climate, is it realistic to request that additional funding be made available to undertake this work? Should both authorities not be looking to use the possibility of existing participation mechanisms?

[162] **Ms Heeney:** We should be using existing participation funding, where that is available. I have just applied for a grant that is for work aimed at consulting children who have been through the child protection process. However, that is using existing grant funding that is probably going to be shut down. It was from the Cymorth fund, which is to go next year.

[163] **Ann Jones:** Is it?

[164] **Ms Heeney:** Oh, maybe not. Sorry, I thought that it was going to be cut back or stopped. That was what I heard.

[165] **Ann Jones:** It is going to be rolled into the revenue support grant, is it not?

[166] **Ms Heeney:** Well, once it goes into the revenue support grant—

[167] **Darren Millar:** We can clarify that.

[168] **Ann Jones:** Yes, sorry. We will clarify that.

[169] **Ms Heeney:** Well, it is not so clear in that case, is it? It is not so available.

[170] **Ann Jones:** I know that time is short, but I just want to ask this question. Given that you have identified that you should have been using mechanisms that are already in place, why have you not been doing that? Is it not an easy cop-out just to say that you have not had the funding?

[171] **Ms Heeney:** No. We have not had the funding to have the staff to think about even beginning to do that. The LSCB has been focused on setting itself up, getting itself working and ensuring that it gets the serious case reviews done. Things such as participation are further down the priority list. They have had me for only seven months and I do not have any administrative support. It is all affected by resources, as far as I can see.

[172] **Darren Millar:** Thank you for that. That brings us to the end of this part of the meeting. I thank you both for the written and oral evidence that you have provided as part of the inquiry. If you wish to make any other comments, please feel free to send those to the committee clerk before the end of our deliberations.

2.24 p.m.

Ymchwiliad y Pwyllgor i Fyrddau Lleol Diogelu Plant yng Nghymru: Tystiolaeth gan Iechyd Cyhoeddus Cymru
Committee Inquiry into Local Safeguarding Children Boards: Evidence from Public Health Wales

[173] **Darren Millar:** I welcome to the table Lin Slater, designated nurse, and Dr Hywel

Williams, designated doctor. Thank you for the written evidence that you have provided. If you are content, we will go straight to questions. In your written evidence, you say that the current relevant Welsh Government guidance, ‘Safeguarding Children: Working Together Under the Children Act 2004’, leads to considerable variation across Wales with regard to how LSCBs manage their agendas and make decisions. What is your evidence for that view?

[174] **Ms Slater:** In making that comment, we were referring to the way that guidance has been produced. It has been staggered over the past few years. The guidance in relation to the setting up of partnerships came first—area child protection committees were already in existence at that time, of course—and following that we had the introduction of local safeguarding children boards. The earlier guidance with regard to partnership working did not really have much to say about what the engagement should be with the ACPCs. When local safeguarding children boards came into being, there was very little information on how they should relate to the partnerships. The staggering of the development of that guidance has not provided the clarity that would have been helpful.

[175] **Darren Millar:** So, do you want to see something more prescriptive?

[176] **Ms Slater:** Yes.

[177] **Darren Millar:** Thank you. I think that that nails that one.

[178] **Val Lloyd:** My question is on the role and scope of LSCBs. In your written evidence, you say that

[179] ‘there are many ‘grey areas’ that can lead either to duplication of work across the partnerships or failure to acknowledge which partnership should be taking the lead’.

[180] You helpfully provide some examples of such grey areas, which include children as carers, substance misuse in families and bullying. So, in your experience, are there examples of where the strategic approach to protecting these groups falls between the responsibilities of the range of local partnerships? If there are such examples, what has been done to fill the gap?

[181] **Ms Slater:** I can give you an example of a discussion that we had yesterday at one of the sub-committees of a local safeguarding children board. It does not relate directly to one of those vulnerable groups of children, but I think that it illustrates the point. The development of the self-assessment improvement tool undertaken by this particular local safeguarding children board—as is probably the case with many—identified that, as a board, we probably did not have clarity about the recruitment policies and procedures in place across organisations. As a result, we thought that we ought to do some work on that and develop a policy. It just so happened that, at the committee meeting yesterday, a member of the group was also a member of the children and young people’s partnership group. They were aware that children and young people’s partnerships were also about to produce a policy on safe recruitment processes under the workforce strategy. So, we were mindful of the fact that we might have two policies being produced by one local safeguarding children board area. The fact that there are five local safeguarding children boards operating in one health board region means that there is the potential for five or even 10 policies being produced on the same issue. If that is duplicated across Wales, you get an idea of some of the problems that we come across.

[182] **Val Lloyd:** That would be a duplication of work, but it would be more serious if you did not achieve what you were trying to do. I accept that duplication is a waste of effort, but it is safer than the reverse, is it not?

[183] **Ms Slater:** Another example would be in relation to children with disabilities.

Clearly, as a local safeguarding children board, we know that children with disabilities are at greater risk of abuse and neglect, but most of the services provided to children with disabilities are probably overseen—I would not say that they are managed—by the children and young people’s partnerships. We need clarity on who is doing what to ensure that the services provided for children with disabilities are the right services and that all safeguarding elements have been identified.

[184] **Val Lloyd:** That is helpful, thank you.

[185] **Darren Millar:** Do you want to add anything, Dr Williams?

2.30 p.m.

[186] **Dr Williams:** Yr wyf am roi fy **Dr Williams:** I will give evidence through the medium of Welsh.

[187] **Helen Mary Jones:** Wrth gyfeirio at **Helen Mary Jones:** In referring to the remit of the boards, you say the following:

[188] ‘Different working practices in different areas of the local health board is neither achievable nor leads to safe and effective practice’.

[189] A allwch ymhelaethu ar ba faterion **Could you expand on what specific matters you are referring to?** yn benodol yr ydych yn cyfeirio atynt?

[190] **Dr Williams:** Yr wyf yn eistedd ar fwy nag un bwrdd yn ymwneud â diogelu—yr wyf yn eistedd ar chwe bwrdd, er enghraifft, ac yn is-gadeirydd ar un ohonynt, mae Lin yn eistedd ar bum bwrdd ac mae gennym gydweithwyr yn y gwasanaeth sy’n eistedd ar bob bwrdd yng Nghymru. Yr ydym wedi cael teimlad bod gwahaniaeth—nid gwendid—o ran sut y mae pobl yn canolbwyntio ar y gwaith, oherwydd bod cymaint yn gyffredin i bob bwrdd. Maent yn gorfod trafod pethau sy’n gyffredin o ran materion Cymru gyfan a materion sy’n dod o Lundain, yn ogystal â chanolbwyntio ar bethau sydd o bwys iddynt yn lleol. Mewn ardaloedd sydd â mwy o bobl sydd o gefndir ethnig, er enghraifft, mae byrddau yn gorfod canolbwyntio ar broblemau diogelwch sy’n ymwneud â’r gymdeithas honno. Mewn rhannau eraill o Gymru, nid yw hynny mor gyffredin. Yn aml, felly, mae’r hyn sy’n digwydd yn lleol yn tynnu sylw’r bwrdd tuag at weithio i’r cyfeiriad hwnnw. Maent felly yn gorfod talu llai o sylw, oherwydd pwysau amser a gwaith, i bynciau eraill.

Dr Williams: I sit on more than one safeguarding board—I sit on six boards, for example, and am the vice chair of one, Lin sits on five boards, and we have colleagues in the service who sit on every board in Wales. We have a feeling that there is a difference—not a weakness—in terms of how people focus on their work, because there is so much work that is common to all boards. They have to discuss some common all-Wales issues and issues that come from London, as well as focusing on items of local importance. In areas that have more people of ethnic origin, for example, boards have to focus on safeguarding issues that are related to that community. In other parts of Wales, that is not as common. What happens locally, therefore, often draws the board’s attention in a specific direction. They have to pay less attention, due to time and work constraints, to other subjects.

[191] **Andrew R.T. Davies:** Thank you for your evidence this afternoon. I would like to touch on NHS reorganisation, particularly Professor Sir Mansel Aylward’s review of arrangements for supporting the work of the boards and the public health service in Wales. In

particular, I wish to focus on the evidence given by the Children's Commissioner for Wales and the NSPCC on their concern that the reorganisation might have created a disjointed situation, with work that is not so robust, perhaps, between the health fraternity and the boards. Some good evidence has indicated the importance of the work of health professionals, especially in the early diagnosis of certain instances of harm, which could prevent tragedies further down the road. Would you like to comment on the work of Sir Mansel Aylward and what he is doing? In particular, would you like to address the points that I raised about some of the concerns that other witnesses have raised about the reorganisation?

[192] **Dr Williams:** Nid yw'r Athro Aylward wedi gorffen ei waith eto, felly ni wyddom beth fydd ei gasgliadau terfynol. Mae'r ad-drefnu iechyd yn amlwg yn mynd i effeithio ar ein gallu i gefnogi byrddau lleol. Yn y gorffennol, pan oedd gan y bwrdd yr un ffiniau â'r awdurdod iechyd lleol, yr oedd yn bosibl i'r cynrychiolydd iechyd fod o'r radd uchaf—hynny yw, y nyrs neu'r person a oedd yn gyfrifol am ddiogelu plant ar y bwrdd iechyd neu o ymddiriedolaeth yr ysbyty. Yn awr, am fod y byrddau mor fawr—yn delio â phump neu chwech o ardaloedd—bydd yn amhosibl i'r person sydd â'r awdurdod eistedd ar bob un ohonynt. Gallai hyn beri perygl bod person sydd ymhellach i lawr y rhestr yn mynd i'r byrddau, heb iddynt feddu ar yr awdurdod na'r gallu i newid gweithredoedd o fewn y bwrdd ar ôl dychwelyd. Dyna'r perygl a welwn. Fel gwasanaeth, yr ydym wedi llwyddo ar hyd y blynyddoedd i sicrhau bod un ohonom yn aelod o bob bwrdd lleol, gan roi cyngor annibynnol i'r gwasanaeth iechyd ar faterion iechyd; dyna yw ein pwrpas. Bydd yn rhaid ad-drefnu'r byrddau i ryw raddau; mae'n rhaid cael llai ohonynt er mwyn iddynt fod yn effeithiol. Gallwn wneud hyn drwy eu cyfeirio o'r brig.

Dr Williams: Professor Aylward has not finished his work yet, so we do not know what his final conclusions will be. The health reorganisation is clearly going to affect our ability to support local boards. In the past, when the board covered the same area as the local health authority, it was possible for the health representative to be someone from the highest level—that is, the nurse or the person taking responsibility for safeguarding children on the health board or the hospital trust. Now, because the boards are so big—dealing with five or six areas—it will be impossible for the person with the authority to sit on them all. This runs the risk of a person further down the list going to the boards, without having the authority or the ability to change board actions when they return. That is the risk that we see. As a service, we have managed over the years to ensure that one of us is a member of every local board, giving independent advice to the health service on health issues; that is our purpose. The boards must be reorganised to some extent; we must have fewer of them for them to be effective. We could do this through directives from the top.

[193] **Andrew R.T. Davies:** So, you need fewer boards?

[194] **Dr Williams:** Yes, fewer boards.

[195] Hynny yw, mae esblygiad yn y maes hwn yn barod. Er enghraifft, mae Gwynedd a Môn wedi dod at ei gilydd yn llwyddiannus iawn. Mae symudiadau i wneud rhywbeth tebyg yng Nghaerdydd a'r Fro ac yn y Rhondda a Merthyr. Felly, mae'r esblygiad yn mynd i'r cyfeiriad cywir yn barod. Fodd bynnag, a yw'n ddigon cyflym? Ni chredaf ei fod. Mae pethau'n wahanol yng Ngwent, er enghraifft.

That is, there is already evolution in this field. For example, Gwynedd and Anglesey have come together very successfully. There are moves afoot to do something similar in Cardiff and the Vale and in the Rhondda and Merthyr. Therefore, things are already evolving in the right direction. However, is it moving fast enough? I do not believe that it is. In Gwent, for example, things are different.

[196] **Andrew R.T. Davies:** Before moving on to Lin, when we say 'fewer boards', Dr

Williams, do you envisage coterminosity—we spoke with the previous witnesses about wider regional boards—or do you think that they should find their own balance in what is deliverable, because of the local aspect?

[197] **Dr Williams:** Ydwyf, a dychwelaf at ba mor bwysig yw arbed yr elfen leol ym mhob bwrdd i gyferbynnu â'r elfennau sy'n ehangach eu natur. Mae hynny wedi bod yn broblem yng Nghymru erioed. Mae gennym bedwar gwasanaeth heddlu a'r tueddiad yn y gorffennol, gyda'r hen fyrddau amddiffyn plant, oedd cael fforwm a oedd yn gyffredin i'r ardaloedd heddlu hynny. Wrth gwrs, yr oedd y gwasanaethau hynny yn torri ar draws yr hen awdurdodau iechyd—pump oedd yn bod bryd hynny ond mae gennym 22 bellach. Felly, pa bynnag ffordd y torrwyd y deisen, bydd problemau. Credwn mai'r peth gorau fyddai cael byrddau sy'n cyd-fynd â ffiniau'r byrddau iechyd newydd.

Dr Williams: I do, and I return to the importance of safeguarding the local element in each board to contrast with the elements that are wider in their nature. That has always been a problem in Wales. We have four police forces and the trend in the past, with the previous safeguarding children boards, was to have a common forum for those police areas. Of course, those services cut across the former health authorities—there were five at that time but we now have 22. So, whichever way you cut the cake, there will always be problems. We believe that it would be best to have boards that are coterminous with the new health boards.

[198] **Darren Millar:** Do you want to add anything, Lin?

[199] **Ms Slater:** No.

[200] **Andrew R.T. Davies:** In your view, has there been a specific problem with the effectiveness of the engagement because of the reorganisation? There is obviously the manpower issue of getting people of sufficient managerial stature, shall we say, to sit on the boards, but are there any other issues that you can touch on?

[201] **Ms Slater:** We have already discussed some of the issues with regard to the boards' responsibility to co-ordinate policy and development, which is clearly difficult if there are five local safeguarding children boards across one health board, and getting the right representation at board level, as Hywel said, so that there is a proper level of representation from those senior officers who are able to commit resources on behalf of agencies and also professional expertise. There is also a need for clarification as to how we all work together within the health service now that we have had the restructuring, which is hopefully what the review will do for us.

[202] **Dr Williams:** Mae'r ad-drefnu wedi bod yn anferth ac mae'n cymryd amser maith, wrth ffurfio byrddau newydd, i gael y staff iawn yn y swyddi iawn. Mae'n rhy gynnar i wybod beth fydd yr effaith ar gydweithio. Gobeithio na fydd yn rhy ddrwg, ond yn awr mae'r byrddau iechyd yn penodi pobl i swyddi arbennig—nid ar y top ond ar y lefelau is.

Dr Williams: It has been a huge reorganisation and it takes a long time, when new boards are formed, to get the right staff into the right jobs. It is too early to say what impact it will have on collaboration. It will, hopefully, not be too bad, but health boards are only now appointing people to specific posts—not at the top but lower down.

[203] **Darren Millar:** You have pretty much covered the next question that Irene was going to ask, but she has another question on funding.

[204] **Irene James:** You say that

[205] 'there are examples of methodology in apportioning financial contributions between

and across all agencies based on agreed formulas in terms of head of population, size of organisational budgets'

[206] and so on. In your experience, how effective are these methodologies?

[207] **Ms Slater:** It varies from one area to the next. That formula has been in place in the former Gwent area and the police and health services have used those formulae to apportion their contribution to the budgets. They are, of course, being changed at the moment, because of the reorganisation of the health service. We need a clear funding formula so that local safeguarding children boards know what their budget is and are able, therefore, to plan accordingly and use those funds to execute their functions.

[208] **Darren Millar:** Do you think that that needs to be prescriptive from the Assembly Government?

[209] **Ms Slater:** Yes, that must be prescriptive.

[210] **Darren Millar:** The difficulty, of course, is that some of the agencies around the table are non-devolved and others are devolved. How do you see them paying regard to Assembly Government guidance if it is a non-devolved matter?

[211] **Ms Slater:** We need principles and guidance about funding. First and foremost, we need to be clear about the functions of local safeguarding children boards, and what the costings will be to run them effectively.

[212] **Darren Millar:** Some of the difficulty in north Wales, for example, is that there are some formulae in place that all partners seem to be content with. Anglesey and Gwynedd were two areas that were cited as examples. Is that the sort of formula that you would like to see rolled out elsewhere?

2.40 p.m.

[213] **Dr Williams:** Mae'r fformiwla'n amrywio o le i le. Mae rhai yn hanesyddol; yr oedd rhai o'r hen fyrddau iechyd yn rhoi'r arian i'r pwyllgorau amddiffyn plant fel y cawsant eu galw, ond nid oedd eraill yn gwneud hynny. Mae'r heddlu mewn rhai lleoedd yn rhoi ychydig o arian, ond nid yw'r gwasanaeth prawf yn gwneud hynny mewn rhai lleoedd. Mae'n amrywio'n sylweddol.

Dr Williams: The formula varies from place to place. Some are historic; some of the former health boards gave money to the child protection committees, as they were called, but others did not do so. The police in some places give a little money, but the probation service does not do so in some places. It varies considerably.

[214] Y peth pwysig i'w ofyn yw: beth fydd y bwrdd yn ei wneud gyda'r arian? Nid oes angen swm mawr. Pan fo bwrdd wedi penodi cyd-drefnydd, fel yn achos y ddwy wraig a rhoddodd tystiolaeth ichi'n gynharach, mae gwaith y bwrdd yn gwella'n syth. Hynny yw, mae popeth yn drefnus, yn cynnwys y papurau a'r agenda, sydd wedi'i osod yn glir, ac y mae'r cyd-gysylltydd yn delio â'r penderfyniadau. Felly, mae hwnnw'n gost. Ar hyn o bryd, adrannau gwasanaethau cymdeithasol awdurdodau lleol sy'n cymryd y baich o dalu'r rhan fwyaf

The important thing to ask is: what will the board do with the money? A large amount is not required. When a board has appointed a co-ordinator, as in the case of the two women who gave evidence to you earlier, the board's work improves immediately. In other words, everything is organised, including papers and the agenda, which is set out clearly, and the co-ordinator deals with the decisions. So, that is a cost. Currently, local authorities' social services departments assume the burden of paying most of the costs of these boards throughout Wales. In some places, the budget

o gostau'r byrddau hyn ar draws Cymru. Mewn rhai lleoedd, mae'r gyllideb i'w weld yn fawr, ond mae hwnnw'n cynnwys gwaith craidd yr awdurdod lleol hefyd.

appears to be large, but that also includes the local authority's core work.

[215] Credaf fod angen cyllideb er mwyn penodi cyd-gysylltydd i wneud gwaith papur y bwrdd yn ogystal â gwaith y wefan a hysbysu'r boblogaeth am waith a phwrpas y bwrdd. Y broblem yw bod gan y rhan fwyaf o'r byrddau hyn gyllidebau bach a'r hyn sy'n amddifadu'r bwrdd yn llwyr o'i gyllideb yw adolygiadau achosion difrifol oherwydd mae cost yr awdur sy'n ysgrifennu'r adolygiad terfynol yn fwy na chyllideb y bwrdd mewn blwyddyn, efallai. Dylem stopio tynnu cost yr adolygiadau arbennig hyn allan o gyllidebau'r byrddau.

I think that funding is needed in order to appoint a co-ordinator to do the committee's paperwork as well as the website work and promoting the board's work and purpose to the public. The problem is that most of these boards have small budgets and what completely denudes the board of its budget are the serious case reviews, because the cost of the author who writes the final review is higher than the board's annual budget, perhaps. We should stop taking the cost of these special reviews out of the boards' budgets.

[216] **Helen Mary Jones:** Derbyniaf yr hyn a ddywedwch ynghylch cost adolygiadau achosion difrifol, ond pwy, yn eich barn chi, ddylai fod yn gyfrifol am dalu amdanynt? Ai Llywodraeth y Cynulliad neu'r awdurdod lleol sydd wedi methu?

Helen Mary Jones: I accept what you say about the cost of serious case reviews, but who, in your opinion, should be responsible for paying for them? Should it be the Assembly Government or the local authority that has failed?

[217] **Dr Williams:** Rhaid edrych ar yr holl fusnes o'r adolygiadau hyn ar sail Cymru gyfan. Gwn fod y Cynulliad yn edrych ar y ffaith nad ydynt yn gwneud y gwaith a'u bod yn llai llwyddiannus na ddylent fod. Cawsant eu creu yn y lle cyntaf i atal ymchwiliadau anferth cyhoeddus ar gyfer pob achos ac i gael rhywbeth cyflym a brwnt er mwyn fynd at wraidd y broblem. Fodd bynnag, nid ydynt yn gwneud hynny; mae pobl yn ofalus iawn ac y mae'r gronoleg yn aml yn hir iawn gan edrych yn ôl flynyddoedd lawer at ddyddiau pan oedd pethau'n wahanol.

Dr Williams: We must look at the whole business of these reviews on an all-Wales basis. I know that the Assembly is now looking at the fact that they are not doing the work and that they are not as successful as they should be. They were created in the first place to prevent large-scale public inquiries for each case and to have something quick and crude in order to get to the root of the problem. However, they never do that; people are very careful and the chronology is often very long, looking back many years to the days when things were different.

[218] Mae'n anodd dweud bod awdurdod iechyd wedi methu pan fo rhyw ddydd anhydrin yn lladd baban. Gallai hynny ddigwydd tair gwaith trwy anlwc yn eich ardal chi, ond mae'n rhaid cynnal adolygiad. Felly, mewn ffordd, pan fo mwy o'r adolygiadau hyn yn cael eu cynnal, nid yw'n arwydd bod bwrdd wedi methu. Efallai bod rhai byrddau'n fwy manwl gywir yn y ffordd y maent yn penderfynu bod angen adolygiad; efallai na fyddai bwrdd arall yn credu bod adolygiad yn angenrheidiol. Mae llawer o'r achosion yn gyffredin, er enghraifft, y baban sy'n marw yn ei gwsg pan fo'n cysgu ochr yn ochr â'i fam; mae hwnnw'n un ffactor. Mae

It is difficult to say that a health authority has failed when some intractable man kills a baby. That could happen three times in your area as a result of bad luck, but you have to hold a review. So, in a way, when more of these reviews are held, it is not a sign that the board has failed. Some boards may be more exacting in how they determine the need for a review; perhaps another board would not think that a review was necessary. Many cases are common, for example, the infant who dies in its sleep when it sleeps side by side with its mother; that is one factor. That often happens in Wales, so do we have to hold a serious case review for every one of

hynny'n digwydd yn aml yng Nghymru, felly a oes rhaid cynnal adolygiad achosion difrifol ar gyfer pob un o'r rheini pan mae'r wers honno wedi'i ddysgu'n gyffredinol? Felly, credaf y dylid rhannu'r gost arbennig hwnnw o'r gost o redeg bwrdd o ddydd i ddydd.

[219] **Helen Mary Jones:** Deallaf hynny, ond os na fydd y gost yn aros gyda'r byrddau—ac yr wyf yn tueddu i gytuno â hynny—gall yr arian hwnnw ddod o ddau le: o'r awdurdod lleol lle cododd y broblem, os nad ydych yn hoff o'r gair 'methu', neu gall ddod yn ganolog o Lywodraeth y Cynulliad. A oes gennych farn am y ffordd decaf o ddarparu'r arian hwnnw, gan dderbyn yr hyn yr ydych wedi'i ddweud o ran yr angen i newid y broses?

[220] **Dr Williams:** Pe bai'r broses yn berffaith, byddem yn gosod canllawiau Cymru gyfan yn dweud mai dyma'r fath o achos y mae gennym ddiddordeb ynddo; yna gallai'r arian hwnnw ddod o'r canol. Cofiwch hefyd mai adolygiadau aml-ddisgyblaethol ydynt. Felly, nid yr awdurdod lleol yn unig sy'n rhan o'r adolygiadau hyn; mae pob asiantaeth yn rhan ohonynt. Felly, mae'r cyfrifoldeb, fel y cyfrifoldeb am ariannu'r bwrdd ei hun, yn aml-ddisgyblaethol ac amlasiantaethol.

[221] **Lorraine Barrett:** In respect of the boards and the serious case reviews, you identify young people who are at risk of self harm and children subject to chronic neglect as specific vulnerable groups. Why did you identify those two groups in particular?

[222] **Ms Slater:** Those groups of children tend to include children in the middle years of childhood—they are the adolescents. Increasingly, we are becoming aware of the fact that quite a significant number of children in that age group suffer from neglect. They receive less attention from us because often they are excluded from school and do not have as much contact with other agencies as the youngest schoolchildren do. We need to focus our attention more on identifying those children, especially those who are engaged in risky behaviours. We need to consider better how we might be able to support them and to reduce the risk to that particular group.

[223] **Andrew R.T. Davies:** You have touched on the issue of senior levels of management, decision makers and representatives of the voluntary sector being on the boards, but in an earlier question we raised the issue of engaging with GPs and access for them, and there has been an issue in that respect. Could you comment on the specific challenges of getting in contact with GPs and getting them to play a role on the local safeguarding children boards?

[224] **Ms Slater:** In some areas, general practitioners are very actively involved. In fact, a GP representative has sat on two of the boards that I sit on. The National Public Health Service—as we were—produced guidance for general practitioners a couple of years ago,

those cases, when that lesson has been learned in general? So, I think that that particular cost should be split from the cost of running a board on a daily basis.

Helen Mary Jones: I understand that, but if the cost is not going to lie with the boards—and I tend to agree with that—that money can come from two places: the local authority where the problem has arisen, if you do not like the word 'failed', or it can come centrally from the Assembly Government. Do you have any views on the fairest way of providing that money, accepting what you have said about the need to change the process?

Dr Williams: If the process were perfect, we would set all-Wales guidance, stating the type of case that we are interested in; that money could then come from the centre. You must also remember that these are multidisciplinary reviews. Therefore, it is not only the local authority that is part of these reviews; every agency is part of them. Therefore, the responsibility, as well as that for funding the board, is a multidisciplinary and multi-agency one.

which identified the need to have a lead GP in each practice. From our experience, that has occurred, and there are lead GPs who attend more sophisticated training so that they can support practice staff in their own areas. So, GPs are becoming increasingly involved in child protection at strategic levels, as well as trying to develop practice for their own surgeries.

[225] **Andrew R.T. Davies:** The problem that you highlight in your paper is more of a historical one, and there have been significant improvements in how the GP's role is understood, so the issue has been taken on board and a lead GP in the practice identified and that information is then disseminated to other practices. Is that right?

[226] **Ms Slater:** It has, but it is evolving. The difficulty that other agencies have is trying to engage GPs in the child protection process, for example trying to get GPs to attend child protection case conferences. There is perhaps less of an understanding of the role of a GP, and that is true in other agencies as well. For example, most people think of GPs as family GPs and believe that they have a good understanding of family dynamics and of the health and wellbeing of all members of the family. However, as we know, GPs today provide episodic care, so they may see a child once a year because the child may be seen by other members of the practice. Parents might not even be registered with the practice; they might be registered elsewhere, or the records might not show that the father of a child with a different name is connected to that child. We sometimes have a high expectation of the GP, and we need to clarify that for other agencies as well.

[227] **Andrew R.T. Davies:** So, it is a matter of understanding what the modern GP does rather than what the 1950s GP did perhaps.

[228] **Ms Slater:** Absolutely.

[229] **Dr Williams:** Mae'n rhaid imi ddweud, yn y 10 mlynedd yr wyf wedi bod yn y swydd, mae dealltwriaeth meddygon teulu a'r rhan y maent yn ei chymryd yn y broses wedi gwella'n aruthrol. Mae deintyddion hefyd yn dilyn yr un trywydd ar hyn o bryd. Y ddau grŵp nad ydynt wedi cael y sylw teilwng eto yw optegwyr a fferyllwyr. Mae meddygon teulu a deintyddion ar y trywydd iawn, ond nid yw'r adnoddau wedi bod ar gael i'r ddau grŵp arall. Mae'r ffordd y maent yn cael eu trefnu a'u talu gan yr awdurdodau iechyd ychydig yn wahanol, ac, felly, mae'n anoddach cael atynt fel eu bod yn ddysgu'r gwersi ynglŷn â diogelu plant.

Dr Williams: I have to say that, in the 10 years that I have been in the post, family doctors' understanding and the role that they play in the process have improved tremendously. Dentists are also going the same way at the moment. The two groups that have not yet had the attention that they deserve are opticians and pharmacists. Family doctors and dentists are on the right path, but the other two groups have not had the resources at their disposal. The way in which they are organised and paid by the health authorities is slightly different, so it is more difficult to get to them so that they learn the lessons about safeguarding children.

2.50 p.m.

[230] **Andrew R.T. Davies:** It would be fair to say that the two examples that you offered last that are not on the right road are also operating under old contracts, are they not? Neither the optometrist contract nor the pharmacist contract has been renewed, whereas the GP contract definitely has, and the dentist contract has been modified.

[231] **Dr Williams:** Yr ydym wedi rhoi hyfforddiant arbenigol i'r fferyllwyr ynghylch y bilsen bore wedyn ac yn y blaen a'r pwysigrwydd o ddeall materion sy'n ymwneud â diogelu plant pan fo merched yn

Dr Williams: We have given specialist training to pharmacists on the morning-after pill and so on and the importance of understanding matters relating to safeguarding children when girls ask for help

gofyn am help yn y cyfeiriad hwnnw. Fodd in that regard. However, that tends to be
bynnag, mae'n dueddol o fod yn hyfforddiant specialist training. I have never trained
arbenigol. Nid wyf fi erioed wedi hyfforddi opticians and I do not know of anyone who
optegwyr a ni wn am unrhyw un sy'n gwneud does that regularly in Wales.
hynny yn gyson yng Nghymru.

[232] **Darren Millar:** Thank you very much for your written and oral evidence. We very
much appreciated it and I am sure that it will go some way towards helping us to formulate
our recommendations when we produce our report. If you have anything further to add, then
please submit it as further written evidence to the clerks and we will consider it.

2.51 p.m.

Cynnig Trefniadol Procedural Motion

[233] **Darren Millar:** I move that

[234] *the committee resolves to exclude the public from the remainder of the meeting in
accordance with Standing Order No. 10.37.*

[235] Are there any objections? I see that there are none.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 2.51 p.m.
The public part of the meeting ended at 2.51 p.m.*