



**STANDING COMMITTEE
OF
TYNWALD COURT
OFFICIAL REPORT**

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**PROCEEDINGS
DAALTYN**

**SOCIAL AFFAIRS
POLICY REVIEW COMMITTEE**

OVER REFERRAL TO SOCIAL SERVICES

HANSARD

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Members Present:

Acting Chairman: Hon. S C Rodan SHK
Mr D C Cretney MLC

Apologies:

Chairman: Mrs B J Cannell MHK

Clerk:

Mr J D C King

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Social Affairs Policy Review Committee

Over referral to Social Services

*The Committee sat in public at 2.30 p.m.
in the Legislative Council Chamber,
Legislative Buildings, Douglas*

[THE SPEAKER *in the Chair*]

Procedural

The Acting Chairman (Mr Speaker): Good afternoon everyone. Can I welcome everyone to this meeting of the Social Affairs Policy Review Committee. We are taking evidence in public this afternoon and can I ask as a matter of housekeeping if people would kindly switch off their mobile phones so this does not interfere with the recording equipment.

5 My name is Steve Rodan. I am acting as Chair of the Committee in the absence of the Chair, Mrs Brenda Cannell MHK. My colleague on the Committee is Mr David Cretney, Member of the Legislative Council, and the Clerk to the Committee is Dr Jonathan King.

EVIDENCE OF

Ms M Mellon, Vice Chair of the British Association of Social Workers

10 **Q89. The Acting Chairman:** We are very pleased to be meeting this afternoon and to have the opportunity to take evidence from an expert witness, Ms Maggie Mellon. I would like to welcome you very much to the Committee and thank you for being prepared to give us your comments and your evidence on an area that we have been investigating, which is concerning children's social services in the Isle of Man, with particular reference to the over referral of families to the children's social services system.

15 For the purpose of record, could I ask, Ms Mellon, for you to give us your name, title and current position please?

Ms Mellon: Okay. It is Maggie Mellon. I am the Vice Chair of the British Association of Social Workers and I chair their Policy, Ethics and Human Rights Committee.

20 **Q90. The Acting Chairman:** Thank you very much. You are very welcome.

As a Committee we have produced a report into the question of over referral and we concluded in that report that on the basis of 2012 figures the number of children in the Isle of Man in need of protection was about the same as the English average on a *per capita* basis. In the case of the Isle of Man, 3.5 children per 1,000 in need of statutory protection as against 3.8 per 1,000 in England.

25 However, the number of referrals, assessments and enquiries in the Isle of Man were proportionately higher. We identified that there were more referrals and more initial assessments being carried out and of those assessments, fewer were identifying a need of short of child protection, in terms of our Children and Young Persons Act – in other words, there were

30 fewer children with an identified need as opposed to a child protection issue. Also there were
more full-scale child abuse enquiries and, as I have just said, ultimately the number of children
requiring protection following such inquiries was similar. We went on to conclude that since
2012 there had been an increase in the number of instances where an agency approaches
35 Children and Family Services in a case where an assessment is not needed. We noted, for
example, that between 2011-12 and 2013-14 there was an increase of some 90% in referrals to
children's social services.

This report was debated in Tynwald two weeks ago and the Department made the point –
and this is something you may wish to comment upon – that the way the UK record their
numbers is somewhat different in that whereas our figures are as one, the system for identifying
40 children with a need and in need of child protection is the same system, whereas the UK has a
well-established early help system which generates children in need separately. If those figures
are added in, it is therefore said that they are far closer together and the Isle of Man compares
more favourably. Their early filter system for need, if added into our arguably cruder system of
sweeping everyone through the same filter system, presents the Isle of Man in a somewhat
45 more favourable light.

So, Ms Mellon, can I invite you to respond however you wish, in terms of commenting on the
Isle of Man situation? It would be helpful to indicate if you share our assessment of the
published figures for the Isle of Man and how they stack up as against England or the United
Kingdom.

50
Ms Mellon: Right. Okay. I suppose I think probably the officials were right if they were saying
that in England the figures of referrals are lower because they screen some out and they go
down the child in need route; however, I suppose what I would invite you to ask yourselves is
whether the English system is one that you think is your benchmark and that you just want to
55 actually be at the same level as they are.

There has been recently some analysis of data trends in England, which show that in England
– and I think this is the case in Scotland, but in Scotland we collect figures differently – since
1991 there has been a massive increase in the number of children referred through the child
protection systems. Just as you have found in the Isle of Man, the number of children who are
60 identified as in need of protection has gone up, but not nearly as much. So you have got a 450%
increase. It went up from 160,000 referrals in 1991 and it is up to 657,800 in 2013-14. So
whereas they used to register on a ratio, 25% of children referred would be identified as in need
of protection in 1991... no, sorry, 24% – and now it is only 7% of the referrals. So they have got
very much what you have found, that a high number of referrals does not mean a high number
65 of children needing protection.

Q91. The Acting Chairman: Yes.

Was the report you were referring to the one called Rethinking Child Protection Strategy
Learning from Friends?

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Ms Mellon: That is right, yes.

The Acting Chairman: Yes, you very kindly submitted this to the Committee –

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Ms Mellon: Right. You have already got it.

The Acting Chairman: Yes, thank you.

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Ms Mellon: I think that report is asking questions of the English system and so that was why I
was pointing you to it, to say: do you want to benchmark against that system or do you think
that some of the problems you have experienced are because of replicating system?

Q92. The Acting Chairman: Yes.

85 Before we get into that broader area, can I just ask, in terms of the UK, how much the referral rates vary between local authorities, because the figures you have given us are very much...? Am I right in saying this is an English average or UK? Are we talking about England as opposed to –

Ms Mellon: In the data trends paper that I just read to you that is just England. (**The Acting Chairman:** Just England.) The four countries, England, Wales, Northern Ireland and Scotland all do their statistics differently. Scotland does not actually count the number of overall child protection referrals and assessments and so you cannot compare, but I think the English... it is the biggest country with the biggest population and the child protection systems are very similar and so I think you can look to that.

Q93. The Acting Chairman: Should we then regard the English average as a target or as a benchmark for the Isle of Man?

Ms Mellon: Well, I think that this analysis... and I think now people are asking questions about whether the system that we have built of child protection, whether its extension and expansion and net widening for referrals is actually a good investment of time and resources. (**The Acting Chairman:** Yes.) Also, it is not cost neutral, but it is also not neutral in its impact on families and on society if you have got quite a large number of children in your population and families being assessed and having to prove a negative that they are not harming their children, that has an impact. It is not neutral in its impact on people's families and on children's understanding of the world and adults and how families and parents relate to services.

Q94. The Acting Chairman: We have benchmarked the Isle of Man against several English local authorities – East Cheshire, their referral rate, for example, has been lower than the Isle of Man – and yet there appears to be quite a significant variation between English local authorities which reflect that average, and whenever we cite a particular local authority, a counter example is very readily given where they are not getting it particularly right. Would that be a fair comment?

Ms Mellon: Rates do differ and it is not necessarily...

115 In Scotland the number of children referred to children's hearings and then put on supervision orders – they become looked after – varies across different authorities quite markedly. I think in Shetland it is like one in 1,000 and in Glasgow it is 3.5 in 1,000, but actually some local authorities which have quite good or not such high deprivation, multiple deprivation counts, have high rates and some have low rates. So it is not always related to children in adversity or the amount of social deprivation there is. There is some subjective variation according to how it is implemented.

120 I think in Midlothian in Scotland – I know Scotland better because that is where I live and work – which is a small authority just outside Edinburgh and has a population roughly the same size as the Isle of Man I think, about 90,000, they had a blip: a big steep rise in their referrals which then subsided. It seemed to do with taking on new staff and instituting training across the authority and rates went up.

Q95. The Acting Chairman: And was this at the end of the day accounted for by new staff referring low-level cases because there was no alternative system to which they could refer or was it really to protect themselves in case a case got missed, and when in doubt refer – that approach?

Ms Mellon: Yes, when in doubt refer. I think across the whole of the countries in the UK risk aversion has become quite a major component in people's work, especially around children.

135 Staff will feel, because working with families, if the publicity and the coverage of any mistakes is
very, very high and you stand to lose your job, your reputation and your registration as a social
worker, a teacher or any of those things, or you stand to be sometimes put on the front page of
The Sun and have your address advertised as a child killer, people are going to actually act
fearfully and will think, 'Well, it is far better for me. I had better pass this on, this little worry or
this little concern of this thing that might be. I will pass it on', because not to do that might be
140 too big a risk for them.

They will also, of course, have concerns about the children, but I think that identification of
the risk to your own profession, career and safety obviously becomes high when there is such an
intolerance of mistakes or even a twisting of stories in the press. The latest example... not the
latest, but one example of that was the Peter Connolly case in Haringey, which caused a huge
145 rise in the number of children being referred and also being taken into care in England, and in
Scotland to some extent.

Q96. The Acting Chairman: Yes.

150 Many of our teachers, police and social workers of course come from England and our child
protection guidance is based on English models. What would you give as a reason for our rate of
what turn out to be needless referrals being higher than the English average given that we
appear to be applying English guidance?

155 **Ms Mellon:** Well, it could be what your officials have suggested to you in that some cases
that you consider on the whole as a referral for child protection in England would have been
routed away as children in need; however, it may just be the impact of introducing a new system
and a new, different way of working.

160 Raising levels of risk and apprehension, training in the system on a small island with a small
population, it is only a hypothesis, but I would imagine that that might have a bigger impact than
in counties of England, people might live in one county, work in another, and people would have
broader frames of reference. But if everybody... it might reinforce the impact being on an island
and people saying, 'Oh, I have referred such and such' or 'I think had better refer such and such'
or somebody knowing, if you talk to a colleague, and say, 'Oh, I noticed this' and they would say,
165 'You'd better refer it'. It might be that that is why there was an escalation so quickly, but it was a
new system introduced.

There was training brought in across the board that people who came to work here did have
an apprehension about risk and a certain standpoint on what should be being done and that that
kind of system was introduced. Maybe the Isle of Man went from a standing start to a very
accelerated process in a very short period of time; whereas in England it is actually much the
170 same, but has happened over a longer period of time.

Q97. The Acting Chairman: Right.

175 So where there are early intervention strategies to deal with the low-level need contacts that
are never going to progress to child protection, where that system is in place and where the staff
are sufficiently trained and confident about the use of that system, we are then going to be less
likely to see over referrals. Would that be correct?

180 **Ms Mellon:** Yes, I would say so, but I think there is quite a lot of evidence now that if child
protection is the dominant kind of approach to children and families, and child and family
welfare somewhere is marginalised and that is not how the people working in the system see
their main job, I think there is quite a lot of evidence to show that that produces adverse
consequences in terms of every child is seen as possibly vulnerable. Every incident is seen as
possible child abuse or a child protection incident, rather than starting from a child and family
welfare point of view, which does not mean that you deny that abuse ever happens or that
185 children sometimes do need to be protected. But if you start from the assumption that you are

actually facing a massive problem and people almost have to prove that they are not a risk to their own children, then you get the system and you get the results that you have –

190 **Q98. The Acting Chairman:** So is there a feeling that every time a child comes to the attention of the authorities it is a potential child abuse case, when statistically it is not? That is not going to be the case, but it is treated as such.

195 **Ms Mellon:** Yes, the families may themselves feel that that is how they are being treated. We went from one extreme where a family – it is many years ago – could turn up at Accident & Emergency with the same child three or four times with broken bones and injuries and nothing would happen because the parents gave good explanations, and then when we discovered child abuse, which does exist – the deliberate injury of children – in fact that has not really changed much over time. That has stayed the same.

200 But it used to be there was very little awareness of harm and now it is almost any time a parent would appear in Accident & Emergency the first question that might be asked would be ‘Give us an explanation of how this...’ and so the parent immediately feels that they are under suspicion.

205 **Q99. The Acting Chairman:** What then is your view about the impact of needless referrals on families who are quite needlessly investigated and the impact on the health of the family as a family unit? Can you give us any examples from your experience?

210 **Ms Mellon:** Oh, yes, quite a lot. There is actually some very good... I could give you personal examples, but there is good research. Nigel Parton, who is a professor of child protection – and I think he is now no longer as he has retired – has produced a lot of examples from interviews with parents about the impact on them of having been put through and actually sometimes going quite far down the line of child protection investigation case conferences. But I would say that intervention and assessment, even if it ends up with nothing, even if at the end of the day there is no child protection case conference and there is no case to answer, the impact on a family is not neutral just because the child does not end up in the register. The impact has to be taken very seriously I would think.

215 The impact on parents’ attitudes to professionals and whether they would try, whether they would – if there was an issue they were concerned about – share it if they think that they are going to be almost judged has to be quite serious. I think we have to see it in the context, as I was saying earlier, that we have lost the major focus being on child and family welfare. It is almost totally child protection and that is what a child and family social worker in a team will be doing. It is not looking for how they can assist families, although that is probably the motivation of most of the staff originally to do that, but they are then driven down a very procedural route of ‘I am having to ask questions and to form assessments’, and that then distorts, I think, relationships between families and professionals.

220 225 **Q100. The Acting Chairman:** And if it turns out to just be a need of some sort that could be fairly easily addressed, unfortunately the damage has been done. If in the future they have a similar requirement to have a need met by the authorities then they are not going to approach them again.

230 **Ms Mellon:** Yes. I have known families where exactly that has happened. For instance, one young woman who I knew whose son actually had his arm broken by the childminder's daughter, but the first assumption was... So she had taken the child to hospital – I think it was his leg actually – saying, ‘This is my child and something is wrong his leg’, and the doctor first of all told her she was silly. She persisted and then she found that the child was actually removed from her care as a precaution and put to a foster mother and it took her two or three months to have her

child returned to her. She then was absolutely beside herself about what she would do in future and the feeling of fear that her child would be injured again. It was established that it was actually... not the foster mother, but the child carer's daughter, and so it was actually a negligence of the child carer.

I think this is replicated across lots of parents, even if it has not been as extreme as the removal of their child, where you think what on earth would you do, even if you are the one that is presenting the child and insisting there is something wrong that you could end up... I think stories like that then go around families, they go around neighbourhoods, they go around communities, and so they have a bigger impact than just on that family.

The Acting Chairman: Yes.

Mr Cretney.

Q101. Mr Cretney: Yes, I just wondered, could I take it back a couple of steps?

I think you invited us to consider whether the English system was the best system to benchmark ourselves against and I just wondered if you would like to offer any other models or any other jurisdictions that perhaps would be held in higher esteem for us to consider.

Ms Mellon: Well, I think actually that we have come so far along this route that it is quite hard to imagine and also it is quite hard to imagine how... you cannot just pretend that we have not got to where we are. We are where we are.

Like I said, I would say I think we need to have a much stronger focus on child and family welfare and not seeing the family as a risk, not seeing children as at risk or a risk to us and proceed accordingly. It seems to me that the Isle of Man is a really human size of a population and that you have an enormous opportunity to not make the mistakes and go down the routes of... for instance, in England and in Scotland I think that social workers spent 80% of their time on bureaucracy, on computer screens, and everybody is saying, 'Well, that is crazy. What a waste of resources. That is not what they should be doing'.

I would say you would want to look at having people much more engaged in human relationships with the people that they are serving, not assessing them and not putting them under surveillance, but actually offering support and engagement and actually building on the strengths that families have, because I understand in the Isle of Man you have got a lot of native families here that are extended families. There are lots of opportunities for building on strengths and social solidarity, rather than on treating people as individuals. We are all individuals of course, but build on the good social strengths and social systems you have got.

Q102. The Acting Chairman: Thank you. Thank you, David.

Do you think the impact of a needless referral is likely to be worse in a small community – the goldfish bowl effect where everyone knows each other and knows each other's business? I think you did touch on that earlier.

Ms Mellon: I did.

Yes, definitely. In Scotland we have... well, it could cut both ways in fact. Because people know one another quite well, you might get support and understanding from people saying 'Well, they shouldn't have done that to you. I know you are good parents. We see your kids every day. You have got nothing to hide and so why have they treated you like that?' So because you are known it might mean that you are more able to get support. However, there is such a huge amount of stigma and shame around child protection, being assessed and put under suspicion that I do not know if people seek support from relatives or whether they feel it is so shameful or that they have done something wrong. I would imagine in Scotland, in small communities that everybody – the receptionist and the GP is also married to somebody who... and I would imagine that is very much the situation here. So it may inspire gossip and people

290 saying, 'Well, you know...' ostracism or stigma of children being... and so in any small community
that is bound to be a –

Q103. The Acting Chairman: So given the severe impact of a formal referral in a small
community, would it not be better if the agency of first referral – whether it be a teacher, a
295 doctor or whoever the agency is – takes upon themselves to do more to get to the root of the
problem without engaging the full might of the social service system? Is there a case for
advocating that or is that really impractical?

Ms Mellon: No, it is not impractical, and I would say in a way that is the policy that Scotland is
300 adopting. We have got a policy which followed Every Child Matters, and it is called Getting it
Right for Every Child. However, if the dominant reason or the main lens that people are looking
through is a child protection one, just saying to agencies, 'Do your own assessment of whether
this child is at risk' is probably not the answer; it is more if there something you can do to help.

What has happened in Scotland with Getting it Right for Every Child is it is almost that every...
305 because child protection is the main lens that people are looking through, the teachers and
everybody are looking not at what they can do to help or just what is it or to have a helpful
conversation with a parent, it is still under the surveillance and monitoring, rather than support,
although in lots of situations that is exactly what people are offering. Health visitors and
teachers are offering support... nursery workers, but the danger would be that you are not
310 tackling the root problem which is a risk-averse system that has been built up.

So I think you would need to not just say... it is right that people should at the first point, but
it is skills and values, really, of the need to engage with people, to understand their humanity,
and that they are not cases to be assessed and there is not a tick box. People need to actually
talk with families and find out what are the things that are strong in their situation, what might
315 be weaknesses, who is having to cope with things on their own, what help can they be offered,
what help is needed and actually work with them to provide that kind of support.

Q104. The Acting Chairman: You made reference to the Getting it Right for Every Child policy
in Scotland. Is what you have just said not going to be more difficult to achieve in Scotland, given
320 that there is now a policy of a named person, a guardian, other than the parents for every child
– for example, the head teacher of the school? Because the process has now been formalised in
that way, has it not, is it going to make it more difficult to have a more informal intervention at
an early stage?

Ms Mellon: Absolutely. The named person does not... legally it is not implemented until
325 August 2016, but it is already in place and it had been before the legislation in a lot of
authorities. Yes, the Association, my Association expressed concerns about that at the time,
mostly just on the net-widening impact it would have and whether that was the right way to
spend the system's resources, to allocate a named person to every child, when actually we do
330 ignore children who are in need and need services, support and help and the resources are not
there. One of the questions that were asked was if this was the right and best use of our
resources. So there is quite a controversy in Scotland about whether this should be happening,
but it is the law. The law has been passed and it is going to be implemented.

In some ways although it seemed a common-sense policy initially, Getting it Right for Every
335 Child was offer help at the lowest possible level at the earliest possible level, but if what you are
looking for are signs that a child has been abused or if that is what you are identifying as the risk,
it just means you have opened up and you have made child protection... you have married it
with prevention and early intervention.

There is a very good article by Brid Featherstone, who is a professor of social work at the
340 Open University, and her colleague Susan White, which says a marriage made in hell: when early
intervention meets child protection. Really that points that early intervention and prevention

can be great, but not if it is purely based on a need to actually identify and assess children at risk of abuse. But when you bring them both together – and I think my concern is that that is what may be happening in Scotland – and the net has been widened...

345

Q105. The Acting Chairman: As the threshold has now been set so low for the state really to get involved in family life, the problems that we have talked about – the distrust of authorities and all the rest of it – are going to get very much worse.

350

Ms Mellon: Yes, well, that is certainly my apprehension, and some evidence of that is there is now this process where it is early or low-level concern. There is a low-level concern and a high concern and so people are referring to the named person and are being encouraged to do so for low-level concerns about a child's wellbeing which might be...

355

One case I know of was a mother who had counselling following the breakdown of her relationship with the child's father and the counsellor advised her that she had to send a letter of low-level concern about her child, who she had never met and who the mother had dealt with perfectly well. She was going to send it to the child's named person, who was the head teacher of the school, and this caused enormous alarm, embarrassment and shame to this woman who had assumed she was having... she hadn't made any disclosure of any concern about her daughter. It was just that the counsellor obviously thought better safe than sorry if I pass it on. There was nothing to pass on. It was just that this child may have had a need that was not being met.

360

Q106. The Acting Chairman: That is on the formal record for ever more.

365

Ms Mellon: Exactly, and that is the other concern, that what is written down and recorded is there forever and some of the things that are written down and recorded may not be true. They may just be apprehensions, but once they are written down a story tends to grow around them.

370

For instance, if your neighbour maliciously calls the police, say, on your child and that then gets written down as 'the police have had to be called on a number of occasions', that paints a different picture than the neighbour is intolerant and doesn't like the children playing in the garden. When things are written down they can paint a different story and people do not know what is written down about them.

375

Q107. The Acting Chairman: So you would not recommend the Isle of Man follows the Getting it Right for Every Child route?

380

Ms Mellon: I may be in trouble as well, but I said this in Scotland as well. No, I think it sounds like a common sense thing to do, but until you tackle the dominance of child protection being the only thing that we are interested in or worried about children, then it is not a common sense thing to do. You are just putting more children in the pot or more families into the pot.

The Acting Chairman: Thank you.
David.

385

Q108. Mr Cretney: We understand there is a false reporting offence in Ireland and we wondered if there is not an equivalent in the UK about that. What are your thoughts on such?

390

Ms Mellon: My first reaction to hearing that proposal was feeling that it would not be helpful. I do not think that criminalisation or criminal law is necessarily the best way to deal with social problems and concerns and it may have an impact of actually stopping people talking about very real problems.

395 You can imagine in situations in relationships somebody being accused of either making-up
stories and then it will become a criminal case: it would have the effect of making people really
400 afraid to talk about things that maybe needed to be talked about, about children. Because
having said all I have said about not having child protection as a dominant issue, we do not want
to swing the pendulum back the way it was where nobody ever considered it at all and children
did actually suffer serious abuse. So you do not want to deny it and I think a law that made it a
risk for somebody who raised an issue would have an unnecessarily freezing effect and would be
seen... I would feel it would be illiberal and might have unjust consequences.

405 **Q109. The Acting Chairman:** Even if we narrowed it to deliberately making maliciously false
accusations, rather than making a report that turned out to be false, it is the knowing and
deliberate malice that would be the concern.

410 **Ms Mellon:** There are several cases that I know of where because a court has decided there is
no evidence or they have decided that an allegation of child abuse is unfounded, for a mother to
keep repeating that she can then lose her child. She can have the child custody taken from her –
and this has happened on a number of occasions – because she genuinely believes, but the
Court will say she is repeating a malicious and unfounded allegation, emotionally damaging her
child and making herself unsuitable for the care of her child, and yet the mother is genuine and
actually may be right.

415 So how you judge what is a malicious and intentional... I think it probably is already illegal to
waste police time, for instance, so there is probably legislation that would allow you to tackle
people who very clearly were making allegations, otherwise I think one has to assume some
good faith in people expressing concerns about children and I would worry about who would
decide whether it was malicious or not. The courts are not known for getting everything right.

420 **Q110. The Acting Chairman:** Thank you.

425 What is your view on the impact of needless referrals on professionals whose workload is
thereby inflated? Does it, in your experience, result in genuine cases being missed – the needle
in the haystack argument? Can you give us examples from your experience? Because we are
often told here that yes, we realise there are a lot of referrals that turn out to be groundless and
go no further, but if it saves at least one poor child from child abuse then it is all worth it. We
would get told that in defence of having so many referrals. So there is that.

We are also interested in the impact on the professionals themselves. I think in Birmingham,
for example, after that case was so swamped with low-level referrals that they were missing
genuine abuse cases. Does this happen and how often?

430 **Ms Mellon:** Well, one point to make though is that the increased number of referrals isn't
turning up an increased number of children at risk, and in fact the number of child homicides
and serious injuries has been fairly flat over 30, 40 or 50 years. So referral and assessment is not
actually identifying more children. It is not that for every 1,000 more assessments you have got a
consequent rise in the number of children you are protecting, and so that is obviously not an
435 accurate statement to say if it saves one extra child's life.

440 However, the other thing is it probably makes it less likely or professionals less able to
identify children really at risk. One of the issues there, from my experience, is that out of every
child abuse inquiry or child death inquiry some lessons will be learned. They are usually
sometimes quite different ones and recommendations are made and quite often there will be
tick-box indicators of risk factors. If you do have a well-trained and well-resourced workforce
dealing with a reasonable number of cases, all that happens is that some of those tick-box
approaches will falsely lead you down false trails and you will miss something that people
afterwards say, 'How really obvious was that?'

445 Like the little boy, Daniel Pelka, Birmingham was experiencing anyway a high volume of referrals and in fact they had been trying to change their social services around, but it looks obvious afterwards that common humanity would have said that a child who was scavenging in dustbins for food, was very thin and had bruises, it seemed so obvious. There is a kind of needle-in-a-haystack approach, but having said that there is evidence that we quite often miss the child who is right in front of our eyes and that a lot of the children who die or are seriously injured are actually known to services. So there are other lessons to be learned than that we need to assess even more children I think.

455 **Q111. The Acting Chairman:** Since England dropped the Every Child Matters policy, which is what you have described was in place – the ‘if in doubt, refer and let’s not run the risk’ – have things improved or are there still cases being missed with the more sophisticated approach that is supposed to be in place?

460 **Ms Mellon:** The answer is I don't know if things have improved because with social science you can never actually tell with certainty what the cause and effect is. At the moment, of course, there is huge austerity. There has been a reduction in resources and even more going to come and there are numbers of children in England apparently that we are too poor to feed. So in that situation doing assessments of child protection...

465 One of the biggest categories now is neglect and whether you can actually call a systematic impoverishment of thousands of children, whether you can look at that only as something that their parents are responsible for or whether... has this has all got to be seen as child protection or do we not just do the human thing and offer material support to families in those situations? So that is all happening at the same time.

470 So you cannot actually say that everything stayed the same. There is a kind of fast moving situation of rapidly increasing any social inequality... so what the impact of that will be – and a lessening of preventive resources that people could just access in any case. Family centres, Sure Start centres, all of those I think have closed and so it would seem that that is not likely to have a good result.

475 **Q112. The Acting Chairman:** Sorry, I was just going to ask: does the documentation in England still have the phrase ‘if in doubt, refer’? Certainly, on our Protecting Children Board the written guidance actually still uses that terminology, which is the Every Child Matters terminology. Is that still the case in England do you know?

480 **Ms Mellon:** Actually I do not know whether it is in the actual official guidance or whether they have revised the guidance. I should imagine it is still very much a live feeling or an understanding that if in doubt, refer. Apart from anything else, who wants to be the one who did not refer?

485 Of course, it is all being referred into a system that is in overload and might not have the resources or skills to deal with it. So it is everybody passing on risk really. People quickly trying to pass risk around a system, rather than have a different approach.

Q113. The Acting Chairman: Yes.

490 And where it is not suspected child abuse, but in the meeting of a particular need, then it is somewhat different, isn't it? It would be more obvious what to do to get that case into the early years intervention, rather than social services.

495 In what you are referring to – if in doubt, refer – are you specific to child abuse or any case that might be one of neglect, indicating a need to be met, given that neglect can be a symptom of child abuse but it need not be? Is the system to which they are referring the child abuse investigation system or is it the other network of help which we are told England is better at doing than we are in the Isle of Man?

I have probably not expressed that very well. It is 'if in doubt, refer' you suspect is still the working practice, is that in every case or just child abuse cases or is it a case of whenever somebody comes to our attention refer them?

500 **Ms Mellon:** I would think it is mainly in child abuse cases. A need can be a material need and it is obvious: housing, clothes, food, a place to do their homework or needing protection from bullying or violence or whatever. I think that is where if everybody has got to be referred and assessed for a service, rather than universal services being offered generally.

505 You tell the difference between a neglectful parent, who is deliberately neglecting their child, and a parent who cannot provide for their child if the help is there, because then the good parent will go and get the food, resources and help if they can access it; but if they cannot, how do you tell the difference? How do you tell if everybody or if a number of people are not able?

510 I do not know if this exists on the Isle of Man, but the sanctions regime in England, Wales and Scotland means that people are quite often denied benefits for several months and so they have actually no resources to feed their children. Is that neglect or is it the unavailability of a service to help them? So far better to have the universal services, but with extra help for people who need extra help to use those services properly or get the benefit from them.

515 **The Acting Chairman:** Thank you.
David.

520 **Q114. Mr Cretney:** It is around where you are talking, I think, but I once had a primary school head teacher in my former constituency who said to me that he was able to identify within the first week or 10 days youngsters who came into the school and had welfare needs. I just wonder who do you think is best placed to make those identifications?

Also, then following on from that in terms of perhaps where there is a lack of parenting skills or whatever, isn't that a very important area to try and invest, rather than some of the bureaucracy and things you spoke about previously?

525 **Ms Mellon:** Definitely, I would say so.

530 One of the best experiences of family support I can offer is in a multi-deprived area of Scotland, where the charity that I was working for had a family centre. Instead of having a lot of hoops for professionals to have to go through in order to refer a child and a family for help, the family centre had an open-door policy and anybody could introduce a family to that centre, which is quite different to referring. So in the case of your primary head teacher, having a family centre available where he could say, 'Oh, I can introduce you' or a health visitor might have done that before. A neighbour could do it or someone else – a relative, a neighbour or another mother or father who had help from the centre – whilst talking to a friend or neighbour recognise the same isolation, post-natal depression, money worries, domestic violence, all the issues that can affect families. But they have got an open door there that they can walk through or that somebody can walk through with them and that is like an open-door service.

535 Actually I did some of the research and evaluation of that and it has been replicated in other areas that they did actually work with the most vulnerable families and at-risk children in the area, but without anybody having to say, 'Well, you only come through this door if your children are at risk and you have been assessed as a failing parent', and so the parents actually had quite a different attitude towards everybody who worked there and to themselves. They were able to do art work and creative work. They helped one another. If there was a child protection case conference then the parents would be in charge of it, in the sense that they would welcome the professionals into the room. They would be offering people tea and coffee and they would have an advocate there and they would be prepared for the meeting. So that totally turns the relationships around and makes people feel a lot better about themselves and it does build a capacity a lot quicker.

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550 **Q115. The Acting Chairman:** Was this a pilot system that you are describing or is this a general policy?

Ms Mellon: It wasn't. It was just a brilliant head of the family centre. She was a former teacher and that was how she developed the service.

555 **Q116. The Acting Chairman:** Who funded the operation of this?

Ms Mellon: At the time it was funded by the social work department. I think the service no longer operates like that. They went onto a rationed model, where people had to be referred and go through hoops. It is still valued, but it is not the same. It is not a centre in that same open-door way.

560 **Q117. The Acting Chairman:** And that potentially deflected a lot of the case load from formal social service investigation that would have otherwise turned out to be meaningless.

565 **Ms Mellon:** Well, yes, because at the moment I would say something like 90% of child and family social workers' time is spent on child protection, but if you have got services like that you would need far fewer because the social workers in the local area office had the comfort of knowing that these are families who are being seen regularly and it was in a very friendly way. So if somebody didn't show up, somebody would just pop up and see that they were okay, and that offer of help I am sure would be accepted by many families.

570 There was a case in Edinburgh where a little boy ended up being alone with his mother who had died and he was alone with her for 10 or 12 days and he was only three. She had not shown up at the nursery and the child had just been taken off the child protection register. So one minute he was on it, but she had a drug problem and she was desperate to come off the register and to have the fact that she had got off drugs or she was on a methadone programme and that
575 he was not at risk. So because of the stigma of being the register, he was deregistered. Then it was as if there never had been any risk and you could not help feeling if somebody had just said to her, 'Look, you are on your own in a tower block and so if you don't show up in the morning can somebody just pop round and see if you are okay, because otherwise who would know?' And I think any woman living on her own with a child would feel that was a wonderful comfort
580 to know, that somebody would come. But if the only way people come to your door is because of child protection and because you might lose your child, then that is not the way to work with people I think. You can see the difference between the two things, like a friendly, 'We will pop round and see if you are okay...'

585 **Q118. The Acting Chairman:** The Scottish Government is not looking at the potential of this as a model, are they?

Ms Mellon: Well, I think different local authorities may have that, but I think of the resources that are going to be available it seems decisions that are being made by councils are because
590 these kinds of services are seen as a luxury – that is prevention – and they have got to meet, which is true, their statutory duties. The problem is then that if you do not have those preventive services, more children come into care and you are then spending your money on expensive resources and not having the money for prevention. That seems to be the decisions that are being made.

595 **Q119. The Acting Chairman:** You could head off what are statutory cases if you –

Ms Mellon: Yes, and you could stop children coming into care.

600 **Q120. The Acting Chairman:** I think we would be interested in hearing a bit from you as well
about the practical impact of social workers who arrive for the first time at the door of a family
where perhaps there has been a referral – it might have been by a neighbour, it may and may
605 not have been backed up and could be circumstantial backing-up by a school or somebody – and
the way the social workers engage with the family. Do they or do they not make families aware
of their rights that, for example, they are under no obligation to share information and they
must positively consent to share information or indeed to be allowed across the threshold? Is it
the case that some social workers are invoking section 47, I think it is... section 46 here – of child
abuse inquiry legislation, and ‘Unless you let us talk to you, we are going to...’ you know?

610 **Ms Mellon:** Yes.

Well, I could not generalise. I think there are some really brilliant social workers that would
be able to go and do that kind of contact. Whether they should be doing it or... without alarming
or twisting arms.

615 But I think in Brid Featherstone’s latest book, *Re-imagining Child Protection*, they call it
‘muscular authoritarianism’, that is the term, which is that probably because of the high level of
risk that this is almost seen as being just that that is the correct practice: ‘We have got a concern
about your child and if you do not cooperate with us, you will be seen as an uncooperative
parent, non-compliant’, and that will be in itself proof that there is something for us to worry
about.

620 I have to say there is also now a category of disguised compliance, which in some ways
parents cannot win, and that is the more helpful they are can be seen a warning sign as well that
they are secretly not compliant. (**The Acting Chairman:** Yes.) That was because, again, people
take lessons from things like the Peter Connolly case because the mother in that case was
compliant. She would come along to interviews. She would take the child to the doctor. She
625 would agree to go to the hospital, but meanwhile, of course, she was concealing the fact that
she had two men in the house who were seriously abusing the child. So that and other cases
meant they called it ‘disguised compliance’. Obviously she was disguised. Most parents in that
situation would just be doing what they were asked to do, but that in itself can be questioned.

630 **Q121. The Acting Chairman:** It is a question of the practice.

You are aware of the Haringey judgment, a little while ago, where there were false and
malicious allegations made about a family as a result of passing on information, following which
Haringey was taken to court. You would have thought that would put social workers on their
toes to ensure that they were complying by the letter of the law in terms of getting consent for
635 information. If it was a case such that consent was not required, suspected child abuse, then
there needs to be, does there not, a warrant from the court to oblige the family to share
information? We know from asking questions here that there has never been a court order
produced. We are not saying there ought to have been, but it is just a fact it is not done. Is that
the same in Scotland or England –

640 **Ms Mellon:** Probably pretty much.

The Acting Chairman: – of bluffing their way into the home?

645 **Ms Mellon:** For social workers it is often said that they are damned if they do and damned if
they don’t. So basically, if they were to not share information or not ask for information, then
you can imagine the headlines, ‘They read the family their rights and the family refused to let
them in and they went away’. So there is that scenario that people are holding in their head.

650 The other scenario is that they do not see any abuse or they do not see anything and they do
nothing.

Q122. The Acting Chairman: Have you come across such cases?

655 **Ms Mellon:** I think it is very little used. Child protection orders can be sought, but in general just in doing an assessment I think there is an assumption that a family will and should co-operate and open their door.

I know that recently there has been advice to families to film, because now everybody has got phones and it is just much easier to film interviews with social workers. I think some social workers were expressing fears of how that would make them feel awkward and watch what they said. It was in response to that, that that is how families feel when they are meeting social workers and in fact it might be a good safeguard for –

Q123. The Acting Chairman: Do you think it is a good idea?

665 **Ms Mellon:** Well, I don't see what would be wrong with it and actually it could be good learning material afterwards to look at it, collect it in, and say, 'Oh, that sounded a bit...' but also you have got the absolute clear record of what was said and what was asked. So in some ways, given the kind of level... because child protection has become the major reason for actually interfacing and meeting families, because of that, perhaps that would be a reassurance for families that –

Q124. The Acting Chairman: Yes, because getting it wrong procedurally can have devastating consequences.

675 You referred earlier to a foster carer being in the process and child adoption similarly is the end of the spectrum in this process; therefore it is so important to get it right at the start of the process. Have you got cases that you can bring to mind where sadly things have gone to court and adoption proceedings needlessly?

680 **Ms Mellon:** There have been some publicised cases where that has been the case, where parents have been accused of causing injuries to their child, which have subsequently been proved to be the child having an illness, a syndrome or a disability, but once an adoption order is made, of course, it is irrevocable – the link – and they cannot have the child back. The question posed there is: do we really do everything in the best interests of the child? Because if we have got this law that it is absolutely irrevocable, that the link with the birth family is absolutely severed and cannot be remade, then is that a best-interest-of-the-child decision? What is that for?

690 But there certainly have been cases where it has been wrong and now that we have got this kind of timeframe... and in England I think the government is pushing that to be even faster and talking about targets and social workers having to complete adoptions within 26 weeks, which is a very short time. Again, I would say that when child protection meets adoption that is also a very dangerous liaison if you are thinking that the solution to family problems is to transplant children into different families. It is putting two different things together.

695 **The Acting Chairman:** Thank you.
Jonathan.

Q125. The Clerk: Thank you very much.

700 I have been listening with great interest to this. I wanted to come back to your central proposition that child protection has become the dominant lens through which social workers do their work. I think maybe that is perhaps putting it too crudely, but it is something that is in everybody's mind, both in professions and in the community.

We have talked about different policies, different structures and different guidance, and the sense that I get listening to the conversation is that whatever we do, we don't really get away

705 from that dominant lens. We might try to shift the balance one way or the other and maybe talk
about agencies in the first instance or change the words around, but we are still back at child
protection and it is attitudes that you were talking about, I think, and it goes back to risk
aversion, which you mentioned. How do you change those attitudes? It should be easy in the Isle
of Man: it is a small group of people and you are talking to an influential committee. What are
710 the messages that would make the difference here? Are there any good news stories that could
get people thinking in a different way, because we always hear the bad news stories and the risk
aversion comes from the bad news stories? How do you actually change those attitudes?

Ms Mellon: Well, I suppose some of it might be around the messages actually, that you tell
yourselves and you tell your workforce about where you live and that this is a small and friendly
715 island where people know one another well. There are people who are incomers from
elsewhere, but generally it is a very safe place and there are no high levels of crime. You want
children and families to be nurtured and supported and believe that families are the best way to
bring up children. Those are the kind of main line... and that sounds very commonsensical and
kind of 'Well, that is just the way it is...'

720 But actually, what people are hearing now is that the family is quite a dangerous place and
children are quite at risk there. Many children, if they are abused, are abused within their own
families. There are also children, if they are allowed out too much and too long, who are at risk
from stranger danger. So that is a whole other narrative that is being told about the world that
people live in. And so actually some truths and reality about the world that we live in, but
725 without painting over the nasty bits of it, that is one way of doing it.

Then I think an ethos of service amongst the staff that we are here to serve the community.
As a social worker, BASW, the British Association, promulgates our code of ethics, which sets out
the ethical values of what we are doing. My feeling is that we have moved away from ethics and
gone into some sort of technical prowess of tick boxes, assessments, tools, bureaucracy, and
730 moved away from actually this understanding of human rights and the individual worth of every
person, parent and child and everybody in the situation. So I think those kinds of messages and
that kind of training.

Q126. The Clerk: Would you say that the Human Rights Act... you mentioned human rights
735 (**Ms Mellon:** I did.) and just picking up on that, that is another area where it has become a bit of
a tick-box mentality hasn't it? I am guessing that you might have been using the term 'human
rights' with a small 'h' and a small 'r' more in the sense of an attitude of mind: treating human
beings with worth.

740 **Ms Mellon:** Yes, as worth, and actually the Human Rights Acts and the UN Convention on the
Rights of the Child, people quite often think that they are the cause of a lot of problems because
they have set children against parents or whatever. Both of them actually stress the importance
of family life and the right to... well, the Human Rights Act – the right to private and family life.

The UN Convention stresses the right for their parents to be supported to bring them up, that
745 is a UN Convention right. There is one right, which is the right of children to form and express an
opinion, which I completely support, but sometimes that is the only right that people will talk
about because it does not cost a lot to offer it. But the UN Convention talks about children's
right to education, to health, to identity, to citizenship and to have parents supported to bring
them up. So actually those are rights that I think everybody could sign up to and could underpin
750 a good strategy, because you are saying to your staff and everybody, 'This is our duty: to give
expression to these rights in a way that suits our Island environment and our culture here'.

Q127. The Acting Chairman: Thank you.

755 You have some 35 years' experience, I see, in professional social work, you chaired the
Scottish Child Law Centre and you are currently Vice Chair of British Association of Social

Workers. I just wonder, in view of the changes you have seen over the years, if you are in a position currently to influence the profession, in terms of its procedure and the thing you talked about just now? In fact, do you see there will be quite a need for that within the profession to change the attitudes of social workers or are social workers unfairly getting the blame and having the buck passed to constantly sort out all of society's ills when it ought to be parents or teachers in classrooms doing their job better?

Ms Mellon: First of all, not all social work is done by strategy social workers in offices. The social work that I do now, my practice is mainly doing expert reports or independent reports for courts working with families who are actually trying to make a case or defend themselves, or get their children returned to them or not have adoption orders made. There are other social workers working in a whole range of ways.

My Association has just produced a new strategy and a vision for the next five years and it very much celebrates social work as in the round. I think we would say that what social work has been forced to be... in statutory social work the line that has been driven down, target driven, bureaucratic, not focused on the ethics of what we are doing, and so much as implementing policy, following procedures, all of those things I think need reviewing. We are certainly hopeful to give voice to the real social workers... the original, hopefully, vocation that people join the profession for, which is to help people in adversity, help them get the best from their lives and help them get social justice. I think those kind of ideals need to be re-presented and possibly we need to give a message to government that social workers are not here just to follow some tick-box policies and that we can offer a lot more than that.

Q128. The Acting Chairman: Is it going to be an uphill battle, given the bureaucratic world we live in generally and the huge caseload that is hitting the profession constantly?

Q129. Mr Cretney: It is something here all the time, for example, about nurses. Their profession has gone more to a tick box mentality, which is very sad as well isn't it?

Ms Mellon: It is, I know, but I think obviously, austerity... I know that the Isle of Man has got a slightly different economic model of income, but generally across countries that are facing the kind of measures that are happening in England, it does make the mind focus on what needs to be done and what needs to be done differently. If what you are doing is an investment in a wrong way and is not getting you the outcomes you need or even if you could just say, 'Well, actually, the rate of return on this investment is very low', there is an opportunity to review what you do. I think that the pendulum has only swung so far, it seems to me, in one direction, and it could carry on in that direction, but certainly in a small area like the Isle of Man you have got an opportunity to really do something quite different.

Q130. The Acting Chairman: And being a small area and having our own legislative ability, is there any particular advice you feel, based on your experience, that you could give us, in terms of how we frame our child protection legislation... how we frame our legislation addressing the needs, short of child protection? What mistakes should we avoid? If you were coming in here, given what has gone on in England and Scotland, what would you advise us to do?

Ms Mellon: Probably not to have child protection legislation, but to have family welfare legislation or even just to start with policy that very clearly gives us the steer that family welfare, in its broader sense, is what you are about and it is strengthening families.

Family conferencing, for instance, is something that was adopted. It was adopted in New Zealand and people then say, 'Oh, well, it is quite exotic and it was working with Maori families', but it has been used in a number of places, including Norway, and evaluated. It is one of the most evaluated and most successful social work interventions or interactions with families that

810 is completely based and built around strengthening families. You bring the whole family
together, not just like that... the co-ordinator will go and talk to everybody and identify what the
problem is around a child. There sometimes genuine problems – a child not going to school or a
815 child who has got all sorts of problems – but you identify the problem, you talk to everybody,
you bring the family together, and out of the family resources, coupled with your own
authority's resources, the family develops a plan for looking after their children. Well, that is a
model that I am very enthusiastic about and in my last job with a charity in Scotland, we
introduced that model in Scotland and we are working to promote it.

Q131. The Acting Chairman: Is it a bit like the nurture units in schools? I don't know if you
820 have them in Scotland, but we have certainly had them here at one time, where children
needing extra care, it was very much a case of involving the family, whether it was teaching
them social skills or whatever and the family would be brought in.

Ms Mellon: Well, it is a model more that recognises that the family is actually one of our best
825 strongest social institutions. Families exist in every society and they are based usually on
reciprocity, duty, love and affection, and they have been found to be the best way to bring up
children, even though I think some of us feel that we have departed from that wisdom and think
that the state might be better at bringing up children or that families are maybe not a very good
idea or whatever. But families exist and there is no point in... so it is a model that actually builds
on family strengths and it does not deny that in families there can be problems, friction and all
830 sorts of things.

830 It was described to me as a model by Mike Dillon, who was the former Chief Social Work
Officer in New Zealand, who helped introduce it, that if you put a parent and a child on a table
and you tell them to reach down and pull the table up themselves, to lift the table up
underneath them, they cannot do it, and that is what we try to do when we concentrate on just
835 one bit of a family that has got a problem. We isolate it as 'that single mother with a child' or
'that father with a drink problem' or whatever... that sounds a bit stereotypical – but if you
actually invite the whole family and the whole system to come along, they can lift a table quite
easily. So it is that sort of idea that by joining in all the strengths you can actually create a
completely different situation.

840 Plus for families that are not used to making decisions and making plans, most families will
normally do that. You just get together or you get on the phone and you say, 'Mum has gone
into hospital and so you will you do this and you will do that'. But some families have been quite
damaged by circumstances so they need help to begin to develop those responses and family
845 conferencing is a way of actually reinforcing those kinds of 'We can do it. We can come up with
solutions. We can come up with a plan and we will be supported to implement it'.

Q132. The Acting Chairman: But the agency that brings about that support for that family
850 would have to be a different body than the children and family social services, possibly, under
the old model, would it?

Ms Mellon: Well, in New Zealand that is children and family social services and I think you
850 would not add it on to... I think that you would make that the dominant way of working.

When I talk about it with social workers, people say, 'Oh, yes, but that is just good social
work', and you say, 'Yes, so why don't you do it? How is it that that child was taken into foster
care and it was two weeks while his aunt was phoning to try and find out what was happening?'
855 These are things that happen: we do not even go beyond the immediate family and if a child
comes into care we do not search out the whole family and go and talk to everybody.

Q133. The Acting Chairman: Where does this work more successfully? You mentioned New
Zealand... and Norway did you say?

860 **Ms Mellon:** They have introduced it in Norway as a programme. I do not know how it has been evaluated out there, but New Zealand has now actually gone further down the child protection route that I have been critical of and that you have experienced. So for some reason they have changed policy a little bit and so I do not know quite what the situation is there.

865 But in Norway they introduced it as a national programme. They have got a federal structure and so central Government will evaluate programmes and then say, 'These are one of our four core programmes for children and families, and hand it over to the regional authorities to implement.

870 **Q134. The Acting Chairman:** In the case of New Zealand, is this part of the integration of their social care and healthcare systems?

875 **Ms Mellon:** No, it predates that. It came from Maori families originally because they were being so torn apart and they could not understand this way of working, which was to focus on one bit of a family and children were being removed. They actually got together to say, 'Look...'

880 I do not think that situation necessarily is replicated on the Isle of Man, but what they did was to say, 'This is our family. It is bigger than just those two people you have been looking at. This is our family. Come and talk to us'. So out of that it was developed, but it is not just located there. It is not so much the programme in itself, it is what it says and what values it expresses about how we should treasure, support and strengthen families, rather than take them apart to monitor them.

The Acting Chairman: Thank you.
Yes, Jonathan.

885 **Q135. The Clerk:** Just a thought about national and local government.

890 In the UK, the subject we have been talking about is a local government subject and in the Isle of Man it is handled statutorily for the whole Island – in other words, it is through central Government here. With the Isle of Man, although it is all central Government, there are quite a lot of barriers between different Departments because each central Government Department in the Isle of Man is its own legal entity and so you can give information to social services and there is a certain amount of confidence, I think.

895 One of the reasons we have separate legal entities is that social service is not the same person as, for example, the Police or the Health Service or the schools. But there is a debate in the Isle of Man about whether all those different departmental structures should be brought together into a single legal entity and I just wondered if you had any thoughts about that.

900 In the UK, for example, is it completely established that social services should always be done at local authority level or is there a debate about joining together across local authorities, co-operation with other services and that sort of thing? Does it make any difference, in your view, how these organisations are structured?

905 **Ms Mellon:** I think there is quite a lot of evidence that local democracy is important and that in Scotland we have actually got less local democracy than England. We have actually bigger authorities and we have got increasing centralisation, like one Police Force – a central Police Force. I think joining things together is what one big authority would take away from local accountability and people being aware of who was making decisions about what and what information was being held.

On the Isle of Man the population is under 90,000, I think –

The Acting Chairman: It is 85,000 to 86,000.

910 **Ms Mellon:** Eighty five – and so you cannot have very many people in any of these departments and so whichever way, whether they are legally separate or whatever, actually having people able to work together to get the best results should not be that much of a problem.

915 **Q136. The Acting Chairman:** It is interesting because government as a single legal entity is being actively considered here at the moment and a lot of the evidence for doing that comes from the Scottish government... that has been the system, I think, the last five or six years – and Sir John Elvidge, who was the –

920 **Ms Mellon:** Senior Civil Servant, yes –

The Acting Chairman: Secretary there, now retired, has been doing a report for the Isle of Man Government to the same end. I suppose we wondered whether in practice you felt, from a social care point of view, it had made much difference.

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Ms Mellon: I think most of us in Scotland would say that the government still works in silos despite many years of saying they are not going to do that anymore. Many years of government urging local authorities and other services to work together and they have got community planning structures and all sorts of other things, but the government itself... and I think they acknowledge it too. So I do not know whether John Elvidge would acknowledge that that was the case, but certainly that is what is seen to be a major issue with central government, not joining things up. So they will have the Department of Justice working away, and within that Criminal Justice and Civil Justice separate and then Health on the other hand, and not able to actually see the connections between somebody doing something in one area then massively impacts on demand in another area or making policy in a silo and not actually getting the best results. How you do that, I don't know. I mean that has not been my –

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Q137. The Clerk: Sorry, can I just follow very briefly on local democracy. What is the difference between what the social worker should be doing in Midlothian as compared with Glasgow or Shetland? Why is local democracy important in this particular field of endeavour?

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Ms Mellon: Well, standards might be universal, and certainly we would say the code of ethics that we work to is across any jurisdiction or any country – that is the rights, ethics and values – but a rural place is going to have... well, just for some of the reasons we have identified, that in a small rural area people know everybody and everybody knows everybody. The policeman might be married to the health visitor and so there are those kinds of connections and it would be important that people develop and feel that they can shape the kind of services that they want. There might a standard of entitlement, but *how* it is delivered could be completely different. It might come with the post office van or the service of looking after elderly people who are isolated in rural areas, you might actually develop a partnership with the post or the bakery, or the school bus might be able to bring in people to town that –

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Q138. The Clerk: Does that really happen, because as you have said yourself, a lot of what people do in social work is driven by statute and the statute is probably Scotland-wide or UK-wide?

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Ms Mellon: I think there is statute, but there is also some amazing creative work that goes on and there actually are social workers doing really different creative things and working with the resources and the areas that they have and not just the social workers, but it can be...

960 Also you could build on those different... it is not... If you live in a tower block in Glasgow it is quite a different way of delivering a service to people than it would be in Kyle of Lochalsh or Orkney.

The Acting Chairman: Thank you.

965 David, any concluding questions?

Q139. Mr Cretney: Just to say how interesting it has been discussing this with you. I think what I am picking up is – if we didn't know already really – it used to be that these kinds of issues always went on but they were somewhat hidden. They became very high profile, as inevitably they would because they are so horrible when they do have the extremes, and as a result social workers very often become risk averse. There is this thing between welfare and child protection and they need to be more for welfare and family intervention and working with families. I think it is more about policy, really, than anything else. It is trying to encourage those who work – in the Isle of Man in our case – to try and adopt those, if they are not already, to work more towards those kinds of ethics and things you have talked about, rather than some of the tick box stuff.

Ms Mellon: Absolutely, yes. I think you have summed it up very well.

980 **Mr Cretney:** Yes. Good! Well, I have –

Ms Mellon: I have talked for a long time in here!

The Acting Chairman: You've done my job. Thank you!

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Mr Cretney: Yes!

Ms Mellon: Yes, if that is the message that you got, I am happy with that.

990 **Mr Cretney:** Yes.

Q140. The Acting Chairman: We would like to thank you very much and just give you the opportunity if there any concluding comments or advice you would like to give us or anything at all?

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Ms Mellon: No, not really. As I said, I think the Island is a beautiful size of a place. I have seen some of the Island this morning as I was given a wee tour, which I am very grateful for. It just seems a really good size of an Island for you to be thinking about not making the same mistakes as have been made and you have got a lot of levers here in your own hands to be doing something that really works for you.

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The Acting Chairman: Thank you.
Well, thank you very much.

1005 **Ms Mellon:** It has been a pleasure. Thank you.

The Acting Chairman: It has been a very interesting discussion and as a Committee we are very grateful to you and we wish you well with the rest of your visit to the Island.
Thank you very much indeed.

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Ms Mellon: Thank you very much.

The Acting Chairman: This session is now closed. Thank you.

The Committee adjourned at 4.06 p.m.