Evaluation of Safety in Partnership: Phase Three Report - Moving Forward

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Safety in Partnership Evaluation

Phase Three Report:
Moving Forward

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Contents

About the Authors

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John Pinkerton, PhD., AcSS is Professor of Child and Family Social Work in the School of Sociology, Social Policy and Social Work at Queen's University Belfast. His major areas of research and publication are young people leaving care, family support, and the impact of research on policy and practice. He has acted as policy advisor to government in both Northern Ireland and the Republic of Ireland. He is interested in evaluation and qualitative methodologies. His central theoretical interest is in the policy and practice of child welfare as an interface for exploring the relationship between the state and civil society. He is currently co-editor of the *British Journal of Social Work* and serves on the Board of the Children's Institute, University of Cape Town, South Africa.
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Anne McMurray, MBE is an independent organisational development consultant, specialising in leadership and team development, strategy formulation and change implementation. She draws on career experience which has included youth and community work, family therapy, health and social service senior management and organisational development consultancy throughout Ireland, the UK, Europe and Canada. She is Vice Chair of the East Belfast Partnership, a Director of the East Belfast Social Economy Company and a Trustee of the Connswater Community Greenway trust. Anne was awarded the MBE in the 2008 New Year Honours List for her work with women in enterprise in Northern Ireland. http://www.annemcmurray.com/

1. Introduction

This report provides an account of the work undertaken in relation to Phase Three of the evaluation of the Safety in Partnership approach (SiP) in the Western Health and Social Care Trust (WHSCT). Phase Three involved the convening of two symposia to share the findings and conclusions from Phase Two of the evaluation and to consider the wider application of SiP to work with families and children. The first Symposium was held within the WHSCT and the second involved participants representing social work leadership across the statutory and voluntary sectors together with contributions from experts from outside Northern Ireland.

The Symposia facilitated reflection upon the extent to which SiP is in line with regulatory requirements and best evidence of effective and ethical practice. They also enabled participants to raise questions about the approach, which will need to be considered in its further development and implementation, and to identify their key priorities for action in relation to moving forward with SiP in the WHSCT. This report outlines the process of both Symposia and summarises the key points raised by participants for consideration by the Evaluation Project Board.

2. Symposium 1: Tuesday 24th June 2014

Symposium 1 was held on Tuesday 24th June 2014 at The Fir Trees Hotel, Strabane. There were 40 participants, mainly Western HSCT staff although there were some representatives from partner agencies (Appendix 4). The seminar was facilitated by Deirdre Mahon, Assistant Director, WHSCT and members of the evaluation team from Queen's University Belfast (QUB); Dr David Hayes, Dr Karen McGuigan, and Professor John Pinkerton.

Aim and Objectives

The aim of the Symposium was to present the findings of Phase Two of the QUB evaluation of the Safety in Partnership (SiP) approach in the Western HSCT and inform the final phase of the QUB evaluation process.

The objectives for the Symposium were to:

a) Sense check the findings of the evaluation against the experience of staff working in the WHSCT area;

b) Generate debate amongst staff with regard to priorities for action in relation to the further development and implementation of the SiP approach.

Programme Overview

In order to address the aim and objectives outlined above, the programme was structured as follows:

1. An introduction to the Symposium by Kieran Downey, Executive Director of Social Work/Director of Women and Children's Services and Deirdre Mahon, Assistant Director (Family and Child Care), WHSCT;

2. Presentation of the findings of Phase Two of the QUB evaluation by Dr David Hayes followed by plenary questions and answers;

3. Facilitated table discussions focusing on objectives **(a** and **(b** followed by presentations from each table and plenary discussion;

4. Concluding remarks from Deirdre Mahon, Assistant Director (Family and Child Care), WHSCT.

Summary of the Table Discussions

Objective (a

Individual participants were firstly asked to generate a score on a scale of 0-10 in relation to whether or not the findings and conclusions from Phase Two of the evaluation 'rang true' for them. On this scale 0 represented 'not at all' and 10 represented 'completely'. They were also asked to offer an explanation for their individual score and to reach an agreed score at each table, with the aid of their table facilitator. The agreed scores from each of the six tables are presented in the below:

	Agreed Table Score	**Range of Individual Scores**
Table 1:	9	8 - 10
Table 2:	9	8 – 9.5
Table 3:	9	8 - 10
Table 4:	8.5	8 – 9.5
Table 5:	9	8 - 10
Table 6:	9	8 - 10
Mean:	**8.92**	**8.95**

The mean scores of 8.92 (Table) and 8.95 (Individual) indicate that participants largely felt that the findings and conclusions from Phase Two of the evaluation 'rang true' for them. The main explanations provided for the scores given were that the findings and conclusions were consistent with participants' experience of the implementation of SiP in practice, especially in relation to the benefits of the approach in terms of building relationships with families and enhanced multi-disciplinary working. Some participants commented on the limited feedback from children and young people; an acknowledged limitation of the evaluation.

Secondly, individual participants were asked to identify the top three priorities, based on the 'Suggestions for Improvement' from Phase Two of the evaluation (Appendix 2). They were then asked to reach an agreed consensus at each table, with the aid of their table facilitator. The agreed priorities for action from each table are presented in the below:

	Area for Improvement	**Priorities for Action**
Table 1:	1. Articulation and Clarification 3. Organisational Embedding	1c and 1d 3c
Table 2:	1. Articulation and Clarification 2. Implementation 3. Organisational Embedding	1c 2a 3d
Table 3:	2. Implementation 3. Organisational Embedding 4. Monitoring and Evaluation	2a 3d and 3e 4a
Table 4:	1. Articulation and Clarification 2. Implementation 4. Monitoring and Evaluation	1b and 1c 2e 4a
Table 5:	1. Articulation and Clarification 2. Implementation 3. Organisational Embedding	1c, 1d and 1e 2e 3b
Table 6:	1. Articulation and Clarification 2. Implementation 3. Organisational Embedding	1c and 1d 2d 3b

In terms of the responses, the highest priorities for participants were around the area of 'Articulation and Clarification' (10 endorsements), followed by 'Organisational Embedding' (6 endorsements), 'Implementation' (5 endorsements) and lastly 'Monitoring and Evaluation' (2 endorsements).

If the results are further broken down into the key priorities, they may be grouped into primary, secondary and tertiary priorities for action identified by participants as follows:

Primary (Immediate)	• **1c** - Produce manual that draws together, in a streamlined and coherent fashion, existing information about SiP. This should clearly articulate the approach, including its aims, the principles which underpin it, its core elements, and the tools it incorporates.
	• **1d** - Produce informational literature for each group of key stakeholders (parents/carers, children and young people, wider family members, professionals from other agencies and disciplines) which clearly outlines the approach and their role within it.
Secondary (Medium Term)	• **2a** - Review staff training to date and initiate mandatory training programme for blanket roll out.
	• **2e** - Target teams as the core unit of implementation - to include SiP 'champions' and team case reflection and supervision.
	• **3b** - Formalise and increase the robustness of quality assurance processes to ensure that SiP practice is being accommodated within existing service structures and policies and procedures at each level of the organisation.
	• **3d** - Appoint dedicated full time practice leaders with facilitation, consultation and training responsibilities.
	• **4a** - Undertake work to develop process and outcome indicators of SiP effectiveness appropriate to each of the service streams (e.g. limited serious incidents, higher quality assessment, more time spent with service users, quicker closure of cases, reduced entry to/numbers in care, increased and successful referral to family support services, reduced complaints and incidents of aggression to staff).
Tertiary (Longer Term)	• **1b** - Revise and reduce number of practice principles and restate in a way which incorporates the practice elements. Ensure that revised practice principles are couched in language that is understandable and meaningful to practitioners and are consistent with the updated aims of the approach.
	• **1e** - Produce a guide for social workers drawing together, and giving advice on, the various tools for direct work with children and young people. This should be updated regularly.
	• **2d** - Create opportunities for informal sharing of good practice, e.g. develop 'communities of practice' to share examples and learning, produce video case studies of best practice.
	• **3c** - Draw up clear written procedural guidance regarding the implementation of SiP within the various service streams (Gateway, FIS, LAC), e.g. when the mapping framework should be used and the frequency of review.
	• **3e** – Introduce SiP as core to staff induction.

Finally, participants were asked to identify any other actions they felt were required over the next three years to ensure that SiP became the standard way of working with more children and families in the WHSCT area. They were given time to discuss this at their tables, again with the aid of a facilitator.

The key messages which emerged, in terms of additional priorities over the next 3 years within the WHSCT, focused around a number of core components:

1. Training and development

a) Training/sharing – cross-agency;

b) Links with University – social work graduates with ingrained, working knowledge of SiP;

c) 3 year Training and Development programme;

d) Personal development;

e) Link research, training , SiP and evidence;

f) Training – induction, in-Trust and Universities;

g) Multi-agency training - needs to be ongoing due to changes in staffing levels.

2. Strategic decisions/guidance

a) Paperwork (integration) e.g. UNOCINI;

b) SiP in all directorates – link to training agenda;

c) Introduce and embed SiP in Case Conferences;

d) Change to quality assurance in teams – e.g. team quality assurance;

e) Endorsement from HSCB and DHSSPS to help WHSCT embed SiP;

f) Cultural change – look at how to change culture;

g) Need to be clear where SiP is going. Is it the preferred model of working?

h) Embed within safeguarding process – within Safeguarding Panels. Allows for multi-agency endorsement and to be WHSCT specific.

3. Measurability

a) Evaluation too early – still implementing the approach;

b) Aim to measure/demonstrate better outcomes;

c) Add to feedback from professionals and service users i.e. SiP and their experiences of it in practice;

d) Measurability – develop agreed indicators.

4. Resources

a) Resources and tools – standard kit, e.g. NSPCC scaling stairs for children, VOYPIC talking tools;

b) Marketing – SiP branding;

c) Clear understanding and consistency of process.

5. Practice

a) Ensure strong foundations – confidence and competence;

b) More evidence of Appreciative Inquiry and what we do well;

c) Group supervision throughout the Trust;

d) Systemic integration – systems working together from child's first involvement;

e) In the system – be part and parcel of working.

It should be remembered that the groups were asked to identify what changes where required, in addition to those already highlighted in the 'Suggestions for Improvement' arising from Phase Two of the evaluation. In terms of key priorities, based on the number of times they were raised by the groups, these can be identified as follows:

Primary
- Strategic decisions/guidance
- Training and development

Secondary
- Practice
- Measurability
- Resources

3. Symposium 2: Monday 8th September 2014

Symposium 2 was held on Monday 8th September 2014 at Riddel Hall, Stranmillis Road, Belfast. There were over 40 participants representing Social Work leadership across Health and Social Care Trusts (HSCTs), the Health and Social Care Board (HSCB), the Department of Health, Social Services and Public Safety (DHSSPS), Youth Justice, the Safeguarding Board for Northern Ireland (SBNI), and the voluntary sector (Appendix 3). The Symposium was facilitated by Anne McMurray and the members of the evaluation team from Queen's University Belfast (QUB); Dr David Hayes, Dr Karen McGuigan, Professor John Pinkerton, and Dr John Devaney. The two external contributors were Professor Nick Frost, Leeds Metropolitan University and Dr Trish Walsh, Trinity College, Dublin.

Aim and Objectives

The aim of the Symposium was to present the findings of Phase Two of the QUB evaluation of the Safety in Partnership (SiP) approach in the Western HSCT and contribute to the development of an evidence base in Northern Ireland of effective practice. In a context of reform with a focus on safety and quality in practice, and to achieve better outcomes for children and young people, this was an opportunity for the Symposium to objectively review the SiP approach and inform the final phase of the QUB evaluation process.

The objectives for the Symposium were to:

c) Build understanding of the systemic approach which underpins SiP and how to apply it in practice;

d) Sense check the findings of the evaluation against current strategic priorities in Social Work in Northern Ireland;

e) Contribute to further refinement of the approach and the development of an emerging evidence base for social work practice in Northern Ireland;

f) Facilitate knowledge transfer across Northern Ireland.

Programme Overview

The programme was designed to share best practice, introduce the SiP approach, present the findings of Phase Two of the QUB evaluation, and discuss the implication of this for child care practice in Northern Ireland. The programme was structured accordingly as follows:

1. Provocation to the Symposium by Professor Nick Frost and Dr Trish Walsh setting out contemporary issues in child care internationally, the principles underpinning effective systemic approaches and the engagement of the whole family system;

2. A twenty minute DVD produced by the WHSCT showing the SiP approach 'in action', introduced by Ms Deidre Mahon, Assistant Director, WHSCT;

3. Presentation of the findings of Phase Two of the QUB evaluation by Dr David Hayes followed by plenary questions and answers;

4. Facilitated table discussions following different 'lines of enquiry' in relation to the SiP approach. These were:

   - Working in partnership with parents and carers
   - Collaborating with other professionals
   - Engaging with Children and Young People
   - Developing a questioning approach to practice
   - Developing a skilled workforce and learning from practice

   There were three questions to be considered for each line of enquiry:

   a) What possibilities does this open up for practice?

   b) What questions do you have about this approach?

   c) What would you like to see happen next?

5. Presentations from each table on their line of enquiry and plenary discussion;

6. Concluding remarks from Mr Sean Holland, Chief Social Services Officer, DHSSPS summarising the key points and the contribution of the SiP approach to an evidence base in Northern Ireland.

Summary of the Lines of Enquiry Discussion

This section summarises the key points raised through the discussion and the questions, which were raised about the SiP approach.

Good social work practice

Across all the tables there was agreement that SiP represents what is considered 'back to basics' and 'good social work practice':

"It seemed to allow a 're-focusing', a 'back to basics 'that represented a generally agreed 'direction of travel' in all trusts. Effective engagement (and not just automatically referring on) was the key to them all." (Table 1).

"Safety in Partnership appears to provide the culture, structure and processes that promote good Social Work practice." (Table 2).

The consensus was that the approach promotes a culture and structure that enables the core components of good social work practice: a systemic approach, building relationship and skills in engaging families and children, honest and respectful communication with families and skilful use of authority were all seen as evidenced in the approach.

Engaging children and young people

SiP is a therapeutic approach which can be incorporated into all aspects of social work engagement and is consistent with early intervention principles.

The mapping framework enables children and young people to engage with the process and allows the opportunity for parents to hear the voice of children and young people.

The creative tools and methods of engagement are effective and create a safety net for children and young people: *"it offers social workers training and tools that allowed them to 'hear the voice of the child'."* (Table 4).

Collaborating with other professionals

Sip is an approach that enables social work to take the lead on good practice and puts the responsibility on other disciplines for their role and contribution.

Empowering social work practice

The fit between social work and SiP was seen as important. This includes the link being made with the Strategy for Social Work in Northern Ireland 2012 – 2022 which highlights the need for a critical, questioning approach to practice underpinned by a systemic perspective. Particular note was taken of the use of group supervision to encourage critical reflection and analysis of cases in real time.

The block on this type of practice not being more wide spread was seen to be bureaucracy and lack of resources; primarily time, though also trained, skilled and committed staff.

It was felt that whilst some things could just be done differently at no or low cost (e.g. group discussion and managers modelling a questioning approach), there were resource implications that had to be addressed; not least training. It was also suggested that not all staff presently in post would have the commitment or the skills set to work in this more transparent way, giving rise to human resource issues and a training challenge.

SiP allows continuous professional development for practitioners and fosters the development of social workers who are confident and competent in their practice.

It encourages reflective practice and gives social workers hope, builds resilience in the face of current professional demoralisation, burn-out and feeling of 'hopelessness' amongst practitioners.

Engaging with parents and carers

The clarity around purpose, role clarification, contracting and mapping techniques enables social workers to engage with parents and carers in a respectful and honest manner. The development of detailed statements and expectations help to guide parenting behaviour. The outcomes for the family are built in at the onset, which then become measurable.

Questions for Future Consideration

The questions below were raised across the tables in the discussion and may inform how the WHSCT continue to implement the SiP approach.

The main reservation was that the current evaluation does not show the outcomes, e.g. are children safer compared to when other approaches are used? It was recognised, however, that the evidence base underpinning other approaches is actually weaker than with the Safety in Partnership approach.

Other questions are listed below:

- It requires very skilled facilitation; how can the quality of the approach be protected and certificated?

- How does the service discriminate who this approach should be used with?

- There are similarities with family group conferencing; how can the service differentiate which is appropriate for which family situation?

- Is it possible to use this in the Gateway context?

- Are there implications for voluntary and community organisations that work with families in HSCTs which use this approach and also for training other disciplines who may need to be involved?

- It requires 'group supervision' which is a change in approach and to what extent is this method of supervision widely used in HSCTs?

- This approach 'front loads' work with the family; what impact does it have on reducing the number of children and families involved in the child protection system?

- How to ensure sustainability of the approach once the initial management and staff enthusiasm, which was likely to be driven by individual champions, died down was raised as the major 'other aspect'. A commitment to a professional culture of critical reflection and an organisational commitment to constant learning and improvement are seen as having to be part of this.

It was proposed that SiP is one of a number of models and approaches that is being used and that it would be worthwhile to draw out the core elements/principles of good practice to illuminate the key ingredients and apply these to other initiatives and working practices.

Reflections from External Contributors and Chief Social Services Officer

The Symposium concluded with closing reflections and feedback from Professor Nick Frost, Dr Trish Walsh and the Chief Social Services Officer, Mr Sean Holland.

Professor Nick Frost, Leeds Metropolitan University

a) An opportunity now exists for a reinvigorated profession;

b) Social Workers are the "cement in the wall of services". The psyche of the workforce and organisational climate are very important. The skill set of the type of worker able to apply this approach needs to be clearly defined. It is crucial to develop a skilled, informed workforce, which is professionally confident and competent;

c) Family Group Conferencing and the SiP approach could sit well together.

Dr Trish Walsh, Trinity College, Dublin

a) Impressed with the development of the SiP approach. There will always be competing approaches, systems theory, however, should be apparent in all effective applications. The systemic approach is important in social work education and development;

b) There is a need for a standardised programme, which is translatable into different contexts. Processes for Child Protection are not the same all over the world and the approach must fit to the Northern Ireland context. 'Signs of Safety', of which SiP is a variant, is good as there is evidence that it is effective with different cultures/across cultures;

c) Social workers need to be confident in their role as agents for change. Workers need to recognise that change is possible, but not inevitable, in families;

d) In work with children and young people, hope is a key message and social workers need a range of ways of engaging and finding solutions that can embrace the diversity of family forms;

e) Any approach adopted needs integrity in dealing with families and must allow for the identification of new or emerging risks and have clarity of how to respond to these, e.g. in relation to e-safety and trans-national families.

Mr Sean Holland, Chief Social Services Officer

a) There is a growing evidence base that includes the outcomes from Serious Case Reviews. Whatever approach is used, the key question is does it impact positively on practice?

b) There is a need to generate research like this evaluation of the SiP approach that both involves and informs practice;

c) This should also involve developing new methods for measuring outcomes, tailored for those involved or which can be seen through closer monitoring of cases;

d) Social work in child care requires the social worker to be both an authoritative agent and at the same time supportive to families; there is the need for both roles in effective child welfare systems. This highlights the need for live learning and reflection which should be the basis of an effective practice framework as highlighted by Munro's work on professional judgment;

e) SiP has key components of good professional social work and this evaluation is strengthening the professional practice base. What is most important is to understand and apply the principles underpinning the SiP approach more generally i.e.

- strong value base
- skilled practice
- evidence base
- emphasis on continuous learning (group supervision, open, transparent, questioning, learning from others);

f) It is not for government to dictate regarding which approach should be used, but rather to offer a legislative and policy context within which practitioners can operate, and to provide a framework for skilled development and continuing professional development;

g) The WHSCT have researched, tested and piloted this approach which represents what is best about professional behaviour.

4. Conclusion

The first Symposium generated debate amongst staff working in the WHSCT area and captured their views on priorities for action in relation to the further development and implementation of the SiP approach. The second Symposium raised a number of questions for consideration as the WHSCT moves forward with implementing and further developing the approach in practice. The feedback from both Symposia, summarised in this report, will need to be considered by the Evaluation Project Board.

The second Symposium also highlighted a set of implementation principles demonstrated by the SiP approach which are outlined below. These ten key principles are relevant to all types of effective social work practice with children and families:

1. Research and evidence informed design;

2. Systemic approach;

3. Adaption to local context

4. Trained, skilled staff able to use tools;

5. Gives voice to the views of children and young people;

6. Clarity of purpose, contract, role and methods of engagement;

7. Drives to analysis and decision making;

8. Supervision and critical reflection on practice;

9. Professional governance and quality assurance;

10. Skilful use of authority.

Appendix 1

Symposium 1: List of Participants

• Pat Armstrong	• Deirdre Mahon
• Darren Askin	• Suzanne Mahon
• Maire Boyle	• Sandra Maxwell (Teacher)
• Pauline Burns	• Kate McDaid
• Tom Cassidy	• Claire McDermott
• Orla Conway (Women's Aid)	• Ann McDuff
• Aisling Cooke	• Orla McFadden
• Kieran Downey	• Mairead McGilloway
• Kevin Duffy	• Karen McGuigan (QUB)
• Aileen Early	• Jennifer McKinney
• Maria Emillison (NSPCC)	• Joyce McKittrick
• Tyga Gebler	• Mary McMinn
• Berna Harley	• Bernie Melaugh
• Paul Harvey	• Karen O'Brien
• David Hayes (QUB)	• Teresa O'Doherty
• Louise Hunter	• Noeleen Patton
• Alison Irvine	• John Pinkerton (QUB)
• Catriona Kelly	• Paul Sweeney (Extern)
• Kevin Leonard	• Carole Young
• Nia Loughlin	• Godfrey Young (Education Welfare)

Appendix 2

Suggestions for Improvement (Phase Two Report)

1. Articulation and Clarification:

a. Update and reduce number of aims;

b. Revise and reduce number of practice principles and re-state in a way which incorporates the practice elements. Ensure that revised practice principles are couched in language that is understandable and meaningful to practitioners and are consistent with the updated aims of the approach;

c. Produce manual that draws together, in a streamlined and coherent fashion, existing information about SiP. This should clearly articulate the approach, including its aims, the principles which underpin it, its core elements, and the tools it incorporates;

d. Produce informational literature for each group of key stakeholders (parents/carers, children and young people, wider family members, professionals from other agencies and disciplines) which clearly outlines the approach and their role within it;

e. Produce a guide for social workers drawing together, and giving advice on, the various tools for direct work with children and young people. This should be updated regularly.

2. Implementation:

a. Review staff training to date and initiate mandatory training programme for blanket roll out;

b. Make explicit the links between training, supervision by facilitators and line management;

c. Develop ongoing formal support mechanisms for staff following training, e.g. regular top-up training, access to consultation with facilitators/practice leaders;

d. Create opportunities for informal sharing of good practice, e.g. develop 'communities of practice' to share examples and learning, produce video case studies of best practice;

e. Target teams as the core unit of implementation – to include SIP 'champions' and team case reflection and supervision;

f. Provide practice leadership through dedicated full-time practice leaders.

3. Organisational Embedding:	4. Monitoring and Evaluation:
a. Explore, with HSCB and DHSSPS support, the explicit accommodation of the approach within all regional child care policies and procedures; b. Formalise and increase the robustness of quality assurance processes to ensure that SiP practice is being accommodated within existing service structures and policies and procedures at each level of the organisation; c. Draw up clear written procedural guidance regarding the implementation of SiP within the various service streams (Gateway, FIS, LAC), e.g. when the mapping framework should be used and the frequency of review; d. Appoint dedicated full-time practice leaders with facilitation, consultation and training responsibilities; e. Introduce SiP as core to staff induction.	a. Undertake work to develop process and outcome indicators of SiP effectiveness appropriate to each of the service streams (e.g. limited serious incidents, higher quality assessment, more time spent with service users, quicker closure of cases, reduced entry to/numbers in care, increased and successful referral to family support services, reduced complaints and incidents of aggression to staff); b. Monitor implementation against blanket roll-out plans and a limited number of key indicators; c. Establish formal process of direct observation, assessment and feedback to staff involved in using the tools associated with the approach (e.g. mapping facilitators, practitioners undertaking direct work with children and young people); d. Consider experimental trials of effectiveness, e.g. randomised control trial, single case design.

Appendix 3

Symposium 2: List of Participants

Name	Agency
Noelle Barton	HSCB
Sharon Beattie	SBNI
Veronica Callaghan	Northern HSCT
Hugh Connor	SBNI
Marion Coyle	Western HSCT
Maura Dargan	Northern HSCT
John Devaney	Queen's University Belfast
Sinead Dolan	Youth Justice Agency
Kieran Downey	Western HSCT
John Fenton	Northern HSCT
Nick Frost	Leeds Metropolitan University
Arlene Garland	South Eastern HSCT
John Growcott	Belfast HSCT
David Hayes	Queen's University Belfast
Kathy Higgins	Institute of Child Care Research, QUB
Sean Holland	DHSSPS
Mildred Hollywood	Southern HSCT
Michael Hoy	Southern HSCT
Pauline Leeson	Children in Northern Ireland
Deirdre Mahon	Western HSCT
Suzanne Mahon	Western HSCT
Teresa McAllister	Belfast HSCT
Fionnuala McAndrew	HSCB
Vivian McConvey	VOYPIC
Paul McConville	DHSSPS

Name	Agency
Anne McGlade	HSCB
Karen McGuigan	Queen's University Belfast
Edel McKenna	Belfast HSCT
Ciara McKillop	NHSCT
Jennifer McKinney	Western HSCT
Anne McMurray	Anne McMurray Development
Paul Morgan	Southern HSCT
Donna Murphy	Southern HSCT
Karen O'Brien	Western HSCT
John Pinkerton	Queen's University Belfast
Martin Quinn	HSCB
Tony Rodgers	HSCB
Marie Roulston	Northern HSCT
Dawn Shaw	Action for Children NI
Sheila Simons	South Eastern HSCT
Christine Smyth	DHSSPS
Lesley Walker	Belfast HSCT
Trish Walsh	Trinity College Dublin