



### *What are public inquiries for and can we do it faster, cheaper and better?*

Our work focused on the function, operation and outcomes of child care inquiries although much of our discussion had applications for other forms of public inquiries. The events were held over four days in Glasgow in January and March 2017. Participants and observers included people who were involved in all the then current UK / Crown Dependency major public inquiries into historical allegations of child abuse: the Historical Institutional Abuse Inquiry (Northern Ireland), the Scottish Child Abuse Inquiry, the Independent Inquiry into Child Sexual Abuse (UK - Westminster) and the Independent Jersey Care Inquiry. Bringing together representatives from all these inquiries was a truly historical event, nothing similar had been attempted before.

The focus of the conversations was not the evidence before these inquiries but the processes by which they were commissioned and under which they operated, their costs, data management challenges and the outcomes envisioned and what might impact on that. Solicitors and others who represented victims, health and social care professionals who worked with victims, and educators working with professionals who were highly invested in the capture, dissemination and adoption of learning from inquiries, joined the inquiry participants. Other participants included experts in design, data management, public sector audit, forensic science, the media, academics and experts in other forms of inquiry and review in the UK and globally. There was considerable discussion of the differing expectations about the purpose and outcomes of inquiry from politicians, victims and families, the media and the wider public. The discussion was assisted by inputs from inquiry participants, victim representatives, social workers, medical educators, civil servants and a journalist. In broad terms participants concluded that the differing expectations had / could become incompatible and unachievable.

One factor giving rise to unrealistic expectations of inquiries was the lack of understanding by politicians and public of how and why they operated in the way they do. The quasi-judicial approach of UK inquiries contrasted markedly with models used in other European inquiries which appeared to deliver findings and outcomes much faster and in much shorter timescales and at a fraction of the cost. UK inquiries claimed to adopt an “inquisitorial” approach but the experience of participants was that it was indistinguishable often from that of adversarial proceedings. One major consequence of the standard UK approach was that “evidence” was



processed, prepared and presented to the standard and in the manner required in criminal court proceedings. In other countries a research-based approach meant that although the integrity of the evidence was maintained, the costs involved were a fraction of UK inquiry costs where basic tasks such as proof-reading and data entry would be done by legally qualified professionals. The UK model resulted often in years passing between an adverse event, such as the death of a child and the dissemination and adoption of learning from the case, by which time practice and policy had often moved on and recommendations from inquiries could often become dated by the time they were published.

Discussions also considered the parallel processes of inquiry and investigation that operated in the UK - criminal investigation, health and safety, fire investigation, serious case review, coroner inquest, fatal accident inquiry and how well they co-ordinated and the extent to which there was overlap with the work of a subsequent public inquiry. There was a consensus of concern that the model of inquiry operating in the UK was unsupported by any empirical evidence of its efficacy, either in fulfilling the expectations and needs of victims for the establishment of a factually accurate chronicle of events, or in meeting public expectations of holding persons to account or in fulfilling professional needs to learn lessons and prevent further harm. There was also no evidence of the value for money offered by the current model. The absence of research into inquiry methodologies and outcomes was seen as a crucial shortcoming which could be relatively readily remedied in the medium term and in the longer term a national institute for the study (and possible servicing) of reviews and inquiries and dissemination of their findings, might be established. Overall there was consensus that the UK model of inquiry needed to adapt. There were different suggestions as to how it might evolve into different processes depending on the nature of the matter being considered, how the needs of victims and their families might be otherwise met and how the establishment of facts and findings and the dissemination and adoption of learning might be otherwise progressed. It was concluded that the events had made a significant start to achieving better, faster and cheaper outcomes from the process of exploring major adverse events and a series of actions were agreed for taking forward the work. These included:

- The analysis of all the data and thinking captured from the events would be collated and analysed by Sharon Vincent and Emma Smale. This would be published.
- Interviews undertaken with senior judges who had spoken on the need for a review of how inquiries were undertaken, and with chairs of major inquiries of the past 30 years to capture their views.



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- A website would be developed which would act as a point for collation of information on current inquiries, on inquiry processes and research on inquiries.
- A collaboration would be sought with a UK research institution with a combined law /social science faculty to pursue funding for some initial research into the effectiveness of inquiries
- Briefings would be given to parliamentarians across the UK jurisdictions and a public event would be held to share the outputs of the SUII events