

HIA REF: SND 502

NAME: **SND 502**

SND 502

DATE:

21st.APRIL,2014.

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995.

WITNESS STATEMENT OF

I, **SND 502**, will say as follows:-

1. My professional career is as outlined below and **[REDACTED]**

Employment History:

[REDACTED]

[REDACTED] was with Co. Tyrone Welfare Committee and was appointed to the position of **[REDACTED]**. For nearly **[REDACTED]** years I worked in a small Social Work Department which covered the **[REDACTED]**

The immediate manager was the Divisional Welfare Officer and the total number of fieldwork staff was five. None of my colleagues were professionally qualified, but were highly dedicated, experienced people who were welcoming and supportive to a young social worker.

I was introduced to extreme poverty and clients experiencing intense loneliness, which was particularly prevalent among those who were elderly, disabled and suffering from mental health disorders.

The majority of my experience during my first **[REDACTED]** years was with children, older persons and those who were physically disabled, including a small caseload of mentally ill adults. All staff had a large caseload of home help recipients who were visited on a regular basis—I think fortnightly.

[REDACTED]

2.

[REDACTED]

In addition to the duties referred to ,after a [REDACTED] of years, I became a [REDACTED] [REDACTED] for the two Northern Ireland universities and generally worked with [REDACTED]

[REDACTED]

[REDACTED]

3.

[REDACTED]

(b)

[REDACTED]

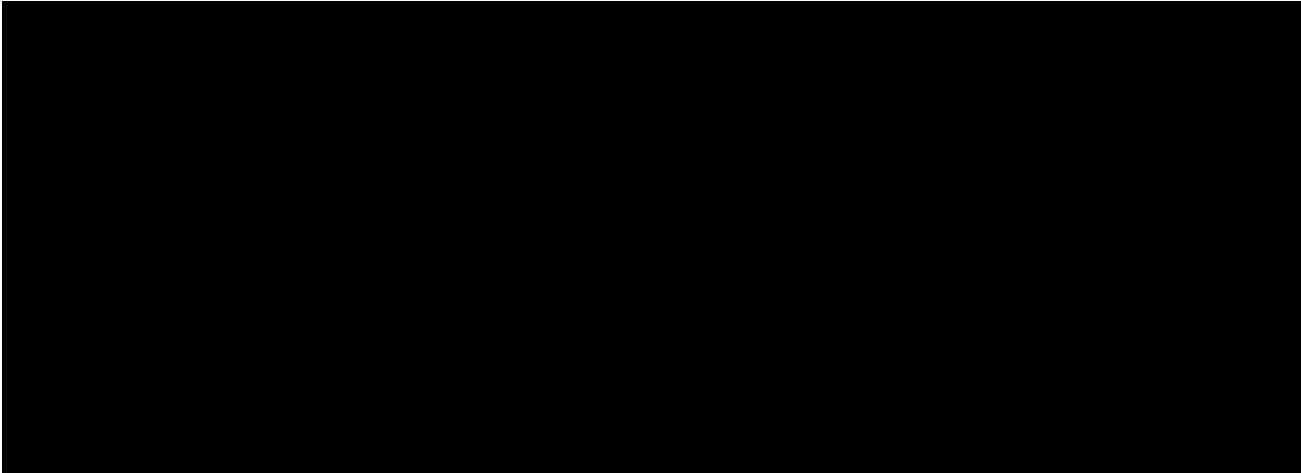
(c)

[REDACTED]

4.

[REDACTED]

[REDACTED]



[REDACTED]

I was asked to 'act-up' as [REDACTED] and at this time chaired the [REDACTED].

In addition had a [REDACTED]
[REDACTED]

SUMMARY .

5. During the first [REDACTED] years in the life of W.H.S.S.B. all our Social Work policies had been revised and implemented in accordance with D.H.S.S. legislation and guidelines. We had been exposed to considerable change and appeared to have coped quite well. For example we moved towards a more integrated Family and Child Care Service, where an even greater emphasis was placed on the child ,family and local community-our goal was to become both more responsive and effective. We co-ordinated our way forward in Child Care involving [REDACTED] and were privileged to have had [REDACTED] [REDACTED] as a Consultant/Advisor.
6. We developed a highly successful centralized Adoption Committee (panel) from the previous disparate systems in operation within the Board's three Districts. All our positive changes had been achieved by the involvement of Social Work Practitioners and Middle -Managers, in task- centred groups of a determinant nature .In this way, the interest and commitment of staff with detailed knowledge and experience was fully utilised, whilst at the same time a change of attitude and approach had been developed and integrated into the organization as well.
7. It was generally acknowledged that as a Statutory Service we had a meaningful partnership with N.S.P.C.C. Save the Children Fund and Extern .In the field of Mental Health we had developed a trained Befrienders Scheme with Praxis. Through our Grant-aid schemes I believe we reached out to the Community and Voluntary organizations in a spirit of partnership. There were also local communities assisted setting and running pre –school playgroups and Mother

and children groups. In L.L.S.District there was a full-time Pre-School Playgroup Organizer in post.

8. As [REDACTED] [REDACTED] much of my time was involved in the business management of the Organization e .g monitoring of budgets, controlling expenditure and very regular discussion with our Regional and local Trade Unions. I regularly attended Board Meetings and the various Committees within the W.H.S.S.B. For example, at a [REDACTED], three members of our Department(social work practitioner, social work middle manager and myself) presented a [REDACTED], citing one typical [REDACTED] Case ,demonstrating the knowledge ,professional skills, time a social worker requires to improve the quality of life for a child and his family. We emphasised the crucial importance of good middle management supervision, including the educative, monitoring, supportive elements . Senior management took seriously the necessity for the Department's policies to assist sound professional practice and foster good faith in day to day practice.
9. In addition, in my [REDACTED] . role I was responsible for drawing up policies, within the W.H.S.S.B. for the [REDACTED]" having had many years of experience in monitoring our own Services including inspection and registration of residential units in the private and voluntary sectors, particularly in the areas of Mental Health and Learning Disability.

10. [REDACTED]

11. [REDACTED]

[REDACTED]

[REDACTED]

12.

[REDACTED]

The Services were offered on the basis of unconditional caring to all 'in need'

[REDACTED]

13.

[REDACTED]

14.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15.

[REDACTED]

[REDACTED]

16. SOCIAL SERVICES STRUCTURES

(1) PRE 1973 AND (2) POST 1973-1990.

PRE 1973:

- a) Social services were provided by both N.I. HOSPITALS AUTHORITY AND THE SPECIAL CARE AUTHORITY (under N.I. Hospitals Authority) i.e. services for children and adults with learning disabilities and associated physical disabilities. Hospital almoners were based in General Hospitals and a few psychiatric social workers were located in the psychiatric hospitals and Special Care facilities.
- (b) Voluntary Christian based organisations provided. Adoption Services, residential services for older persons and children, also some provided residential care with a strong emphasis on work programmes for young women 'at risk' e.g. who were single mothers. Child protection services were provided by Church organizations e.g. Catholic Church, N.S.P.C.C. and Barnardo's
- (c) LOCAL AUTHORITY SOCIAL SERVICES WERE THE GREATEST OVERALL PROVIDER AND WERE UNDER THE MANAGEMENT OF THE COUNTY COUNCILS FROM 1948.

The structure was as outlined below for:-

TYRONE COUNTY COUNCIL

(County Headquarters,

County Hall,

Omagh)

17. Community health included dentistry, chiropody, medical officers who were responsible for the medical inspection of children and young persons in the schools, district nursing and midwifery. Public health services were also managed by Co. Tyrone Health Committee and the Welfare Services were managed by Co. Tyrone Welfare Committee. The County Medical officer, Co. Nursing Officer and Co. Welfare officer were based in County Hall, Omagh. In addition the Children's Officer was located in the County Hall and she was the Child Care expert in Adoption Services and her guidance re all. Child Care issues were valued by social work staff located in the three Divisions within Co. Tyrone. I think I am correct in saying The Ministry of Home Affairs had overall responsibility for Child Care within the Welfare Departments through the Children's Officer.

18. Within Co. Tyrone there were three divisions under the management of the County Welfare officer, who was accountable to the County Council Secretary also based in County Hall.

The Divisions were:-

(1) Cookstown and Dungannon.

(2) Omagh.

(3) Strabane.

Each Division was managed by a Divisional Welfare Officer, accountable to the County Welfare Officer. The D.W.O. had responsibility for the management of staff and overall delivery of welfare services to the designated, geographical area through fieldwork services, residential and day care services. There were five fieldwork staff with the Cookstown and Dungannon Division during my period there 1964-1966.

The staffing structure consisted of social welfare officers, later title was changed to social workers qualified or unqualified and a further staffing grade of senior social worker was introduced. In addition there were social work assistants who were providing the Home Help Service within the community and one social work assistant was designated as Home Help Organizer. Partial day care services were provided by the Home Teacher for the Blind who also had mobility training as part of her role.

Around 1965 trainee social workers were being appointed and one was placed in Cookstown/Dungannon Division.

Residential Facilities within the Division consisted of 3 Homes for older persons and no Children's Homes. Children admitted and committed to care required to be accommodated in Omagh –Coneywarren Children's Home or if a child was of Catholic faith he would be admitted to Nazareth Home if very young and older children to Termonbacca,

19. POST 1973 STRUCTURE FOR SOCIAL SERVICES.

In October 1973 the Western Health and Social Services Board came into being and had overall management of the former Hospitals Authority, Community Health and Social services within the following geographical areas :-

- (1) Co .Fermanagh.
- (2) Part of County Tyrone—Omagh district
- (3) Derry city
- (4) Part of Co .Londonderry- Limavady district.

The Management structure was as outlined below:

Elected and nominated members comprised the Executive Board along with the Chief officers who were accountable to the Board. There were Committees reporting to the Board and they reflected the various services –Community Care, Hospitals etc.

20. The Chief officers were Chief Administrative Officer ,Medical consultant representing the hospital services ,Chief Administrative Medical Officer ,Chief Administrative Nursing Officer and Director of Social Services .Management practice was based on consensus decision-making and in my personal opinion with some success .There was predictably tension between acute health care needs and social work services particularly when they were competing on occasions for the same financial resources from the overall budget which was limited .My experience when ,acting-up', as a [REDACTED]

team was one of optimism as I believe there was a sense of mutual respect among the professions represented and we listened to one another.

21. In my opinion, the Social Work Services did develop significantly, under the W.H.S.S.B., but one of the greatest problems was attracting qualified staff. Historically the western section of the province did not have proportionally the resources of the east yet we had a very low wastage of staff which was a positive reflection on the W.H.S.B. This brought stability but not having adequate staff to fulfil our responsibilities put considerable strain on field work, residential and day care staff at District level.

The management structure within Social Services was as detailed below:

Director of Social Services.

Three Assistant Directors with monitoring /advisory/planning roles:

- Training and Child Care.
- Older persons and physically disabled-also responsible for co-ordinating grant-aid.
- Mental Health and Learning Disability.

At District level there were three District Social Service Officers with overall management responsibilities for their Districts and accountable through the Director of Social Services to the Board .Some years later their titles were changed to Assistant Directors of Social Services (Management).

The Districts were;

- 1 .Fermanagh District.
- 2. Omagh District.
- 3. Londonderry, Limavady and Strabane District.

The L.L.S. District staffing structure ranged from Principal Social worker (Residential and Day care), and also one responsible for fieldwork, Assistant Principal Social Workers, Senior social workers managing small teams, social workers ,social work assistants, trainee social workers Pre-school playgroup organizer in LLS district, home teachers for the Blind Mobility worker, administrative support staff .Staffing guidelines regarding staffing ratios were laid down by the DHSS and were also linked to population.

Residential and day care facilities had clear management structures too and staffing ratios were defined.

22. Service delivery in a newly structured service brought with it challenges for the public and staff. Re-organisation within the Health and Social Services had many disappointed staff, some not able to accept change and looking back to the security of working in smaller organisations.

The Chief Officers within the WHSSB generally worked well together and did make every effort to understand the needs of the family, client/patient

Social work staff in both fieldwork and residential care settings had procedural guides to assist them in their work.

There was also a clear Residential Child Care Policy

Also in the Development planning proposals each year efforts would be made to secure additional funding for the development and enhancement of the quality of care for the child and other vulnerable persons .The Board had a written 5 year strategic plan which set out the annual operational ,developmental activities of each year for all the services.

23. MY DIRECT CONTACT WITH TERMONBACCA AND NAZARETH HOUSE.

(a) TERMONBACCA.

My first contact with Termonbacca was in [REDACTED] when I accompanied three young boys for admission .The children had been in the care of their parents ,both of whom were unable to care for them and their home was unfit for human habitation.

The children were very upset leaving their parents and when I saw Termonbacca I felt the house looked like a large boarding school but the nuns received us warmly.

Years later I met with senior staff of Termonbacca regarding I think both training and finance.

In my experience I was always received warmly by staff who appeared dedicated.

During all of my working life social workers were aware of the need to provide home like environments for vulnerable children in small units and from this perspective large facilities were more difficult for both children and staff.

We know that vulnerable children who are unable to live with their parents are entitled to a normal life yet we know they face uncertain futures. Since the 1960s we have understood this yet both statutory and voluntary services had large buildings for all client groups for varying periods in their history In fairness money was not available to effect change quickly and this, in my opinion, was in evidence in the west.

(b) NAZARETH HOUSE

I cannot recall ever having tangible or intangible concerns and my only memories now are of being invited into the sitting room and sometimes welcomed by the Mother Superior and then left with a very pleasant young nun or two nuns who would have been very helpful.It would be true to say that my reflections on Termonbacca were applicable to Nazareth Lodge.

24. WERE COMPLAINTS RECEIVED ABOUT THE QUALITY OF CARE IN TERMONBACCA AND NAZARETH LODGE? HOW WERE THEY HANDLED?

Such matters would have been dealt with at District level ,L L S District, and the ADSS **SND 469** would have informed Area Board Headquarters and appropriate action would have been taken. There was a clear Complaints Procedure which childrenparents and staff would have been aware of.

For example I recall around **█** a child in Termonbacca, had complained about a staff member slapping him.The complaint was investigated at District level and the decision was that the allegation was unfounded. I believe the child remained in Termonbacca.

I am not aware of any significant/serious complaints made about the quality of care in either Nazareth Lodge or Termonbacca.

25.WHAT WERE THE FUNDING ARRANGEMENTS FOR CHILDREN IN THE CARE OF THE BOARD WHO WERE ACCOMMODATED IN EITHER TERMONBACCA OR NAZARETH HOUSE?

I recall from both my colleagues who had been responsible for Child Care and during my period too that there was communication from the two Voluntary Homes regarding the inadequacy of the Capitation charge set by the WHSSB. It would appear efforts were made by the WHSSB to resolve this matter and I believe this did happen.

I recall there were issues regarding the large number of places in Termonbacca and the WHSSB had built an ASSESSMENT UNIT in Derry.As a result there was not the demand for so many places in the Voluntary Sector.

I appreciate the shortage of finance was of major concern for a period of time for the two Voluntary Homes but believe our Social Services Department did try hard to improve the situation .I believe too we always acted in good faith.

My recollection was that Nazareth had been a Home for older persons in addition to providing care for younger children and there was a change of usage to Child Care only.

If I recall correctly staffing ratios would have been a matter of concern and this was a reflection of inadequate income.

I think too the Board placed a bid for additional capital funding in their development proposals for Termonbacca but cannot recall the specific year/s.

Retrospectively I think even closer relationships (true partnerships) between statutory and voluntary sectors would have led to greater understanding of each other's position.

26.RECORD KEEPING

(a) INTRODUCTION

During all my years as a social worker Record Keeping has been seen as an integral part of sound professional practice and can recall from **█** even greater emphasis

being placed on the prime importance of accurate ,timeous recording . With reference to Child Care/Protection the case reports are fundamental to ensuring that all concerned with the overall care and treatment of a child are informed and facilitated in ensuring the welfare of the child is paramount.

Case reports on a child or young person should include an initial assessment ,including a risk assessment, detailed social history which includes the family situation, care planning ,summaries of case conferences at both inter-disciplinary and multi-disciplinary levels , -the focus always being the welfare /well-being of the child and the objective of opening the way for him to experience the highest quality of life ,physically emotionally ,educationally, socially and spiritually .There must be evidence too of the needs and wishes of the child and constant assessment of the risks involved in care by the family. Safety of a child is all important.

When a child or young person was admitted to a Children's Home I recall fieldwork visiting was mandatory within 1 month after admission and then within 3 months and thereafter 6 months. I believe this was insufficient as the social worker may have been the first caring professional to begin building up a relationship with the child and with a clear understanding of the family situation.

27. Regular supervision was available for social work practitioners and delays in case reports would normally be picked up .It would be true to note that in the [REDACTED] and [REDACTED] there were unfilled posts and a shortage of professionally qualified staff within L.L.S.District.

There were a few instances where children in care were visited by their social worker but some delays in providing the written reports and this is deeply regretted. These instances would have been dealt with at District level with view to ensuring they did not happen.

28. The role of the Welfare Committee and later the Western Health and Social Services Board in relation to Section103 Children and Young Persons Act 1968.

a) Section 103 .

Under this section both authorities received many children into care. There would have been careful assessment of the needs of the child and consultation with the parents or guardians, where possible, with the welfare of the child the primary consideration.. Once admitted to care for example to a Children's Home there would have been a period of assessment so that a care plan for the child could be put in place with the clear overall aim of ensuring his welfare was paramount .Ideally one would have worked towards having arrangements in place for the child's future care within 6 weeks but this was not always possible partly due to lack of options in place-e.g day care provision ,intensive support within the family home and close collaboration with the school, with multi-disciplinary and inter-disciplinary teams in place.

I cannot recall exact dates but know there was a clear desire to ensure that children under the age of 10 years were not admitted to a Residential Children's Home but in reality appropriate options were not always in place. We would have acknowledged

too that when a child or young person was admitted to residential care preparation begun for his future discharge. Prevention of family breakdown, with appropriate support, was always considered good practice and in the best interests of the child. Risk assessments would have been an integral part of the assessment and protection of the child would have been foremost in the social worker's mind along with the residential care staff.

Children would have been placed in Voluntary Homes when it was considered in the best interests of the child-e.g. near to his home location, school, respect for his religious upbringing. It would be correct to say that the Welfare Authorities in the mid [REDACTED] would have had insufficient statutory places and were dependent on the Voluntary sector

b) Section 113.

Up to 1973 there had been Children's Officers in place in all the Welfare Authorities. It was the clear responsibility of the Welfare Departments to both protect a child and young person and to further his best interests by affording him an opportunity for the proper development of his personality, character and abilities. Traditionally the three options available at that time were 'boarding-out', statutory or voluntary homes, if the child's family home was assessed as being inappropriate – e.g. neglect, physical, sexual, emotional abuse.

Section 164 payments were used quite frequently as a preventive measure i.e. helping a family with financial assistance to prevent family breakdown.

c) Board decision-making about taking children who were resident in the voluntary homes but were not placed there by the Welfare Authority into State Care.

I cannot recall specific examples but would believe that there would have been consultation and a decision made after consultation with the child and his family – a decision which would have been in the best interests of the child.

d) Board decision-making in respect to section 131 of the Children and Young Person's Act.(N.I) 1968

I cannot recall specific situations but believe LLS.District would have implemented both the spirit and obligations of this Section of the Act.

e) Board Monitoring of the Voluntary Homes.

The Assistant Director –Family and Child Care from 1973 would have had regular feedback from his colleague in charge of L.L.S District about the overall care offered by the facility and he/she would have visited with knowledge of the care provided to children placed there by the Board. It would be true to say that protocol would have dictated that there was quite rightly mutual respect and a belief that both organizations entrusted with the care and protection of children would have enshrined this aim in day to day practice. This is both my personal view of attitudes in the [REDACTED] and very early [REDACTED] and society's reflection of attitudes at that time.

- f) Negotiations that took place between the Board and Nazareth House in the 1980s and 1990s regarding funding and staffing issues (particularly staff to children ratios)

From records there were difficulties directly related to funding as referred to earlier in my statement and inadequate funding would have a direct consequence on staffing ratios which would affect the quality of care provided particularly with regard to overall supervision of the children and young persons.

- g) Untoward incident reports—Within the Board there were clear guidelines for both Accidents and Untoward/Unusual Incidents. The recording books were bound and pages numbered and kept in a safe place yet accessible for staff on duty.

The guidelines made a distinction between accidents which are generally considered to be unpredicted events—e.g. falling down steps—if the person had been pushed down the steps intentionally this would become an unusual/untoward incident.

The Board had a responsibility to adhere to the highest Health and Safety Regulations. Staff would have been aware of their specific responsibilities. Risk assessments would have been uppermost in their day to day supervision of children and young persons. The children would be aware of those activities which could lead to an accident.

Immediate managers would receive notification, and serious incidents would be referred to D.H.S.S. in accordance with the current policy document.

- h) Complaints Procedures were in place within the Boards and were thoroughly investigated with the outcome recorded and acted upon.

Children in care in the [REDACTED], I think, had a book, providing information about residential care and the Complaints procedure would have been included. In addition the primary worker and key worker for the child would have brought it to his attention.

- i) Peer sexual abuse— training-raising of awareness.

All the Board Policies and procedures would have been shared with residential Homes for Children, including offering places to Voluntary Children's Homes staff on all the relevant Child care in-house training. Child Sexual Abuse would have been an important area for training. I cannot recall specifically if Peer sexual abuse was offered but the MDEC records would provide details. I can say with surety that peer sexual abuse in residential child care was known about and a matter of concern. Personally I was of the view that it was perceived as an emerging problem and I feared up to 10% of children who had been sexually abused from early years could be potential abusers. This view was based on my monitoring of untoward incidents within the organization.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed: **SND 502**

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Dated: ...21 st.April,2014.....

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed: **SND 502**
SND 502

Dated: ...21 st.April,2014.....

BN/PM

[Redacted]

SND 483

Child Care Advisor,
Diocesan Pastoral Centre,
161 Bishop Street,
LONDONDERRY.

Dear [Redacted] **SND 483**

Re: **SND 132** d.o.b. [Redacted]
SND 136 d.o.b. [Redacted]
HIA 98 d.o.b. [Redacted]

c/o St. Joseph's Home, Termonbacca.

I refer to your letter of [Redacted] about the above named boys. They have been received into care under Section 103, Children & Young Persons Act (N.I.) 1968 with effect from [Redacted]. For the time being it is proposed that the boys remain in St. Joseph's Home while the possibility of foster care is considered.

Yours sincerely,

SND 468
[Redacted]
[Redacted]

cc **SR 103** St. Joseph's Home.

C/o [Redacted] **SND 154**
[Redacted]

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Our Ref: HEL/JT

Your Ref:

DATE: [REDACTED]

15 GRANSHA PARK
CLOONEY ROAD
LONDONDERRY BT47 1TG
NORTHERN IRELAND
PHONE: CAMPSIE 860086 (11 lines)**SND 453**Social Services Inspectorate,
Department of Health and Social Services,
Dundonald House,
Upper Newtownards Road,
BELFAST
BT4 3SFDear **SND 453** *12/6/87*RE: **SND 142**

I received a letter from you dated 2nd June regarding the above young girl from [REDACTED] of your Child Care Branch enquiring about the allegation made by **SND 142** against **HIA 69**. As you are aware, this is also associated with the **HIA 92** situation and it is still under investigation with the hope now of some movement as **HIA 92** has now made a statement to the RUC.

I am, as you are aware, concerned about this matter as the implications could be fairly great with regard to the care of all these young people while in Termonbacca.

With kind regards.

Yours sincerely,

SND 502
[REDACTED]

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Our Ref: HEL/JT

Your Ref:

DATE: [REDACTED]

15 GRANSHA PARK
CLOONEY ROAD
LONDONDERRY BT47 1TG
NORTHERN IRELAND
PHONE: CAMPSIE 860086 (11 lines)[REDACTED]
Reliance Social Care,
171, King Street,
Hammersmith,
London
W6 9JE

Dear [REDACTED]

Further to our telephone conversation of Friday 17th July, I would wish to confirm in writing that [REDACTED] HIA 69 as denied any incident with the little girl who has made the most recent allegations against him and also had denied having a sexual relationship with another boy. [REDACTED] TL 4 [REDACTED] based in Londonderry, has indicated to me that during [REDACTED] HIA 69 interview with the police in Londonderry he denied all the allegations and it would appear to be the view of the RUC that if anything had happened of a sexual nature, it must have happened when [REDACTED] HIA 69 was about [REDACTED] years of age and the police will therefore be recommending to their senior officers that no legal action be taken against [REDACTED] HIA 69 and this would mean that our cases would be closed.

As I have said to you, I feel a fair degree of sympathy towards [REDACTED] HIA 69 because he has been a child who was in long term residential care and is very much alone in the world but on the other hand I personally must indicate that I do believe that there was substance in the allegations made by the two other young people but I cannot say this with any authority as one is innocent until proven guilty and feel from the social work viewpoint that [REDACTED] HIA 69 should be discouraged from making a career in social services.

Yours sincerely,

SND 502
[REDACTED]