
HISTORICAL INSTITUTIONAL ABUSE INQUIRY

being heard before:

SIR ANTHONY HART (Chairman)

MR DAVID LANE

MS GERALDINE DOHERTY

held at

Banbridge Court House

Banbridge

on Tuesday, 6th May 2014

commencing at 10.30 am

(Day 31)

MS CHRISTINE SMITH, QC and MR JOSEPH AIKEN appeared as
Counsel to the Inquiry.

1 Tuesday, 6th May 2014

2 (10.30 am)

3 WITNESS SND502 (called)

4 CHAIRMAN: Good morning, ladies and gentlemen. Just before
5 we start can I remind everyone in the chamber and in the
6 building, first of all, when the Inquiry is sitting,
7 please ensure your mobile phone is switched off or in
8 silent/vibrate mode.

9 Secondly, no photography is permitted under any
10 circumstances whatever anywhere on the premises,
11 including in this Inquiry chamber or indeed within the
12 perimeter wall of this Inquiry centre.

13 Yes, Ms Smith.

14 MS SMITH: Thank you, Chairman, Panel Members. The first
15 witness today is SND502, who is "SND502". I know SND502
16 is still considering whether she wishes the anonymity
17 that the Inquiry has afforded her to be maintained
18 and -- but certainly for our purposes until she makes
19 that decision if we can maintain her anonymity,
20 Chairman, and I understand she is aware she has to take
21 the oath.

22 CHAIRMAN: Do you wish to take a religious oath or to make
23 an affirmation, which is a solemn promise? The two have
24 the same legal effect. It is entirely a matter for your
25 choice.

1 **A. The religious oath.**

2 Q. Very well.

3 WITNESS SND502 (sworn)

4 CHAIRMAN: Thank you very much. Please sit down.

5 Questions from COUNSEL TO THE INQUIRY

6 MS SMITH: Now, SND502, you are happy I call you "SND502".

7 Isn't that correct?

8 **A. Yes.**

9 Q. Please do take a seat.

10 **A. I would prefer to stand, if you don't mind.**

11 CHAIRMAN: It can last a while. It gets a bit tiring. Also

12 there is a problem. First of all, could you adjust the

13 microphone, if you wish? Also we may have a problem if

14 you need to look at something on the screen.

15 I should say it is the tradition in this

16 jurisdiction, though not elsewhere, to allow witnesses

17 to sit, but if you want to stand, you are welcome to do

18 so.

19 **A. Well, is it easier then if I sit?**

20 MS SMITH: It's a matter for you, SND502, but ...

21 CHAIRMAN: It is up to you ultimately.

22 **A. I'll sit.**

23 CHAIRMAN: Our default position is people sit. May I put it

24 that way?

25 MS SMITH: You might be standing for quite a while.

1 **A. Yes.**

2 Q. I am used to it, but it can get tiring.

3 **A. Yes. All right.**

4 Q. So perhaps it might be easier.

5 Can we just pull up on the screen, first of all, the
6 witness statement that you have provided to the Inquiry,
7 which can be found at SND-17427, please? SND-17427.

8 Yes.

9 Now, SND502, just to confirm we have given you the
10 designation "SND502". So your name has been blocked out
11 of the statement, but if we can just scan down to
12 page SND-17441, can you confirm this is the statement
13 you have provided for the benefit of the Inquiry, and if
14 we go to the final page, can I just confirm that you
15 have signed this final page on 21st April 2014?

16 **A. Yes, that's correct.**

17 Q. Now I notice, Chairman, just this statement was returned
18 to the Health & Social Care Board and it was numbered,
19 but the version that seems to be in the bundle that
20 I can see -- if we can just scroll back up, please, to
21 page SND-17428, and then I can confirm if the numbering
22 has been put on to it.

23 CHAIRMAN: Certainly not on my version.

24 MS SMITH: The version that is on the screen, Chairman, does
25 have some paragraph numbers. So we will be able to make

1 reference to paragraph numbers from that and I will make
2 reference to the page number as well.

3 CHAIRMAN: Yes. May I just say to the Trust and indeed to
4 anybody else it is not really very helpful to give us in
5 this instance I think a 14-page document where each
6 paragraph is not numbered. It makes it extremely
7 difficult for everybody to find their way around it. At
8 least paginate it. That's something. In future
9 unnumbered statements will be sent back.

10 MS SMITH: Thank you, Chairman. I do believe this one was
11 sent back and the numbers were put on it and certainly
12 they are in the bundle version.

13 SND502, can I just say in the first number of
14 paragraphs in your statement, which are paragraphs 1 to
15 15 inclusive, you set out your background. You worked
16 in Social Services right back in for a number of
17 years and then you set out the -- your career after you
18 left Social Services until your retirement in ,

19 Isn't that correct?

20 **A. Yes, that's correct.**

21 Q. I mean, the very detailed experience that you had is set
22 out in those paragraphs, especially in the field of
23 mental health and learning disabilities, which I believe
24 you would see was your specialism?

25 **A. Yes.**

1 Q. I take it that was working both with adults and children
2 in that field?

3 **A. Yes, that's correct.**

4 Q. Can I -- going back to , you say that you were the
5 only person who had [REDACTED] in Tyrone County
6 Welfare when you started in You were the only
7 [REDACTED].

8 **A. Yes, that's correct.**

9 Q. You have said that you -- in conversation with me you
10 said that you graduated and you worked for about twelve
11 weeks to get your professional qualification. Is that
12 right?

13 **A. No. What I -- what I said was that in when
14 I graduated, a national decision was made that social
15 workers needed certain number of months' practice, and
16 I was short of it by about three months, and we weren't
17 enabled to do the extra three months. We had to go and
18 do an additional year.**

19 Q. So instead of being able to do the three months you were
20 forced to do another year to get your qualification?

21 **A. Yes, but I was given the opportunity to specialise in
22 mental health and learning disability.**

23 Q. And that's where you acquired that skill?

24 **A. Yes.**

25 Q. In that year?

1 **A. Yes.**

2 Q. Well, after the reorganisation of the Health and Social
3 Care Service -- Health and Social Services -- I beg your
4 pardon -- in you actually became [REDACTED]
5 of Social Services in the Western Health & Social
6 Services Board for Mental Health and Learning
7 Disability. Is that correct?

8 **A. That's correct, yes.**

9 Q. At that time -- paragraph 3(b) of your statement, if we
10 can just scroll down to that -- you say that -- sorry;
11 3(c) I should say -- during the period you
12 also assumed responsibility for training, and that this
13 work provided with you a greater opportunity to get to
14 know the staff as individuals.

15 "In our early years we had no training officers.
16 I was responsible for training during an interesting
17 developmental period within the province."

18 You say:

19 "The Certificate in Social Services was introduced
20 and also post-qualifying social work courses at Queen's
21 University. Training of staff", you say, "was
22 considered a major objective."

23 Can I just ask: were there opportunities to be
24 involved -- you say there were opportunities to be
25 involved with all grades of staff. That was to provide

1 training for all of those grades. Is that correct?

2 **A. Yes. Within the Western Board, yes.**

3 Q. You go on to say that -- can I just -- that between
4 to your two main responsibilities were training and
5 mental health. Can I ask then in relation to the
6 training aspect what was the interest like among those
7 who had been working in the field in training? Were
8 they keen to be trained or to receive more training?

9 **A. Yes. There was a keen interest in additional training**
10 **and also the response to in-house training was good. It**
11 **was encouraging.**

12 Q. Can I ask what courses -- what type of courses were
13 offered by way of training?

14 **A. Well, it would be the entire area of child care: looking**
15 **at prevention, looking at case management, working with**
16 **families with problems, and we tried to put a fair**
17 **emphasis on prevention and working with the family**
18 **within their home, and also we would have had training**
19 **courses for staff in residential care as well and**
20 **fieldwork.**

21 Q. Can I ask about the courses that were on offer to staff
22 in residential care? Are you aware of what kind of
23 uptake there would have been? In particular the two
24 homes that the Inquiry are looking at relate to homes
25 run by the Sisters of Nazareth in Derry, and I would be

1 particularly interested to know what the uptake among
2 Sisters of Nazareth employees and nuns would have been.

3 **A. Well, I can't be specific, but I had a sense that there**
4 **was an interest, but our records would indicate the --**
5 **we kept records of our training attendances from both**
6 **statutory and voluntary, but there was an interest, yes.**

7 Q. In particular the realisation in the late and
8 came about that training was essential. Is that
9 correct?

10 **A. Yes, indeed, yes.**

11 Q. Is it fair to say that the work that -- the type of
12 problems that social workers were experiencing at that
13 point in time was becoming increasingly complex?

14 **A. Yes, and I think our awareness was heightened about all**
15 **the issues that were arising within families and also**
16 **the anxieties in residential care as well.**

17 Q. That would have been as a result of the whole Kincora
18 scandal --

19 **A. Yes, yes.**

20 Q. -- that arose in the '80s? Can I just -- about these
21 courses that were being offered, how would people have
22 been aware of their existence? How would people in the
23 voluntary homes have been aware these courses were on
24 offer?

25 **A. They would have been widely distributed. Say, for**

1 **example, if there was a course which is primarily for**
2 **residential care staff, that would have been distributed**
3 **at district level, and it would have been distributed to**
4 **the facilities within the geographical district, both**
5 **statutory and voluntary.**

6 Q. I think you said that there was a Multidisciplinary
7 Education Centre set up in Derry in the . Is that
8 correct?

9 A. Yes. It was -- it was actually a wonderful building and
10 it gave professionals an opportunity to do both
11 interdisciplinary work, single disciplinary work and
12 multidisciplinary work, which was good.

13 Q. That is the location where a lot of these courses --

14 A. Yes.

15 Q. -- we are talking about would have been?

16 A. Once that building was established we did our training
17 in the -- we called it the MDEC. It was based in the
18 grounds of Altnagelvin Hospital.

19 Q. Can I ask just generally -- you talked there about
20 distribution of the -- the opportunities for attending
21 courses and how that was done. Distribution generally
22 of information that would have come in, for example, by
23 way of Department of Health & Social Services circulars,
24 how would they have been distributed?

25 A. We would have distributed those from area level to

1 district level and within the range of client groups.
2 You know, if I am responsible for residential, I would
3 receive copies, or fieldwork. So also DHSS circulars
4 were also distributed by the registry section of
5 administration as well, because if you had a very wide
6 distribution, some would have been done by the
7 administrative section of the Western Health & Social
8 Services Board, but there was always a wide and
9 an appropriate distribution.

10 Q. One of the things that you talked about in paragraph 28,
11 which is at SND-17439, if we could go to that page,
12 please, just at (i) there you talk about peer sexual
13 abuse and raising -- training raising of awareness. You
14 say:

15 "All Board policies and procedures would have been
16 shared with residential homes for children, including
17 offering places to voluntary children's home staff on
18 all the relevant child care in-house training. Child
19 sexual abuse would have been an important area for
20 training. I cannot recall specifically if peer sexual
21 abuse was offered but the MDEC" -- and that's the
22 Multidisciplinary Education Centre you are talking about
23 -- "records would provide details. I can say with
24 surety that peer sexual abuse in residential care was
25 know about and a matter of concern."

1 Can I just pause there to ask when it would have
2 been known about and when you would have recognised it
3 as a matter of concern?

4 **A. I think from the mid-'70s we would have been aware that**
5 **it was an emerging problem and one of great concern.**

6 Q. You go on to say that you yourself feared that up to 10%
7 of children who had been sexually abused from early
8 years could be potential abusers.

9 **A. Yes.**

10 Q. Is there a foundation for that 10% or is this just
11 a rough estimate of your own?

12 **A. Well, it was purely my own professional view. I was**
13 **monitoring complaints, untoward incidents, accidents,**
14 **case reports, and I was forming the opinion that about**
15 **10% of abused children who were so vulnerable from**
16 **abusing could abuse others -- were potential abusers.**

17 Q. Can I ask: did you draw this to anyone's attention at
18 that time?

19 **A. Yes. I -- in fact, I recall we had -- we did a seminar**
20 **with the Board of the -- the Executive Board --**
21 **Management Board of the Western Health & Social Services**
22 **Board, and three of us, two of my colleagues at LLS,**
23 **Londonderry, Limavaday, Strabane district, they**
24 **presented anonymously a case review of a particular**
25 **child, and we went through who had been abused and we**

1 looked at it from all the various aspects and how we set
2 up a care plan and programme for that child, and sex
3 abuse was becoming more and more frequent in all the
4 case records that I saw, and daily -- when I was [REDACTED]
5 [REDACTED] I would have seen reports daily. So I was in
6 a position to read what was going on within our own
7 organisation, our own geographical area, and children
8 being received and committed to care were being -- more
9 and more of them were being sexually abused. So we had
10 more abused children coming in.

11 Q. Can I just be clear on that?

12 A. Yes.

13 Q. You are talking about children who were abused in the
14 community being taken into care as a result --

15 A. Yes.

16 Q. -- rather than actually being abused within
17 a residential setting?

18 A. Yes, absolutely. Fieldwork from the community.

19 Q. But certainly the issue of child sex abuse became
20 something you were increasingly aware of?

21 A. Yes.

22 Q. But you believe the issue of peer sexual abuse was
23 something you would have been aware of in the 1970s?

24 A. Mid-1970s to '80s.

25 Q. One of the -- we were talking earlier about when you

1 first started what guidance you were given, what
2 handbooks or circulars or policies you would yourself
3 have had as a young social worker. Can you perhaps
4 explain that to the Inquiry, just what you would have
5 had?

6 **A. Yes. We would have had a copy of the Children & Young**
7 **Persons Act and the statutory rules and orders. That**
8 **would have been about all. So we knew -- we got to know**
9 **our Acts very well.**

10 Q. You say in the '70s after the reorganisation in '73
11 things changed. Is that correct?

12 **A. Yes. We -- I think because of the major reorganisation**
13 **at that time, moving from local authority to centralised**
14 **Health & Social Services Board, the Department of Health**
15 **and Social Services issued ongoing DHSS circulars,**
16 **guidance on all the various aspects of family and child**
17 **care.**

18 Q. We were talking about this earlier. This guidance was
19 essentially lifted wholesale from what was available in
20 England. Would that be fair to say?

21 **A. Well, that would be my impression, yes.**

22 Q. You also make a comment about you felt that general
23 guidance was -- that's generally quite good.

24 **A. Yes.**

25 Q. But you thought that the implementation of it was better

1 in Northern Ireland.

2 **A. Yes. I had a year of practice in England when I was**
3 **training as a , and I -- when**
4 **I~came back to Northern Ireland again, I felt that --**
5 **I~hope I am saying it not in pride, but I thought our**
6 **practice was good.**

7 **Q. Can I also then move on? In you assumed**
8 **responsibility for child care within the Board as well**
9 **as mental health still as an [REDACTED] at that**
10 **stage. At that point in time can you say what the**
11 **position was about the procedures and guidelines, what**
12 **you were actually doing at that time?**

13 **A. Well, many of the DHSS circulars we actually translated**
14 **into procedural guidelines and -- to facilitate staff in**
15 **their day-to-day practice and supervision, and I felt**
16 **that we also had our -- I am not sure of the dates now,**
17 **but we had our Area Child Protection Committee, and**
18 **staff at fieldwork level were -- we had our primary**
19 **workers and our key workers in the residential child**
20 **care setting, and things were -- were more cohesive than**
21 **they would have been in the '60s and early '70s.**

22 **Q. Now you talked about the Area Child Protection Committee**
23 **and I asked you who would have been on that committee.**
24 **It was really an internal body -- isn't that correct --**
25 **within the Board?**

1 **A. Yes, that's correct.**

2 Q. With a Chief Superintendent of police who also would
3 have sat on it?

4 **A. Yes. The Chief Superintendent, Community Care
5 section of the police sat on that committee.**

6 Q. If I have understood you correctly, the purpose of that
7 committee was essentially to look at very serious
8 situations, for example, the death of a child in care.

9 **A. Yes.**

10 Q. You would have looked into that as a review body
11 essentially. Is that correct?

12 **A. Yes, and we would have reviewed it with great care, and
13 if we had made mistakes, to ensure that those mistakes
14 wouldn't occur again, and to then match the area of lack
15 of knowledge with training. So it would have been
16 in-depth work we would have done.**

17 Q. Just to be clear, during your time with the Area Child
18 Protection Committee you never had a situation where
19 a child was abused in a residential setting?

20 **A. I believe that we didn't have any. Yes, that's correct.**

21 Q. Of those very serious instances there was none that
22 would have occurred in a residential setting to your
23 recollection?

24 **A. No, no, no.**

25 Q. In until you acted up as [REDACTED]

1 [REDACTED] and that came about because there was a sudden
2 departure of the [REDACTED] at that point, and you were
3 asked by the Board to act up. Isn't that so?

4 **A. That is correct.**

5 Q. During that time can you -- you had set out I think --
6 before that you set out what the goals of --
7 paragraphs 5 to 7 of your statement -- the goals of the
8 Board between [REDACTED] and [REDACTED]. If we could just maybe
9 move back to that page, please, which is SND-17429.

10 You say here during -- you felt that:

11 "During the first sixteen years of life in the
12 Western Health & Social Services Board", after the
13 reorganisation in '73, "all our social work policies had
14 been revised and implemented in accordance with the
15 legislation and guidelines."

16 You said you had been exposed to considerable change
17 and you felt the Board coped well with those changes.
18 You moved towards a more integrated family and child
19 care service, coordinated your way through child care
20 involving [REDACTED], and you had someone
21 there as a consultant adviser, someone who you named,
22 who was very highly thought of in Social Services in
23 England. Isn't that correct?

24 **A. That is correct.**

25 Q. You also talk about the Centralised Adoption Committee.

1 You talk about the statutory service, you having
2 a meaningful partnership with other bodies. You believe
3 you reached out to the community and voluntary
4 organisations in a spirit of partnership, and the
5 voluntary organisations, of course, would also have been
6 involved in the running of residential homes in which
7 you placed children. Isn't that so?

8 **A. That's correct.**

9 Q. You also say then at paragraph 8 that you -- what you
10 believe was achieved. You describe your role then as
11 [REDACTED] and what that
12 entailed for you. I am not going to go into that in
13 detail. It is there for the Inquiry Panel to read.

14 But if we can scroll down to paragraph 16, you set
15 out -- from here on you set out what the Social
16 Services' structures were both before 1973 and after '73
17 until you moved out of the Service in . You moved,
18 in fact, to to work -- isn't that correct -- in
19 ?

20 **A. That is correct.**

21 Q. You set out there the organisation, and can I just ask
22 you, if we can just scroll down through it again -- I am
23 not going to read it, because it is there and can be
24 read in detail, but you talk about the divisions,
25 Cookstown and Dungannon and Omagh and Strabane, and each

1 division was managed by a divisional welfare officer
2 accountable to the county welfare officer --
3 , of course -- and they had responsibility for
4 management of staff, overall delivery of welfare
5 services. You recall there were five fieldwork staff in
6 Cookstown and Dungannon division in your period there
7 between and . You again describe about trainee
8 social workers.

9 Then you go on to discuss there that residential
10 facilities within the division consisted of three homes
11 for older persons and no children's homes. So there was
12 no children's home in the Dungannon/Cookstown District?

13 **A. That is correct.**

14 Q. Children who were admitted and committed to care
15 required to be accommodated at Coneywarren in Omagh, or
16 if the child was of the Catholic faith, he or she would
17 be admitted to a Nazareth home. We know there were two
18 Nazareth homes operating in Derry, Termonbacca, which
19 was for boys, and Nazareth House, which was essentially
20 for girls. Certainly back in the that would have
21 been the position.

22 **A. That's correct.**

23 Q. Can I just ask you there: were children ever sent to
24 other Catholic facilities to your recollection?

25 **A. I do recall young persons in our care. I remember one**

1 young man in the going to De La Salle in Kircubbin,
2 and also there was a facility in Enniskillen run by
3 an order of monks as well. Those would be the -- and
4 I recall once being at the Good Shepherd in Derry for
5 girls, but that's all I have recollection of, one child
6 going to De La Salle and one going to Enniskillen,
7 a child who had learning disability, a boy, if
8 I remember correctly. That's about all.

9 Q. Those would have been the children that you would have
10 remembered placing --

11 A. Yes.

12 Q. -- from your district in those homes?

13 A. Yes, yes.

14 Q. Can I just -- coming back, you say you remember once
15 being in the Good Shepherd facility in Derry.

16 A. Yes.

17 Q. Now the Inquiry has received information in respect of
18 one of the people who have spoken to us that she was
19 sent to the Good Shepherd convent in ,
20 which I appreciate was before you -- your time. It
21 would appear from the documentation we have received she
22 was sent there on foot of an order made at

23 when she was just about years of age
24 and she was there until she was about in .

25 Now the documents appear to show that she was sent

1 there as a result of an application by County Tyrone
2 Welfare and that was because she was a child who didn't
3 have a parent who was exercising proper care and
4 guardianship and had been exposed to moral danger.

5 I did explain some more details of that, the background
6 to that case to you. I don't think it is necessary to
7 go into them at this time, because -- first of all, do
8 you -- would you have been aware of children of that age
9 going to the Good Shepherd convent?

10 **A. Personally I wouldn't have been aware, no.**

11 Q. You say that when I told you that a child of that age
12 had gone there, you felt it was for older girls. Isn't
13 that correct?

14 **A. Yes, that was my view, yes.**

15 Q. And you -- sorry. I don't ...

16 **A. Yes. That -- if you would -- yes. When you asked me,**
17 **that was my view and it is my view, yes.**

18 Q. You were shocked to learn that a child --

19 **A. Yes.**

20 Q. -- had gone there.

21 **A. Yes.**

22 Q. I then asked you how you feel that it might have
23 happened --

24 **A. Yes.**

25 Q. -- and can you help with that?

1 **A.** I think in all probability it -- the recommendation
2 I presume would have been made by the Welfare Committee
3 to the court and it may have been the only place that
4 was available. is not that far from Derry and
5 that may have been the logic behind it, and it may have
6 been to do with nearness but also lack of availability
7 of other places.

8 **Q.** Well, one of the things in paragraph 27 at
9 page SND-17437, if we could just go to that, you mention
10 in your statement there that there would have been
11 regular reporting -- sorry -- regular visiting by
12 a social worker of any child who was placed in care by
13 the Board or by the Welfare Authority. Would you expect
14 that that child who was placed with the Good Shepherd
15 nuns would have been visited regularly by a social
16 worker?

17 **A.** Well, I would hope so.

18 **Q.** So would you expect there then to be a file with reports
19 on that child?

20 **A.** Yes, particularly when the child was committed to care.
21 I would hope -- well, there would have been reports
22 written. I certainly know now I didn't go to County
23 Tyrone until , but I can say in we would have
24 written our reports and a copy would have gone to the
25 divisional officer and the county welfare officer.

1 I can say that was practice certainly from my experience
2 in .

3 Q. Certainly this child was there until

4 A. Yes.

5 Q. So that practice was certainly in existence in

6 A. Yes.

7 Q. Of course, we -- given the length of time would you be
8 aware what would have happened to any files that you
9 kept in , how they were stored or what might have
10 happened to them?

11 A. Well, I know they would have all been stored in the
12 local department right up until , and I know in
13 very special arrangements were made about adoption
14 files, and I am on certain -- uncertain ground now, but
15 I do recall we were all worried about where our files
16 were going to go and who would follow on -- follow
17 through our cases when we left, particularly if you were
18 leaving your geographical area, and there were lots of
19 discussions about that and -- but what I cannot recall
20 is what the final arrangement was, but I do remember we
21 all -- I had a filing cabinet in -- right up to
22 filing cabinet with all my files, confidential files,
23 and I had the key and we were very careful about
24 confidentiality, but I cannot recall truthfully what
25 arrangement we made about their locations after that.

1 **What I do know is that Omagh files stayed in Omagh.**
2 **Strabane files stayed in Strabane and Dungannon and**
3 **Cookstown became part of the Southern Board. So**
4 **arrangements were made for all those files to be, for**
5 **example, in Dungannon. The Cookstown ones had to go to**
6 **the Northern Health & Social Services Board. So it was**
7 **a massive piece of work.**

8 Q. Just to shift the files around?

9 **A. Yes.**

10 Q. But it is possible that, given that we are talking about
11 the , that those files may no longer
12 be in existence, that there may have been a policy to
13 destroy them after a certain period of time?

14 **A. That's something I'm not certain about, but I know that**
15 **in all my working years files were -- that's from to**
16 **-- in Northern Ireland we never destroyed files, but**
17 **I believe there was DHSS guidance given at the time of**
18 **reorganisation in , but I can't recall it.**

19 Q. Recall exactly what that is?

20 **A. I'm sorry.**

21 Q. Can I just ask -- just talking about -- we have been
22 talking about peer sexual abuse and being aware from the
23 --

24 **A. Yes.**

25 Q. -- that was an issue, and certainly you described how

1 from -- you know, as time went on it was almost a daily
2 occurrence that you were getting reports of child abuse.
3 You mentioned something about as a young
4 social worker that you were -- an allegation was made to
5 you in the community about an incident. Could you just
6 perhaps expand a little on that with regard to --
7 there's a reason for me asking you about this, but if we
8 could just --

9 **A. Yes.**

10 **Q.** -- say what that was, please.

11 **A. Yes.** I did a home visit to a family, and I can't recall
12 the circumstances, but there was a young girl in the
13 home, in the family home, and I think she was a niece
14 and she was around 12, 13, and she indicated to me as
15 a social worker that she was being interfered with,
16 abused, by I think an uncle.

17 I brought it to the attention of my senior
18 supervisor in social work, who was a gentleman, and he
19 didn't believe that that could happen, and it would be
20 true to say at that time attitudes in society but also
21 sadly in caring work was that young girls of that age
22 can make allegations against men and they can be -- how
23 can I put it -- that sometimes girls of that age can be
24 precocious and attention-seeking I think is the way
25 I would put it.

1 Q. So this -- certainly someone was making an allegation to
2 you in the --

3 **A. Yes.**

4 Q. -- and essentially it wasn't believed.

5 **A. Yes. That -- in that one instance, yes, that is true.**

6 Q. I think we went on to speak about post-Kincora.

7 **A. Yes.**

8 Q. You explained to me that certainly you as a young social
9 worker, despite having been professionally trained,
10 would have been unaware, for example, of what
11 homosexuality entailed, and therefore can one assume if
12 an allegation of homosexual abuse was being made, that
13 equally might have received the same sort of response?

14 **A. Yes, I would say that, because I remember the day the**
15 **Kincora -- the situation became -- when it came into the**
16 **public domain, and I received a phone call from the**
17 **Chief Social Services Inspector of the day, and he**
18 **asked -- he said, "SND502, you were a young social**
19 **worker then. Had you ever heard anything of an untoward**
20 **nature?" and my reply was no, I never had, but,**
21 **secondly, we would scarcely have known what that nature**
22 **of abuse was.**

23 Q. Can I move on to another issue? At paragraph 21 -- we
24 could probably just scroll back up to that, please --
25 you talk about there being a problem with attracting

1 qualified staff to the Western Health & Social Services
2 Board and you set out the management structure as it
3 operated in the in the Western Health &
4 Social Services Board. At paragraph 27 you also say
5 that in the there were unfilled posts and
6 a shortage of professionally qualified staff within the
7 Londonderry, Limavaday and Strabane district.

8 Can I ask if you can give us examples of how
9 difficult it was to attract staff and why you think that
10 might have been?

11 **A. Well, I think -- I'll answer the second bit first.**

12 **First of all, the funding. We didn't have always**
13 **sufficient funding. Secondly, we -- we came from County**
14 **Tyrone, Fermanagh, Derry and County Londonderry, parts**
15 **of Tyrone, Fermanagh. So none of those departments had**
16 **a full complement of staff. So when we came together in**
17 **, we were definitely short of staff, and we had to**
18 **build up our funded establishment financially over the**
19 **years, but also those were difficult times and**
20 **particularly in the city of Derry at that time, but also**
21 **in Tyrone and Fermanagh as well, and County Londonderry,**
22 **the part that we had. So you found that you didn't**
23 **attract many staff from outside. Most of us were -- and**
24 **I say politely -- we were home spun. We -- when we came**
25 **to that area, we remained with it and we had only**

1 I think about maximum 2 or 3% staff wastage. We hadn't
2 much staff movement. Once we got staff, thankfully we
3 were able to keep them, which was positive.

4 Q. Although you gave one notable exception when I was
5 talking to you earlier.

6 A. Yes.

7 Q. That was someone who was an and
8 you say he lasted a total of before he left.

9 A. He came to our Strabane office, and unfortunately there
10 was a situation in Strabane that day, and he handed in
11 his resignation after which was a great
12 embarrassment to us, and we tried to encourage him to
13 stay, but ...

14 Q. You also set out in your statement the hierarchy as it
15 were.

16 A. Yes.

17 Q. Top of the tree, if I can put it that way, was the
18 Director of Social Services. Then the Assistant
19 Directors.

20 A. Yes.

21 Q. There was -- I think you say there were three of those.
22 One had responsibility for training and child care, one
23 for the residential -- sorry -- the older persons,
24 physically disabled and also coordinating grant aid, and
25 then there was the mental health and learning disability

1 --

2 **A. Yes.**

3 Q. -- which is [REDACTED] --

4 **A. Yes.**

5 Q. -- although that then subsequently adopted child care,
6 as it were. Isn't that correct? Mental health and
7 child care then went together later.

8 **A. Well, from memory we weren't able to fill the post, the**
9 **[REDACTED] post, and I was asked to move over,**
10 **but -- no, that's not true. I'll rephrase that. We**
11 **couldn't get the post filled. It was advertised again**
12 **and then I was asked if I would apply. So I applied for**
13 **it and my post was filled. The mental health one was**
14 **filled more easily than the child care at that time.**

15 Q. Then after that level we come down a level to the
16 Principal Social Workers, who -- one was for residential
17 and day care. I take it that was all types of
18 residential care, not just relating to children?

19 **A. Yes, that's correct, yes.**

20 Q. Then you had Assistant Principal Social Workers, Senior
21 Social Workers, social workers, social work assistants
22 and trainee social workers.

23 **A. That's correct.**

24 Q. That essentially was the pyramid from top to bottom.

25 **A. Yes.**

1 Q. In your time in the Board were those posts ever
2 completely filled? Did you ever have that full
3 complement within the Social Services Board?

4 A. I think by we had, but we had real difficulties.
5 We started off I remember in LL... -- in LLS district.
6 We had one Principal Social Worker Residential Care. We
7 didn't have a post for fieldwork I think at that stage,
8 and the staff were under tremendous pressure, because
9 the same amount of work had to be done. The referrals
10 were coming in and the work had to be done. It -- it
11 was also a combination of people not having the
12 professional qualifications, you see. In we
13 required to have the professional qualifications for
14 these type of posts. We were dependent on the colleges
15 producing qualified social workers. Particularly then
16 it was Queen's and what was then Coleraine. Those were
17 the two main suppliers, and the Poly -- Rupert Stanley
18 College for a period, yes.

19 Q. Certainly there were difficulties and stresses, and one
20 of the people who have spoken to the Inquiry indicated
21 that he left Social Services and took up a job with the
22 Sisters of Nazareth. Part of the reason for that was
23 that he felt he was becoming a danger because of the
24 work load that he was being expected to manage. Would
25 you accept that that was a common occurrence for social

1 workers within the Board?

2 **A. No. I wouldn't say it was a common occurrence, but we**
3 **were all having a lot to do.**

4 Q. Some people maybe cope better with the pressure than
5 others. Would that be the position?

6 **A. Yes. It was a stressful time.**

7 Q. You talk also about staffing ratios being defined, and
8 I take it we can -- that was really dependent on the
9 numbers of children resident in a home?

10 **A. That's correct.**

11 Q. That would have dictated how many staff were required to
12 look after them?

13 **A. Yes, and the age range as well.**

14 Q. And the age range of those children?

15 **A. Yes, yes.**

16 Q. You say there was a residential child care policy in
17 existence.

18 **A. Yes.**

19 Q. Can you recall when that dated from?

20 **A. No, but I would have thought we had it in place from**

21

22 Q. But certainly the version, if you like, that we have
23 been given has an appendice (sic) -- appendix which
24 talks about boarding out allowances applicable on

25 . So -- but your recollection is there

1 was a residential child care policy much before that?

2 **A. Oh, yes, yes. We would have been getting our boarding**
3 **out allowances. Those would have been adapted every**
4 **year with the cost of living, you know, increase, etc.**
5 **Those would have been I think annual. The model -- we**
6 **called it the model -- DHSS, the model boarding out**
7 **allowance scheme. That would be separate from the**
8 **residential care one, which would be specifically**
9 **related to children's homes. It would be separate.**

10 Q. So it wouldn't be normal for those boarding out
11 allowances to be appendixed (sic) to the child care
12 policy or would it have covered all of the issues?

13 **A. I wouldn't have seen the two of them together, no, no.**

14 Q. In any event can I come back to your personal experience
15 --

16 **A. Yes.**

17 Q. -- of deciding to place a child in a home --

18 **A. Yes.**

19 Q. -- and whether that would have been on foot of
20 a section 103 order --

21 **A. Yes.**

22 Q. -- where the family would have been in agreement or
23 a section 99 --

24 **A. Yes.**

25 Q. -- which would have been you felt you had no choice --

1 **A. Yes.**

2 Q. -- but to take a child into care? Would you yourself
3 have made that decision?

4 **A. A practitioner at local level would make that decision**
5 **in consultation with his senior. Now I would have**
6 **seen -- in the [REDACTED] role I would have seen**
7 **the child care reports daily and I would have read them**
8 **every day. So I would have been aware of the**
9 **committals, those that would be -- and the admissions as**
10 **well, but the very serious ones I would have been**
11 **setting aside and would have been checking out.**

12 Q. That's much later on in --

13 **A. Oh, yes.**

14 Q. -- your career though?

15 **A. Yes.**

16 Q. At an earlier stage as a social worker?

17 **A. Oh, you would always have consulted. As a practitioner**
18 **you would have spoken to your senior.**

19 Q. In deciding whether or not to place a child in
20 a voluntary home what factors would have come into play
21 in that decision-making process?

22 **A. Well, one I would hope -- number one would have been the**
23 **best interests of the child. That would be number one.**
24 **Two, we would do as much matching as we could; in other**
25 **words, we would have looked at the child's family**

1 situation and also their denomination, and so we would
2 have been attempting to fulfil what the Act said as
3 a good parent bringing a child up in the -- in the --
4 the upbringing of the family from the -- from that
5 viewpoint, but also the child's safety had to be
6 considered as well. Ideally you would have liked the
7 child nearer the family so that those members of the
8 family who were protective and loving towards the child
9 could visit him or her.

10 Q. Well, if I can move on then to the two Derry homes that
11 we are looking at in this part of the Inquiry --

12 A. Yes.

13 Q. -- and at paragraph 23, if we can just scroll down, you
14 talk about your direct contact with both Termonbacca and
15 Nazareth House.

16 A. Yes.

17 Q. If I can just read from there, you say that your first
18 contact with Termonbacca was in You
19 accompanied three young boys for admission. The
20 children had been in the care of their parents, both of
21 whom were unable to care for them and their home was
22 unfit for human habitation.

23 "The children were very upset leaving their parents,
24 and when I saw Termonbacca, I felt the house looked like
25 a large boarding school, but the nuns received us

1 warmly.

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

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

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

11 We know that vulnerable children who are unable to
12 live with their parents are entitled to a normal life,
13 yet we know they face uncertain futures. Since the

14 we have understood this. Yet both statutory and
15 voluntary services had large buildings for all client
16 groups for varying periods in their history. In
17 fairness money was not available to effect change
18 quickly and this in my opinion was in evidence in the
19 West."

20 If I can just pause there before moving on to
21 discuss Nazareth House, if I can just ask you about,
22 first of all, do you recollect any of the senior staff
23 that you did meet in Termonbacca when you visited?

24 **A. Well, it was practice you would always meet the Mother**
25 **Superior and then you would be introduced to the staff**

1 **who would be caring for the child or children. That was**
2 **normal practice.**

3 Q. We talked earlier this morning and you do mention this
4 later in discussion in your statement of what if I can
5 describe it is the deference that might have been shown
6 to the nuns by yourself, first of all, on a personal
7 level. Can you maybe give us some more explanation
8 about that?

9 **A. Well, there is a respect and there was a respect as we**
10 **were -- when you would go to a voluntary home,**
11 **a Christian environment. People were giving their**
12 **lives, dedicated their lives to what they were doing,**
13 **and that brings with it an innate respect and a degree**
14 **of awe in many ways, and I think that -- well, it was**
15 **right.**

16 Q. You have described as you felt you had to be on your
17 best behaviour in their presence.

18 **A. Yes, and say that respectfully, yes.**

19 Q. And you -- obviously there was a degree of politeness.

20 **A. Yes.**

21 Q. Now one social worker who has spoken to us was asked
22 when she was bringing children to the home, did she ever
23 ask to see the facilities, like the bedrooms, or
24 anything like that? What about yourself? Did you ask
25 to see ...?

1 **A. In this particular instance I was shown the -- now from**
2 **memory -- remember this was -- I was certainly**
3 **shown the dining room and -- but I don't recall seeing**
4 **the bedroom.**

5 Q. And did you ask to see further around the home before
6 putting the children there?

7 **A. I don't recall asking.**

8 Q. And again would that have been because there was
9 an assumption that these people who had dedicated their
10 lives to looking after the children could be trusted, as
11 it were, to get on with the job?

12 **A. Yes. There would have been the trust and not only the**
13 **trust, but a degree of politeness as well, and it would**
14 **have been out of respect.**

15 Q. I think you mentioned when we were talking earlier as
16 well that the voluntary organisations, including the
17 Sisters of Nazareth, had been in the business, as it
18 were, of child care much longer than the State.

19 **A. Absolutely. The voluntaries were there long before us**
20 **doing social work.**

21 Q. That in a sense also informed the attitude that would
22 have been shown towards them.

23 **A. Yes. There was a respect and I believe it was a mutual**
24 **respect too.**

25 Q. Now can I -- just before I leave that issue you do --

1 would you say that this respect and, if I can put it --
2 perhaps it is too strong a word -- this deference for
3 these voluntary orders, do you believe -- I appreciate
4 hindsight is a wonderful thing, but do you believe that
5 that might have actually hampered the proper care of the
6 children who were placed with them?

7 **A. I think perhaps the word I might use is maybe a general**
8 **naivety. We know more about how children are abused and**
9 **how they can be abused, but then it would have been**
10 **a mixture of trust and naivety I would think. I can**
11 **only say that personally. That would be how I would sum**
12 **up my behaviour.**

13 Q. Well, then can I just move on to another issue? Many
14 children -- people who have come to the Inquiry have
15 complained about the fact that they were left by the
16 Sisters and were supervised by older or returning
17 children because there was insufficient staff within the
18 home to look after them, and they say that it was during
19 those periods of time when they were supervised by older
20 boys or ex-residents that most of the abuse that they
21 complain about would have taken place. Would you have
22 been aware of that practice, first of all?

23 **A. No, I was not aware of it.**

24 Q. And had you been aware, what would you have done?

25 **A. I would have seen that as negligence.**

1 Q. And why do you say that?

2 A. Well, if we are entrusted with the care of young
3 children, we have a responsibility to ensure that they
4 are safe on all occasions, just as we would expect
5 parents not to leave their children unattended in the
6 community, in the family setting.

7 Q. Can I just explore that a little bit with you? Would
8 you accept that within a family setting a parent may
9 leave an older child to look after a younger one?

10 A. It depends on their age, but, secondly, caring for other
11 people's children brings with it special
12 responsibilities.

13 Q. What problems would you have seen within a residential
14 care setting of allowing older children to look after
15 younger children?

16 A. Well, we are exposing them to risk, either safety -- it
17 hasn't been unknown in my experience for children to get
18 up in the middle of the night in a residential home and
19 go to the kitchen and try to fry chips or something, and
20 look at the danger they are exposed to, and that can
21 happen in a matter of a few minutes. So safety is the
22 primary issue. Also little ones who are not under the
23 care of the practical supervision of adults, we are
24 exposing them to risks from older children, bullying and
25 everything else.

1 Q. Thank you. If I can just move on to another matter that
2 we have heard complaints about. Children have
3 complained that they -- about what they have viewed as
4 a failure to keep them together as a family and that
5 family units instead of being kept together were divided
6 up and in the case of these two particular homes boys
7 were separated from girls according to gender and some
8 children obviously were also separated according to age.
9 Were you aware of that as a practice?

10 **A. Yes, yes, I was.**

11 Q. And can you say why or -- that was done?

12 **A. Well, I -- sorry.**

13 Q. Sorry.

14 **A. Ideally one would have always wanted to keep a family**
15 **together, but if the available places were not -- if the**
16 **places were not available in a residential setting, one**
17 **would have had no choice, particularly if it was in**
18 **an emergency admission.**

19 Q. I think we have already dealt with the next matter I had
20 on my list --

21 **A. Uh-huh.**

22 Q. -- which is the issue of the more established voluntary
23 sector as opposed to the statutory sector.

24 **A. Yes.**

25 Q. Did -- can I ask -- at paragraph 28(e), which is

1 SND-17438, you talk about monitoring of the facilities
2 by board and about the protocol of mutual respect. Can
3 I just perhaps sum it up in this way: because of this
4 mutual respect and deference and what we were talking
5 about earlier, is it fair to say that the nuns were
6 simply left to get on with it, that there wasn't a great
7 deal of monitoring of their practices or anything of
8 that nature?

9 A. Well, in -- from -- I can speak with more authority from
10 the on. We would have maintained contact with the
11 statutory fieldwork staff. We would have maintained
12 contact with the children in residential care, whether
13 it was statutory or voluntary, and there were clear
14 procedures and guidelines, and there would have been
15 that feeding back to the families. So there would have
16 been effective communication, and there would have been
17 established a key worker in the residential setting so
18 the child would have someone to whom they would very --
19 they would build a personal relationship with, but
20 alongside that you would have the social worker, the
21 practitioner, who would be a primary worker. He or she
22 would be still relating to the child. So that -- that
23 would have been the process.

24 Q. Well, moving on from Termonbacca to Nazareth House, did
25 you pay many visits to that home?

1 A. No. I can only recall three or four.

2 Q. How many times have you might you have been in Termonbacca?

3 A. Maybe not many more.

4 Q. You made a comment when we were talking earlier that
5 residential settings were always a worry for you when
6 you were acting up as a [REDACTED].

7 Why was that?

8 A. 24-hour care seven days a week brings with it additional
9 responsibilities, and we have the responsibility to care
10 for those children in a home-like way and to afford them
11 opportunities which they wouldn't have had in the home
12 situation, but most importantly to give them that sense
13 of home life and to demonstrate that you did care for
14 them and were interested in what they were doing in
15 school, were interested in their families, interested in
16 all aspects of their lives. It brings with it added
17 responsibilities, particularly if you have children who
18 have behaviour disorders, those who have been seriously
19 abused in all the ways in which they can be abused.
20 Also particularly children who have been sexually
21 abused, they have lost their childhood. It has been
22 stolen from them, and it brings with it great strain
23 placed on caring staff, caring for them day in, day out.
24 That brings with it also, "How do I respond to all these
25 situations, particularly behaviour problems? Is my

1 behaviour always very professional and exemplary?" We
2 are human and that's why I express anxieties about
3 residential care.

4 Q. You say, "We're human". When you say you express
5 anxieties, those are all the ideal behaviours as someone
6 working in residential care should be alert to, as it
7 were.

8 A. Yes, yes.

9 Q. But if someone is not being an exemplar, as it were, and
10 being human?

11 A. Yes. There were -- there was a clear complaints
12 procedure, but -- for children as well, but the question
13 you always have to ask is: is the child facilitated and
14 enabled to use the complaints procedure freely without
15 fear of retribution?

16 Now I have -- I can truthfully say I have no
17 knowledge of any serious situations which ever arose in
18 any of the homes that I was associated with up to ,
19 but I am saying that residential care brings with it
20 additional strains just by virtue of the work.

21 Q. Just if I might pause there, you say there was
22 a complaints procedure. Do you recollect when that
23 would have been introduced?

24 A. I thought we had it from the -- certainly the -- I think
25 in a variety of ways we would always have had

1 a complaints procedure, but written, clear procedure
2 certainly from the , yes.

3 Q. And you had -- informing a child, for example, of how to
4 make a complaint, when would that have arisen?

5 A. Well, I could stand corrected on this one, but
6 I certainly know in the '80s we were writing -- early
7 '80s and maybe earlier we were writing residential
8 policies, little booklets for children. I remember
9 drafting one myself. So -- but they wouldn't have been
10 possibly in every children's home at that stage, but we
11 were certainly planning to do it, and -- so the child,
12 when he came into care, he would have a little book
13 describing what residential care was like, and if he
14 didn't like the food or if he didn't like the care, how
15 he could deal with it. Now that was certainly around
16 when I was here in Northern Ireland/

17 Q. Well, then if I can move on to another issue --

18 A. Yes.

19 Q. -- funding issues. You talk about this in paragraph 25
20 of your statement and you talk about -- can I ask you:
21 who made the decision around the funding particularly
22 for voluntary homes?

23 A. It would have been made at Board level.

24 Q. And were there differences between the funding of a home
25 run by the Board and one run by a voluntary organisation

1 that you were aware of?

2 **A. I think the -- the capitation weekly charge by the**
3 **voluntary homes was approved -- set and approved in**
4 **consultation between voluntary and statutory and that**
5 **would have been made at Board level. Now with regard to**
6 **the statutory homes, our running costs, of course, would**
7 **determine the capitation charge, and I would think it**
8 **would be truthful to say that it would have cost more to**
9 **run a statutory home than a voluntary home, but I don't**
10 **have all the figures in front of me, but I believe I'm**
11 **telling you the truth.**

12 Q. You certainly were aware that the capitation charge that
13 was being paid to the Sisters of Nazareth in respect of
14 these two homes was lower --

15 **A. Yes.**

16 Q. -- than what the Board homes were --

17 **A. It was lower. I think it's on file actually. We were**
18 **slightly lower than the other Boards had determined the**
19 **capitation charge being. So, yes, we would have been**
20 **paying a lower amount to the two voluntary homes and**
21 **that's well documented.**

22 Q. You have seen all of that --

23 **A. Yes.**

24 Q. -- from the files?

25 **A. Yes.**

1 Q. When you were acting as [REDACTED] you would have seen
2 that documentation?

3 A. Yes, yes.

4 Q. And there was documentation and correspondence you
5 received at that time?

6 A. Yes, yes.

7 Q. [REDACTED] TL 9, you know who he is?

8 A. Yes. Former (inaudible).

9 Q. He has spoken to the Inquiry.

10 A. Yes.

11 Q. He essentially conceded even in the [REDACTED] the Board
12 effectively was getting child care on the cheap from the
13 Sisters of Nazareth. Would you agree with that?

14 A. Yes. That's doc... -- I maybe wouldn't use that
15 expression, but what I would say, that they were -- they
16 were seeking a higher level of funding and it was
17 well-founded and we respected it as well, but for
18 a variety of reasons there wasn't the amount of money
19 that was needed, but there were other issues as well.

20 In Derry at that time they had built Harberton
21 House, an assessment unit, and there was Fort James as
22 well. So there was a greater -- the statutory had more
23 available places, but what was happening was not all
24 organisation -- not all voluntary children's homes were
25 reducing their number of places. So there were factors

1 like that around as well. We were working towards
2 smaller units, but I would say and -- sadly I would say,
3 yes, the -- Termonbacca and Nazareth did make pleas for
4 additional funding. That is correct, and it is
5 documented in the files.

6 Q. And the fact that they did not have this funding and had
7 to make these pleas, how would that have affected their
8 ability to care for children, the lack of funding, as it
9 were?

10 A. Well -- well, in my opinion if you don't have the money
11 coming in, you are not going to be able to secure the
12 necessary staff ratio. So that's a very practical
13 implication. It would affect the level of care.

14 Q. One of the things you said, that not only could you not
15 have the numbers of staff to look after the children in
16 the home, but it would also affect the ability to
17 release staff to --

18 A. Absolutely.

19 Q. -- for further training?

20 A. Yes. I mean, if you don't have sufficient funding, you
21 are not going to be able to release staff for further
22 training and you are not even going to be able to fulfil
23 your own obligations in the whole gambit of care.

24 Q. We did talk there briefly about record-keeping as well.
25 Is it correct -- we have heard that the practices on

1 record-keeping changed. Initially a file would have
2 been kept on an entire family and then on the individual
3 children within that family kept in a family file, as it
4 were. You talk about paragraph 27 that staff shortages
5 meant that not all records were kept up-to-date.

6 I wondered if you could expand a little on that.

7 **A. I recall reading in a file where the -- visiting to**
8 **a voluntary home was as required, but social workers**
9 **were -- some were slow in providing their written**
10 **reports and that's documented in an Inspector's report.**

11 Q. And would you have accepted that as a proper way to keep
12 records?

13 **A. No, no, and in fairness the social workers would have**
14 **known that too, and -- but there were -- there were**
15 **pressures on because of shortage of staff, and it is to**
16 **be regretted, but it did happen on some occasions, yes.**

17 Q. In paragraph 26 you talked about how often reviews were
18 to be held, and we have told there were initially no
19 six-monthly reviews of children living in the children's
20 homes and that changed about .

21 **A. Yes.**

22 Q. People talked about **TL 17** being involved in that
23 change. I did ask you and I think you confirmed that
24 that, in fact, it was a change that occurred right
25 across all of the Board areas.

1 A. Yes. What happened generally was the DHSS would have
2 produced guidelines, and they were in abundance actually
3 from 1973, and we would have translated that into
4 practical guidance appropriate to the facility or the
5 setting, but all our procedures would have been based on
6 DHSS guidelines.

7 Q. One of the things you did say was you felt the reviews
8 were insufficient. I wonder if you could explain that
9 further to us what, you meant by that.

10 A. Reviews -- yes. Now this is in retrospect really.
11 Children -- families and children were encouraged to
12 attend the reviews, but in my experience and my opinion
13 children, if you are 18 or 20, they see you as old, and
14 children coming into a review situation, even though
15 they may know us all, you know, within the review, it is
16 very hard to enable a child to feel that he is secure
17 and safe and that he can make his complaints or express
18 his anxieties. I think that we have to -- I know now we
19 do have -- we needed a variety of ways in which to
20 enable children to be able to speak, and also I have to
21 say that in our culture historically many -- maybe at
22 school we may have had one teacher in particular who was
23 very rough on us, but we would never have spoken about
24 it until years later, and we have to be aware of the
25 sensitivity and giving children the security to be able

1 **to speak out, and it's hard to do.**

2 Q. If I can just briefly deal with a couple of other
3 matters, I did ask you if you recalled any of the names
4 of the nuns and you have no --

5 **A. No.**

6 Q. -- recollection of that at all.

7 **A. No.**

8 Q. The Children & Young Persons Act had a statutory bias in
9 favour of boarding out and fostering. Was it generally
10 difficult to arrange long-term fostering or was that
11 something that -- was that something that improved over
12 the years or what was position?

13 **A. Well, it did improve over the years. Again boarding
14 out, fostering became very expensive as well. So there
15 was always -- even though we were developing at a very
16 steady rate, one never had as much money as one would
17 want.**

18 Also we were becoming more and more aware of the
19 need to train our foster parents and to train them well,
20 select them very carefully. A lot of time and training
21 went into all those various aspects of training --
22 selecting and training foster parents.

23 Q. Well, did that -- because of that, did that have
24 an effect on how long children might then have spent in
25 residential care?

1 **A. Well, we would have had some emergency fostering. So**
2 **you -- you could have brought the child straight to the**
3 **foster parent. Yes, there would have been situations**
4 **where perhaps you wouldn't have had an appropriate**
5 **fostering situation for a child, but there was**
6 **an ongoing development over the years.**

7 Q. Uh-huh. I am going to ask you about a couple of other
8 things just. Section 103 --

9 **A. Yes.**

10 Q. -- of the Children & Young Persons Act was the section
11 which a lot of children were received into care under
12 and there were a large number of children placed in
13 Termonbacca and Nazareth House voluntarily aside from
14 the section 103 entrants.

15 One of the things -- was the Board -- I mean, you
16 must have been aware when you went to Termonbacca to
17 place those three children that those weren't the only
18 children in that home and that there were a large number
19 of children who were there not on foot of any court
20 order, for example, or on foot of a section 103 entrance
21 procedure. So what I want to know is did the Board ever
22 seek to assess whether those children ought to be in
23 care, those other children who you were aware of?

24 **A. I think my answer possibly to that would be we would**
25 **have been dependent on referral for our attention --**

1 Q. And what about --

2 A. -- in the and --

3 Q. Sorry.

4 A. -- and indeed , but I know if we had been
5 approached, we would have followed the -- both the
6 spirit and the legislation, but it would have been
7 referral I think would be the most exact way I could
8 respond.

9 Q. I think I can probably give you an example of that if we
10 could look at SND-2015, please. Can I ask were you
11 aware of a lady called **SND 483** during your time in --

12 A. Yes, indeed. **SND 483** worked as a
13 for the Western Board for
14 a period.

15 Q. She then moved to work for the diocese of Derry as
16 a . Were you aware of that?

17 A. Yes, yes. I was --

18 Q. Sorry.

19 A. I was in Derry then.

20 Q. I didn't -- I apologise. I didn't show you this before
21 we came in, but this is a letter that -- a copy of
22 a letter dated and you will see it is
23 addressed to **SND 483** and there are names of children
24 underneath those where you see dates of birth there. It
25 says:

1 "Dear **SND 483**,

2 Care of St. Joseph's Home, Termonbacca."

3 That's the children were in Termonbacca at the time.

4 "I refer to your letter of about

5 the above named boys. They have been received into care

6 under section 103 of the Children and Young Persons Act

7 (Northern Ireland) 1968 with effect from

8 For the time being it is proposed that the boys

9 remain in St. Joseph's Home while the possibility of

10 foster care is considered."

11 It is signed there at the bottom by a

12 , **SND 468** .

13 **A. Yes.**

14 Q. Now you may or may not have seen this document before.

15 I know you didn't see it earlier this morning.

16 **A. It is all right.**

17 Q. My point about that is: is that the kind of situation

18 that you're talking about? If someone said to the Board

19 --

20 **A. Yes.**

21 Q. -- "We have children in care here. We think that they

22 -- in our home. We think they ought to be in care

23 formally", that the Board would have reacted to that

24 situation?

25 **A. Yes. I mean, that letter was obviously written by**

1 **SND 483** to Western Health & Social Services Board.

2 That's the Shantallow division I remember of Derry.

3 Q. This is **SND 468** replying to whatever letter she sent in
4 January, saying, "Yes, we are agreeing to take them into
5 care under section 103".

6 A. Yes. Obviously "I refer to your letter" --

7 Q. Yes.

8 A. -- you know. So **SND 468** was responding to **SND 483** .

9 CHAIRMAN: Well, as we understand it, what happened here was
10 she identified the three children --

11 A. Yes.

12 CHAIRMAN: -- who were voluntary admissions --

13 A. Yes.

14 CHAIRMAN: -- felt they should be in care --

15 A. Yes.

16 CHAIRMAN: -- approached the Board --

17 A. Yes.

18 CHAIRMAN: -- and effectively -- this is paraphrasing --

19 said, "These children should now be in care and not
20 looked after voluntarily" and the Board accepted that.

21 That's the letter we see there. So the Board took them
22 on --

23 A. Yes.

24 CHAIRMAN: -- even though they had been in voluntary care.

25 A. Yes.

1 CHAIRMAN: That it would seem to me is an example of the
2 type of referral situation that you've just described.

3 **A. Chair, that --**

4 CHAIRMAN: The Board didn't know about them until **SND 483**
5 told them.

6 **A. Well, that would be my view, you see. I would -- Chair,**
7 **I would agree with you. That's what I would call**
8 **a referral. They were referred by the voluntary**
9 **organisation to the statutory and under the legislation**
10 **we have we had a responsibility to -- to care for those**
11 **children.**

12 CHAIRMAN: Yes.

13 **A. But it was -- that's why I was using the word**
14 **"referral".**

15 CHAIRMAN: So just to take this a stage further, if you turn
16 that on its head, the Board wasn't going looking at all
17 the children in voluntary placements in voluntary
18 institutions. It only did so if somebody referred the
19 child to the Board. In other words, that's the
20 voluntary sector. This is the statutory sector. We
21 don't look at the voluntary sector unless the voluntary
22 sector sends the children to our attention. In
23 a general way is that not what the philosophy seems to
24 have been?

25 **A. I hear what you're saying and I respect it, but I --**

1 **I can never remember having an attitude or the Board**
2 **having an attitude of them and us.**

3 CHAIRMAN: No, but -- I am not seeking to put, as it were,
4 a philosophy behind it.

5 **A. Yes.**

6 CHAIRMAN: Is that not what the situation was at the time;
7 in other words, you had a voluntary sector and
8 a statutory sector, a public sector. Unless the child
9 was put in care --

10 **A. Yes.**

11 CHAIRMAN: -- it was not the responsibility of the State.
12 That's the case so far, isn't it?

13 **A. Yes, yes.**

14 CHAIRMAN: So there was another organisation that looked
15 after children in this instance, a voluntary one --

16 **A. Yes.**

17 CHAIRMAN: -- and that was their responsibility, wasn't it?

18 **A. Yes.**

19 CHAIRMAN: Now to what extent the two worked together is
20 a different matter, but as far as money was concerned,
21 the State did not support those children unless it made
22 either a capital payment for buildings, paid for staff
23 to be trained or whatever or made a capitation
24 allowance.

25 **A. Yes. I respect, Chair, what you are saying. I am at**

1 one disadvantage. I -- I don't ever recall us not
2 responding. Now I know that you are saying -- you are
3 saying to me that we had that over responsibility --
4 overall responsibility for all children in the voluntary
5 sector.

6 CHAIRMAN: Well, I'm not sure that I am saying that. I'm
7 simply saying the way the structure worked that if the
8 children were in the voluntary sector, was it not the
9 case that the voluntary sector was left to get on with
10 looking after those children, because we have heard from
11 a number --

12 **A. Yes.**

13 CHAIRMAN: -- of witnesses that in effect they didn't exist
14 as far as the State sector was concerned if they were in
15 the voluntary sector.

16 **A. Yes. I partly agree with that, and the reason I partly**
17 **agree with it is up until, what, '73 really that --**
18 **I think that would have been the position, where the**
19 **voluntary sector were providing services and the local**
20 **authority Welfare Department were providing services,**
21 **and that's my memory of it, but from 1973 I'm on shaky**
22 **ground, because I genuinely don't recall. I hear what**
23 **you're saying and I respect it.**

24 CHAIRMAN: Well, I think it is fair to say in the mid-'80s
25 onwards there was a very considerable shift --

1 **A. Yes.**

2 CHAIRMAN: -- because more and more children were being
3 placed in care --

4 **A. Yes.**

5 CHAIRMAN: -- but located in voluntary homes --

6 **A. Yes.**

7 CHAIRMAN: -- and were therefore in every sense the
8 responsibility of the State.

9 **A. Yes, yes. So what's why I'm on sticky ground. I never**
10 **recall us not enacting the legislation. In the**
11 **the -- I suppose what I'm saying is I understand what**
12 **you're saying and I'm sure it's true, but in the**
13 **I was a social worker and I did what I was told.**

14 CHAIRMAN: You left these things to those whose
15 responsibility it was and got on with your work?

16 **A. I was the most junior, so not qualified to say, and**
17 **I apologise.**

18 CHAIRMAN: Nothing to apologise for.

19 MS SMITH: SND502, I think the point that I was seeking to
20 make with you is simply this was an example of the Board
21 reacting to what you see as a referral of children to
22 your attention, as it were?

23 **A. I would see it as responding.**

24 Q. Responding to a referral rather than reacting. Fair
25 enough, but the corollary of that is you were aware

1 nonetheless of a body of children who were living in
2 residential care and the Board, unless those children
3 were specifically brought to your attention, really just
4 left them to the voluntary organisation to look after
5 without assessing whether they ought to be living in
6 residential care.

7 **A. With respect, I think that's a wee bit hard, because**
8 **I would have hoped that we would have known about all**
9 **the children that were in the voluntary sector from --**
10 **certainly from reorganisation. I would have been**
11 **shocked if there were children going in and out of care**
12 **that we didn't know about, because we had an overall**
13 **responsibility.**

14 Q. I think just another -- if I can move on to a different
15 responsibility --

16 **A. Yes.**

17 Q. -- of the Board, which was under section 131 of the
18 Children & Young Persons Act --

19 **A. Uh-huh.**

20 Q. -- and this was a duty to befriend children who had been
21 in voluntary care --

22 **A. Yes.**

23 Q. -- and who were about to leave school --

24 **A. Yes.**

25 Q. -- which would have been probably about 16.

1 **A. Yes.**

2 Q. At that stage from the '60s onwards the school leaving
3 age would have been 16 --

4 **A. Yes.**

5 Q. -- until 18 unless they were satisfied that the
6 voluntary organisation had the necessary facilities to
7 do that job.

8 **A. Yes. Uh-huh.**

9 Q. Now one of the complaints we have had is there was no
10 preparation for leaving Termonbacca, that there was no
11 real aftercare facility provided by the Sisters of
12 Nazareth. So I am wondering what the Board did, first
13 of all, to satisfy itself that the voluntary
14 organisation did have the necessary facilities to meet
15 that obligation.

16 **A. Well, with shame I say I am not fully equipped to answer**
17 **that question, but my experience was during that period**
18 **that we were careful in our rehabilitation, because it**
19 **was rehabilitation, of children who were about to be**
20 **discharged from care, and we would have been in**
21 **preparation long before they were of age to be**
22 **discharged from care, and arrangements would have been**
23 **made for them if it were possible for them to return to**
24 **their own family or to ensure that educationally they**
25 **were being equipped to secure employment or training.**

1 **So ...**

2 Q. Certainly -- I hesitate to interrupt you --

3 **A. Yes.**

4 Q. -- but certainly what you are saying is that the
5 statutory sector was preparing children --

6 **A. Yes.**

7 Q. -- for discharge from residential care.

8 **A. Yes.**

9 Q. But I think the question I am actually asking is what
10 were they doing to check that the voluntary
11 organisations were doing the same job?

12 **A. Well, if we had placed -- I mean, this is -- again**
13 **I don't have any direct experience, but what I do know**
14 **is if the children were placed in care by us, by the**
15 **Western Health & Social Services Board, we would have**
16 **had that responsibility to prepare the children for**
17 **their discharge back into the community, and that would**
18 **have been a responsibility of ours along with the**
19 **voluntary home.**

20 Q. Forgive me. I don't -- I don't want to be badgering you
21 here.

22 **A. No, that's all right.**

23 Q. I think really the issue that I am trying to get to the
24 bottom of --

25 **A. Yes.**

1 Q. -- is what the Board was doing to say -- apart from
2 those children who were in their care on foot of a court
3 order and the ones that they were looking after and
4 taking out of care, as it were, or moving towards moving
5 from care, what about the other children? What was the
6 Board doing to make sure that the Sisters of Nazareth,
7 for example, as a voluntary organisation had the proper
8 facilities in place to ensure that those school leavers
9 were going to be befriended and looked after until they
10 were 18?

11 **A. I would have hoped from the there wouldn't have**
12 **been any children who fitted into that category, because**
13 **they all should have been in our care.**

14 Q. Certainly by the s --

15 **A. Yes.**

16 Q. -- it would be correct that children --

17 **A. Yes.**

18 Q. -- who were being placed in care --

19 **A. Yes.**

20 Q. -- may well have been there under the auspices of the
21 Board.

22 **A. Uh-huh.**

23 Q. But we are talking about children who may have been
24 leaving in the but been in residential care
25 from the

1 **A. I truthfully can't comment on that. District staff**
2 **would be better equipped than I to comment, because at**
3 **that stage in my life I was still in Mental Health.**

4 Q. At that point in time?

5 **A. Yes.**

6 Q. Thank you. Just one other -- you deal with this in
7 paragraph 28(e) I think of your statement. You deal
8 with the monitoring of children's homes --

9 **A. Yes.**

10 Q. -- and being aware of the voluntary regulations --

11 **A. Yes.**

12 Q. -- both 52 and 75, requiring those homes to be conducted
13 in such a way as to further the well-being of children.
14 You were also aware that the home itself -- the
15 organisation that ran the home was supposed to monitor
16 and inspect to ensure that that was being done.

17 The Sisters of Nazareth through a statement that
18 they have provided have effectively admitted that they
19 did not carry out those inspections, and I am wondering
20 were you or the Board ever aware whether or not -- did
21 it satisfy itself that the voluntary homes were
22 complying with the regulations about inspection? What
23 do you recall or can you recall anything in particular
24 about the inspection of voluntary homes?

25 **A. Well, it was never brought to my attention from the**

1 , that the voluntary homes were not doing
2 their own monitoring and inspection.

3 Q. I think you talked about seeing certain inspection
4 reports of all homes from the .

5 A. Yes. Those were the -- from the DHSS Inspectorate and
6 those reports would have been shared with us. So we
7 would have been aware in detail of the situation in
8 a voluntary home and also we would have picked up any
9 criticisms that would have been made of the Board in
10 delivery of service to the home as well.

11 Q. There's just one other matter. Again I am going to use
12 names, because it is easier --

13 A. Yes.

14 Q. -- and I don't want to confuse, but these names are not
15 to be used outside the chamber.

16 A. Yes.

17 Q. I did ask you if you remembered any incident involving
18 someone called HIA69 being brought to your attention.
19 I don't believe that you did remember that or recall it,
20 but I showed you some documentation in respect of that.

21 A. That's correct.

22 Q. If I can just go to SND-10100, now this is a letter
23 which is written by you, first of all, to the Social
24 Services Inspectorate, to **SND 453** there. It is about
25 a girl, and the letter says that you received a letter

1 from the Social Services Inspectorate in June regarding
2 the above young girl from [REDACTED] of your Childcare
3 Branch enquiring whether the allegation made by her
4 against someone ... As you are aware this is also
5 associated with another person who is named there and
6 the situation -- with the situation relating to that
7 boy, and it is still under investigation with the hope
8 now of some movement as the boy has now made a statement
9 to the RUC.

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

14 Now I just wanted to ask you about that last
15 paragraph, SND502, if I may. This was an investigation
16 that was ongoing. A child had made a complaint she had
17 been abused by another child while she was in
18 Termonbacca. That had been investigated. There was
19 a second child who was making a complaint about the same
20 person. I just wanted to ask what you meant by that
21 last paragraph, that you were aware -- that as [REDACTED]
22 **SND 453** was aware, you were concerned about the matters.
23 The implications could be fairly great with regard to
24 the care of all these young people while in Termonbacca.

25 Would you explain what you meant by that, please?

1 **A.** Well, from looking at the papers this morning this young
2 girl had been abused by this young man and the
3 implication is that, well, if one is being abused, you
4 have to ask the question: are others being abused? It
5 is a matter -- it would have still been a great matter
6 of concern.

7 **Q.** This is in obviously --

8 **A.** Yes.

9 **Q.** -- and it is a complaint about something that happened
10 much earlier.

11 **A.** Yes.

12 **Q.** By this stage, of course, Termonbacca was closed --

13 **A.** Yes.

14 **Q.** -- and the children would have been moved on.

15 **A.** Yes.

16 **Q.** So can I take it that -- from looking at the documents
17 -- and I explained to you this morning that ultimately
18 this resulted in no prosecution of anyone --

19 **A.** Yes.

20 **Q.** -- but by it would not have been possible at that
21 stage for the Board to carry out any investigations of
22 their own, given that Termonbacca was shut?

23 **A.** I would -- yes. I hear what you're saying, and I would
24 agree with you, but the impl... -- the boy -- I am just
25 trying to recall again. The boy ...

1 Q. There was a girl made an allegation --

2 **A. Yes.**

3 Q. -- and a boy made an allegation about another child
4 having abused them while they were resident in
5 Termonbacca --

6 **A. Yes.**

7 Q. -- and that was investigated by the police.

8 **A. Yes.**

9 Q. Ultimately no prosecution was directed.

10 **A. Yes.**

11 Q. Part of the reason for that decision-making process was
12 that the child himself would have been about at the
13 time these allegations related to --

14 **A. Yes, yes.**

15 Q. -- although at the time in he was

16

17 **A. Uh-huh.**

18 Q. You were concerned about the fact there was
19 an allegation being made -- please correct me if I have
20 got this wrong --

21 **A. Yes.**

22 Q. -- about an allegation being made of effectively peer
23 abuse or abuse by an older child in Termonbacca and you
24 felt that was of concern because there were implications
25 as to whether or not other children might have been

1 abused --

2 **A. Yes.**

3 Q. -- either by this child or someone else --

4 **A. Yes.**

5 Q. -- within that home.

6 **A. Uh-huh.**

7 Q. Now I know from the subsequent correspondence that once
8 the prosecution -- I mean, we can have a quick look at
9 that just for completeness.

10 **A. Yes.**

11 Q. It is SND-10090. This is a letter where you are writing
12 to someone in Hammersmith, but it just -- if I can just
13 look at the first paragraph of that where it's -- again
14 it's being -- you are writing:

15 "Further to our telephone conversation ...
16 confirming that this person has denied any incident and
17 police in Londonderry say that he denied the allegations
18 when interviewed. It would appear to be the view of the
19 RUC that if anything had happened of a sexual nature, it
20 must have happened when he was about years of age,
21 and police will therefore be recommending to their
22 senior officers that no legal action will be taken
23 against him and this would mean that our cases would be
24 closed."

25 You go on in it in the second paragraph to say you

1 have sympathy towards him, because he would have been
2 a child in long-term residential care, very much alone
3 in the world, but on the other hand you personally must
4 indicate that you do believe there was substance to the
5 allegations made by the two young people, but cannot say
6 that with any authority. That was just your own
7 personal opinion, and you feel that from a social work
8 viewpoint that person should be discouraged from making
9 a career in [REDACTED].

10 That again was your own personal view at that time

11 --

12 **A. Yes.**

13 Q. -- but what I am saying to you is that Termonbacca was
14 shut.

15 **A. Yes.**

16 Q. Did -- when this resulted in no prosecution, did you
17 close the files?

18 **A. Yes. It would appear we did, yes.**

19 Q. I am asking I suppose was -- there was really little you
20 could have done at that stage, given the home was shut,
21 to carry out further investigation?

22 **A. Yes, and also the police -- no legal action was being**
23 **taken against the boy. Well, he was , but we couldn't**
24 **have pursued it. Yes. I think again this was one of**
25 **the reasons why I obviously expressed in my written**

1 statement that I had concerns about the peer sexual
2 abuse, but with regard to this particular situation
3 there wasn't certainly in my time an investigation about
4 whether or not other children had been abused.

5 Q. Thank you. Well, SND502, you will be glad that I have
6 reached the end of the questions that I want to ask you,
7 but can I just ask you if you feel there is anything
8 that we haven't covered that you would wish to draw to
9 the attention of the Inquiry, and this is your
10 opportunity to do so at this stage?

11 A. No. I think you have covered it very well. I suppose
12 the -- only one thing and it is more just a comment. It
13 is the thought of children being abused is -- you know,
14 I still find it difficult after years in social work.

15 Q. Thank you. Thank you very much, SND502. Panel Members
16 may have some questions for you.

17 A. Yes.

18 Q. So just stay there.

19 Questions from THE PANEL

20 MS DOHERTY: Thanks very much, SND502. That was very
21 helpful. Can I just take you back to and
22 I recognise it is a long time ago?

23 A. Yes.

24 Q. The boys you brought into Termonbacca --

25 A. Yes.

1 Q. -- did you have follow-up contact with them or were you
2 --

3 A. Well, interestingly those three boys, I was actually
4 a young social worker acting as a chauffeur nearly.
5 Senior staff -- the decision had been made they would be
6 received into care and I brought them to Termonbacca as
7 a young -- very young social worker, but interestingly
8 the father and mother of those three boys were clients
9 of mine when -- as a later.
10 The mother very sadly was suffering from
11 and was in a The father had had
12 a accident. He was and he got
13 . So I was appointed by the Department of
14 Affairs to look after his affairs.

15 Years later for a period I was [REDACTED]
16 [REDACTED]. We were
17 inspecting Muckamore Abbey, and one of those young boys
18 was there, and he recognised me and I recognised him,
19 even though quite a number of years had passed, and
20 I was very saddened to see him, that he was still in
21 long-term care. So he had been in long-term care.
22 and I was
23 asking about his other brothers. One of them was in
24 and the other one was in Northern Ireland, but
25 he had been in care from about the age of maybe or

1 and he was still in care, and that was the

2 Q. So in a sense those children were being taken into care
3 and somebody they didn't know was being used just to
4 transport them into care at that time?

5 A. Yes. Yes. Well, actually -- this is a wee bit
6 personal, but -- it was new for me being exposed to the
7 very terrible living -- I still remember the living
8 conditions. They had an open fire and the ashes went up
9 to the thatched roof. So you know the height of the
10 ashes inside the house. The mother sitting severely ill
11 , the father with , still drinking,
12 and the children were in a very, very neglected state,
13 in such a neglected state I didn't want to bring them to
14 the children's home looking the way they were, and I had
15 fresh -- I think I had fresh clothes for them, but
16 I brought -- a thing we are not supposed to do --
17 I brought them to my own home and my mother made them
18 a proper meal, a dinner, and you know, they weren't able
19 to eat it. They wanted white loaf and butter and jam
20 and it -- it was distressing and my mother kept asking
21 me over the years, "How are those three boys?" So
22 living conditions for children in the who were
23 received and committed into care, they were appalling.
24 It's hard for us to even imagine now what it was like.
25 So even though, yes, they didn't know me, we did try to

1 **do it with sensitivity.**

2 Q. But you didn't have any ongoing contact with them?

3 There wasn't --

4 **A. But I wasn't their social worker.**

5 Q. Were you social worker to any children in Termonbacca --

6 **A. No.**

7 Q. -- or Nazareth House?

8 **A. No.**

9 Q. So you never --

10 **A. I only -- I was there nearly two years and then I went
11 straight and did my training.**

12 Q. Okay.

13 **A. Then I came back and I was a
14 in County Tyrone, but I worked with children, had many
15 referrals, school refusals, and children who ran away
16 and all the things you did in those days.**

17 Q. Those days.

18 **A. Yes.**

19 Q. Can I just ask, though, further on with your career --
20 one of the things we were told by a previous witness was
21 that as children with more complex needs began to come
22 into Nazareth House at that time, and maybe those needs
23 were presented more with challenging behaviour, that
24 placements could close down quite quickly where the nuns
25 felt unable to deal with the more challenging behaviour.

1 Were you aware of that in your more senior roles?

2 **A. Yes, and that's why we had our -- you know, we invested**
3 **so much money in training, because if you set up a good**
4 **care plan, a care treatment plan for a child, even in**
5 **the '70s and '80s we were doing that, and one can work**
6 **through with the child the behaviour disturbance, and**
7 **also the one thing -- I'm saying this with humility, but**
8 **it will sound proud -- in the Western Board we were --**
9 **we rarely sent a child to a training school. It was**
10 **rare. We dealt with our own children and we worked hard**
11 **with them, staff did. I was rather proud of that, what**
12 **they did.**

13 Q. But as a senior manager you weren't aware of the
14 difficulty of placements closing down quickly or --

15 **A. Yes, we would have been aware of that, because I would**
16 **have been reading -- when I was [REDACTED], I would**
17 **have been reading the daily reports.**

18 Q. Okay. So that was --

19 **A. Yes.**

20 Q. As the [REDACTED] were you aware of any complaints
21 or untoward incidents in relation to Nazareth House?

22 Was Nazareth House a concern for you?

23 **A. No, other than larger facilities and the problems that**
24 **they brought for both staff and for children. It's --**
25 **it's difficult if you, you know, are under-staffed and**

1 **you have a large, large building.**

2 Q. So there was a sense that it was an under-staffed and
3 maybe under-trained facility?

4 **A. Well, larger facilities have more difficulty -- have**
5 **more difficulties in management of care children,**
6 **because it is not as home-like. I think that's the way**
7 **I would put it.**

8 Q. I suppose what I am saying more directly is as a senior
9 manager did one of the things that keep you awake at
10 night just to worry about standards of care in Nazareth
11 House or ...?

12 **A. No. I think what kept me awake at night was the level**
13 **of abuse in the community.**

14 Q. Okay. The last thing I just want to ask you is about
15 befriending and the -- were you aware of the
16 introduction of befriending and --

17 **A. Yes, yes.**

18 Q. One of the issues that has arisen earlier in the week
19 was about the appropriateness of someone acting as a key
20 worker to a child and also as a befriender. I just
21 wondered if you had any issues about that.

22 **A. Now are you talking -- with respect, are you talking**
23 **about befriending in the community or are you within**
24 **the -- bringing befrienders into the residential**
25 **setting, mentors?**

1 Q. Bringing befrienders in for children that maybe weren't
2 ...

3 **A. Yes, yes.**

4 Q. And just about whether it would be appropriate for the
5 same person to act as a key worker and a befriender.

6 **A. I think perhaps I -- I am in now on that one.**

7 **I would separate the two roles personally. Also**

8 **befrienders, they need very clear, very careful**

9 **assessment and investing, not just by the police.**

10 **I mean, it's -- it's right that we have advocates,**

11 **befrienders for children. I'm totally supportive of**

12 **that, but one has to be very careful in the evaluation,**

13 **assessment and matching the child with the person. The**

14 **key worker within the facility is more like a mother**

15 **type figure. The other is more like an uncle type**

16 **figure or auntie I would see. I would make that**

17 **distinction in my experience.**

18 Q. Okay. Thank you very much.

19 **A. Thank you.**

20 MR LANE: Could I go back to the question of -- sorry.

21 Could I go back to the question of recruiting staff?

22 You mentioned that you were having difficulties in the

23 Western Board. Was that true of all the boards at that

24 time?

25 **A. I think -- I wouldn't like to generalise, but we all**

1 would have had difficulties, but I can only speak
2 about -- I suppose I am being selfish. Our difficulties
3 were greater --

4 Q. So --

5 A. -- because we were --

6 Q. So what methods were you actually using to attract
7 staff? Was it the journals and things like this?

8 A. Yes. Advertising. Well, advertising.

9 Q. Did you recruit many people from the other boards?

10 A. No. I can't recall unless someone got married and they
11 were moving, you know, something like that, moving.

12 Q. So essentially you were having to rely on secondment and
13 really your own qualified staff?

14 A. Yes. We were very much "home spun".

15 Q. Right. Thank you. In terms of foster parents and how
16 you recruited them, what methods did you use for that?

17 A. We were -- we were quite good at that. We would have
18 brought them together and we would have self-selection
19 to some extent as well. There would have been -- we had
20 a training plan for it and we would have exercised that,
21 and many people who came forward would have opted out.
22 We would have had single interviews, group interviews,
23 and they would have been well-informed of the nature of
24 the work, and, of course, they would have been assessed
25 for their suitability.

1 Q. So what -- did you put an advert in the Derry Journal or
2 something in the first place or how did you get the word
3 out that you need --

4 **A. Yes, we would have had advertisements. Yes, yes.**

5 Q. Did you have to have virtually two separate lists for
6 Catholics and Protestants?

7 **A. Oh, no, no.**

8 Q. You just kept the one?

9 **A. We would never have done that, no.**

10 Q. All right, but in terms of placing children --

11 **A. Oh, sorry. I'll rephrase that. We would place -- in
12 the legislation you would place a child --**

13 Q. Quite.

14 **A. -- in the environment in which he had been brought up
15 from the point of view of his --**

16 Q. Yes.

17 **A. -- religion. I thought -- sorry. I misunderstood.**

18 Q. I was thinking you would need to have availability of
19 foster parents of both groups. That is the point. Not
20 necessarily keeping them as separate lists.

21 **A. Maybe three groups.**

22 Q. Maybe three. Yes. Right. Okay. Thank you.

23 CHAIRMAN: Thank you very much indeed. That's all we need
24 to ask you. Thank you for coming to speak to us --

25 **A. Thank you, Chairman.**

1 CHAIRMAN: -- particularly since (a) and
2 (b) therefore you are being asked to recall things that
3 occurred at least years ago in some instances, and
4 also for physically coming to speak to us some
5 considerable distance as well I gather.

6 **A. Thank you, Chairman.**

7 CHAIRMAN: Thank you very much. Most helpful.

8 **A. Thank you.**

9 (Witness withdrew)

10 CHAIRMAN: We will sit at 2.05, ladies and gentlemen, if we
11 can.

12 (1.22 pm)

13 (Lunch break)

14 (2.05 pm)

15 WITNESS TL4 (called)

16 CHAIRMAN: Yes, Mr Aiken.

17 MR AIKEN: Chairman, the next witness today is TL4, "TL4".

18 He is aware that you are going to ask him about taking
19 the oath or affirming.

20 CHAIRMAN: Do you wish to take a religious oath or to
21 affirm, which is a solemn promise with the same legal
22 effect? It is a matter for your choice.

23 **A. Religious oath. Religious oath.**

24 CHAIRMAN: Very well.

25 WITNESS TL4 (sworn)

1 CHAIRMAN: Thank you very much. Please sit down.

2 QUESTIONS FROM COUNSEL TO THE INQUIRY

3 MR AIKEN: If we can bring up, please, SND-5623 on the
4 screen. TL4, I'm going to call you that during your
5 evidence --

6 **A. Okay.**

7 Q. -- and when your evidence is published, then "TL4" will
8 appear instead of TL4, as you can see on the screen,
9 provided you wish to keep your anonymity. So can I ask
10 you to confirm that you do want to do that?

11 **A. Yes, please.**

12 Q. Ultimately it's a matter for the Inquiry, but that will
13 be as part of the Inquiry record.

14 On the screen is the first page of your first
15 witness statement, which is of 18th November 2013, and
16 would you just look at the hard copy that you have and
17 make sure that it's the same front page. It is, yes.

18 **A. Yes.**

19 Q. If we go then, please, to SND-5625, can you confirm
20 that's the same back page?

21 **A. Yes.**

22 Q. And that you've signed that statement?

23 **A. Yes.**

24 Q. Then can we also go to SND-17541? This is the front
25 page I trust of your second statement of 30th April?

1 **A. Yes.**

2 Q. The last page of it is at SND-17550. Can you confirm
3 that you have signed that statement?

4 **A. Yes.**

5 Q. And that you wish to adopt both as your evidence before
6 the Inquiry?

7 **A. I do.**

8 Q. Now attached to the second statement was a series of
9 appendices. They included partial extracts from
10 a document called "The Residential Child Care Policy of
11 the Western Health & Social Services Board".

12 **A. Yes.**

13 Q. This was a document you were essentially the author of
14 with others checking and contributing too.

15 **A. Yes.**

16 Q. This entire document was available now at the same time
17 as your second statement, and can we just check if we
18 can pull up SND-17568 and SND-17644? That's the
19 entirety of the child care policy. Now can I ask you --
20 you have the hard copy version. Can you just -- I am
21 not sure if -- the witness support staff aren't here at
22 the moment. I am going to ask you just to hand the
23 original over so that the Inquiry Panel can see the form
24 in which this document was created. Can I ask you to
25 confirm is this a document that was circulated in this

1 form in the hard binder to all of the residential homes
2 within the Western Board?

3 **A. It was.**

4 Q. So Nazareth House will have received their blue book in
5 the same way that Harberton or Fort James would have?

6 **A. Yes.**

7 Q. This will slowly make its way back to you and you can
8 use it as a check --

9 **A. Okay.**

10 Q. -- against the documents that I bring up on the screen.

11 Now, TL4, the Panel have had the opportunity to read
12 your statements. They have not had a chance to read
13 "The Residential Child Care Policy" as yet but will
14 have, and I am going to take you to some relevant
15 extracts as part of your evidence today.

16 Your background is in social work and your history
17 in the Board is set out in both of your first and second
18 statements, in more detail in the second statement at
19 SND-17541, and I am not going to go through that in any
20 detail, save that between and when you are
21 a you do have experience in visiting
22 children in both Termonbacca and Bishop Street. That's
23 right?

24 **A. Yes, yes.**

25 Q. And you between through effectively to are a

1 and then laterally in onwards
2 an of the residential
3 child care side, which was a check on and included the
4 monitoring of the facilities of the children's homes
5 that were within the Western Board's use.

6 **A. That's right, yes.**

7 Q. We will explore this in more detail, but that included
8 as well as the homes that the Board was providing under
9 the Children & Young Persons Act also Bishop Street --

10 **A. Yes.**

11 Q. -- after Termonbacca closed in

12 I was asking you before you began who was in charge
13 of residential child care before you, so when
14 you begin, and you mentioned a SND119. He was there for
15 year and really it was a new post from as part
16 of a reorganisation of the structure.

17 **A. It was, yes, yes.**

18 Q. We will look at some of your duties in due course, but
19 Termonbacca I want to deal with briefly. You had the
20 opportunity from through to , perhaps as it
21 is closing, to go there as part of visiting children.
22 What were your impressions of Termonbacca? How would
23 you have described it as a children's home to place
24 children?

25 **A. I think a lot of efforts had been made within**

1 Termonbacca to develop a family unit, I think what was
2 called a family unit, , which was fairly
3 domestic in terms of character, a warm, homely
4 environment at that stage, which I understand was a lot
5 different from, you know, previous times. I think that
6 had been a fairly recent development, not that long
7 prior to my taking up post.

8 Q. So the actual unit itself, or I think there were two
9 units by the stage --

10 A. Yes.

11 Q. -- it's been turned into that form --

12 A. Yes.

13 Q. -- it's in a big building on a big site --

14 A. Um.

15 Q. -- but with these two family type units?

16 A. Yes, and they had a separate entrance to the main
17 convent unit within -- within that setting.

18 Q. At any stage you were visiting the children that you had
19 to see in Termonbacca had you any concerns at that
20 period about the care they were receiving as part of
21 living in Termonbacca?

22 A. No, I didn't, no.

23 Q. Now it then closes in and we move to Nazareth
24 House, where you have much greater involvement.

25 A. Yes.

1 Q. You set out what you do or did at SND-17543. I am just
2 going to summarise it. There is essentially five types
3 of interaction with Bishop Street that you describe.
4 You chair six-monthly reviews of individual children,
5 and you were explaining to me that the purpose of that,
6 of you on the residential care side chairing them rather
7 than someone on the fieldwork side, was what?

8 **A. At this stage with a post managing residential care the**
9 **intention was to have a degree of independence from**
10 **the -- from those fieldwork staff who have a direct**
11 **responsibility for children and their line management.**

12 Q. And ultimately that independence moved further with
13 independent chairs chairing at a much later date?

14 **A. Certainly at a later date then it moved to independent**
15 **chairs, who were outside of the line management**
16 **structure of individual social workers, who chaired**
17 **child protection case conferences, child protection**
18 **reviews and looked after -- as we now call looked at**
19 **reviews, children in care reviews at that stage.**

20 Q. So the idea of this was to put clear blue water between
21 those looking after the children --

22 **A. Yes.**

23 Q. -- and those looking at whether the children's needs
24 were being met in terms of an overview and review
25 structure?

1 **A. Yes.**

2 Q. And -- so that's the first level of involvement you had.
3 The second, you say you handled investigations into
4 complaints and untoward incidents arising in the
5 residential care units.

6 **A. Well, my role would have been in relation to any**
7 **untoward events or complaints that were made to ensure**
8 **that they were satisfactorily dealt with, you know, in**
9 **line with the protocol that we had at the time.**

10 Q. And then you had a proactive role --

11 **A. Uh-huh.**

12 Q. -- in visiting the voluntary home itself, and you
13 describe -- so this visitation is not child-specific,
14 but it is home-specific.

15 **A. It was, yes.**

16 Q. You are going there to introduce or explain new policies
17 or procedures that the Board were bringing in.

18 **A. Well, the context of this was within the Board we had**
19 **opened Harberton House, which was an assessment unit.**

20 Q. It opened in 1980. Is that right?

21 **A. 1980, yes, and through the developments at Harberton**
22 **House we worked very hard to try and deal with planning**
23 **for children in care. So emerging from that were**
24 **a series of practices about how we planned, who we**
25 **involved in planning for children in care, and the**

1 frequency of it, and what we were wanting to do at that
2 time was ensure we had a consistent approach across all
3 of the residential facilities.

4 So the introduction of new procedures or practice
5 developments really started with that, but that
6 continued, because really for the next ten, fifteen
7 years there were quite significant developments in terms
8 of how we planned for children, how we monitored
9 individual children and how we monitored the systems
10 that were in place to ensure that the statutory records
11 were kept, the statutory responsibilities were adhered
12 to.

13 Q. On that subject the way you are describing it is it fair
14 to say that from you begin this post in the residential
15 care side Bishop Street was seen as -- even though it
16 was a voluntary home and a service provider effectively
17 being contracted in, from your perspective it was seen
18 as part and parcel of the children's home provision
19 within the Western Board?

20 A. Yes.

21 Q. And therefore whatever applied in the homes that were
22 formally part of the Board was also to apply in this
23 voluntary home? Is that a fair description?

24 A. Yes, it's a fair description in terms of ensuring
25 a consistency of planning for those children, certainly

1 the planning for individual children to ensure there was
2 not a drift in terms of their planning, because that was
3 a significant feature of children in care's experience
4 prior to that.

5 Q. So is this proactive role in trying to ensure across the
6 Board --

7 A. Uh-huh.

8 Q. -- the implementation of this consistency of standards
9 --

10 A. Uh-huh.

11 Q. -- and policies and procedures? You also then describe
12 a reactive role, and we will look at this in a little
13 more detail with you, in visiting the voluntary home
14 itself at the request of the staff of the home.

15 A. Uh-huh.

16 Q. So you were on call for them, as it were, as a point of
17 contact?

18 A. I would have been the point of contact for the staff and
19 certainly for the managing -- the sister in charge, and
20 where there were issues arising that the sister wanted
21 to ask you, certainly I would have been available to
22 meet with her and discuss those issues. In many cases
23 it was -- it may have been related to untoward events or
24 complaints. It may have been to do with the development
25 of practice standards, but it may also have been in

1 terms of improving the quality of what was available,
2 you know, within -- within Nazareth. The -- I mean, we
3 will come to it later but the developments like leaving
4 care preparation, you know, which were developed is
5 an example of the sorts of issues that we would have
6 spent some time working through.

7 Q. The fifth type of interaction you then describe are
8 these monthly meetings --

9 A. Yes.

10 Q. -- in relation to the conduct of the voluntary home.
11 Now these are meetings that the Inquiry is probably
12 hearing about for the first time --

13 A. Uh-huh.

14 Q. -- but what you are saying, as I understand it, is this
15 didn't begin at the start of the , but more the end
16 of the there was a monthly
17 meeting between Board staff, so you and I think the next
18 witness, SND491 --

19 A. Uh-huh.

20 Q. -- and the heads of Nazareth House in terms of -- SR2
21 --

22 A. Yes.

23 Q. -- and possibly the team leaders under her.

24 A. Uh-huh.

25 Q. Is that ...?

1 A. Yes. We would have met with the team leaders in each
2 unit and the sister in charge, and the idea of that was
3 that on a monthly -- on a formal monthly basis we as
4 a trust or unit of management had a formal meeting with
5 the managing staff within Nazareth House. It enabled us
6 to cross-check things like the level of fieldwork
7 visits. Social workers were expected to visit on
8 a monthly basis, minimum of a monthly basis. So we were
9 able to check that that happened, and in the event that
10 there were any difficulties with that, then we were able
11 to go back to within our own organisation and check that
12 and ensure that those systems were met.

13 We also had for a lot of children a long wait for
14 foster care at that point in time, certainly as time
15 moved into the -- you know, into the , and we
16 monitored that waiting list of children who were in
17 residential care for whom foster care was regarded as
18 being the most appropriate placement but who were on
19 a waiting list. So we wanted to make sure that that
20 waiting list could be moved as quickly as possible, that
21 there were no delays that were outside of our or within
22 our control.

23 Q. But these weren't meetings that were exclusive to
24 Nazareth House. This was a procedure that you put in
25 place for all of the children's homes, these monthly

1 meetings with the senior staff?

2 **A. Yes.**

3 Q. And simply Bishop Street was included as part of that
4 process?

5 **A. My memory of this is that generally it was Nazareth
6 House, because within the statutory homes I carried out
7 a role of visiting social worker under the Conduct of
8 Children's Homes Directions, and I would have been
9 responsible for completing a monthly report that covered
10 a number of these and other issues just to satisfy
11 ourselves that the statutory requirements were met.**

12 Q. So there wasn't the same need in the statutory sector?

13 **A. No.**

14 Q. So this effectively was a bespoke process that was set
15 up to deal with Bishop Street?

16 **A. It was.**

17 Q. The Panel can see at SND-17543 you set out what was
18 involved in doing that monthly meeting. You talk about
19 the various matters that were discussed and you give
20 an example which you exhibit to your statement at
21 SND-17554, which is an example from . It is
22 difficult to read. So if we can maximise the size of
23 that, please. Just scroll down. The first part of it
24 has been corrupted. So you are covering -- it indicates
25 who is present. So SR2 is meeting with you and SND38 is

1 there and another team leader in Nazareth House as well
2 as you and SND491.

3 **A. That's right, yes.**

4 Q. Things like admissions are being discussed. The
5 accommodation. If you scroll further down, please, you
6 will see at the bottom of the page and on to the next
7 page that SR2 is raising the issue of possibly
8 rebuilding in a purpose built accommodation, because of
9 the form -- some of the drawbacks, if you like, of
10 having these two units in that large building in Bishop
11 Street.

12 **A. Certainly there were disadvantages with that facility in**
13 **that you had to enter it through a large convent with**
14 **a, you know, chapel to one side and then move up to**
15 **upstairs floors, and certainly SR2 would have been very**
16 **interested at that stage in looking at considering**
17 **an alternative site and an alternative method of**
18 **providing residential care in a more appropriate manner.**

19 Q. We can see at the bottom of this page as an example that
20 she was sharing with you the content of a Social Service
21 Inspectorate draft report that they had been given on
22 the operation of Bishop Street.

23 **A. Yes.**

24 Q. Then you have given another example of at SND-17551.
25 This is in a more readable format, but essentially the

1 same type of process: analysis, fieldwork visits,
2 complaints -- just keep scrolling down, please --
3 accidents, untoward incidents, significant events --
4 keep scrolling, please -- keep going -- training,
5 admissions, next meeting. Signed off then by SND491.
6 You are aware these are the only two examples of
7 these minutes that the Inquiry Panel has yet received.
8 Where were these minutes kept?

9 **A. I just know where these were recovered from and these**
10 **were recovered from floppy disks, which is why, you**
11 **know, the corruption has occurred in terms of one of**
12 **those examples. They would have been kept within**
13 **I would have thought the Nazareth House file held by**
14 **myself or by SND491.**

15 Q. If I just pause there for a moment, you have described
16 to me earlier, and you have mentioned it now, a Nazareth
17 House file.

18 **A. Uh-huh.**

19 Q. What -- this was a residential care file that was kept
20 on Nazareth House. That's not a document to the
21 Inquiry's knowledge that we have received as yet. What
22 form did that file take? What purpose did it serve and
23 where it was kept?

24 **A. I think there was a number of files relating to reviews**
25 **in relation to monitoring that would have been held by**

1 me when I worked within the -- what was the Trust, the
2 Legacy Trust area. After I moved, which was
3 I think those files were -- those files would have been
4 taken over by whoever took responsibility for
5 residential care from me in

6 Q. And were they kept in a filing cabinet?

7 A. Yes, they would have been kept in a filing cabinet, yes,
8 in the office. I don't know how they were transferred.
9 I really can't recall how.

10 Q. There is no reason why these files, all being well,
11 would no longer exist. They should still exist?

12 A. I would have thought so, yes.

13 Q. Now those monthly meetings that we are seeing
14 the minutes of, they began you believe towards the end
15 of the

16 A. That's -- that's my memory. Now I have a recollection
17 at one stage of doing monthly monitoring reports in the
18 same style as those that I did in the statutory home,
19 but that would have at that stage been about satisfying
20 ourselves that the Nazareth House unit in Bishop Street
21 was being run in line with, you know, the requirements
22 that we were expecting. We were placing children there.
23 So, you know, we would have ensured that that was done.
24 The meetings here were then another form of
25 accountability at a stage when Nazareth House Management

1 **Committee would have had the responsibility anyway of**
2 **doing the monitoring -- their own monthly monitoring**
3 **report.**

4 Q. I am going to come to the Management Committee and
5 voluntary visitor role and how that was recorded, but
6 certainly these were part and parcel of you keeping in
7 touch with and understanding where Nazareth saw
8 themselves at in terms of issues they had --

9 **A. Yes.**

10 Q. -- and a formal interaction between you to try and
11 manage any issues that there were?

12 **A. Yes.**

13 Q. Now you describe then in your statement at SND-17543 the
14 nature and timings of your visits and how you went not
15 at set times, how it covered meal times, evenings,
16 trying to get a clear picture of how the home operated
17 and how the children were looked after.

18 **A. Uh-huh.**

19 Q. I am going to summarise this point to try to not cause
20 it to take an inordinate amount of time, but SND500 when
21 she gave her evidence as part of a second statement
22 submitted an analysis to the Inquiry of some
23 record-keeping documents that the Board had or Trust had
24 from Bishop Street after it closed, and it was
25 essentially log book material from the end of the

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I am just going to tell you, because you are aware of me discussing it with you beforehand, that one of the issues that I am asking you to deal with is those records, such as they are, and they set a minimum record of your involvement in effect, show that in , for instance, you were visiting in January, April and October, in August and November, but from the start of you are constantly there visiting: 8th January, 19th, 25th, 30th; into February, 14th, 15th; March 7th, 19th; April 5th, 25th, 27th; May 3rd, 11th, 29th; June, 1, 9th, 20th, 25th, 28th, 29th; and so it goes on through ' , and while I have done the analysis, I am not going to go through it now for the Panel, but the records of that for the Panel record is SND-17470 through to SND-17475.

17

CHAIRMAN: Mr Aiken, that suggests at least once a week.

18

MR AIKEN: Essentially. It is not always uniform in that

19

way, but very regular visiting from onwards.

20

A. My recollection -- sorry.

21

CHAIRMAN: About a week, every ten days.

22

A. My recollection is that before my contact would

23

probably have been as regular as that. Those are

24

records -- certainly they are not records we have -- we

25

have access to.

1 MR AIKEN: Would you have kept a record in a diary?

2 **A. I would have, but I wouldn't have those now.**

3 Q. So they are not available?

4 **A. No.**

5 Q. As I say, this is a minimum record. This shows at least
6 the extent of your visiting. What you are saying is you
7 think it might have been of a greater extent before.

8 **A. It would have been of a greater extent than that.**

9 Q. But certainly by -- so the question I wanted to ask
10 you out of that was whether there was anything in
11 particular that occurred in and around the end of
12 /start of that increased your visiting from
13 regular quarterly visiting to every week or every couple
14 of weeks.

15 **A. Firstly, it is not my recollection that it did increase.**
16 **What seems to be is that the record of it increased.**
17 **The record that you have had access to --**

18 Q. Yes.

19 **A. -- would show that it increased. Certainly that's not**
20 **my memory. My recollection is that my level of contact**
21 **was fairly similar through that to cover residential**
22 **reviews, to cover the range of other activities, the**
23 **other issues that I would have been there to visit in**
24 **relation to.**

25 Q. You mentioned to me beforehand that the coming of SR2 to

1 Bishop Street was something you were able to link the
2 increase in visiting to. She came in and around .

3 **A. Uh-huh.**

4 Q. So is that a date where you can say whatever the
5 visiting before, from onwards, whenever she took up
6 her post as being in charge of the children's home, you
7 were -- she was in touch with you a lot and you were
8 visiting a lot?

9 **A. Yes. I think in the earlier stages -- I think at that**
10 **stage SR2 may have been the first, if not one of the**
11 **earliest sisters, who didn't have**
12 **responsibility as well. Prior to that the**
13 **residential -- the Sisters who were involved with**
14 **residential care were also , so that their day**
15 **time was spent and then their --**

16 Q. That's an issue we are going to come to when we come to
17 look a bit about funding.

18 **A. But SR2 I think was the first probably dedicated, for**
19 **want of a way of putting it, a dedicated member of staff**
20 **whose role -- whose sole responsibility was residential**
21 **care of children. So we would have had a lot more**
22 **contact with her certainly day time and her involvement**
23 **in meetings with us, you know, within the Trust in terms**
24 **of looking at the direction of care, the direction of**
25 **Children's Services.**

1 Q. I am also certain -- and I can find the reference for
2 this if you don't agree with this --

3 A. Okay.

4 Q. -- someone described you last week as being almost
5 a constant presence in Bishop Street. Maybe they would
6 say that of you in Harberton and Fort James as well.

7 A. I would they probably would, yes.

8 Q. That you were on the ground in this residential role --

9 A. Yes.

10 Q. -- an awful lot.

11 A. Uh-huh. Well, certainly my understanding of the
12 responsibility was that that couldn't be carried out
13 from a distance, and that the opportunity to visit each
14 of the residential homes at different times of the day,
15 different times of the evening and night, and certainly
16 in terms of night-time I would have been called in when
17 there were untoward events during -- you know,
18 overnight. So I would have spent a significant amount
19 of time in residential facilities at different times of
20 the day, which was very useful in terms of being able to
21 experience what it was like and to see what the
22 experience for children.

23 I mean, meal times was a big one. I mean, if I was
24 meeting SR2, as sometimes happened -- I would put it
25 like this: "On the way home can you call in, you know,

1 and see me about something or other?" So I would have
2 done that and I would have sat at the same time as the
3 children were having a meal and I have had a cup of
4 coffee with them along with that and it did give me that
5 opportunity to experience what the care that children
6 were actually getting was like.

7 Q. I am going to come on to what that was like.

8 A. Yes.

9 Q. Just in terms of visiting, just to put some context to
10 this, you mention at SND-17543 that you visited each of
11 the residential children's homes on Christmas Day.

12 A. Uh-huh.

13 Q. Now you will not mind me saying you have a family. You
14 have . Christmas Day for most people is spent
15 potentially with their family, round the table, having
16 dinner and so on and so forth. There are three
17 children's homes involved in this and you were leaving
18 effectively your family on Christmas Day to visit in
19 this way.

20 A. Uh-huh.

21 Q. Obviously there were staff working with the children on
22 Christmas Day.

23 A. Yes.

24 Q. So why were you doing that, because obviously you didn't
25 have to do that.

1 **A.** No, but that was really a matter of showing support for
2 people who were working in residential care and for the
3 children who were there to recognise, look, it is not
4 just left to the staff who are directly working in the
5 unit. In many respects we were acting as the parents,
6 the corporate parents. So it just seemed to be the
7 thing to do was to pay a visit to each of them and I did
8 that every year during my period of responsibility.

9 Q. That was up to --

10 **A.** Yes.

11 Q. -- in effect. Now you describe at SND-17546 the
12 children's reviews and the introduction of the
13 independent chair and I was asking you to date that, if
14 possible. That was something that took place after
15 from discussion with you. Is that right?

16 **A.** From memory, yes, yes.

17 Q. That was an extension of the -- trying to create the
18 blue water and have it nice and clear between the
19 fieldwork staff working with the children and those who
20 were looking at how the children were getting on.

21 **A.** Yes.

22 Q. Is that fair?

23 **A.** That's fair, yes.

24 Q. Then you mention at SND-17543, if we can go back,
25 please, to that page, working with the Bishop Street

1 Management Committee. If we just scroll down, now you
2 say you were asked to meet with them occasionally and to
3 discuss issues arising from your monthly visits or in
4 relation to funding issues. We will come back to the
5 funding points, but the existence of this committee has
6 not been clear to the Inquiry. So I was asking you
7 beforehand, as you know, who was on it to the best of
8 your knowledge. So you said there was a GP.

9 **A. Yes.**

10 Q. Teachers.

11 **A. Yes.**

12 Q. You mention a consultant.

13 **A. I think there may have been a consultant, yes, on that**
14 **panel as well.**

15 Q. You don't personally recollect a priest, but there may
16 well have been a priest on it.

17 **A. There may well have been, but I don't know.**

18 Q. Then Mother Superior.

19 **A. Mother Superior of Nazareth House in Bishop Street.**

20 Q. Yes.

21 **A. On occasions there would have been a representation from**
22 **the Order on a regional, all-Ireland basis.**

23 Q. I think that person may have been known as the Regional
24 Superior or her representative.

25 Do you know -- and if you don't, just say so -- how

1 often that Management Committee mete?

2 **A. I don't.**

3 Q. You don't know?

4 **A. No.**

5 Q. Do you know from your dealing with them what their role
6 was, as they understood it?

7 **A. Well, I am not aware of when they started taking that**
8 **responsibility, but certainly in the involvement with**
9 **them part of that would have been raising issues with**
10 **them or having issues raised with me in relation to**
11 **issues like funding. Now for those I would probably**
12 **have been along with or accompanying one of the senior**
13 **managers who was directly involved in financial**
14 **discussions with the Order at that time, and certainly**
15 **as -- I do recall that as they wished to clearly**
16 **establish the role of their visitor, that I would have**
17 **shared how we did the statutory visiting and the format**
18 **of that and what we would be looking for in carrying**
19 **that out. So really a supportive relationship at that**
20 **point.**

21 Q. If I may just unpack that a little with you, if we just
22 scroll down so we have the top of the next page on the
23 screen as well, and I have not had a chance to speak to
24 Mr Montague, but obviously these Management
25 Committee minutes, if they exist, is something the Order

1 can look into, but you describe here them -- you working
2 with them to have the -- they had a voluntary visitor at
3 some point --

4 **A. Right. Yes.**

5 Q. -- because you remember that. Is that fair?

6 **A. Yes, that's fair.**

7 Q. That would have been the voluntary visitor that was
8 required under the Children and Young Persons Voluntary
9 Homes Regulations.

10 **A. That's it, yes.**

11 Q. You were not their voluntary visitor?

12 **A. No.**

13 Q. But you supported them in having that in place at some
14 point?

15 **A. Uh-huh.**

16 Q. Is it possible for you to date, looking back, when that
17 was?

18 **A. Unfortunately it's not, no. I don't --**

19 Q. You don't know?

20 **A. -- recall that.**

21 Q. You just know meeting with them?

22 **A. Yes.**

23 Q. You know sharing the template of your monitoring that
24 you would have done as part of the children's direction
25 that is applied to the statutory homes?

1 **A. And their requirements would have been the same. So**
2 **really it was about sharing with them how that was done,**
3 **how I carried it out and what they should be looking for**
4 **in terms of --**

5 Q. That's not the template itself, but if we look at
6 SND-17603, this is perhaps what the template covered.
7 Just at the bottom of the page, this is the monitoring
8 arrangements. If we just scroll down to the next page
9 --

10 **A. It will be the next page, yes.**

11 Q. -- please, the elements that you are monitoring, would
12 have been looking at when you are in the statutory home,
13 was the general management of the home, the standards of
14 professional practice, admissions and discharge,
15 staffing matters, training, maintenance of statutory
16 records and compliance with regulations, untoward
17 events, complaints, any matters requiring attention by
18 management.

19 **A. Yes.**

20 Q. So the pro forma that you would have had, would it have
21 followed that path by and large?

22 **A. It would have followed that, yes, those questions, yes.**

23 Q. So eventually at whatever point there was a voluntary
24 visitor --

25 **A. Uh-huh.**

1 Q. -- appointed by the Management Committee of Bishop
2 Street --

3 A. Uh-huh.

4 Q. -- who was following a similar template or form --

5 A. Uh-huh.

6 Q. -- to complete from their work.

7 A. Uh-huh.

8 Q. Do you know did you get a copy -- would you have got
9 a copy of their visit record that they might have filled
10 in using this type of template?

11 A. No, I don't recall ever getting a copy. That would have
12 gone to their own Management Committee, but certainly
13 where there were issues, I would have been surprised if
14 there were any issues that they raised that we wouldn't
15 have been aware of through our contact with Nazareth
16 House anyway. We had a fairly collaborative approach at
17 that time in terms of trying to improve. I mean,
18 through the and into the there were a lot of
19 changes in terms of both the complexity of children who
20 were coming into care, the issues that were being
21 experienced by staff in residential care, and as we
22 improved the quality of the planning, for example, that
23 we carried out, the development of things like leaving
24 and aftercare services, those were all major
25 developments along that. So -- but we would have been

1 **very close to all of that collaboratively with Nazareth**
2 **House at that time.**

3 Q. Again Mr Montague will be able to look into whether
4 those monitoring records for the voluntary visitors may
5 or may not still exist.

6 So one of the issues I was asking you beforehand,
7 and it is a page we have looked at already -- I am not
8 going to bring it up again -- was whether you recollect
9 -- the record that you have given for shows SR2
10 sharing with you the contents of the Social Service
11 Inspectorate draft report -- whether you can remember
12 whether you automatically got a copy of that type of
13 document or whether it was seen as confidential between
14 the Department and the home. If you don't remember,
15 just indicate you don't remember.

16 **A. No, I don't recall, but that minute was a draft report,**
17 **which would have been one the Department would have**
18 **shared with -- I suppose with Nazareth House in terms of**
19 **checking for accuracy prior to -- prior to the report**
20 **being issued.**

21 Q. Certainly there was a preparedness in Nazareth to share
22 with you what they were learning from the Social
23 Services Inspectorate?

24 **A. Yes.**

25 Q. That was in around ?

1 **A.** **Yes.** I mean, certainly at that time we -- well, right
2 through this we had, I mean, a very good collaborative
3 working relationship in terms of attempting to develop
4 practice standards in a way consistent with what we were
5 doing across all care planning, for example, whether
6 that was foster care or residential care, statutory
7 homes, voluntary homes, whatever, you know. We would
8 have been trying to ensure that the experience the --
9 that we were satisfied that children within any of the
10 homes at least were being cared for within a construct
11 or construction that we've -- you know, that was
12 **required.**

13 **Q.** I want to move on to -- you talk at SND-17544 and also
14 at the bottom of SND-17545 about the integration of
15 Bishop Street staff into the child care provision of the
16 board. Now I am not now talking about you going to meet
17 with them to check up and monitor and review and have
18 meetings. I am talking about you integrating the Bishop
19 Street staff into the wider board meeting structure that
20 was taking place. So you are describing here meetings
21 to work on strategic planning --

22 **A.** **Yes.**

23 **Q.** -- and the development of good practice.

24 **A.** **Yes.**

25 **Q.** You say that meetings with residential managers included

1 Nazareth staff. What I want to ask you: those meetings,
2 they were held where?

3 A. Well, those were carried out by me with my residential
4 managers, and as we moved towards ensuring a consistent
5 approach across all residential facilities, we included
6 the managing staff from Nazareth House very much in
7 those. Now that covered everything from strategic
8 direction for child care, foster care, residential care,
9 as well as practice issues and common issues that were
10 shared across all residential care facilities. They
11 would have happened -- from memory I think they are
12 probably every one to two months. We would have varied
13 the venue of those. I mean, one we would have had in
14 Harberton House, one in Fort James and one in Nazareth
15 House and rotated those.

16 What it actually did was it included the Nazareth
17 House senior staff in what our authority was developing
18 at that stage within the Londonderry, Limavaday,
19 Strabane or Foyle unit of management area, and it gave
20 us the opportunity to share consistently, you know, the
21 information that -- as we attempted to develop
22 a consistent approach.

23 Q. So what you are talking about, as I understand it, is
24 meetings that you had with it would have been the head
25 of Harberton --

1 **A. Yes.**

2 Q. -- the head of Fort James --

3 **A. Yes.**

4 Q. -- and the head of Bishop Street?

5 **A. Yes.**

6 Q. In the Bishop Street context SR2 is the unit head but
7 also the team leaders --

8 **A. Yes, the team leaders.**

9 Q. -- who were in charge of each unit.

10 **A. Yes.**

11 Q. Those senior staff would have met with you you say once
12 every eight weeks --

13 **A. Yes.**

14 Q. -- or every four weeks, somewhere in between.

15 **A. Yes. I am thinking that was probably the frequency of
16 them.**

17 Q. And that was part of your trying to ensure the
18 consistency of approach across the service provision.
19 Now I was asking you -- presumably there ought to
20 be minutes of those type of meetings as well. Do you
21 know where they were kept?

22 **A. I'm assuming those were kept with the Nazareth House
23 records that we would have had within the Trust.**

24 Q. The Inquiry hasn't seen those as yet --

25 **A. Uh-huh.**

1 Q. -- either, but it's something that can be looked into by
2 Ms Smyth.

3 Now I want to move on to staffing, because you
4 mention a number of issues around that in your
5 statement. If we can go back to SND-17544, please, and
6 the third paragraph, paragraph 3, you say -- just scroll
7 down, please:

8 "The Board has been undertaking developments in
9 terms of reviewing the minimum staffing levels.
10 Managers in Nazareth House were included in this work
11 and efforts were made to incrementally move from a low
12 staff base with no qualifications to a staffing level
13 that met all requirements and which was largely
14 a qualified social work service. These developments
15 included a review of the role of sisters, including the
16 management role carried out by the primary school
17 principal",

18 and then we get on to the introduction of waking
19 night staff.

20 I want to unpack that a little with you, please, and
21 I know that you explained to me this is all connected
22 with the funding issue, but you mention here that the
23 Board effectively were carrying out a review of the role
24 of the Sisters in providing child care. Can you date
25 when that was done? Was that, for instance, before SR2

1 came to the home or after?

2 **A. My memory is that was before SR2 and at that stage where**
3 **there was, as you say, clear blue water almost between**
4 **the role of teaching staff, sisters who were teaching**
5 **and then had a responsibility in residential care for**
6 **the rest of their working day or waking day through to**
7 **having a designated residential manager from the Sisters**
8 **who didn't have teaching responsibilities. I think that**
9 **was -- that would have been part of that.**

10 **Q.** So the issue here was a recognition that in Bishop
11 Street a peculiar problem potentially of Sisters who
12 were working with children as part of child care
13 provision within the Board were also by day school
14 teachers --

15 **A. Yes.**

16 **Q.** -- and some work was done looking at the fact that
17 shouldn't be so. Is that fair?

18 **A. Yes, yes.**

19 **Q.** Presumably again there should be documentary material
20 about this review and about what came out of the review,
21 which was presumably, if I have understood you
22 correctly, a recommendation that the teaching staff
23 shouldn't also be the care staff.

24 **A. I think certainly as we looked at the staffing needs of**
25 **residential care, as it became more complex, it was**

1 becoming I suppose increasingly obvious that it was very
2 difficult to carry out a number of very stressful jobs.
3 To actually be a teacher and certainly in some cases be
4 the principal of a primary school while also carrying
5 out the responsibility for residential care was actually
6 quite a difficult task. So now that emerged. I am not
7 sure how that emerged, but certainly it became part of
8 the issue as we incrementally looked at the staffing
9 levels within Nazareth House. We had undertaken our own
10 review of minimum staffing levels within our own
11 facilities. I was trying to recall earlier what --
12 where that came from. I think it was Castle Priory
13 recommendations from memory. What we were looking at
14 was to do -- to work out a minimum staffing level at any
15 point of the day. No residential facility should
16 actually be staffed at a level lower than that.

17 Q. Castle Priory came up with a particular formula for
18 working out how many staff there should be at given
19 points in time depending on number -- how many people
20 there were.

21 A. Yes, and depending on I suppose what your requirements
22 were, but it gave us an opportunity to look at that,
23 which then fed into the discussions with Nazareth House.

24 Now interwoven through all of this was the issue of
25 funding, you know, what could be afforded at the end of

1 the day, for want of a better way of putting it.
2 Nazareth House certainly in the early stages had a low
3 staffing level, had an unqualified staffing level, where
4 the Sisters contributed so much of their own time, which
5 was actually uncoded by anybody's measure, and what we
6 tried to work -- certainly from what -- my level of
7 involvement was to try to identify what was the best
8 staffing structure to take that through, and there were
9 funding fall-outs from that, financial --

10 Q. Let me just pause you there.

11 A. Yes, yes.

12 Q. I am going to come into the funding to try to keep this
13 in as organised a fashion as I can.

14 A. Okay.

15 Q. In addition to the points you have just made about
16 staffing, the staff in Nazareth, they were paid less --

17 A. Yes.

18 Q. -- than other staff?

19 A. They were.

20 Q. That was a -- Nazareth elected what they paid their
21 staff --

22 A. Yes.

23 Q. -- but your recollection is they were lower paid --

24 A. Oh, they were, yes, yes.

25 Q. -- than people who worked in Fort James --

1 **A. Yes.**

2 Q. -- or --

3 **A. I think there was a lower staffing level. I think there**
4 **was a significant difference in terms of what those**
5 **staff were paid, and certainly the efforts over a number**
6 **of years were to move to a situation where there would**
7 **be sufficient staff working throughout the day, and at**
8 **one stage then was the introduction of waking night**
9 **staff, which arose as a result of incidents that had**
10 **occurred, but the staff were -- I mean, I do recall at**
11 **one stage getting to a stage where Nazareth House was**
12 **able to pay their staff the same salary scale as the**
13 **residential staff in the statutory units.**

14 Q. Now we are going continue to look at the detail of this,
15 but just at this point if I can break in to ask you to
16 consider this.

17 **A. Uh-huh.**

18 Q. What you are describing is a staff shortage, a issue
19 through lack of qualification which was not unique to
20 Bishop Street. It applied in the statutory sector as
21 well.

22 **A. It did, yes.**

23 Q. Also those staff who were there were paid not the best
24 wages that were available. That might have been what
25 was available, but not the best wages compared to others

1 doing similar work. This was something that was being
2 addressed in the context of issues that we will come to
3 over funding and how one could try and square a circle.

4 **A. Okay.**

5 Q. What I want to ask you is during this period you are
6 involved on the residential care side working in and
7 with Bishop Street. Was the care that was being
8 provided to the children -- did it fall beneath
9 an acceptable standard because of this problem over lack
10 of staff, lack of funds, lack of qualifications, or did
11 the care -- while these issues get looked at and make
12 things better was the care ever inadequate?

13 **A. Well, my response to that is I was always satisfied the**
14 **children were safe within the facility in Nazareth House**
15 **and Bishop Street, but as with all residential care**
16 **certainly we would have worked very hard then to improve**
17 **the standards and, you know, that minimum standards were**
18 **really not good enough for any of our children that we**
19 **had responsibility for at that point in time, but in**
20 **short no, I was -- I was not -- there was no reason to**
21 **be concerned about the safety of the children.**

22 Q. So if I can unpack that with you, whatever about the
23 funding fight that goes on --

24 **A. Uh-huh.**

25 Q. -- whatever about the staffing ratios and improving

1 those, the provision of care was always to
2 a satisfactory minimum standard?

3 **A. Yes.**

4 Q. And that's in your -- your time. You place that as from
5 the start of the s, by which time Bishop Street had
6 moved to this whatever about the building which you
7 address, the two unit --

8 **A. Yes.**

9 Q. -- ten bed per unit --

10 **A. That's right.**

11 Q. -- structure, which would be a normal children's home in
12 the statutory sector --

13 **A. Yes.**

14 Q. -- albeit not in a convent.

15 **A. Yes.**

16 Q. Now you mention in your first statement, and I am just
17 giving the reference -- we don't need to bring it up --
18 at SND-5624 that you were trying to get their staff
19 ratio up to the same level as was going on in the
20 statutory sector.

21 **A. Uh-huh.**

22 Q. Can you give the Panel any idea at this remove what you
23 are talking about there? What was the sort of ratios
24 you were working to and what movement needed to be made
25 to get Bishop Street to where you needed them to be or

1 wanted them to be?

2 A. I suppose in the early days there were very few staff in
3 Nazareth House during the school day. So that really
4 the profile of staffing, staffing availability would
5 have been as children came in from school and at
6 weekends and the Sisters arrived back, but all of the
7 other where we would have been working on staff being
8 available during the day to do other things, you know,
9 in relation to planning for children, making contacts,
10 that wouldn't have been available in the early days.

11 So we were certainly moving to a situation similar
12 to our own facilities where we had the management staff,
13 we had the staff -- a minimum staffing level there
14 available at any particular point of time, more so when
15 children were there, so that the range of work could be
16 carried out.

17 I mean, residential child care moved from being
18 simply the physical care of children to actually being
19 more involved with their emotional well-being, their
20 development and that, you know. So it actually moved --
21 there was quite a significant change from just being
22 a care role. I think that was reflected in the fact
23 that they increasingly made a contribution to the care
24 planning. At one stage residential care staff wouldn't
25 have really had an input to care planning. That

1 developed then over a period of time where they had
2 a significant role to play in terms of having their
3 views. They knew the children. They knew what they
4 were living with day and daily. They knew their
5 concerns, their anxieties, and they could feed that in.
6 So it was a changing role of residential staff as well
7 I think during that period of time.

8 Q. Now if I can try and -- the funding issue that this
9 created --

10 A. Uh-huh.

11 Q. -- and this is perhaps civil service speak, so if we try
12 and break this down as best we can -- it created two
13 types of funding problem. One was non-recurrent deficit
14 funding and by that we are talking about a situation
15 where the Board did not have enough money to cover
16 expenses that were being incurred. Is that an accurate
17 description of what non-recurrent deficit funding
18 involves?

19 A. Well, deficit funding would relate to where the fees
20 that were paid by the local authority at that point in
21 time weren't sufficient to meet the actual costs, the
22 historic cost, do you know of actually delivering. So I
23 suppose the move from -- the move towards agreeing
24 a cost basis for that service, what is actually required
25 to run the service based on having an adequate staffing

1 level, being paid appropriately and the other costs
2 associated with looking after children, and then that
3 being constructed in such a way that a capitation fee
4 was agreed.

5 Now my -- certainly my memory is that the cost basis
6 for Nazareth House was among the lowest in -- that the
7 fee paid was one of the lowest within the voluntary
8 sector, and there were some certainly disadvantages in
9 terms of the staffing structure that I suppose reflected
10 that, the low staffing numbers, the low qualification,
11 the low salaries paid. Some of the costs that wouldn't
12 have been included -- I mean, Sisters' costs tended to
13 be absorbed. It was assumed that they were there. So
14 they didn't feature in the cost.

15 Q. Despite that these were costs that were put forward by
16 Nazareth House accountant and a discussion ensued
17 between Board staff and the accountant?

18 A. Well, I think the costs that were put forward would have
19 reflected, you know, "This is what it costs us to run
20 this facility", but to move from a situation where you
21 have got a low staff base, a low cost staff base, with
22 the cost associated with the Sisters almost absorbed --
23 you know, they weren't included. There was some
24 discussion around where they were shared costs with the
25 care of the elderly, which happened in the same

1 building. Those may have contributed, you know, to
2 a low cost base at that point in time, but certainly
3 there was a willingness within certainly my memory of
4 discussions with senior managers and the Board to seek
5 to address either on a non-recurrent basis, so let's
6 deal with the deficit, or to actually put this on
7 a proper costing basis, and to --

8 Q. Let me just pause you there, if I can, TL4 --

9 A. Yes. Uh-huh.

10 Q. -- because the non-recurrent deficit funding, the costs
11 have been incurred. There is a deficit. Someone from
12 the Board has to go and try to get the money out of the
13 Department. That's what we are talking about in terms
14 of deficit funding.

15 A. So either deficit funding was that the Board could
16 within its own resources find the funding or, as with
17 any funding situation, it would then have approached the
18 Department and looked for funding to cover that deficit.

19 Q. And the alternative was recurrent funding, where
20 a higher cost to provide this care was recognised and
21 budgeted for --

22 A. Yes.

23 Q. -- so that deficits did not occur.

24 A. Yes.

25 Q. Over time there was a move from I think mid 100 and

1 something per person per week --

2 **A. Yes. Uh-huh.**

3 Q. -- to 300 and --

4 **A. That's right.**

5 Q. -- I think 3 and a half hundred approximately --

6 **A. 343, aye, something of that, yes.**

7 Q. -- which shows that progression, but during all of that
8 at no time did you have concern that inadequate care was
9 being provided?

10 **A. No. Certainly what we were very anxious to do was to**
11 **ensure that Nazareth House was enabled to and supported**
12 **to develop the level of service and the support for**
13 **staff that would have been experienced within the**
14 **statutory sector. So over that period of time we would**
15 **have started from a fairly low base, recognising that**
16 **there was a particular minimum staffing level had to be**
17 **developed. There was a need to cost in the costed**
18 **sisters. I mean there was a cost associated with**
19 **sisters at least. It was an opportunity cost. If the**
20 **sisters hadn't been doing it, someone else would have**
21 **been paid to do it. So that cost needed to be addressed**
22 **in their costings, and to agree the shared costings with**
23 **the residential care of the elderly.**

24 So my memory is that something -- that there was
25 a formula found that worked out a capitation fee based

1 on a 75% to 80% occupancy level, which meant that as
2 long as 80% or 75% of the beds available were used,
3 well, then Nazareth House costs would have been met, and
4 some of the issues that I think then became difficult in
5 terms of requiring deficit funding would have been that
6 the occupancy level may have fallen below the funded
7 level, which you have to accept if it falls below 75%,
8 then, yes, there would be an in-built deficit, or
9 additional requirements like backfilling staff who were
10 seconded and supported out to professional training.

11 Q. Training is something I am going to come to, but you've
12 got --

13 A. But the costs associated with that, the backfill costs
14 of that --

15 Q. Yes. You have to replace them with others.

16 A. -- would have been other over and above, you know, the
17 capitation cost.

18 Q. We add in a waking night staff issue that develops
19 throughout the .

20 A. Then as waking night staff developed that also became
21 a cost that need to be included. Now in fairness, and
22 as I said in the statement, if we identified a need, for
23 example, waking night staff, Nazareth House responded to
24 that. They brought the waking night staff in on the
25 basis that we would then seek the funding to do that,

1 that we as an organisation would then seeking the
2 funding. They weren't prepared to compromise on the
3 safety of children.

4 Q. So they provided the care --

5 A. Uh-huh.

6 Q. -- that extra layer, for instance?

7 A. Yes.

8 Q. I am going to come to waking night staff, but that extra
9 layer of care was provided?

10 A. Yes.

11 Q. The concern about how it would be paid for, that will be
12 dealt with tomorrow.

13 A. "God will provide" do you know was almost I think the
14 expression at one stage, but certainly the commitment
15 given within our organisation and I know from my senior
16 managers was that was recognised as a cost that could
17 not be left to the Order and then it became the
18 statutory sector's responsibility to attempt to find
19 that, you know, to find the funding to make that happen.

20 Q. Now you mentioned backfilling because of training. You
21 say at SND-17545 that Nazareth staff were included in
22 the Board's training schemes.

23 A. Uh-huh.

24 Q. You said that by the time Nazareth House -- you can see
25 it there at number 5.

1 **A. Yes.**

2 Q. Just scroll a little further so we have the next
3 paragraph on the screen. Yes. By the time Nazareth
4 closed -- I think it was 1998 -- it had more qualified
5 staff than any other children's home -- any other
6 statutory children's home within your Board area or
7 Trust area by that stage. So -- you talk about the
8 different courses that were available. There was
9 an Open University course. Was that one you delivered
10 yourself?

11 **A. Yes. I mean, part of the discussion -- part of what we**
12 **were developing at that stage was, you know, in terms of**
13 **looking at the capacity of staff who worked in**
14 **residential care was to expose them to in-service**
15 **training that addressed the practice standards that were**
16 **required and the value basis of residential care, all of**
17 **those issues, and certainly one that I delivered to**
18 **staff was an Open University course, and introduced them**
19 **to sort of values and the value base and some practice**
20 **standards around that, but certainly the in-service**
21 **training courses that we organised as an authority were**
22 **made available to Nazareth House staff, but that was on**
23 **the basis of providing them with that sort of short-term**
24 **training need.**

25 Moving from a very low qualified base or training

1 service put in place an arrangement for residential
2 staff of Nazareth to have access -- akin to the
3 statutory sector -- have access to an employment based
4 rate to professional social work. So over a period of
5 time we ensured that quite a few staff in statutory and
6 voluntary sector actually managed to undertake the
7 Certificate in Social Service that gave them the
8 qualification in social work. Now those staff then had
9 to be backfilled obviously, which became a financial
10 pressure, but certainly by the time that Nazareth House
11 closed more of their staff had actually been able to
12 undertake that than in the statutory homes in terms of
13 backfilling and, you know, freeing people up to undergo
14 the training.

15 Q. Most of those staff then after the closure of Bishop
16 Street moved across to work in various homes --

17 A. That's right.

18 Q. -- that the trust provided?

19 A. As Nazareth House closed, we then had to open other
20 facilities, and those staff then transferred across and,
21 in fact, I think we are -- we use the expression
22 "TUPED". It is the transfer of employment of staff who
23 were with Nazareth then transferred into the statutory
24 sector.

25 Q. So there was certainly a willingness by those involved

1 in Bishop Street to have -- to promote their staff
2 getting qualified and that is, in fact, what took place?

3 **A. Oh, yes.**

4 Q. Now we have covered the funding issues as we have gone
5 along in other issues. So unless there is anything else
6 that you want to say about funding I think if we can
7 bring up SND-17550. We have probably covered most of
8 this as we passed through other areas, but is there
9 anything else you want -- your proposition, as
10 I understand it, is that while adequate care was
11 maintained, there was this funding issue that needed to
12 be addressed to make things better --

13 **A. Yes.**

14 Q. -- not just in Nazareth House but in the statutory homes
15 as well, and if I were to summarise it in this way: did
16 things get better quicker in the statutory homes but
17 they got better in Bishop Street as well, just a little
18 bit further behind? Is that a fair summary?

19 **A. It's probably fair enough. I mean, at the end of the**
20 **day the Board would have -- in terms of meeting any**
21 **funding of services would have been required to look**
22 **within its own resources. I mean, the choice is either**
23 **to rationalise your own expenditure so something gives**
24 **way to fund new costs or additional costs, or**
25 **representation is made through to the Department.**

1 Certainly my understanding is that representations were
2 made on an ongoing basis to the Department to certainly
3 fund any deficits that there were, but at a stage when
4 we would have arrived at a costing basis that was
5 acceptable to both ourselves and the -- and Nazareth
6 that the Department would have been approached in terms
7 of seeking to fund that.

8 Q. Do you think -- you mention here the capitation fee that
9 was arrived at in '92/'93. By that point had matters,
10 staffing levels, qualifications, funding sequence that
11 people were content with -- had we got to that point at
12 any stage before 1995?

13 A. Oh, I mean, I think by the stage of 1992 incrementally
14 we were getting to a situation where there was
15 an agreement on what a cost basis was and there were
16 issues then to do with backfill. Obviously the more
17 qualified staff, the higher your costs are going to be.
18 So as staff were trained, so the costs rose. So the
19 cost basis rose. Staff needing to be backfilled to
20 enable them to undergo training. If an occupancy level
21 fell, then there was a deficit built into that. Then
22 I've commented here the staff developments, for example,
23 waking night staff, I mean, that was done before
24 a funding stream was --

25 Q. Was identified.

1 **A. -- was identified, although we acknowledged it would**
2 **need to be addressed.**

3 Q. That's something -- that's an issue I am going to come
4 to, because it is part of a wider issue of peer abuse
5 I am going to ask you to deal with, but basically the
6 issue got settled or settled down by the mid-'90s.

7 **A. Yes. I mean, I think year on year there were always**
8 **issues to do with were fill costs being met or not, but**
9 **that was a regular -- I think the cost basis was fairly**
10 **clear then at that stage, how the costs would be --**
11 **would be calculated and how they might be met, largely**
12 **met anyway.**

13 Q. I'm going to leave funding for a little while --

14 **A. Okay.**

15 Q. -- and I want you to consider SR2 for a few moments. If
16 we can go to SND-17545, please, if you just scroll down,
17 please, now you say that -- at this point you are
18 describing how in general terms the Sisters were open to
19 developments that were taking place.

20 **A. Uh-huh.**

21 Q. You say specifically SR2 was a strong advocate for
22 children in Nazareth House and challenged Board
23 managers, and I'm going to read into that challenged
24 TL4, who was there a lot, if she felt that her children
25 were being disadvantaged. By "her children" I take it

1 that means any child that had been placed in Bishop
2 Street, whether there voluntarily --

3 **A. That's correct.**

4 Q. -- or by this stage presumably most were placed there by
5 the Board or Trust?

6 **A. At that stage they would have been by the Board, yes.**

7 Q. "If she perceived her children were being disadvantaged
8 in any way compared to children in statutory homes",
9 what do you mean by that? When you say she challenged
10 you, what were the things that she was taking you on
11 over or taking on your colleagues over?

12 **A. I think it was any opportunities to any child. Whether
13 she was involved collaboratively in the strategic
14 planning, in the regular meetings with staff, if she
15 became aware we were considering introducing anything at
16 all in relation to children who were in care, well, then
17 she wanted to make absolutely certain her children had
18 access to that as well. A very strong advocate, and,
19 I mean, as I have said that in that for her, for
20 children who were in Nazareth House, resident in
21 Nazareth House, and certainly would have taken all of us
22 on, senior managers and what not, in relation to
23 ensuring that we get funding available for that.**

24 I mean, an example is we introduced something called
25 quality of life funding, because we were very concerned

1 that children in many cases did not have the opportunity
2 to access the range of sporting or recreational
3 activities that, you know, met their particular
4 interests and that we would make money available to each
5 residential unit to ensure that they could afford to do
6 the things they needed -- wanted to do. If they had
7 hobbies that were slightly more expensive or whatever,
8 at least those could be accommodated, and Sister wanted
9 her children and -- you know, and we did. We ensured
10 that she had access to the quality of life as well.

11 An example which I am sure you will come to later is
12 the leaving care and the fact that her children deserved
13 the opportunities as well of a continuity within her
14 facility as opposed to moving to somewhere else to have
15 a leaving care experience.

16 Q. This was in response to the developments that you made
17 at Harberton?

18 A. **At Fort James, yes.**

19 Q. Fort James to have an aftercare --

20 A. **Yes.**

21 Q. -- a provision to move and then eventually the same was
22 put in Bishop Street?

23 A. **That's right.**

24 Q. Well, you mention at the top of SND-17546 -- you
25 describe your relationship with her. You say that the

1 relationship you had with staff managers in Nazareth
2 House -- now I take it that -- by that you mean the
3 person in charge of the home and the team leaders --

4 **A. Uh-huh.**

5 Q. -- "... in my opinion was a positive and supportive
6 one",

7 and for SR2 in particular you acted as a mentor for
8 her at her request to plan for improvement, consider
9 ways of addressing emerging issues and difficulties.

10 **A. Yes.**

11 Q. You say:

12 "She presented as a warm and caring person with
13 insight into the complex influences on each child."

14 **A. Uh-huh.**

15 Q. I think you say earlier in your statement, just to
16 contextualise this, by this point in time,

17 , you had a growing preponderance of
18 children with increased difficulties. Those coming into
19 care were children with perhaps more difficulties than
20 in the past, coming from very difficult home
21 backgrounds, abusive relationships.

22 **A. Yes.**

23 Q. So the complexity of their care was greater than perhaps
24 what had come before. So that being the context --

25 **A. Uh-huh.**

1 Q. -- you are describing SR2 as someone who was open to
2 making sure that whatever could be done was done.

3 A. Yes, and, you know, if children needed additional
4 therapeutic support and whatever, at least those
5 children could access it, and certainly that was in
6 line with, I suppose, our response to what became
7 an increasingly complex set of circumstances being
8 presented to staff in residential care. She would have
9 been very anxious that her children -- she had a great
10 understanding of where those children were coming from
11 in terms of their development, their experiences and the
12 impact that that would have had on them and how it would
13 have reflected in their day and daily lives. So what
14 she -- you know, in terms of how she would have dealt
15 with situations was really affected by that or shaped by
16 that, that understanding that she had.

17 Q. Chairman, rather -- if I may, rather than take a break,
18 there is a possibility of me getting through the
19 remaining part of this in a reasonably short form, which
20 might allow us to move on with SND491 in a fashion, and
21 if we broke between the two witnesses giving evidence,
22 if that was acceptable.

23 CHAIRMAN: Yes.

24 MR AIKEN: I am obliged.

25 Now you talk about aftercare services, and you refer

1 at SND-17548 to the duty that was on the Board or Trust
2 under the Children & Young Persons Act to befriend and
3 advise a child who had left care, effectively having
4 reached compulsory school age, and the statute required
5 a befriending role and an advising role on the Board
6 between that age at 16 and 18. Now whether that
7 remained appropriate as school ages changed, but that's
8 the way the legislation was framed.

9 **A. Uh-huh.**

10 **Q.** From what **TL 19** has already told the Inquiry and what
11 you are saying here the provision in terms of
12 an aftercare service, so beyond 16 to 18, really didn't
13 start until . . . However, it might have been
14 informally done before that. A formal attempt at
15 aftercare service began with the developments in
16 redeveloping Fort James to a self-contained flat in

17 .
18 **A.** I suppose what I would say is the response prior to that
19 was less structured in terms of supporting children or
20 young people at that point in time. Generally the
21 pattern was that young people moved from care at 16 and
22 where we were supporting them the authority would have
23 been responsible then for advising and befriending and
24 ensuring that certain things happened until they reached
25 their 18th birthday.

1 care, and it moved from the one example of a girl who
2 was in the self-contained flat at the top of Fort James,
3 who likened it to an attic in your mother's house, where
4 you could come down at night and raid the fridge, you
5 know -- it wasn't a great experience -- to us having
6 self-contained flats developed in the outbuildings at
7 the rear of Fort James and dedicating a small team of
8 staff who actually worked with those -- those young
9 people to prepare them for leaving care and provide
10 support beyond 18, and to work with them in such a way
11 that we linked with other agencies, for example,
12 housing, employment services, education services to
13 ensure that those young people had a level of support.
14 I think that subsequently became part of the
15 legislation, the legislative requirement then in terms
16 of how we as a statutory authority support young people
17 leaving care in a more comprehensive way, but at that
18 stage it was very much about, "Look, here's what we
19 think is right. Let's try this, test that and develop
20 this, develop this process". In fact, we were able to
21 make it more structured with the closure of Fort James,
22 when we used some of the staff to develop a
23 dedicated leaving and aftercare service.

24 Q. Even though all of the children now in Bishop Street, as
25 it were, were people -- were Board children, SR2

1 discussed with you and got the introduction of a similar
2 type, a flat for kids who lived in Bishop Street to move
3 into as part of an aftercare development in the same way
4 that you'd created one in Fort James.

5 **A. Yes. I think -- I mean, the opportunity as we developed**
6 **in Fort James was that young people in Nazareth House**
7 **would have had to transfer from Nazareth House to Fort**
8 **James to access the leaving care facility there, and SR2**
9 **very strongly felt that in terms of continuity something**
10 **should be provided within Nazareth House and she was**
11 **right in terms of that degree of continuity. So she was**
12 **supported in terms of developing a self-contained flat**
13 **within the bounds of the Nazareth House complex, and**
14 **that we linked her in with the specialist staff who**
15 **dealt with leaving and aftercare at Fort James to**
16 **provide advice, guidance and support in terms of that.**

17 **Q.** Now I want to then move on to sexual abuse and within
18 that peer abuse. You mention at SND-17546 -- you refer
19 to the concern developing about child sex abuse as
20 increasing during the .

21 **A. Uh-huh.**

22 **Q.** I just want to get clear from you what you're talking
23 about there is abuse within the family setting?

24 **A. Yes --**

25 **Q.** That it wasn't --

1 **A. -- or also in a community setting.**

2 Q. Yes. It wasn't until the Kincora revelations at the
3 start or middle of 1980 that it came on the agenda about
4 the sexual abuse by staff working in a children's home.

5 **A. That was really the clearest identification of a -- of
6 a problem that became very apparent at that stage.**

7 Q. Then what flowed from that was the introduction of the
8 various matters that the Hughes Inquiry ultimately
9 looked at in terms of complaints procedure and so on and
10 so forth.

11 **A. Yes.**

12 Q. Now within that issue of sexual abuse I want to ask you
13 to deal with the issue of peer abuse, and you in the
14 guidance document at SND-17607 actually set out -- and I
15 am not going to go through this now -- the Inquiry Panel
16 will have the opportunity to consider it -- guidance,
17 and this is written in 1988, recognising that -- the
18 sexual behaviour amongst children who are resident in
19 the children's homes and how that should be dealt with
20 and an escalating procedure for dealing with it,
21 depending on what had occurred.

22 Now what I wanted to ask you, and I am not going to
23 bring up the document, but the Panel before has seen in
24 1991 there was a particular problem in Harberton House.
25 The reference for that just again is at SND-16589. That

1 led to the Bob Bunting report, which we have not yet
2 seen, but are going to get I trust. Then that produced
3 the waking night staff being introduced to Harborton.
4 There's a report from **TL 19** writing asking for
5 funding and explaining how much more it is going to cost
6 and trying to get that money.

7 **A. Yes.**

8 Q. That also led, because of similar incidents that
9 occurred in Nazareth in 1992 -- and the reference for
10 that is SND-14755 -- to waking night staff being
11 introduced there. You have already mentioned in your
12 statement how the care was simply provided and then the
13 funding issue was worked out afterwards --

14 **A. That's right.**

15 Q. -- but what I am interested in is what steps could you
16 take or were taken to try to ensure that underage
17 children were not engaging in sexual activity within the
18 home?

19 Now before you answer that let me say the Panel will
20 have seen records where you and others are engaged in
21 untoward incidents that are flagged up. These are not
22 new. The records relate to during the . I am not
23 going to go through them. Were steps could be taken and
24 were taken to try to manage this issue?

25 **A. Well, I suppose the development of waking night staff**

1 was a key one, you know, so that certainly during the
2 night-time there were staff who were monitoring what was
3 happening in a residential unit. Another big issue
4 would have been the issue of staff training so that
5 staff were becoming more aware of the issues.

6 The 1988 -- the policy is outlined here. Certainly
7 we were aware of children coming into care who had
8 experienced inappropriate sexual behaviour. It really
9 wasn't surprising that their behaviour may have
10 reflected some of the experiences that they had had, and
11 children developing through adolescence anyway may have
12 been more vulnerable as well to what was going on.

13 We had a system in place where incidents occurred.
14 Those were treated not as untoward events. They were
15 treated as a complaint, you know, against -- on behalf
16 of the children, and we looked at what needed -- our
17 response would have been in relation to individual
18 incidents. So we would have put as part of a care plan
19 whatever action we felt was required.

20 Now some of that was actually therapeutic support
21 and we did have an increasing involvement of a lady
22 called a **SND 470**. **SND 470** provided a lot of
23 specialist support to us in residential care in all
24 settings at that stage, and also in terms of training
25 for staff, and also being a resource for staff to

1 actually get advice and guidance from. So there was
2 a number of issues. Given the incidence or the
3 vulnerabilities within it, it was about having
4 a staffing structure that was sufficient. It was about
5 having staff who were aware of and who knew what to look
6 for and then had a system in place to deal and address
7 with it and to get specialist support when that was
8 required. That was I suppose what we set out to do.

9 Q. Now the last issue that I want you to address with me is
10 this issue of befriending that has come up in the
11 context of SND38 and HIA127. In fact, in your guidance
12 document at SND-17581 and SND-17582 this -- it is called
13 "Friends" but it, in fact, is the befriending policy
14 that existed from -- sorry -- It deals with
15 --

16 **A. Yes.**

17 Q. -- the issue of overnight stays with friends or the
18 befriender. That was supposed to be dealt with in
19 accordance with that's described as the approval for
20 absences policy and that can be found at SND-17575
21 within the guidance. This is the approval. If we just
22 can scroll down to the next page before we go to
23 SND-17575:

24 "The process of vetting befrienders is similar to
25 that of prospective foster parents as follows. They are

1 supposed to be interviewed. References are obtained. A
2 report is sought from the police. PECS check. Contact
3 between befrienders is reviewed on a quarterly basis.
4 An integral part of the child's review."

5 So it's a very formal -- to become a befriender is
6 a very formal process that was in place from and it
7 seems to envisage, does it not, that it is not
8 necessarily going to be a child's key worker or their
9 social worker. It is someone else. Is that fair?

10 **A. Well, certainly that was established to recognise that**
11 **children should have access to that normal ability to or**
12 **opportunity to stay overnight with school friends and**
13 **school friends' family, the developments that could**
14 **occur through that. So what we set out to do was,**
15 **rather than make decisions as they arose, that we would**
16 **set in context a framework for that that would enable**
17 **that to be approved. Any vetting or any approvals got**
18 **in relation to those contacts would be checked off at**
19 **a care review, and then within that the child would then**
20 **have the -- I suppose the freedom to develop that or to**
21 **have that contact.**

22 Now the overnight absences would have related to
23 anything, children going on holiday, children going for
24 overnight with a friend, and we had put in place
25 a structure that left the authority for granting that

1 permission in the context of the framework with
2 a graduated level of accountability in terms of the
3 organisation so that a social worker could give approval
4 for one to three nights over... -- you know, overnight
5 stay, four nights to fourteen for Senior Social Worker
6 and more than that for an Assistant Principal.

7 It was never regarded -- I mean, the role of a key
8 worker in residential care, it certainly would have been
9 expected or accepted that the relationship -- because,
10 I mean, everything was built on relationships at this
11 stage, children and those who cared for them -- that it
12 was fairly normal for a key worker to take a child into
13 town, go to the pictures, go for a bite to eat or
14 whatever. It was a fairly normal part of relationships
15 or relationship building. So that was an accepted part
16 of the key working relationship, but it was in the
17 context that again it was managed within the residential
18 unit.

19 Q. Let me just unpack that a little with you. Is the
20 reality of that not then that whether someone was a key
21 worker or a befriender, it involved them having
22 one-to-one contact with the child outside of
23 a children's home, and therefore as long as they passed
24 the tests, ie which boil down to they had not done it
25 before, there was the opportunity to take advantage of

1 that relationship if an adult wanted to do that? Is
2 that fair?

3 **A.** I think that's always the case. The issue of -- I think
4 what we set out to do was ensure that where there were
5 decisions made about those who were not directly
6 involved with the care of a child or family having
7 contact with a child, that there were safeguards put in
8 place, that there was a certain set of questions asked
9 that a social worker had to be satisfied about in
10 relation to, for example, children being allowed to go
11 overnight. The expectation of key workers -- because it
12 is important to remember that the balance between, you
13 know, providing physical care for children and actually
14 using a relationship within, you know, a care situation
15 is a really important one in terms of a child's
16 development. They are children. They've got feelings.
17 They develop relationships. You know, they live off
18 relationships, as we all do, and the -- but the role of
19 a key worker was actually controlled by I suppose what
20 the expectations were. They didn't just take children
21 out of their own accord without other people knowing
22 that that was happening. So ...

23 **Q.** For that to happen there was a policy as to how it was
24 to be done?

25 **A.** Yes.

1 Q. The overnight issue -- and I know you -- I didn't have
2 this page to give you, so you will have a chance to look
3 at it on the screen now -- the actual overnight
4 relationship is set down in the policy, and this
5 particular one at SND-5214, it followed that escalation
6 and procedure. If we can bring up SND-5214, please.
7 This is a memo after the event.

8 **A. Um.**

9 Q. If you just make that bigger from I think "the social
10 worker" to "the Assistant Principal Social Worker". The
11 overnight stay had taken place in this context, but you
12 will see that it is confirming that it has happened and
13 how the key worker requested permission for the child to
14 be allowed to spend Christmas and then that the social
15 worker is saying she spoke to you expressing her
16 satisfaction with the home situation and you gave
17 consent to the Christmas arrangements.

18 Now I know your role in residential care, you
19 wouldn't see it in that way in terms of how that's
20 phrased, but is that the type of social worker
21 considering the issue, reflecting on the family
22 circumstances and then speaking up the chain to just
23 check that the decision-making they are making is the
24 right one?

25 **A. Well, there's two -- the memo was from a social worker**

1 to her manager --

2 Q. Yes.

3 A. -- informing them that -- him that she had given her
4 approval and acknowledging with him that she had told me
5 that she had given that approval on 6/12.

6 Q. Yes.

7 A. Yes. So it actually followed the approval for absences
8 as outlined in our --

9 Q. In the policy book.

10 A. Yes.

11 Q. Yes.

12 A. Now I have to say it's probably a fairly exceptional
13 circumstance I would have thought that a key worker
14 would have had any child at home. I only remember
15 a very small number of those ever happening within my
16 experience of residential care over many years, one of
17 which, this one, subsequently resulted in an allegation
18 being made, and another one which I am aware even at
19 this stage in that the child in adult life and with his
20 own family is still very much part of the key worker's
21 family life. Those are really the two that I recall
22 during this time.

23 Q. What I want to ask you just in finishing, if I can, TL4,
24 is whether reflecting on this now -- obviously the
25 Inquiry is looking at systems failures --

1 **A. Uh-huh.**

2 Q. -- whether on reflection there is anything that you
3 acknowledge as a systems failure that you want to
4 mention now, and if there isn't, just say so?

5 **A. No, there isn't. I mean, certainly I have spent my**
6 **career wanting to ensure that where there were systems**
7 **that we can change, that we can improve, we would do**
8 **that. Some of those were as a response to events. Some**
9 **were as a response to research, but certainly we were**
10 **never satisfied that we have got it right, but the**
11 **situation for me was always one of trying to maintain**
12 **a balance between procedures and actually children being**
13 **given the opportunity to grow and develop in as normal**
14 **a way as they possibly could within what was a fairly**
15 **abnormal living situation.**

16 Q. And you are satisfied from your perspective that from
17 onwards in terms of interacting with Bishop Street
18 while things got better and steps were taken to make
19 things better --

20 **A. Yes.**

21 Q. -- they were not -- things went wrong that had to be
22 dealt with?

23 **A. Yes.**

24 Q. There were not, as you look back on it now, systems
25 failures as you see them that really you regret seeing

1 happening?

2 **A. Any that happened we took some steps to improve.**

3 I mean, there's always something, but, you know, at the
4 time if we weren't happy with something, then we took
5 steps to try to address those issues.

6 **Q.** Now the last question I want to ask you before the Panel
7 ask you any questions they have is whether there's
8 anything else that you want to say -- now is the time to
9 say it -- that you think might assist the Panel with the
10 work that it's doing in looking at these issues.

11 **A.** Only that through this period of time certainly there
12 was significant change in terms of what we became aware
13 of in terms of what children presented in terms of the
14 complexity, and what we sought to do through this period
15 of time was ensure that those children who were in
16 Nazareth House experienced the same level of consistency
17 that they would have in any other residential facility
18 that was directly within our control. I had a very
19 supportive relationship I think with Nazareth House and
20 very proactive in terms of trying to work with the
21 managers there to introduce new ways of doing things,
22 new -- ensuring that the processes and procedures were
23 filled, and I -- also that I was met all the way along
24 the line with the highest level of cooperation from --
25 from the Nazareth House staff in relation to making this

1 **happen.**

2 Q. If you just remain where you are, the Members of the
3 Panel may have some questions they want to ask you.

4 Questions from THE PANEL

5 MS DOHERTY: Thanks very much. That has been really very
6 helpful. Can I just ask when you had the three homes
7 available to you, the two statutory and the Nazareth
8 House, was there a sense of there was any particular
9 children and particular circumstances that would be more
10 suited to go to Nazareth House rather than the other two
11 or vice versa? I mean, understanding that emergency
12 placement children go where they can go --

13 **A. Uh-huh.**

14 Q. -- but was there a sense that Nazareth House provided a
15 different service or ...?

16 **A. I think what we tried to do, and that was based on the
17 purpose of any particular unit -- I mean, Harberton
18 House initially was an assessment unit. The initial
19 idea was the children were there for an initial six
20 weeks, an assessment, and then we moved them. If they
21 were remaining in care, they moved to more suitable
22 accommodation. It didn't happen as readily as that. We
23 actually opened -- we subdivided Harberton House into
24 two units at one stage so that one became -- you know,
25 the assessment unit then had a follow-on unit, but**

1 longer term I suppose that more children who were in
2 their adolescence moved to Fort James and that became
3 more of a unit for children moving through care. So
4 those who would have been 12, 13 whereas younger
5 children may have moved to Nazareth House. It would
6 have been our -- or there may have been direct
7 admissions to Nazareth House based on need at a
8 particular time of children who were older.

9 Q. SND500, when she talked to us, said you often or
10 sometimes were involved where placements were in danger
11 in Nazareth House, where maybe children with more
12 complex needs, more challenging behaviour, the nuns
13 would say they had to go. Can you say a bit about that?

14 A. Well, I think there was certainly a stage that children
15 with fairly complex behaviours at the -- Nazareth House,
16 Bishop Street would have regarded themselves as not
17 being able to cope or deal with that, and that in some
18 cases we did have to look at moving children who they
19 said were beyond their control at that point in time.

20 Q. And did that then get reflected in decisions about where
21 to place children?

22 A. Uh-huh.

23 Q. So that kind of knowledge then informed placement
24 decisions?

25 A. Yes. I think as time moved on then, yes, we would have

1 **been very clear on that. Children coming into care,**
2 **young people coming into care with very challenging**
3 **behaviours, we would not have placed them in Nazareth**
4 **House.**

5 Q. Okay. I mean, every residential home, as you say, is
6 going to improve and faces its own challenges both at
7 different times, the kind of good periods and more
8 difficult periods. In relation to Nazareth House what
9 would you have said its challenges were? We have heard
10 the financial and the training, but more in terms of
11 practice did you feel that it faced challenges?

12 A. I suppose in the early -- well, I suppose one of the
13 major challenges was it moved from being a unit that was
14 staffed mainly by, you know -- with a low level of
15 staff, poorly qualified, managed by staff who -- sisters
16 who also carried out a fairly demanding role in relation
17 to their teaching or their principal teacher's
18 responsibilities as well, that I think that made life
19 fairly difficult for them in terms of managing what was
20 becoming an increasingly complex environment and the
21 statutory responsibilities that were being made of them,
22 statutory requirements. So ...

23 Q. Did you have any concern about discipline and the use of
24 discipline within Nazareth House?

25 A. No. I think some of the -- well, I mean, some of the

1 concerns we just would have had was in exploring with
2 them the use of a more positive approach as opposed to
3 the children being penalised, you know, in terms of
4 going to bed early or, you know, those issues that
5 happened in every residential unit. Every facility has
6 its own code almost of discipline and I think what we
7 certainly worked with with Nazareth, as we did with
8 Harberton House and Fort James, was to actually explore
9 the type of issues, you know, the disciplinary actions
10 that were taken and to try to move towards a more
11 positive approach to that and to make them more --
12 I suppose more immediate and more proportionate in terms
13 of the difficulties that the child was presenting.

14 Q. Were you aware of any corporal punishment being used?

15 A. No, not in my time, no.

16 Q. Okay. Thanks very much.

17 A. Okay. Thank you.

18 MR LANE: I believe at one stage that there were grants
19 given by the Department to cover the backfilling of
20 students on secondment. Was that not true at this time
21 you are speaking to?

22 A. Well, the grants -- the backfill costs I understood were
23 met from our training budget. We had a separate --
24 apart from the costs of residential care the costs of
25 training and backfill costs were met from our training

1 budget, which may have been then got from the
2 Department. I really wouldn't know.

3 Q. Okay. At this time there was I think some discussion
4 about residential child care in particular being seen as
5 a form of social work. Did that make sense to you in
6 the way that the work was handled and the training and
7 so on?

8 A. Well, certainly the move from what was a role of primary
9 care looking after children's physical needs certainly
10 through this period of time we would have very clearly
11 documented that or identified that the skills that
12 social workers had in terms of dealing with the
13 complexities in a very close living environment were
14 very -- would have been a very positive one in terms of
15 outcomes, you know, if we got that right. So the
16 development of training staff and ensuring that they had
17 the capacity to understand the complexity of what they
18 were dealing with and to seek to use their relationship
19 in a therapeutic way was actually an important one for
20 us.

21 Q. Yes. Thank you. In terms of your close working
22 relationship with SR2 and so on as a mentor clearly from
23 your evidence it sounds like that was really positive,
24 but was there any concern on the part of the Sisters
25 that they might be losing a degree of independence

1 because of coming to rely so much on capitation and so
2 on?

3 **A. I'm not really sure, I mean, in relation to that,**
4 **because in many cases the financial discussions were at**
5 **a level above me.**

6 Q. All right.

7 **A. Senior managers.**

8 Q. You didn't hear that sort of thing mentioned as
9 a concern?

10 **A. No.**

11 Q. Right. One last question. You mentioned Harberton and
12 Fort James, but were there other homes as well, local
13 authority homes?

14 **A. Not within the -- within our geographic area.**

15 Q. Right.

16 **A. At that point in time there were two residential homes,**
17 **two statutory homes and the voluntary. Then there were**
18 **other homes that we used within the Western Board and**
19 **some voluntary homes we would have used elsewhere in --**
20 **you know, across Northern Ireland.**

21 Q. Okay. Thank you.

22 CHAIRMAN: Thank you very much for coming to speak to us
23 today. I think those are all the questions we have at
24 the moment. Again thank you very much for your
25 evidence.

1 **A. Thank you.**

2 (Witness withdrew)

3 MR AIKEN: Chairman, if we took a short break and allowed me
4 to have some short discussions with my colleagues and
5 then speak to the Panel about how we might deal with the
6 rest of today.

7 CHAIRMAN: I don't think we can afford more than about
8 ten minutes.

9 MR AIKEN: Yes.

10 (4.00 pm)

11 (Short break)

12 (4.10 pm)

13 MR MONTAGUE: Chairman, just to inform you out of courtesy
14 that I have another engagement this afternoon.
15 Ms McReynolds is in court and SR107 is in court and
16 I can access the transcript later.

17 CHAIRMAN: Thank you very much.

18 (Mr Montague withdrew)

19 WITNESS SND491 (called)

20 MR AIKEN: The next witness, Chairman, Members of the Panel,
21 is SND491, who is "SND491". He is aware he is going to
22 be asked to take the oath or to affirm.

23 CHAIRMAN: Do you wish to take the religious oath or to
24 affirm, SND491? The religious oath?

25 **A. Please, yes.**

1 **WITNESS SND491 (sworn)**

2 CHAIRMAN: Thank you. Please sit down.

3 **A. Thank you.**

4 **Questions from COUNSEL TO THE INQUIRY**

5 MR AIKEN: SND491, you have had the opportunity to, and
6 I know you travelled today with TL4 and he is someone
7 known to you, and I asked you to sit in and hear the
8 evidence he was giving because it covers a broadly
9 similar path to the evidence I am going to deal with you
10 in respect of. So in that context I have said to you,
11 as you know, we are going to try to focus on anything
12 additional or where you disagree with anything TL4 has
13 had to say. So that's the context which hopefully will
14 assist you and assist the Panel.

15 The first thing, you have three witness statements
16 and I want to bring up quickly, please, SND-17145, which
17 is your first witness statement of 14th March, and just
18 check that that mirrors the first page apart from you
19 will see the designations where "SND491" has been put
20 in.

21 **A. Yes.**

22 Q. And the last page is at SND-17147 and can you confirm
23 you have signed that statement --

24 **A. Yes, I can.**

25 Q. -- apart from the fact you can't see it here?

1 **A. Yes.**

2 Q. The second statement is of 22nd April at SND-17149.

3 Just check that that's the first page of it.

4 **A. Yes, it is.**

5 Q. And the last page is at SND-17154.

6 **A. Yes, it is.**

7 Q. And you have signed that statement?

8 **A. I have, yes.**

9 Q. The third statement is of 28th April at SND-17566. Is
10 that first page of it?

11 **A. It is.**

12 Q. It is two pages. So the next page, SND-17567, can you
13 confirm that you have again -- that's it and that you
14 have signed it?

15 **A. It is, yes.**

16 Q. You want to adopt those three statements and their
17 content as your evidence before the Inquiry?

18 **A. Yes, yes.**

19 Q. You can see a designation in place of your name. That
20 is the Inquiry anonymity policy at work.

21 **A. Okay.**

22 Q. Can I just ask you to confirm you want to keep your
23 anonymity in relation to the Inquiry's work?

24 **A. Yes.**

25 Q. Now your background, SND491, is set out in your

1 statements. I am not going to go through that in any
2 detail save to highlight so that your evidence is
3 contextualised you were a on the ground,
4 as it were, visiting Bishop Street and Termonbacca in
5 Then from you are a
6 covering the area on the field
7 side.

8 **A. Yes.**

9 Q. Then between you are an
10 in Derry City Centre, and then from
11 until you are the . So TL4
12 at that stage as an on
13 the residential side would have been reporting to you?

14 **A. That's correct, yes.**

15 Q. Also there would have been Assistant Principal Social
16 Workers on the fieldwork side reporting to you.

17 **A. Yes.**

18 Q. You also as part of that title of
19 had a title of
20 .

21 **A. That's correct, yes.**

22 Q. Now what I want to ask you about first -- I appreciate
23 after you moved on to become an [REDACTED]
24 and so on, but the time period we are interested in is
25 that window of to .

1 **A. Yes.**

2 Q. Can I just ask you in the context, and to try to help us
3 with the parameters of this, you heard TL4 give his
4 evidence. Is there anything with what -- that he said
5 to the Panel that you don't agree with or that doesn't
6 agree with your recollection? I know you have mentioned
7 to me one thing about the meetings that you set up, and
8 I~will come to those, but apart from that is there
9 anything else where what he's described to the Panel
10 recollect or sit with your recollection of developments
11 in Bishop Street over the period?

12 **A. It is very much consistent with my own experience**
13 **and recollections of the development of services largely**
14 **at Nazareth House, given that Termonbacca closed in**
15 **1982. We had a slightly different career trajectory.**
16 **So I came through the fieldwork. So I was very much**
17 **looking at the care planning arrangements for individual**
18 **children, but I feel exactly the same as TL4 in relation**
19 **to the quality of care that was provided to those**
20 **children.**

21 Q. You are more on the side doing the monthly meetings, the
22 review arrangements --

23 **A. Correct.**

24 Q. -- and dealing with the children --

25 **A. Yes.**

1 Q. -- as it were, on the ground as opposed to the homes
2 they were placed in?

3 **A. Correct.**

4 Q. Now I want to ask you -- I want to take you back to your
5 time as a when you are visiting
6 Termonbacca and your impressions about that you describe
7 in SND-17146. Let me summarise it in this way. The
8 place was foreboding, but the standard of care in terms
9 of what you saw when you were visiting there was
10 satisfactory?

11 **A. Yes. Uh-huh. In Termonbacca, a very large institution,
12 and, as TL4 has described, the individual units for the
13 children were both warm and welcoming and child friendly
14 but it really in my opinion wasn't consistent with what
15 is a good care environment for children.**

16 Q. And that was because of its nature?

17 **A. Well, I actually do believe passionately that children
18 should be cared for in a domestic homely situation if at
19 all possible in large institutions and I am afraid
20 really it's very, very difficult to replicate that in
21 those settings.**

22 Q. So the units that they had moved to by the -- that
23 period of time, , --

24 **A. Uh-huh.**

25 Q. -- which was two family units within Termonbacca, that

1 was better?

2 **A. Oh, yes.**

3 Q. But just the context in which it found itself was not
4 good?

5 **A. Once actually got to the children's units they were
6 absolutely fine. It was the overall environment that
7 I was less comfortable with.**

8 Q. You say in your second statement at SND-17150 that your
9 perception of the closure was because of that
10 recognition that its size and layout were just not
11 appropriate. That was your perception.

12 **A. I was not involved in any of the discussions as a field
13 social worker at that time, but that was my perception,
14 that really it was -- and, in fact, people had concluded
15 it was no longer fit for purpose.**

16 Q. You mention at paragraph 3 in SND-17150 that you were
17 then allocated to children as it closed.

18 **A. Correct.**

19 Q. Can you tell the Panel who those children were, if you
20 remember?

21 **A. Yes. My recollection is it was SND 23 and
22 SND150, both of whom had been in Termonbacca for some
23 time.**

24 Q. Were you then responsible for finding a different
25 location for them to live?

1 **A. That's correct.**

2 Q. Was that then within one of the statutory homes?

3 **A. Well, my initial starting point was to look to consider**
4 **what was the most appropriate setting and then, given**
5 **that one of those lads -- that there were family still**
6 **in the wider vicinity, at least to test out to see if**
7 **there was any possibility of a placement there, and when**
8 **that was concluded that it was no longer appropriate,**
9 **I then set about securing provision then within the**
10 **statutory sector, and places were secured for both lads**
11 **at Fort James Children's Homes -- Children's Home in**
12 **Ardmore.**

13 Q. And were those children who when they were allocated to
14 you -- were they already in the care of the Board or
15 were they voluntary children who at that point because
16 it was closing became within the care of the Board?

17 **A. Very much the latter is my recollection, yes. So they**
18 **were in care on a voluntary basis and then at that point**
19 **then they came into the care planning arrangements of**
20 **the Board when I took responsibility for them.**

21 Q. Do you know were there other children in a similar boat
22 allocated to other field social workers?

23 **A. I believe so, but I have no recollection of the names of**
24 **the children.**

25 Q. So if I can summarise it in this way basically, whoever

1 was left in Termonbacca when it was closing was taken
2 into care within the legislative scheme and became the
3 responsibility of the Board and social workers working
4 for the Board?

5 **A. That's correct, yes.**

6 Q. Now TL4 gave evidence that the system as he was
7 describing it of residential care and checking on the
8 home itself and his position as a residential -- on the
9 residential care side was really a new post that began
10 around and there was only one person for in
11 post before him.

12 To the extent that you can recollect was there
13 anyone within the Board up to that point in time of TL4
14 taking it on after Termonbacca has closed performing
15 that role, for instance, in relation to Termonbacca, so
16 going in not to see -- their monthly visit to their
17 child, but going in to assess whether the place where
18 the Board had put the child was functioning the way it
19 was supposed to?

20 **A. I don't know for a fact. It was my impression that**
21 **there wasn't anyone prior to SND119 and TL4 that**
22 **fulfilled that function there.**

23 Q. You say at SND-17146 in paragraph 5 of your first
24 statement that when you became a and the
25 , so from on,

1 SND491, you would have had an oversight role in ensuring
2 that the statutory responsibilities were being met. Now
3 is that that your social work staff were meeting their
4 responsibilities or did you also have an oversight role
5 like TL4 in the home itself meeting its
6 responsibilities?

7 **A. No. It was in relation to the child care social workers**
8 **that were responsible to me, making sure that they were**
9 **fulfilling their statutory obligations principally in**
10 **relation to visiting each child at least on a monthly**
11 **basis, and also making sure that the care planning**
12 **reviews were taking place within the agreed timescales.**

13 Q. So it is not until you become the
14 that your involvement and your checking of the
15 home begins?

16 **A. That's correct, yes.**

17 Q. Ultimately that's . So what I want to do then is
18 just -- we have dealt with Termonbacca and the closing
19 of it.

20 **A. Uh-huh.**

21 Q. I want to ask you -- you also visited Bishop Street --

22 **A. I did.**

23 Q. -- in that period of You mention it in
24 paragraph 4 of your first statement at SND-17146. It at
25 some stage, and I am not sure we can yet date precisely

1 when Bishop Street moved from the large dorms into two
2 self-contained ten bed or slightly more I think,
3 depending on some witnesses who have already given
4 evidence, small units on two floors in Bishop Street.
5 Do you remember visiting it prior to it being in that
6 form, ie when it was a large dorm type environment?

7 **A. I have vague recollections at the very early stages of**
8 **that arrangement, yes, yes.**

9 Q. So that was still happening in around and then
10 changing over --

11 **A. Correct.**

12 Q. -- into the two family style units?

13 **A. Yes.**

14 Q. Can you to the extent that you can help the Inquiry with
15 your impressions of Bishop Street before and after that
16 changed? So before you have got the imposing building
17 that you describe passing through and the statues and so
18 on and -- but with children living in a dorm type
19 arrangement --

20 **A. Uh-huh.**

21 Q. -- to the point where, while you still had the same
22 entrance, you were now in these two family style units.
23 Can you contrast the two for the Panel?

24 **A. The family style units were absolutely fine once you got**
25 **to them. They were warm, welcoming and child friendly.**

1 **However, they still had the same limitations of being**
2 **sitting on a campus site alongside a convent, a church**
3 **and a residential home for an elderly. Once you got**
4 **there I was more than satisfied with the environment for**
5 **the children. The wider environment I felt was not**
6 **conducive to the care of children.**

7 Q. So it was not -- it was a big downside for you, but the
8 actual units themselves --

9 **A. They were absolutely --**

10 Q. -- once that moved away from dorms --

11 **A. Yes.**

12 Q. -- to small family units was --

13 **A. They were absolutely warm and lovely to go into. Over**
14 **a school, you know, on the first floor, I just didn't**
15 **consider that an appropriate environment for children,**
16 **but I think they did their level best within the fabric**
17 **of the building that was available to them.**

18 Q. I think you have said in that respect both at SND17146
19 and SND-17149, leaving aside the multi-purpose nature of
20 the set-up and the fact that environment was not good,
21 you were always satisfied that -- whatever about the
22 funding and so on that we will come to and the staffing
23 levels, during that period of time when Bishop Street
24 was a two family set-up, you never had concerns about
25 the standard of care that was being provided. It was

1 overall provision of services in the unit."

2 Now these are the meetings that TL4 was describing,
3 and I think you are credited with actually setting up
4 this type of arrangement of the monthly monitoring of
5 the home that you presided over during your time as the
6 . Is that your recollection of
7 what occurred?

8 **A. That's my recollection, but I wouldn't want to steal the**
9 **thunder of someone else who had prior to -- but I do**
10 **believe that actually it was during the time I was**
11 **that those were introduced.**

12 Q. But your recollection is while you met in the statutory
13 homes in the same way, you did that less frequently --

14 **A. That's correct.**

15 Q. -- than you would have done with this voluntary home?

16 **A. That's correct, yes.**

17 Q. That's because there was obviously a lot more statutory
18 engagement in the statutory home?

19 **A. Very much. So, I mean, TL4 was reporting directly to me**
20 **and, as he's described himself, he was also manager and**
21 **responsible for those units. So there was a direct**
22 **line to me in that respect. It was slightly different**
23 **in relation to the service that was provided by the**
24 **Order of Nazareth.**

25 Q. So you've -- we have seen attached to TL4's statement

1 the minute, the minute. Is it right that
2 there will be minutes or would have been minutes that
3 covered he thought --

4 **A. A wider period of time. I can't recollect exactly when**
5 **those meetings started, but, yes, there should have been**
6 **minutes to cover a longer period of time.**

7 Q. He thought probably around the start of .

8 **A. I honestly couldn't comment on that now.**

9 Q. You are not sure of exactly when?

10 **A. I am not sure.**

11 Q. Well, would it be fair to say they were happening for
12 a number of years --

13 **A. Yes, yes.**

14 Q. -- before I think you stopped being the

15 in So would they have -- would you have
16 engaged in them for a number of years before you moved
17 post?

18 **A. Yes, before I moved post and my successor would have**
19 **continued on with those meetings subsequent to me**
20 **leaving.**

21 Q. So we can date them. They didn't just begin in
22 They would have been happening for a longer period prior
23 to that?

24 **A. That's my recollection, yes.**

25 Q. You have said at the same time that you were always

1 satisfied again that the care being provided -- whatever
2 about the staffing debate and funding debate, the care
3 being provided was adequate.

4 **A. Yes.**

5 Q. Can you -- you say in paragraph 6 of your second
6 statement that between and you weren't
7 involved in staffing discussions as such --

8 **A. No.**

9 Q. -- but you are aware of them in respect of parity over
10 staffing ratios and training opportunities.

11 **A. Yes.**

12 Q. Can you remember -- TL4 gave evidence that the staffing
13 ratio they were trying to apply was using the Castle
14 Priory formula. Do you remember offhand was it 1:5,
15 1:6?

16 **A. Honestly I wasn't involved in that --**

17 Q. You don't know?

18 **A. -- at a detailed level. The reason for that was I had**
19 **a different range of responsibilities at that period,**
20 **although I did sit on the management group along with**
21 **TL4, and therefore I would have been aware of those**
22 **issues. As an , ,**
23 **I would have taken the view there should have been**
24 **parity. So irrespective of whether a child was placed**
25 **in a statutory facility or in a voluntary home I would**

1 **have thought that the same quality of care should be**
2 **provided and therefore the same resource should have**
3 **been available to them.**

4 Q. You mention in paragraph 2 of your second statement at
5 SND-17150, and I want just to deal with this with you,
6 about your relationship with this SR2.

7 **A. Yes.**

8 Q. That's at the top of this page. You say that you had
9 contact with her most over the years and you initially
10 met her when she worked in Termonbacca. I think she
11 left there in . So she would have been leaving as
12 you were arriving.

13 **A. Just literally -- yes.**

14 Q. She was then eventually in Nazareth House in about
15 onwards.

16 **A. Uh-huh.**

17 Q. You say you admired her greatly. What was it about her
18 that you admired?

19 **A. She was a very warm, caring individual, very smiley.**
20 **Took every child and just instantly made them at home**
21 **and was a great advocate for them as well. So she was**
22 **always -- she regarded them as her children and referred**
23 **to them in that way and that was the way I experienced**
24 **her throughout.**

25 Q. You say she was a most effective advocate for them.

1 A. She was.

2 Q. Who to? Who was she advocating to?

3 A. Literally everyone if she felt the need. In relation
4 to --

5 Q. Did she take you on?

6 A. Yes. She would have indeed. During the monthly
7 meetings when we would have been getting together it was
8 an opportunity for me in the monthly meetings to satisfy
9 myself about the standard of care being provided within
10 the unit, but it was equally an opportunity for the
11 Order to raise issues that concerned them. TL4 has
12 already alluded to some of them. The introduction of
13 waking night staff, if they were being introduced within
14 the statutory homes, why would that not automatically
15 apply to a voluntary home? The introduction of quality
16 of life monies as well, equally she would have felt she
17 should be getting her fair share for her children. She
18 would be very articulate in making that case.

19 Q. Now you deal with aftercare and the setting up of the
20 aftercare service in paragraphs 9 and 10 of your second
21 statement. That's at SND-17152. There you initially
22 mention section 131 of the Children & Young Persons Act.
23 Now that's the provision that required the Board, if you
24 like, to befriend and assist and advise children who
25 were leaving voluntary care.

1 **A. Yes.**

2 Q. But am I right in saying that by the time we are talking
3 about, by the , all of the children
4 who are in the voluntary home the Board have placed
5 there?

6 **A. Well, that's my clear perception at that stage, yes.**

7 Q. So the issue then was not because -- **TL 19** has
8 given evidence that there was no real section 131 system
9 in place --

10 **A. Uh-huh.**

11 Q. -- and there wouldn't have needed to be?

12 **A. The individual care planning arrangements would have
13 addressed those issues automatically --**

14 Q. Now the individual care planning --

15 **A. -- for any child the age of 16, but I mean in effect we
16 would have placed all of the children by that stage
17 anyway.**

18 Q. Bear with me for a moment. What I am getting at is by
19 the time we are talking about **TL 19** has given
20 evidence there was no Board section 131 policy being
21 implemented --

22 **A. Uh-huh.**

23 Q. -- ie for voluntary children that were not connected to
24 the Board --

25 **A. There weren't any in effect at that time.**

1 Q. -- but by this time there are none. So what we are
2 talking about is the section 120 --

3 **A. Yes.**

4 Q. -- obligation --

5 **A. That's correct.**

6 Q. -- on you to advise, befriend Board children.

7 **A. Correct.**

8 Q. This system TL4 has given evidence was set up really
9 more formally in

10 **A. Uh-huh.**

11 Q. Now you mention there there was a more informal
12 arrangement before , which is the review planning
13 you are talking about.

14 **A. Yes. It fell to the responsibility of individual field
15 social workers. So I myself would have been responsible
16 for children who had been in residential care as they
17 began to approach the age of 18 to make sure there were
18 arrangements in place for their aftercare, but I carried
19 a broad range of other responsibilities, including child
20 protection, and anything that comes up against child
21 protection always suffers best, because that has to be
22 your absolute priority. Plus I had no particular
23 experience or knowledge of what's required to assist
24 young people to make that transition to leaving care.
25 So the system was there. It was in place. It was**

1 formalised okay, but it is a study that TL4 went on to
2 undertake along with one of my other colleagues, **FJ 23**
3 **FJ 23**. It demonstrated that actually the care
4 arrangements were very much lacking at that stage and
5 what was needed was a group of dedicated staff who had
6 both the time, the resource and the training to
7 effectively help young people make that transition to
8 independence.

9 Q. He has described how that was executed.

10 A. It was.

11 Q. You accord with that in terms of --

12 A. It was, and going back to SR2 being an advocate, I mean,
13 she was equally clear in her mind that that system
14 should have been introduced within Termonbacca at the
15 same time and she went on to do that. So there was
16 an independent unit.

17 Q. Bishop Street.

18 A. In Bishop Street. Sorry. Forgive me. Sorry.

19 Q. You're all right.

20 A. In Bishop Street, and there was a unit there for the --
21 that she developed within the resource for three young
22 people to prepare for independence.

23 Q. Now you mention in paragraph 8, SND-17151 and SND-17152,
24 of your second statement the reasons as you understand
25 it for the closure of Nazareth House, and you touch on

1 something that TL4 also mentioned, which is by this
2 stage of the early the children coming into care
3 had on one view more complex backgrounds --

4 **A. Yes.**

5 Q. -- and therefore more complex needs --

6 **A. Correct.**

7 Q. -- than the majority perhaps who had come before them.

8 **A. That's correct.**

9 Q. Is that fair?

10 **A. That's absolutely fair, yes.**

11 Q. TL4 has alluded to the fact that those operating Bishop
12 Street found it more difficult to deal with the more
13 difficult children.

14 **A. That's absolutely fair. Yes. Correct.**

15 Q. As a result then that's one of the things you point to.
16 The second thing you point to -- and we looked at
17 the minute where SR2 was recognising wanting a purpose
18 built unit. Just to -- if we scroll down a little,
19 please, you talk about the environment itself and that
20 awareness that really the days of large institutional
21 care had passed.

22 **A. Correct, yes.**

23 Q. And the third reason you point to is the reduction in
24 the numbers entering the religious orders themselves.
25 So the availability of sisters to do the work was

1 falling.

2 **A. Yes. That's my view.**

3 Q. As a result this home was closing in ultimately I think

4 --

5 **A. Yes.**

6 Q. -- and all of the provision then moved really to being

7 provided by the Western Trust --

8 **A. Yes.**

9 Q. -- at that point itself.

10 **A. Yes.**

11 Q. The --

12 **A. I think there was technically still the Board employees**

13 **at that time when the transfer --**

14 Q. Yes. There was a lot of moving around has gone on.

15 **A. Yes.**

16 Q. The -- you mention in paragraph 13 of your second

17 statement at SND-17153 the -- just scroll down to it --

18 thanks -- the problem with sexual abuse and you mention

19 the s being the development through to the s of

20 knowledge of sexual abuse. Like TL4, are you talking

21 about in the community, in the home and not necessarily

22 in the children's home until the Kincora scandal, or are

23 you saying yes, there was an awareness of staff abusing

24 children before 1980 before the Kincora scandal?

25 **A. No. This has been very much an evolving understanding**

1 on our part in social work over the last four decades.
2 I mean, principally the work of Camp & Camp in America
3 would have promoted an awareness and understanding about
4 physical abuse, but then throughout the
5 our understanding of sexual abuse both within the home
6 and also abuse as a result of the Kincora Inquiry but
7 also our own experiences and the research that was being
8 undertaken and aware of peer sexual abuse as well. So
9 throughout that entire time our understanding about both
10 the nature and the prevalence of abuse has grown
11 significantly.

12 Q. I am going to come to peer abuse with you, but you -- in
13 your third statement at SND-17566 you touch on an issue
14 that the Inquiry has been having to address and that's
15 where there is contact outside the home between a key
16 worker and a child. Now TL4 has given evidence that, in
17 fact, contact outside the home such as going to the
18 cafe, going to the cinema, that's something that's part
19 and parcel and would be encouraged --

20 A. **Very much so.**

21 Q. -- to form that relationship.

22 A. **Yes.**

23 Q. And, like him, do you agree that with that then, just as
24 if a befriender was taking them out -- perhaps more so
25 -- the risk to the child if you have someone wanting to

1 take advantage is there in those scenarios and it is
2 a risk balance, as SND500 was saying, between wanting
3 the children to have proper relationships that help them
4 and trying to keep them safe at the same time without
5 depriving them of proper relationships.

6 **A. Absolutely. It is trying to replicate as much as**
7 **possible the arrangement you might have for your own**
8 **children. You know, children do want to stay over but**
9 **you want to make sure you exercise discretion and wisdom**
10 **in terms of whether that's an appropriate arrangement or**
11 **not. No system is absolutely foolproof, but what TL 4**
12 **had described in the Western Health & Social Services**
13 **Board child care policy was an arrangement that was to**
14 **be followed in order to minimise that risk.**

15 Q. Yes. So there was a graded system to work through if
16 you were having these types of contacts. I think if we
17 just scroll down a little further, please, you say here
18 in paragraph 2 you can't comment on the actual
19 decision-making at the time, but what I do want to ask
20 you is you say you were involved in the investigation to
21 find out what had or had not been authorised --

22 **A. Correct, yes.**

23 Q. -- and what I want to know -- and I haven't had the
24 chance to discuss this with you beforehand -- what did
25 you find out, because at this point, for instance, were

1 statements taken from the social workers involved? Can
2 you remember asking SND475 or whoever it was, "Look,
3 write down what you did and didn't do"?

4 **A. Honestly I would need to see my notes to be absolutely**
5 **clear about what I discovered at that stage, but**
6 **allegations had been made by a particular young person**
7 **in relation to the care by his key worker, and**
8 **an investigation then was set up between ourselves and**
9 **the RUC, as it was then, and part of it was my role and**
10 **responsibility was to determine whether, in fact, that**
11 **level of contact had been authorised and if it had taken**
12 **place.**

13 Now I can -- my recollection is that that was
14 confirmed that those arrangements were in place and they
15 were duly authorised in relation to the child care
16 policy, but whether statements were taken I honestly
17 can't remember exactly.

18 **Q.** Maybe it is something if you would assist the Panel
19 beyond today if a further check could be made to see,
20 because you refer to this investigation and I am not
21 sure the Inquiry has yet seen any documents within
22 Social Services.

23 **A.** I'm -- my understanding is that these allegations were
24 made in and the investigation took place at that
25 time and beyond. Can I just also point out I

1 **now? So I'm not -- I don't really have access -- much**
2 **as I would be very keen to assist the Panel in --**

3 Q. It is all right. I will turn my eye to Ms Smyth and
4 make it clear that she is to task in looking for these
5 investigation papers.

6 Presumably this means at the time --

7 **A. Yes.**

8 Q. -- you spoke to the social workers involved and
9 satisfied yourself about whatever arrangements they had
10 made and approved?

11 **A. Yes, that's my understanding.**

12 Q. And if there had been a problem, would you have been
13 flagging that up?

14 **A. Correct.**

15 Q. If there wasn't a problem, you were presumably flagging
16 that up to someone. Who would you have been -- did the
17 buck stop with you or would you have been writing
18 a report on to someone, saying, "I have looked at this
19 and I am satisfied"?

20 **A. At that stage I was the [REDACTED] within**
21 **the Trust. So I would have been reporting back then to**
22 **the actual investigation itself if there were issues of**
23 **concern, but my recollection is that the procedure had**
24 **been followed at that time. It was very clear.**

25 Q. Presumably there will be -- subject to not getting lost

1 or shredded, there will be a document somewhere
2 regarding your analysis and passing on of the
3 information you have gleaned from your investigation.

4 **A. Uh-huh.**

5 Q. You have touched on the issue of peer sexual abuse and
6 the Inquiry has now the residential child care policy
7 where recognition of that --

8 **A. Yes.**

9 Q. -- as an issue can be seen, and the Inquiry has already
10 seen the documents from flagging up an issue in
11 Harborton in 1991.

12 **A. Yes.**

13 Q. There's a Bunting report to come, and also then there
14 seems to be a problem in Nazareth House in .

15 **A. There was, yes.**

16 Q. Do you remember the extent or nature of that problem?

17 **A. I do remember references being made to inappropriate
18 sexual contact between some of the children, and again
19 an investigation would have been carried out -- well, at
20 least a strategy discussion would have taken place with
21 the police at that time, and I do recollect that
22 children were interviewed, but as a result of it it was
23 not -- it was determined that there was no serious
24 sexual abuse taking place at that stage, but steps were
25 put in place, including I think the introduction of the**

1 waking night staff there at that point in time --

2 Q. Yes.

3 A. -- and increased vigilance and an increased awareness of
4 the potential between it, and so some of those things
5 have actually flowed from that particular investigation.

6 Q. I think what the Inquiry has seen to date is a letter
7 that flows -- we will just look at it briefly, SND-14755
8 -- is the debate about introducing waking night staff in
9 the aftermath. If we just look -- if we increase the
10 size of that and scroll down, please -- scroll down
11 further, please:

12 "I believe the incidents that occurred in Nazareth
13 were sufficiently serious to warrant the introduction of
14 waking night staff."

15 I have seen the form of strategy discussion and the
16 typeset of that --

17 A. Okay.

18 Q. -- from before for other incidents, but not for these.
19 So again that's something --

20 A. Uh-huh.

21 Q. -- if the Board would look into providing. There
22 obviously is a set of documents that involve discussions
23 with the children and a strategy discussion around
24 managing the problem and then making recommendations
25 that result in waking night staff being introduced.

1 **A. Uh-huh.**

2 Q. Again you can't go and put your hand on these documents,
3 but it is something the Board can look into.

4 TL4 described the way to handle this in addition to
5 the waking night staff was it being covered in greater
6 detail in training.

7 **A. Yes. Training was one of the things that we did. We**
8 **ran -- training is provided in a number of different**
9 **ways. There is the formal qualifying training that we**
10 **all undertake as social workers and post-qualifying**
11 **training as well, but in addition to that we run**
12 **in-service training opportunities for staff, and we**
13 **certainly did that on the very issue of young people in**
14 **residential care who sexually victimise others. So**
15 **I~don't have the actual -- I can't remember offhand**
16 **exactly the names of the -- and the courses and when**
17 **they were run, but I do know for a fact that they did**
18 **take place.**

19 Q. So there was a response -- I think TL4 was saying each
20 time there was a problem there was an effort made to try
21 to address it --

22 **A. Absolutely --**

23 Q. -- and that's what you're describing in this context.

24 **A. -- and we took some other steps as well, I mean, and**
25 **part of it would be meetings within the unit about --**

1 emphasising to children what's acceptable and what's not
2 and any concerns they have, and re-emphasising the
3 complaints procedure to them, so in the event they even
4 feel uncomfortable they would be confident to come
5 forward and talk to someone. So it was a broad range of
6 things that were being introduced over a period of time
7 to try to strengthen the arrangements and safeguard the
8 children, you know.

9 Q. Now you in your role as the programme lead and having
10 these monthly meetings in Bishop Street with the staff
11 there along with TL4 --

12 A. Yes.

13 Q. -- at any stage did you have concern about the care that
14 was being provided during that period when -- I think it
15 is from through to ?

16 A. No.

17 Q. You didn't. Now the Inquiry is obviously investigating
18 systems failures.

19 A. Uh-huh.

20 Q. They can happen in all sorts of ways, and ultimately it
21 is a matter for the Panel to determine, but are there
22 any systems failures that you recognise now, looking
23 back at your time that the Inquiry is looking at, which
24 for you is to ?

25 A. No. I think TL4 has very well articulated the

1 **progression of the quality of care that was provided and**
2 **the resource available within the Nazareth setting, and**
3 **I would reiterate that at this point in time, but other**
4 **than that I am not aware of anything at all.**

5 Q. This is your opportunity to say anything further that
6 you want to say to the Inquiry. Now before you answer
7 that question I put it in this context. I have taken
8 you on a whistle-stop tour, because your area covers
9 very similar ground to that which I covered with TL4 in
10 considerable detail, but if you think there is anything
11 I have left out or anything else you think it would
12 assist the Panel to know from your many years'
13 experience, now is the time to indicate that.

14 A. **No. I just reiterate what I said earlier. When**
15 **children are in the care of the Board, you act as**
16 **a corporate parent. If I had any concerns about the**
17 **quality of care for children there, I mean, I would have**
18 **acted on that immediately, and if I had any serious**
19 **concerns, they wouldn't have been there.**

20 Q. I don't want to ask you anything more, but Members of
21 the Panel may want to ask you some questions. So just
22 remain where you are for the moment.

23 Questions from THE PANEL

24 MS DOHERTY: Thanks, SND491. Just one you will be glad to
25 hear. Can I just ask in your role in terms of fieldwork

1 --

2 **A. Yes.**

3 Q. -- did any of your fieldworkers or their managers at any
4 time question the appropriateness of Nazareth House as
5 a place for children or for particular children?

6 **A. Some individual children, there were situations that**
7 **arose, particularly those who exhibited the more**
8 **challenging behaviour, for example, young people who**
9 **were involved in substance abuse. When I did talk about**
10 **the environment earlier, for example, if those people**
11 **went out for the evening, sometimes they returned to the**
12 **unit intoxicated, and they had a common entrance to come**
13 **through right beside the residential home for the**
14 **elderly. It was becoming increasingly evident that**
15 **Nazareth could not cope for the children with the more**
16 **complex needs, and therefore I think over a period of**
17 **time towards the end of the unit we began to screen**
18 **those young people out and we decided not to place them**
19 **there.**

20 Q. But that was about their behaviour and trying to manage
21 that. There wasn't any social workers that actually
22 thought the actual regime in Nazareth House wasn't
23 appropriate for ...?

24 **A. No, other than what I have described about the**
25 **environment itself. Not in terms of the quality of**

1 **care, no.**

2 Q. Just a supplementary. **SND 23** and SND150, did
3 they say anything to you about Termonbacca, their
4 experiences in Termonbacca when you were doing work with
5 them?

6 **A. Honestly --**

7 Q. Too long ago?

8 **A. -- it is years ago. So I can't remember**
9 **absolutely crystal clear.**

10 Q. Nothing stands out.

11 **A. I have no recollection of them ever saying anything.**
12 **I~do remember them drawing a distinction about the level**
13 **of support they were getting once they came into the**
14 **care planning system.**

15 Q. Okay. Right. What they were saying, that they were
16 getting more support from you than --

17 **A. Yes. We were listening to their views more in terms of**
18 **thinking about the future and planning for that. So ...**

19 Q. Okay. Thank you.

20 MR LANE: Just to follow on from that point, it was said to
21 us this morning that the Western Board placed very few
22 children in training schools. So whereabouts would
23 children have gone if they were unsuited to Nazareth
24 House?

25 **A. Well, sometimes they would have transferred back to our**

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I N D E X

WITNESS SND502 (called)2
 Questions from COUNSEL TO THE INQUIRY3
 Questions from THE PANEL70

WITNESS TL4 (called)79
 QUESTIONS FROM COUNSEL TO THE INQUIRY80
 Questions from THE PANEL149

WITNESS SND491 (called)155
 Questions from COUNSEL TO THE INQUIRY156
 Questions from THE PANEL186