

HIAI REF: []

NAME: [LS80]

DATE: [14 March 2016]

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995

Witness Statement of LS80

I, LS80, will say as follows: -

1. My Social Work career history is as follows;

1972- 1976	South Belfast Social Services	█
1975	CQSW Queens University Belfast	
1976 -1977	Child Psychiatry Out Patients Dept RVH	█
1977 -1979	Child Psychiatry Out Patients Dept. RVH	█
1976 – 1990	Child Psychiatry In Patients Depts Lissue and Forster Green Hospitals	█
1990- 1994	North & West H&SS Trust Family and Child Care Programme	█
1994 – 2008	Training Team, Ulster Community &Hospitals Trust; South Eastern HSS Trust	█
2008 – 2011	Training Team South Eastern Health and Social Care Trust	█
2011 -2013	Queens University Social Work Department	█

2. I am submitting this statement to assist the Inquiry in relation to Lissue where I was a Senior Social Worker from █. My role involved focusing on work with the parents of the children or those who were caring for them in residential

homes or foster homes. It was my responsibility to be one of the main links between the ward and the families or carers involved as part of the multidisciplinary team that agreed on the assessment and treatment plans for each child. I was involved in assessing the parents, providing counselling and advice and in some cases working directly with them along with other members of the multidisciplinary team on the management of their children. For children who were in the care system or known to Social Services I was the main link with their field workers and their carers. Most of these admissions were children with severe behaviour problems and I was involved in visiting their residential homes to advise the staff on behaviour management in the home, once they appeared to settle in our care. Like all social work staff working directly with children I was aware of the advice provided by the DHSS in relation to non-accidental injury to children. In these cases the responsibility for implementing child protection procedures and admissions to care was handled by the statutory fieldworkers. We contributed to these decisions as a specialist unit, with reports on children, and on parents, who also came into the Unit for assessment of their parenting ability.

3. In relation to the interface between my role and that of the other professionals involved namely, Nurses, Psychologists and Psychiatrists, I would say that as part of the multidisciplinary team I met for a weekly ward round with the consultants to agree and review treatment plans, discharge dates and follow up arrangements if required. As a team we met separately to work out the details of treatment plans and who would take on specific parts of the work. For instance I was involved in Family Therapy sessions along with other members of the multidisciplinary team in which we worked as therapists in addition to our professional roles. As part of the admission process some parents were asked to attend with all of the family members, not just the child being admitted. These Family Therapy sessions took place in the screen room where the family functioning was observed by members of the team using the 2 way screen, and an ear piece to direct questioning to the team member conducting the face to face interview. Plans were agreed with the families at the end of each session to help them alter the family dynamics. My work with parent admissions followed a similar pattern which is discussed in more detail below.
4. In relation to my role with children in Lissue, I was involved with children from the care system as mentioned above. My role was to liaise with the fieldwork staff and the staff in the residential home about the progress made with their child; to discuss with them how to apply the management techniques that were being used in the Unit and to agree trial periods at home and discharge dates. Consistency of approach was emphasized bearing in mind the differences between the Unit and what could be implemented in a children's home.

5. In relation to my role with families of children in Lissue, I was also involved in helping parents understand what the treatment plan involved, seeking their support for this and helping them to work at how they could adjust their management of their children. I was also involved in parent admissions to the Unit to help parents manage their children more effectively. These children were usually very noncompliant at home and in public so that parents felt that they were simply beyond their control. This involved working with nurses and other members of the multidisciplinary team to coach parents in the use of behavioural techniques that they could see being put into practice on the ward by nurses. In treatment sessions along with the key nurse we would demonstrate how to manage the child effectively while the parents could observe what we did through a two way observation screen. Parents were then asked to practise with our help in the room and then eventually they would be left to manage their child alone. As their confidence increased the parents would be exposed to more challenging situations until they felt they could manage their child in public and at home. On discharge they were then followed up in the unit for a period of time by myself and the other staff involved.
6. Some parents with their children came to stay in the Unit to be part of an assessment process for Statutory Social Services. These children were usually on the Child Protection register because of concerns about risks to the children because of parental mismanagement. A similar programme as outlined above was carried out with the additional component of identifying risks to the children and seeking to address this with the parents. Our report on the parent's progress assisted the statutory social workers in their decision making at Child Protection case conferences which they held to decide on the best future for the children.
7. In relation to the work I undertook at Lissue and my reflections now of same, I would say that I was sympathetic to the ethos of behavioural management which I believed was necessary in the management of children and young people with conduct problems alongside other forms of counselling that were provided. Along with other staff in the unit I am proud to say that I was able to help many children and young people, their parents, and their carers deal more successfully with a wide range of psychological and conduct problems.
8. Complaints procedures which involve more rigorous systems are now commonplace in social work practice, but I do not recall that this was the case in the 1980s when I worked in Lissue. On the occasions where restraint was being used, formal training should have been in place for staff, including myself, who were likely to use this method, to provide safety for the child and young person and for the staff. In my role in the Training Team, I delivered some of this training which is now common practice today across health and social care services but this was not the case in the 1980s. I believe that more focus on the family background of the children and young people, that looked

specifically at the likelihood of their exposure to sexual abuse would have been helpful to the understanding and treatment of those who were sexually active or where allegations were being made by them or about them.

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

Signed _____ LS80 _____

Dated 14.3.2016