

or young person.

in the interests of a child or young person, that there is reasonable cause to suspect—

- (a) that the child or young person has been or is being assaulted, ill-treated, or neglected in any place within the jurisdiction of the justice, in a manner likely to cause the child or young person unnecessary suffering, or to be injurious to his health; or
- (b) that an offence under this Part of this Act, or any offence mentioned in the First Schedule to this Act, has been or is being committed in respect of the child or young person,

the justice may issue a warrant authorising any constable named therein to search for such child or young person, and, if it is found that he has been or is being assaulted, ill-treated, or neglected in manner aforesaid, or that any such offence as aforesaid has been or is being committed in respect of the child or young person, to take him to and detain him in a place of safety, until he can be brought before a court of summary jurisdiction, or authorising any constable to remove the child or young person with or without search to a place of safety and detain him there until he can be brought before a court of summary jurisdiction; and the court before whom the child or young person is brought may commit him to the care of a relative, or other fit person in like manner as if the person in whose care he was had been committed for trial for an offence under this Part of this Act.

(2) A justice issuing a warrant under this section may by the same warrant cause any person accused of any offence in respect of the child or young person to be apprehended and brought before a court of summary jurisdiction, and proceedings to be taken against such person according to law.

(3) Any constable authorised by warrant under this section to search for any child or young person, or to remove any child or young person with or without search, may enter (if need be by force) any house, building, or other place specified in the warrant, and may remove the child or young person therefrom.

(4) Every warrant issued under this section shall be addressed to and executed by a constable, who shall be accompanied by the person laying the information, if such person so desire, unless the justice by whom the warrant is issued otherwise directs, and may also, if the justice by whom the warrant is issued so directs, be accompanied by a duly qualified medical practitioner.

(5) It shall not be necessary in any information or warrant under this section to name the child or young person.

Visitation of homes.

25.—(1) The Secretary of State may cause any institution for the reception of poor children or young persons supported wholly or partly by voluntary contributions, and not liable to be inspected by or under the authority of any Government depart-

ment, to be visited and inspected from time to time by persons appointed by him for the purpose, and the Secretary of State, with the consent of any society or body corporate established for the reception or protection of poor children or the prevention of cruelty to children may, subject to such conditions as the Secretary of State may prescribe, appoint officers of the society or body corporate for the purpose.

(2) Any person so appointed shall have power to enter the institution, and any person who obstructs him in the execution of his duties shall be liable on summary conviction to a fine not exceeding five pounds, and a refusal to allow any person so appointed to enter the institution shall, for the purposes of the provisions of this Part of this Act relating to search warrants, be deemed to be a reasonable cause to suspect that an offence under this Part of this Act is being committed in respect of a child or young person in the institution.

(3) Where any such institution is carried on in accordance with the principles of any particular religious denomination, the Secretary of State shall, if so desired by the managers of the institution, appoint, where practicable, a person of that denomination to visit and inspect the institution.

(4) Where any such institution is for the reception of girls only, the Secretary of State shall, if so desired by the managers of the institution, appoint, where practicable, a woman to visit and inspect the institution.

(5) Any appointment made under this section may at any time be revoked by the Secretary of State.

Power as to Habitual Drunkards.

26. Where it appears to the court by or before which any person is convicted of an offence of cruelty, or of any of the offences mentioned in the First Schedule to this Act, that that person is a parent of the child or young person in respect of whom the offence was committed, or is living with the parent of the child or young person, and is a habitual drunkard within the meaning of the Inebriates Acts, 1879 to 1900, the court, in lieu of sentencing that person to imprisonment, may, if it thinks fit, make an order for his detention in a retreat under the said Acts, the licensee of which is willing to receive him, for any period named in the order, not exceeding two years, and the order shall have the like effect, and copies thereof shall be sent to the local authority and Secretary of State in like manner, as if it were an application duly made by that person and duly attested by a justice under the said Acts; and the court may order an officer of the court or constable to remove that person to the retreat, and on his reception the said Acts shall have effect as if he had been admitted in pursuance of an application so made and attested as aforesaid: Provided that—

(a) an order for the detention of a person in a retreat shall not be made under this section unless that person, having had such notice as the court deems sufficient of the intention to allege habitual drunkenness, consents to the order being made; and

Power as to
habitual
drunkards.

42 & 43 Vict.
c. 19.
51 & 52 Vict.
c. 19.

largely provided by the voluntary sector, as illustrated at Table 6 above. Since the Children and Young Persons Act 1950 placed a duty on welfare authorities to receive children into care whose parents were unable or unfit to care for them the number of children in the care of voluntary homes has reduced.

Until the Children and Young Persons Act 1950 came into force the only authority for the inspection of voluntary homes was contained in Section 25 of the Children Act 1908. Under the Children Act, the Ministry had no power to require such homes to be registered nor was there any means by which any Government Department could intervene in the arrangements for the training, education, or after-care of children accommodated within them. In a few homes effective after care and boarding-out schemes were in operation but in the majority of homes improved standards of accommodation, education and training were required. The Children and Young Persons Act 1950, therefore, gave the Ministry of Home Affairs the power to require the registration of all voluntary homes and to cause them to be inspected. The Ministry was also empowered to make regulations for the conduct of such homes and for securing the welfare of children living within them. For this purpose, the Children and Young Persons (Voluntary Homes) Regulations (NI) 1952, were made. Conditions were also established to set a maximum size on the number of children to be accommodated in children's homes.

The scale of voluntary provision and its relative position in relation to statutory services is illustrated by the following statistics in Table 7.

ment in six cases being of a skilled or semi-skilled character; 2 emigrated; 1 enlisted; 1 returned to friends, and 1 was retained in the School awaiting disposal.

As regards the girls, one was transferred under Section 69 (3) of the Children Act, 1908, to a certified Reformatory in England, and one (an absconder) was discharged on expiration of period of detention.

On the 31st December, 1927, the total numbers of youthful offenders on the rolls of the Reformatories were 72 boys and 6 girls (43 boys at Malone, 29 boys at Milltown, 3 girls at Shamrock Lodge, and 3 girls at Whiteabbey), 8 boys and 1 girl were on licence; one boy had absconded from Malone, his term not having expired, and one time-expired boy remained in Malone awaiting disposal.

(b) INDUSTRIAL SCHOOLS :

Admissions.—The total numbers admitted under Detention Orders to Industrial Schools during the year were :—

Protestant Boys	...	...	19	
Roman Catholic Boys	...	...	26	45
Protestant Girls	...	...	2	
Roman Catholic Girls	...	...	16	18
				<u>63</u>

In 1926, 39 boys and 32 girls were admitted.

Of the children committed during the year 1927, 35 were received from Belfast, 16 from Co. Tyrone, 5 from Co. Antrim, 2 from Co. Armagh, 2 from Co. Down, and 3 from Co. Londonderry; the ground of committal being non-compliance with School Attendance Orders in 26 cases, begging in 11 cases, wandering, etc., in 9 cases, minor offences in 9 cases, and destitution, being orphans, etc., in 8 cases.

Discharges.—During 1927, 62 boys and 37 girls were discharged from the Industrial Schools, and 4 girls died. Of the boys so discharged 47 were sent to employment, being distributed as follows :—

Farming and Gardening	...	...	...	22
Tailoring	...	...	...	3
Shipwrights	...	...	...	3
Shoemaking	...	...	...	10
Other trades of a skilled or semi-skilled character	...	...	...	1
Clerk	...	...	...	2
Pages	...	...	...	3
Messengers	...	...	...

while 28 girls were placed in domestic service. In addition, 7 boys and 8 girls were returned to friends; 4 boys and 1 girl were transferred to other Schools; 2 boys enlisted, and 2 boys were discharged owing to insufficiency of grounds of committal.

The number of committed children on the rolls of the Industrial Schools on 31st December, 1927, was as follows :—

	Boys.	Girls.	Total.
In School, chargeable to grant	206	148	354
In School, not chargeable	7	8	15
On Licence	—	4	4
Absconded—term unexpired	—	1	1
Retained in School, term expired awaiting disposal	3	8	11
TOTALS	<u>216</u>	<u>169</u>	<u>385</u>

The corresponding totals for 1926 were—

233	192	425
-----	-----	-----

It may be of interest to state that on 1st December, 1921, the date of transfer of this service to the Government of Northern Ireland, the numbers on the rolls in Northern Ireland Schools were as follow :—

Protestant Boys	...	...	261	
Protestant Girls	...	...	108	369
Roman Catholic Boys	...	...	174	
Roman Catholic Girls	...	...	215	389

Total on 1st December, 1921	...	758
Total on 31st December, 1927	...	474

No committal from a Northern Ireland Court to a Free State certified School or vice versa has taken place since 1st December, 1921, but on that date there were 154 Free State children in Northern Ireland certified Schools and 69 Northern Ireland children in Free State Schools. On 31st December, 1927, the former by efflux of time and other causes, had diminished to 21, and the number of Northern Ireland children in Free State Schools had been reduced to 4 (three boys and one girl).

Health.

All the Schools are situated in healthy surroundings and afford ample facilities for occupation and exercise.

At the annual inspections of the various Schools during the year the children in general looked healthy and cheerful and bore every appearance of being well cared for; the dietary on the whole was adequate; and the general condition of the Institutions was excellent.

The health of the inmates in all the Schools was satisfactory during the year, and except for a very few cases of influenza no

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Farming and Gardening	22
Tailoring	3
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Absconded—term unexpired	—	1	1
Retained in School, term expired awaiting disposal	3	8	11
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Health.

All the Schools are situated in healthy surroundings and afford ample facilities for occupation and exercise.

At the annual inspections of the various Schools during the year the children in general looked healthy and cheerful and bore every appearance of being well cared for; the dietary on the whole was adequate; and the general condition of the Institutions was excellent.

The health of the inmates in all the Schools was satisfactory during the year, and except for a very few cases of influenza no

21.

The schools are conducted in accordance with the provisions of the Children Act, 1908, the Reformatories providing for the reception of youthful offenders who are 12 years of age and upwards, but less than 16 years, who have been charged with an offence, convicted, and ordered to be detained therein; while the Industrial Schools provide for the reception of children of any age up to the age of 14, whose circumstances and surroundings are in certain defined respects undesirable, as set out in Sections 58 and 133 of the Act.

In the case of Reformatories the period of detention must be for not less than three years and not more than five years, but not in any case extending beyond the time when the youthful offender will reach the age of 19 years.

In the case of Industrial Schools the period of detention may be such as the Court deems proper, but must not in any case extend beyond the date upon which the child will attain the age of 16 years.

With the exception of Malone Training School and Balmoral Industrial School, all the Reformatory and Industrial Schools in Northern Ireland are under the private management of religious or philanthropic bodies, but are subject to inspection by the Inspectors of Reformatory and Industrial Schools, and to compliance generally with the provisions of the Children Act, 1908.

Balmoral Industrial School is carried on as a municipal enterprise by the Belfast Corporation; while Malone Training School, which includes both a Borstal Institution and a Reformatory, was established in 1926 as a Government institution in accordance with the provisions of the Malone Training School Act, 1926.

All the Schools were visited and inspected during the year and they were found, without exception, in a highly satisfactory condition. The following paragraphs have been culled from recent reports on each of the Schools:-

Malone Training School (Boys) - The Institution was found clean and tidy, recent internal re-decoration having greatly improved its appearance; the inmates looked healthy and well cared for; the physique of the boys admitted recently being better than that of previous years. The work produced as the result of the industrial training reflects great credit on both pupils and instructors.

Balmoral Industrial School (Boys) - The premises are in good order; the general appearance and health of the boys is satisfactory, and recreation and amusement are suitably provided for.

St. Patrick's Reformatory and Industrial School (Boys) - All the boys looked very well cared for. The institution is bright and cheerful as the result of internal re-decoration carried out in a very creditable manner by the inmates.

Nazareth Lodge (Boys) - The Institution generally is in a very satisfactory condition; general health of the inmates is good, and dietary ample and sufficient.

Shamrock Lodge (Girls) - The tone of the whole institution is good and shows evidence of capable administration. Internal decoration recently carried out by the girls reflects great credit on their efforts.

Education Act (Northern Ireland), 1947, and local education authorities constituted under that Act may co-operate with welfare authorities in that behalf.

97. The Ministry and the Ministry of Education jointly may make regulations for providing, where a welfare authority under this Part of this Act and a local education authority as such have concurrent functions, by which authority the functions are to be exercised, and for determining as respects any functions of a local education authority specified in the regulations whether or not a child in the care of a welfare authority is to be treated as a child of parents without resources.

Welfare
authorities
and local
education
authorities.

PART VI.—VOLUNTARY HOMES.

98. In this Act the expression "voluntary home" means any home or other institution for the boarding, protection, care and maintenance of poor children or children otherwise in need of help, being a home or other institution supported wholly or partly by voluntary contributions or endowments but not being either—

Definition
of voluntary
homes.

- (a) a school within the meaning of the Education Act (Northern Ireland), 1947; or
- (b) an institution within the meaning of the Mental Health Act (Northern Ireland), 1948.

1948, c. 17.

99.—(1) After the expiration of three months from the coming into operation of this Part of this Act no voluntary home shall be carried on unless it is for the time being registered in a register to be kept for the purposes of this section by the Ministry.

Registration
of voluntary
homes.

(2) Application for registration under this section shall be made by the persons carrying on or intending to carry on the home to which the application relates, and shall be made in such manner and accompanied by such particulars as the Ministry may by regulations prescribe.

(3) On an application duly made under the last preceding sub-section—

- (a) if the home to which the application relates was at the commencement of this Act open for the reception of children, the application shall be granted;
- (b) in any other case, the Ministry may either grant or refuse the application, as it thinks fit, but where the application is refused the

Ministry shall give the applicant notice in writing of the refusal.

(4) Where at any time it appears to the Ministry that the conduct of any voluntary home registered under sub-section (1) of this section is not in accordance with regulations made or directions given in that behalf under this Part of this Act or is otherwise unsatisfactory, the Ministry may, after giving to the persons carrying on the home not less than twenty-eight days' notice in writing of its proposal so to do, remove the home from the register.

(5) Any person who carries on a voluntary home in contravention of the provisions of sub-section (1) of this section shall be liable on summary conviction to a fine not exceeding fifty pounds and to a further fine not exceeding two pounds in respect of each day during which the offence continues after conviction.

(6) Where—

(a) a voluntary home is carried on in contravention of the provisions of sub-section (1) of this section; or

(b) notice of a proposal to remove a voluntary home from the register is given under sub-section (4) thereof;

the Ministry may, notwithstanding that the time for any appeal under the next succeeding section has not expired or that such an appeal is pending, notify the welfare authority in whose area the home is situated, and require them forthwith to remove from the home and receive into their care under section eighty-one of this Act all or any of the children for whom accommodation is being provided in the home; and the welfare authority shall comply with the requirement whether or not the circumstances of the children are such that they fall within paragraphs (a) to (c) of sub-section (1) of the said section eighty-one and notwithstanding that any of the children may appear to the welfare authority to be over the age of seventeen. For the purposes of the provisions of this Act relating to payment of contributions to a welfare authority any such children received by a welfare authority in pursuance of a requirement under this section shall be deemed to be children received into the care of the authority under section eighty-one of this Act.

(7) For the purpose of carrying out the duty of the welfare authority under the last preceding sub-section,

(2) The Ministry may require the person in charge of a voluntary home to hand over any child accommodated in the voluntary home to a welfare authority with a view to the child being boarded out by the welfare authority, and the child shall thereupon be deemed to have come within the care of the welfare authority under section eighty-one of this Act.

(3) Any person who contravenes or fails to comply with any regulation made under this section or any requirement made or direction given under any such regulation shall be liable on summary conviction to a fine not exceeding ten pounds.

Inspection
of voluntary
homes.

102.—(1) The Ministry may cause any voluntary home to be inspected from time to time.

(2) Any person appointed by the Ministry to inspect any voluntary home shall have power at all reasonable times to enter the home and to make such examinations into the state and management thereof and the condition and treatment of the children therein as he ~~thinks~~ thinks requisite, and any person who obstructs him in the execution of his duties shall be liable on summary conviction to a fine not exceeding five pounds; and a refusal to allow a person so appointed to enter the home shall, for the purposes of section forty-two of this Act (which relates to search warrants) be deemed to be a reasonable cause to suspect that a child or young person in the home is being neglected in a manner likely to cause him unnecessary suffering or injury to health.

(3) Where a person is acting in the exercise of any of the powers conferred by this section in respect of the inspection of any voluntary home he shall, if so required by the person in charge of the home, produce his authority to inspect the home.

After-care
of children
formerly in
care of
welfare
authorities
or voluntary
organisa-
tions,

103.—(1) Where it comes to the knowledge of a welfare authority that there is in their area any child who has attained the upper limit of compulsory school age and who at the time when he attained that age or at any subsequent time was, but is no longer,—

- (a) in the care of a welfare authority under section eighty-one of this Act; or
- (b) in the care of a voluntary organisation;

15.

Area	Under School Age	School Age	Over School Age	Total
Antrim	6	12	2	20
Armagh	15	6	-	21
Down	20	25	1	46
Fermanagh	4	3	-	7
Londonderry	8	16	3	27
Tyrone	16	13	1	30
Belfast Co. Borough	43	34	1	83
Londonderry Co. Borough	1	-	-	1
Totals	118	109	8	235

These Homes include both those owned by voluntary organisations and those provided by the Welfare Authorities themselves. A responsibility is laid on Welfare Authorities by the Act to provide Homes where the Ministry considers it necessary, and, at 31st December, 1950, five Homes had been established, providing accommodation for 111 children. The number of children in Welfare Authorities' Homes at the end of 1950 was 192. This figure includes children in the general Welfare Hostels - workhouse premises still in use for children pending the establishment of further Homes.

The Welfare Authorities also make use of the Homes provided by voluntary organisations, and at the end of 1950, 45 of the children in their care had been placed therein. These "Voluntary" Homes are provided by charitable and religious organisations of various kinds, and the Act gave the Ministry power to register them and to exercise a measure of control over them. By the 31st December, 1950, 17 Voluntary Homes had been registered and inspected by the Ministry's Inspector. It is estimated that the Homes registered at the end of 1950 provided accommodation for approximately, 1,100 children.

In addition to the children in their care, to whom the Welfare Authority stands in loco parentis, the Authority has also the duty of supervising all children who are maintained or day-nursed under private arrangements by persons other than their parents or close relatives. The number of children concerned at the end of 1950 was as follows:-

Maintained	-	979
Day-nursed	-	77
Total	-	1,056

Adoption of Children

The Adoption of Children Act (N.I.), 1950, which replaced an Act of 1929, was passed by Parliament at the same time as the Children and Young Persons Act, and came into operation on the 1st June, 1950. In addition to amending the law regarding the adoption of children and laying on Welfare Authorities the duty of safeguarding the interests of children waiting adoption, it gave the Ministry power to register adoption societies and to regulate their activities. Regulations were made prescribing the procedure to be followed in arranging adoptions and at the end of 1950 eleven societies had been registered.

Other recommendations put forward by the Council dealt with periods of detention in Training Schools, the preservation of Belvoir Park as playing space for children, the recruitment of staff for Children's Homes, and the control of "horror comics".

TRAINING SCHOOLS

Training Schools are schools certified by the Ministry of Home Affairs for the reception of children and young persons found guilty of offences for which adults would be liable to imprisonment, or who are, in the opinion of the court in need of care or protection which cannot otherwise be provided.

Period of Detention

This is laid down in the Children and Young Persons Act (N.I.), 1950. In the case of a child (i.e., a person under 14) it is three years from the date of the Training School Order or until four months after he ceases to be of school age, whichever is the later. In the case of a young person (i.e., one between 14 and 17) it is three years from the date of the Order or until he reaches the age of 19, whichever is the earlier. In all cases, the managers of Training Schools have power to release a pupil on licence before his period of detention expires, and the Minister of Home Affairs can release or discharge a person from a Training School at any time.

Control of Schools

During 1954 there were six Training Schools in operation in Northern Ireland. Three are managed by religious and philanthropic bodies, one by the Belfast Corporation, and two by the Ministry. As required by law separate schools are provided for Protestants and Roman Catholics. Three schools are reserved for boys and three for girls.

Parental Contributions

Contributions by parents towards the maintenance of their children in Training Schools are collected by the local authority in whose area the contributor resides. The amount received is paid to the Ministry, less 10 per cent. towards the cost of collection. Half the amount paid to the Ministry is appropriated in aid of moneys provided by Parliament, and the remainder is distributed among the local authorities from whose areas the children and young persons were committed. This procedure is in accordance with the principle of equal financial responsibility between the State and local authorities.

The total amount received in 1954, including orphan's pensions and service pension allowances, but after deducting the cost of collection of the parental contributions, was £2,084 5s. 0d. as compared with £1,844 15s. 0d. in 1953.

Maintenance Grants

The costs of maintenance of children and young persons in Training Schools are, in general, shared equally by the Ministry and the local authorities concerned. However, the Ministry meets the full cost of those who come from outside Northern Ireland, or who have been sent to the schools by order of the Minister, or who are detained there on remand.

The local authorities from whose areas the children and young persons are committed pay, in respect of each one, a contribution representing one half of the average cost of maintenance as provisionally determined from estimates furnished by the Managers and approved by the Ministry. The rest of the cost of maintenance is defrayed by grants from the Ministry. Both the Ministry's grants and the local authorities' contributions are paid quarterly in advance.

The Homes include both those administered by voluntary organisations and those operated by the Welfare Authorities themselves. At the 31st December, 1954, eleven Welfare Authority Homes had been established, providing accommodation for 280 children. The actual number of children in accommodation administered by Welfare Authorities at the 31st December, 1954, was 242, this number including children in the general Welfare Hostels—workhouse premises still being used pending the provision of further Homes.

The Welfare Authorities also make use of the Homes provided by voluntary organisations and, at the end of 1954, 163 of the children in their care were placed in them. These Voluntary Homes are provided by charitable and religious organisations of various kinds and the Ministry has power under the Children and Young Persons Act to register them and to exercise a degree of control over them. At the 31st December, 1954, 23 such Homes had been registered providing accommodation for 1,116 children, and the actual number of children in these homes was 932. The accommodation of some of these Homes has been reassessed.

In addition to the children in their care to whom they stand in *loco parentis*, Welfare Authorities have also the duty of supervising all children who are maintained or day-nursed under private arrangements by persons other than close relatives. The number of such children at the end of 1954 was as follows:

Maintained	.. ..	797
Day-nursed	.. ..	41
		<hr/>
		838

TRAINING IN CHILD CARE

During the year the Ministry, in collaboration with Belfast Education Authority, inaugurated a Training Course in Residential Child Care with a view to alleviating the shortage of trained staff in Children's Homes in Northern Ireland. The Course was to last twelve months and the successful trainees were to receive a Certificate which the Ministry would recognise as equivalent to that of a qualified Nursery Nurse. Fifteen students were enrolled on the course, all of them existing Nursery Assistants in Children's Homes.

Under arrangements with the Home Office Central Training Council, in Child Care seven members of staff of Children's Homes (one from a Welfare Authority Home and six from Voluntary Homes) attended Refresher Course in England and Wales.

ADOPTION OF CHILDREN

Under the Adoption of Children Act (N.I.), 1950, the Ministry has power to register adoption societies and regulate their activities. At the end of 1954 ten societies had been registered. The total number of adoption orders made during the year was 185.

Note—The total number of adoption orders made during the year 1953 was 207 and 240 as shown in the report for that year.

CHILD WELFARE COUNCIL

During the year the Council and its Study Groups held 45 meetings in eleven of them being full meetings of the Council.

The most prominent feature of the Council's activity in 1954 was its first Report on Juvenile Delinquency, which was published in October and received wide and favourable publicity.

T.119.

29th June, 1950.

Sir,

I am directed by the Minister of Home Affairs to refer to your letter of the 21st instant and to inform you that the Manor House Home, Lisburn, has been registered as a Voluntary Home for children in accordance with Section 99 of the Children and Young Persons Act (Northern Ireland), 1950. A Certificate of Registration is enclosed.

In connection with this matter I am to inform you that under Section 117 of the Act the Ministry proposes to make regulations for the conduct of Voluntary Homes and for securing the welfare of the children therein. You will be notified when the regulations have been made. The Ministry's power to inspect Voluntary Homes will, however, be put into force straight away and the Department's Inspectors will carry out their first inspection within the next few weeks.

In regard to the granting of financial assistance to Voluntary Homes under Section 118 of the Act, I am to state that, generally, these grants are designed to help Homes which are doing valuable work but which are prevented by lack of funds from making improvements themselves. It is not, however, intended that the grants should be taken voluntary effort and financial assistance will not be available towards the construction or acquisition of new premises or towards the ordinary maintenance and general management of a Home.

The Ministry will be prepared to consider an application for grant towards the improvement of premises or the equipment of the Home or securing that the Home is better provided with qualified staff, if your Committee propose to apply for a grant I am to suggest a formal application therefor, stating the purpose for which the funds required, should be made to the Ministry and the matter can be discussed with representatives of the Committee.

Document of title which accompanied your letter of the 26th

/May

Wilde, the then Chief Social Work Advisor (CSWA) in July 1982²¹ to report allegations made by the boy's mother that her children were not well cared for in the home and that MH 23 had been "allowed on three recent occasions to leave Manor House in the company of a man in his late forties". [REDACTED]'s purpose in writing to the CSWA was that as Manor House was a voluntary home and the DHSS was responsible for it, he had no way of knowing if the allegations made by the boy's mother had "any substance". He did note, however, that "the social workers from Dungannon, some of them very experienced and normally not slow to complain, have never complained about the quality of child care in Manor House and they have visited the [REDACTED] children regularly." Dr K McCoy, who had received the above information from the SHSSB's Assistant Director of Social Services had by memorandum²² already advised Mr Wilde of this matter, suggesting that he might consider whether "a supportive visit to Manor House might be appropriate at this time". In view of such advice it is highly likely that such a visit would have been carried out by SWAG, but the Department has no further information on this matter.

- 3.4 A further incident occurred on 2 September 1982 involving the alleged sexual assault of a 10 year old girl resident of Manor House by a 16 year old boy who was also resident in the home. Mr Walker, a SWAG Social Work Advisor (SWA) arranged to see the then Officer in Charge of the home, MH 9 [REDACTED] and provided a full account of the incident to the then Assistant Chief SWA. The relevant HSS Board and the police had been informed of the incident.

4. HIAI Question 4

Does the Department acknowledge any systematic failing on its part in respect of Manor House?

- 4.1 With reference to the period 1927-1950, there is a dearth of evidence upon which any determination might be made in relation to systemic failings by MoHA during this time.
- 4.2 In relation to the issues identified at the time of the home's initial application for registration in 1950, the Department recognises the obvious pressures on MoHA and its inspectors, with the introduction of the new Act requiring *inter alia* the registration of at least 22 homes. Nevertheless the Department accepts that there is no documentation to confirm any inspections or visits from June 1950 until February 1953. By early 1953 the home had deteriorated to such a level that there was a suggestion that consideration should be given

²¹ MNH 2548-2549

²² MNH 2550

3.—(1) In these Regulations the following expressions have the meanings hereby respectively assigned to them, that is to say:—

“the Act” means the Children and Young Persons Act (Northern Ireland), 1950;

“administering authority” means the person or persons carrying on the voluntary home;

“child” means a person under the age of eighteen;

“Fire Service” means in the area of the County Borough of Belfast the Belfast Fire Brigade and elsewhere in Northern Ireland the Northern Ireland Fire Authority;

“home” means a voluntary home as defined by Section 98 of the Act;

“primary school” has the same meaning as in the Education Act (Northern Ireland), 1947;

“the Ministry” means the Ministry of Home Affairs for Northern Ireland;

“training school” has the same meaning as in the Act.

(2) The Interpretation Act, 1889, shall apply to the interpretation of these Regulations as it applies to the interpretation of an Act of the Parliament of Northern Ireland.

4.—(1) The administering authority shall ensure that each home in its charge is conducted in such a manner and on such principles as will further the well-being of the children in the home.

(2) The administering authority shall make arrangements for the home to be visited at least once in every month by a person who shall satisfy himself whether the home is conducted in the interests of the well-being of the children, and shall report to the administering authority upon his visit and shall enter in the record book referred to in the Schedule hereto his name and the date of his visit.

5.—(1) The administering authority shall appoint a person to be in charge of the home:—

Provided that any person in charge of the home immediately before these Regulations come into force shall be deemed to have been appointed to be in charge of the home under this paragraph.

(2) The person in charge of the home shall compile the records referred to in the Schedule to these Regulations and shall keep them at all times available for inspection by any inspector appointed by the Ministry.

(3) The person in charge of the home shall be responsible for the custody of the medical records of each child and shall keep them at all times available to the medical officer or to any inspector appointed by the Ministry.

9. Thorndale:- Well run by adequate trained staff.
 Salvation Army mother-and-baby Home. Takes some unaccompanied children and teen-age girls. *V*
 Could do with more play equipment for toddlers. Otherwise standards of care and training excellent. Get grants from W.A.S. for mother-and-baby work and payment for them and other children and girls, who are, as a rule, placed there by W.A.S.

10. Hopedene:- }
 11. Kennedy House:- } Mother-and-baby Homes. Only registered in case they should ever have to keep an unaccompanied child temporarily.

12. Good Shepherd Convent:- *S* }
 Derry. *N.* Only a few teen-age girls, the rest are older women.

13. Good Sheperd Convent:- *S* }
 Newry. *N.* Material conditions and equipment very good. Girls and women work in laundry, have all amusements laid on inside Home. Quite happy atmosphere in both places.

14. Sacred Heart Home:- *N.* }
 Good Shepherd Convent, Belfast. *S* Good material conditions. Could perhaps do with more play equipment, but would, I think, buy anything suggested to them. Have singing, elocution, dancing classes and girls go out to ordinary schools and to do shopping for Home. Not short of money, I think.

15. Rubane House:- *S* Good care and training by trained staff of Brothers - plus one woman cook. Is still in process of development, but on well organized lines. *? 2 women and?*

16. Our Mother of Mercy Convent:- *A* }
 Newry. *S* Children go to outside school. This is also a Home for old ladies. The children look quite well-cared, and the babies very well-cared, but I feel there are insufficient staff, and the bigger children's activities could be improved.

17. Convent of Mercy:- *N.* }
 Bessbrook. *S* Mainly a cheap boarding-school, on spartan lines, but affectionate care is given. Take a few voluntary children only. Said to have none when Dr. Simpson visited recently. Adequate care and training. Short of play equipment.

18. Nazareth Lodge:- *S* }
 Belfast. *S* Poverty-stricken. Short of staff and play equipment. Very institutional for older children, and babies in desperate plight. Rev. Mother very anxious to improve and hopes to have Nursery School started. Getting equipment already. ~~Trying to~~ *Home made* holiday arrangements at *Bro Stephen's Gleniff house.*

19. Nazareth House:- *S* }
 Belfast. *S* Very institutional, but material conditions better than Nazareth Lodge. Short of play equipment. Short of staff. *Home made holiday arrangements at Bro Stephen's Gleniff house*
 /20. St. Joseph's Home

Reference _____

20. St. Joseph's Home:- Very institutional, but boys do get out
 Termonbacca, to school, younger ones to Nazareth
 Derry. House, older ones to Christian Brothers.
 (Nazareth Home) Short of staff; short of play equipment.
21. Nazareth House:- Best play equipment of any of the 4
 Derry. Nazareth Homes, at any rate for toddlers.
 Still very institutional.
22. Portadown Babies Home

The children in these 4 Homes ^{especially} have nothing like a normal upbringing. They must feel unloved as it is just not possible for the number of staff to show affection to such large numbers of children. They can know little or nothing of the world outside, (as with one exception school is on the premises), and must be completely unprepared for it, either in character or knowledge. I find these Homes utterly depressing and it appals me to think that these hundreds of children are being reared in bleak lovelessness. This is not meant entirely as criticism of the staff, but their task is impossible. Some of them have, however, little idea of what a child's life should be. They have got used to their own institutional set-up. For example, when asked about the children going out, one replied "Oh yes, they go to the Circus at Christmas". If this is their sole contact with the world they must have a distorted idea of it! Even their "god-parent" scheme is unreal, as instead of getting ordinary folk somewhere near the children's own level to be "uncles and aunts" they have looked for business men who will give the boys jobs on leaving - regardless of whether the business is likely to suit the boy!

In short, I think we must press for complete overhaul of the whole set-up of these Homes, and assist them in every way possible

Kathleen B. Forrest
 (K.B. FORREST)
 28th April, 1953.

Reference

T. 398.

P.C.Nazareth Lodge

Here are some notes on the general conditions seen at the Home yesterday when we visited - as distinct from notes on the discussion with Rev. Mother.

There is no doubt one can feel much happier about the babies in the new Home. They were well-cared, well-clothed and fed. With 16 babies under six months they now hand-feed those under 4 months, while watching the others carefully at their feeds. Sister says it is possible to play with, handle, and talk to the others at other times. Two nuns were with these babies at the time of our visit. The biggest babies were making good progress in feeding themselves, holding their own beakers and so on. The whole premises - except the parts immediately above the laundry and boiler-house - were dreadfully cold. The central-heating system has still not been made to work satisfactorily, but in addition the boiler-man had let the hopper become empty so that such heat as there might have been was lost. The babies' hands were blue with cold and felt icy to touch, but they were however all warmly clad and had pull-ups on. The tiny babies were all right as they had an additional fire but the next in age were the worst. We suggested an electric fire as a booster till the system is put right.

see P.S.

The toddlers, 2 to 5, are also much improved. Nursery school was over for the day and they were temporarily in the care of one young girl.* This was not sufficient, as at this age they are constantly needing to go to the W.C. and require to be supervised while doing so. However the children themselves were in good form and have become much more independent. Their speech seems better already.

The school-children are now the worst off and Rev. Mother agrees that they are not getting any sort of chance in life and cannot make proper development, especially those who have known nothing but this institutional care from babyhood. She aims to reduce the numbers to 100 and would like to have four good motherly women to help the nuns in charge of this group. A much larger staff than at present is absolutely essential. We saw little 5- and 6-year-olds sitting in a row with bare legs and feet waiting to get washed before supper. A slightly larger child stood facing them, hissing at them to "stay quiet". Some of this quietness and stillness was probably for the benefit of the visitors, but what an unnatural state of affairs! About half-a-dozen of these "little shrimps" were making up beds with the help of the one nun in charge. Two unfortunates who had soiled their pants were standing, dressed in little underpants only, on the tiled floor of the bathroom, waiting to be cleaned up and looking very miserable.

What is needed here is really fundamental re-organisation so that these little creatures can have some individual loving care instead of being dragooned. Rev. Mother recognises this and even went so far as to say that children playing in the gutters of the slums were better off, if they had father and mother to care for them, however poorly.

I am afraid the position here is that while the big boys have benefited from moving to Rubane the little ones have suffered from their going to some extent.

ordinarily be divulged or accessible to other members of the staff. Each Matron must exercise her discretion in communicating this confidential information and in deciding whether to do so or not must be guided solely by what appears to be the best interests of the child. Full case records should be kept of each child so as to help her to deal with the child in the best possible way and to provide information for periodic reviews of his case. The information we consider should be available from these records is set out in Appendix E. The records should be available to the After-Care Officer. Personal possessions, especially photographs, should be carefully preserved and given to the child when he is leaving the Home. All children should be provided with the shortened form of Birth Certificate.

Staffing

59. We would urge that particular attention be paid to qualities of character, temperament and outlook in the appointment of staff in Homes. On these more than on paper qualifications depends the whole future of the child who spends his formative years in a Home. Each member of the staff should be capable of taking the place of a mother to the children in her care and her personal qualities will be of immense importance in the development of their character.

60. We commend the Training Scheme recently begun under the Ministry's auspices for the training in child care of junior members of the staff of Homes and would urge that, in addition, as many members of staff as possible should have some experience of Nursery School methods. It is not in our view essential that the Matron of the Home should be a trained nurse, but there should always be one on the staff where there are children under 5 in the Home. We also consider it essential from the point of view of the child's religious upbringing that where the Home contains children of the two main religious denominations, both denominations should be adequately represented on the supervisory staff.

Staff Ratios

61. It is difficult to lay down exact ratios which could be applied to all classes of Homes, especially as most Children's Homes in Northern Ireland cater for more than one age group. However, as a guide, we suggest that for children under 5 the ratio of full-time staff to children should not be less than one to three. Where the children are all older than this the ratio might be reduced as far as one to six. These ratios do not of course include domestic staff, cook, etc., the number of which should always be sufficient to ensure the highest standards of cleanliness and efficient housekeeping without diverting the time of the child-care staff to this class of work.

Staff Shortage

62. A number of the Homes we visited seemed to be seriously understaffed, especially for the care of babies, and we feel that this problem affects most Children's Homes from time to time because of periodic fluctuations in the numbers and types of children who have to be cared for. Rather than increasing the permanent establishment of the Home to a level which would be excessive for a large part of the time, the situation could, we feel, best be met by the use of voluntary help. We suggest that each Home should prepare a register of local voluntary helpers who could be called in to help in an emergency. (See paragraph 76.)

Conditions of Service

63. We suggest that the normal working hours for non-supervisory staff should be 96 hours a fortnight, subject to the maximum continuous span of

child-care. (In a previous report, 'Children in Care', published in 1956, the Council recommended that for children under five the ratio of full-time staff to children should not be less than one to three, and for children over five this might be reduced as far as one to six.) The proportion of staff required for a given number of children, however, depends on several factors; a well-planned building reduces the burden on the staff, while a home caring for children with particular difficulties may require a larger number of staff. Despite this, we conclude that in many voluntary homes there are at present insufficient staff to ensure that the demands made on them are reasonable and that the children receive sufficient individual attention.

53. As for the second point, we are classifying staff only in certain very basic ways: we looked to see (a) which homes had staff for both sexes, (b) which had field staff, and (c) which employed teachers as child-care staff.

(a) We noted that in one large home which accommodates boys up to 16 years of age, there is no male child-care staff, whilst another caring for boys in the 10-16 years age group is virtually without any female influence. In the former, the majority of the boys are in the school age group and they do, in fact, attend schools outside the home, but in the latter case the school is on the premises. In our view it is important for the child and adolescent to have the influence of both sexes brought into their lives. While it may be justifiable for ordinary boarding schools to be run as single sex institutions with little influence from the other sex, we feel in the case of the deprived child, where there is no compensating home influence, that staff of both sexes should be employed.

(b) We found that the great majority of voluntary children's homes do not have available to them the services of qualified field staff. The duties of field staff are referred to elsewhere in this report (paragraphs 23, 30, 36, 42 and 50) and it may be useful to summarise them at this point. Their essential role includes the investigation of applications for admissions to care; ensuring that other resources to help children in need are fully used and, where appropriate, that responsibility is undertaken by the welfare authority; ensuring continuing contact with family where appropriate, and being concerned from the earliest stage with the arrangements for the child's future and eventual discharge, whether to his home, adoptive home, foster care or lodgings and employment. It is difficult for the staff resident in the home and concerned with the day-to-day care of the child to carry out these functions without skilled guidance and advice. We therefore strongly recommend that all voluntary homes should have at their disposal the services of qualified field staff.

(c) Seven homes, five of which have schools on the premises, show between them 28 teachers (including one part-time teacher in one home and five further education teachers in another) on their staffs. Some of these may not be engaged in teaching at all. It is not questioned whether school-teachers can make good child care staff—obviously they can and do. It seems to us, however, that apart from the dangers of the emotional tensions inevitable in the classrooms being carried over into the home, and vice versa, to which we refer in paragraph 38, if the teaching staff are to carry out their task adequately it is unfair to

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"in many voluntary homes there are at present insufficient staff to ensure that the demands made on them are reasonable and that the children receive sufficient individual attention".

66. The 1983 DHSS statement in respect of the 1960 – 1980 period covered by the Hughes Inquiry noted

"The Ministry of Home Affairs was involved in approving increases in staffing levels proposed by welfare committees in respect of statutory homes. Neither the Ministry of Home Affairs nor the Department of Health and Social Services issued guidelines on the level of staffing for children's residential facilities. However, the 1969 Castle Priory report¹⁴ was issued to welfare authorities and has been regarded by welfare authorities as a guide to staffing levels".

67. The Castle Priory staffing levels were soon regarded as being inadequate, a view apparently endorsed by the reports of SWAG inspections undertaken at the time. With regard to staffing levels in voluntary children's homes, the 1983 DHSS statement also advised the Hughes Inquiry that *"the administering authorities are free to determine their own staffing levels. Any deficiencies in staffing levels would be drawn to the attention of the voluntary body concerned by the Social Work Advisory Group through the inspection process. Statistics on staffing levels are not compiled on a regular basis by the Department"*.

68. It remains the view of the Department that staffing levels in children's homes must be determined by the particular needs of the resident group and should be sufficiently adequate to ensure that appropriate standards of care can be effectively promoted and maintained.

69. However, with regard to the staffing level inadequacies described in the witness statements, particularly in respect of the 1950 and 1960 decades, paragraphs 76-87 describe the statutory funding framework which led to voluntary organisations being largely dependent on charitable funds and donations to maintain their children's homes and care for the children. Whilst staff are the most valuable resource for children in residential care, they are also the most costly. In an era and social climate when the causes supported by charitable work and philanthropic efforts were not the responsibility of the

¹⁴ Residential Task in Child Care: the Castle Priory Report Banstead: Residential Care Association Kahan, B & Banner, G (Eds).

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State, in some cases staff costs may have been driven down to the extent that an acceptable standard of care for children was difficult or impossible to achieve.

1 **what happened.**

2 Q. And --

3 **A. And we would have done a report to Ministers on the back**
4 **of that information coming in indicating and letting**
5 **them know that was the outcome and what our next steps**
6 **would be, which would be around monitoring the**
7 **situation, keeping in touch with the police, and if**
8 **there were any further allegations made, what steps we**
9 **would then take, but those are the sort of reports.**

10 Q. I am right in -- I am right in saying, [REDACTED], that your
11 independent recollection at this remove effectively ends
12 there.

13 **A. Yes.**

14 Q. If the material is available beyond that, you would be
15 able to refresh what was done at what time by whom --

16 **A. Correct.**

17 Q. -- and so on in terms of what the police communicated,
18 but ultimately the Panel are aware that no prosecution
19 was directed, but the issue that is at work here is the
20 approach taken by the bishop and the board, as it were,
21 the diocesan representatives, was contrary to what would
22 have been the understood position in life at that point
23 in time --

24 **A. Yes.**

25 Q. -- certainly in the public service.

Enc: L.H. File
2777/1954

STORMONT,
BELFAST HIA-1586 2240

31st December, 1954

Personal

Dear Freer,

I am sending you back your file about the inspection of the voluntary organisations, with just a note to say that I would be delighted to discuss it with you any time that would be convenient, but in the meantime for your private information, you might like to know what my impressions are, for what they are worth, which I don't say is very much.

But if you would like me to speak without putting a tooth in it, I would say that I wholeheartedly agree with your minute to your staff on the subject, and I disagree equally wholeheartedly with the action that they took on your minute.

I think they took you up completely wrongly, and that they have gone much too far, and made much too heavy weather out of the whole business.

I did a lot of this sort of thing when I was on the outdoor staff of the Local Government Board, and the essential character of it was that we did not lay claim to any rights to inspection at all, but acted on the assumption that the parties concerned would take it as a kind of pretty compliment on our part that we called in and that it gave them a useful opportunity of telling us what magnificent people they were. In these sort of cases the Board used never to write to the body concerned and say that their inspectors would call, but they would mention to me that there were certain places that they would like me to have a look in on occasionally, and I would then go along and introduce myself and say that we were of course mildly interested in the whole affair because we had a sort of responsibility in the matter, and that I just dropped in to make myself known to them. And with a little more guff of this kind they invariably insisted on taking me all round the damn place and offering either tea or excisable liquor as might be appropriate in the circumstances. The same sort of thing applied to the medical inspectors, and I have clear recollections of going round some frightful institution for the blind in Cork with Berry, who was the Medical Inspector for that district, on

/more

more than one occasion. The theory in this place was that as all the inmates were blind there was no particular object in lighting the passages and staircases, and Berry and I on this visit nearly broke our necks half a dozen times. It was a kind of standing jest with us.

From the purely official point of view I would think it a bad thing to introduce the official element. I think the Ministry is rather in the position of an architect or engineer who is in charge of some building in course of construction when a tempest arises; if he goes down and gives his contractor instructions as to what he is to do in the way of taking precautions against the damn place being blown down, then if it is blown down he is responsible; whereas if he keeps well away and does no more than ring up the contractor on the telephone and exchange a little light persiflage on the subject, then if the place is blown down the responsibility is entirely the contractor's and the engineer need only say "Hard luck, old boy!" In other words, I think if a Government Department has any hand in paying grant it ought to display a reasonable interest in how the place is run, but unless there is a definite responsibility on them for ensuring that it is managed in the best and most economical way possible I don't think they ought to undertake this responsibility.

I imagine these are exactly your views on the subject.

However, in the present case, what has been done has been done, and so if I were the responsible person (which thank God I am not) I think my inclination would be just to see that we did not get more deeply involved than we are at the moment.

I haven't read every word of the file, but I think I have picked up the general effect of it all.

Yours sincerely,

A. R.

L. G. P. Freer, Esq., C.B.E.

scrubbing in a brand of outdoor disinfectant which was both painful and degrading. Several statements refer to children deliberately wetting the bed to deter abusers from entering their bed at night or not getting out of bed to go to the bathroom in case they were followed and sexually abused. The farm attached to the home allegedly provided an opportunity for some former residents to abuse younger children outside the immediate environs of the home.

102. There are some references to witnesses having disclosed abuse on occasions to nuns but that this was met with denial and further physical abuse. Others describe being too afraid to tell anyone.
103. In addition to physical and sexual maltreatment, the experiences of the witnesses as recounted in their statements indicate a regime of pervasive emotional abuse and neglect. For example, several statements refer to children being known as numbers, being regularly ridiculed, put down and often feeling fear. Twelve of the witnesses allege poor health/medical care; 10 claim to have had poor nutrition or a lack of food; 12 allege having to engage in chores and other labour inappropriate for children of their age; and 9 witnesses indicated that there was no emphasis on maintaining parental or family links. Witnesses claim they had little opportunity for play and toys that had been donated to the home were removed from them. Some witnesses state that they were not aware of siblings who were placed in the same home. It has already been noted (paragraph 42) that in the early years and until the 1970s, few children would have had the support of a social worker.
104. A number of witnesses also recount the experience of having to leave the home without warning and being taken to an after care situation which was similarly traumatic. Where the welfare of the child required it, there was little evidence of a welfare authority having exercised the duty under section 103 of the 1950 Act (and subsequently under section 131 of the 1968 Act) to advise and befriend children between school leaving age and 18 years (of whom the welfare authority had knowledge) who had been in the care of a voluntary organisation. This duty was to be exercised unless the welfare authority was satisfied that the voluntary organisation had sufficient arrangements in place to meet the child's needs or the child did not require such support.
105. This Departmental statement has already made reference to the 1952 Memorandum on the Conduct of Children's Homes that was sent by the MOHA to the secretary of each voluntary home in Northern Ireland (paragraph 71). The experiences of the witnesses, as recounted in their statements, stand in stark contrast to the guidance in the 1952 memorandum

SND-15992

SND 492 SW

8 September 1980

SND 493 DSSO

HIA 321 c/o St Joseph's Home Termonbacca

SR 97 in the absence of SR 6 telephoned 15.9.80 to report that above named boy started work with [redacted] Londonderry, on 1 September.

SR 97 did not know the name of the employer or HIA 321's wages, but she will let me have these details as soon as possible.

SND 492

Social Worker

[redacted] 020-Fieldwork

3.—(1) In these Regulations the following expressions have the meanings hereby respectively assigned to them, that is to say:—

“the Act” means the Children and Young Persons Act (Northern Ireland), 1950;

“administering authority” means the person or persons carrying on the voluntary home;

“child” means a person under the age of eighteen;

“Fire Service” means in the area of the County Borough of Belfast the Belfast Fire Brigade and elsewhere in Northern Ireland the Northern Ireland Fire Authority;

“home” means a voluntary home as defined by Section 98 of the Act;

“primary school” has the same meaning as in the Education Act (Northern Ireland), 1947;

“the Ministry” means the Ministry of Home Affairs for Northern Ireland;

“training school” has the same meaning as in the Act.

(2) The Interpretation Act, 1889, shall apply to the interpretation of these Regulations as it applies to the interpretation of an Act of the Parliament of Northern Ireland.

4.—(1) The administering authority shall ensure that each home in its charge is conducted in such a manner and on such principles as will further the well-being of the children in the home.

(2) The administering authority shall make arrangements for the home to be visited at least once in every month by a person who shall satisfy himself whether the home is conducted in the interests of the well-being of the children, and shall report to the administering authority upon his visit and shall enter in the record book referred to in the Schedule hereto his name and the date of his visit.

5.—(1) The administering authority shall appoint a person to be in charge of the home:—

Provided that any person in charge of the home immediately before these Regulations come into force shall be deemed to have been appointed to be in charge of the home under this paragraph.

(2) The person in charge of the home shall compile the records referred to in the Schedule to these Regulations and shall keep them at all times available for inspection by any inspector appointed by the Ministry.

(3) The person in charge of the home shall be responsible for the custody of the medical records of each child and shall keep them at all times available to the medical officer or to any inspector appointed by the Ministry.

the same conclusions in respect of their capacity to provide a genuine insight into the standard of care in the home might well apply to those carried out from 1950 to the period under consideration by the Hughes Inquiry.

21. A fundamental purpose of any inspection should be to ensure that statutory requirements are being met. The Department accepts that despite annual inspections and frequent visiting by MoHA and DHSS inspectors/advisors, evidence was not sought to demonstrate that the Board of Governors was fulfilling its statutory responsibility regarding the monthly visitation of the home. A person should have been appointed by the Board of Governors to satisfy himself/herself whether the home was being conducted in the interests of the wellbeing of the children and report to the administering authority on the visit.
22. Apart from some early references to communications with the Bishop, the Department also accepts that its predecessors did not appear to engage or communicate with the Board of Governors for Rubane, which was the administering authority for the home. With particular reference to the 1964 incident, the De La Salle Order was permitted to deal with the issue and carry out its own investigation without reference to the Board, which held statutory responsibility for the welfare of children in Rubane and to whom the Order was accountable for the running of the home. The potential for important information to be shared with the MoHA and the police was therefore diminished.
23. The Department acknowledges that these shortcomings are likely to have contributed to a system that failed a significant number of children. Children in Rubane should have experienced care, security and stability. Instead, many were subjected to physical, sexual and emotional abuse which went unrecognised and untold for many years with devastating consequences for the children's future lives. The Department believes that the shortcomings outlined above, had they not occurred, would not of themselves have prevented the abuse of children. Nevertheless, rigour of inspection, proper monitoring by responsible authorities and clearly defined management responsibility and accountability are essential to the wellbeing of children in care. These form part of a comprehensive safeguarding process that should help to create an open environment in which opportunities for abuse are minimised and children feel sufficiently safe to alert staff and others to any concerns they might have and know that they will be heard.

The Children and Young Persons Act (Northern Ireland) 1950

13. The main provisions of the Children and Young Persons (Northern Ireland) 1950 were designed to:
- Centralize the care of children under one Department, the Ministry of Homes Affairs;
 - Enhance the powers of welfare authorities to provide for children that was not available under previous legislation. Section 92 specifically required welfare authorities to provide accommodation for children in their care;
 - End the last of the old Poor Law Enactments;
 - Regulate through registration (Section 95) and inspection (Section 101), voluntary children's homes; and
 - Establish a statutory bias in favour of foster care.
14. The 1950 Act required consideration to be given to the need for homes to have an explicit purpose, size and function and also given to issues such as children's health, educational and religious needs. The statutory bias in favour of fostering contained within the legislation, meant that the notion of a time limit on placement in a children's home was firmly enshrined in the Children and Young Persons (Northern Ireland) 1950. The view was that residential care was a short term or temporary measure, unless there were special circumstances, which dictated otherwise.
15. Section 90 of the Children and Young Persons (Northern Ireland) 1950 directed welfare authorities to provide residential care to children where "it is not practicable or desirable for the time being to make arrangements for boarding out".
16. For the first time, the Children and Young Persons (Northern Ireland) 1950 enabled relatives or friends to provide care for children.
17. Of the 1,501 children in care in 1947, 1,000 were in the care of voluntary organizations, virtually all institutional, signifying the degree of reliance upon the voluntary sector for provision of placements. Up until the 1950s many children were placed into these voluntary institutions by their families without any reference to statutory agencies.
18. Accompanying the Children and Young Persons (Northern Ireland) 1950 were several Statutory Rules and Orders, including Children and Young Persons (Boarding-Out) Regulations (Northern Ireland) (1950) which covered:
- a. The procedures required in approving and maintaining contact with foster homes;
 - b. A requirement that welfare authorities should report to the Ministry of Home Affairs if children had not been boarded-out within 3 months of their admission to care and acquire its consent for alternative arrangements.

The Children and Young Persons Act (Northern Ireland) 1968

19. The Ingleby Report in 1960 and subsequent legislation in England in 1963 led to the Children and Young Persons Act (Northern Ireland) 1968. For the first time prevention was established as an underlying principle in child care practice in Northern Ireland. It also introduced discretionary powers to provide families with material help as a means of preventing children coming into care. The 1968 Act also re-enacted the 1950 Act, gave due regard to the welfare of the child and continued to provide legislative support for the bias in favour of foster care.

Residential Provision 1950's and 1960's

- persons who are willing to have children so boarded out with them ;
- (b) for securing that children shall not be boarded out in any household unless that household is for the time being approved by such welfare authority as may be prescribed by the regulations ;
- (c) for securing that where possible the person with whom any child is to be boarded out is either of the same religious persuasion as the child or gives an undertaking that the child will be brought up in that religious persuasion ;
- (d) for securing that children boarded out as aforesaid, and the premises in which they are boarded out, will be supervised and inspected by a welfare authority and that the children will be removed from those premises if their welfare appears to require it.

92.—(1) A welfare authority may, and shall in so far as the Ministry so requires, provide, equip and maintain, either within or without their area, homes for the accommodation of children in their care.

Duty of welfare authorities to provide homes.

(2) Accommodation provided under this section by a welfare authority shall include accommodation for the temporary reception of children with, in particular, the necessary facilities for the observation of their physical and mental condition.

(3) A welfare authority may perform their functions under the foregoing provisions of this section by making arrangements with another welfare authority for the provision in homes provided by that other welfare authority of accommodation for children in the care of the first-mentioned welfare authority ; and arrangements under this sub-section may contain provisions as to payment by the first-mentioned welfare authority and other terms upon which the accommodation is to be provided.

(4) The Ministry may make regulations as to the exercise by welfare authorities of their functions under this section and the conduct of homes provided thereunder and for securing the welfare of the children in the homes, and regulations under this sub-section may in particular—

- (a) impose requirements as to the accommodation and equipment to be provided in homes and as to the medical arrangements to be made for protecting the health of the children in the homes ;
- (b) impose requirements as to the facilities which are to be given for the children to receive instruction in the religious persuasion to which they belong ;
- (c) require the approval of the Ministry to the construction acquisition or appropriation of premises with a view to the use thereof for the purposes of homes, to the making of additions, diminutions or alterations to or of, or to or of the grounds of, buildings used for the said purposes or to the bringing of any land into use for the said purposes ;
- (d) require the approval of the Ministry in connection with the appointment, qualifications and training of staff for the homes ;
- (e) contain provisions for limiting the period during which children may be accommodated in the homes ;

and may contain different provisions for different classes of cases and as respects different classes of homes, so, however, that where any such regulations require the approval of the Ministry for the doing of any such thing as is referred to in paragraph (c) of this sub-section, that approval shall not be given without the consent of the Ministry of Finance.

(5) Where it appears to the Ministry that any premises used for the purposes of a home provided under this section are unsuitable therefor, or that the conduct of any such home is not in accordance with regulations made by the Ministry under the last preceding sub-section or is otherwise unsatisfactory, the Ministry may by notice in writing served on the welfare authority direct that as from such date as may be specified in the notice the premises shall not be used for the said purposes, and it shall be the duty of the welfare authority to comply with any such direction.

(6) A direction given under the last preceding sub-section may at any time be revoked by the Ministry.

Table 7 - Number of children in care 1947-59

Voluntary organisations		Welfare Authorities	
Year	Number	Number	
1947	1,000	501	(of whom 189 were in workhouses or other institutions, and the remainder boarded-out)
1959	751	1,148	(of whom there were 728 boarded-out 226 in welfare homes 158 maintained in voluntary homes or on behalf of a welfare authority)

The figure for 1959 shows the substantial proportion of children cared for by welfare authorities, the scale of new provision in relation to residential care and the commitment to having children boarded-out (63 per cent of all children were boarded-out).

In 1960, 2.4 per 1,000 children were in care in Northern Ireland, lower than for England and Wales (5.2 per 1,000) and Scotland (6.5 per 1,000). In the same year a report entitled, "The Operation of the Social Services in relation to Child Welfare" (Child Welfare Council, HMSO 1960), provided details on the considerable progress made in relation to child care services since the implementation of the Children and Young Persons Act 1950. It also noted that unlike the children in statutory homes, children in voluntary homes, apart from those operated by Dr Barnardos, were rarely boarded-out. Discussing the future role of the voluntary sector it concluded that the number of children in their care would continue to decline. It envisaged their role as being involved in the long-term care of children where special treatments were required or where boarding-out was inappropriate. The Report also commented on the uneven development of child care services across Northern Ireland and on the difference in pattern of provision between welfare authorities and voluntary homes.

136. The Ministry may appoint for the purposes of the enactments relating to children and young persons (including this Act) such number of inspectors (being persons having special qualifications or experience in the care of children) as the Ministry of Finance may approve, and may pay to the person so appointed such remuneration and allowances as the Ministry may with the consent of the Ministry of Finance determine, and they shall perform such duties as the Ministry may from time to time direct. Any inspector appointed under this section may enter any place where a child is maintained under the provisions of this Act, and sub-section (2) and sub-section (3) of section one hundred and two of this Act which relates to the power of the Ministry to inspect voluntary homes shall extend in like manner to any place other than a voluntary home in which a child is maintained under this Act.

Power of
Ministry
to appoint
inspectors.

137.—(1) A document purporting to be a copy—

- (a) of an order made by a court under or by virtue of any of the provisions of this Act ; or
- (b) of an order made after the commencement of this Act under section thirty-eight of the Education Act (Northern Ireland), 1947, sending a person to a training school or committing him to the care of a fit person ; or
- (c) of an affiliation order ;

Provisions
as to docu-
ments, etc.

shall, if it purports to be certified as a true copy by the clerk of the court, be evidence of the order.

(2) The production of a copy of the Belfast Gazette containing a notice of the grant, or of the withdrawal or surrender, of a certificate of approval of a training school shall be sufficient evidence of the fact of a certificate having been duly granted to the school named in the notice, or of the withdrawal or surrender of such a certificate; and the grant of a certificate of approval of a training school may also be proved by the production of the certificate itself, or of a document purporting to be a copy of the certificate and to be authenticated as such by the seal of the Ministry.

(3) Any notice or other document required or authorised by this Act to be served on the managers of a training school may, if those managers are a local authority or a joint committee representing two or more local authorities, be served either personally or by post upon their clerk, and in any other case, may be served either

remarks including numbers in employment. The material available was not sufficient to enable an assessment of the general value of these weekly reports, but we are satisfied that they had minimal potential for the prevention or detection of homosexual offences.

Visits by members of the Welfare Committee

- 3.33 We scrutinised the Welfare Committee minutes for the relevant period and found that the visiting requirement was largely met in the years 1960-1965, with some omissions. The frequency of visits tended to decline thereafter and during 1967 and 1968 there were three month periods when no statutory visits were minuted. A significant further decline in visiting began in 1971 and only two statutory visits were minuted for the period January 1972 to September 1973. Some caution must be exercised in interpreting the Welfare Committee minutes in relation to members' visiting and reporting. Firstly, visits may not have been reported and minuted if the visiting member did not attend the next Welfare Committee meeting following his visit. Evidence that this may have been a factor is indicated by a global entry in the minutes for May 1970 which stated that fifteen members had visited the various homes during the year ending May 1970, clearly an exercise directed towards tidying up the official record. Second, the reports were verbal rather than written and this may have resulted in inadvertent omissions from the minutes. Thirdly, there is evidence that Welfare Committee members visited Kincora on some occasions and signed the record book, but no corresponding report was minuted.
- 3.34 The reports as minuted were terse and stereotyped. Reports of individual members who had been assigned to visit all of the Belfast Welfare Authority's children's homes and hostels in a given month were frequently minuted by a single sentence indicating that the homes had been visited, that they were working efficiently and that the children were well cared for, or some variant of that formula. This is not to say, of course, that there was not discussion which went beyond what was formally minuted. Global entries such as that mentioned for May 1970, however, do not inspire great confidence in the thoroughness of the consideration.
- 3.35 The pattern of the regularity of Welfare Committee members' visits over the 1960-1973 period is quite different from that of the Children's Officers' inspections. There was a tentative correlation between the

quality of monitoring and supervision by officers and the incidence of homosexual offences. No such correlation existed in relation to the monitoring activities of the Welfare Committee.

- 3.36 The conclusions which we reached on the efficacy of Children's Officers' statutory inspections as a means of detecting homosexual offences apply with even greater force to the statutory visits of the members of the Belfast Welfare Committee. The likelihood of a teenage boy in Kincora complaining to a member of the Welfare Committee, who was doubtless treated with deference by the staff of the hostel, was remote in the extreme. Again such visits would have been undertaken in the presence of staff members and the opportunities to complain, even if the courage could be mustered, must have been few and far between. The emphasis which many Welfare Committee reports placed on physical conditions, amenities and staffing matters may at first sight appear to indicate a comparative disregard for the boys, but in our view such an inference would be unfair. Belfast Welfare Committee members were not full-time employees, nor were they social workers, and it is perfectly reasonable to construe the contents of their reports as evidence of a genuine desire to promote the well-being of the children in their care within the practical constraints which their role and function imposed.

- 3.37 The Welfare Committee's record of compliance with its statutory visiting duties for Kincora after 1966, however, cannot escape criticism particularly with regard to the period from January 1972 until the Welfare Committee's demise at the end of September 1973. While there is no evidence that this laxity had any bearing on the incidence of homosexual offences, it is nonetheless unsatisfactory that the Committee should have substantially neglected its statutory duty in this respect. Such protection as this activity afforded to the residents of Kincora, however limited that could be in practical terms, was largely absent during the 1972-1973 period. We are aware that this period was the prelude to local government reorganisation. While this may go some way towards explaining the decline in visiting, it does not excuse the failure to carry out statutory responsibilities.

Inspections by the Ministry of Home Affairs

- 3.38 The Ministry of Home Affairs' extant records revealed only two reports on inspections of Kincora between 1960 and 1973. These reports were made by

developed in evidence thus:

Q: Could I just intervene to ask you there, Mr Bamford, whether or not you have any view about the desirability of providing maximum times which should elapse between visits?

A: It would be desirable to do that and to visit children in residential care at least monthly, but that objective is not easily achieved within the Board's existing staffing resources [KIN 74353 – 74354]

Thus, in the absence of regional policy, direction or legislation, there was variation in both policy and practice across Northern Ireland.

5.7.6. In light of the finding of the Hughes Inquiry that is referenced above which has been further evidenced by the information received by this Inquiry, the Board accepts that for a period before 1968 the policy and practice of regular monthly social work visiting to children in residential care was underdeveloped in Northern Ireland by comparison with other regions in the United Kingdom and the Board recognises this to be a failing on the part of its predecessor organisations. However, the Board is of the view that some responsibility for this state of affairs must also attach to the legislature who placed different statutory safeguards on children who were boarded out as opposed to those in residential care. After 1968 and until 1985, the failure attaches to a lack of regional consistency and lack of full implementation of the policy, the latter being a finding of the Hughes Inquiry [paragraph 13.1(g)].

5.8. **Child in Care Reviews**

5.8.1. There is also evidence that from the late 1960s and early 1970s, the Board's predecessors sought to formally periodically review the circumstances of children in residential care by convening periodic child in care reviews which were attended by field work and residential care staff. This Inquiry has seen evidence from the case files that have been produced that child in care reviews were held on either a three monthly or six monthly bases.

IT/17/2

MR BAMFORD
BY [REDACTED]

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A given responsibility for all child care to bridge the dichotomy between Residential and Fieldwork services at the lowest possible management level.

"(2) Role of Assistant Director (Child and Family Care)

The Assistant Director of Social Services (Child and Family Care) has a job description which relates to 'planning, the Development of Services and Monitoring'.

B "In the last two years however the Assistant Director (Child and Family Care) has become increasingly involved in the development of professional auditing. This needs to go beyond the ambiguities inherent in the word 'monitoring', and it is intended to make use of the professional skills of the Assistant Director (Child and Family Care) in a role which is more inspectoral. This has implications for the possible transfer of the inspection and registration function to Boards.

C "MANAGEMENT AND MONITORING OF HOMES

"(3) Management Arrangements

"The management arrangements for ensuring that statutory visiting/reporting requirements are met are set out in Appendices B, C and F of the Southern Health and Social Services Board's submission.

D "(4) Children's Home Procedural Guides

Residential Child Care (Appendix A of the Board's submission) provides a description of the Southern Board's Children's Homes, a statement of the Board's policy objectives and assessment, admission review and discharge procedures. This paper was adopted by the Board's Personal Social Services Committee and issued to all staff involved in the Residential Child Care task in May 1982.

E "(5) Nature and Purpose of Statutory Visiting by Personal Social Services Committee Members

F "A statement which sets out the role of the statutory visiting Committee in relation to Children's Homes was issued to Members of the Personal Social Services Committee in November 1982 (Appendix C of the Board's submission). This has helped to clarify the role of Committee Members in relation to staff.

"SUPERVISION OF CHILDREN IN RESIDENTIAL CARE

"(6) Management Arrangements for Ensuring Regular Visiting by Child's Field Social Worker

G "The management arrangements for ensuring regular visiting by the child's field social worker are set out in Appendix F (Monitoring of Residential Child Care Services) of the Board's submission. Social workers are required to 'visit the child as often as is necessary to provide him with meaningful support, to maintain interest in his needs as an individual and to maintain his relationship with his relations and friends and those who are significant to him'".

H

5.7.2. In the absence of a statutory requirement, the Board's predecessors were left to devise their own practices and policies about social work visiting. It is known that in 1968, Mr Robert Moore, acting as Children's Officer, Belfast Welfare Authority, first introduced a policy of monthly social work visits to children in placed in residential care by Belfast Welfare Authority.

5.7.3. An overview of the available evidence relating to Applicants to this Inquiry suggests that prior to Mr Moore's initiative in Belfast, there was no systematic approach to social work visiting to children in residential care. Too often, there were no records or recollections of visits being made by social workers and/or minimal social work visits occurring once or twice a year for example two visits were recorded as being made in 1968 to HIA 417 in Macedon by staff from the County Tyrone Welfare Committee [see BAR 575, paragraph 4].

5.7.4. While commending Mr Moore for his initiative in Belfast, paragraph 3.44 of the Hughes Report, states:

"We find it regrettable, however, that the Belfast Welfare Authority did not introduce a policy of regular visiting of children in residential care until 1968" and that "We consider that this policy should have been introduced earlier for two reasons.....we do not believe that the standard of care should have been lower for children in residential care than for those who were boarded out; ... because the boarding-out requirement had been widely, though not universally, translated to residential child care as a matter of good practice elsewhere in the United Kingdom before 1968..." [HIA 702]

5.7.5. Moreover, it is known that the policy introduced in Belfast in 1968 was not consistently applied. It is also known that the Southern Board did not introduce policy of monthly social work visiting because they knew they could not meet it from a staffing point of view. In March 1985, the Southern Board had a policy of visiting children "as often as is necessary" which was

accepts that this arrangement extended to boys that were in public care and, to this extent, the Board is of the view that steps should have been taken to challenge this happening on a routine basis for children in public care. It is noted that in his evidence to the Hughes Inquiry, Mr Bunting, then the Assistant Director of Social Services in the Eastern Board deprecated the practice of automatic transfer of children between homes and hostels [see KIN 70902]. This was identified by Mr Bunting in 1972 who then took steps thereafter to seek to address this.

5.6. **Reviewing the circumstances of children in residential care**

5.6.1. In written submissions made by the Board in previous Modules of this Inquiry, it has been said that the Board's predecessors sought to discharge their statutory duty to children in residential care through social work visits and periodically reviewing their circumstances through periodic cases review meetings. In contrast to the experience of a large body of children who were privately placed in voluntary homes, welfare authorities (and later Boards) also sought alternative placements for children where possible so that they did not stay in institutional care for longer than was necessary.

5.7. **Social Work Visits to Children**

5.7.1. There was no statutory requirement to visit children in residential care nor was there any regional guidance from the Ministry of Home Affairs (and later the Department) who had overarching responsibility for policy and services to children and ultimate responsibility for the children placed in residential care. I have noted that recommendation 40 in the Hughes Inquiry report is that "*monthly visiting by field social workers should be continued and made a statutory requirement.*" No such legislation was enacted during the timeframe under consideration by this Inquiry, however the Department accepted this recommendation and hoped to legislate for it post Black Committee and Hughes recommendations, however this was overtaken by the 1989 Childrens Act in England and Wales, and subsequently enacted in the 1995 Children Order

its appendices, further details of the elements to be included in both monthly and annual monitoring statements.

- 2.8. Thus, contrary to the inference in the Board's statement that the Department assumed a passive role in relation to the production of monitoring guidance by Boards, the impetus for the rapid development of such guidance and the strengthening of monitoring activity by Boards came directly from the DHSS.

3. Social worker visits to individual children in residential care

- 3.1. The Board has stated "*There was no statutory requirement to visit children in residential care nor was there any regional guidance from the Ministry of Home Affairs (and later, the Department) who had overarching responsibility for policy and services to children and ultimate responsibility for the children placed in residential care*"³⁵
- 3.2. The Department has considered the issue of "*ultimate responsibility*" in paragraphs 5.2-5.6 of this statement.
- 3.3. In relation to the question of regional guidance, in general the role of the Department is to establish the statutory or general policy framework in which services are to be provided. Where duties are conferred directly on a body, such as the general duty in primary legislation to further the best interests of children³⁶ or the specific duties contained within the 1952 Regulations, it is the responsibility of those on whom the duties are conferred to determine how best these might be discharged. It is and was a legitimate expectation of the Department and its predecessors that authorities should determine their own procedures and arrangements for discharging statutory responsibilities or complying with Departmental guidance. Boards understood and were familiar with this expectation. For example, the Hughes Inquiry Report noted that in 1977, with the approval of the DHSS, the EHSSB had revised its procedures to provide for six-monthly reviews of children in care³⁷, rather than review children quarterly which had been the practice since 1968³⁸.
- 3.4. The Board is correct in stating that the Hughes Inquiry Report recommended that "*monthly visiting by field social workers should be*

³⁵ GOV 654 paragraph 5.7.1

³⁶ See paragraph 5.3 above

³⁷ HIA 679 Hughes Inquiry Report paragraph 2.29

³⁸ HIA 673 Hughes paragraph 2.12

- 5.8.2. The development of the child in care reviews evidences that the Board's predecessors laid down standards to review the care given to individual children in care and ensure that their needs were being met and, in combination with social work visiting, this is how the Board's predecessors discharged their statutory duty towards children.
- 5.8.3. However due to the historic nature of some of the case files and with the implementation of various destruction policies during the period of time over which the Inquiry extends the Board has been unable to find the files of some Applicants to the Inquiry. An overview of the files that have been produced, suggests that there was some inconsistency in the convening of the periodic child in care reviews. When files were scrutinised by the Hughes Inquiry, they too found that no single case demonstrated perfect compliance with either the minimum standards for social work visiting, or case reviews. They concluded: *"We must conclude that any failure to comply with procedures which were minimum standards was less than completely satisfactory, but in reaching this conclusion we must emphasise that overall the level of non-compliance was marginal"* [HR, para 4.24]
- 5.8.4. Paragraph 4.27 of the Hughes Inquiry report states:

"As to the procedures themselves, we accept that monthly visiting and six-monthly review were reasonable minimum standards of care for children and young persons in residential homes and hostels. Given that they were laid down as minimum standards, however, we consider that a particular responsibility rested on both field work and Residential and Day Care management to make systematic arrangements to ensure that the standards were met. This was not invariably the case and we consider the implications of this in Chapter 13." HIA 762

The EHSSB took the initiative to introduce comprehensive reviews in August 1977 with the approval of the department this policy was accepted by all of the Boards and meant that children were being asked at these reviews had they any concerns about their care.

practices within homes which were geared more to the smooth running of the home than to promoting individuality and meeting the needs of residents" [KIN 70921]

5.3.5. The Board is of the view that the Voluntary Children's Homes used by Welfare Authorities and Boards were too large and, due to their size and institutional nature, they were not conducive to providing a homely environment for children when considered. However, the Board recognises that adaptations were made to Rubane and the Nazareth Homes to organise care on a smaller group living basis and considers that these adaptations went some way to mitigate the disadvantages of institutional life for children.

5.3.6. However, It is also the case that the social work witnesses who spoke about the institutional nature of the voluntary homes they placed children in also said that they considered that Homes provided a satisfactory standard of physical care and that the children were safe at the time. It is clear from evidence of the professional witness that the Sisters and Brothers who delivered care to the children placed in Voluntary Homes were highly regarded and appreciated by the Board's predecessors. Moreover, Barnardo's were highly regarded and were specifically excluded by Mr Bunting in giving the evidence detailed above to the Hughes Inquiry to whom he confirmed:

"I think Barnardo's have pioneered a lot of residential work, and they have been to the forefront in the improvement and development of standards in residential child care" [KIN 71007].

5.4. **Staffing**

5.4.1. In his statement dated 14 August 2014, Mr Robert Moore, retired Director of the Eastern Health and Social Services Board said:

5.4.2. *"3. In the statutory sector, residential work with children was understaffed, underpaid and undervalued. This last was exacerbated by the legislative bias in favour of boarding out. (The 1950 Children and Young Persons' Act*

appear to have been factors that were considered by the placing authority. However, it is also clear that availability of placement was also a factor in some case histories and that, in some instances, placements were made to some of the Training Schools and Lissue Hospital . For children with particularly challenging needs and or behaviours these were often the only placements available at that time within Northern Ireland which could reasonably be expected to meet the needs of those particular young people

- 5.5.3. Section 89 of the 1950 Act [HIA 226] and Section 113 of the 1968 Act imposed a general duty on welfare authorities (and later the Health Boards) to exercise their powers with respect to children in their care so as to further their best interests and to afford them opportunity for the proper development of their character and abilities.
- 5.5.4. The Board believes that there is abundant evidence available to this Inquiry that social workers who made decisions about placing children in residential care did so as it was believed to be necessary and in their best interests in view of their home and social circumstances. From the case files submitted to this Inquiry, there is evidence that the Board's predecessors promoted family contact and sibling relationships by placing brothers and sisters, if possible, together.
- 5.5.5. Keeping large family groups together, as was seen in the case of HIA 25 and HIA 225, proved a challenge in the past as it still sometimes does today, and it is the Board's view that decisions made to separate siblings were welfare based and necessarily rooted in the nature of accommodation available.
- 5.5.6. This Inquiry has heard evidence about boys from Nazareth Lodge in Belfast being routinely placed in Rubane once they reached secondary school age and largely dependent on their performance in the transfer examination. The Board accepts that this was not in keeping with the need to consider the individual needs of each boy and, in some cases, would inevitably have had a deleterious effect upon the growth of sibling relationships and friendships that the boys had developed during their time in Nazareth House. The Board

intention was also initially to inspect on an annual basis, it is known that from 1987 it reduced the frequency of inspection of statutory homes to every three years. [FJH 5291] It further appears that the inspections were always announced which is not in keeping with recommendation 32 of the Hughes Inquiry report.

- 8.4.4 It also appears that departmental inspection reports relating to voluntary homes to were not shared with the Board's predecessors. A precise timeframe for this practice ending has not yet been established although paragraph 3.7.11 of the Board's closing submissions in Module 4 highlight the lack of any Board representative on the circulation list for the 1988 Inspection Report of Rubane².
- 8.4.5 In the Board's view, the Department's policy of not disclosing inspection reports on voluntary homes to Boards that were placed children therein was not in the best interests of children, as placing social workers could be visiting the home unaware that departmental inspectors had raised issues of concern.
- 8.4.6 It appears to the Board that the legislative provisions in the 1950 Act, 1968 Act, 1952 Regulations and 1975 Regulations provided the basis of a system of registration, regulation and inspection of voluntary homes that placed responsibility on the voluntary home (self - regulation) and the Department (registration and inspection). However, it now seems that the systems devised were both under developed and inadequately applied in practice.
- 8.4.7 In Module 4, this Inquiry heard evidence that the Board's predecessors relied on the fact of registration of the Nazareth Homes when deciding about placements for children in their care and the Board submitted that its predecessors' reliance on the continued registration of the Nazareth House and Nazareth Lodge in satisfying itself that the Homes met basic standards of care was reasonable in all the circumstances, particularly given the wide

² SNB 13914. See also SNB 13920, correspondence to Nazareth Lodge in advance of inspection in January 1990, which confirms the report will be sent to the Department and Management Committee.

range and scope of the duties and powers contained in the 1952 and 1975 Regulations which included a monitoring role for the Ministry (and later the Department) with regard to the use of corporal punishment and changes in the person in charge of the home and the Departmental power to limit the number of children in homes, de-register a home if the mandatory regulations were not being complied with and the power to compel the Board's predecessors to remove children from a voluntary home and receive them into public care (section 101 (2) of the 1950 Act and section 127(5) of the 1968 Act.

8.4.8 During the Hughes Inquiry, evidence was given about the steps taken by Boards before placing children in voluntary children's home. It has previously been highlighted that local knowledge in the context of the small geographical area of Northern Ireland was relied upon. However, evidence to the Hughes Inquiry from the Northern, Southern and Western Boards detailed that where the home was less well known the Board checks would have been undertaken with the local Board and/or the Department as to that Home's standard of care [see KIN 73759, 73876, 74329, 74372]

8.4.9 The evidence of the Boards predecessors to Hughes, therefore, indicates that the Board's predecessors took a number of steps to satisfy themselves about the standards of care in voluntary homes, most of which were located with the geographical area of the Eastern Board. There is a theme in the evidence of regular dialogue between the different Boards and between the Boards and the Department and the Board considers the geography of Northern Ireland and the comparatively small professional body who placed children in the Homes on a regular basis led to an "*accumulated wisdom and experience*" in Northern Ireland about the services offered by voluntary homes. It is also the case that the statutory sector held the voluntary sector in high regard for the child care facilities they provided in Northern Ireland since the turn of the century,

Committees of the voluntary homes were required to complete a similar return for privately placed children. This reflected the status of residential care in the legislation and the perception that it was second best. .

In 1967, Robert Moore, my predecessor as Children's Officer, decided to incorporate this practice in the Child Care Policy and Procedures and to include a minimum standard of at least monthly visiting, along with a three monthly review of the child's care and progress which would bring it in line with that for boarded out children. (See Appendix 3. There was guidance which accompanied this form, but I have not been able to find it.)

I think that the rationale for the Ministry not including this in the Children's Homes Regulations and Directions, was that residential care staff were employees of the Welfare Authorities and the voluntary homes and therefore subject to management supervision, while foster parents' were not employees, although they had to be approved by the Welfare Authority and would have gone through a more comprehensive selection process than residential staff. However, they were working alone in their own homes and consequently, did not have colleagues working alongside them, which was an added safeguard for children.

When I was appointed Assistant Director of Social Services (Family and Child Care) (ADSS F&CC) by the EHSSB in 1973, one of my responsibilities was to develop, review and revise the Board's Family and Child Care Policies and Procedures and I incorporated this policy and procedures in those of the Board.

- 1.10** The Senior Social Welfare Officers (Team Leaders) read and discussed these reports with the Social Welfare Officers and they were signed off by the Divisional Welfare Officer, before being forwarded to the Children's Officer. Practically all of our Catholic children were in Catholic voluntary homes when this practice, subsequently incorporated in policy and procedures, was in place during the 1960's and continued in the EHSSB in the 6 Districts. This meant that the Children's Officer had a considerable amount of information on the care of the children in the homes, which in the case of the Belfast Catholic voluntary homes amounted to practically all of the children.

This enabled me to raise any concerns which had arisen, with the Officers-in-Charge of the homes and if they were significant, also bring them to the attention of the Ministry of Home Affairs if necessary. (See Appendix 2 & 4 and sections 1.13, 2.44 and subsequent sections) I always found the Officers-in-Charge of the Belfast Catholic Voluntary Homes to be caring individuals, who were receptive to being informed of any shortcomings, but had difficulties

relation to small group living accommodation, by developing a Cottage Homes System in 1968/1969.

It also needs to be borne in mind that the first guidance by the Ministry of Home Affairs to Statutory and Voluntary Authorities was not issued until 1952 some 50 years after the Catholic homes in Belfast had been established. However, this Guidance was very much child centred and covered the concerns which I raised with the Ministry in 1972, so it had not been implemented in 20 years.

- 1.13** In July 1972 I was alerted by Divisional staff that Nazareth Lodge Children's Home had been allowing couples, who wished to befriend or visit children, to take them out without any assessment as to their suitability. I contacted the Mother-in-Charge to express my concern as to what had been happening and wrote to her in July 1972, confirming that couples and families should be approved by the Welfare Department before children in our care were allowed out, even for day visits and asking her to notify our Department in these circumstances. I also informed the other voluntary homes of this policy and our Divisional staff.
- 1.14** I have been unable to find my record of this as not all of my files have yet been located. However, this issue arose during the Hughes Inquiry in 1984, as Nazareth Lodge was one of the homes investigated by the Inquiry Committee and my letter was included in our submissions to the Inquiry. Also, the Nazareth Lodge witness acknowledged that the Home's staff was aware of the policy.
- 1.15** When I worked as a Senior Social Welfare Officer (Team Leader), 1967-1969, supervising and supporting a team of Social Welfare Officers, any concerns which they brought to my attention were discussed with the Children's Officer. With regard to the Home, the only concerns, which I can recall and which we all shared, was its remoteness and the distance from Belfast, which made it very difficult for parents to visit. Travelling by public transport could take hours and most parents needed financial assistance to meet the costs involved. Sometimes the social workers took the parents with them when they were visiting. Also, the Home was registered in 1950 for 80 places, by the Ministry of Home Affairs and consequently had all the problems of a large institution. In addition, there was a secondary school for the boys, provided by the De La Salle Order, adjoining the Home. This had benefits, as most children in residential care have educational problems, but it also had a downside, as it meant that the Home was a self-contained community and this curtailed integration in the local

II. GUIDELINES FOR RE-ORGANISATION

The overall objective of re-organisation can be summarised as follows:

"To improve the provision of health and social services to the community in Northern Ireland through establishing an integrated approach to the delivery of hospital and specialist services, local authority health and welfare services, and general health services".

In order to develop an organisation structure capable of achieving this objective, while providing for effective community participation, specific guidelines were developed against which organisational recommendations could be evaluated. These guidelines are summarised below.

1. THE MINISTRY OF HEALTH AND SOCIAL SERVICES SHOULD BE RESPONSIBLE FOR OVERALL OBJECTIVES, POLICIES AND RESOURCE ALLOCATION; THE CENTRAL AGENCY FOR PROVIDING SELECTED SERVICES ON AN INTER-AREA BASIS; THE AREA BOARDS FOR THE PLANNING AND MONITORING OF SERVICES; AND DISTRICT UNITS FOR MANAGING AND DELIVERING SERVICES

- The overall organisation structure of health and social services was defined in the Consultative Document of March 1971, and is shown in graphic form on Exhibit I, following this page. The principal responsibilities of

Home Affairs, became part of the Social Work Advisory Group (SWAG) within the then Ministry of Health and Social Services under the direction of a Chief Social Work Advisor.

28. The Department does not currently hold any documentation relating to inspections of children's homes carried out under the 1950 and 1968 Acts. The 1984 DHSS statement to the Hughes Inquiry, with reference to inspectorial functions under the MOHA noted:

*“work was carried out on the basis of short visits and reports were prepared for Child Welfare Branch. These reports gave the Inspector’s overall impression of the home visited and of its occupants and raised any matters on which action might be taken by the Ministry, for example in respect of improvements to physical facilities not all files relating to visits carried out and reported on by the Children’s Inspectors are still in existence; this is due to the normal process of review and destruction of old files. However, from the information available, the visits to statutory homes appear to have been less frequent than those to voluntary homes”.*⁸

29. The Report of the Committee of Inquiry into Children’s Homes and Hostels (1986) (the Hughes Inquiry report) noted *“It appears that there was no explicit policy in relation to the frequency of inspections or on the scope and contents of inspection reports during the period until 1973”.*

30. It is also noteworthy that the following reports of the Child Welfare Council⁹:

- “Children in Care” HMSO 1956 (the 1956 CWC report);
- “The Operation of Social Services in relation to Child Welfare” HMSO 1960 (the 1960 CWC report); and
- “The role of Voluntary Homes in the Child Care Service” HMSO 1966 (the 1966 CWC report)

make no mention of the extent to which inspections of children’s homes were carried out by the MOHA or the impact of the MOHA’s inspection findings. The 1966 CWC report notes that until the 1950 Act came into force the only authority for the inspection of children’s homes was contained in section 25 of the 1908 Act and that under the authority of this Act *“the Children’s Inspector appointed by the MOHA visited and inspected homes for the*

⁸ Paras 3.57 and 3.58

⁹ The Child Welfare Council, established under section 128 of the 1950 Act was charged with the duty of:
 (a) advising the Ministry upon any matter referred to them by the Ministry in connection with the performance by the Ministry of its functions under the 1950 Act or under the Adoption of Children Act (NI) 1950; and
 (b) making representations to the Ministry with respect to any matter affecting the welfare of children and young persons.

reception of poor children or young persons supported wholly or in part by voluntary organisations". The only further reference in these reports to inspection is again found in the 1966 CWC report but this reference related to the functions of administrative authorities. Under the heading, "Visits and Inspection", the report states:

"We consider that the question of inspection of homes is adequately covered by the Ministry's present regulations, which provide for visiting by members of the Committee in charge of the Home" (see paragraph 50 regarding the visiting responsibilities of administering authorities).

The period immediately prior to the Hughes Inquiry (the Hughes Inquiry commenced in 1982/3)

31. With reference to the period following the transfer of responsibilities in 1974 from the MOHA to the DHSS in relation to services for children in residential care under the 1968 Act, the 1984 DHSS statement to the Hughes Inquiry noted: *"In February 1976, the Social Work Advisers were asked to make a full report on each facility annually with reports being passed to the administrative Branch"*¹⁰. However, the statement records that the new procedures were not fully implemented because of changes in staffing within the SWAG and subsequent changes in working arrangements. It stated:

"Following the discovery in 1980 of homosexual malpractice at children's homes a new system of inspections was developed by the Department. Two social work advisors now spend at least 3 days inspecting each home. Their scrutiny and observations take in the following:

- *fabric and physical characteristics of the facility*
 - *aims and objectives*
 - *profile of the residents*
 - *management arrangements*
 - *staffing*
 - *approach to the residential task*
 - *records and review arrangements*
 - *support services*
 - *contacts with the community*
32. The 1984 DHSS statement to the Hughes Inquiry also noted that during the period October 1980 – March 1984, all children's homes in the Province (21 voluntary and 38 statutory homes) had been inspected. Follow up visits were conducted in 1985 to check on the implementation of recommendations. In June 1985, the DHSS wrote to Boards and voluntary

¹⁰ Para 3.59

were unlikely to detect homosexual abuse in the absence of a complaint or seeing a physical presentation of the child. The Board considers this would equally extend to other forms of abuse.

5.3. Structure of the Homes

5.3.1. A repeated theme arising in the evidence given to this Inquiry by retired social workers and Departmental Inspectors has been that the structure and layout of the Homes considered by this Inquiry were not conducive to supervising the children living there with ease. Rather, the buildings and grounds actively mitigated against this. This was so both in respect to the convents and old stately homes that were used as Children's Homes and in respect to Harberton House in Derry, which was a purpose built home in 1980 and thus applied within both the statutory and voluntary sectors.

5.3.2. The drawbacks of institutional life in the voluntary homes was also recognised by Mr Bunting, retired Assistant Director of Social Services in the Eastern Board, in his evidence to the Hughes Inquiry. It was noted that he had prepared a paper in 1976 which commented: "*However there is still a great deal to be done in many Voluntary Homes to improve the quality of care*". When asked about this conclusion Mr Bunting responded:

"I think, Chairman, this was in relation to general standards, in that they had not carried through the improvements, for example, that we had in Belfast Welfare Department, and subsequently in the Board, in terms of improved staffing levels.... There was also a problem about the size of some Homes in that they were very large Homes indeed, and also that they related to a specific age range so that children had to move if they remained in a Home..."

[KIN 70899]

5.3.3. Mr Bunting had also observed in a written paper:

5.3.4. "*The difficulties in residential care were further compounded by rules and*

5. The Department supplied us with background material on the legal, administrative and professional aspects of child care in the Province as well as statements and newspaper comments. We considered the place of the Department in the provision of child care services, its role in aiding and improving the standards of supervision of children's homes, and its role in inspecting these homes. The Department's roles and responsibilities are only part of the overall system of the child care services, but to have gone further is to have examined how Departmental policies, standards and directions are carried out, and what policies and arrangements have been developed by Boards and voluntary organisations, would have:-

- a. involved going into considerable detail about current practice;
- b. taken more time than was immediately available;
- c. needed proper planning, explanation to, and discussion with the interested bodies in the field;
- d. needed fuller consideration of the proper composition of a team for the task and the methods to use;
- e. probably covered ground to be examined by the proposed inquiry referred to in the Secretary of State's statement of 18 February.

6. Our remit was discussed at an early stage with the Department. We felt that a report on the aspects referred to in the first part of paragraph 5 could, if its suggestions were accepted, lead to the Department's considering both what action could be taken immediately and also what further steps were necessary to ensure that children in residential care were protected as fully as possible against abuse or damaging treatment. The timing of such further action and the extent to which they covered the child care services overall and not just the residential services would need to be considered by the Department.

7. As a result we set ourselves the following terms of reference:-

"To consider the ways in which the Department carries out its role in relation to the supervision and management of homes and hostels for children and young people and to offer advice."

8. In the discussions during the following two days and at a subsequent meeting in London, many aspects were considered in detail, but in general we were concerned to look at:-

- i. the overall position and role of the Department in relation to children's homes;
- ii. in particular the extent and nature of the Department's responsibilities for inspection and supervision;
- iii. what additional steps the Department had been able to take since 1980 to improve or cause to be improved aspects in (ii);
- iv. what would be possible and necessary for the future, and in particular whether any clarification of roles was necessary or any additional help required.

A

Q Your Department had that report on its desk by June 1982?
A Yes.

Q Following on from that report, Miss Brown then wrote, as we have heard, a report more or less analysing what what had been done to implement the Sheridan Report?

A Yes.

B

Q Her report was provided to your Department in July 1983?
A Yes.

Q Just around the time that you would have taken over from Mr Wilde?
A That is right.

C

Q This memo that I have asked you to turn your mind to is a memo from Mr Dugdale to Mr Wilson. Who is Mr Wilson?

A Mr Wilson is the Assistant Secretary whose division contains the child care branch.

Q Would you read the second paragraph? In the first paragraph he says he has read Mrs Brown's report?

A That is right.

D

Q Would you read the second paragraph:

A "There is clearly a lot going on within the Department on these matters and there are also some indications of a positive response by the agencies in the field. This is all to the good. But I am concerned at the length of time which the whole operation is taking. Especially if - which is by no means beyond the bounds of possibility - the spotlight on Kincora and the other homes where criminal offences were committed swings away from the investigations conducted by the RUC and back to the failings of the child-care system, the Department could be exposed to very damaging criticism for failing to tackle the issues with the urgency that their gravity demands."

E

Q Yes; and the reason he said that was because he was horrified by Mrs Brown's report -- is that not right? It appears that that is the position?

A Well, it appears he felt that progress was not taking place as rapidly as it should have been.

F

Q Would he be right to have been horrified by Mrs Brown's report?

A That is a question which I do not feel I can answer.

G

Q Perhaps I can assist you with a few facts and figures from Mrs Brown's report, which I am sure you are fully familiar with. Para. 31 on page 7:

"At present there are 60 residential child care facilities in the Province. At the 9 July 1983" -- this is some three and a half years after Kincora broke -- "42 inspections have been completed and 19 reports submitted to the Department. A further 23 reports are in the course of preparation and 5 follow-up visits have been undertaken. Eighteen homes have not been inspected."

Is that right?

A That is right.

H

Q Do you think that was a satisfactory state of affairs some three and a half years after Kincora had taken place?

A Well, it was the best that could be done in the circumstances in which we were working.

A Q Do you know if in practice the regularity of inspections, which you had hoped for, was possible?

A In practice it wasn't possible, partly for the reasons I have just given you, that there were changes in personnel within the Social Work Advisory Group. It took time to recruit a person to succeed the person who retired, and it took some time longer to get that person to a stage where he could competently undertake inspections within the arrangements which we had.

B Q Did the frequency of visits follow any pattern, or did it vary between homes? I am talking now of between 1976 and 1980.

A The frequency would have varied between homes. I think in general terms we would have devoted a bit more attention to voluntary homes perhaps than to statutory homes, but that is only a general statement. That was because there was a well defined structure for the administration and management of statutory homes and the voluntary organisations, apart from the big ones like Bardardo's, wouldn't have had that sort of structure and we felt they needed more professional attention.

C Q After the first information relating to the Kincora scandal became available in 1980, did the Department look again at the system of inspection?

A The Department did, yes.

Q Can you say how they looked at it and what the results were of their review of the system?

D A We examined our previous methods in the light of what had been revealed in relation to the Kincora incidents and other homes and we decided that we needed to do a much more detailed inspection of homes. Previous arrangements had been to spend a half day, or perhaps a full day, in the homes and we thought it was important then to deal with the inspection programme in a lot more detail. We set out on a new arrangement for inspections which entailed two Social Work Advisers spending about three days, and sometimes four, in each of the homes.

E were
Q Can you say if there / any particular items or aspects of the home and its life which the Social Workers were to have regard for?

F A We obviously were still concerned about the basic structure, material provision and so on, in the home, so that would have been recorded. Something about the history of the home would have been recorded. We asked for details about the aims and objectives of the home within the overall policy for child care in the Board. We took details of the residents, their backgrounds and who was responsible for them. We enquired into the management arrangements of the homes and the administrative arrangements. We also made enquiries about staffing. We talked to staff about their approach to the residential task; how they went about the job of caring for the children. We looked at the statutory requirements like the records on fire drill, the menu book, the untoward events book and that sort of thing. As we did in the previous format of inspection, we looked at the support services to the home and how these were provided, and we checked on provisions for education and on the practice of religion and so on; also on the appointment of Medical Officers to the homes.

G

/Q Before 1980 ...

H

requirement but not with the corresponding "signing in" requirement. We consider, however, that to comply with the spirit of the 1975 Regulations the Mother Regional should have made a separate written report on her inspection of the home and that those should have been available to reassure the Department, through SWAG, that the Regulations were being fully observed. We noted that the current Mother Superior, **SR 143** said in evidence that she had been unaware of the 1975 Regulations until SWAG drew her attention to them in October 1983.

Inspections by SWAG

- 9.25 The only SWAG report extant for the period 1973 to 1983 related to an inspection carried out in October 1983, that is after the Kincora scandal. From an examination of the Visitors' Book it would appear that Social Work Advisers did, however, visit Nazareth Lodge on four other occasions from 1973. We find this record to be unsatisfactory, especially in the light of Mr Armstrong's evidence (see paragraph 4.17) that SWAG tended to devote more attention to voluntary rather than statutory homes during the 1970s.

Administration of Nazareth Lodge

- 9.26 We consider that neither the caring staff at Nazareth Lodge nor the Social Workers responsible for A6 and A7 could reasonably have been expected to detect the offences committed by **NL 47** although we have suggested that the implications of the 1975 Adoption/Fostering Assessment for **NL 47**'s general suitability were not fully appreciated. We also formed the impression that management and administration at the home needed to be formalised and strengthened in a number of respects. Perhaps the most appropriate commentary on this is provided by the range of initiatives introduced or planned by the home, many arising from the October 1983 SWAG inspection. These include:-
- a. the introduction of a Complaints Book in late 1984;
 - b. the establishment of an Independent Monitoring Team in October 1984, to report biannually to the home's management;
 - c. a commitment to producing written reports on the statutory monthly visits;
 - d. the introduction of the Primary Worker concept in 1983;
 - e. more professional training for the home's caring staff.

We commend all of these initiatives.

A Q Do you know if in practice the regularity of inspections, which you had hoped for, was possible?

A In practice it wasn't possible, partly for the reasons I have just given you, that there were changes in personnel within the Social Work Advisory Group. It took time to recruit a person to succeed the person who retired, and it took some time longer to get that person to a stage where he could competently undertake inspections within the arrangements which we had.

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G

/Q Before 1980 ...

H

DB/5/1

- 19 -

MR ARMSTRONG
BY MR MARRINAN

A

A Yes.

Q Now, Mrs Brown is dealing in this paragraph with what she called "cost effectiveness". She refers to paragraph 64(iii) of the report, by which she means the Sheridan report.

B

A Yes.

Q "Paragraph 64(iii) of the Report suggested that the cost effectiveness of the system of detailed inspections carried out by the Social Work Advisory Group should be reviewed. One of the main ways of examining the cost-effectiveness of the system is to review the progress with implementation of the recommendations which arise from the inspections."

A Yes.

C

Q Then she goes on to say:

"The emphasis placed on the completion of the inspections of all residential care child care facilities has meant that the follow-up visits have had to be curtailed and it has not been possible to examine fully the cost-effectiveness of the activity."

A Yes.

D

Q What is the position? Is that still the position? Have they been curtailed as of July 1983?

A They were curtailed as of July 1983 until all the initial inspections had been done. The follow-up visits are now being taken forward with a lot more speed than they were at that particular time.

E

Q When were the initial visits completed? There were still 19 outstanding in July of last year.

A They were completed in March of this year, except for one, which was outstanding. That was because the unit of accommodation had only opened a few months earlier, and we have to give them a period to settle in before we can carry out an inspection. But the inspection was carried out within the last few weeks.

F

Q Right. This is the end of August. Does that mean that you really have only been able to start the follow-up inspections since March of this year?

A That is right.

G

Q So for you ---

A I am sorry. The follow-up inspections were an on-going thing, but not at the speed which I would have wished them to be going on.

Q What speed would you have wished? You said "about 1 year afterwards".

A I would have liked them to work from the date of the completion of the inspection report. Twelve months later you do a follow-up report.

H

Q That is not happening, even now.

A I would hope that it will be happening now when the holiday season is over.

Q In fact this was the situation. Would it be unfair for me to suggest that the situation has not changed a great deal since 1976? You are still expressing the desire and hope that certain things should take place, but in fact because of lack of resources and various other difficulties you are not happy with the speed with which things are taking place.

A That is right. Yes. I would need more staff to speed things up.

DB/5/2

- 20 -

MR ARMSTRONG
BY MR MARRINAN

A

Q What have you done to get more staff?

A Well, I have raised the matter within the Department, but I have now an agreement with the Department that our staffing position will be reviewed. The first thing that happened was that there was a staff inspection carried out of the social work advisory group. It was carried out last year by the management services division of the Department of Finance and Personnel.

B

A report on that inspection was produced. Coinciding with that, the focus of the work of the social services group in England, which is our counterpart over there, has been changed. The focus of its work has been changed so that as well as being charged with the inspection of children's homes they are now going to be charged with the inspection of the whole range of personal social services' facilities. Discussions are going on about that. It has not been implemented yet but it is likely that our Department will want to expand our work to include that too. So I have been asked to hold back until I can assess the total needs of the group to take this through-inspection programme forward.

C

Q Yes. That is fair enough as far as it goes. But can I ask you a couple of more pointed questions?

A Yes.

Q When did you first ask your superiors? By the way, who are we talking about? Who have you been asking for extra support?

A Initially I was talking to the Under-Secretary.

D

Q Yes. Who is that?

A Mr Alan Elliot.

Q When did you first inform Mr Elliot that you were understaffed -- as I would suggest to you, grossly understaffed? When did you first approach him formally and make him aware of the difficulties you were having and ask for further assistance?

E

A It would have been in consultation about the inspection report on the group back in June/July last year.

Q Of 1983?

A Yes. It would be in connexion with the discussions about the report then. But, you see, the other development was taking place in England then. I must confess that I agreed to wait until we saw how developments would take place there so that we could take the total staffing structure forward in the round; that we would not be just doing it in bits and pieces.

F

Q Obviously you are indicating that you take this matter very seriously. What I want to know is: we have not been provided with any memo or any document from you to Mr Elliot setting out these matters and asking for this formal assistance. Do you have such a document?

A No. I do not have a document in connexion with the actual change of staff. I mean, it is something which was under discussion which we knew about. But I do not have a precise document which says that I need 5 more staff or 10 more staff, if that is the sort of thing you are talking about.

G

Q Yes. I asked you about formal approaches to Mr Elliot. A formal approach in the Civil Service is made on paper.

A It was an informal approach in the light of what was happening in England and in the light of our needs in relation to the programme that we are undertaking at the minute.

H

Q When and at what stage are you going to get round to formally asking for the help that you desperately need?

DB/5/

- 21 -

MR ARMSTRONG
BY MR MARRINAN

A

A I hoped that it would have reached that stage before now because at the time I spoke to him last year progress seemed to be going forward in England in relation to the changed role of the Department of Health and Social Security's Advisory Group. But snags have crept into the situation. The local authorities have queried the new responsibilities and so on. There have been several meetings, some of which are still taking place.

B

Q What I am concerned about is this. I am sure that people in this room and outside will also be concerned about this. What is the average length of stay of a boy in one of these homes?

A Well, it varies. I do not think that there is an average length of stay.

Q Two or three years?

C

A Depending on the needs of the boy. Some would stay for two or three years. But the emphasis now is on trying to contain the period in residential care to the shortest possible time.

Q What concerns me is this. You have been battling on, as you say, with inadequate resources -- grossly inadequate resources -- at least from 1976. Yet, despite Kincora, despite all the publicity and everything else, no formal approach has yet been made. How many of these boys are going to go through these homes with inadequate inspections before something is done on a formal basis?

D

A No formal approach has been made. As I said earlier, I diverted two other members of staff to this exercise, which complemented the staff resources, obviously.

Q Let us try and be constructive, then, because no doubt this Inquiry will want to be constructive. What do you say, on the present number of homes and the present level of children in care that you are wholly responsible for inspection, is the appropriate number of social work advisory people you need to conduct the proper inspections that at the moment you are being pushed to do?

E

A Yes.

Q What is the number?

A Well, with our present resources, I would like to start off with another one or possibly two.

F

Q Perhaps more?

A Well, I would not go beyond that at this stage. We have already got over the hump, if I could put it that way, in doing this full round of inspections. You will see that the paragraph you just quoted to me put a great emphasis on the cost effectiveness of this work. So I would like to be in a position to assess that before I make any perhaps unrealistic demands on the Department. You are probably well aware that we are all exhorted to try to contain our requirements for staff in the light of the Civil Service cuts and so on.

G

Q But surely this is something that needs great priority?

A I would say so. Yes.

Q The events that we have all read about and heard about in these matters are horrific.

H

A Yes. I agree.

Q "Horrific" is the only word that one can use.

A Yes.

DB/5/

- 22 -

MR ARMSTRONG
BY MR MARRINAN

A

Q Were you not inspired or spurred on by these horrific events to ask for a formal approach and to ask for formal assistance long before now?

A No. I have not done that yet.

Q I see. Has it always been the position that the social work advisory group has understood itself its functions, would you say?

A I am sorry?

B

Q In other words, what I am saying is this. In relation to the comparison of your role with the role of the board, for example, has there always been a clear-cut line of demarcation between the two of you over the role of inspection?

A There has. Yes. Our Department is charged with the inspection. That is the requirement built into the legislation.

C

Q Are you saying that there has never been any friction or misunderstanding between yourself and the board as to the level of inspection that you are entitled to carry out?

A No. I am not aware of any.

Q The reason I mention that -- so that I will not surprise you with it -- is that there is a memo beginning at page 703 which is a memo of Mr Wilde, your predecessor, of 12 May 1980. Mr Wilde does not say who the memo was to, but it is headed "Inspection of Children's Homes". It was obviously written a few months after this all broke.

D

A Yes.

Q It is page 704 -- the relevant paragraphs that I want to refer you to.

A Yes.

E

Q In paragraph 9 he discusses the present position. He says:

"Powers of inspection apply to Children's Homes but do not seem to amount to comprehensive powers to inspect all aspects of child care. The original purpose of such powers was probably to afford right of access to premises in order to fulfil central government responsibility of protecting vulnerable children from ill-usage. In the course of time work carried out under these powers assumed a more constructive and preventive purpose, and SWAG now gains access to Children's Home by consent (although it is often consent given in the knowledge that some statutory powers exist)."

F

He goes on in the next paragraph to say:

"These developments" -- and this is what I want you to direct your mind to -- "have led to a situation in which the present role of SWAG is seen not so much as regulatory and inspectorial but as promotional and educational on terms agreed in advance with the Boards and voluntary organisations. They have also produced, incidentally, general misunderstanding and confusion both in the statutory and voluntary sectors about the Department's regulative powers and the policy of SWAG in exercising them."

G

A Yes.

Q What do you understand that to mean if it does not mean that there has been exactly what he says, and that is general misunderstanding and confusion both in the statutory and voluntary sectors about the Department's regulative powers?

H

DB/5

- 24 -

MR ARMSTRONG
BY MR MARRINAN

A

Q Because you are the people responsible in the last analysis for these inspections.

A Yes.

B

Q That would mean very often what I suggest to you actually happened, and that is this: that certainly until 1980 and indeed perhaps since, to some extent, although perhaps less so, all your Department was doing was rubber-stamping what the Boards were doing, very often?

A No. I would not put it in that context. We were overseeing what the Boards were doing.

C

Q Even though both you and the boards were quite unsure, very often, as to the extent to which your inspectorial role was to be confused or otherwise with the educational role?

A I do not think that there was any doubt in our minds that we still had an inspectorial role. It was the method of applying that about which there may have been some confusion. As I said earlier, that was a general sort of development within the social work profession at that time.

D

Q If I can put it in less emotive language, you were not applying it with any great vigour until 1980.

A We were not applying it in the same terms as we did from 1980 onwards. That was a conscious decision for which I claim some responsibility, in that I said "If we are going to inspect homes then everyone will know that we are going to inspect homes;" and we took it forward from there.

E

Q And you could have added, I suppose: "If we are going to inspect homes at all, we may as well do it right."

A I could have added that. But I wanted to make it clear that everyone knew what we were about, and we were not going to use euphemistic terms like "monitoring" and "evaluation" and "assessment" and "appraisal" and all this sort of stuff. It became "inspection" from then on.

/Q Mr Wilde

F

G

H

children's homes to submit information relevant to their administration and procedures. We welcome the intention to review registration on a regular basis, and doubtless the SWAG inspections will contribute substantially to that process. In particular we note that voluntary homes have been asked to set out their arrangements for complying with paragraph 4(2) of the 1975 Regulations. The points of definition will, no doubt, be clarified in that context.

SWAG inspections

- 13.53 In June 1980 the Department introduced a more formal and detailed system of inspection of children's homes and hostels. Under the new system two Social Work Advisers spent at least three days in each home and the inspections covered:-
- a. fabric and physical characteristics of the facility;
 - b. aims and objectives;
 - c. profile of the residents;
 - d. management arrangements;
 - e. staffing;
 - f. approach to the residential task;
 - g. records and review arrangements;
 - h. support services; and
 - i. contacts with the community.
- 13.54 All statutory and voluntary homes and hostels in Northern Ireland, numbering 59 in total, were included in the inspection programme. The inspection of 58 of these was completed by March 1984 and reports issued by July 1984. The final home to be inspected opened in May 1983 and was inspected in October 1984, the report issuing in March 1985. Follow-up visits to all homes and hostels were completed by June 1985.
- 13.55 On 22 March 1985 the Department wrote to the Boards in anticipation of final completion of this exercise and declared its policy of having annual inspections of children's homes and hostels. Each inspection will be carried out by one Social Work Adviser (from a team of five allocated to the inspection function) and will cover:-
- a. the children and young people resident;
 - b. the staff;
 - c. compliance with regulations/directions;

the HIAI from the testimony of Mr DL 521 that former child care Social Work Advisors had advisory functions and liaison responsibilities with voluntary and statutory providers across the whole range of children's social care services. This included, but was by no means confined to residential care services. In his oral evidence to the Hughes Inquiry, Mr Pat Armstrong, the then Chief Social Services Advisor stated:

*"... Social Work Advisors on the child care side have a range of duties as well as inspections. Inspections are only part of their duties and they have got to allocate their time as appropriate, depending on the demands of other parts of the service, like policy and planning, like membership of working groups on various aspects of child care; a whole range of functions."*²⁴

50 Mr John O'Kane, a former Social Work Advisor whom the Department understands may have undertaken at least four visits to Nazareth Lodge during the 1972-1983 period and at least two visits to Nazareth House , testified to the Hughes Inquiry with reference to his immediate responsibilities on appointment to SWAG:

*"I was given certain tasks. The one that I remember best was to look at the provision for day care of children under five in the Eastern Health and Social Services Board. That entailed visiting facilities throughout the Board's area."*²⁵

*"I think it was a prelude to the issuing by the Department of a document on day care provisions and education for under-five-year-olds."*²⁶

51 During the 1973-1983 period, the work of SWAG, in comparison with that of the children's inspectorate within MoHA was therefore characterised by wider childcare consultation and advisory responsibilities and periodic visits to, but fewer inspections of children's homes. The Department was unable to find explanation for this obvious but evidently quite deliberate change of policy either in its archived material or from former SWAG employees. Being aware of the former existence of a Social Services Inspectorate within the former Department of Health in England (SSI, England) the Department sought clarification of the position there prior to the establishment of the SSI and was referred to Mr Arran Poyser a former Inspector with SSI, England. Mr Poyser was helpfully able to inform us that the predecessor to SSI in England was the Social Work Service, established by the Westminster Government as part of its response to the 1968 Report of the Committee on

²⁴ Annex G - Pat Armstrong's Oral Evidence to the Hughes Inquiry Day 8 - 6 September 1984 page 13

²⁵ Annex H - John O'Kane's Oral Evidence to the Hughes Inquiry Day 9 - 7 September 1984 page 5

²⁶ As above footnote 24

2. The inspection and advisory functions of the Ministry of Home Affairs (MoHA) and the DHSS

- 2.1 The Department's statement to the HIAI dated 24 April 2015 in respect of Nazareth Lodge and Nazareth House Children's Homes, Belfast² (the Module 4 statement) explained that the Department had, until the preparation of that statement, not been fully cognisant of the rationale for the establishment in 1971/1972 of a Social Work Advisory Group (SWAG) rather than an "Inspectorate" within the newly created DHSS. The Module 4 statement set out at paragraphs 48 to 59 (Annex A³), the Department's understanding about why this may have occurred, proposing that it was linked to the implementation by the UK Government of the 1968 Report of the Committee on Local Authority and Allied Personal Social Services, chaired by Frederic Seebohm (the Seebohm Report)⁴ which heralded a period of significant change in the structure of social services in England and Wales. This view and the perception that there was a consequent retraction of 'inspection' activity by central government to give way to supportive and advisory relationships with social care providers was endorsed by the former Social Services Inspectorate's (SSI) Chief Inspector for England and Wales, Sir William Utting. In his capacity as a Director of Social Services 1970-76 for the Royal Borough of Kensington and Chelsea, Sir William was able to recall that inspections of statutory homes in the Borough Area did not take place during this period, although he stated that homes were visited by the Department of Health and Social Security's Social Work Service, the England and Wales equivalent of SWAG⁵.
- 2.2 The Department has postulated that the seemingly annual programme of inspection of voluntary homes established by MoHA, which diminished in regularity during the 1970s, reflected a conscious policy shift on the part of the DHSS. By March 1972, DHSS was under the direct control of a Minister appointed by the UK Prime Minister. Having reviewed Departmental documentation and the oral evidence provided to the Hughes Inquiry, the Department is strengthened in the belief that:
- a) 'Seebohm' influenced the establishment and role of the SWAG;
 - b) the retraction of inspection activity was not a gradual lapse into complacency or a dereliction of duty on the part of the DHSS, but a change of focus, driven by a UK-wide government policy on new relationships with local providers; and

² SNB 9374

³ These paragraphs are reproduced at Annex A

⁴ Report of the Committee on Local Authority and Allied Personal Social Services HMSO London 1968

⁵ SNB 9400

than the infrequency of inspection being a resourcing issue, SWAG, by focusing on supportive and advisory relationships with both voluntary and statutory providers of child care services and by assisting the department in the social work aspects of its functions was implementing a Departmental policy which had also been promoted by the UK government.

- 61 It is noteworthy that in her evidence to the Hughes Inquiry, SR 143, the then Officer-in-Charge of the Nazareth Loge confirmed that Mr O’Kane (SWAG) and Miss Forrest (formerly MoHA, then SWAG) had been frequent visitors to the home³⁹. She also stated that shortly after she arrived in 1982, she had received a visit from Mr Walker (SWAG), accompanied by an officer from the Child Care Branch and they “*discussed the changing practice of child care ... and how much had changed in that it was now more difficult for children coming into care and that kind of thing and how important it was to consider staff training and that.*”⁴⁰ SR 143 also confirmed that pre-1982 ‘people from the Department’ also “*made recommendations in writing from time to time.*”⁴¹ The Department believes that such relationships were characteristic of the policy at the time, that these were perhaps of more value to providers than the previous models of inspection activity and served, as Seebohm had envisaged, to “*promote the achievement of aims and maintenance of standards and to act as two way channels for information and consultation between central and local government.*”
- 62 The role of SWS, England was already evolving and whilst there was to be no change to its traditional role, as described above, the Director of the Social Work Service signalled to Local Authorities in 1979 that in future the work programme would included certain activities based on inspectorial powers. In 1982, the Social Services Committee of the House of Commons “favoured the idea of an inspectorate based on the present SWS”⁴². In April 1983 the then Secretary of State responsible for personal social services issued a consultation document proposing the development of the SWS into an inspectorate for the local authority social services. The SSI in England came into being in February 1985. In Northern Ireland, following the Kincora scandal and the revelations that children from other homes had been abused, the SWAG had already effectively become an inspectorate in practice, if not in name, with particular reference to children’s homes and children’s social care services. In the latter part of 1986, SWAG was renamed the Social Services Inspectorate for Northern Ireland.

³⁹ SNB 50779

⁴⁰ SNB 50779

⁴¹ SNB 50780

⁴² Annex K page 8

the DHSS. These reports were not shared with the administering authorities of the home or local authorities. A 'follow-up' letter, which provided feedback in relation to the visit, was to be sent to the home's administering authority. If issues of concern or matters requiring further attention were identified, an agreement was made with the Child Care Branch to undertake a further visit to the home or take such other action as deemed necessary.

5. With reference to statutory homes, to the best of your knowledge, there was no SWS practice of systematically visiting statutory homes, either formally or informally within your regional team between 1976 and 1985. Indeed, when we spoke, you commented that in 1985, when the newly formed DHSS Social Services Inspectorate undertook a programme of inspection of a large sample of statutory homes, there was "*a sense that this was an important first priority for SSI*".
6. I should be very grateful if you would confirm that this is an accurate reflection of our discussion. I know the HIA Inquiry will be most interested in your comments.

Very many thanks once again.

Yours sincerely

SND 503

- 7.7 The Children and Young Persons (Welfare Authorities' Homes) Regulations (Northern Ireland), 1952 (the 1952 Regulations) and the Children and Young Persons (Voluntary Homes) NI Regulations 1952 were essentially replicated respectively in the Conduct of Children's Homes Direction (Northern Ireland) 1975 (the 1975 Direction) and the Children and Young Persons (Voluntary Homes) Regulations (NI) 1975 (the 1975 Regulations) and were not revoked until the introduction of the Children's Homes Regulations (NI) 1996 made under the Children (NI) Order 1995. The Department has noted that the Education (Corporal Punishment) (NI) Order 1987 abolished corporal punishment in all grant aided schools and accepts that, in light of this, a review of the provisions in the 1975 Direction and the 1975 Regulations regarding corporal punishment should have been undertaken by the DHSS, with a view to revoking them at that stage.

Policy issues

Inspection and related matters

- 7.8 The Inspection role and functions of MoHA and the DHSS have featured significantly during the considerations of the HIAI. The Department believes that, in general, MoHA carried out its powers of inspection with diligence, adequate frequency and to an acceptable standard⁵ in the case of both voluntary and statutory homes, albeit the process was not sufficiently robust by the standards of today. The Department has argued that in 1972/73, there was a deliberate change of policy on the part of the DHSS, driven by a UK-wide national policy aimed at implementing the recommendations of the Seeborn Report. This led to the replacement of the existing model of regulatory inspection with one that promoted advisory, supportive relationships, developed through a series of short visits to children's homes and/or in the case of the statutory sector, meetings with Board representatives responsible for the management of residential care.
- 7.9 The Department accepts, however, from the evidence of senior DHSS officials to the Hughes Inquiry, that in 1976, weaknesses must have been identified in the status quo with regard to this policy. As a consequence, SWAG resolved to make a full annual report on each home. According to the Hughes Inquiry evidence, this was not implemented due to staff resourcing issues. This situation prevailed until 1980 when the Kincora scandal broke and the DHSS subsequently established a rigorous inspection programme. Had the agreed appropriate action been taken in 1976 to strengthen DHSS scrutiny, this might have helped minimise further opportunity for abuse to occur within children's homes.

⁵ Save in the matter outlined in para 7.11

Inspection of Children's Homes and Training Schools
by the Social Work Advisory Group

Children's Homes

1. Introduction

Social Work Advisers (Child Care) visit and write reports on voluntary and statutory children's homes as part of their normal duties. The reports are in the main concerned with material provisions, management, regimes and support services. They may give some impression of standards of care but our advisers have not been able to devote sufficient time to each home to allow them to engage in a thorough inspection. This paper attempts to formulate a plan for regular inspections of all homes by the Department's advisers.

2. Consultation

The new approach to the task will require consultation with Directors of Social Services and with the Chairmen of the Management Committees of voluntary homes. (There have now been discussions with the four Directors). It will also be necessary to develop a clear exposition of the Department's role and function as a registering agency for voluntary homes, vis-a-vis their use by the Boards.

3. Programme of Work

The work will be planned on a short-term and on a long-term basis. The short-term programme will embrace homes which merit early attention because of special features, e.g. single-sex, suspected vulnerability of residents, indications from Boards' staff of dissatisfaction with standards of care or concern about arrangements for the management of a home. The following homes fall into this category:-

- J.L.D.K.(C.W.) (1) Burnside Boys' Hostel, Craigavon ✓ 16
- J.L.D.K.(C.W.) (2) Boys' Hostel, 36 Valetta Park, Newtownards ✓ 9
- (3) Family Group Home, Somerton Road, Belfast 6
- (4) Thorndale House, Belfast
- (5) Coleshill Children's Home, Enniskillen ✓
- (6) ✓ Coulter's Hill, Ballyclare ✓
- (7) Manor House, Lisburn

- ✓ ii. opening similar discussions with voluntary organisations to clarify the respective roles of the Department, the voluntary organisations and the Boards, including the possibility of some joint reporting perhaps in the form of regular joint reviews (paragraphs 29, 30 31 and 47);
- demonstrate
←
 iii. while continuing SWAG's present system of detailed inspections, reviewing their cost effectiveness in relation to their impact on Boards, particularly Board members and the management committees of voluntary homes (paragraphs 41 and 42);
- to the
←
 iv. maintaining also the current arrangements for short, informal, and sometimes unannounced visits (paragraph 41);
- ✓ v. bringing in outside assistance in the form of short term appointments of staff from elsewhere in the United Kingdom (paragraph 41);
- ✓ vi. developing more effective monitoring by Boards and voluntary organisations, so that in the long term the Department's role assumes a greater element of "monitoring the monitors", (paragraph 39);
- ✓ vii. making suitable arrangements for recording and passing on confidential information in reports (paragraph 43);
- ✓ viii. clarifying the Department's right of inspection of child care field services (paragraph 44);
- ✓ ix. building up effective cooperation between voluntary homes and between them and the Boards in providing child care services (paragraphs 46, 48, 49, 50);
- ✓ x. initiating and developing seminars, workshops etc for members and staff at different levels in the Department, the Boards, the voluntary organisations and other agencies so as to promote: the sharing of skills, experience and knowledge; the exchange of ideas and suggestions for future developments; and the growth of the understanding and cooperation necessary in the services for children in need (paragraphs 51 to 55);
- complaints
←
 xi. introducing adequate arrangements for looking at complaints made by children and their parents about treatment in children's homes (paragraphs 56 to 59);
- DHS
←
 xii. considering the advisability and possibility of strengthening the procedures for recruiting residential staff by the additional safeguard of obtaining information on a regular basis about individuals convicted of sexual assaults on children (paragraph 60);
- xiii. if these other suggestions are adopted, initiating as soon as possible an examination of the overall child care services in each area (paragraph 61);

supervision of individual members of staff with general guidance and support to the staff as a whole. Points of policy and procedure can be introduced, explained or re-emphasised so that good practice is uniformly applied. Staff meetings also provide staff members with the opportunity to seek clarification of policy and to raise issues relevant to the running of the home. In addition staff meetings can provide a forum for on-site training, particularly where they are attended by senior management staff or external specialists such as psychiatrists and psychologists. We recommend that all child care organisations should encourage regular, properly prepared staff meetings as an integral part of the management of homes and hostels.

13.39 The provision of Job Descriptions by the four Boards to their residential and management staff impressed us as an essential aid to defining responsibilities and clarifying roles. We recommend that this practice be adopted by other child care organisations which have not already done so.

13.40 We have referred in Chapter 11 to Barnardo's Policy and Procedures Guide and in this Chapter to the Procedural Guides which are now used in the Eastern and Northern Boards. The Boards' Guides are divided into four sections dealing with Care, Legal, Medical and Staff Issues. They are made available in each home and we commend them as a coherent, accessible source of information and guidance to staff. We recommend that all residential child care organisations should prepare such guides for the homes for which they are responsible. The Eastern and Northern Boards appear to have collaborated in the preparation of their Guides and it should be possible for other organisations to benefit from their experience if they do not have the resources to produce these quite substantial documents. The scope and contents will need to be kept under continual review, to take account of the development of complaints procedures for instance. We are convinced, however, that the investment of time and resources in the preparation and maintenance of these Procedural Guides will be worthwhile in terms of the effectiveness of residential staff.

13.41 While Procedural Guides for individual homes and hostels will contain a great deal of information common to all residential facilities, some adaptation will be necessary. We recommend that each Guide should include

a statement of aims and objectives formulated specifically for each home and hostel. The Association of Directors' submission indicated that several local authorities in Great Britain have already implemented this policy.

Monitoring of homes and hostels

13.42 We have made the point that some of the monitoring activities into which we enquired were, by their nature, of limited value for the prevention or detection of homosexual offences. This did not, however, lead us to the conclusion that the activities are not worthwhile. They do contribute to the welfare of residents in other ways and we consider that, if the nature of these activities is modified, they may also provide a greater degree of protection against sexual abuse. Accordingly we recommend that the visiting and inspection duties of the PSSC and management respectively, and the corresponding requirement to report, should be retained. It is proper that the administration of residential care by Board officers should be subject to scrutiny and oversight and the PSSC's visiting duty is consistent with its accountability for these services. We have already indicated that quarterly visiting is sufficient for this purpose and, indeed, unduly frequent visiting could affect the privacy to which residents are entitled. Similarly, monthly inspection by management represents a reasonable minimum standard although we would hope that contact would be more frequent.

13.43 Monitoring of the residential child care system, of course, occurs at a number of levels. The Sheridan Report made several relevant recommendations which included the development of "more effective monitoring by Boards and voluntary organisations, so that in the long term the Department's role assumes a greater element of 'monitoring the monitors'".

13.44 On 21 October 1983 the Department issued a circular entitled "Monitoring of Residential Child Care Services". The circular distinguished between monitoring by the Boards and monitoring by the Department. It described the former as involving "regular and on-going scrutiny (which) will be more effective the closer it is carried out to the point of delivery of services. Inevitably this means that the primary responsibility for

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Mr D Burke
 Director of Social Care
 Western Health and Social Services Board
 15 Gransha Park
 Clooney Road
 LONDONDERRY BT47 1TG

Please reply to The Secretary
 Your reference

Our reference

Date 20 April 1995

Dear Mr Burke

HARBERTON HOUSE CHILDREN'S HOME

Your letter of 4 April to Miss Reynolds sets out the Board's proposal to increase the capacity of Harberton House to 28 places, by utilising the flat and bungalow at the home. I note that the units will be separately staffed and that it is hoped to minimise the impact on Harberton. Your longer term plan is to reduce the capacity of Harberton House to 14 places.

I realise that during the transitional period until community based services have been developed, there will be an ongoing demand for residential care places which will have to be serviced. I am concerned however that the proposed increase in the total number of children at the Harberton site is far in excess of what is recommended by the Regional Strategy and the reports of 2 reviews commissioned by the Board in recent years. Experience elsewhere suggests that it is not possible to give effect to functional separation of units on the same site and that they do impinge, one on the other, often with serious consequences.

I must therefore advise against the proposal to increase capacity on the Harberton site to 28 because of the adverse effect this is likely to have on the management of Harberton House and the associated risks to children in the Board's care.

I am copying this letter to Mr Hunter for his information and advice.

Yours sincerely

N J CHAMBERS
 Assistant Chief Inspector (SSI)

cc. Dr McCoy
 Miss Reynolds 24/4
 Mr J Hunter

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WHSSB CHILD CARE SERVICES - ISSUES OF CONCERN

Closure of Fort James children's home and implications for Harberton House.

1. Fort James, a statutory residential home providing medium/long term residential care, closed on 31 March. The Board has subsequently increased the capacity of Harberton House from 20 to 28, in direct contravention of SSI written advice and the report of the case management review of the **KIN 315** case which recommended a reduction to 16. This raises a number of concerns:
 - Management and supervision of children with extreme behavioural problems is rendered extremely difficult. The consequence may be to increase the likelihood of a repeat of the serious incidents of peer abuse which took place in the early 1990s. I understand that the report of the investigation carried out at that time recommended a reduction in the capacity of Harberton House.
 - The Board's written response to SSI's advice was that the situation is temporary, pending a reduction in the need for residential care which will stem from a greater emphasis on prevention work and the implementation of the Children Order 1995. This is somewhat heroic, particularly given that the number of foster parents in the Western Board area is declining.
 - In Foyle Unit of Management's trust application, Harberton House is identified as a short-stay/admissions unit. However, with the closure of Fort James, it is also being used for medium/long stay cases - which is professionally undesirable. It is understood that the trust intends to use Nazareth House to meet its medium/long stay needs. However it is not clear how the needs of non-catholic children will be met.

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8.1.3 The relationship between these entities was considered in evidence before the Hughes Inquiry. Having reflected upon the evidence given to this Inquiry and the Hughes Inquiry, the Board's position is that the Department held ultimate responsibility for residential child care, and the children placed therein. The following exchanges in the evidence at the Hughes Inquiry, as between Counsel and Dr Maurice Hayes, the then Permanent Secretary to the Department, are of particular note. Having detailed the arrangements for delegation of functions the following exchange is noted:

Q: "Was the exercising of the functions by the Boards subject to the Ministry's responsibilities for the exercising of the functions?"

A: "Yes, it was subject to the Ministry's ultimate responsibility for the exercising of the functions. They were also subject to the Ministry's right to exercise the functions even though it directed a Board to do so." [KIN 70030]

And

Q: "In general terms how would you describe the roles of the Department vis la vis the Boards?"

A: "In general terms the Department became responsible for policy, strategic planning and resource allocation and the Boards for the provision, management provision and delivery of the services and for operational planning. Of course, both would have a monitoring function within the range of their responsibilities." [KIN 70030]

8.1.4 The ultimate responsibility held by the Department was accepted without equivocation by Dr Hayes:

Q: But the Department was ultimately responsible for the care of each and every child in Northern Ireland, isn't that right?

A: Yes. [KIN 70101]

8.1.5 It appears, therefore, that Senior Departmental officials accepted in evidence to the Hughes Inquiry that the Department had ultimate responsibility for the

PART VII
—cont.
General
duty of
welfare
authority.

113.—(1) Where a child is in the care of a welfare authority, it shall be the duty of that authority to exercise their powers with respect to him so as to further his best interests, and to afford him opportunity for the proper development of his character and abilities.

(2) In providing for a child in their care a welfare authority shall make use of facilities and services available for children in the care of their own parents and, in particular, shall ensure that no child in their care is deprived of the utmost benefits available under the enactments relating to health, education and employment services.

c. 35.

(3) For the purposes of their functions under this Act or under the Adoption Act (Northern Ireland) 1967, a welfare authority shall, in accordance with any prescribed provisions as to experience, qualifications and conditions of service, appoint an officer to be known as the children's officer.

(4) A welfare authority shall not make an appointment under subsection (3) except after consultation with the Ministry, and for the purposes of such consultation an authority proposing to make such an appointment shall submit to the Ministry particulars showing the names, previous experience and qualifications of the persons from whom they propose to make a selection; and if the Ministry considers that any person whose name is so submitted to it is not a fit person to be the children's officer of the authority, the Ministry may give directions prohibiting his appointment.

(5) Where the Ministry is satisfied that the same person can efficiently discharge the functions of children's officer for two or more welfare authorities, the Ministry may approve the appointment of the one person as the children's officer by each of the authorities.

(6) The children's officer shall not, except with the approval of the Ministry, be employed by the welfare authority in any other capacity.

Mode of
provision
of accom-
modation
and main-
tenance.

114.—(1) Subject to the provisions of this section, a welfare authority shall discharge their duty to provide accommodation and maintenance for a child in their care—

- (a) by boarding him out on such terms (whether as to payment by the authority or otherwise) as the authority may, subject to the provisions of this Act and regulations thereunder, determine; or
- (b) where it is not practicable or desirable for the time being to make arrangements for boarding-out, by maintaining the

SECTION IV - CONCLUSIONS AND SUMMARY OF POINTS FOR FURTHER
CONSIDERATION BY DHSS(NI)

62. Basically this report is concerned with the role of the Department in aiding and improving the standards of management, supervision and inspection of children's homes. Our discussions suggested various points for further consideration by the Department, which are summarised below. Briefly, if these points are taken forward, they will involve maintaining for the present the arrangements for more detailed and formal inspection of statutory and voluntary homes set in train by SWAG in 1980. At the same time further steps could be taken to ensure that the capabilities of the Boards for management and supervision are as fully developed as possible, that the nature of their responsibilities for these tasks are clearly defined, and that accountability of both the statutory and voluntary residential homes is fully effective.

63. The report indicates the assumption made in discussion that the quality of training and the expertise of the staff responsible for the management, monitoring and inspecting of the child care services are crucial elements in the standards of service available in both residential and fieldwork practice. If our other suggestions are carried forward, then as soon as circumstances permit, the Department should review with the Boards the overall policy and practice within the child care services of each Board area.

64. To summarise the result of our discussions, we think the Department ought, and will wish, to give further consideration to:-

i. starting as soon as possible discussions with Boards' members and officials about:-

a. clarifying the respective roles of the Department and the Boards in managing, supervising and inspecting statutory homes (paragraphs 25-27);

b. clarifying the respective roles of the Department and the Boards in relation to voluntary homes, especially ensuring that Boards exercise satisfactory supervision of the care of the children they place in voluntary homes (paragraphs 29 and 30);

c. developing more fully the role of the Boards in supervising, monitoring and raising standards in children's homes (paragraph 34);

d. developing the role of the Assistant Director (Child Care) and ensuring that it is satisfactorily defined especially in relation to the line management officers. (paragraph 35);

e. introducing joint inspections of some statutory homes by SWAG and Assistant Directors (paragraph 36);

f. introducing regular reports from District Social Service Officers through Boards to the Department on individual children's homes, perhaps for a trial period; to be combined with some form of regular joint review (paragraphs 37 and 45);

Need to clarify what Dept summary do/wishes to have done. See Board Power 1979.

Power Board member.

Amss (1)

- ✓ ii. opening similar discussions with voluntary organisations to clarify the respective roles of the Department, the voluntary organisations and the Boards, including the possibility of some joint reporting perhaps in the form of regular joint reviews (paragraphs 29, 30 31 and 47);
- demanded*
 ←

 iii. while continuing SWAG's present system of detailed inspections, reviewing their cost effectiveness in relation to their impact on Boards, particularly Board members and the management committees of voluntary homes (paragraphs 41 and 42);
- to be done*
 →

 iv. maintaining also the current arrangements for short, informal, and sometimes unannounced visits (paragraph 41);
- ✓ v. bringing in outside assistance in the form of short term appointments of staff from elsewhere in the United Kingdom (paragraph 41);
- ✓ vi. developing more effective monitoring by Boards and voluntary organisations, so that in the long term the Department's role assumes a greater element of "monitoring the monitors", (paragraph 39);
- ✓ vii. making suitable arrangements for recording and passing on confidential information in reports (paragraph 43);
- ✓ viii. clarifying the Department's right of inspection of child care field services (paragraph 44);
- ✓ ix. building up effective cooperation between voluntary homes and between them and the Boards in providing child care services (paragraphs 46, 48, 49, 50);
- ✓ x. initiating and developing seminars, workshops etc for members and staff at different levels in the Department, the Boards, the voluntary organisations and other agencies so as to promote: the sharing of skills, experience and knowledge; the exchange of ideas and suggestions for future developments; and the growth of the understanding and cooperation necessary in the services for children in need (paragraphs 51 to 55);
- xi.

 xi. introducing adequate arrangements for looking at complaints made by children and their parents about treatment in children's homes (paragraphs 56 to 59);

complaints
 →
- 8450*
 →

 xii. considering the advisability and possibility of strengthening the procedures for recruiting residential staff by the additional safeguard of obtaining information on a regular basis about individuals convicted of sexual assaults on children (paragraph 60);

not a separate requirement
 →
- xiii. if these other suggestions are adopted, initiating as soon as possible an examination of the overall child care services in each area (paragraph 61);

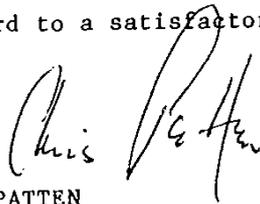
FOREWORD

The important issue dealt with in this paper is the relationship between statutory and voluntary bodies in the provision of residential care for children. Much has already been written on the relationship between statutory and voluntary bodies in the provision of care and on the desirability of, and need for, co-operation between the 2 sectors. This is nowhere more necessary than in the field of residential child care where historically statutory authorities have relied heavily on facilities provided by voluntary organisations in meeting their statutory obligations.

There is now less reliance on the voluntary sector than in the past but it is clearly short-sighted to ignore the experience and potential of voluntary bodies in meeting the needs of children. Government is committed to the retention and encouragement of a vigorous and effective voluntary sector in all areas of care, including residential child care, and is intent on ensuring that the contribution made by voluntary bodies is fully recognised in the planning and provision of services by Health and Social Services Boards. I am therefore concerned that a number of issues which should be capable of resolution appear to be inhibiting the development of partnership in the residential care of children.

The purpose of this paper is to draw attention to these issues and to concentrate the minds of Health and Social Services Boards and voluntary bodies alike in common purpose. The paper and the discussions which will follow provide an opportunity for both parties to express fully and frankly their concerns about any aspects of current residential child care provision as they affect the present statutory/voluntary relationship and to consider how best to work together for the future. I am confident that the desire to ensure that children receive the care they need will transcend any narrower interests and that both statutory and voluntary bodies will confront the issues which divide them in a constructive and positive manner.

I look forward to a satisfactory outcome to the discussions.



CHRISTOPHER PATTEN
Parliamentary Under Secretary of State

January 1985

THE STATUTORY/VOLUNTARY RELATIONSHIP IN THE PROVISION OF RESIDENTIAL CHILD CARE

Introduction

- 1.0 The Report on Homes and Hostels for Children and Young People in Northern Ireland (the Sheridan Report) recommended, inter alia, that the Department should give consideration to building up effective co-operation between voluntary children's homes and between them and the Health and Social Services Boards in providing child care services.
- 2.0 The purpose of this paper is to identify aspects of voluntary residential child care and of the statutory/voluntary relationship in the field of residential child care which have in the past and continue to be a source of concern to the Department, to the Boards or to the voluntary sector itself and which are therefore an impediment to effective co-operation. In doing so, the paper draws on points made in the comments submitted by both voluntary and statutory bodies in their response to the Sheridan Report and also raises some other issues which have been identified as problems of the present child care system. The aim of the paper is to secure recognition by the statutory and voluntary sectors of the importance of addressing and resolving these problems so that a more positive relationship can be developed for the future.
- 3.0 The paper thus complements but is essentially separate from the Discussion Paper issued by the Department in December 1982 on Co-operation between the Statutory and Voluntary Sectors in the Health and Personal Social Services. It does not aim to give a comprehensive account of the issues which face voluntary organisations generally, but concentrates on those of particular interest in the field of residential child care services.

Residential Child Care Provision and Trends in Use

- 4.0 Under the Children and Young Persons Act (NI) 1968, Health and Social Services Boards have a duty to receive into care, on the Department's behalf, children who, for any reason, lack temporarily or permanently a parent or guardian able and willing to provide for their proper care and upbringing. Boards also care for those children committed into care by the courts. When a child comes into care, the Board must provide for his accommodation and maintenance through the most appropriate placement, whether with foster parents, or in a residential home or hostel. Under the legislation, Boards are not obliged to make direct provision for every child but may secure residential care for children in voluntary homes and hostels.
- 5.0 Voluntary organisations have a long history of providing residential child care in Northern Ireland and have made a significant contribution to the care of children. Prior to Reorganisation in 1973, many Welfare Authorities relied on voluntary homes to meet the residential requirements of children in care. Around the time of Reorganisation those with statutory responsibility for the provision of social services in Northern Ireland argued that the increasing

demand for residential places for children could not be met from existing voluntary or statutory provision. The Ministry of Home Affairs, and later the Department of Health and Social Services, gave approval to the provision of additional children's homes within the statutory sector. Thus between 1974 and 1982 the amount of statutory provision rose from 421 to 533 places. Over the same period the number of places provided in voluntary children's homes fell from 850 to 517.

- 6.0 The expansion of statutory residential provision covered all 4 Health and Social Services Board Areas. Additional provision was required in the Southern, Western and Northern Areas where the level of voluntary provision was low, and new facilities were provided in the Eastern Area, mainly within the development programme for the Belfast Areas of Need (BAN). The decrease in capacity in the voluntary sector resulted mainly from the larger homes reducing the number of places which each provided, in recognition of the fact that smaller units had become the preferred form of residential provision for children.
- 7.0 The pattern of residential placements as between the statutory and voluntary sectors has changed in recent years. The table below sets out the position at the end of 1977 and 1982 and also includes figures for the end of June 1984. The 1984 figures are not strictly comparable with the 1977 and 1982 figures in that the 1984 figures include children in residential homes who were not in care, whereas the earlier figures show only children in care. However the 1984 figures are useful in showing the continuing reduction in places available in voluntary children's homes.

YEAR	NO OF CHILDREN IN CARE	NO OF PLACES IN STATUTORY HOMES	NO IN CARE IN STATUTORY HOMES	NO OF PLACES IN VOLUNTARY HOMES	NO IN CARE IN VOLUNTARY HOMES
1977	1936	430	296	656	460
1982	2559	533	372	517	376
			No of children in statutory homes		No of children in voluntary homes
1984	N/A	536	422	429	324

- 8.0 There are, at present, 35 statutory homes and 21 registered voluntary children's homes in Northern Ireland (excluding 3 registered voluntary holiday homes). Of the voluntary homes, 2 provide accommodation for mothers and babies, and the registration of a further 2 is being reviewed as they no longer appear to provide accommodation for children. Three further homes will be

de-registered in the coming months following closure. Excluding the 3 homes specifically for mentally handicapped children, the residential child care stock in the voluntary sector in the near future will therefore effectively be made up of 11 homes: 7 in the Eastern Area, 2 in the Northern Area, 1 in the Southern Area and 1 in the Western Area. Four of these homes are provided by Barnardo's and 2 are provided by the Sisters of Nazareth. Each of the remaining 5 is run by a separate organisation - the Sisters of Mercy, the De La Salle Management Committee, St Patrick's Catholic Orphan Society, the Belfast Central Mission and the Glendhu Management Committee.

- 9.0 Voluntary homes are financed by weekly per capita payments made by Boards in respect of each child whom they place in the homes and by voluntary donations. The method of calculating the cost per child varies between Boards, but generally it is based on an assumption of 100% occupancy. Capital development is grant-aided by the Department.

Views of the Health and Social Services Boards on the Statutory/Voluntary Relationship

- 10.0 In their responses to the Sheridan Report, Boards commented on the state of their relationships with the voluntary sector, expressing the general view that there were few problems in this regard.
- 11.0 One Board accepted that there would be advantage in rationalising planning in this field with a view to bringing about a joint statutory/voluntary pattern of development. This would require a clear understanding of respective roles, standards and methods of working. Another Board, while stating that relationships with voluntary children's homes were good, considered that the homes were often too big, badly located and restrictive in the ages and types of children for whom they felt able to care.
- 12.0 Those Boards which commented on the registration of voluntary children's homes felt that authority to register should be delegated to the Boards.
- 13.0 The main problems perceived by Boards in respect of voluntary homes can be summarised as follows:
- lack of appreciation on the part of some voluntary bodies of the changing nature of child care;
 - lack of willingness by some voluntary bodies to make changes in child care practice;
 - lack of adequate expertise within some voluntary bodies to provide the necessary professional support to the residential child care staff;
 - lack of detailed knowledge by Boards of the standards of care provided in voluntary residential homes for children.

- 14.0 Boards also made the point that legal responsibility for children in care placed in voluntary homes remains with the Boards and does not pass to the voluntary body. This is clearly an important consideration and to this extent voluntary bodies could be construed as essentially providing a service on a contractual basis. *

Views of the Voluntary Sector on the Statutory/Voluntary Relationship

- 15.0 Voluntary bodies do not share the Boards' views of the quality and stability of their relationship and, in commenting on the Sheridan Report, the major voluntary organisations drew attention to a number of matters of critical importance and concern to voluntary bodies engaged in the provision of residential child care. These are:

- lack of involvement of voluntary bodies in Boards' planning processes; ✓ True.
- the difficult financial position of voluntary children's homes resulting from low payments by Boards; ✓ True.
- lack of commitment on the part of Boards to the survival of the voluntary sector. ✓

- 16.0 One submission questioned whether, in planning statutory residential provision, consistent and formal arrangements were made to take account of the effect of such provision on adjacent voluntary children's homes or the voluntary sector in general; whether there was any real commitment to ensure that the voluntary children's sector not only did not become redundant in the future but would be planned into the strategies of the Department and Boards; and whether the Department or Boards had sought positively in the last 10 years to initiate joint discussion about the involvement of voluntary bodies in forward planning, other than having discussion on an ad hoc basis. The submission also asked whether a study could be carried out to determine why voluntary charges are generally substantially less than statutory costs for residential care.

- 17.0 The submission argued that the fact that voluntary children's homes provide over half the residential places in Northern Ireland is inadequately recognised in Board planning processes and that closer co-operation would make for more efficient use of facilities in times when resources are limited.

- 18.0 None of the voluntary organisations which responded considered that the Department should delegate to Boards responsibility for registering voluntary children's homes. //

ISSUES FOR CONSIDERATION

The Changing Nature of Child Care

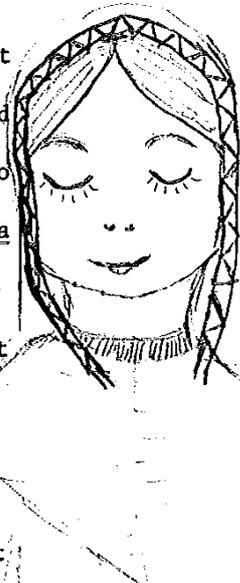
- 19.0 Child care policies and practices, in common with those relating to other client groups and services, develop and change over time but changes in one aspect of a service inevitably have implications for other elements of the same service. Change in one area of service provision has to be matched by changes in other areas. Those who

fail to recognise this are in grave danger of being left behind as new responses and arrangements are developed to meet changed need.

20.0 Recent years have seen some decline in the number of children admitted to care and shorter periods being spent by children in residential care. Perhaps the most significant development affecting residential child care provision has been the increasing use by Boards of foster care as an option for young children and the trend of placing children at home under the charge of their parents or relatives. Consequently, the average age of children in residential care is now higher than before. The children concerned tend to have more intractable problems than in the past and there is a greater need for specialised help. Some voluntary children's homes have been slow to recognise these changes and, as a result, referrals from Boards have dropped. This has led a number of homes to the point of closure.

21.0 It could be argued that the statutory sector should have done more to draw the attention of the voluntary homes to the changing pattern of child care services and that the demise of some homes in recent years is a direct consequence of the exclusion of the voluntary sector from the Boards' planning processes. Boards might counter that professional awareness is a pre-requisite to good child care practice and that it would be reasonable to expect voluntary homes to be in tune with current thinking.

22.0 Whatever the merits of these arguments the fact is that, once current thinking and likely future developments have been discussed with them, the Management Committees of some voluntary homes have accepted the need for change and have altered their practices in co-operation with Boards. In other cases, however, there has been a reluctance to change. Some homes have been unable to move from their traditional task of caring for young children on a long-term basis to acting as a short-stay unit for older children. What is certain is that voluntary homes which are unwilling to change to the sort of provision required to meet the needs of children and families in the late 1980s and early 1990s, as far as these can be determined, cannot hope to have a long-term future. However, where changes are agreed and implemented, there is little sense in Boards seeking to pursue a policy of developing their own expertise to the point of replicating the type of provision available in the voluntary sector.



23.0 One factor which is pertinent to the level of referrals to the voluntary sector is the religious denomination of its facilities. It is neither feasible nor desirable to set aside the objections which could be raised if a child were placed in a voluntary home run by an organisation whose religious base was unacceptable to the child's family.

Efficient Use of Resources

24.0 A major concern of the Department and of Boards must be to ensure that resources throughout the health and personal social services are used in the most efficient and effective way so that those resources can benefit the maximum number of people in need of care of any kind.

The resources of the voluntary sector make a substantial contribution to a wide range of caring services. Government is committed to the retention of a thriving, relevant voluntary sector. There is an obligation on voluntary bodies, however, to keep the effectiveness of their services and the use of their resources under review and to determine whether the services they provide will remain viable in view of changes in need and demand.

- 25.0 In recent years, voluntary residential child care facilities have been under-used as have a number of statutory facilities. Both sectors have spare capacity, although this has been reduced by closures or planned closures of children's homes, mainly in the voluntary sector. *Voluntary sector done most rationalising*
- 26.0 Spare capacity in Board homes could have quite drastic consequences for the voluntary sector, particularly if there are no compelling reasons why placement in a voluntary home should be a critical factor in the care and rehabilitation of a child. In such circumstances, a Board may decide to place a child in a statutory home where the cost involved in accommodating an additional child would be marginal as compared to the per capita charge which would have to be paid if the child was placed in a voluntary home. ?
- 27.0 *one for* To ensure that both now, and in the future, there is no unnecessary duplication of provision and that the number of residential child care places matches operational requirements, the level of provision in the statutory and voluntary residential sectors needs to be examined critically to take stock of the present position and to consider the likely future situation. Much the best way forward, would be through the development of complementary roles between the voluntary and statutory sectors so that they do not duplicate each other's provision. This requires close co-operation between Boards and voluntary organisations in assessing needs and planning future provision. If the right balance is to be struck between statutory and voluntary provision, it is important to address the whole situation, setting future needs against existing resources, and taking account of all relevant factors, including any special strengths which either sector may possess. *working part*
- 28.0 Boards and voluntary organisations providing residential child care services should quantify the present level of unused places in the residential child care field as a whole, and should assess, in the light of the Boards' perceived needs, and taking account of recent trends in child care, the likely residential child care requirements of the next 5 years. Boards and voluntary bodies should also seek to establish criteria on which decisions regarding closure of homes or reductions in capacities could be based. The development of such criteria would allow rationalisation of any over-provision of residential places, both in the short and long term as necessary, to be addressed, in the statutory and voluntary sectors alike, in a more objective and planned fashion than would otherwise be the case. *secondment staff?*
- 29.0 Under current arrangements, some children deemed to be in need of care, protection or control are placed in Training Schools by the

juvenile court. Boards also, as occasion requires, refer children in care to Training Schools for assessment. The Black Report, in making recommendations for change in legislation and services for children and young people, envisaged the Training Schools' facilities and staff being used in future as part of the range of residential provision for children in care and as an element in the overall framework of preventive services. The Department is not yet in a position to give a definitive indication of the precise nature and extent of the Training Schools' future role, as discussions with the Training Schools have not yet been concluded. However, for the purposes of discussion pertinent to this document and the consideration of likely changes in residential child care needs over the next 5 years, as required in paragraph 28, Boards and voluntary organisations should assume that the Training Schools, under revised arrangements, will have a continuing role in providing residential assessment and care for children. The expectation is that they will continue to deal essentially with the same type of children in care as at present.

Not Applicable

Participation in Planning

- 30.0 The Department's Circular HSS(P)1/80 "Planning and Monitoring of the Health and Personal Social Services", in outlining the planning system which was to be operated by Boards, indicated that they should involve voluntary bodies in the preparation of their Area Strategic Plans and should take full account of the contribution which the voluntary sector might be expected to make to service provision, given adequate support. The Circular stressed the important contribution which voluntary bodies can make in complementing and supplementing the statutory services.
- 31.0 Voluntary child care bodies do not consider that Boards have involved them adequately in their planning processes or indeed that Boards are fully convinced of the need for such involvement. Boards, on the other hand, appear to consider that relationships with the voluntary sector are good and point to discussions with individual voluntary organisations and to the number of children placed in voluntary homes as evidence of this. There is nevertheless a marked contrast between an "open door" policy towards voluntary bodies, which leaves the initiative with voluntary bodies to approach Boards as and when they wish to do so, and a policy which actively initiates and encourages dialogue with the voluntary sector as an integral part of a Board's planning process.
- 32.0 It is reasonable for voluntary child care bodies, which accommodate more than 40% of the children in residential care, to expect to be involved and consulted when Boards are drawing up their plans for the development of child care services. It is also reasonable for Boards to expect voluntary organisations to facilitate such consultation by developing a voluntary perspective of child care services which transcends the narrow interests of individual homes or organisations. What appears to be required is for Boards to develop a mechanism for involving the voluntary child care sector formally in their strategic planning processes and for voluntary groups to collaborate with each other, perhaps within some forum representative of voluntary child

*Full equal
Partnership
-
Planning
Groups.
So
reasonable etc.*

care interests, for the purposes of participation in the planning process. It must be recognised, however, that such collaboration could prove to be a testing exercise since the process of relating the interests of individual voluntary organisations to broader strategic requirements would not always be easy.

33.0 In the broader context of the Government's policy towards the voluntary sector, which is to foster and support the participation of voluntary bodies in the provision of health and social services, including residential child care services, there is a need to confront openly and frankly the following questions:

- Are Health and Social Services Boards prepared to involve the voluntary sector in their strategic planning in a credible and meaningful way?
- Would voluntary child care organisations be willing to adopt a corporate approach for the purposes of participation in the Boards' planning processes?
- What mutually acceptable practicable arrangements can be devised?

Professional Support and Advice

34.0 As registering authority of voluntary children's homes, the Department is concerned to ensure that the quality of care in those homes remains at an acceptable level. Homes in the statutory sector are supervised and guided by professionally qualified staff from the residential and day care services within each Unit of Management. In many voluntary homes, staff do not have professional support and advice readily available to them on a continuous basis, and report to a Management Committee which also lacks separate professional advice. This has led to criticism by Boards of the professional standards of some voluntary homes and reluctance to use them.

35.0 There are several possible ways of alleviating this problem. One such would be for Boards to provide professional support for voluntary homes; another would be for voluntary bodies themselves to employ the necessary support staff directly or on a shared basis with other voluntary homes. Either solution would require some additional financial commitment by Boards - directly through the employment of staff or indirectly through the payment of higher per capita charges. A more feasible and acceptable arrangement might be for one of the voluntary organisations to extend professional support throughout the voluntary sector and thus provide a regional service which could qualify for direct grant-aid from the Department. This is an important issue which needs to be addressed because it is pertinent to the matters raised in paragraphs 24-29 and 45-49 of this paper.

Needs to be thought out.

Financial Position of Voluntary Homes

36.0 As indicated in paragraph 9, Boards pay a weekly per capita charge in respect of each child whom they place in a voluntary home. The charge varies between homes but the cost per child is generally calculated on the assumption of 100% occupancy.

37.0 It is not possible to make a strict comparison between the running costs of statutory homes and those of voluntary homes. However, the

following figures give some idea of the present position. At the end of 1983 the weekly per capita charges of voluntary homes ranged from £42 to £198. The average cost was about £130. The average cost per resident per week in statutory homes was approximately £185 in the Eastern Area and over £250 in the other 3 Areas.

Recognition
of
low cap. rates

38.0 The per capita rates are reviewed annually but Boards have tended in general to limit any increase to the percentage increase which they themselves have received in their financial allocation from the Department. Thus, homes which had a low per capita rate initially have received only a small percentage increase on a low baseline in recent years and, in some cases, have found themselves under considerable financial pressure. Also, with rates having to be negotiated annually, voluntary bodies face uncertainties regarding their financial future which create difficulties for them in trying to plan the form of their future provision.

Voluntary
+
Board

39.0 Voluntary organisations providing residential care argue that in such circumstances Boards are, in effect, exploiting the voluntary sector. Boards expect professional standards of child care and criticise voluntary homes when they fail to keep up with, or fall short of, modern child care practice, but are not prepared to pay an economic rate for the service. Boards, on the other hand, argue that the many competing demands on their limited resources preclude them in present circumstances from underwriting any substantial increase in the per capita charges levied by voluntary homes.

40.0 It is not Departmental policy to direct Boards in the use of monies allocated to them. It is for Boards, in the light of their assessment of needs and priorities, to determine how best existing and planned provision across the range of client groups might be funded and in doing so to take account of the resources provided by the voluntary sector. In the present context there is a clear need for discussion between the voluntary sector and Boards. Boards must answer the question - do voluntary homes have a justified case for seeking an increase in the per capita rate paid by Boards in respect of children in care whom they place in a voluntary home? If so, what remedial action would Boards propose to take to pay voluntary homes the higher per capita rates required to meet the running costs of the homes, taking account of the costs incurred by the homes in developing and improving their standards, for example, in terms of higher staffing ratios? Should legal agreements be drawn up between the Boards and the voluntary homes to guarantee payments at economic rates over a given period, for example, 3 years, to give greater stability to the homes? Given the limitations on public funds, however, any increased expenditure in this respect will have to be funded through savings elsewhere in the Boards' services.

There are
a
staff over
payment.

Availability of Information about Standards of Care in Voluntary Homes

41.0 In a situation where there are unused places in statutory homes, there is the danger, as already mentioned, that Boards, in placing children, will turn in the first instance to homes with which they are most familiar and overlook the potential of some voluntary homes in meeting the needs of a particular child. This tendency may be

compounded by the fact that Boards may be inadequately informed about the standards of care in some voluntary homes.

42.0 Boards have a duty, once a child is placed in a home, whether statutory or voluntary, to ensure that the best possible care is being provided for that child but it falls to the Department, as registering authority of voluntary homes, to satisfy itself that the fabric of a home and the overall quality of care provided are acceptable. This information is obtained through the inspections and visits carried out by the Department's Social Work Advisory Group and through meetings with members of the staff and Management Committees of voluntary homes.

43.0 Although Boards are the main users of voluntary homes, an agreement entered into by the Department with the Management Committees of voluntary homes in 1980 means that the reports of SWAG's inspections can be made available to the Boards only with the agreement of the Management Committee. If standards in a voluntary home were totally unacceptable, the Department would withdraw registration. However, voluntary homes can show defects in policy, practice and fabric of the building which can result in a reduced standard of care but which are not serious enough to warrant deregistration. In such circumstances, efforts are made to have the situation rectified through the Management Committee (in the same way as steps are taken to have defects in statutory homes rectified by Boards) but this process can take some time to complete.

44.0 While it could be held that the responsible Board's own oversight of each child placed in a voluntary home should have revealed the defects in the quality of care provided within the home, it can also be argued that Boards should rightly expect direct access to the information assembled by the Departmental inspectors. If a home was functioning badly it would be in the interests of Boards and the children in their care for the Department to inform Boards of their findings; if a home was found to be functioning well it would be in the interests of the voluntary organisation to have this information more widely known. The Department would welcome the views of voluntary bodies and Boards on the form of arrangements for sharing the information contained in the inspection reports.

check out

Registration and Monitoring of Voluntary Children's Homes

45.0 The Department of Health and Social Services is the registering authority for voluntary children's homes under Section 127 of the Children and Young Persons Act (NI) 1968. Voluntary children's homes are the only homes for which the Department acts as registration authority; other voluntary or private homes for persons in need are registered by the Boards. From time to time Boards have drawn attention to this anomaly and have indicated their preference for the registration function in respect of voluntary children's homes to be delegated to Boards. They consider that this would improve liaison and would strengthen partnership between the voluntary and statutory child care sectors. Voluntary organisations are less confident. They are concerned about the manner in which the Boards might discharge the registration function and point to poor

formal statement regarding sharing of report!

relationships in the past and difficulties over revenue funding as giving grounds for fears of inadequate commitment on the part of Boards to the voluntary sector.

- 6.0 Given the use made by Boards of voluntary children's homes and the dependence of the homes on Boards for referrals, it is difficult to resist the logic of Boards' assertions that they should become the registering authority for voluntary children's homes. The Sheridan Report suggested that this could be a matter for consideration in the longer-term but the Department considers that discussion of this issue should not be deferred. The views of Boards and voluntary organisations are therefore requested on the proposal that registration authority in respect of voluntary children's homes should be delegated by the Department to Boards. Views would also be welcomed on the most appropriate timing for such a change. Decisions on this issue will also have a bearing on whether or not the Department's present capital funding responsibility in respect of voluntary children's homes under Section 152 of the Children and Young Persons Act (NI) 1968 should be delegated to Boards.
- 47.0 Of greater significance, perhaps, is how a change in responsibility for registering voluntary children's homes might affect the monitoring arrangements for the homes. Under the present arrangements Boards, in placing the children in voluntary homes, are responsible for ensuring that each child is well cared for in the home, and the Sheridan Report stressed the importance of Boards carrying out this duty. In addition, the Department's Social Work Advisory Group inspects voluntary children's homes and, if need be, the Department can take action on foot of such inspections to revoke the registration of a voluntary home. However, neither Board scrutiny of the care afforded for individual children nor Departmental inspections through the Social Work Advisory Group could be construed as continuous monitoring of the voluntary sector. This responsibility falls on the administering authority of each voluntary home (ie the Management Committee), who are required under legislation to appoint a person to visit the home each month to ensure that the home is being conducted in the best interests of the children accommodated there. This person is often a member of the Management Committee.
- 48.0 The circular on Monitoring of Residential Child Care Services (HSS(CC)6/83), issued on 21 October 1983, whilst directed to the statutory sector, indicated that the Department would be requesting voluntary bodies to review and, where necessary, strengthen the monitoring arrangements which they operated in respect of the homes. The Department asked each voluntary body in the field of residential child care to submit a statement of their monitoring arrangements as endorsed by the administering authority and indicated that these would be considered in the light of the Department's own responsibilities as the registering authority for voluntary children's homes, with further discussions with Management Committees being undertaken as necessary. The Department subsequently indicated to voluntary bodies on 31 August 1984 that monitoring statements covering the year ending 31 December 1984 would be required early in

*Registration
Timing
Capital Funding*

relationships in the past and difficulties over revenue funding as giving grounds for fears of inadequate commitment on the part of Boards to the voluntary sector.

- 6.0 Given the use made by Boards of voluntary children's homes and the dependence of the homes on Boards for referrals, it is difficult to resist the logic of Boards' assertions that they should become the registering authority for voluntary children's homes. The Sheridan Report suggested that this could be a matter for consideration in the longer-term but the Department considers that discussion of this issue should not be deferred. The views of Boards and voluntary organisations are therefore requested on the proposal that registration authority in respect of voluntary children's homes should be delegated by the Department to Boards. Views would also be welcomed on the most appropriate timing for such a change. Decisions on this issue will also have a bearing on whether or not the Department's present capital funding responsibility in respect of voluntary children's homes under Section 152 of the Children and Young Persons Act (NI) 1968 should be delegated to Boards.

*Registration
Timing
Capital Funding*

- 47.0 Of greater significance, perhaps, is how a change in responsibility for registering voluntary children's homes might affect the monitoring arrangements for the homes. Under the present arrangements Boards, in placing the children in voluntary homes, are responsible for ensuring that each child is well cared for in the home, and the Sheridan Report stressed the importance of Boards carrying out this duty. In addition, the Department's Social Work Advisory Group inspects voluntary children's homes and, if need be, the Department can take action on foot of such inspections to revoke the registration of a voluntary home. However, neither Board scrutiny of the care afforded for individual children nor Departmental inspections through the Social Work Advisory Group could be construed as continuous monitoring of the voluntary sector. This responsibility falls on the administering authority of each voluntary home (ie the Management Committee), who are required under legislation to appoint a person to visit the home each month to ensure that the home is being conducted in the best interests of the children accommodated there. This person is often a member of the Management Committee.

- 48.0 The circular on Monitoring of Residential Child Care Services (HSS(CC)6/83), issued on 21 October 1983, whilst directed to the statutory sector, indicated that the Department would be requesting voluntary bodies to review and, where necessary, strengthen the monitoring arrangements which they operated in respect of the homes. The Department asked each voluntary body in the field of residential child care to submit a statement of their monitoring arrangements as endorsed by the administering authority and indicated that these would be considered in the light of the Department's own responsibilities as the registering authority for voluntary children's homes, with further discussions with Management Committees being undertaken as necessary. The Department subsequently indicated to voluntary bodies on 31 August 1984 that monitoring statements covering the year ending 31 December 1984 would be required early in

1985. At that point, and annually thereafter, the Department would update information pertinent to the registration of each home and would seek certain other factual material relevant to the operation of the home. This information, taken with the annual monitoring statement, will constitute an annual return of information for each home. When the Department receives this information an inspection of each home will be carried out by the Social Work Advisory Group. This procedure will enable the Department to consider on a regular basis the quality of provision and services existing in each home and, in its capacity as registering authority, to satisfy itself that there is no impediment to the continued registration of each home. Discussions will be held as necessary, as part of the annual monitoring reviews, with the voluntary bodies involved.

- 49.0 In the event of Boards becoming the registering authority for voluntary children's homes, Departmental involvement in the monitoring reviews of voluntary bodies would cease, but the Department would continue to carry out formal inspections of both voluntary and statutory homes and to discuss the reports of these inspections with the management bodies concerned.

Summary and Conclusions

- 50.0 This paper seeks to identify, against the background of changes in child care practice, including the growth of the statutory sector and the relative decline of the voluntary sector, issues which are of concern to the Department, Boards and voluntary bodies. The Department considers that the main issues and questions to be addressed in the light of this discussion paper are as follows:-
- (i) the impact of the changing nature of child care on residential child care services (paragraphs 19-23);
 - (ii) the extent of the likely residential child care requirements of the next 5 years, and the criteria to be applied to identify where closures or reductions in the capacities of homes should take place (paragraphs 24-29);
 - (iii) the practicable arrangements which can be devised to ensure voluntary sector participation in planning (paragraphs 30-33);
 - (iv) the arrangements needed to ensure adequate input of professional support and advice for voluntary homes (paragraphs 34-35);
 - (v) the arrangements to be made to ensure that voluntary homes receive adequate per capita payments from Boards in respect of children in care in the homes (paragraphs 36-40);
 - (vi) the form of arrangement to be made for sharing with Boards the information about standards of care contained in the inspection reports of voluntary homes (paragraphs 41-44);
 - (vii) the body by whom voluntary homes should be registered (paragraphs 45-46);
 - (viii) the arrangements for the monitoring of voluntary homes (paragraphs 47-49).
- 51.0 The Department considers that it is essential for the issues identified in this paper to be addressed by Health and Social Services Boards and voluntary organisations providing residential child care in order to

prompt the development of a partnership which will be considered by statutory and voluntary groups alike to be strong and effective, and capable of resolving the problems currently being encountered in the provision of residential child care in Northern Ireland. The Department therefore expects the issues to be pursued in discussions between Boards and voluntary organisations, and to be confronted in a frank and constructive manner.

- 52.0 The Department will wish to receive reports on the outcome of the discussions between the Boards and the voluntary bodies by 31 July 1985 indicating the extent to which agreement on the issues raised in this paper has been reached and the type of arrangements which might resolve the problems identified. In the event of agreement not having proved possible on any issue, the reports should set out the differing views of the various interests concerned.
- 53.0 The reports resulting from the discussions will be considered by the Department, and guidance will then be issued to Boards and voluntary bodies on the range of matters involved.

EASTERN HEALTH AND SOCIAL SERVICES BOARDSTATUTORY/VOLUNTARY RELATIONSHIP IN THE PROVISION OF RESIDENTIAL CHILD CARE
IN THE AREA OF THE EASTERN HEALTH AND SOCIAL SERVICES BOARD1. Background

- 1.1 Arising out of the Sheridan Report the Department of Health and Social Services issued a discussion paper on 23rd December, 1983 to Boards and Voluntary Organisations on 'The Statutory/Voluntary Relationship in the Provision of Residential Child Care' and having received comments a paper on the same subject was issued on 18th January, 1985.
- 1.2 The Department's paper and covering letter identified a number of issues to be included on the agenda for discussions between the Board at Voluntary Children's Homes and indicated that the Department would expect a joint report to be submitted by end of July 1985 endorsed by the Board and Management Committees of the Voluntary Children's Homes outlining the issues discussed and the solutions proposed.
- 1.3 Arrangements were subsequently agreed with all the Voluntary Children's Homes in the Board's area to discuss relationships and meetings commenced in May, 1985.
- 1.4 A progress report was submitted to the Department of Health and Social Services with a covering letter on 11th July, 1985. This letter indicated that a further year might be required to arrive at satisfactory solutions to all of the issues being addressed. In the event the process took much longer than was envisaged at that time. However, it must be stated that the process itself was of considerable importance in clarifying perceptions.

In addition it incorporated a series of meetings with each Home to establish a profile for the Home and examine its function in relation to the Board's strategy for the provision of residential child care.

Subsequently, as the Department is aware, problems arose with regard to the financial arrangements for the funding of the Voluntary Homes.

2. Issues Discussed and Outcome

It is not proposed to reiterate the relevant information contained in the progress report of July, 1985. Rather this report should be read in conjunction with the progress report. (Copy attached).

2.1 Trends and Requirement

The Board's strategy is to increase foster care and to continue to reduce residential care provision. The position with regard to the nature and amount of residential child care provision required will be kept under annual review conjointly with the Homes.

There is likely to be a continuing need for some residential care provision for difficult young people and Voluntary Homes have agreed to concentrate on this provision.

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5. A large element of my posting involved implementing the recommendations of the Sheridan Report. This work included the development of a complaints procedure for children in residential care.
6. The process of developing the complaints procedure covered a number of stages:
- a consultation paper was issued in October 1983;
 - in the light of the responses received, draft guidance was drawn up and circulated in August 1984;
 - again having regard to responses, the guidance was revised, finalised and issued in May 1985.

Copies of these documents are attached.

7. A significant difficulty encountered in the development of the procedure was the withdrawal of co-operation by staff organisations because of their concerns that staff would not be given adequate protection from unfounded allegations of mistreatment. Faced with this, DHSS had two options: to defer the issue of guidance until staff co-operation had been achieved; or to issue the guidance in the absence of co-operation. DHSS chose the former. While the position was not ideal, it was felt that proceeding to issue the guidance could be more helpful to those in the care system than countenancing a potentially open-ended delay.

8. The scheme outlined by DHSS required the Health and Social Services Boards and voluntary organisations to develop the detail of their own operational complaints arrangements. This was in recognition of the fact that, not only did voluntary organisations differ structurally one from the other, but so too did the Boards. The Boards would, rightly, have resisted any attempt by DHSS to impose a uniform detailed scheme on them.

9. One point which has been raised about the complaints guidance is the action which was expected when a complaint was made. Two areas of the guidance are relevant:

THE JOINT COUNCILS FOR THE HEALTH AND PERSONAL SOCIAL SERVICES (NORTHERN IRELAND)

SOCIAL WORK STAFFS JOINT COUNCIL

Dundonald House, Upper Newtownards Road, Belfast BT4 3SF
Telephone (0232) 650111 Ext. 321*Replies should be addressed to the Management Side Secretary*To the General Manager
of each Health and Social
Services Board

Our Ref. A1038/85(21)

Your Ref.

Date 12 January 1990

Dear Sir

COMPLAINTS PROCEDURES FOR CHILDREN IN CARE AND THEIR PARENTS

As you know, a Joint Working Group has been meeting for some time now to review the documentation arrangements for the Complaints Procedures with a view to their becoming operational at an early date.

At the last meeting of the group on 10 October 1989 agreement was finally reached to incorporate various amendments in the Northern Board's document on the understanding that such amendments would be applied to the Complaints Procedures operated by all 4 Boards. A copy of the revised document is enclosed and we would ask that you now arrange to bring your Board's current procedures into line with that document. A copy of the amended procedures should then be forwarded to the Staff Side Secretary.

In implementing the procedures Boards should take account of the following points:-

Precautionary Suspension - Staff Side have expressed strong concern that the use of precautionary suspension can be unfair to an officer particularly where a complaint proves to be unfounded or malicious. Boards should therefore consider other options available where it is deemed necessary for an officer to be relieved of his/her particular post while a complaint is being investigated.

Training - It is of considerable importance that all staff receive training in the procedures. Each Board should draw up a training programme on the basis of a regional package to be discussed and "fleshed out" with Staff Side. It was agreed that Boards would actively involve Staff Side nominees in the training sessions although it was also accepted that the persons selected would have to be of the right calibre and have the necessary expertise to undertake that type of specialised role. The names of the officers with whom Boards should liaise are shown on the attached sheet.

Finally we would confirm that each Board is now free to introduce the Complaints Procedures and Staff Side will be instructing their members to co-operate fully in their implementation.

Yours faithfully

J ALLEN

J COREY
Joint Secretaries



DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

J E Lamb Esq
Southern Health & Social Services Board
Seagoe Industrial Estate
Craigavon
BT63 5QD

31 January 1986

Dear James,

INVESTIGATION OF COMPLAINTS IN RESIDENTIAL CHILD CARE

I wrote to you on 17 January to let you know that I would be meeting staff representatives on this issue. In the event I did so on 20 January, and subsequently met the four Directors of Social Services on 22 January. The results of these meetings have led me to conclude that common ground between management and staff interests can be identified on the key disputed issue of disclosure of the investigating officer's report. I have therefore redrafted the set of principles for the investigation of complaints to reflect this common ground and to consolidate the very substantial and useful progress made by the General Purposes Committee before it formally recorded disagreement.

On the issue of disclosure, paragraph 3(ix) provides for the disclosure of the investigating officer's report while preserving important safeguards on the questions of preserving confidentiality and avoiding unrelated issues. Equally it allows staff against whom disciplinary action is being taken to examine for themselves all the alleged facts concerning the complaint, and not just those upon which the Board chooses to base its disciplinary charges. I regard this safeguard as an important one for staff working in the particularly vulnerable circumstances of caring for children, and one which will hopefully encourage them to develop more confident relationships with the children in their charge.

I can fully appreciate that Boards may face some practical problems in translating this set of principles into a detailed procedure for investigating complaints as required by paragraph 51 of Circular HSS(CC)2/85. For that reason I would be grateful if Boards would review the operation of their procedure for investigating complaints one year after implementation and let the Department know whether its operation in accordance with the attached set of principles has caused difficulties in particular cases.

I would now ask Boards to revise as necessary their detailed procedures for investigating complaints, forward them to the Department and implement the full range of measures set out in HSS(CC)2/85 as soon as possible.

of complaints, the Department does not have any information to indicate whether the Board offered such assistance. It is possible that if SWAG had assisted the process by convening a meeting at an earlier stage and, if necessary, mediating between the Board and the administering authority to encourage the establishment of a joint approach this might have assisted earlier agreement on the way forward. This would not have been incongruent with the support, advisory and consultative role of SWAG, considered below. Most importantly, it is possible, although obviously not certain, that this might have resulted in a more timely response and resolution for the young people who had complained and those who were alleged to be at continuing risk of abuse. The model adopted by the management committee and Boards in respect of the investigation of the 1995 complaint (see below) is an example of how a joint voluntary and statutory approach was plainly a more robust process that was capable of delivering more acceptable outcomes.

- 40 Whilst having pointed up some of the possible shortcomings in the approach of SWAG to these matters, the Department is of the view that in relation to the handling of the above complaints there was no evidence of systemic failure on its part nor was there failure in respect of its governance or regulatory responsibilities in relation to Nazareth Lodge children's home.
- 41 With reference to the final question of the HIAI regarding the options open to the Department if concerns about the behaviour of staff were brought to its attention, the Department was not the employing body and, if the issue required staff training, supervision or disciplinary action, could only encourage an appropriate response on the part of the voluntary body. However if, for example, the Board's investigation in the above cases had found the staff problems to be serious and endemic, the ultimate sanction that the Department would have had at its disposal at the time would have been to de-register the home. The Department no longer holds registration responsibilities for voluntary homes. The Regulation and Quality Improvement Authority which is the body currently responsible for the registration and inspection of voluntary and statutory children's homes has a range of regulatory sanctions which may be imposed prior to the decision to de-register a home.

Mr Bunting's comments in his statements dated 25 March 2015 and 3 April 2015 regarding the HIA 210, NL 145 and NL 97 allegations.

- 42 The allegations of HIA 210 were significant and the child had named ten other children who were in Nazareth Lodge with him and whom he alleged may also have been abused. The Department takes issue with Mr Bunting's assertion at paragraph 2.2 of his statement in which he claims that

until 1991, given the strength of the public workers' opposition to its contents and the Board does not accept any systems failure on the part as its predecessors in connection with the Circular, who were awaiting direction and conclusion of the Department's policy making. The Board also considers that in the case of HIA 210 and others in 1984/5, the Eastern Board was being directed to implement a complaints circular that was not fit for purpose at the insistence of the Department and that no systems failures should attach to the Board.

- 10.8 It is also noteworthy that, during the protracted correspondence between the Eastern Board and the Department on the subject of HIA 210 and others complaints, Mr. Moore wrote to the Chief Social Work Advisor on 30 April 1986 and said: *"I feel that HIA 97's account corroborates to a considerable degree the allegations made by HIA 210 and NL 145 with regard to the behaviour of SR 62. There can no longer be any question that the information we now have available from three former residents amounts to alleged general malpractice and, in some instances, physical assaults by SR 62."*
- 10.9 The correspondence between the Department and the Board also demonstrates that the Department was at pains to impress upon the Board that the complaints by HIA 210, HIA 97 and NL 145 needed to be treated individually but the Board disagreed. It is the Board's view that the Department's resistance to approach the matter on an institutional basis is perplexing given the events surrounding Kincora in and the outcome of the police investigation at Rubane in 1981, which uncovered abuse on an institutional scale, of children placed by a number of different Board across the region of Northern Ireland.
- 10.10 So far as the 1990s are concerned, when complaints were made to a Departmental Inspector in November 1995 by NL 168 and NL 164 about the conduct of Sr 18 in Nazareth Lodge, there followed a co-ordinated response by the three Trusts concerned and Mr David Gilliland, Principal Social Worker in North and West Belfast took the lead role in liaising with the Nazareth

of complaints, the Department does not have any information to indicate whether the Board offered such assistance. It is possible that if SWAG had assisted the process by convening a meeting at an earlier stage and, if necessary, mediating between the Board and the administering authority to encourage the establishment of a joint approach this might have assisted earlier agreement on the way forward. This would not have been incongruent with the support, advisory and consultative role of SWAG, considered below. Most importantly, it is possible, although obviously not certain, that this might have resulted in a more timely response and resolution for the young people who had complained and those who were alleged to be at continuing risk of abuse. The model adopted by the management committee and Boards in respect of the investigation of the 1995 complaint (see below) is an example of how a joint voluntary and statutory approach was plainly a more robust process that was capable of delivering more acceptable outcomes.

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DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

The Chairman of the Management
Committee of each Voluntary
Children's Home

10 May 1985

Dear Sir/Madam

REVIEW OF REGISTRATION OF VOLUNTARY CHILDREN'S HOMES

On 31 August 1984, I wrote to you to outline arrangements which would operate in respect of the provision of annual monitoring statements prepared by each voluntary body and the review which the Department would carry out of the registration of each voluntary home on a regular basis.

My letter explained that the Department would wish to receive annually certain factual information relevant to the operation of each voluntary children's home. This would be distinct from the annual monitoring statement which would evaluate various aspects of the residential child care services provided by each voluntary organisation. The factual information, together with the outcome of the inspection carried out of each home by the Department's Social Work Advisory Group, would enable the Department to consider on an annual basis the quality of provision and services existing in each home and, in its capacity as registering authority, to satisfy itself that there was no impediment to the continued registration of the home concerned.

The Department's Chief Social Work Adviser wrote to you on 5 April to explain the arrangements for the future inspections of children's homes, and indicated that the Department would be writing to you separately as regards the provision of monitoring statements and the return of information to update the registration of each home. Following receipt of the returns of information, arrangements would be put in hand by the Social Work Advisory Group to contact you to discuss an inspection of the home or homes for which you are responsible.

The purpose of this letter is to ask you to submit to the Department, by 6 July 1985, the factual information listed in the Appendix, showing the position at each home as at 31 March 1985. In future years, the Department will ask for this list of information to be updated to take account of any changes in the circumstances or operation of each home.

As indicated above, this return of information is separate from the annual monitoring statement which will be required at a later stage. I will write to you again, following receipt of the return of factual information, to request a statement in respect of your monitoring activities during the period January 1984 to June 1985.

Yours faithfully

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organisations⁶² and with the Western Health and Social Services Board to discuss the annual monitoring information⁶³ and has also made reference to the role of the Social Services Inspectorate (SSI) in commenting upon monitoring information⁶⁴. In addition to the detail contained in its written evidence, the Department's oral evidence expanded on the collaborative relationship between Child Care Branch and SSI and made reference to the fact that subsequent to the 1985 review of registration of voluntary children's homes, annual meetings were held with each voluntary organisation and Board to consider the children's homes monitoring information. The meetings with voluntary providers were termed "Review of Registration" meetings showing that the registration of each voluntary home was under continuous review⁶⁵. The Department noted that SSI was represented at the meetings with both Boards and voluntary bodies⁶⁶. A further example of this process is attached at Annex A in which issues from the former Eastern Health and Social Services Board's 1991 monitoring statement were identified by Child Care Branch and SSI⁶⁷ for consideration at a forthcoming meeting with the Board's Assistant Director (Child Care)⁶⁸. It is evident that the purpose of such meetings included the identification of matters of concern and agreement about how these should be addressed.

7. Inspection and regulation of voluntary homes

- 7.1. The Board has stated: *"The evidence to this Inquiry suggests that SWAG did not undertake inspections of voluntary homes from its inception until 1980. Rather, during this time frame the Department's Social Work Advisors provided advice and guidance to those running children's homes. The inspecting authority, therefore, was not carrying out "examinations into the state and management" of voluntary homes and "the condition and treatment of the children therein." As no inspections were being undertaken it follows that the Department was not satisfying itself that the regulations were being complied with and it is also known that there was no consideration given to reviewing the registration status of voluntary homes during*

⁶² For example, SNB 9386 paragraph 34

⁶³ For example FJH 40575 paragraph g and FJH 40380 paragraph 1.11

⁶⁴ SND 15660 paragraph 16, FJH 40579 paragraph II and FJH 40591 paragraph 2.6i

⁶⁵ Department's oral evidence to the HIAI Module 4 Day 118 Page 73

⁶⁶ Ibid

⁶⁷ The author of the minute, TL 17 [REDACTED] was employed on a temporary basis as an Inspector within SSI.

⁶⁸ This was forwarded to the HIAI on 6 November 2013 as part of a bundle of random assorted papers labelled "EHSSB Statement of Monitoring of Residential Child Care Services". The remaining papers in the bundle did not contain the EHSSB statement or any other material relevant to this issue.

RECOMMENDATIONS	DECISION
<p>RECOMMENDATION NO 24</p> <p>All voluntary child care organisations should adopt the practice of providing written guidance to persons responsible for statutory visiting and reporting duties.</p>	<p>The Department accepts this recommendation. It is already the practice of some voluntary organisations; the remainder will be requested to implement.</p>
<p>RECOMMENDATION NO 25</p> <p>Informal contact with residents should be encouraged as part of the statutory duties undertaken by PSSC members and those who visit on behalf of the "administering authorities" of voluntary homes.</p>	<p>The Department accepts this recommendation. This is already the practice of most Boards. Voluntary organisations which do not already follow this practice will now be requested to do so.</p>
<p>RECOMMENDATION NO 26</p> <p>Informal contact with residents should form part of statutory inspections by residential management and a scrutiny of residents' files should be undertaken.</p>	<p>The Department accepts this recommendation. This is already the practice of most Boards and voluntary organisations. The remainder will now be requested to implement.</p>
<p>RECOMMENDATION NO 31</p> <p>Annual inspections by SWAG should involve a sample scrutiny of residents' personal files to ensure that Social Work visiting and reviews are regular.</p>	<p>The Department accepts this recommendation. It is already the practice of the Department's Social Services Inspectorate (formerly SWAG) to carry out a sample scrutiny of files in the course of inspections of children's homes.</p>

RECOMMENDATIONS	PROGRESS
<p>RECOMMENDATION NO 28</p> <p>"Administering authorities" of voluntary homes should formally designate the persons who visit homes on their behalf.</p>	<p>This is now the practice of the administering authorities of all voluntary children's homes.</p>
<p>RECOMMENDATION NO 29</p> <p>Designated visitors should submit written reports to their "administering authority" and these reports should be open to the Department's Social Work Advisers.</p>	<p>This is now the practice of all voluntary organisations.</p>
<p>RECOMMENDATION NO 30</p> <p>"Administering authorities" should be formally designated for the purposes of the 1975 Regulations.</p>	<p>The Department has formally designated the administering authority of each voluntary children's home.</p>
<p>RECOMMENDATION NO 33</p> <p>A written, initial treatment plan should be formulated for each child and young person admitted to residential care.</p>	<p>This is already the practice of 2 Boards; the other Boards are taking steps to implement this recommendation.</p>
<p>RECOMMENDATION 34</p> <p>Child care organisations should establish file structures which segregate papers for ease of access.</p>	<p>All Boards and voluntary organisations have taken action to establish appropriate file structures.</p>
<p>RECOMMENDATION 35</p> <p>Fieldwork and residential management should insist on a format of recording which clearly establishes the dates and frequency of social work visits.</p>	<p>This is already the practice of 3 Boards; the fourth Board is currently considering new patterns of recording.</p>

RECOMMENDATIONS	DECISION
<p>RECOMMENDATION NO 32</p> <p>The SWAG inspection programme should include unannounced visits and significant matters arising should be recorded and pursued.</p>	<p>All children's homes are inspected by the Social Services Inspectorate each year and are also visited by Board members and staff. The Department does not consider that unannounced visits need to become a feature of the inspection programme of the Social Services Inspectorate. However, the authority to carry out such visits exists and could be exercised if circumstances arose which demanded it.</p>
<p>RECOMMENDATION NO 40</p> <p>Monthly visiting by field Social Workers should be continued and made a statutory requirement.</p>	<p>Monthly visiting by field social workers is already the practice in all Boards. The most appropriate means of enshrining monthly visiting in legislation, while not precluding other desirable practice developments, will be considered in preparing the new Children and Young Persons legislation.</p>
<p>RECOMMENDATION NO 44</p> <p>The monitoring arrangements of child care organisations should cover the regularity of medical inspections as well as the maintenance of medical records.</p>	<p>The Department accepts this recommendation. Boards and voluntary organisations have been asked to cover these elements in their annual monitoring statements.</p>
<p>RECOMMENDATION NO 45</p> <p>The right of children and parents to complain to persons outside the Social Services, including the police where appropriate, should be expressly mentioned in Booklets on complaints procedures.</p>	<p>The Department accepts this recommendation. Where this is not already the case, Boards and voluntary organisations will be asked to revise their booklets at the earliest opportunity.</p>

organisations indicating its intention of introducing annual inspections of children's homes and hostels.

33. With regard to the Departmental inspection programme, the 1986 Hughes Inquiry report makes reference to the Inquiry having made certain criticisms regarding the frequency, nature and scope of inspections undertaken by the MOHA and the DHSS during the 1960-1980 period. The report also stated:

“The interval between the introduction of the Department’s new inspection procedures in June 1980 and the completion of follow up visits in June 1985 may also seem excessive and open to criticism. We prefer, however, to acknowledge the positive aspects of the new arrangements, namely the comprehensive scope of the inspections and reports and the substantial commitment of professional resources which this programme required. Our examination of the reports in which we have had an interest satisfied us that the Department has made significant progress in making up the deficiencies in its information base”.

34. The Inquiry report recommended that annual inspections by the SWAG should involve a sample scrutiny of residents' personal files to ensure that social work visiting and reviews were regular. It further recommended that the inspection programme should include unannounced visits and that significant matters arising should be recorded and pursued. The report also noted *“with satisfaction that SWAG reports are now made available to the Boards and voluntary organisations, whereas previously they were treated as confidential to the Department”.*

The period following the Hughes Inquiry

35. In 1986, the SWAG, in collaboration with the Boards' Assistant Directors of Social Services agreed a comprehensive set of standards for residential child care. This was the first time that an explicit statement of practice and professional criteria had been issued. In 1986 the SWAG was renamed the Social Services Inspectorate (SSI). In 1994, the SSI further developed standards for the inspection and monitoring of children's homes: "Quality Living Standards for Services: Children who live away from Home". This was issued by the Management Executive in 1995 under cover of Circular HSS (PPRD) 3/95 and was the framework within which a programme of annual inspection of voluntary children's homes (including 2 unannounced visits) and 3 yearly inspections of statutory children's homes was conducted by SSI. This programme included a strong emphasis on the need for Inspectors to speak directly to children and seek confidential feedback from children and their parents regarding aspects of the care in the home.

Cancelled by HIAIC25)C

Circular HSS (PPRD) 3/95

General Manager/Chief Executive of
each Health and Social Services Board;

Each Unit General Manager;

Chief Executive of each Health and
Social Services Trust;

Chief Executive of the Central Services Agency;

Chairman of the Management Committee of each
voluntary children's home.

26 May 1995

MONITORING OF RESIDENTIAL CHILD CARE SERVICES

Introduction

1. This Circular modifies and consolidates the arrangements for the monitoring of residential child care services and introduces a new standards framework for the monitoring and inspection of such services.
2. Under the terms of Circular HSS (CC) 6/83 and Circular HSS (CC) 2/88, Health and Social Services Boards and voluntary organisations are required to have in place arrangements for monitoring their residential child care services, and to submit annual monitoring reports to the Department of Health and Social Services.
3. The Department has reviewed the arrangements described in the Circulars in the light of:
 - the Social Services Inspectorate standards framework for residential child care entitled "Quality Living: Standards for Services - Children Who Live Away from Home", which has been discussed with Health and Social Services Boards; and
 - The establishment of community Health and Social Services Trusts.
4. This Circular outlines the Department's conclusions and modifies the requirements for monitoring arrangements accordingly.

organisations indicating its intention of introducing annual inspections of children's homes and hostels.

33. With regard to the Departmental inspection programme, the 1986 Hughes Inquiry report makes reference to the Inquiry having made certain criticisms regarding the frequency, nature and scope of inspections undertaken by the MOHA and the DHSS during the 1960-1980 period. The report also stated:

“The interval between the introduction of the Department’s new inspection procedures in June 1980 and the completion of follow up visits in June 1985 may also seem excessive and open to criticism. We prefer, however, to acknowledge the positive aspects of the new arrangements, namely the comprehensive scope of the inspections and reports and the substantial commitment of professional resources which this programme required. Our examination of the reports in which we have had an interest satisfied us that the Department has made significant progress in making up the deficiencies in its information base”.

34. The Inquiry report recommended that annual inspections by the SWAG should involve a sample scrutiny of residents' personal files to ensure that social work visiting and reviews were regular. It further recommended that the inspection programme should include unannounced visits and that significant matters arising should be recorded and pursued. The report also noted *“with satisfaction that SWAG reports are now made available to the Boards and voluntary organisations, whereas previously they were treated as confidential to the Department”.*

The period following the Hughes Inquiry

35. In 1986, the SWAG, in collaboration with the Boards' Assistant Directors of Social Services agreed a comprehensive set of standards for residential child care. This was the first time that an explicit statement of practice and professional criteria had been issued. In 1986 the SWAG was renamed the Social Services Inspectorate (SSI). In 1994, the SSI further developed standards for the inspection and monitoring of children's homes: "Quality Living Standards for Services: Children who live away from Home". This was issued by the Management Executive in 1995 under cover of Circular HSS (PPRD) 3/95 and was the framework within which a programme of annual inspection of voluntary children's homes (including 2 unannounced visits) and 3 yearly inspections of statutory children's homes was conducted by SSI. This programme included a strong emphasis on the need for Inspectors to speak directly to children and seek confidential feedback from children and their parents regarding aspects of the care in the home.

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20. During the 1950s the main concern confronting welfare authorities was the dismantling of the Poor Law and Workhouse system. In an effort to expedite the removal of children from workhouses they were endeavouring to obtain suitable houses for conversion into children's homes. By the beginning of 1950, the number of children's homes opened, numbered 3 while 4 had been purchased for conversion and negotiation was underway to purchase further properties.
21. It was envisaged that each children's home would accommodate between 25-30 children on a temporary basis pending their transfer to foster homes. Only in exceptional circumstances would children's homes provide a permanent home for children who were deemed "not suitable to be boarded-out".
22. The Children and Young Persons (Welfare Authorities Homes) SR&O 1952 No 130² contained the detailed statutory provision relating to the administration of children's homes. These provisions remained in force until 1975.
23. The Ministry of Home Affairs' power of inspection of homes arose from Article 136 of the Children and Young Persons (Northern Ireland) 1950, which enabled an inspector appointed by the Ministry to enter homes and "to make such examinations of the state and management thereof and the condition and treatment of the children therein as he thinks requisite". This power of inspection applied to both Welfare Authorities' homes and to homes administered by voluntary organisations.
24. Within central government, the Ministry of Health and Social Services had a general responsibility for the provision of welfare services, while the Ministry of Home Affairs had certain responsibilities specific to residential child care under the 1950 Act.

1970s and 1980s

25. The 1970s saw a move away from a specialist to a generic emphasis on service provision. Proposals were made in England to abolish specialist local authority departments and replace them with comprehensive social services departments to provide a range of community care services to children, their families and other adults in need of care and support.
26. Northern Ireland followed suit and the Government established the first integrated health and social services organization in 1973. This created a new generic social services department with similar responsibilities to local authorities in Great Britain.

Residential Provision in the 1970s

27. The statutory and organisational framework within which residential child care was administered was radically affected by the re-organisation of local government in Northern Ireland, effective from 1 October 1973.
28. Article 4 of the Health and Personal Social Services (Northern Ireland) Order 1972 placed a general duty on the Ministry (later the Department) of Health and Social Services "to provide and secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland". Article 72 of the Order placed a general duty on the Minister of Home Affairs "to provide or secure the provision of personal social services under the Children and Young Persons Act (Northern Ireland)

² Report of the Committee of Inquiry into Children's Homes and Hostels (Hughes Report 1985)

1968...". These duties were transferred to the Department of Health and Social Services with effect from 1 January 1974 except that responsibility for provisions relating to young offenders was assumed by the Northern Ireland Office.

29. Article 16 of the 1972 Order provided for the establishment of Health and Social Services (HSS) Boards by the Ministry and four such Boards came into being on 1 October 1973, for the Northern, Southern, Eastern and Western areas of Northern Ireland. These HSS Boards exercised their functions on behalf of the Department of Health and Social Services which provided the great bulk of their finance.
30. The Ministry of Home Affairs issued the Functions of Health and Social Services (No 2) Direction (Northern Ireland) 1973 which delegated to the Boards inter alia certain of its functions under Article 72 of the 1972 Order and under the 1968 Act. Thus from 1 January 1974 the Department (previously Ministry) of Health and Social Services retained the general duty for personal social services (including residential child care) placed on it by Article 4 of the 1972 Order, but all other relevant functions were delegated to the Boards, save that the Department retained the power to inspect children's homes. The Department's inspector was empowered to enter homes, both statutory and voluntary, and "to make such examinations into the state and management thereof to the condition and treatment of the children therein as he thinks requisite".
31. The Welfare Authorities, which had had direct responsibility for statutory residential child care functions, were abolished with effect from 1 October 1973.
32. The Children and Young Persons (Welfare Authority Homes) SR&O (NI) 1952 No 130 (paragraphs 2.5 – 2.9)³ continued in force until replaced on 1 December 1975 by the Conduct of Children's Homes Directions (Northern Ireland) 1975. The 1975 Direction essentially re-enacted the 1952 Regulations, but altered the statutory visiting duty of Personal Social Services Committee members from monthly to quarterly.
33. Corresponding and similar measures were laid down for voluntary homes in the Children and Young Persons (Voluntary Homes) Regulations (Northern Ireland) 1975 which placed certain duties on the "administering authority" of the home. These also came into effect on 1 December 1975, replacing the Children and Young Persons (Voluntary Homes) Regulations (Northern Ireland) 1950 and 1952. In this context, it should be noted that voluntary homes were required to be registered by the Department under Section 127 of the 1968 Act.

HSS Board Responsibility – Residential Child Care

34. The senior official with responsibility for residential child care within each HSS Board was the Director of Social Services, who operated at Area level. Within each HSS Board area the Principal Social Workers or Assistant Principal Social Workers undertook the statutory inspection and reporting duties required by the 1952 Regulations and the 1975 Children's Homes Directions. These officers were also the direct line managers of the staff in the residential care homes.
35. In respect of voluntary homes, under Regulation 4(2) of the Children and Young Persons (Voluntary Homes) Regulations (NI) 1975, the "administering authority" is charged with making arrangements "for the home to be visited at least once in every month by a person

³ Report of the Committee of Inquiry into Children's Homes and Hostels (Hughes Report 1985)

care of children in children's homes following the Kincora case in the early 1980s had filtered through to the training schools is evident from the profile of staff qualifications and training set out in the above report, indicating continuing professional development of the service.

- 7.3 Inspectors found, for example, that there had been an extensive programme of secondments to full-time training in the late 1970s early 1980s. Several senior staff had completed a post-qualifying course, and most of the schools had a policy of recruiting professionally qualified staff to fill vacancies as they arose. In addition there was a commitment to sending staff on short term courses organised by the DHSS; Health and Social Services Board, voluntary organisations and universities. Several in-service training courses had also been arranged on subjects such as Sexuality in a Child Care Setting; Child Sexual Abuse; Staff Supervision and Handling Aggression and Conflict³⁴.

HIAI Question 8

8. The staffing ratios that were expected for Training Schools, including where that changed over time

- 8.1 The NIO and DHSSPS are presently unable to locate any information relating to staff ratios or staffing requirements in training schools prior to the 1980s.
- 8.2 What we can say is that the Social Work Advisory Group (SWAG) and subsequently, SSI, provided advice on care staffing ratios and training needs. The information available to us suggests the 'Castle Priory formula' was used to calculate the staff requirements of the schools, allowing for differing staff ratios per type of unit providing care i.e. Open Units; Assessment/Reception Units and Closed/Secure Units. In addition to the basic Castle Priory formula, account was taken of staff leave entitlement and extra staff hours required during the school holidays. Staffing levels across the four training schools were generally found to be satisfactory with some shortfall noted resulting in employment of temporary staff and overtime working in some units. Overall, the view of the DHSSPS is that staffing ratios in the training schools in 1989 compared favourably with and may well have represented an improvement on the ratios that existed in a number of children's homes at that time.

³⁴ 1989 SSI Overview Report paragraphs 5.9-5.11

reporting adopted prior to the early 1980s was reflective of the accepted approach at that time.

- 9.4 From the 1980s onwards there was a growing awareness of child protection issues and the measures that could be taken to improve monitoring and inspection. The HIAI has already received DHSSPS testimony to the fact that the Kincora case in the early 1980s and the Hughes Inquiry, which reported in 1986, led to a more rigorous inspection approach to children's homes and, it would appear, to training schools. NIO papers from 1991³⁷ state that the inspection arrangements for training schools were replaced with a formal financial arrangement with DHSS, and provided a draft paper setting out expectations for SSI inspections. Inspectors were required to apply standards of fairness, equity of treatment and noted the importance of balancing the need for a recognised set of rules alongside "tender care". The SSI were also to advise NIO inter alia on control and aftercare issues in training schools.³⁸ The SSI agreed with NIO that each training school would receive two unannounced visits each year³⁹.
- 9.5 NIO papers appear to confirm these arrangements. A note from the Director of Rathgael to senior staff in 1992 which recorded a meeting at Stormont, indicated that: inspections were to take place every four years (reports were to be made available to Social Services Boards and other relevant people); two unannounced visits were to be undertaken by SSI; and Annual Monitoring Reports were to be returned to the Management Board, the NIO and SSI by the Directors of each of the training schools based on the format introduced for children's homes.
- 9.6 Major inspection reviews of the four extant training schools were undertaken during the 1987-1988 period. The report in relation to the inspection of Rathgael School is the only one of the reports presently available. It demonstrates an in-depth consideration of several aspects of the school, resulting in several recommendations. A similarly intensive inspection of St Patrick's Training School took place in 1988⁴⁰. This has already been commented upon in paragraph 4.7.
- 9.7 From the evidence presently available to the DOJ and DHSSPS, it would appear that from the mid 1980s until the closure of the schools, major inspections of training schools may therefore have taken place at four-

³⁷ Letter from Deputy Director Alan Shannon to Director Rathgael TS July 1991

³⁸ Letter from Deputy Director Alan Shannon to Director Rathgael TS July 1991 - role of SSI. Also notes that Lisnevin (not others) has own Centre Rules to update 1952 rules.

³⁹ 1993 letter from SSI.

⁴⁰ 1988 SSI Inspection Report held by HIA, in the Rathgael Evidence bundle no reference allocated.

yearly intervals⁴¹ interspersed by more frequent less intensive reviews, referred to as ‘regulatory’ inspections. With reference to the latter reports currently available, it would appear that these made brief comment on the extent to which training schools were complying with relevant aspects of the 1952 regulations (SPT 80063-80073).

HIAI Question 10

10. Who carried out the inspections

- 10.1 The 1923 Report of the Departmental Committee on Reformatory and Industrial Schools in Northern Ireland(SPT 17081-17147), stated that a MoHA Principal Medical Officer was conducting inspections of reformatories and industrial schools. Appointments of Assistant Inspectors were also pending at that time. Inspections of the “literary” and “technical” instruction of the boys were also undertaken by Inspectors from the then Ministry of Education (ME).
- 10.2 From the evidence of archive records received from the HIAI, it would appear that between 1950 and 1972 and prior to the implementation of the Health and Personal Social Services (NI) Order 1972 (the 1972 Order) (Exhibit 12), inspection functions under the 1950 (SPT 80001-80062) and 1968 Acts (SPT 80096-80114) in respect of training schools were undertaken by MoHA children’s inspectors and medical officers who were responsible for the inspection of children’s homes. The HIAI will note that the names of **SND 521** and **[REDACTED]**, which featured significantly in previous modules of the Inquiry with reference to MoHA inspections of voluntary children’s homes, also appear in the documentation associated with inspections of St Patrick’s Training School during the 1950s and 1960s. (SPT 10384-10386; SPT 10390; SPT 10393-4)
- 10.3 Previous statements to the HIAI by the DHSSPS have noted that the major restructuring of health and social care services under the 1972 Order (Exhibit 12) resulted in the transfer from the MoHA of policy, administrative and inspection responsibilities for children’s homes under the 1968 Act (SPT80096-80114) to the newly created DHSS.
- 10.4 By virtue of the Departments Transfer of Functions Order (NI) 1973 (Exhibit 13), certain functions under the 1968 Act (SPT 80096-80114),

⁴¹ Victor McElfrick’s minute

reporting adopted prior to the early 1980s was reflective of the accepted approach at that time.

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Branch in Prison Operations managed any representations received from inmates or prisoners. The petition would include any representations which the inmate wished to make with an explanation from the Governor. Petitions comprised of a four sided document which included 2 pages inside. One for the inmate to outline the complaint and the other for the management response were usually used as a form of appeal against a decision taken within the Centre. NIO staff within the Treatment of Offenders Branch responded in writing directly to the inmate making the complaint.

8.5. Members of Parliament

8.5.1. Inmates were entitled to make direct representations to members of Parliament in accordance with Standing Order Section 5²⁵. In the notes for the guidance of all prisoners, paragraph 4C states that any complaint about a member of staff must be made to the Governor. A complaint on these matters may not be made to a Member of Parliament until official action is complete.

8.6. Parliamentary Commissioner on Administration

8.6.1. Inmates also had the right to send a letter to the Parliamentary Commissioner on Administration and the guidance to prisoners included the address. Such letters were not subject to censorship.

9. **Scrutiny**

9.1. As Governor, I reported to the Director of Prison Operations who at that time was Rodger Kendrick (now deceased). I would have been in contact with him or his office at least two to three times a week on a wide range of issues or even routine matters. Rodger Kendrick also frequently visited the establishment and would have carried out rounds to satisfy him that everything was in order. NIO staff working in the Treatment of Offenders Branch would have specific responsibility for overseeing the activities of Hydebank, Magilligan and Maghaberry (opened in 1986) whilst another section looked after Maze and Belfast. They too would have been frequent

²⁵ Exhibit 6 – Page 8 - Information to Committals (full information pack)

4.06 Twelve vocational training courses covered subjects as diverse as bricklaying, hairdressing and catering. The workshop accommodation was generally good and the courses were equipping inmates to acquire City and Guild certificates. However they were considerably under-subscribed. There were 114 places available but only 71 inmates were undergoing training and some of those were serving sentences so short that they would be unable to complete the course. We did not consider this a proper use of resources. We have advised the Northern Ireland Office to review the number and type of vocational training courses on offer.

4.07 The physical education department was very successful in involving all inmates in a well organised, varied and imaginative programme, which emphasised personal achievement. The range of activities available varied from work in the gymnasium, through competitive sports to endurance and adventure training in the Mourne Mountains. Home and away football fixtures in a local league, and preparation for an international Scout Jamboree were other notable features. Over 260 external awards, including 18 Duke of Edinburgh Bronze medals were gained by inmates in the first half of 1982. We were most impressed by the quality of work, the enthusiasm of staff, the excellent provision of facilities and the attention given to the individual needs of inmates and their personal safety.

Other Departmental Contributions to the Regime

4.08 The centre had a small probation department consisting of a Senior Probation Officer and one Probation Officer. The shared working scheme involving prison officers had greatly reduced the workload of the probation officers, although they still interviewed all inmates during their induction programme. Relations between the discipline staff and the Probation Department were not good; but the Department was involved in prison staff training for the shared working scheme and we hope that this contact will gradually lead to a better mutual understanding and improved relationships.

4.09 Chaplains of the Church of Ireland, Roman Catholic, Methodist and Presbyterian churches worked part-time at the centre. They shared one chapel but held separate services which were generally well attended. The Chaplains visited the centre regularly and all spoke highly of the help they received from the staff.

Assessment of Inmates' Needs and Progress

X 4.10 As we have previously mentioned, the centre was required to have a system of progression through the houses. All inmates were placed in Elm House after reception, where they were observed and assessed during the induction period. The duration of an inmate's stay in Elm House depended partly on individual effort and partly on the number of further receptions waiting to move in, but at an appropriate time he would be transferred to Willow House. Movement from Willow House to Cedar, Cedar to Beech and Beech to Ash was decided by the Labour Allocation Board on the basis of assessments from all staff who had dealt with an inmate, and took account of the inmate's own wishes. Each house had a progressively more relaxed regime and privileges such as longer association times. The high point in the progression was 'red band' (trusted orderly) status on the top floor of Ash House; assessment for this position of trust was the responsibility of a special board chaired by an official from the Northern Ireland Office.

4.11 There is considerable merit in a progressive system which offers the incentive of more relaxed living conditions because it encourages good behaviour and a constructive response to the regime. As operated at

6.2 Civil Unrest

6.2.1 The civil unrest and the consequent impact on services, particularly in areas such as North and West Belfast and Derry, is a very important contextual consideration. Civil disturbance started in 1969, as a result of which Mr Bunting described:

“I think it would be no exaggeration to say that for a period in 1969 the welfare services almost ground to a halt such was the intensity of the activity and the services, the relief services, that we had to provide” [KIN 70865]

6.2.2 Internment was introduced on 9 August 1971 and, as reported in paragraph 2.46 of the Hughes report, by 10 September 1971 there were over 2,400 families in the Eastern Board area on an emergency housing list, all of whom had to be visited and reported on by Welfare Department staff. The Hughes Inquiry found that *“[t]his inevitably placed a considerable strain on the welfare services which carried the responsibility for emergency relief measures. The demands which this crisis place on the welfare services persisted for some time.”* HIA 685

6.3 Organisational Changes

6.3.1 There were also a series of major organisational changes in the timeframe this Inquiry is investigating. The most significant changes were in 1947 when the welfare committees were established and in 1973 when Health and Social Services were integrated to create a unique structure in Northern Ireland. However, from 1973 until 1995, the management arrangements for health and social services were changed repeatedly at the initiative of the Department along the following lines:

- i. 1973: Consensus management applied, based on the Booz-Allen and Hamilton Report
- ii. 1983: Districts were abolished and became Units of Management
- iii. 1985: General Manager was appointed at Board level but not at Unit level, following the adoption of the Griffiths Report in England. This

The English and Welsh regulations specify that a visit must be made to the child within the first week of placement, at intervals of not more than six weeks within for the first year of placement and, if the placement is intended to last until the child is 18 years, at intervals of not more than three months.

- 3.10. By contrast, Boards in Northern Ireland have had a long standing policy that social work visits to each child in care must take place at intervals of not more than 4 weeks regardless of the intended permanency or otherwise of the placement.

4. HPSS Organisational and Management Arrangements

- 4.1. The Board has stated that *“from 1973 until 1995, the management arrangements for health and social services were changed repeatedly at the initiative of the Department”*⁴⁷ and that these organisational changes *“inevitably impacted upon the stability and development of operational structures as lines of accountability and decision-making had to adjust to fit the new structure”*⁴⁸. The statement points to the final written submission of the EHSSB to the Hughes Inquiry, which in relation to the 1973 HPSS reorganisation commented that *“the considerable upheaval and confusion which this caused persisted for a number of years as there was little and, in the case of practitioner staff, no preparation for the new structure and for new roles and responsibilities”*⁴⁹.
- 4.2. The Department does not wish to detract from the impact that significant organisational change may have on individuals. However, between the period 1973 to 1995, the changes introduced in Northern Ireland were not whims of the Department but rather the implementation of key UK Government policies aimed at strengthening and improving the HPSS. Such changes normally followed periods of consultation by the Department’s predecessor bodies which considered the practical implications of the proposed change. It was the responsibility of Boards and subsequently Health and Social Services Trusts to ensure that lines of accountability were clear and that practitioner staff received the training and guidance necessary to enable them to fulfil their roles in a responsible and effective manner.

⁴⁷ GOV 660 paragraph 6.3.1

⁴⁸ GOV 661 paragraph 6.4

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⁴⁷ GOV 660 paragraph 6.3.1

⁴⁸ GOV 661 paragraph 6.4

⁴⁹ GOV 661 paragraph 6.4

7. Welfare Authorities were empowered to recover contributions from the parents of children in their care placed either in children's homes or boarded out. By virtue of the financial circumstances of parents such contributions were negligible.¹²
8. Financial arrangements between Welfare Authorities and voluntary homes were formalised and placed on a statutory basis by the 1950 Act. Section 118 (2) enabled Welfare Authorities to contribute towards the welfare of children whom they had placed in a voluntary home;¹³ this marked the beginning of mandated State support to the voluntary residential children's sector. Under Section 90(5)¹⁴, the MoHA had to approve the rates of payments between each voluntary home and the Welfare Authorities. These rates could only change with MoHA approval.¹⁵
9. In addition, the 1950 Act provided for financial assistance to be made by the MoHA to voluntary homes, in the form of grants, for staff training and the improvement of their premises.
10. There were, however, initial implementation 'teething' issues. An example being that Welfare Authorities were required to recompense the MoHA a proportion of the expenditure it incurred under sections 117¹⁶ and 118 in respect of the voluntary residential sector (not exceeding 50%). Half of all grants paid by the MoHA to voluntary homes were subsequently recouped from the Welfare Authorities under S119 (2)¹⁷ of the 1950 Act. The proportion of each Welfare Authority's charge was determined on the basis of its population size.¹⁸ The Welfare Authorities, particularly Londonderry, protested that this was unfair as they were being charged by the MoHA for grants to voluntary homes from which they received no benefit¹⁹ and that it was 'taxation without representation'²⁰. The

¹² SND 6065 details parent contributions received by County Londonderry County Council Welfare Committee

¹³ HIA-251 – Details S118(2)

¹⁴ HIA-227 – Details S90(5)

¹⁵ HIA-1650 – Letter from MOHA to Welfare Committees approving rates in 1958.

¹⁶ HIA-250 – Details S117

¹⁷ HIA-251 Details S119(2)

¹⁸ SND 7451 – 7453 is a letter to Down County Welfare Committee detailing all payments made by the MOHA under the 1950 Act and how the amounts recoverable from each Welfare Authority are calculated.

¹⁹ SND 7449 is a letter from County Londonderry Welfare Committee complaining to the MOHA about this.

Reference..... T.106

Ministry of Home Affairs,
Stormont, Belfast.

D/P.C.

Londonderry's argument for "no taxation without representation" is at first sight reasonable, but the amounts involved are so small and the delay that would be involved in seeking the views of each Welfare Authority on each application for a V.H. would be so great that I think we should adhere to our existing practice. What would happen to every case if we agreed to this suggestion is that several of the Welfare Authorities would refuse their consent and later their contribution on the grounds that they received no immediate benefit for the Home, and we would be left to apportion the cost among the less intractable or more generous with a vast amount of correspondence and calculation, which the matter does not warrant. I suggest we tell the Committee that in all the circumstances we feel that the question of grants to Voluntary Homes is one we feel is best left to the Ministry's discretion.]x

W.A.W.

16th April, 1953.

A.S.C.

Recommendation for approval to Mr. Wallis' suggestion at x

*24
4
53*

*Yes John
28/4/53*

26th February, 1954

Grants would only be paid to Homes in existence when the new Children's Act came into operation and would be in respect of capital improvements or extensions only, e.g. the grants to Glendhu Children's Hostel, where an old stable yard had been converted into accommodation for nurses. Voluntary Homes would have to produce financial statements. Main part of cost of maintaining the Children in the Voluntary Homes would remain the responsibility of voluntary organisations. Giving such grants was more economical than direct provision of new Homes by Welfare Authorities, as the Voluntary Homes do not charge full rate, as they have their own voluntary fund and labour. In fact there was the question as to whether there should not be a halt in the provision of Statutory Homes and the using of more Voluntary Homes.

Further advantages to Voluntary Homes were the training of staff and facility for emergency admissions.

The Ministry felt that where Voluntary Homes' Standards were low they should have improvement. There were twenty-one Voluntary Homes registered with the Ministry. Four seemed to be in need of grants for improvement of premises, equipment and staff, but there may be more Homes requiring grants.

Points made by the representatives of the Association of Welfare Committees:-

The representatives stated their surprise that the Ministry of Home Affairs had called a meeting for the purpose of informing Welfare Authorities that there were further grants to Voluntary Organisations in mind and not to give the Welfare Authorities' representatives opportunity to offer their protests against the Ministry's method of making grants to Voluntary Organisations.

Representatives from the Authorities in the Western part of the province stated so far as ordinary classes of children were concerned they had adequate accommodation in their own Children's Homes but they thought that Voluntary Homes might cater for children's special cases.

These Authorities objected to making grants to Homes that they were not likely to use.

It was not true that it was possible to obtain emergency admission to Voluntary Homes.

Not all Voluntary Homes were up to the standard of the statutory Homes and it was difficult in some cases to obtain progressive reports as to the children accommodated in them.

Statutory Homes were also taking care of Servicemen's children.

It was not true that the Authorities had placed large numbers of children in the Voluntary Homes in the Londonderry area for it was contended that a great proportion of the children contained in these Homes were from Eire.

It was argued that the Ministry should make a scheme showing the Homes to which it was intended that grants should be made, the amount of the grants, description of the capital expenditure for which grants were intended and the apportionment of cost to each Welfare Authority - before the grants were made. The apportionment on the population basis was not fair in view of the fact that the largest users of these Homes were the Authorities in Belfast and the immediate area. Nor was it reasonable to apportion on the basis of the areas from which the children were admitted, for many children were admitted without the initiation of the local Welfare Authority.

Seeing that advertisements for staff consistently failed to obtain reasonable response it was doubtful whether it could be said that there was any appreciable training of staff taking place at Voluntary Homes.

One Authority's representative said that the Ministry's approval to higher boarding-out rates would increase the number of children boarded-out. This was countered by another representative stating that there was little difficulty in boarding-out and there would be none if some Authorities would cease to advertise their higher boarding-out allowance rates.

Office, the only legitimate use that can be made of the sub-section is for grants towards the general funds of organisations such as the N.S.P.C.C. which do "field work" rather than run Homes and so actively co-operate with and save money for the welfare authorities in their normal functioning.

Myself, I have always thought that the sub-section is intended to go rather further, and that if the welfare authority feels that the managers of a children's home in their area are, in fact, helping and relieving them indirectly of looking after children, some of whom would otherwise fall to be taken into care and perhaps housed by the welfare authority, and if that Home is finding it impossible to make ends meet it is ~~supposedly~~ a legitimate and proper thing, and incidentally good business, to make some contribution to the Home's general funds by a grant under sub-section (2).

As I have already said, the sub-section does not disclose its purpose in its text as sub-section (1) does, and we have not been able to get much information about its background, but it seems to me that if it means anything at all it must include what I have just suggested.

Therefore, two points now have to be settled:-

- A. Is the very restricted view of the purpose of the sub-section to be adopted or is the sub-section to be regarded as permitting the giving of a grant by a local welfare authority to the managers of a locally useful Home in genuine and serious financial difficulty?
- B. If the answer to A is that grants to Homes are permissible, does the present case qualify as to circumstances and amount?

As to A I have expressed my opinion. As to B I don't think the true financial position of the Home is by any means sufficiently bad to justify approval. I recommend ~~the~~ approval be withheld unless for purely political reasons the contrary is regarded as expedient. This is not a case in which the Maconachie Committee could help.

h.p.

22nd July, 1958.

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Reference.....T.125.....

Ministry of Home Affairs,
Stormont, Belfast.Mr. DuffSt. Joseph's Home, TermonbaccaProposal of Londonderry Welfare Authority to pay a grant of £1,000
under Section 118(2), Children and Young Persons Act, 1950

It is impossible to get a clear picture of this Home's financial position from the data which we have. However, from the income and expenditure accounts available it appears that the cost of running the Home in the three years 1953/1955, none of which included any extraordinary expenditure, was about £10,000 per annum, towards which substantial sums were provided on loan from the mother house, viz £5,000 in 1953, £2,300 in 1954 and £200 in 1955.

In 1956 running costs went up to about £16,000 mainly due to practically a doubling of expenditure under the heading of Fuel, Light, etc. (Heaven knows what this conceals!) and to substantial increases under Rates, Board and Salaries. But the income of the Home is evidently a very elastic affair - see the amounts received under Subscriptions and Income from Other Sources in 1956 as compared with other years. Despite the very substantial increases in income under these heads in 1956 the Home still needed a loan of £3,000 from the mother house.

In the last year for which we have figures (1957) running costs have dropped to about £9,700, i.e., after making an adjustment for the £1,600 worth of 1956 bills presumably paid in 1957. The income appropriate to this year, i.e., excluding the opening balance, is about £9,500, and this includes nothing by way of loan from the mother house. Thus, as far as I can interpret these statements 1957 was a normal year in that it included no extraordinary expenditure and no loan from the mother house and in it income just about met expenditure.

There is nothing here as yet to suggest the need for a grant of £1,000 from the Welfare Authority. Another thing which makes me doubtful about the wisdom of grant-aiding the running expenses of this Voluntary Home is the apparent ease with which it can increase its income when the need to do so is there. On the other hand there is no doubt whatever that this Home by its activities has in the past and will in the future relieve the rate-payer and the tax-payer of very considerable sums on Child Welfare, compared with which the proposed grant of £1,000 is a trifle, but, of course, the same thing could be said of a dozen other voluntary organizations in Northern Ireland. This particular Home is lucky in having in Mr. McAteer a member of the local Welfare Authority who is active and pressing on its behalf.

The transactions with the mother house are described in the accounts and in correspondence as 'loans' but we have no certain evidence that they are in fact 'loans' in the real sense. We have no evidence of any attempt at repayment.

In the circumstances I think the line to take with the Welfare Authority is that we have examined the accounts of this organization for the past five years but on the information available we have been unable to find that its financial circumstances warrant a grant from public funds and regret that we cannot approve their proposal.

CHILDREN AND YOUNG PERSONS ACT (N.I.), 1950MEMORANDUM FOR THE GUIDANCE OF VOLUNTARY ORGANISATIONSAPPLYING FOR A GRANT UNDER SECTION 118(1) OF THE ACT

1. The Ministry of Home Affairs is prepared, in certain circumstances, to consider applications from voluntary organisations for grants towards improving the premises or equipment of a Voluntary Home, or for securing that the Home is better provided with qualified staff. These grants will be designed to help Homes which are doing valuable work but which are prevented by lack of funds from making improvements themselves.
2. The Ministry does not intend that these grants should weaken voluntary effort by taking the place of voluntary donations and endowments, and it is thought that the larger organisations will have adequate income from such sources to meet their requirements. Where, for example, an application is made in respect of one of a number of Homes run by a voluntary organisation, the resources of the organisation as a whole will be taken into consideration. Generally, grants will be made only to organisations with limited resources maintaining individual Homes.
3. Grants will not be paid towards the acquisition or construction of new premises, or towards the ordinary maintenance or general management of a home.
4. Conditions may be imposed when grants are made, including conditions for securing the repayment of the grant in whole or in part in the event of the premises ceasing to be a Voluntary Home. The Ministry will also require to be satisfied that the finances of the organisation are such as will enable it to carry on its functions as regards general maintenance, etc.
5. The Ministry will require the following information and documents to be furnished with each application for grant -
 - (a) the name and address of the voluntary organisation and of the Home in respect of which the application is made;
 - (b) certified copies of the income and expenditure accounts and balance sheets for the Home for the preceding financial year or years. Where the voluntary organisation is responsible for other Homes similar particulars should be given in respect of the whole organisation;
 - (c) a statement by the voluntary organisation, certified by the Chairman and Treasurer, or other appropriate persons, that the organisation is able to meet only a proportion (to be specified) of the cost of the proposed improvements;
 - (d) a detailed statement of the purpose for which the grant is applied for, and of the estimated cost. If the grant is to be towards the provision of qualified staff, particulars should be given of -
 - (i) the number of children accommodated in the Home,
 - (ii) the existing staff,
 - (iii) the duties which the proposed new member(s) of the staff will undertake,
 - (iv) the qualifications of the proposed new member(s), and
 - (v) the salary to be paid.

Ministry of Home Affairs,
Stormont, Belfast.

H.A. 15/10/50-3/58.

1 local people of his discussion with us and tell them
2 that he thought they had better step up their efforts
3 locally to raise money."

4 Now there are a couple of points that I want to
5 explore with you, sister, in respect of that. In
6 your -- in your statements to the Inquiry you have said
7 that, you know, the congregation had limited funds and
8 resources. The Inquiry -- this document suggests that
9 Termonbacca was not being given funding by the Ministry
10 of Home Affairs because it would not produce the overall
11 accounts of the entire congregation and that was the
12 reason why that was not happening, and that was exactly
13 the position that was taken in England with the
14 congregation. Can you assist in any way with whether or
15 not that is your understanding of how grants were dealt
16 with in England or whether there were ever any
17 applications for grants in England?

18 **A. Well, I wasn't even in the Order in those days, but**
19 **I believe the Order was very guarded as regards opening**
20 **up to the public any of their finances or even any**
21 **information. They were almost secretive and in no way**
22 **transparent and open as we are today, so that we would**
23 **all be -- even the Sisters would hardly know what was in**
24 **the bank. Only the Superior General and her council**
25 **would know of those finances, and for whatever reason**

1 **that's just the way they operated in those days. They**
2 **didn't want anybody to know.**

3 Q. Would you -- I mean, you are talking about things being
4 different today then I take it from that?

5 **A. Absolutely. Total transparency and openness.**

6 Q. When would that have changed, Sister?

7 **A. I'd say the biggest change came probably about -- after**
8 **the 2000 chapter, certainly 2006. Our present Superior**
9 **General is all for openness and transparency.**

10 Q. I am going to talk to you -- we did talk about
11 a Spotlight programme and there's a transcript of that.
12 It was a programme that was broadcast on 6th
13 October 2009, and there's a transcript, which can be
14 found at SND-17652 to SND-17663. I know from speaking
15 to you you have had the opportunity now to view that --

16 **A. Yes.**

17 Q. -- that television programme, but the point that I want
18 to make about that is there's a suggestion made there
19 that the Order has substantial assets and is not, in
20 fact, being open and transparent even today about those
21 assets.

22 **A. Well, I think we are open and transparent today for**
23 **sure. That programme refers to Nazareth Hammersmith**
24 **having on the site of the value of 40 million plus. All**
25 **our site -- that's where our assets are, all in**

1 **property. The liquid assets we have is very small and**
2 **has to be shared where the Superior General and her**
3 **council feel that they should be shared. So, in other**
4 **words, they prioritise where the needs are throughout**
5 **the congregation. So even although we may have lots of**
6 **properties, they are full of elderly people for the most**
7 **part these days.**

8 Q. Can I just ask if we -- you are talking about the
9 secrecy that would have been surrounding the issue --

10 **A. Yes.**

11 Q. -- of finances back in the '50s and '60s.

12 **A. Excuse me. I wouldn't just say about finances. I think**
13 **there was secrecy about a lot of things in days gone by.**

14 Q. So the secrecy didn't just cover the funding and
15 financing?

16 **A. No.**

17 Q. If I might just stick with the financing thing for the
18 moment, sister, I mean, it is clear from this letter
19 that's on the screen that back in May of '59 the
20 Ministry of Home Affairs or someone who is involved in
21 consideration of an application by Termonbacca
22 presumably for a grant is saying, you know, "Well, until
23 you give us your details, we are not going to consider
24 it. You may go back to Derry and you may see what money
25 you can raise yourself". Would you accept then by

1 surrounding the finances in such secrecy that that
2 appears to have delayed the provision of state funding?

3 **A. Without a doubt. Sure.**

4 Q. I am going to now -- you do try in one of your
5 statements which I will move on to, which is SND-437 --
6 you try to address a number of the matters that the
7 Inquiry has heard complaints about, and I am going deal
8 with them individually, if I can just go back to the
9 other file.

10 The first of these is -- I think that's the right
11 page. Is it? SND-437. Yes. In this statement,
12 sister, at paragraph 5 you talk about one of the things
13 that we have heard complained about, which is the
14 practice of calling children by numbers. You deal with
15 this in paragraphs 5 through to 8 of this statement.
16 I think also just before I go there at paragraph 4 of
17 your statement you say that:

18 "It is difficult, bearing in mind the period of time
19 covered by the Inquiry, to deal with a number of these
20 issues accurately for each and every period which has
21 been identified. Understanding of the issues faced by
22 the children, the availability of food and clothes and
23 society in general at the various times means that
24 practices could change constantly. We are limited in
25 some respects in replying as there is a restricted pool

1 A. Having listened to the sisters -- and it is very
2 difficult for me, because I didn't live here and I don't
3 know the politics about Northern Ireland -- but some
4 sisters told me that when children were placed in their
5 care by families, the families didn't want to go to
6 Social Services. They wanted their child to be brought
7 up in the Catholic faith. So therefore maybe the
8 sisters didn't ask Social Services for money for fear
9 that their voluntary status might be taken off them or
10 that children may not be brought up in the Catholic
11 faith, and also they respected the wishes of the person
12 that brought the child into care, that they didn't want
13 Social Services to know.

14 Q. We do know that certainly there was a Diocesan Child
15 Welfare Society was formed and we have seen
16 documentations in relation to that, and a name I am sure
17 you have heard as you have been sitting here, sister,
18 was a lady called **SND 483** . She seemed to have
19 commenced work with the Diocesan Child Welfare around
20 1975. I am sure you have seen a document where she was
21 asking for three boys to be taken into care in 1976. So
22 do you -- given what you have just been saying to me, do
23 you think that once that Diocesan Child Welfare Society
24 was formed that that made a difference to the
25 relationship between the homes and the welfare

HA-20-A-4-13

920

HOPEFIELD COTTAGE,
KINCORA AVENUE,
BELFAST.
TELEPHONE No. 54019.

9th February, 1956.

The Rt. Hon. G. B. Hanna, Q.C., M.P.
Minister of Home Affairs for Northern Ireland,
S T O R M O N T ,
Belfast.

My dear *Gene*

I am very much obliged to you for telling me about the present position in relation to the proposed Grant to the Nazareth Home in Londonderry. On further reflection about this matter I am ^{even} more strongly convinced that this Grant should not be made at any time but particularly at the present time when public monies should be so carefully guarded. As you know I take a very strong view about this matter and, if it should go through, I could not undertake even to give outward support to the proposition. I do urge that this Grant is not made and I feel that the matter is one of sufficient importance to be put to the Prime Minister - in which I am so glad that you agree - and also I would suggest that it is one that might be put before the Party.

Again I would say how grateful I am to you for having kept me in the picture over this matter.

Yours sincerely,

Wm

Minister

I think you would like to see this report of a meeting with BR 15 about Rubane Children's Home.

It seems to me that the Roman Catholic Church is prejudiced against Welfare Authority Homes, and that from the outset they have not been prepared to give them a fair trial. In my opinion, if that Church would drop that attitude and make greater use of the Welfare Authority Service the result would be that larger numbers of Roman Catholic children would be boarded out instead of being kept in Institutions. It is also possible, indeed, that the better and more expert investigation of home conditions would not necessitate the removal of some children from their homes. If the number of Roman Catholic children in care so warranted, I have little doubt that the Welfare Authorities would have to staff Homes with employees of that persuasion.

Another point is that Elementary Schools are run in conjunction with some of these Voluntary Homes. I may be doing an injustice, but there is always the risk of the incentive to keep up the numbers rather than that the Order concerned should lose the salary of a qualified teacher by reason of a reduction in numbers of children on the rolls.

I think the remedy lies with the Roman Catholic Church. If it is the determined policy of that Church to foster Voluntary Homes to the exclusion of the Welfare Authorities then they must be prepared to do so at their own expense.

Handwritten initials

1st November, 1957

*Miss Forman 17/11/57
Miss Wright 18/11/57*

To see. Discussed with members who agree that the matter should now be allowed to rest until, say, Mrs. Steptoe returns to the office.

*DWP
C.W. (Miss Miller) to 28/11/57
To see
Mrs. Forman.*

13.11.57

13/11/57

111. We are aware that the above suggestions would normally involve the employment by Voluntary Homes of full-time or part-time boarding-out liaison officers and that the resources of some voluntary bodies, strained at present to their limit, are unable to rise to the payment of the necessary salaries. Under existing legislation there is provision for State assistance to secure that Voluntary Homes will be better provided with qualified staff and we suggest that the Ministry make use of this if no alternative means can be found of encouraging boarding out from Voluntary Homes. We propose, however, to consider now other ways in which Voluntary Homes may be given the necessary financial aid.

Financial Assistance to Voluntary Children's Homes

112. At present there are two principal methods whereby Voluntary Homes are able to receive financial assistance from public sources:

- (a) Welfare Authorities are empowered to pay maintenance grants for children who have been placed in a Voluntary Home at the request of the Authority concerned and we understand that there has been no difficulty in obtaining payment when claimed. However, we encourage Voluntary Homes in calculating their charges for maintenance to include an element for depreciation of furniture, premises, etc.
- (b) The Ministry may make grants towards the capital expenditure on improvements to existing Homes, and recovers 50 per cent. of these grants from Welfare Authorities by means of a levy that is divided proportionately according to the population in each Authority's area. Some objections have been expressed that this represents an unfair method of assessment, since it bears no relation to the actual use of the Home by the Authority. It is difficult to devise a satisfactory alternative, but we commend the recently-introduced practice of prior consultation by the Ministry about its grant proposals with the Association of Welfare Committees. We also suggest that the Ministry might, if desirable, consider funding these grants over a period of ten years so that the Welfare Authorities should be billed for loan charges over such a period and thereby could make more satisfactory estimates of their future commitments. We further recommend that such capital grants should be available for the provision of new premises where a voluntary organisation wishes to transfer to a new site, or for more suitable premises.

113. These two methods of financial assistance do not meet the urgent needs of many of the larger Homes, since in many cases the greater proportion of children in some of these Homes is not placed by the Welfare Authorities and therefore no grant is available. Since it is possible for any child in need of care to be brought to a Welfare Authority, all of whom are willing to place such a child in a suitable Voluntary Home if it is not possible to arrange for adoption or boarding out, we cannot recommend any form of grant aid for a child placed directly in a Voluntary Home without an approach being made in the first place to the Welfare Authority. Such a practice would raise problems of policy in relation to further public control of the management of Voluntary Homes which we do not consider appropriate to discuss at the present time.

114. However, voluntary organisations which wish to carry out a policy of boarding-out are at present at a disadvantage, since it is financially impossible for many of them to pay boarding-out allowances as high as those of Welfare Authorities. A child in a Voluntary Home is technically not "in need of care",

Part IV—General

The Children's Services

107. In submitting the foregoing comments and suggestions we urge the co-operation of statutory and voluntary agencies. We recognise that the Children and Young Persons Act and the Adoption Act* are designed to cover most contingencies that are likely to arise and bear very favourable comparison with similar Acts in other countries. The Minister responsible for steering the Acts through the Legislature reminded the Members that the legal provisions were not in themselves sufficient to ensure their success and that this could only be accomplished by the co-operation of all those associated with what was a common cause. The first five years of their operation have demonstrated that their machinery has been handled with skill and enthusiasm by all concerned in its complex organisation.

Voluntary Organisations

108. Voluntary agencies in Northern Ireland have a long and noble tradition in the cause of the deprived and abandoned child. Their help is still, and will continue to be, essential. The table in Appendix A illustrates the importance both of the work they are doing and of that which remains to be done; to enable voluntary organisations to realise their full potentialities it is essential that they broaden the scope of their activities and enter into more active co-operation among themselves and with the public authorities.

109. As a beginning we suggest that adoption societies should act as agents for the adoption and boarding-out of children from particular Institutions and that voluntary organisations in each region should be encouraged to set up co-ordinating committees. We also recommend that representatives of voluntary organisations should be co-opted on to the Children's Committees of Welfare Authorities, where this is not already done.

Co-operation with Welfare Authorities

110. It is clear that a large number of children in Voluntary Homes would otherwise have been the responsibility of Welfare Authorities and that some might not have had to be put in institutional care at all had other possibilities been thoroughly explored. We suggest that it should be the duty of the Home authorities to seek the advice and help of the Welfare Authority concerned before the admission of any child to a Home. Every alternative should be explored before placing a child in an Institution. The fullest information should be obtained and all interested organisations and persons should be consulted. The alternatives which should be considered are, first, retention of the child in his own home with the assistance of any available domiciliary service, and, second, boarding out with relatives or neighbours. Where all efforts fail, placement in an Institution should be on a short-stay basis, and the field worker should continue to try to have the child settled with a family. Placing a child in an Institution tends to be the line of least resistance, but postpones rather than solves the problem and often imposes an additional burden on Institutions already overtaxed.

*Children and Young Persons Act (Northern Ireland), 1950. Adoption of Children Act (Northern Ireland), 1950.

Orphaned and Abandoned Children

24. The number of children who had no parent or guardian, or who had been abandoned, was 157, of whom 138 (12%) were in the care of the welfare authorities and 19 (2.6%) in the voluntary homes. It is appropriate that the larger numbers should be found with the welfare authorities, where they are a just charge on the resources of the community. Many of those now in care for these reasons are survivors of the old Poor Law, responsibility for whom was taken over by the welfare authorities in 1947, and fortunately new cases of abandoned children are becoming less frequent.

Death or Desertion of Parent

25. The death or desertion of one parent in the family, where the other parent is unable to make adequate provision, was the cause of 285 children being taken into care. They were equally divided between the welfare authorities and the voluntary organisations, representing 11.1% of the cases of the former and 17.1% of those of the latter. A deserted child will need immediate institutional care, which may be provided by either a statutory or a voluntary body. Appendix 1 shows that the loss of the mother by death or desertion was the major factor in this group, and that the mother's death was responsible for the larger percentage of cases. Desertion by one parent did not account for a large proportion of the cases in care, due perhaps to the fact that there is still a strong tradition of family responsibility in Northern Ireland.

26. We appreciate that a child may be placed directly in a voluntary home as a result of an immediate emergency without reference to the welfare authority. This child may really be the financial responsibility of the welfare authority and, to enable this to be decided, the Council feel there should be a period of one month during which the matter could be discussed between the voluntary organisation and the welfare authority. In this interim period the welfare authority should not regard the child as technically in care of the voluntary home.

Family Homeless

27. A surprisingly small number of children (85) were in care because the family was homeless, and these were mainly confined to Belfast and its two neighbouring counties, Antrim and Down. Thirty-six of these were in care of the welfare authorities. The 49 cases in the care of the voluntary organisations for this reason might properly be found on further investigation to be the responsibility of the welfare authorities or not in need of care in the first place. Investigation of the individual returns of these 49 children shows that 13 were in two voluntary homes in Londonderry, where the welfare authority had not received any homeless children.

28. Families evicted from their homes for non-payment of rent raise an important issue of social policy. Such families cannot usually be classified

67. We have already said that the existence of category A. is an inevitable feature of these voluntary homes, and we feel that they must always be able to admit children in this category. Such children should, however, represent a small minority, and in the long run any home which accommodates more than a few such children is bound to be in a difficult position, unless it has adequate financial resources to provide for them, adequate arrangements for ensuring that only those children for whom this form of care is in their best interests are admitted, and the means to provide continuity of care and after-care for all the children admitted. We feel that not many voluntary homes will be able to fulfil all these requirements, and for those which cannot the future must lie increasingly in closer liaison with welfare authorities.

68. It is, of course, impossible to assess accurately how many of the 694 children in purely voluntary care fall into categories A. and B. respectively. We suggest, however, that while a small minority in category A. must be accepted, the very existence of category B.—which we suspect contains the majority of these children—is an indication of inadequate co-ordination between welfare authorities and voluntary homes. In previous reports the Child Welfare Council suggested methods of improving co-ordination between voluntary homes and welfare authorities. These included requiring voluntary homes to seek the help of welfare authorities before admitting children*, and allowing a period of one month after the admission of 'voluntary' cases, during which welfare authorities would not regard these children as being technically in care of the voluntary organisation until the question of financial responsibility was fully discussed†. On both sides these suggested formal arrangements were not accepted whole-heartedly: some voluntary homes apparently felt that the first suggestion would interfere with their essential liberty to admit children privately, confidentially, and at their own discretion, while on the welfare authorities' side the feeling was that the very admission of children could sometimes create a situation which could make the assessment of responsibility difficult. While we are pleased to note that there has been some decline in the proportion of purely voluntary cases (from 82.4% to 71.5% in the years 1954-65), the high proportion of deprived children in voluntary care referred to in paragraph 61 above suggests that co-ordination between welfare authorities and voluntary homes still leaves much to be desired.

69. This occurs particularly, but by no means solely, with the larger Roman Catholic homes. We have attempted some assessment of the reasons for this lack of co-ordination but have not been able to reach any firm general conclusions. We would emphasise that lack of co-ordination is by no means universal or uniform in extent; in some cases there is extremely good co-ordination between welfare authorities and voluntary homes. Where there is a lack of co-ordination we suggest that on the side of the voluntary homes and those who use them the following factors seem to be the most important:

- × (a) Parents, particularly of illegitimate children, may be reluctant to discuss their problems with a public authority and may feel that purely private arrangements with a voluntary home are somehow more personal and confidential. (It may also be relevant sometimes that under such a purely

*Children in Care, H.M.S.O. 1956, paragraphs 110-115.

†Operation of the Social Services in relation to Child Welfare, H.M.S.O. 1960, paragraph 26.

PART III

The Role of Voluntary Homes in the Child-Care Service

CHAPTER 9

RELATIONSHIP OF VOLUNTARY HOMES TO THE WELFARE SERVICES

58. In the Act of 1950 the expression 'voluntary home' is defined as any home or other institution for the boarding, protection, care and maintenance of poor children or children otherwise in need of help, being a home or other institution supported wholly or partly by voluntary contributions or endowments but not being either a school within the meaning of the Education Act (Northern Ireland) 1947 or a private hospital within the meaning of the Mental Health Act (Northern Ireland) 1948.

59. As explained in paragraphs 1 to 5 the voluntary homes were left in existence alongside the statutory arrangements which local authorities were required to make available for children in need of care. We turn now to the questions of how, and to what extent, the voluntary homes have fitted into the pattern of child-care established by the Act of 1950, and what is to be their future role in this combination of statutory and voluntary services.

60. For the purpose of these questions we have found it useful to consider the children who are admitted to voluntary homes in the following three categories:

* A. Non-statutory cases. These are children who, although they would not be regarded as in need of welfare authority care, are accepted into voluntary homes by purely private arrangements with the parents or guardians of the children.

* B. Quasi-statutory cases. These are children admitted privately to voluntary homes, who, although not in local authority care, might well have been accepted into care if the question had been raised with the welfare authority at or about the time of admission.

4 C. Agency cases. These are children who, after reception into care by welfare authorities, are placed in voluntary homes by the welfare authorities.

61. On 31st March 1965 the total number of children in the care of voluntary organisations was 953, of whom 822 were in voluntary homes and 131 boarded-out with foster parents. Welfare authorities had placed and were responsible for 238 of those in voluntary homes and 21 of those boarded-out. The remaining 694 (584 in voluntary homes and 110 boarded-out) fell into the first two categories and this represents the extent to which voluntary organisations were in fact providing a purely voluntary service as distinct from one on behalf of, or in collaboration with, the welfare authorities. The 694 children being cared for on this voluntary basis represent 32% of all children in Northern Ireland who were deprived of a normal home, which compares with only 17% in England and Wales and 15% in Scotland.

PART III

The Role of Voluntary Homes in the Child-Care Service

CHAPTER 9

RELATIONSHIP OF VOLUNTARY HOMES TO THE WELFARE SERVICES

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74. To assist in our recommendations of this we sought some information about the financial position of the homes. Unfortunately, as will be seen from the ensuing paragraphs, the results of our inquiries were very limited. Where homes in Northern Ireland are affiliated to parent bodies elsewhere it is appreciated that the organisations concerned may have difficulty in apportioning their resources and costs amongst their Northern Ireland homes. Also in a multi-purpose home, where, as well as accommodation for children, there is a section for old people and perhaps a primary school or a business undertaking such as a laundry, the difficulty of separating the accounts can well be understood.

75. An inquiry as to which homes have sufficient resources to meet day-to-day expenses and provide staff and premises adequate for a modern standard of child-care brought forth a response from only ten homes. Five of them say that their resources are sufficient; three that they are not; and two, while they are able to manage, feel that they would need more money in order to achieve adequate standards. Two of the five with sufficient resources accommodate in the main women and girls over 14 years of age and augment their revenue by operating a laundry.

76. The ten homes already mentioned replied to a further question about the extent to which a lack of funds is hampering desirable development, including improvement of premises and staffing and the employment of field workers to investigate applications for admission and undertake after-care. Two homes say they have adequate resources, and the remaining eight say they have not and are hampered to a greater or lesser degree by a lack of money. Some say they are prevented from improving accommodation, furnishings and equipment, others from providing amenities such as central heating. Some claim that they would willingly pay better salaries and engage more staff had they the means. One large home for over 80 boys with very inadequate sleeping quarters and poor play-space estimates that it requires a considerable sum to make good these deficiencies. Another, for boys and girls of up to school-leaving age, would like to provide an after-care hostel. But, even though specifically asked, none expressed any intention of appointing a field worker.

77. In only six instances were financial details of the cost of running voluntary homes supplied in response to the Council's request. These details are set out in Table A, but for the sake of anonymity neither the names of the homes nor the exact number of children who can be accommodated in them are given. In comparing these figures we have noted that the annual running costs of home No. V, at £11,000, are lower than those of home No. I at £11,706, and considerably less than those of home No. VI at £14,279, although the number of children accommodated in home No. V is much higher than in either of these other homes. We find it difficult to accept these figures as a basis for comparison because we are not absolutely sure that they represent the same items. The difference may represent either a difference in the method of calculating running costs or a difference in standards. In voluntary homes as a whole there is no consistent uniform method of calculating costs and we feel it would be a good idea if they had one.

78. We feel that it is clear from the nature of this very limited response to our inquiry that, while financial difficulty obviously exists in some cases, there appears also to be a problem of inertia.

84. From Table B. may be noted the weekly charges to welfare authorities for the accommodation of children in voluntary homes on 31st March 1965, for whom they accepted financial responsibility. If these figures are compared with the actual or estimated cost of maintaining children in the homes listed in Table A. it will be found that the charge made to welfare authorities was lower than the cost of maintenance. This may well have been due to a wish to preserve the voluntary spirit. However, this scarcely seems justifiable since it had the effect of using voluntary funds to meet the State's responsibility at a time when the average cost of accommodating children in welfare authorities' own homes was much higher. The low charges made by voluntary homes in some cases may be partially attributable to the fact that some voluntary homes are organised and staffed by members of religious orders whose services are given free. In the Council's view there is no reason why voluntary homes should not charge welfare authorities the full cost of accommodating their children in voluntary homes, such a charge to include the cost of servicing capital as well as maintenance. In order to do this we hope voluntary homes will adopt a proper system of accounting.

85. We also feel that if voluntary homes wishing to carry out capital works are to preserve a measure of independence without jeopardising the welfare of the children in their care they should be allowed to have access to the Government Loans Fund.

86. We would add that an incidental benefit of employing sufficient trained staff, including field workers, to maintain contact with parents, would be that voluntary contributions could not be so easily evaded.

CHAPTER II

CO-OPERATION BETWEEN VOLUNTARY CHILD-CARE ORGANISATIONS

87. In other parts of the United Kingdom voluntary child-care bodies have formed associations in which they may discuss common problems, pool ideas and provide a central point of information. Such an association normally receives and disseminates information among its own members and is available to central and local government for advice and information on the activities of its constituent members.

88. Many of the comments we have made in our Report are likely to pose problems, particularly for some of the smaller voluntary homes, and, at present, among these especially, there is no regular consultation or discussion of matters of moment. From the information supplied to us it is clear that there are wide differences, for example, in staffing and accounting even among some of the larger homes and it seems to us that points of this kind, and others on which we have commented, could be considered by discussion among the voluntary organisations in a common forum such as an association of voluntary child-care organisations would provide.

82. The solution here lies very largely with the homes themselves: many of them could get considerably more assistance than they do at present from public funds by early and close liaison with welfare authorities in cases where there is a possibility that a child may be eligible for reception into care.

83. As for grants under Section 118(2) (paragraph 18 of Chapter 1) we feel this provision could well be more widely interpreted. We see no reason why a welfare authority should not in appropriate circumstances be permitted to pay grants to individual voluntary homes under this provision. In the case of homes which at present have few welfare authority cases a grant of this kind could well be the first step on the road to proper co-operation between welfare authorities and voluntary homes. The danger is, of course, that it might also be the last step; that either welfare authority or voluntary home might find such grants a convenient substitute for proper co-ordination of effort.

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Chapter 11

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89. A Children's Committee exists in the Northern Ireland Council of Social Service but this is not in any way affiliated to the National Council of Voluntary Child-Care Organisations or to the Scottish Association of Child-Care Organisations. As a result, it appears to us that it lacks the stimulus that corresponding committees receive in Great Britain from the discussion of common problems and the dissemination of material. We recommend, therefore, that the Northern Ireland Council of Social Service should be invited to form a Northern Ireland Association of Voluntary Child-Care Organisations, and, if possible, arrange for its affiliation to either the National Council of Voluntary Child-Care Organisations in London or to the Scottish Association of Child-Care Organisations in Edinburgh.



Re La Salle Boys' Home,
Kircubbin,
Newtownards,
Co. Down.

Telephone: Kircubbin 261

6th Oct. 1955.

Dear Arthur,

Many thanks for your welcome letter and for the promise of the more than welcome cheque. I can well understand the financial strains your conference has been under and I appreciate how difficult it must have been to fulfil all your commitments, during the last few years.

Regarding our own financial position. Well, two years ago things became so bad, due to the very heavy debt incurred by the new buildings and the increasing cost of maintenance, that we were forced to apply to have all our voluntary boys - 20 - taken into care by the Welfare Authorities. After much patience and consultation they agreed to maintain them all and since then the financial worry has eased considerably. Please don't get the idea that everything is plain sailing. Far from it. We still have an outstanding debt and we have to deprive the boys of many of the "accepted" comforts of life. All contributions whether small or great are extremely welcome.

If any of your members or yourself would like to pay a visit to the Home to discuss the matter further just drop me a line or give a tinkle on the phone.

With kindest regards and memories of old St. Finian's days.

Yours sincerely,

BR 2

The Children and Young Persons Act (Northern Ireland) 1950

13. The main provisions of the Children and Young Persons (Northern Ireland) 1950 were designed to:
- Centralize the care of children under one Department, the Ministry of Homes Affairs;
 - Enhance the powers of welfare authorities to provide for children that was not available under previous legislation. Section 92 specifically required welfare authorities to provide accommodation for children in their care;
 - End the last of the old Poor Law Enactments;
 - Regulate through registration (Section 95) and inspection (Section 101), voluntary children's homes; and
 - Establish a statutory bias in favour of foster care.
14. The 1950 Act required consideration to be given to the need for homes to have an explicit purpose, size and function and also given to issues such as children's health, educational and religious needs. The statutory bias in favour of fostering contained within the legislation, meant that the notion of a time limit on placement in a children's home was firmly enshrined in the Children and Young Persons (Northern Ireland) 1950. The view was that residential care was a short term or temporary measure, unless there were special circumstances, which dictated otherwise.
15. Section 90 of the Children and Young Persons (Northern Ireland) 1950 directed welfare authorities to provide residential care to children where "it is not practicable or desirable for the time being to make arrangements for boarding out".
16. For the first time, the Children and Young Persons (Northern Ireland) 1950 enabled relatives or friends to provide care for children.
17. Of the 1,501 children in care in 1947, 1,000 were in the care of voluntary organizations, virtually all institutional, signifying the degree of reliance upon the voluntary sector for provision of placements. Up until the 1950s many children were placed into these voluntary institutions by their families without any reference to statutory agencies.
18. Accompanying the Children and Young Persons (Northern Ireland) 1950 were several Statutory Rules and Orders, including Children and Young Persons (Boarding-Out) Regulations (Northern Ireland) (1950) which covered:
- a. The procedures required in approving and maintaining contact with foster homes;
 - b. A requirement that welfare authorities should report to the Ministry of Home Affairs if children had not been boarded-out within 3 months of their admission to care and acquire its consent for alternative arrangements.

The Children and Young Persons Act (Northern Ireland) 1968

19. The Ingleby Report in 1960 and subsequent legislation in England in 1963 led to the Children and Young Persons Act (Northern Ireland) 1968. For the first time prevention was established as an underlying principle in child care practice in Northern Ireland. It also introduced discretionary powers to provide families with material help as a means of preventing children coming into care. The 1968 Act also re-enacted the 1950 Act, gave due regard to the welfare of the child and continued to provide legislative support for the bias in favour of foster care.

Residential Provision 1950's and 1960's

Annex 8

Circular HSS(OS) 1/74

Support for Voluntary Organisations

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

11 AUG 1976

SUPPORT FOR VOLUNTARY ORGANISATIONSIntroduction

1. The Department considers that there is substantial scope for the development of voluntary services in Northern Ireland in partnership with the statutory health and social work services. Because of unavoidable financial and other constraints on the development of statutory services, the Department is satisfied that the policy objectives of the statutory services cannot be attained without the help of voluntary workers and voluntary organisations. It is therefore in the interests of the Department and Health and Social Services Boards to encourage voluntary effort to the full. Further, the involvement of voluntary bodies with statutory agencies in the pursuit of common objectives is a desirable end in itself, since it helps to promote the active participation of individuals, groups and communities in the processes of social development. But voluntary bodies must not be regarded simply as an adjunct of the statutory services. They have an independent status and an independent part to play in their own right, and this should be recognised in any arrangements which Boards may make with them.
2. Accordingly, the Department wishes Boards to adopt a positive policy for the encouragement and mobilization of voluntary effort in their areas. Voluntary workers have played and should continue to play an important part within the services, and their participation in many settings should be encouraged, with appropriate training, on an informal basis. Partnership with voluntary bodies, however, requires a more formal approach and a clearly defined policy. Such a policy entails (a) well-defined administrative arrangements for liaison between Boards and voluntary bodies; (b) appropriate financial and other forms of support for voluntary bodies; and (c) a clear understanding of the respective roles of the Department and Boards in this field. This circular gives general guidance on such matters and also indicates the relevant statutory provisions.

Liaison and Co-ordination

3. To facilitate communication with voluntary bodies in the health and social work field each Board should nominate particular officers both at area and at district level with specific responsibility for liaison with such bodies. The names of these officers should be notified to the Department and also as widely as possible to voluntary organisations in each area or district. While it is for Boards to decide which officers should be nominated, the Department suggests that there would be advantage in nominating an Assistant Director of Social Services at area level, and an officer of senior rank in charge of Community Work in each District Office.
4. It would be the function of these officers to help mobilise and co-ordinate voluntary effort generally in the health as well as the social work field. For this purpose nominated officers at district level should maintain close contact with their respective District Committees as well as with voluntary

bodies and groups working within their district. They should also encourage the recruitment and training of voluntary workers providing supportive services in the community - eg meals-on-wheels - or in hospitals. Where Voluntary Service Organisers are in post in hospitals, their work should be co-ordinated and supervised by the nominated district officers, who in turn would liaise with the nominated officer at area level.

Statutory Provisions

5. In general, Boards possess ample powers to assist voluntary bodies in a variety of ways. The following paragraphs outline the principal provisions for this purpose.
6. In Article 2(2) of the Health and Personal Social Services (Northern Ireland) Order 1972, "voluntary organisation" is defined as any association carrying on or proposing to carry on any activities otherwise than for the purpose of gain by the association or by individual members thereof.
7. By virtue of Article 71(1) of the Order and paragraph 3 of the Functions of Health and Social Services Boards (No. 1) Direction (Northern Ireland) 1973, Boards are enabled to make contractual arrangements with voluntary organisations for the provision by the organisations of any of the health or personal social services on agreed terms and conditions.
8. Article 71(2) of the Order and paragraph 3 of the Direction enable Boards to make grants to voluntary organisations providing services similar or related to any of the health or personal social services, subject to whatever terms and conditions are determined by the Department with the approval of the Department of Finance.
9. Article 71(3) of the Order and paragraph 3 of the Direction authorise Boards to assist voluntary organisations providing services similar or related to any of the health or personal social services by permitting them to use premises belonging to the Department on such terms and conditions as may be agreed, and by making available vehicles, equipment, goods or materials (whether by way of gift, loan or otherwise) and the services of any staff employed in connection with the premises, vehicles etc. Boards should make full use of these powers, on which guidance has already been given in Circular HSS (OS2) 3/74 dated 2nd July, 1974.
10. Article 44(1)(a) and paragraph 3 of the Direction permit Boards to provide, inter alia, training for persons employed or used, or to be employed or used, by approved voluntary organisations.
11. Section 152(1) of the Children and Young Persons Act (Northern Ireland) 1968 enables the Department to make grants towards the cost of improving voluntary children's homes, or for the equipment of such homes, or for securing that they will be better provided with qualified staff; and Section 152(2) of that Act together with paragraph 3 of the Functions of Health and Social Services Boards (No. 2) Direction (Northern Ireland) 1973, enables Boards to make contributions to voluntary organisations whose object or primary object is to promote the welfare of children or young persons.

12. Section 164(2) of the Children and Young Persons Act together with paragraph 3 of the (No. 2) Direction also authorises Boards to make arrangements with voluntary organisations or other persons for the provision by such organisations or persons of advice, guidance and assistance designed to promote the welfare of children under subsection (1) of that Section. Boards are already making extensive use of this power, for example to give financial support to voluntary bodies engaged in the provision of pre-school playgroups.
13. Flexibly used, these powers should be adequate for any of the purposes envisaged by this Circular. They do not restrict Boards merely to the giving of direct financial support for voluntary bodies. In particular, Article 71(3) of the Health and Personal Social Services Order enables Boards to provide a wide range of facilities and services in kind for voluntary bodies; and in many circumstances this may be the most effective way in which Boards can assist such bodies.

Financial Support by Boards

14. Boards will therefore wish to make full use of their powers to provide facilities and services in kind for voluntary organisations operating in their area. In addition, Boards may, at their discretion, make payments to voluntary bodies from their trust funds, provided the payments are within the terms of the trust. Otherwise payments to voluntary bodies by Boards will fall to be met from their annual allocations of public funds. For the present, the Department does not propose to earmark funds specifically for payments to voluntary organisations. Annual allocations to Boards for the development of services will take full account of the need to support voluntary organisations and the Department accordingly expects Boards to assist worthwhile organisations from these allocations in the light of the guidance given in the following paragraphs.
15. Contractual arrangements. Boards will normally meet the whole cost of any services provided under such arrangements. A prime example is the provision of places in voluntary homes on a contractual basis.
16. Revenue Grants. Each Board should make sympathetic use of its grant-making powers to give financial assistance towards the operational costs of the activities in its area of voluntary organisations, including local affiliates of regional organisations. Clearly the activities in question should be such as to further the Board's objectives, broadly defined. Paragraphs 17-21 indicate additional guidelines which Boards should follow in considering applications from voluntary organisations for financial support.
17. Where a voluntary organisation provides a service for which economic charges can realistically be made, such a service should be regarded as self-financing and any loss incurred would not normally warrant financial assistance by a Board.
18. While an organisation receiving a grant should not be inhibited from fair criticism of the statutory services, organisations whose primary object or method is political action should not be assisted unless the grant is required and used for needs within the ambit of the health or personal social services.

19. Unless a voluntary organisation is reasonably independent of public funds its traditional freedom to act and criticise is likely to be eroded. An independent organisation should generally be able to interest the public in its activities and enlist their financial help. For these reasons it would not normally be desirable for a Board to pay grant at a rate exceeding say 65% or 70% on a particular activity of a voluntary organisation. In exceptional circumstances, however, grant at a higher rate, even approaching the full cost, might be contemplated: for example, where the nature of the activity in question commends itself strongly to the Board but it would be unrealistic to expect the voluntary body to raise funds for the purpose. In considering such a case, the Board should first explore with the voluntary organisation concerned whether its needs could best be met, not by the provision of grants at or close to the rate of 100%, but by free use of the Board's facilities and services (including the services of staff) under Article 71(3) of the Health and Personal Social Services Order. In any event, the Board should have regard to the overall financial position of the voluntary organisation and not merely to the cost of the activity in question, as it would not be unreasonable to expect the organisation itself to subsidise such an activity at least to some extent where its other activities attracted substantial public support. Accordingly, Boards will need access to information on the general financial position of any voluntary organisation seeking grant. They should aim to establish whether a sound case exists for financial or other help without requiring so much detailed information as to hinder or frustrate the main purpose of the arrangements.
20. A continuing need for financial support can often be foreseen. Even in such cases, however, a Board should not normally commit itself to a grant for a period of more than three years. Towards the end of such period the position should be reviewed and a decision taken whether the grant should be continued and if so at what level. "Launching" grants should always be given expressly on condition of a critical review at the end of a fixed period (not normally more than three years).
21. The Board should define as precisely as possible the purpose to which a grant is to be applied by a voluntary organisation and limit the amount of grant for any one year to a sum which can properly be spent on the defined purpose.
22. Where a grant has been paid, the Board should require the voluntary organisation concerned to submit certified copies of its annual accounts to indicate that the grant has been used in the proper manner.
23. At the end of each financial year Boards should send to the Department a list of the voluntary organisations to which grants have been made during the year, the broad purposes for which they were given, and the amounts involved.
24. The Department's approval to the making of a grant by a Board for non-capital purposes will be required only in the following circumstances -
- (i) where the grant exceeds £15,000 per annum to any individual organisation;
 - (ii) where the grant although less than £15,000 will result in the organisation's total grant from the Board for the financial year exceeding £15,000.

- (iii) where the grant is in respect of any experimental or pilot project in the development of a service or the provision of a facility which is outside the normal run;
 - (iv) where it is proposed, to pay grant at a rate exceeding 75%.
25. Capital Grants. The guidance in paragraphs 16-23 will also be generally applicable to grants to voluntary bodies for capital purposes. But in all cases where a Board wishes to make a grant to a voluntary organisation for such purposes the prior approval of the Department must be sought irrespective of the amount of grant proposed.
26. Capital grants under S.152(1) of the Children and Young Persons Act towards the cost of improving voluntary children's homes are made by the Department directly to the voluntary organisations concerned. For the time being this arrangement will continue, but the Department sees much merit in delegating this function to Boards, and with it the power to register and inspect voluntary children's homes in their area. The Department will consult Boards and voluntary organisations on this matter before deciding on any change or on the timing of such a change.

Financial Support by the Department

27. While looking to Boards to assist in cash or in kind the work of local voluntary organisations or local affiliates of regional bodies operating in their area, the Department will continue to assist voluntary bodies which have a regional function, like the Northern Ireland Council of Social Service or the Northern Ireland Association for Mental Health. Such assistance may take the form of contributions towards the central administrative expenses of regional organisations or contributions towards their expenditure on operational functions which cover the Province as a whole. In determining the scope and scale of assistance for these purposes the Department will adopt similar criteria to those outlined in paragraphs 16 to 22 above.
28. HSS15(OS) Branch in the Department's Operational Services Division B will be the focal point of contact between the Boards and the Department in relation to general policy matters affecting voluntary organisations, and of liaison between the Department and regional bodies. A member of the Department's Social Work Advisory Group will be nominated as liaison officer with the officials nominated by Boards in accordance with paragraph 3, and his name will be given to Boards very shortly.
29. The purpose of these arrangements for liaison will be to ensure broad consistency of policy and approach among Boards and between Boards and the Department in dealing with voluntary organisations and also to eliminate any overlap or duplication of functions between the Department and Boards in accordance with the line of demarcation indicated in paragraph 27. The Department will notify Boards at the end of each financial year of the amounts and the purpose of grants made by the Department during the year to voluntary organisations, to complement the information supplied by Boards to the Department under paragraph 23.

30. Exceptionally, a Board may wish the Department to provide grant for a purely local project, either because of its high initial cost or experimental nature. The arrangements proposed for liaison between the Department and Boards should provide adequately for consultation and agreement on any matters of this sort which do not fall clearly within the guidelines set out in this Circular.

Department of Health and Social Services
Dundonald House
Upper Newtownards Road
Belfast BT4 3SF

each Health and Social Services Board 12 December 1974

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17. Where a voluntary organisation provides a service for which economic charges can realistically be made, such a service should be regarded as self-financing and any loss incurred would not normally warrant financial assistance by a Board.
18. While an organisation receiving a grant should not be inhibited from fair criticism of the statutory services, organisations whose primary object or method is political action should not be assisted unless the grant is required and used for needs within the ambit of the health or personal social services.

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Paper No. PSSC 42/87

EASTERN HEALTH AND SOCIAL SERVICES BOARD

FINANCING VOLUNTARY CHILDREN'S HOMES

Historial Background

At the reorganisation of local government in 1973 the Board inherited the responsibility for maintaining those children in Voluntary Children's Homes who had been placed there by the former Welfare Authorities. By then the situation in residential child care had reached the stage where the majority of the children resident in Voluntary Children's Homes were in the care of Welfare Authorities, quite the opposite of that which appertained when those Authorities came into being in 1949. However, it was still the case that a substantial number, up to 25% of the total number of children in Voluntary Children's Homes, were in the care of the Management Committees of the Homes and were maintained financially by those Committees.

The system of payment for children in the care of Welfare Authorities who were resident in Voluntary Children's Homes was based on a weekly per capita maintenance rate, but this rate did not cover all the expenditure involved in caring for children; additional grants were paid as the need arose to meet the cost of, for example, holidays. These arrangements were further complicated by the fact that the Voluntary Children's Homes, in addition to maintaining the children who were in their care, contributed towards the general running costs of the Home and, consequently, indirectly subscribed to the upkeep of children who were in the care of Welfare Authorities.

At reorganisation the Department of Health and Social Services retained the responsibility for the registration and inspection of Voluntary Children's Homes. In addition, they continued to be responsible for capital grants, while arrangements for revenue funding was vested in Health and Social Services Boards. It was agreed that the Board, within whose administrative area the Voluntary Home was located, would be responsible for determining the appropriate per capita maintenance rate, and that the other Boards using the Home would accept this rate.

The system of financing the Voluntary Homes prior to reorganisation continued up until the mid seventies when this Board took the initiative to rationalise the situation and make the weekly per capita maintenance rates inclusive of all the revenue expenditure required to care for the children. At this time there was agreement that the Voluntary Children's Homes would continue to contribute towards the maintenance of the children generally, given that there were only a few children being maintained independently by then. The expectation of the Board was that the Homes would contribute up to 5% of the total revenue expenditure, having regard to their income from donations, gifts, legacies and investments.

Recent Developments

Since 1980, with the imposition of Government cash limits which have not usually kept pace with inflation, and salary increases, Voluntary Homes have been in an increasingly difficult financial position - they have not been able to find sufficient additional finance by efficiency measures. This difficulty has been exacerbated by a

LH 9



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

SOCIAL SERVICES BRANCH

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650111 ext

The Chief Administrative Officer of each Health
and Social Services Board

Please reply to The Secretary

Your reference

Our reference A1341/77

Date 3 October 1978

Dear Sir

SUPPORT FOR VOLUNTARY ORGANISATIONS

1. On 23 January 1978 the Minister of State wrote to Board Chairmen outlining the amount of financial assistance given by Boards to voluntary organisations over the 3 years to 31 March 1977. Lord Melchett underlined the Department's commitment to the development of the voluntary sector and made a number of suggestions for streamlining the procedures for dealing with voluntary bodies. He also sought the Chairmen's views of the position within their respective areas and indicated that, in the light of these reviews, some revision of the Departmental guidelines might be appropriate.
2. A number of views and suggestions were received and have now been considered.
3. Since this exchange of correspondence, the Central Personal Social Services Advisory Committee has set up a Sub-Committee to review the relationship between the statutory and voluntary sectors in the light of the Department's Circular "Support for Voluntary Organisations" issued in 1974, including the role of the Boards in community work as well as their relationship with the voluntary sector.
4. The Department considered whether to defer changes to the Circular in view of the Sub-Committee's remit. However, it has been felt prudent to give Boards greater flexibility in offering grant-aid as a matter of urgency rather than wait for the outcome of the Sub-Committee's work. The Annex to this Circular contains detailed amendments to Circular HSS15 (OS) 1/74 on the following points:
 - (a) The need for prompt payment of grant and where necessary for a proportion to be paid in advance on the basis of estimates of expenditure.
 - (b) Increasing the Board's authority to pay grant without Departmental approval up to a limit of £25,000 and 90% of expenditure.
 - (c) Removing the need for Departmental approval of grants for experimental or pilot projects which are outside the normal run.
 - (d) Giving Boards authority to pay capital grant up to £5,000 without Departmental approval.
5. These amendments take effect from the date of this Circular. Circular HSS15(OS) 1/74 should be amended accordingly.

Yours faithfully

R F MILLS

children aged between 3 and 16 years requires at least 18 care staff as well as the management staff. It is understood that agreement has been reached recently in discussion with Eastern Health & Social Services board representatives, to have the pre capita payment increased”.

45. At paragraph 8.2 of the report the inspectors state that the present staffing levels are such that staff do not have enough time to spend on direct work with the children.

46. The monitoring statement for Nazareth Lodge in 1986/87 records that the home has generally kept with the recommendations in respect of staffing levels which have been put forward in success of reports with the exception of the appointment of a deputy head of home. In view of increasing behavioural problems the management committee intends to look at arrangements for night duty supervision. The appointment of a deputy was subject to the availability of funds. The objective of the home was to recruit staff with some relevant qualifications. The composition of the management committee and their respective occupations is contained at SNB14639.

47. The ‘aide memoir’ report recorded that the Eastern Board had recently increased the weekly pre capita payment from £80 to £147 with effect from 1 April 1987 conditional upon 2 additional staff being employed in each group. *“By making this a condition the Board is effectively imposing a staffing level in the home and their action needs to be clarified. Prior to this decision being made the home was incurring a substantial deficit and the board agreed to a deficit*

the current rate by £10.)

The Eastern Board has agreed to set the per capita rate for each home on the basis of the home's actual running costs and will pay for an agreed number of places regardless of occupancy level. The report states that these arrangements are currently in operation.

Comment

The outcome of the joint discussions in the Eastern Board have reached a satisfactory conclusion, in that the arrangements agreed should ensure the financial viability of each voluntary home. Neither the Southern or Western Boards has produced any agreed arrangements for ensuring the payment of adequate per capita rates in the future, although the Southern Board had the right approach in its 1985 report. The Western Board had at that time no clear plans for tackling the problem. The rates paid to Orana and Nazareth House have substantially increased since 1985, however - by 60% in the case of Orana, while the Nazareth House rate has almost doubled. Unlike the voluntary homes in the Eastern Board, however, these 2 homes do not as yet appear to have any guarantees as to the level of future payments.

6. The form of arrangement to be made for sharing with Boards the information about standards of care contained in the Inspection Reports of voluntary homes

(c) Training and Staff Development needs

- (i) Child Care (Northern Ireland) has a sub group on training which meets regularly with representatives of the Board's Central Training Unit. Co-operation is good but there is a need to review the training for residential staff.
- (ii) The 'in house' model would appear to be the preferred one, though there are obviously aspects which lend themselves to a more general approach.
- (iii) There is a need for management training for Officers in Charge and other more senior managers within Organisations. Mr. Bunting referred to the Board's plans and felt that these could be shared with the Voluntary Children's Homes' representatives.

X (d) Funding

- (i) Mr. Bunting informed representatives of the decision taken by the Department of Health and Social Services to withdraw £250,000 of the £750,000 previously allocated to the Board for improvements in child care services. Representatives expressed their grave concern at the impact this would have and at the manner in which this decision had been taken.

Representatives were informed that the Board had written to the Department asking them to reconsider this decision and a response was awaited.

It was the unanimous view that a joint approach should be made to the Department at Permanent Secretary level if the response to the Board's letter was negative.

Mr. Bunting undertook to let Mr. Quinliven have a copy of the information submitted to the Department on the commitments entered into.

- (ii) In the cases of St. Joseph's and Nazareth Lodge there had been some difficulties in the operation of the new payment arrangements. However, these now seemed to be resolved.

It was clarified that existing arrangements should prevent duplication of payments if another Board placed children in a Voluntary Home. These provided for the Voluntary Home to notify the Unit of Management in the Eastern Board responsible for payments for the agreed number of places and would enable the Unit of Management to reduce its payments accordingly.

- (iii) Deficit funding - It was confirmed that it was the Board's intention to try to meet the total deficits arising from shortfalls in funding the agreed operational expenditure for the Voluntary Homes at the end of each financial year, taking into account any contribution from the Voluntary Home towards the running costs.

(iv) Department of Health and Social Services Capital Funding

Father O'Connor and Mr. Sharpe outlined the plans for their respective homes which required capital grant aid from the Department. They expressed concern at the Department's inability to provide sufficient grant aid for necessary improvements and at the information they had received that the position was unlikely to be any different in the financial year 1989/90.

STATUTORY/VOLUNTARY RELATIONSHIP IN THE PROVISION OF RESIDENTIAL CHILD CARE

Annual meeting of representatives of the Voluntary Children's Homes and the Board held on 12th September, 1988 as part of the agreed joint planning process for the provision of residential care for children and young people.

PRESENT:	Mrs. L. Wilson & Mr. P. Martin	Dr. Barnardo's
	Mr. W.R. Sharpe	Craigmore
	SR 144	Nazareth Lodge
	NL 35	St. Joseph's
	Father J.C. O'Connor	Child Care (N.I.)
	Mr. J. Quinliven	EH&SSB
	Mr. R. Bunting	"
	Miss E. Nicholl	"
	Mr. N. Rooney	"
	Miss L. Stewart	"

APOLOGIES: Mr. R. Black, Mr. R. Ferguson and Mr. J. Fulton (EH&SSB)

1. Mr. Bunting welcomed the representatives to the meeting. The Agenda for the meeting had already been agreed at previous discussions and this was circulated. In addition to the items on the Agenda the Voluntary Homes' representatives added the following:
 - The joint report to the DH&SS
 - The operation of the new system for per capita payments
 - Deficit funding
 - DHSS capital funding
2. Representatives then focused on the Agenda as follows:-
 - (a) Trends in residential child care
 - (i) It was confirmed that the Board would be continuing to try to reduce the amount of residential care and further developing alternatives by extending the range and extent of 'fee earning' foster care. In addition, the range of preventive services was being extended.
 - (ii) Residential care would continue to concentrate on short stay care/assessment; family groups and longer term work with adolescents including, when appropriate, an after care component.
 - (iii) Within residential care, length of stay was being reduced to the minimum and attempts made to ensure that all children and young people in residential care had experience of family life either in the extended family network or with people willing to 'befriend' them.

This was not in conflict with the need for some older adolescents to remain in residential care on a long stay basis and, if necessary, after they had attained the age of 18.
 - (iv) On a few occasions during the year there had been pressure on for short stay/emergency care for Catholic children and this had resulted in Nazareth Lodge having to exceed their agreed numbers on occasions. However, this was due to exceptional circumstances (illness and injury to foster parents) and further developments in foster care should hopefully meet the need. Barnardo's had experienced a decrease in the number of referrals (around 40% reduction) and Mr. Sharpe expressed the view that the pressure on Craigmore had been reduced.

OFFICIAL-SENSITIVE-PERSONAL

HSS-13-49.84 Inspection of Childrens Homes in Western Area Board 1990-91 Fort James Harberton House NH Derry (11) - PRONI - 23-09-15 OPT

- Gardner Merchant in seeking to limit their public liability have requested a policy document on when children have access to the kitchen;
- influence over menus has been particularly restricted due to the refurbishing work on the main kitchen. Greater reliance has also been placed on use of cooked/chilled meals because of this work. TL 4 (APSW) advises that the current contract ends 1.10.92 and despite continuing concerns Senior Managers have agreed to extend the contract for 2 years. TL 4 has been advised that any replacement system must be at contract price levels.

3. Funding of Nazareth House remains a continuing problem. [REDACTED] SR 2, Sister-in-charge has written on 17.7.92 to Mr J Burke advising him that the quality of care available is being adversely affected by current staffing levels. A meeting with the Board has been requested to resolve this problem.

If you require further detail do please contact me.

MARION REYNOLDS (MISS)

OFFICIAL-SENSITIVE-PERSONAL

their respective predecessors. Notwithstanding the best endeavours of the Sisters who devoted their lives to caring for children, the consequences of the dire financial straits under which they were operating had an impact on the quality of care which they were able to provide. The history of poor revenue funding of the Nazareth homes is central to every aspect of child care which the HIAI is tasked with investigating.

43. The funding issues in the Derry homes were replicated in Belfast as the following extracts from the inspections of Nazareth Lodge revealed.
44. The 1983 Swag report has proved controversial by reason of the “*aide memoir*” which was initially drafted by one of the inspectors who carried out the inspection. It is not intended to analyse the differences herein, same having been explored fully in evidence. Relevant to funding and staffing levels is the following finding:-

“Staffing levels in the home are low by comparison with those in other homes of comparable size. Allowance needs to be made for the commitment of time by the Sisters, who do not work a conventional 40 hour week. Apart from short periods of leave they are available to the children most of the time and they undertake sleeping-in duties. However, even allowing for this it is considered that the staffing levels are inadequate. Under present arrangements when a member of the care staff is on leave or attending a training course there is often only member of care staff on duty in the unit along with the Sisters. The Castle Priory report guidelines would suggest that a home of this size accommodating

Regd. No.

5850/18

PRI 1947

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SUBJECT

Revision of S.R.O 1974 No 400

Leading up to S.R.O 1975 No 17

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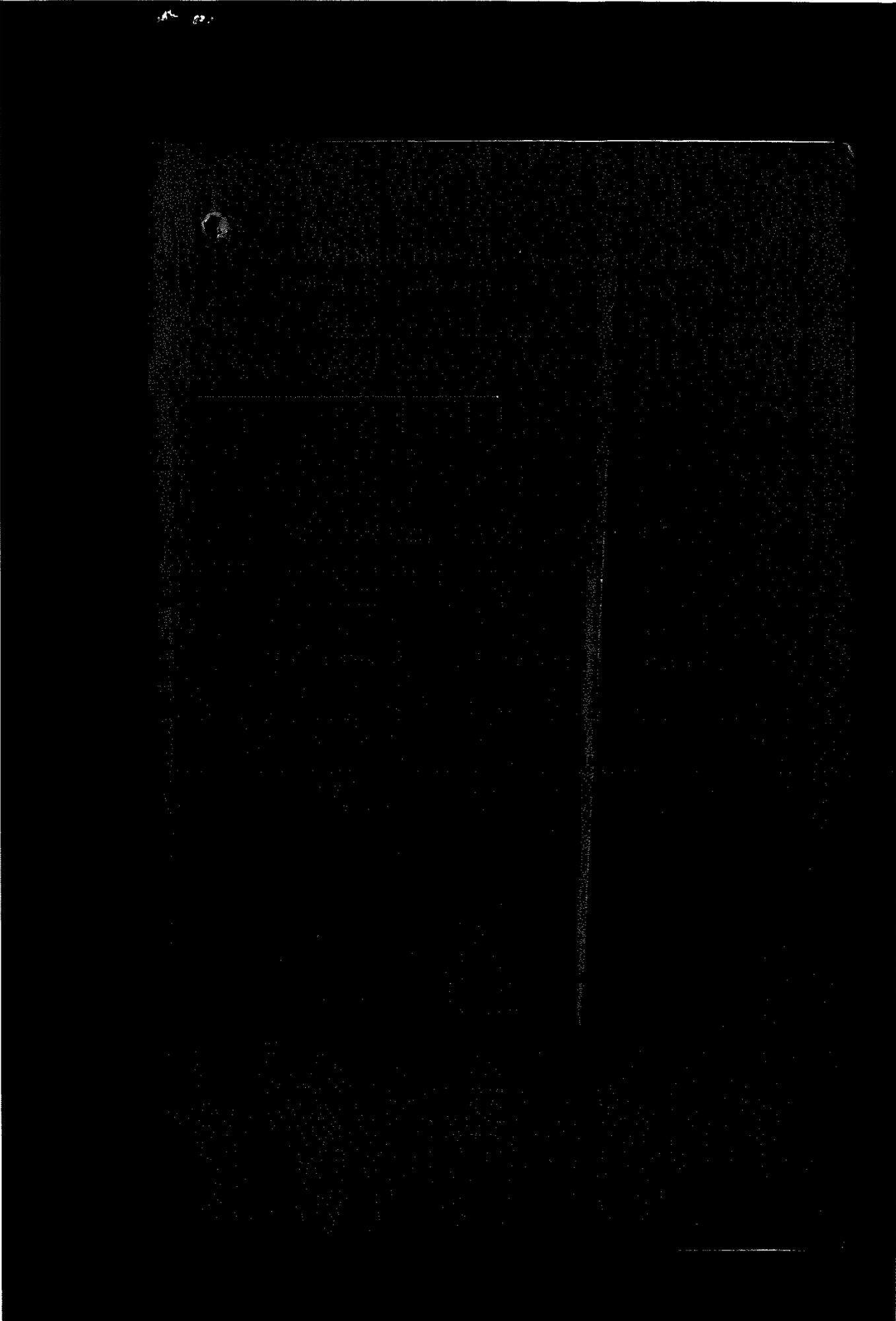
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DEPARTMENTAL COMMITTEE ON REFORMATORY AND
INDUSTRIAL SCHOOLS IN NORTHERN IRELAND.

REPORT

OF THE

DEPARTMENTAL COMMITTEE

ON

Reformatory and Industrial Schools
in Northern Ireland.

*PRESENTED BY COMMAND OF HIS GRACE THE
GOVERNOR OF NORTHERN IRELAND.*



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2

10 OCEAN BUILDINGS,
DONEGALL SQUARE EAST,
BELFAST,
9th June, 1923.

SIR,

I am directed by the Chairman of the Committee appointed by you on the 9th January last to enquire into Reformatory and Industrial Schools and the provision of a Borstal Institution in Northern Ireland to submit herewith a copy of the Report which is signed by every member of the Committee. It is understood, however, there will be a reservation by one member of the Committee which will no doubt be sent to you as soon as possible.

I am, Sir

Your obedient Servant,

R. CLARKE,
Secretary to the Committee.

THE RIGHT HONOURABLE,
SIR RICHARD D. BATES, M.P.,
Minister of Home Affairs
for Northern Ireland,
Belfast.

OCEAN BUILDINGS,
DONEGALL SQUARE EAST,
BELFAST,
11th June, 1923.

SIR,

I am directed by the Minister of Home Affairs to acknowledge the receipt of your letter of the 9th instant, forwarding a copy of the report of the Departmental Committee on Reformatory and Industrial Schools in Northern Ireland.

I am, Sir,

Your obedient Servant,

S. WATT.

The Secretary,
Departmental Committee on Reformatory
and Industrial Schools in Northern Ireland,
10 Ocean Buildings,
Belfast.

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WARRANT OF APPOINTMENT.

I hereby appoint :

MR. T. MOLES, M.P.,
MR. D. A. CHART, D.LITT.
COLONEL W. R. DAWSON, M.D., O.B.E.
MR. W. A. HOUSTON, M.A.,
MR. ALEXANDER MISCAMPBELL, J.P.,
MR. SAMUEL M'GUFFIN, M.P.,
COLONEL J. MORWOOD, M.D.,
REV. J. MURPHY, ADM.,
MR. J. D. WILLIAMSON, J.P., M.D., M.CH.
MRS. BARBARA CAREY, J.P., and
MISS FLORENCE F. CLARK

to be a Committee to enquire into the number and character of committals to Reformatory and Industrial Schools in Northern Ireland ; into the care of boys and girls after leaving the Schools ; into the financial position of the Schools, including the cost of maintenance ; into the proportion that should be borne by the Exchequer and Local Authorities, respectively, of the cost of the Schools ; into the extent to which a proper contribution is obtained from parents ; and into the question of the provision of a Borstal Institution for youthful offenders committed in Northern Ireland.

And I appoint Mr. Moles to be Chairman and Mr. R. Clarke, of the Ministry of Home Affairs, to be Secretary of the Committee.

(Signed) R. DAWSON BATES,
Minister of Home Affairs for Northern Ireland.

BELFAST,

9th January, 1923.

To the RT. HONOURABLE SIR RICHARD DAWSON BATES, M.P.,
Minister of Home Affairs for Northern Ireland.

Sir,

We, the Committee appointed by you to conduct an enquiry concerning Reformatory and Industrial Schools and the provision of a Borstal Institution in Northern Ireland, have the honour to present the following report:—

1. The Committee held 18 meetings and sat upon 13 days, on five days of which two meetings were held, to hear evidence and to consider their report. We examined 21 witnesses, amongst whom were representatives of the Ministry of Home Affairs, of the Ministry of Education, of the County Borough of Belfast, of the County Council of Antrim, the Commissioner of Police and the Chief Clerk of Petty Sessions for Belfast, representatives of the Balmoral Industrial School, of the Malone Reformatory, of Shamrock Lodge Industrial School, and Rev. Bro. Joseph M. Hannigan, B.A., former Manager of Milltown Industrial School, whose evidence covered the general ground of the various Industrial Schools associated with the Roman Catholic faith. Invitations to submit evidence were sent to the County Councils of Armagh, Down, Fermanagh, Londonderry and Tyrone, and the County Borough of Londonderry, but none of these bodies submitted either written or oral evidence to the Committee, possibly because of the fact that in most cases a regular meeting of Council could not be held in time to give authority. The general ground of our enquiry was, however, covered by the various witnesses who were examined before us. In addition members of the Committee visited both the Reformatories and nearly all the Industrial Schools within the Belfast area, and observed for themselves the daily routine carried out in the care and training of the young people entrusted to them.

2. It was not convenient for the Resident Magistrates of Northern Ireland to appear before us, but a very comprehensive questionnaire embracing all the points upon which it was thought they could give information was addressed to each of them. Their replies in full are attached as an appendix to this Report on page 54.

3. Speaking generally, their view confirms the conclusions which we had reached upon other evidence before us. We share their opinion that no facilities should be given to parents for evading the duties and responsibilities which they owe to their offspring. We concur in the view that no Institutional training can be a proper substitute for home influences and training, provided always that these are reasonably wholesome and healthy, though the parents may be poor. It has been suggested that in rural areas the provisions of the Children Act, 1908, have not been as thoroughly enforced as they might be. But it is also pointed out that the conditions prevalent during the past few years have forced the police to concentrate on more serious and insistent duties. It is anticipated that closer attention will be given to this matter under the improved state of affairs which now prevails.

4. We are of opinion that in every case brought before them magistrates should insist upon thorough investigation of all the circumstances. Committals should only be made where it is clear that the interests of the child and the public welfare necessitate such.

If the parents are able to contribute to the maintenance of a child committed they should be compelled to do so to the full extent of their ability. Laxity in this respect can have no result except to induce the belief that it pays parents to expose their children to criminality and vice, and in that way make them a charge upon the State and local authorities. We are further of opinion that the collection of parental contributions imposed by the Magistrates should be more firmly insisted upon. In view of the smallness of the maintenance orders imposed, we find difficulty in believing that payment is insisted upon to the full extent that it might be. Here again if laxity be permitted the consequences are obvious.

5. The whole administration is, we think, capable of being tightened up and calls for that closer supervision which the improved state of law and order now renders practicable, in a way not possible in recent years.

6. Concerning the question as to whether a Borstal Institution should be provided in Northern Ireland, valuable information was furnished from official sources, and we had the evidence of Mr. Drysdale, who was a former governor of a Borstal Institution in Scotland, and Mr. Crowe, who was for several years connected with the Borstal Institution at Clonmel.

EARLY HISTORY OF REFORMATORY AND INDUSTRIAL SCHOOLS, IRELAND.

7. The first legislation on the subject of these Schools in Ireland was the Act of 1858 (21 & 22 Vic. c. 103), entitled "An Act to promote and regulate Reformatory Schools for Juvenile offenders in Ireland." This Act was 10 years in operation and was then repealed by the Act of 1868 (31 & 32 Vic. c. 59), which, with some small amendments, regulated Reformatory Schools in Ireland up to the passing of the Children Act in 1908. The principal amending Acts were: The Act of 1893 (56 & 57 Vic. c. 48), which gave discretionary power to the court to commit a child over 12 years of age or a child under 12 who had been previously convicted with or without a previous term of imprisonment; the Act of 1899 (62 & 63 Vic. c. 12), which ended the option of sending young offenders to Prison before committing them to Reformatories; and the Youthful Offenders Act of 1901 (1 Ed. VII c. 20), which laid down that a child could not by the same sentence be committed to a Prison and a Reformatory, and that no child under 12 could be sent to a Reformatory unless previously convicted. All these distinctions were, however, swept away by the Children Act, 1908 (8 Edw. VII c. 67) and no child under 12, whether previously convicted or not, can now be sent to a Reformatory. Children committed to a Reformatory must be between the ages of 12 and 16, and can be kept there until they reach the age of 19 years.

8. The Irish Industrial Schools were established ten years later than the Reformatory Schools by the Irish Industrial Schools Act of 1868 (30 and 31 Vic. c. 25). The Act deals with those wandering and begging in the streets and those without protectors, or without any visible means of obtaining a livelihood.

9. The grounds of committal as amended by the Acts of 1871 and 1880 (34 & 35 Vic. c. 112 and 43 & 44 Vic. c. 15) were briefly :

- (a) Begging or receiving alms.
- (b) Found wandering without a settled place of abode or proper guardianship or visible means of subsistence.
- (c) Found destitute, either being an orphan or having a surviving parent in prison.
- (d) Frequenting the company of reputed thieves.
- (e) Living with common or reputed prostitutes or frequenting their company.

10. Under the Employment of Children Act, 1903 (3 Ed. VII. c. 45) a child may be sent to an Industrial School for a second or subsequent contravention of the Bye-Laws made under this Act.

11. The Children Act of 1908 (8 Edw. 7, c. 67) repealed and re-enacted with modifications the above Acts. It revised and in some respects extended the classes of children who can be sent to Industrial Schools.

12. Children can be committed to an Industrial School at any age under 14 years, and can be ordered to be kept there until they reach the age of 16 years. The Government contribution is, however, only paid in respect of children between the ages of 6 and 16 years.

13. Up to 1870, the Vote being administered by a Director of Convict Prisons, the cost of Reformatories was provided for under the head of "Government Prisons and Reformatories," but, on the appointment of Sir J. Lentaigne, C.B., who was then Inspector General of Prisons, as an Inspector of Reformatory and Industrial Schools, it was included under the head of "County Prisons and Reformatories." Since the passing of the General Prisons Act of 1877 a separate Vote for "Reformatory and Industrial Schools, Ireland," has been taken, and was accounted for by the Chief Secretary's Office, Dublin.

14. The first Vote for Reformatory Schools in Ireland was for the financial year 1859-60, and amounted to £4,000. The first Vote taken for Industrial Schools was for 1869-70, and amounted to £6,500, but of that sum only £568 was expended in 1869. The estimate for 1921-22 for all Ireland amounted to £132,561, while the estimate for the last financial year, 1922-23, for Northern Ireland amounted to £15,600. The estimate for current financial year amounts to £13,280 for Northern Ireland.

POWERS OF MINISTER OF HOME AFFAIRS.

15. The Children Act, 1908, which consolidated and amended the Acts relating to these schools, really governs the administration of the schools at present. By the section applying it to Ireland (Sec. 133) the Chief Secretary for Ireland was substituted for the Secretary of State. Under the Government of Ireland Act, 1920, and the Orders made thereunder, the Minister of Home Affairs for Northern Ireland is substituted for the Chief Secretary as regards schools situated in Northern Ireland.

16. The Minister has, so far as Northern Ireland is concerned, the powers and duties of the Secretary of State in England. He certifies schools (section 45); approves of school rules (section 54); sanctions alterations in buildings (section 55); discharges (with or without

conditions) or transfers inmates (section 69); sanctions the disposal of a child by emigration (section 70); decides, with the approval of the Minister of Finance for Northern Ireland, the amount of the Government contributions towards the expenses of children (section 73); remits payments ordered to be made by the parent (section 75); may send an offender conditionally pardoned to a reformatory school (section 84); and makes various orders and regulations.

INSPECTION OF SCHOOLS.

17. Under the Ministries of Northern Ireland Act, 1921, the Reformatory and Industrial Schools Branch is now an integral part of the Ministry of Home Affairs. The inspection of the schools as regards the health and condition of the inmates is carried out by Lt.-Col. W. R. Dawson, M.D., O.B.E., Principal Medical Officer to the Ministry, and the appointment of other officers of the Ministry as Assistant Inspectors to help him in his work is, we understand, now under consideration. The inspection of the schools as regards the literary qualifications of the boys and girls is carried out by Inspectors of the Ministry of Education by an arrangement with that Ministry.

18. As regards technical inspection, it was the practice of the Department of Agriculture and Technical Instruction for Ireland to allow their Inspectors to visit the Schools. Technical Instruction is now attached to the Ministry of Education, and their Inspectors visit the schools and test the work done as regards drawing and manual instruction.

19. The training in Boys' Schools, besides the literary instruction which corresponds with that of the National Schools, includes training in carpentry, tailoring and bootmaking. Agriculture and Gardening are taught where land is available. Manual instruction is given and drawing, physical drill and music are taught in most schools. The Girls are trained in housework, cookery, needlework, dressmaking and laundry work. Games are encouraged for both boys and girls.

GRANTS.

20. The allowance paid in respect of children in Reformatory Schools under Act of 1858 was originally 7/- per head per week. This was reduced to 6/- in 1862. The allowance paid for children in Industrial Schools was fixed after the Act of 1868 at 5/- per head per week. Both rates have remained unchanged except that during the war a temporary war bonus of from 2/- to 2/6 per head per week was granted on condition that the local authorities contributed an equal amount, and this bonus is still paid.

21. As regards the grants by Local Authorities, the Children Act made one important alteration in the law which should be noted here. Formerly any local authority could contribute to the cost of maintaining children in a Reformatory or Industrial School, but the Children Act imposed upon the local authority the duty of providing for the reception and maintenance of a young person or child in these Schools. Only one local authority—The Belfast Corporation—has provided an Industrial School, viz., Balmoral. The others have entered into arrangements with Managers of Certified Schools and the local rates of contribution are from 4/- to 5/- per child

per week, with the exception of Balmoral, where the rate for the local authorities outside Belfast who avail themselves of this school is 18/- per child per week, which is based on the actual cost of maintenance. A table of the existing Government grants will be found in the appendix to this Report on page 37.

22. It may be noted that it is only since the Northern Government came into being that Reformatory schools for R. C. boys and girls and Protestant girls have been certified in Northern Ireland.

BUILDINGS, ETC.

23. An Act of 1881 (44 & 45 Vict. cap. 29) gave Grand Juries and certain Town Councils power to contribute towards the building, etc., of Reformatories, and authorised them to borrow money from the Board of Works to the extent of £5,000 for that purpose, and an Act of 1885 (48 & 49 Vict. cap. 19) gave them a similar power as regards Industrial Schools. The Children Act repealed 44 and 45 Vict. cap. 29 and 48 and 49 Vict. cap. 19, but contains provisions under which the Councils of Counties and County Boroughs may borrow money for establishing, building, altering, etc., Reformatory and Industrial Schools. Figures are not available showing the amounts borrowed under the above Acts for building, etc., but broadly speaking the buildings have been erected and the land purchased out of private or charitable funds.

PARENTAL CONTRIBUTIONS.

24. Section 75 (1) of the Children Act, 1908, continues the policy of the older Acts and makes the parent of a child in a Reformatory or Industrial School liable to pay a sum not exceeding the sum declared by Order in Council to represent approximately the average cost of maintenance of the child. An Order in Council was accordingly made on the 23rd April, 1909, fixing the cost of maintenance in Reformatory Schools at 6/- per head per week and Industrial Schools at 5/- per head per week. Contributions at this scale have rarely been recovered. Under Section 75 (2) of the Act, the Court making a Detention Order is to make at the same time an order fixing the parental contributions unless the Court considers that it is not in possession of the necessary information. In the latter case any Court of Petty Sessions having jurisdiction where the parent resides may on complaint being made by the Inspector of Reformatory and Industrial Schools make an order fixing the parental contribution.

25. Every case of committal is enquired into, and in any case where no order for parental contribution has been made, and the Police are satisfied that the parent is able to contribute, action is taken at once under Section 75 (2) (b) of the Act. Cases where the parent is not able to contribute at the time of the child's committal but may be able to contribute later are brought up at regular intervals for further enquiry and consideration.

26. The parental contribution is valuable as a recognition of parental responsibility, and it is important that these contributions should be enforced where this can be done without hardship. It also acts as a salutary check upon those who might resort to desertion in order to

escape liability and throw their offspring as a burden upon the general public. The following is a return of the monies thus collected for the year ended 31st December, 1922, in Northern Ireland :—

	Gross			20% Commission			Net.		
	£	s.	d.	£	s.	d.	£	s.	d.
Reformatories ..	213	8	0	42	10	9	170	17	3
Industrial Schools ..	346	16	0	69	5	0	277	11	0
TOTAL ..	£560	4	0	£111	15	9	£448	8	3

AFTER CARE.

27. Under the Children Act (Section 68) youthful offenders discharged from a Reformatory before the age of 19 and children discharged from an Industrial School before the age of 18 remain under the supervision of the Manager until they attain the ages mentioned.

28. The results of Reformatory and Industrial School training have been very creditable. The Ministry of Home Affairs for Northern Ireland has not yet been able to collect figures as regards Northern Ireland Schools, but the following figures relating to all Ireland taken from the last report available of the Inspector of Reformatory and Industrial Schools for Ireland are of interest :—

“ The results of Reformatory Schools as regards the number in regular employment, convicted, and unknown at the end of 1920, of those discharged during the years 1917, 1918 and 1919, were as follows :—

The total number discharged during those three years omitting deaths, transfers and illegal committals, was 503, viz., boys 453, girls 50.

Of the 453 boys, 13 had since died, leaving 440 to be reported upon. Of these—

371 or about 84.32 per cent. were reported to be in regular employment.
40 or about 9.09 per cent. were reported to be in casual employment.
20 or about 4.54 per cent. were reconvicted.
9 or about 2.04 per cent. were unknown.

Of the girls one had since died, leaving 49 to be reported upon. Of these—

46 or about 93.88 per cent. were reported to be in regular employment
3 or about 6.12 per cent. were reconvicted.

The information which the figures given above afford is very satisfactory. The number re-convicted is very slightly in excess of the number convicted in the previous year.”

“ The results of Industrial Schools for the three years 1917, 1918 and 1919 as collected at the end of 1920, were as follows :—

The number placed out in these three years, omitting transfers, committals to Reformatories, and illegal committals was 3,239, viz., 1,759 boys and 1,480 girls.

Of these 108 had died, viz., 48 boys and 60 girls, leaving 1,711 boys and 1,420 girls to be reported on.

Of the 1,711 boys—

1,502 or about 87.78 per cent. were reported to be in regular employment.

106 or about 6.19 per cent. were reported to be in casual employment or not employed.

15 or about .88 per cent. had been convicted.

88 or about 5.14 per cent. were reported to be unknown.

Of the 1,420 girls—

1,326 or about 93.39 per cent. were reported to be in regular employment.

62 or about 4.36 per cent. were reported to be in casual employment or not employed.

2 or about .14 per cent. had been convicted.

30 or about 2.11 per cent. were reported to be unknown.”

COMMITTALS.

29. The grounds on which a child may be committed to an Industrial School will be found set out in Section 58 and Section 133, subsections (17) and (20) of the Children Act, 1908. It may be noted that the provision in the latter section extending the provisions of the Act to any destitute Orphan applies only to Ireland.

REFORMATORIES.

30. On the 31st March, 1923, the total number of inmates of Reformatories committed from Northern Ireland Courts and paid for by the Northern Ireland Government and Local Authorities was 77, distributed as follows:—Malone Protestant Reformatory 41; St. Kevin's Reformatory, Glencree 19; St. Conleth's Reformatory, Philipstown, 15; High Park Reformatory, Dublin 1; and Limerick Reformatory 1. The 36 inmates resident in the Free State Reformatories were committed thereto before the 1st December, 1921, since when no cross-committals as between the Free State and Northern Ireland have taken place. There is only one separate Reformatory in Northern Ireland, viz., the Malone Reformatory for Protestant boys. Temporary accommodation for Reformatory cases has been secured for Protestant girls at Shamrock Lodge Industrial School; for Catholic boys at Milltown Industrial School; and for Catholic girls at Whiteabbey Industrial School. It has not been found necessary to make use of the provision for Reformatory girls as no girl has yet been committed in Northern Ireland since the Northern Government took over, and only 7 committals have yet been made to Milltown Reformatory which is run in conjunction with the Milltown Industrial School.

31. In view of the marked decline in the number of committals it was suggested that it might be desirable to isolate a portion of some of the Industrial Schools not now needed and convert it to the purposes of a Reformatory. The suggestion was strongly opposed as a step in the wrong direction. Contact between Reformatory boys, convicted of some crime, and Industrial School Boys who had been removed from surroundings tending towards criminality would, it was urged, be inevitable in school classes and elsewhere in association work. It seemed to be the general opinion that the only safe course is to adhere to the former practice of entirely separate institutions.

32. We wish to make strong recommendation as to the desirability of abandoning the use of the word "Reformatory" and adopting instead the expression "Training School" to describe these Institutions. The word "Reformatory" has had attached to it an evil significance which the nature of the offences for which young persons have been committed has not always deserved.

33. We wish further to call attention to the fact that a Bill is at present before the Imperial Parliament which provides that when an Offender is sent to a training school (Reformatory), the court need not record the conviction. It also provides that a child of 12 or 13 years of age can be sent to an Industrial School notwithstanding a previous conviction. We recommend that such steps may be taken as will bring the law in Northern Ireland into conformity with these proposals.

INDUSTRIAL SCHOOLS.

34. The Industrial Schools in Northern Ireland with their respective accommodations and number of inmates at the present time are as follows:—

	Certified Accommodation	Inmates
PROTESTANT MALE SCHOOL :—		
Balmoral Industrial School, Belfast ..	400	150
PROTESTANT FEMALE SCHOOLS :—		
Hampton House Industrial School, Belfast	156	45
Shamrock Lodge Industrial School, Belfast	118	37
ROMAN CATHOLIC MALE SCHOOLS :—		
St. Patrick's Industrial School, Mill- town, Belfast	150	99
*Nazareth Lodge Industrial School, Ravenhill Road, Belfast ..	70	21
ROMAN CATHOLIC FEMALE SCHOOLS :—		
Sacred Heart Industrial School, Abbey- ville, Whiteabbey, Co. Antrim ..	200	60
Middletown Industrial School, Co. Armagh	50	32
St. Catherine's Industrial School, Strabane	100	48
ROMAN CATHOLIC MIXED SCHOOL :—		
St. Michael's Industrial School, Lurgan—		
Boys under 9 years of age, and ..	50	16
Girls under 16 years of age ..	50	24
	<hr/> 1,344	<hr/> 532

*This School is for boys under 9 years of age.

35. It should be pointed out that of the total number of inmates, viz., 532, 117 have been committed from Southern Ireland Courts and are being paid for by the Free State Government and Local Authorities, leaving 415 inmates committed from Northern Ireland Courts. To the 415 must be added 33 other inmates committed from Northern Ireland Courts to Free State Certified Industrial Schools, thus making a total of 448 children paid for by Northern Government and Local Authorities. No committal from a Northern Ireland Court to a Free State Industrial School or vice versa has taken place since the appointed day under the Government of Ireland Act, 1920, viz., 1st December, 1921.

36. The position of all the Industrial Schools in Northern Ireland in recent years became precarious from a variety of causes. First, the Probation of Offenders Act introduced in 1908 resulted in large numbers of children being placed under the care of Probation Officers, who, but for the introduction of that Act, would have been committed to Industrial Schools.

37. In the Belfast Petty Sessions District in 1911 only 10 Children were placed under the care of Probation Officers, but in 1916 the figure rose to 158 and reached a maximum of 166 in th

following year. Last year the number was 94. These figures of increase account for a large proportion of the decline in the number of committals in recent years. In passing we may observe that the evidence and statistics submitted to us suggest that the placing of children under the care of Probation Officers has been productive of good results.

38. In his evidence before us the experienced Commissioner of Police for Belfast, Mr. Gelston, stated that "the disturbed state of the city so occupied the attention of the police that they had not time to deal effectively with the many offences such as larceny and begging, for which youthful offenders are mainly committed."

39. With the re-establishment of peace in the city the police are now in a position to attend more closely to this branch of their duties.

40. The committals to Industrial Schools in Belfast were 254 in 1908. In 1914 the total was 133. In 1920 and 1921 they numbered 37, and in 1922 dropped still further to 21. The considerable drop in the number of committals was accompanied by a corresponding decline in the sums paid by the State and by local authorities respectively. But overhead charges in the shape of rent, renewals, insurance, &c., remained the same, and the increase in the cost of food supplies and clothing rose to an extent greater than the amount of the bonus granted.

41. The cumulative effect of all this was to precipitate a financial crisis for the institutions. But for its trading activities Malone Reformatory would last year have had to face a deficit of over £1,000. So serious was the position for the Balmoral Industrial School that the Committee of Management felt they could no longer carry on and they gave notice of intention to surrender their Certificate and abandon the work of the School. Had that taken place there would have been no Industrial School for Protestant boys in Ireland.

42. The Children Act imposes upon Local Authorities the duty of providing for the reception and maintenance of children in such schools. Mindful of this duty the Belfast Corporation entered into negotiations with the Committee of Management of Balmoral School, with the result that the undertaking passed under the authority of the Belfast City Council on 1st July, 1920. Since then the Corporation has been responsible for the due and proper management of the School.

43. In greater or lesser degree the same problem was presented to those who had to carry on the various other Schools and only with difficulty have they been able to maintain these in being. The table on the previous page which gives the amount of available accommodation and the extent to which it is now utilised indicates in some measure the degree of difficulty experienced.

44. Certain of these Institutions are forced to engage in trading activities in order to keep going at all. The result is that time which should be devoted to the better education of these young

people in the class room has had instead to be devoted to activities in a workshop or elsewhere in order to provide educational or industrial training of any sort whatever. The authorities of the Schools where such activities are carried on have frankly admitted this.

45. In his report of 1916 the Chief Inspector of Reformatory and Industrial Schools for Ireland makes this observation upon Reformatories (p. 7): "Of the youthful offenders committed last year about 40.7 per cent. of the boys and 41.6 per cent. of the girls were illiterate, and 50.3 per cent. of the boys and 50 per cent. of the girls could only read and write imperfectly." In the passage relating to Industrial Schools (p. 11) he states: "Of the children who were 8 years of age and over on admission 40.64 per cent. of the boys and 24.87 per cent. of the girls were illiterate, and 42.04 per cent. of the boys and 61.92 per cent. of the girls could only read and write imperfectly. Only 17.41 per cent. of the boys and 13.19 per cent. of the girls showed a moderate proficiency in reading and writing or could read and write well."

46. In the 1917 report he says: "Of the youthful offenders committed to Reformatories last year 84.37 per cent. of the boys and 85.71 per cent. of the girls were illiterate or could only read and write imperfectly." The statement in 1917 as regards Industrial Schools was as follows:—"Of the children who were 8 years of age and over on admission 39.42 per cent. of the boys and 29.14 per cent. of the girls were illiterate; and 41.74 per cent. of the boys, and 49.37 per cent. of the girls could only read and write imperfectly. Only 18.84 per cent. of the boys and 21.67 per cent. of the girls showed a moderate proficiency in reading and writing or could read and write well."

47. Separate figures for the North of Ireland are not yet available, but close observation of the Schools which we inspected leads us to the conclusion that the ratio of illiteracy is considerably less than that quoted above as the average for Ireland. Be that as it may, it seems beyond doubt that the need of these children for a thorough grounding in reading, writing, and arithmetic is urgent, and the workshop training should be subordinated to it in view of the fact that their period of detention is in most cases but a few years. Such a desirable change can only be effected by relieving the financial stringency which is the root cause of the present state of affairs.

48. With a view to facilitate a proper balance between literary and industrial education, and disregarding other possible reasons, we might suggest, although it does not strictly fall within our terms of reference, the desirability of considering whether or not the Minister of Home Affairs should be empowered to delegate to the Ministry of Education such of the functions of the Ministry of Home Affairs in connection with Reformatory and Industrial Schools as after consultation with the Minister of Education he may see fit.

49. In his report of 1916 the Inspector of Reformatories and Industrial Schools points out: "Of the 79 boys between 12 and 14 years of age committed to Reformatories, 29 had not been previously convicted, 28 were convicted once, 11 twice, 6 three times, 3 four times, 1 five times and 1 seven times. Of the 88 boys between 14 and 16 years of age committed, 42 had not been previously convicted, 25 were convicted once, 16 twice, 4 three times, and 1 four times."

50. In the 1917 report the corresponding figures are 46 committed between the ages of 12 and 14 years, of whom 16 had not been previously convicted, 12 were convicted once, 13 twice, 3 three times, 1 four times and 1 eight times. Of the 82 boys between the ages of 14 and 16 years committed, 46 had not been previously convicted, 15 were convicted once, 14 twice, 5 three times, and 2 four times. Out of a total of 128 boys committed to Reformatories in 1917 in Ireland, there were 31 from Belfast and 16 from the rest of Northern Ireland.

51. Tables are appended shewing the various heads under which committals to Reformatories and Industrial Schools have been made, and the areas from which those committed were drawn, and it will be seen that "begging" and "found wandering" constitute the two chief causes of committals to Industrial Schools.

52. In his evidence before us the Commissioner of Police for Belfast expressed the following view:—

"I consider that the Children Act, 1908, part IV, contains ample provision for the committal of children to Industrial Schools, and subsequent disposal of them afterwards, and that all that is necessary is to provide ways and means for the carrying out of the spirit of its provisions."

JUVENILE COURTS.

53. It has been suggested to us by more than one witness that it is desirable that the Courts by which cases under the Children Act are heard in Belfast should sit at a place other than the building in which Petty Sessions cases are heard, so that the risk of children being brought into contact with police court habitues and criminals should as far as possible be eliminated. This question forms no part of our terms of reference, but in view of the importance attached to the suggestion we desire to place it formally upon record for consideration. The practice in Belfast is that the general public are excluded from the children's Court and that the children are kept in a room quite separate from that in which adults are detained during the sittings of Courts. In rural areas the suggestion would be difficult if not impracticable, but the cases dealt with in country districts are comparatively few.

PLACES OF DETENTION.

54. Another practice complained of is the sending of children on remand to Reformatories or Industrial Schools which are registered as places of Detention, even though they may afterwards be placed upon Probation, or discharged, at the resumed hearing. As the local authority is made responsible for a certain proportion of the cost of maintenance in the event of committal to a Certified School, it is entitled to a reasonable opportunity for making inquiry as to whether the case is one in which a public charge should be so incurred, and whether the parent should not be required to contribute to the cost. Where the case is brought forward at the instance of some persons other than the police the latter must also have time for inquiries. In such circumstances a remand is inevitable. It has been suggested to us that the sending of children and young persons on remand to Industrial Schools and Reformatories is unsettling to the inmates and subversive of discipline. If there be substance in this complaint it might be met by segregating them

during the period of remand from those already committed. In view of the reduced numbers in these Schools this should not present any great difficulty. The objection, however, went deeper than this and opposed the idea of sending them to these Schools at all unless when definitely committed for a term. The only other place available for remand cases would be the common prison or the Workhouse, and the objections urged would apply with equal if not with greater force to these places, where the risk of contamination would certainly not be less.

CARE AND AFTER CARE.

55. We have in an earlier passage of this report quoted at some length from the report of the Chief Inspector of Reformatories and Industrial Schools certain passages which indicate the after-careers of the children who pass through these institutions. We have no reason to doubt these statistics and they were confirmed in detail by the evidence submitted to us by various witnesses. It must be remembered that the raw material which has to be moulded into good citizens is of an inferior type. Nearly all of the children admitted had been brought up in unhealthy surroundings and under conditions which tend to a low state of vitality and an enfeebled constitution which makes them easy victims to disease. They are almost invariably underfed and stunted. A considerable period elapses before care and good food begin to tell their story. The health record of the various institutions has been the subject of frequent and favourable comment by the Chief Inspector. Considering the increased cost of food stuffs and the financial stringency, the articles of food comprising the scale diets in the Schools are on the whole sufficient though in some respects restricted. Whilst not necessarily expensive, the dietaries are as varied and nutritious as the financial circumstances of the Institutions permit. Dr. W. G. MacKenzie, Medical Officer Balmoral Industrial School, submitted to us a table of comparisons in heights, weights and ages as between Balmoral Industrial School boys and boys in similar institutions across channel which was decidedly in favour of the Balmoral Boys.

56. A good deal of attention is devoted to the training of the boys and girls in the various schools. We have already indicated that we attach great importance to literary training on true educational lines. We understand that the Lynn Committee on Education has had under review the question of school curricula and the status and salary of teachers in these Institutions. We refrain for that reason from indicating our opinions on the subject beyond expressing the hope that thoroughly competent teachers will be provided for these children, who because of their early surroundings are dull and sadly neglected, and the victims as well of totally inadequate school accommodation. None is in such dire need, or so sadly below the general educational standard. They deserve and need the utmost encouragement and assistance that can be provided if they are to be so equipped as to have a fair chance of success in the effort for a decent existence.

57. The workshop equipment for the boys in most cases leaves much to be desired. As a rule they are instructed in the various crafts by well skilled overseers. Carpentry, farm work, tailoring and shoe-making seem to be the favourite occupations. Some go into the army and others enter the ranks of unskilled or partly skilled labour. The records compiled show that about 90 per cent. are in regular employ-

ment, and about 6½ per cent. in casual employment. Practical agriculture and gardening are taught and the demand for boys trained in these subjects is good. It was submitted to us that difficulty was experienced in finding employment for boys in skilled trades on leaving the schools. The difficulty it was stated arises to some extent from a reluctance upon the part of employers to pay more than apprentice wages though the boys have reached a considerable standard of proficiency and can turn out quite good work, and also to a certain unwillingness upon the part of trade unions to recognise those who have not been regularly apprenticed to trades. To whatever extent these statements may be true they constitute a source of peril to the boys. The Managers of the Institutions from which these boys go out to the world try to give them a place in life and prevent them from returning to the old evil surroundings and habits. They are generally found suitable lodgings and jobs, visited, advised and encouraged to lead straight lives.

58. If, however, they are not to be paid the full value of their labour, or if given the cold shoulder or exploited, the struggle can be made practically impossible. Where agriculture is the calling this difficulty is not experienced because maintenance is a part of the contract. The trouble is confined largely to trades.

59. The Schools and Reformatories from their all too meagre funds can only provide boys and girls with a suitable outfit for civil life and perhaps a few shillings in addition to tide them over the first few days. Despite all these difficulties the records of success are truly wonderful, but the struggle is made needlessly difficult for many of these boys. We call attention to the statements made to us in the earnest hope that if true and to whatever extent they are true those concerned will abandon the practices complained of, and hold out a helping hand to these young people, many of whom are orphans or what is worse the children of parents who have blighted their young lives.

60. There is great scope here for philanthropic agencies like the Belfast Working Boys' Home, and similar Institutions for girls to extend their facilities and aid these young citizens in their struggle to become self-supporting by providing accommodation for them at a cheap rate and surrounding them with a wholesome atmosphere and good influences until they can fully maintain themselves.

61. We recommend that a Capitation Grant not exceeding 2/6 per week be paid by the Government and a corresponding sum be paid by Local Authorities to Certified Auxiliary Homes for committed children under sixteen years of age who have been released on licence for apprenticeship purposes before expiry of their periods of detention. We also recommend that corresponding payments be made in like manner for committed children resident in Auxiliary Homes certified as per Section 51 of the Children Act, 1908, up to 18 years of age. These contributions to be made only to whatever degree it is shown to be necessary for the proper maintenance of the young persons so committed. Assuming the average number of such cases in such Auxiliary Homes to be 20, which is the present figure, the total cost under this head to the Government would be £130 per annum with a corresponding contribution from the Local Authority. We are satisfied that great advantage would accrue from the expenditure of this small sum.

62. We do not know whether for the first few weeks or months after beginning work outside it would be possible to give to boys who may

not be able to pay their way sleeping accommodation in the schools where they were trained. If this could be done it might greatly simplify the problem of after care at the most critical period of all. The necessary steps would of course have to be taken to regularise such a practice as this.

COST OF THE SCHOOLS

63. We have indicated how precarious is the position of all the schools and reformatories except Balmoral Industrial School which is owned by the Belfast City Council. A table is appended shewing the average cost of the several institutions. The average cost naturally varies in accordance with rent and other charges. The figure for Hampton House Industrial School, it has been explained to us, is somewhat misleading because within the period covered by the return certain charges had to be paid which properly belonged to a full year; allowing for these payments the average charge would be about 17/- or 18/- per head per week.

64. The system of payments for children in similar schools in England and Scotland by means of a capitation grant has been radically changed during the past three years. That change became imperative by reason of the fact that there arose circumstances similar in character to those from which these institutions now suffer in Northern Ireland. New Regulations were made in England and Scotland. Broadly speaking these regulations provide that each school shall furnish an estimate of its income from all sources and of its expenditure. From these estimates the average cost of maintenance per week per child is calculated for *all* the voluntary schools in England (or Scotland as the case may be). Half this average cost is paid by the local authority and the remainder of the amount required to cover the estimated approved expenditure on maintenance is provided from Government funds.

65. There are some small exceptions to the above arrangements, but the main idea underlying the scheme would appear to be that the Local Authorities and the State should share equally the cost of maintaining these children.

66. The English Home Office Circular No. 333592 and dated 5th December, 1919, sets out the scheme in extenso. We quote the following passages as specially worthy of attention :—

(Para. 3).

The economic conditions following on the war have had a serious effect on the finances of the schools, with the result that many of them are unable to pay their way and have been obliged to incur heavy debts owing to the higher cost of maintenance. In this crippled condition they are not able to face the demands which the conditions brought about by the war have imposed upon them, and there is a serious risk that some schools will have to be closed or will fail to maintain a proper standard of efficiency.

(Para. 6).

After full consideration of the problem the Treasury and the Home Office have prepared a scheme, which, while providing against extravagance, will relieve the schools of their financial embarrassments and enable them to carry out the reforms which are required. The scheme is based on the general principle that in future the cost of maintaining the schools should be equally divided between the State and local authorities.

(Para. 7).

In the case of schools maintained by local authorities the Government Grant will take the form of (a) a sum equal to half the approved net

expenditure falling upon the local authority, including loan charges in respect of capital expenditure, and (b) a sum equal to one-half of the net amount received by the Home Office from parental contributions in respect of children maintained by the local authority in its schools. Local authorities who maintain schools of their own will be asked to send to the Home Office towards the end of each calendar year an estimate of the cost of maintenance for the following financial year. Instructions as to the form of the estimate will be given in due course. Similarly, estimates of all capital expenditure will require approval by the Home Office before the expenditure is incurred.

(Para. 8).

In the case of voluntary schools, the same general principle of the cost being equally shared between the Government and the local authorities will be applied, but local authorities will be asked to pay in future a fixed rate for every child committed, which will be the same for all schools in England and Wales. There will be one rate for ordinary cases and another rate for special schools or children specially treated in ordinary schools, and these rates will cover the whole liability of the local authorities in respect of maintenance while the child is in the school. The Exchequer contribution on the other hand will not be based on fixed capita- tion grants, but on the actual cost of maintaining each school up to an amount approved by the Secretary of State.

(Para. 9).

The method of giving effect to these principles will be as follows:— The Managers of every voluntary school will be required to submit to the Home Office towards the close of each calendar year a detailed estimate of the cost of maintaining the school during the financial year beginning on the 1st April following. Maintenance will be held to include not only the ordinary cost of salaries, clothing, food, etc., but rent charges, loan charges (including sinking fund charges), renewals and repairs, disposals and after-care, and superannuation. Each estimate will be closely scrutinised in the Reformatory and Industrial Schools Department, and it will be approved either with or without amendment as the case may be. As regards children committed at the instance of the Poor Law Guardians and for non-committed children received as voluntary inmates the whole cost must be provided by the guardians or by voluntary funds as the case may be. Accordingly, in preparing the estimate of cost the number of such cases and the amounts to be received in respect of them will be shown separately; and no part of the cost of maintaining such Children will be included in the estimate of cost on which the Government Grant and the Local Authority's contribution will be based. Similarly any children sent to the school under Section 84 of the children Act by the Secretary of State on a conditional pardon will be shown separately: the total cost of such cases will be met from the Exchequer grants and no part of the cost will be chargeable to local Authorities.

(Para. 10).

When all the estimates have been settled the Home Office will calculate what will be the average cost per child per week in voluntary schools for the ensuing year—taking one school with another throughout the country—(a) for ordinary schools, (b) for special schools, and local authorities will be asked to pay capitation grants equal to half the average net cost. Every local authority will then know precisely what is the appropriate sum required from them for the ensuing year, and the anomalies of the existing system under which each school fixes its charges by negotiation with each local authority will be brought to an end. At present the charges made to local authorities differ considerably and some local authorities pay higher contributions than others to the same school.

(Para. 11).

The remainder of the amount required to cover the estimated approved expenditure on maintenance will be provided by the Exchequer. Each school, after its estimate has been approved, will be informed what is the total sum approved for its maintenance in the following year and will receive in that year Treasury grants equal to the difference between the total approved estimate and the sum payable by the local authorities.

(Para. 12).

After the end of the year, when the accounts have been audited, the estimated expenditure will be compared with the actual expenditure

and any necessary adjustments will then be made. In cases where the estimated expenditure is not reached the grant will be adjusted to the actual expenditure. No grant will be paid in respect of any expenditure which exceeds the estimate unless the approval of the Home Office has been obtained to such excess expenditure.

No adjustment will be made in respect of the amounts received from local authorities, but any excess or deficit in comparison with the actual figures of half the expenditure for the year will be taken into account in fixing the flat rates payable for the following year.

67. We recommend the application of the principle and procedure quoted above as the answer to the query as to "what proportion should be borne by the Exchequer and Local Authorities respectively of the cost of the Schools." We recommend it as equally necessary in the case of Northern Ireland. The claim cannot in justice be denied.

68. The evidence of Mr. Geale, the Belfast City Accountant, on this point was very clear and cogent as was that of Mr. Millar, Secretary to the Antrim County Council. Mr. Geale called attention to the growing practice of passing social legislation, the cost of which has fallen upon local Authorities until the whole incidence of local rating has been completely changed, necessitating the introduction of Government grants in aid of local expenditure. In existing circumstances he claimed that less than half the average cost of maintenance as a contribution from the State would not be fair.

69. We must also point out that the enormous reduction in the number of committals to Reformatories and Industrial Schools in recent years has greatly diminished the amount of the State contribution which is fixed on a capitation basis.

70. The vigorous operation of the Probation of Offenders Act and the goods results achieved by it make it certain that there will never again be anything like the former number of committals in Northern Ireland. The committals have dropped to the extent of at least *fifty* per cent. Paying at twice the old capitation rate on the existing Reformatory and Industrial Schools population the total State contribution would scarcely exceed the total sum at the old rate. In the summary of receipts and expenditure for 1916 set out in the official report of the Chief Inspector (P 25) it is shown that the Treasury grants for all Ireland amounted to £105,137, out of a total expenditure of £198,089, which is more than one half of the total. Voluntary contributions will no doubt decline under the changed conditions proposed. But the very existence of the Schools is involved. The change suggested must either be made or a number of the Schools will collapse.

71. It is difficult to estimate exactly the cost of the recommendations made by us, because there are no sufficient or reliable data on which to frame a correct estimate. In England the cost of Schools, we are informed, works out about 24/- per head per week; in Scotland at about 22/- per head per week. In our opinion the cost of our recommendations would not exceed the average cost for England and Scotland. The Cost to Government at the English rate based on the estimated number in this year's estimates would be about £20,904 per year. At the Scottish rate on the same basis it would be about £19,162 per year. Assuming the average cost in Northern Ireland to be 20/- per head per week, and half the cost to be a State Charge, the cost of the present numbers at 10/- per head per week would be £17,420 per year. The amount required at the existing capitation

rates for current year on the same numbers is £13,255. If the full numbers for which the Schools hold Treasury Certificates had to be paid for, we note the cost to Government would be about £28,500 per year at the current Capitation rates.

PARENTAL CONTRIBUTIONS.

72. Section 75 of the Children Act, 1908, deals with contributions by parents. By Order in Council the maximum amounts which parents may be ordered to contribute are 5/- per week in the case of children sent to Industrial Schools, and 6/- per week in the case of youths sent to Reformatory Schools. Magistrates when making Committal Orders, fix the amounts after evidence as to the means of the parent or guardian.

73. We were informed by the Commissioner of Police that in Belfast a Constable is appointed in each Police District to act as Collector of contributions so imposed. He pays the total to his District Inspector, who credits the amount (less the sum of 20 per cent. commission allowed to the Collector) to an account kept with the Inspector of Reformatories and Industrial Schools. The sums actually obtained by the Constable from parents vary from 2d. per youth per week, up to 5/-. Full contributions are rarely recovered. A similar method is pursued in the various counties. We submit a table on page 10 shewing the sums actually collected in Northern Ireland for the year 1922.

74. One of the collectors examined before us stated that there was very great difficulty in collecting the sums imposed, by reason of the poverty of those against whom orders were made, and also because of the fact that they frequently removed to other districts without giving any notice, and trace of them was lost. In the case of failure, payment, where possible, may be enforced by Summons under Section 75 of the Children Act, 1908. Section 25 of the Reformatories Act, 1868, which still remains in force, provides for enforcement by distress, or imprisonment in default. The Constable who acts as Collector takes proceedings at the instance of the Inspector in such cases and makes application for the issue of the necessary summons.

75. Section 76 of the Children Act, 1908, provides for cost of conveyance of children to Reformatory and Industrial Schools. It will be seen that the expense is borne by the State except in cases where a child is committed to an Industrial School at the instance of the local Education Authority.

76. In all cases when a child is about to be committed to an Industrial School a policeman is specially detailed to make enquiries, mainly to ascertain if it is a suitable case, as it has occurred that persons send children on the street to beg merely to qualify for committal. The policeman who investigates makes a Deposition before the Magistrates setting forth such facts as will satisfy them whether or not the child is so circumstanced that if not rescued from its surroundings it will grow up in vice and add to the criminality of the community. This police inquiry aims at ensuring that no child who can properly be maintained and looked after by its parent or guardian will become a burden on the State, and it also aims at ensuring that the Court shall be made aware of the facts as to the capacity of the parents to make a contribution to the cost of maintenance.

77. We have no hesitation in saying that the sums collected from parents or guardians in this way should, as is the case in England

and Scotland, be divided equally between the local authorities concerned and the State. If the local authority is expected to bear half the cost of maintenance, it should equally share in payments that are made by way of relief of costs of maintenance.

78. We are of opinion that in view of the improved conditions closer attention can now be paid by the police to the collection of sums imposed by the magistrates than was possible during the recent disturbed state of affairs. We think also that close inquiry should be made into every case with a view of eliciting for the Courts the extent to which those responsible are able to contribute to the maintenance of children proposed to be committed.

THE BORSTAL SYSTEM.

79. Borstal is a village on the hills above Chatham, where stands the original Borstal Institution, hence the name "Borstal" system.

80. Borstal Institutions are the outcome of experiments made as part of the prison system by Sir Evelyn Ruggles-Brise and his colleagues of the English Prison Commission in their desire to rescue young Offenders from becoming habitual criminals.

81. In 1908, when the success of those experiments had been demonstrated, Borstal Institutions were established by Statute in the passing of the Prevention of Crime Act, 1908.

82. Borstal Institutions are State Reformatories differing from ordinary Reformatories in that they are the property of the State, and deal with young people at a later age (16-21 years) so that provision had to be made for safe custody in the early stages of the inmate's training, but the general methods approximate to those of a Reformatory and are in steady process of development on Reformatory and Industrial School lines.

83. For England and Wales there are at present three such Institutions for boys—one at Borstal, one at Feltham, one at Portland—and one for girls at Aylesbury. A wing of the prison at Wormwood Scrubbs, London, is also at present set apart for the custody of boys whose conduct at Borstal or Feltham had appeared to deserve severer methods, and also for boys whose licences have been revoked owing to their bad conduct while on supervision after leaving the Institutions. The Institutions have accommodation for over 1,000 boys and 200 girls.

84. The only Borstal Institution in Ireland is at Clonmel in a disused prison, adapted for that purpose. The inmates are temporarily accommodated at Kilkenny at present owing to the fact that the military authorities have had to commandeer the Institution at Clonmel. A statement below on page 25 shows the number of persons from Northern Ireland who are domiciled in the English and Free State Borsstals respectively.

85. A young offender may be sent to a Borstal Institution either by a Judge or by a Court of Quarter Sessions, and either on indictment or on committal by a magistrate's Court to Sessions with a recommendation that he be sent to a Borstal Institution, provided:—

1. That he is between 16 and 21 years of age, and
2. That by reason of his criminal habits, tendencies or association with persons of bad character, it is expedient that he should be subject to detention for such term and under such

instruction and discipline as appear most conducive to his reformation and the repression of crime, and

3. That if he is sent on indictment, he has been convicted of an indictable offence ; or that if he is sent up from a Magistrate's Court to Sessions for the purpose of being sent to a Borstal Institution he has been previously convicted of some offence or has broken a condition of Probation.

86. The sentence of detention must be for a term of not less than two years and not more than three, and the Court must consider representations made by the Prison Commissioners and must be satisfied that the offender is likely to profit by the treatment. The same regulations apply in the case of girls.

87. In forming an opinion whether any case should or should not be recommended for Borstal detention, Governors of prisons are asked to bear in mind the following considerations :—

- (1) Under the Act cited above the young offenders to be sent to a Borstal Institution are those of criminal habits or tendencies, or associates of bad characters, who require to be detained for their own reformation and for the repression of crime. Young prisoners, whose previous character is good, are clearly not of this class. Where the offence for which a young offender is to be tried is one of occasion rather than of habit, where he has succumbed to exceptional temptation, is alive to his position and regrets his fall, or where he has reputable friends able and willing to receive him and find him employment when he has served whatever sentence the Court may pass upon him, he should not be recommended for a Borstal Institution. Inquiry should be made of the prisoner's employer or employers, and (if it is found that on some previous occasion he was placed on probation) of the Probation Officer or any other trustworthy person who can report on his character. Inquiry should also be made to ascertain whether he has respectable relatives ready to receive and look after him on discharge, and whether he has followed some occupation or handicraft to which he can return, and
- (2) In the case of a prisoner who has already served a term in a Borstal Institution, it is highly improbable that a Court would pass another sentence of Borstal detention. Such a case should not as a rule be recommended.

88. Whenever the question arises whether a prisoner's physique is, or is not, so poor or so defective as to preclude a recommendation of the case to the Court as suitable, it is laid down that Governors and Medical Officers will bear in mind that he must be able to profit by the instruction and discipline of a Borstal Institution as required by the Act of 1908. That is to say, he must not be mentally deficient or subject to epilepsy, and he must be capable of doing, or of being taught to do, a full day's work at some occupation, whether sedentary or active, by which a living can be earned. Provided this is the case it is not necessary that he should be fit for gymnastics and heavy manual labour.

89. An inmate may be released on licence after six months of the term if a boy, or after three months if a girl. During the unexpired part of a sentence, and for a year thereafter, a boy is bound by the terms

of his licence to satisfy the Authorities through the Borstal Association, that he is living a sober and industrious life, and is residing and working in a place approved by the Association. Any failure on his part to do so renders him liable to be taken back to the Institution for a further period of reformatory training. The same rules apply in the case of a girl. It will be understood that the actual period of detention is not fixed rigidly by the sentence. The Authorities may release their charges at any time after six months. The normal period of training for boys at present is a little short of two years, if the inmate does his best. The period of training in the case of girls is about 2½ years.

90. On his reception at the institution a boy is placed in the Ordinary Grade and is at first engaged mainly in the domestic and other service work of the institution under very close supervision. Promotion to the next grade, Intermediate "A," can be obtained within three months if conduct is satisfactory. This promotion brings with it privileges, such as association for games and meals, and permission to receive visits and letters. Promotion to the next grade, Intermediate "B," follows in another three months, if conduct is still good and increased privileges are gained. The inmate's next promotion is to a Probationary grade. He goes on a period of probation for admission to the next and highest grade, called the special Grade. The period spent on probation varies almost with each inmate. It depends entirely on the character already earned by the probationer in lower grades, and on the degree of trust which can be safely put in him. Having passed through his period of probation successfully, he enters the special Grade, known in English Borstals as the "Blue," the boys change into a blue dress from the brown given them on reception. In this grade a remarkable amount of trust is put in each boy who now works without supervision inside and outside the Institution, earns badge money (according to a scale) which may be spent on small luxuries or sent home, smokes if he so desires, and takes part in outdoor organised games on Saturday afternoon.

91. A boy who behaves badly may be placed by the Governor in a Penal Class, below the ordinary Grade, "below the line" it is called. When a boy is "below the line" he is employed in separation on heavy laborious work, such as stone-breaking and bone grinding. He is not allowed to associate with other inmates. He earns no gratuity. He is given a lower diet and forfeits all privileges.

92. The methods of manual training in use are indicated by the names of the working parties, of which there are about 16, viz. :—Carpenters, Smiths, Shoemakers, Painters, Cooks (including Bakers), Bricklayers, Gardeners, Farm-hands, Laundry Work, Poultry and Pig keeping, Dairy work, Concrete block making, Labouring party, and a party for domestic work of the Institution. In addition there are three special classes, viz. :—Army Class, Commercial Class and Singing Class.

93. Every inmate attends School for three hours on three mornings a week until he can pass out of the third standard, and there are general educational classes on four evenings in each week. Boys are put to trades on the basis of personal aptitude and liking for a particular trade, and not on the basis of the particular Grade in which they

happen to be, which is really a matter of conduct and length of time in the Institution.

94. There were last year 48 youthful offenders who had been committed at various times from Northern Ireland to the Institution at Clonmel in Southern Ireland. The number is now reduced to 40, and as already stated, owing to the state of affairs in Southern Ireland, it has been necessary to transfer them to a disused workhouse at Kilkenny where there are not proper facilities for giving these boys a Borstal training.

95. Mr. A. P. Magill, a witness from the Northern Home Office, stated to us :—

“ We have had to send boys committed to a Borstal Institution since the Northern Ireland Government came into being to the Institution at Feltham in England. While we fully appreciate the assistance which the English Prison Commissioners have given in taking these boys, it is not a satisfactory state of affairs that we should have to send them out of the country. Each boy in Feltham costs us about £121 a year and there are 10 such at present, and of course the boys’ relatives and friends are practically deprived of all chance of seeing them. As a means of reforming boys who are on the threshold of a life of crime the Borstal system, it is claimed, has been a decided success.”

96 In support of the latter claim he submitted the following statement from the Annual Report of the Borstal Association for the year ended 31st March, 1922 :—

“ The following figures show the progress and position on the 31st March, 1922, of the six hundred and fourteen lads and girls who were released from Borstal Institutions on licence during the year which ended on that date :—

- (1) 229 lads were released who were serving their first sentence of detention without having served any previous period in a prison, Borstal Institution, Reformatory or Industrial School ; of these
204 were reported as satisfactory, *i.e.*, 89 per cent.
10 had incurred an unsatisfactory report.
15 had been re-convicted.
- (2) 229 lads were released who had previously served a period of detention in a Prison, Reformatory or Industrial School ; of these,
185 were reported as satisfactory, *i.e.*, 80 per cent.
14 had incurred an unsatisfactory report.
30 had been re-convicted.
- (3) 65 lads were released who were serving a second period of training having been taken back after revocation of licence ; of these,
38 were reported as satisfactory, *i.e.*, 58 per cent.
14 had incurred an unsatisfactory report.
13 had been re-convicted.
- (4) 13 lads were released who had served a second sentence of detention at a Borstal Institution ; of these,
9 were reported as satisfactory, *i.e.*, 69 per cent.
3 had incurred an unsatisfactory report.
1 had been re-convicted.
- (5) 31 girls were released who were serving their first sentence of detention without having served any previous period in a Prison, Borstal Institution, Reformatory or Industrial School ; of these,
23 were reported as satisfactory, *i.e.*, 74 per cent.
5 had incurred an unsatisfactory report.
3 had been re-convicted.
- (6) 38 girls were released who had previously served a period of detention in a Prison, Reformatory or Industrial School ; of these,
19 were reported as satisfactory, *i.e.*, 50 per cent.
13 had incurred an unsatisfactory report.
6 had been re-convicted.

- (7) 9 girls were released who were serving a second period of training, having been taken back after revocation of licence; of these,
6 were reported as satisfactory, i.e., 66 per cent.
2 had incurred an unsatisfactory report,
1 had been re-convicted.

97. Whether a separate Borstal Institution should now be provided in Northern Ireland by the Northern Government is a question not easily answered. So long as committals are made by judges, either there must be an institution provided for them in Northern Ireland or an arrangement must be made with the controllers of existing Institutions elsewhere. The main question, therefore, is which is the more economic proposition. The cost of maintenance per head per annum which is at present paid by the Northern Government to the English Prison Commissioners is £121. The cost of the boys sent to Clonmel (for the moment located at Kilkenny) is over £123 per head per annum. Taking the English figure as a basis the cost for the 50 would be £6,050 per annum. Were they all maintained at Clonmel the cost would be £6,150.

98. We have no means of definitely determining what would be the capital outlay necessary for the proper construction and equipment of an up-to-date Borstal Institution with its various workshops and adjuncts, but, no doubt, the Ministry can be advised by its experts on this point. Were it possible to secure an existing building of a suitable kind, such capital outlay would be much reduced. We find difficulty, however, in believing that whatever the cost of erection might be, the average cost of maintenance per head including all overhead charges, could conceivably be so low a figure as £123 per head. An Institution with an average of 50 inmates would mean that the varieties of trades taught could not be so numerous as in an Institution such as that at Feltham with its 400 inmates. There would, therefore, be a lowering of the standard of efficiency in the necessarily smaller Institution, and the average cost would probably be higher. It may, however, be pointed out that were a Borstal Institution provided in Northern Ireland, the money now sent elsewhere would be expended at home, and friends would have access to those committed at much less cost than obtains under existing conditions. Furthermore, there is no guarantee that the accommodation necessary for the number of boys that might reasonably be expected to be committed from Northern Ireland Courts can at all times be secured in existing Borstal Institutions. The probable higher cost per head might be set off against the decided advantage of spending the money at home and having ample accommodation for the numbers that might be committed. On the whole, therefore, we are of opinion that, provided a suitable building can be found and equipped at a reasonable expenditure, it would be in the interests of the public that a Borstal Institution within Northern Ireland should be established forthwith for the reception and training of youths committed thereto from Northern Ireland Courts. If it were possible to utilise part of the Institution for giving modified Borstal treatment to prisoners under 21 years of age in accordance with the Criminal Justice Administration Act, 1914, it would be a solution of the difficulty as regards this class of young prisoners and would result in a reduction of the cost per head.

99. We do not recommend the provision of a separate Borstal Institution for females as the evidence submitted to us was entirely opposed to such a step, and in addition the number of committals

of females is much too small to justify the expenditure that would be involved.

100. We wish to record our special appreciation of the manner in which Mr. R. Clarke has discharged his duties as Secretary to the Committee. He so arranged our proceedings that the convenience of witnesses and the Committee was served to mutual advantage. The preparation of statistics, etc., left nothing to be desired. The labours of the Committee were appreciably lightened by his anticipation of, and preparation for, various contingencies.

SUMMARY OF RECOMMENDATIONS.

101. The following is a summary of our principal recommendations :

1. (a) The provision as far as possible of Juvenile Courts in separate buildings to be considered ; (b) Children and Young Persons sent on remand to Reformatory or Industrial Schools used as Places of Detention to be kept separate from those already committed.

2. Thorough investigation by the Magistrates of all the circumstances of a case brought before them should be insisted on.

3. (a) Payment of a Capitation Grant of 2/6 per head per week to Certified Auxiliary Homes from Government Funds and an equal amount from Local Authorities in respect of committed children resident in the Homes ; (b) free sleeping accommodation in the School to be allowed to an ex-inmate for the first few months after leaving such if considered necessary.

4. Adoption of the English and Scottish system of financing these schools whereby the cost will be divided equally between State funds and contributions by Local Authorities.

5. Parental Contributions to be enforced and divided equally between Government and Local Authority concerned ; steps to be taken to make a more effective collection of the Money ordered by Magistrates to be paid by parents.

6. Provided suitable buildings at a reasonable cost are available a Borstal Institution should be established in Northern Ireland for boys, but not for girls.

7. Minister of Home Affairs to be given powers to transfer to the Ministry of Education as much of his functions over these Schools as he sees fit.

8. Desirability of abandoning the use of the word " Reformatory " and substituting therefor the words " Training School. "

9. Only entirely separate premises to be certified for use as Reformatories.

We have the honour to be Sir,

Yours faithfully,

(Signed). THOMAS MOLES (*Chairman*).
BARBARA CAREY.
FLORENCE F. CLARK.
D. A. CHART. (1)
WILLIAM R. DAWSON.
W. A. HOUSTON.
S. M'GUFFIN.
ALEXANDER MISCAMPBELL.
J. MORWOOD.
JAMES MURPHY.
J. D.. WILLIAMSON.

R. CLARKE, *Secretary*.
1st May, 1923.

(1) Subject to the following reservation.

disease of an epidemic character occurred. There were, however, four deaths—2 in the girls' school at Middletown and 2 in the girls' school at Whiteabbey.

Education.

In all the Schools the classroom work of the teachers and inmates was periodically supervised by the Inspectors of the Ministry of Education whose reports on the Schools indicated that the teaching continued to be conducted with creditable efficiency and that a high standard had been maintained in all the literary grades.

Industrial Training.

The industrial training in the Schools continues to progress satisfactorily, a large number of the boys being usefully employed in the trades shops in each School, where they are taught carpentry, tailoring, and boot-making. Agriculture and gardening are engaged in where land is available. The occupations in the girls' schools include housework, cookery, needlework, dressmaking and laundry, and are for the most part intended to fit the pupils for domestic service. Drawing, physical drill, and music are also taught in most of the Schools.

After Care.

Whether the benefit of Reformatory and Industrial School Training is likely to prove permanent cannot be gauged with any degree of certainty for some time after the inmates have been discharged from the School, and with a view to testing this important aspect of School training the careers subsequent to discharge of those who left the Schools three years ago have been analysed. The results have, generally, been found most reassuring.

With regard to Reformatory boys, there were 17 discharged in 1924. At the end of 1927, fourteen of these were in regular employment (including 5 in the Army and one in the Navy) and their character and conduct were reported as being satisfactory. One boy was unemployed, the whereabouts of one was unknown, and in only one case was the report unsatisfactory, the boy having reverted to evil courses and having been committed to prison.

In the case of children discharged from Industrial Schools three years ago, the results are equally gratifying. Of the 49 boys then discharged, one has since died, leaving 48 to be reported upon. Of these 48 were in regular employment at the end of 1927 (9 of them being in the Army and 18 engaged in farming, including one in Australia), and 5 were not in regular employment, the character and conduct in the cases of 44 of these boys being stated to be most satisfactory, while one was fairly satisfactory, and 3 were unsatisfactory, 2 of the latter having been convicted of offences and committed to a Borstal Institution.

As regards the girls, 47 were discharged in 1924, of whom one has since died, leaving 46 to be reported upon. Of these, 44 were in regular employment at the end of 1927 (the majority, some 24,

being in domestic service, and 3 in waterrooms). Only 2 were not in regular employment. The reports as to character were wholly satisfactory in the cases of 41 of these girls; 2 were fairly satisfactory, and 3 were recorded as unsatisfactory.

Parental Contributions.

Section 75 (1) of the Children Act, 1908, imposes a liability on the parent of a child in a certified School to contribute a weekly sum towards the cost of maintenance. The total amount collected during the year was £1,030 9s 2d, of which £682 7s 5d was for Industrial and £348 1s 9d for Reformatory School cases. Notwithstanding the diminished numbers in the Schools these contributions show a substantial increase over any previous year since the transfer of this service to the Northern Ireland Government, when the total amount collected for the first completed year ended 31st December, 1922, was only £657 7s 4d. The parental contribution is a valuable method of impressing upon certain types of parents their responsibility for the maintenance of their children, and is enforced in every case where this can be done without undue hardship.

LUNACY ADMINISTRATION.

Report on the District Lunatic Asylums and the Private Asylum in Northern Ireland by Lieut.-Col. W. R. Dawson, O.B.E., M.D., F.R.C.P.I., and N. C. Patrick, Esq., B.A., M.R.C.S., L.R.C.P. (Lond.), Inspectors of Lunatics.

This report deals with the condition and management of Lunatics and Lunatic Asylums in Northern Ireland during the year 1927, including Northern Ireland cases in the Central Criminal Lunatic Asylum at Dundrum, Co. Dublin.

The following Summary shows the number and distribution of the insane under official cognizance on the 31st December, 1927, as compared with the number and distribution on 31st December, 1926 :—

	On 31st December, 1926.			On 31st December, 1927.		
	Male	Females	Total	Males	Females	Total
In District Asylums	2,259	1,033	4,192	2,833	1,077	4,300
Northern Ireland cases in Central Criminal Lunatic Asylum, Dundrum, County Dublin	18	4	22	18	4	22
In the Private Asylum	7	39	36	9	32	41
In Workhouses and District Hospitals	181	199	383	133	186	319
Chancery Patients in Unlicensed Houses*	112	120	232	112	120	232
Totals	2,480	2,185	4,665	2,995	2,209	4,714

*I.e., individual cases, it being illegal to detain more than one insane person in any unlicensed house (5 & 6 Vic., c. 123, sec. 3).
 (These numbers are approximate, the exact figures not being available).

M. J.

STATUTORY RULES AND ORDERS OF
NORTHERN IRELAND

1952. No. 132

TRAINING SCHOOLS

Rules

RULES, DATED 24TH JULY, 1952, MADE BY THE MINISTRY OF HOME AFFAIRS UNDER PARAGRAPH 1 OF THE FOURTH SCHEDULE TO THE CHILDREN AND YOUNG PERSONS ACT (NORTHERN IRELAND), 1950.

The Ministry of Home Affairs by virtue of the powers conferred upon it by paragraph 1 of the Fourth Schedule to the Children and Young Persons Act (Northern Ireland), 1950, and of all other powers enabling it in that behalf, hereby makes the following Rules :—

1. These Rules may be cited as the Training School Rules (Northern Ireland), 1952.
2. These Rules shall come into operation on the 1st day of October, 1952.
3. In these Rules the following expressions have the meanings hereby respectively assigned to them, that is to say :—
 - “ the Act ” means the Children and Young Persons Act (Northern Ireland), 1950 ;
 - “ the Ministry ” means the Ministry of Home Affairs for Northern Ireland ;
 - “ Fire Service ” means in the area of the County Borough of Belfast the Belfast Fire Brigade and elsewhere in Northern Ireland the Northern Ireland Fire Authority ;
 - “ school ” means a training school approved by the Ministry under section one hundred and six of the Children and Young Persons Act (N.I.), 1950 ;
 - “ Board of Management ”, in relation to a training school established or taken over by a local authority, means the local authority, and, in relation to any other training school, other than those under Government ownership, means the persons for the time being having the management or control thereof ;
 - “ Manager ” means the person appointed by the Board of Management to take charge of the school ;
 - “ Inspector ” means any one of the Inspectors appointed by the Ministry of Home Affairs under section one hundred and thirty-six of the Children and Young Persons Act (N.I.), 1950.

Management

4. Two at least of the Board of Management of a boys' school shall be women, and two at least of the Board of Management of a girls' school shall be men.

5. The Board of Management shall appoint a finance committee and such other committees as they think necessary for the efficient management of the school. Any committee so appointed shall have such powers or duties as the Board of Management may determine.

6. The Board of Management shall appoint one of their number to be Chairman.

7. The Board of Management shall notify to the Ministry the names and addresses of their members and shall similarly notify any change due to death, retirement or other cause.

8. The Board of Management shall meet so far as practicable once a month at the school.

9. The Board of Management and any committee appointed by them shall keep minutes of their proceedings and these minutes shall be open to inspection by an Inspector of the Ministry.

10.—(1) The Board of Management shall maintain an efficient standard throughout the school and for this purpose they shall take into consideration any report which may be communicated to them by or on behalf of the Ministry.

(2) It shall be the duty of the Board of Management to ensure that the condition of the school and the training, welfare and education of the boys and girls under their care are satisfactory, and for this purpose they shall pay frequent visits to the school.

(3) The school shall be visited at least once a month by at least one member of the Board of Management, who shall satisfy himself regarding the care of the boys or girls and the state of the school, and shall enter his conclusions in the Log Book or other convenient record kept at the school.

(4) The Board of Management shall exercise an effective control over all expenditure.

11. The name of the school shall be chosen by the Board of Management subject to the approval of the Ministry.

Accommodation

12.—(1) The number of boys or girls resident in a school at any time, whether sent under the provisions of the Act or not, shall not exceed such number as may be fixed for that school from time to time by the Ministry.

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(2) Except with the special authority of the Ministry the Board of Management shall not receive or retain in the school any boy or girl otherwise than in accordance with the classification of the school as determined by the Ministry in pursuance of sub-section (1) of section one hundred and nine of the Act.

Stores Accounting and Stocktaking

13.—(1) The Board of Management shall arrange for the introduction of a system of stores accounting to ensure that adequate control is exercised over the various supplies of materials, equipment and other stores purchased for use at the school.

(2) Arrangements shall be made by the Board of Management for complete stocktaking to be held at the school not later than 31st March each year, and for a copy of the stocktaker's report to be furnished to the Ministry.

Fire Precautions

14. The Board of Management shall —

- (a) obtain the advice of the Fire Service before opening a new Training School or making any structural alterations to an existing school ;
- (b) arrange for the periodic inspection of the school by the Fire Service ;
- (c) ensure that fire drills are carried out at regular intervals so that the staff and the pupils are well versed in the procedure for saving life in case of fire ;
- (d) arrange for a report to be sent to the Ministry forthwith in the event of an outbreak of fire in the school.

Appointment of Staff

15.—(1) The Board of Management shall be responsible for the appointment, suspension or dismissal of the staff of the school : provided that no person shall be appointed to the staff of the school without the Ministry's approval.

(2) Any vacancy for a manager shall be advertised unless the Board of Management obtains the consent of the Ministry to dispense with this requirement.

16. The manager, deputy manager, matron, teachers and instructors shall be employed under a written agreement, or, in the case of a local authority school, under a minute of the local authority.

17. Except with the consent of the Ministry no member of the staff shall be retained after he has reached the age of 65 years.

18. In every school, not being a local authority school, the Board of Management shall cause to be given to every member of the staff who is not eligible for superannuation under the Teachers' Superannuation

Acts immediately on his or her appointment a copy of the superannuation scheme approved by the Ministry, and shall take such steps as are necessary to allow any eligible member to enter the scheme.

Manager

19.—(1) The manager shall be responsible to the Board of Management for the efficient conduct of the school.

(2) He shall keep a Register of Admissions and Discharges in which shall be recorded all admissions, licences, revocations of licences, recalls, releases and discharges ; a Log Book in which shall be entered every event of importance connected with the school ; a Daily Register of the presence or absence of each boy or girl ; and a Punishment Book. These shall be available for inspection by the Board of Management at all times. The Log Book shall be laid before the Board of Management at each of their meetings and shall be signed by the chairman.

(3) The manager shall not incur any expenditure, other than petty expenditure within a limit approved by the Board of Management, without their previous sanction or that of a member of the Board authorised to act on their behalf.

20. The manager, with the approval of the Board of Management, shall determine the duties of the other members of the staff. These duties may include duties connected with the supervision of the boys or girls in the school, their recreation and their after-care.

21. The manager shall obtain the authority of the Board of Management and shall also notify the Ministry before leaving the school for more than two days.

22.—(1) Where there is no deputy manager the Board of Management shall appoint in writing the principal teacher or other experienced member of the staff to exercise the functions of the manager during the manager's absence and shall communicate to the Ministry the name of the person so appointed.

(2) The deputy manager (or, as the case may be, the person appointed under paragraph (1) of this Rule) shall exercise the functions of the manager during the manager's absence and such of these Rules as relate to the powers and duties of the manager shall apply accordingly.

23. As soon as practicable after the admission of a boy or girl the manager shall inform the parent or guardian of his or her arrival.

Care of Boys and Girls

24. Each pupil shall be provided with a separate bed and shall be kept supplied with suitable clothing similar to that worn in ordinary life.

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25.—(1) Sufficient and varied food, based on a dietary scale to be drawn up by the Board of Management after consultation with the manager and medical officer, shall be provided. The dietary scale shall include a list of dishes and a table of quantities to be supplied to each pupil.

(2) The dietary scale shall be subject to the approval of the Ministry, and, except as provided for by Rule 39 (c), no substantial alteration shall be made in it without the Ministry's approval. A copy shall be kept posted in the school dining-room.

School Routine

26.—(1) The daily routine of the school (including the hours of rising, school-room instruction and practical training, domestic work, meals, recreation and retiring) shall be in accordance with a scheme drawn up by the Board of Management and approved by the Ministry.

(2) A copy of the daily routine shall be kept posted in some conspicuous place in the school.

(3) Any substantial deviation from the daily routine shall be entered in the Log Book and a notification shall be sent forthwith to the Ministry.

Education

27.—(1) The education of the pupils in the school shall be based on the principles of the Education Act (Northern Ireland), 1947, so as to secure efficient full-time primary or secondary education suitable to the age, ability and aptitude of each individual boy or girl while of compulsory school age and his or her further education thereafter as long as he or she remains in the school.

(2) The school-room time-table and syllabus shall be subject to the approval of the Ministry and a copy of the time-table shall be kept posted in the school-room.

28.—(1) The practical training of all pupils shall be in accordance with a scheme drawn up by the Board of Management and approved by the Ministry. Any substantial deviation from the scheme shall be recorded in the Log Book and a notification shall be sent forthwith to the Ministry.

(2) The practical training given to pupils over compulsory school age shall so far as practicable be directed to their preparation for a particular form of employment; regard shall be had to the capacity and preference of each pupil and in all suitable cases the parent or guardian shall be consulted.

29. The attendance of pupils at classes within the school (including classes of practical training) shall be recorded in registers kept for that purpose, and a separate register shall be maintained for each class.

Employment

30. No pupil shall be employed in such a way as to impair his or her capacity for profiting by instruction or to deprive him or her of reasonable recreation and leisure. Children under 12 shall not be employed except in light work such as making their own beds or cleaning their own boots or shoes.

Religious Instruction

31.—(1) Each day shall be begun and ended with prayer. So far as practicable arrangements shall be made for the attendance of the pupils each Sunday at a place of public worship.

(2) Holy days shall be observed in such manner as the Board of Management deem proper.

(3) Where adequate arrangements can be made religious instruction shall be given suited to the age and capacity of the pupils.

(4) Where the manager of a school for boys or girls of a particular religious persuasion has consented to receive a pupil who does not belong to that religious persuasion arrangements shall be made so far as practicable for such pupil to receive religious assistance and instruction from a minister of the religious persuasion to which he or she belongs.

Recreation, Visits and Letters

32.—(1) Adequate provision shall be made for free time and recreation including organised games and walks and visits outside the school boundaries ; and except in bad weather at least one hour daily shall be spent in the open air.

(2) If a cadet contingent is maintained at the school, enlistment shall not be compulsory and training or drill shall not be used as a means of enforcing school discipline.

33.—(1) So far as reasonably possible, a holiday away from the school shall be arranged annually.

(2) Home leave shall be granted to each boy or girl each year unless circumstances make it undesirable.

(3) Except with the permission of the Ministry home leave shall not be granted in excess of sixteen days at any one time or twenty-four days in any year.

34. Boys and girls shall be encouraged to write to their parents at least once a month and for this purpose postage stamps shall be provided by the Board of Management.

35. Permission shall be given to receive letters from parents, relatives and friends and, at such reasonable intervals as the Board of Management may determine, visits from them shall be allowed.

36. Arrangements shall be made for the giving of pocket money each week subject to such conditions as may be approved by the Ministry.

37. The Manager may suspend any of the facilities mentioned in Rules 35 and 36 of these Rules if he is satisfied that they interfere with the discipline of the school ; and any such suspension shall be recorded in the Log Book.

Discipline and Punishment

38. The person in charge of the school shall ensure that generally order is maintained by his personal influence and understanding and that of his staff, aided by a system of rewards and privileges which shall be subject to the Ministry's approval, and resort to corporal punishment shall be avoided as far as possible.

39. Where correction is needed for minor acts of misbehaviour one of the following methods shall be adopted :—

- (a) Forfeiture of rewards or privileges (including pocket money).
- (b) Temporary loss of recreation in which case the offender shall be required to perform a useful task.
- (c) Alteration of meals for a period not exceeding three days : provided that any such alteration shall be within the limits of a special dietary scale drawn up by the Board of Management after consultation with the manager and the school medical officer, and approved by the Ministry.
- (d) Separation from other pupils : provided that this punishment shall only be used in exceptional cases and subject to the following conditions :—
 - (i) No boy or girl under the age of twelve shall be kept in separation.
 - (ii) The room used for the purpose shall be light and airy and kept lighted after dark.
 - (iii) Some form of occupation shall be given.
 - (iv) Means of communication with a member of the staff shall be provided.
 - (v) If the separation is to be continued for more than 24 hours, the written consent of a member of the Board of Management shall be obtained and the circumstances shall be reported immediately to the Ministry.

40.—(1) Where corporal punishment is found necessary its application shall be in accordance with the following conditions :—

- (a) It shall be inflicted only on the hands or posterior with a light cane and shall not exceed six strokes in the case of a boy or girl over 10 years of age, and 2 strokes in the case of a boy or girl over 8 and under 10 years of age.

- (b) It shall not be administered by any person other than the person in charge of the school or in his absence his duly authorised deputy.
- (c) A second member of staff shall invariably be present to witness the proceedings.
- (d) No caning shall be administered in the presence of another boy or girl.
- (e) Any boy or girl known to have a physical or mental disability shall not be subjected to corporal punishment without the sanction of the medical officer.

(2) The mental state of boys or girls who render themselves liable to repeated corporal punishment shall be carefully investigated by the medical officer.

41. Notwithstanding the provisions of the preceding Rules 39 and 40 (b), (c) and (d), for minor offences committed in the school-room by boys or girls, the principal teacher may be authorised by the Board of Management to administer with the cane not more than two strokes on each hand.

42. Where the principal teacher is authorised as in Rule 41 to administer corporal punishment, he shall keep a book to be known as the School-room Punishment Book and he shall at once enter therein any corporal punishment inflicted by him under Rule 41.

43.—(1) The manager shall be responsible for the immediate recording of all corporal and other serious punishment in the Punishment Book which he is required to keep under Rule 19, except corporal punishment inflicted by the principal teacher under Rule 41.

(2) The manager shall examine the School-room Punishment Book, if any, at least once a week and shall sign it.

(3) The Punishment Book (and the School-room Punishment Book, if any) shall be examined at each meeting of the Board of Management and shall be signed by the chairman. They shall also be shown to the school medical officer at least once a quarter.

(4) At the commencement of each quarter, the manager shall furnish to the Ministry a return giving particulars of corporal punishment imposed during the preceding three months.

44. Except as provided by these Rules, no member of the staff shall inflict any kind of corporal punishment. The term "corporal punishment" includes striking, cuffing, shaking or any other form of physical violence. Any person who commits a breach of this Rule shall render himself or herself liable to dismissal.

45. No pupil shall be allowed to administer any form of punishment to any other pupil.

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Placing-out and After-care

46.—(1) It shall be the duty of the Board of Management to place out on licence each boy or girl as soon as he or she has made sufficient progress in his or her training ; and with this object in view they shall review the progress made by each boy or girl and all the circumstances of the case (including home surroundings) towards the end of his or her first year in the school and thereafter as often as may be necessary and at least quarterly.

(2) At each review the Board of Management shall consider the date at which the boy or girl is likely to be fit to be placed out on licence and for this purpose they shall receive and consider a report from the manager made after consultation with the staff.

(3) Where there is reason to believe that a boy or girl can be placed out on licence during the first twelve months of detention, the case shall be reported by the Board of Management to the Ministry with a view to its consent being obtained.

(4) The Board of Management shall maintain a Licensing Register showing the date and result of their review of each case and the reason for their decision.

47. The Board of Management shall see that every effort is made to obtain suitable employment for each boy or girl who is fit for release on licence and for this purpose they shall avail themselves where necessary of any help that can be obtained, whether from public organisations or private individuals. Where the home is unsatisfactory they shall place the boy or girl in a hostel or other suitable lodging.

48. The Board of Management shall provide every pupil on leaving with a sufficient outfit, and, if necessary, with a reasonable sum for travelling and subsistence, and they shall communicate with the parent or guardian and the local authority, if any, responsible for his or her maintenance.

49. It shall be the duty of the Board of Management to ensure that adequate arrangements are made for the after-care of every pupil released from the school until the statutory period of supervision expires and, subject to the approval of the Ministry, they shall appoint for each pupil a suitable person to carry out his or her after-care.

Medical Officer

50. The Board of Management shall appoint a Medical Officer whose duties shall include :—

- (a) a thorough examination of each boy or girl on admission and shortly before leaving the school ;
- (b) a quarterly inspection of each boy or girl ;
- (c) a quarterly general inspection of the school from the hygiene point of view and advice as to dietary and general hygiene ;

- (d) the examination and treatment of all sick and ailing boys or girls ;
- (e) the keeping of medical records in a form approved by the Ministry ;
- (f) the furnishing of such reports and certificates as the Board of Management may require.

Dental Treatment

51.—(1) Adequate arrangements shall be made by the Board of Management to enable each boy or girl to receive dental examination and such treatment as may be necessary from a dentist shortly after admission to the school and thereafter at least once in every six months.

(2) For each boy or girl who normally attends a Primary School outside the Training School, the fullest possible use shall be made of the dental services provided by the Health Authority.

(3) A dentist specially appointed for duty at a Training School shall keep a record of his work in a form approved by the Ministry.

Notification of Illness, etc.

52.—(1) Any occurrence of death, infectious disease or accident shall at once be reported by the manager to —

- (a) the Ministry, and
- (b) the parent or guardian of each boy or girl concerned.

The manager shall also furnish a report to the Ministry if any member of staff is involved.

(2) Each notification to the Ministry in regard to an accident shall be accompanied by a full explanation of the circumstances in which it occurred, together with a report from the Medical Officer as to the extent of the injury or injuries sustained.

Records

53. The Board of Management shall arrange for the keeping of all registers and records required by the Ministry and shall cause to be sent to the Ministry such returns, statements and other information as may be required from time to time.

Promulgation of Rules

54. The manager shall cause a copy of these Rules to be given to each member of the staff, including the Medical Officer and the dentist.

Inspection

55. The Board of Management shall arrange that the school shall be open at all times to inspection by or on behalf of the Ministry and they shall give all facilities for the examination of the books and records of the school.

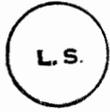
General

56. Where, in the opinion of the Board of Management, it is desirable in the special circumstances of any case that the provisions of one or more of the foregoing Rules should not apply, a special arrangement may be made with the prior consent of the Ministry.

57. These Rules are in substitution for those in force hitherto and, where appropriate, shall apply to Government-owned training schools.

58. The Interpretation Act, 1889, shall apply to the interpretation of these Rules as it applies to the interpretation of an Act of Parliament.

Sealed with the Official Seal of the Ministry of Home Affairs for Northern Ireland this 24th day of July, Nineteen Hundred and Fifty-two in the presence of



J. B. O'Neill,
Assistant Secretary.

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Management

4. Two at least of the Board of Management of a boys' school shall be women, and two at least of the Board of Management of a girls' school shall be men.

5. The Board of Management shall appoint a finance committee and such other committees as they think necessary for the efficient management of the school. Any committee so appointed shall have such powers or duties as the Board of Management may determine.

6. The Board of Management shall appoint one of their number to be Chairman.

7. The Board of Management shall notify to the Ministry the names and addresses of their members and shall similarly notify any change due to death, retirement or other cause.

8. The Board of Management shall meet so far as practicable once a month at the school.

9. The Board of Management and any committee appointed by them shall keep minutes of their proceedings and these minutes shall be open to inspection by an Inspector of the Ministry.

10.—(1) The Board of Management shall maintain an efficient standard throughout the school and for this purpose they shall take into consideration any report which may be communicated to them by or on behalf of the Ministry.

(2) It shall be the duty of the Board of Management to ensure that the condition of the school and the training, welfare and education of the boys and girls under their care are satisfactory, and for this purpose they shall pay frequent visits to the school.

(3) The school shall be visited at least once a month by at least one member of the Board of Management, who shall satisfy himself regarding the care of the boys or girls and the state of the school, and shall enter his conclusions in the Log Book or other convenient record kept at the school.

(4) The Board of Management shall exercise an effective control over all expenditure.

11. The name of the school shall be chosen by the Board of Management subject to the approval of the Ministry.

Accommodation

12.—(1) The number of boys or girls resident in a school at any time, whether sent under the provisions of the Act or not, shall not exceed such number as may be fixed for that school from time to time by the Ministry.

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Children and Young Persons Act (Northern Ireland) 1968 ^{F1}

1968 CHAPTER 34

An Act to re-enact with amendments the Children and Young Persons Act (Northern Ireland) 1950, and for purposes connected with that matter. [12th December 1968]

Annotations:

F1 Most functions transf. to D/HSS, SRO (NI) 1973/504. Remaining functions transf. to S of S., SI 1973/2163

Part I (ss. 1#19) rep. by 1995 NI 2

PART II

PREVENTION OF CRUELTY AND EXPOSURE TO MORAL AND PHYSICAL DANGER

MISCELLANEOUS OFFENCES IN RELATION TO CHILDREN AND YOUNG PERSONS

20 Cruelty to persons under sixteen.

- (1) If any person who has attained the age of sixteen and has^{F2} responsibility for any child or young person under that age, wilfully assaults, ill-treats, neglects, abandons or exposes him, or causes or procures him to be assaulted, ill-treated, neglected, abandoned or exposed in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight, or hearing, or limb, or organ of the body, and any mental derangement), that person shall be guilty of an offence, and shall be liable—
- (a) on conviction on indictment, to^{F3} an unlimited fine] or to imprisonment for a term not exceeding^{F4} ten years] or to both;

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Children and Young Persons Act (Northern Ireland) 1968 (c. 34)
PART II – PREVENTION OF CRUELTY AND EXPOSURE TO MORAL AND PHYSICAL DANGER
– Miscellaneous offences in relation to children and young persons
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(b) on summary conviction, to a fine not exceeding^{F3} level 3 on the standard scale] or to imprisonment for a term not exceeding six months or to both.

(2) For the purposes of this section—

(a) a parent or other person legally liable to maintain a child or young person^{F2}, or the legal guardian of a child or young person] shall be deemed to have neglected him in a manner likely to cause injury to his health if he has failed to provide adequate food, clothing, medical aid or lodging for him, or if, having been unable otherwise to provide such food, clothing, medical aid or lodging, he has failed to take steps to procure it to be provided under the [Health and Personal Social Services (Northern Ireland) Order 1972] or^{F5} Part VII of the Social Security Contributions and Benefits (Northern Ireland) Act 1992];

(b) where it is proved that the death of an infant under three years of age was caused by suffocation (not being suffocation caused by disease or the presence of any foreign body in the throat or air passages of the infant) while the infant was in bed with some other person who has attained the age of sixteen, that other person shall, if he was, whilst in bed, under the influence of intoxicating liquor or drugs, be deemed to have neglected the infant in a manner likely to cause injury to its health.

(3) A person may be convicted of an offence under this section—

(a) notwithstanding that actual suffering or injury to health, or the likelihood of actual suffering or injury to health, was obviated by the action of another person;

(b) notwithstanding the death of the child or young person in question.

Subs. (4), (5) rep. by 1989 NI 15

(6)^{F6}

Annotations:

F2 1995 NI 2

F3 1984 NI 3

F4 1989 NI 15

F5 1992 c. 9

F6 S. 20(6) repealed (20.9.2006) by Law Reform (Miscellaneous Provisions) (Northern Ireland) Order 2006 (S.I. 2006/1945 (N.I. 14)), arts. 1(3), 2(5)

21 Causing or encouraging seduction or prostitution of girl under seventeen.

^{F7}

Annotations:

F7 S. 21 repealed (2.2.2009) by Sexual Offences (Northern Ireland) Order 2008 (S.I. 2008/1769 (N.I. 2)), arts. 1(3), 81, 83, Sch. 1 para. 12(2), Sch. 3; S.R. 2008/510, art. 2

22 Indecent conduct towards child.

^{F8}

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– Miscellaneous offences in relation to children and young persons
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Annotations:

- F8** S. 22 repealed (2.2.2009) by Sexual Offences (Northern Ireland) Order 2008 (S.I. 2008/1769 (N.I. 2)), arts. 1(3), 81, 83, Sch. 1 para. 12(3), Sch. 3 (with Sch. 2 para. 1); S.R. 2008/510, art. 2

23 Allowing children or young persons to be in brothels.

If any person having^[F9] responsibility for] a child who has attained the age of four, or of a young person, allows that child or young person to reside in or to frequent a brothel, he shall be guilty of an offence and shall be liable—

- (a) on conviction on indictment to^[F10] an unlimited fine] or to imprisonment for a term not exceeding six months or to both;
- (b) on summary conviction to a fine not exceeding^[F10] level 3 on the standard scale] or to imprisonment for a term not exceeding six months or to both.

Annotations:

- F9** 1995 NI 2
F10 1984 NI 3

24 Causing or allowing persons under sixteen to be used for begging.

- (1) If any person causes or procures any child or young person under the age of sixteen or, having^[F11] responsibility for] such a child or young person, allows him to be in any street, premises or place for the purpose of begging or receiving alms, or of inducing the giving of alms (whether or not there is any pretence of singing, playing, performing, offering anything for sale, or otherwise) he shall be guilty of an offence and shall be liable, on summary conviction, to a fine not exceeding^[F12] level 3 on the standard scale] or to imprisonment for a term not exceeding three months or to both.
- (2) If a person having^[F11] responsibility for] a child or young person is charged with an offence under this section, and it is proved that the child or young person was in any street, premises or place for any such purpose as aforesaid, and that the person charged allowed the child or young person to be in the street, premises or place, he shall be presumed to have allowed him to be in the street, premises or place for that purpose unless the contrary is proved.
- (3) If any person while singing, playing, performing or offering anything for sale in a street or public place has with him a child who has been lent or hired out to him, the child shall, for the purposes of this section, be deemed to be in that street or place for the purpose of inducing the giving of alms.

Annotations:

- F11** 1995 NI 2
F12 1984 NI 3

25 Giving intoxicating liquor to children.

If any person gives, or causes to be given, to any child any intoxicating liquor, except upon the order of a doctor or in case of sickness, apprehended sickness, or other urgent cause, he shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding^[F13] level 3 on the standard scale].

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Children and Young Persons Act (Northern Ireland) 1968 (c. 34)
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Annotations:

F13 1984 NI 3

S. 26 rep. by 1971 c. 13 (NI)

Ss. 27, 28 rep. by 1995 NI 2

29 Exposing children under twelve to risk of burning.

- (1) If any person who has attained the age of sixteen, having^{F14} responsibility for] any child under the age of twelve, allows the child to be in any room containing an open fire or any heating appliance liable to cause injury to a person by contact therewith, not sufficiently protected to guard against the risk of his being burnt or scalded, without taking reasonable precautions against that risk, he shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding^{F15} level 1 on the standard scale].
- (2) Where by reason of a contravention of subsection (1) a child is killed or suffers serious injury no proceedings taken under this section shall affect any liability of any such person to be proceeded against by indictment for any indictable offence.

Annotations:

F14 1995 NI 2

F15 1984 NI 3

30 Failing to provide for safety of children at entertainments.

- (1) Where there is provided in any premises an entertainment for children, or an entertainment at which the majority of the persons attending are children, then, if the number of children attending the entertainment exceeds one hundred, it shall be the duty of the person providing the entertainment to station and keep stationed wherever necessary a sufficient number of adult attendants, properly instructed as to their duties, to prevent more children or other persons being admitted to the premises, or to any part thereof, than the premises or part can properly accommodate, and to control the movement of the children and other persons admitted while entering and leaving the premises or any part thereof, and to take all other reasonable precautions for the safety of the children.
- (2) Where the occupier of any premises permits, for hire or reward, the premises to be used for the purpose of an entertainment, he shall take all reasonable steps to secure the observance of the provisions of this section.
- (3) If any person on whom any obligation is imposed by this section fails to fulfil that obligation, he shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding^{F16} level 3 on the standard scale], and also, if the premises in which the entertainment is given are licensed^{F17} . . . under any of the enactments relating to the licensing of theatres or other premises used for public entertainment, the licence shall be liable to be revoked by the authority by whom the licence was granted or by any authority having jurisdiction in relation to any application for the transfer or renewal of the licence.
- (4) A constable may enter any premises in which he has reason to believe that such an entertainment as aforesaid is being, or is about to be, provided, with a view to seeing

Children and Young Persons Act (Northern Ireland) 1968 (c. 34)
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whether the provisions of this section are or are about to be carried into effect, and an officer authorised for the purpose by an authority by whom licences are granted under any of the enactments referred to in subsection (3) shall have the like power of entering any premises so licensed by that authority; and if any person wilfully obstructs any constable or officer in the due exercise of any powers conferred on him by or under this subsection he shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding^{F16} level 3 on the standard scale].

- (5) A person (other than a constable in uniform) exercising any power of entry conferred by this section shall, if so required, produce his credentials.
- (6) This section shall not apply to any entertainment given in a private dwelling-house.

Annotations:

- F16 1984 NI 3
 F17 1991 NI 12

SPECIAL PROVISIONS AS TO PROSECUTIONS FOR OFFENCES SPECIFIED IN SCHEDULE I

S. 31 rep. by 1989 NI 12

S. 32 rep. by 1995 NI 2

33 Mode of charging offences.

- (1) Where a person is charged with committing any of the offences mentioned in Schedule I in respect—
- of two or more children;
 - of a child together with one or more than one young person;
 - of two or more young persons;
 - of a young person together with one or more than one child; or
 - of two or more children together with two or more young persons;
- the same complaint or summons may charge the offence in respect of all or any of them, but the person shall not, if he is summarily convicted, be liable to a separate penalty in respect of each child or young person except upon separate complaints.
- (2) ^{F18}The same complaint or summons may charge any person] with the offences of assault, ill-treatment, neglect, abandonment or exposure, together or separately, and may charge him with committing all or any of those offences in a manner likely to cause unnecessary suffering or injury to health, alternatively or together, but when those offences are charged together the person charged shall not, if he is summarily convicted, be liable to a separate penalty for each.
- (3) When any offence mentioned in Schedule I charged against any person is a continuous offence, it shall not be necessary to specify in the complaint, summons, or indictment the dates of the acts constituting the offence, except that, where the offence is one to which^{F19} Article 19(1)(a) of the Magistrates' Courts (Northern Ireland) Order 1981] applies, the complaint and the summons shall specify that the cause of complaint still continues or ceased to continue within the six months immediately preceding the date of the complaint.

Changes to legislation: There are outstanding changes not yet made by the legislation.gov.uk editorial team to Children and Young Persons Act (Northern Ireland) 1968. Any changes that have already been made by the team appear in the content and are referenced with annotations. (See end of Document for details)

Annotations:

F18 1995 NI 2
 F19 1981 NI 26

S. 34 rep. by 1989 NI 12

GENERAL

[^{F20}35 Notification as to proceedings under Part II

- (1) Where on the complaint of any person charging an offence under this Part with respect to a child or young person a summons or warrant is issued, the complainant shall as soon as reasonably practicable notify to the appropriate authority—
 - (a) the nature of the charge, and
 - (b) the name and address of the child, so far as known to the complainant.
- (2) Subsection (1) shall not apply where the complainant is the appropriate authority.
- (3) In this section “the appropriate authority” means the authority within whose area the child's address is or, if that is not known, the authority within whose area the offence is alleged to have been committed, and “authority” and “area” have the same meaning as in the Children Order.]

Annotations:

F20 1995 NI 2

[^{F21}36 Interpretation of Part II.

- (1) For the purposes of this Part, the following shall be presumed to have responsibility for a child or young person—
 - (a) any person who—
 - (i) has parental responsibility for him (within the meaning of the Children Order); or
 - (ii) is otherwise legally liable to maintain him; and
 - (b) any person who has care of him.
- (2) A person who is presumed to be responsible for a child or young person by virtue of subsection (1)(a) shall not be taken to have ceased to be responsible for him by reason only that he does not have care of him.]

Annotations:

F21 1995 NI 2

Part III (ss. 37#47) rep. by 1995 NI 2

Children and Young Persons Act (Northern Ireland) 1968 (c. 34)
 PART IV – PROTECTION OF CHILDREN AND YOUNG PERSONS IN RELATION TO CRIMINAL
 AND SUMMARY PROCEEDINGS

7

– Juvenile courts

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Changes to legislation: There are outstanding changes not yet made by the legislation.gov.uk editorial team to Children and Young Persons Act (Northern Ireland) 1968. Any changes that have already been made by the team appear in the content and are referenced with annotations. (See end of Document for details)

PART IV

PROTECTION OF CHILDREN AND YOUNG PERSONS IN RELATION TO CRIMINAL AND SUMMARY PROCEEDINGS

Ss. 48#62 rep. by 1998 NI 9

JUVENILE COURTS

63^{F22} Constitution of juvenile courts.

Courts of summary jurisdiction constituted in accordance with the provisions of Schedule 2 and sitting for the purpose of hearing any charge against a child or young person or for the purpose of exercising any other jurisdiction conferred on juvenile courts by or under this or any other Act, shall be known as juvenile courts and in whatever place sitting shall be deemed to be courts of summary jurisdiction.

Annotations:

F22 1964 c. 21 (NI)

Ss. 64#79 rep. by 1998 NI 9

S. 80 rep. by 1996 NI 24

Ss. 81#91 rep. by 1998 NI 9

S. 92 rep. by 1995 NI 2

PART V

CHILDREN AND YOUNG PERSONS IN NEED OF CARE, PROTECTION OR CONTROL

Ss. 93#95 rep. by 1995 NI 2

96 Powers of other courts.

[^{F23}(1) Where it appears to any court by or before which a person is convicted of having committed in respect of a child or young person any of the offences mentioned in Schedule 1 (not being an offence which resulted in the death of the child or young person) that it may be appropriate for a care or supervision order to be made with respect to him under the Children Order, the court may direct the appropriate Board or HSS trust to undertake an investigation of the child's circumstances.

(1A) Paragraphs (2) to (6) of Article 56 of the Children Order (power of court in family proceedings to direct investigation into child's circumstances) shall have effect where the court gives a direction under this section as they have effect where a court gives a direction under that Article.]

Subs. (2), (3) rep. by 1995 NI 2

8

Children and Young Persons Act (Northern Ireland) 1968 (c. 34)
PART IX – REMAND HOMES, ATTENDANCE CENTRES, TRAINING SCHOOLS AND PERSONS TO
WHOSE CARE CHILDREN AND YOUNG PERSONS MAY BE COMMITTED
– Juvenile courts

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Annotations:

F23 1995 NI 2

S. 97 rep. by 1998 NI 9

S. 98 rep. by 1995 NI 2

Ss. 99#102 rep. by 1998 NI 9

Parts VI#VIII (ss. 103#131) rep. by 1995 NI 2

PART IX

REMAND HOMES, ATTENDANCE CENTRES, TRAINING SCHOOLS AND PERSONS
TO WHOSE CARE CHILDREN AND YOUNG PERSONS MAY BE COMMITTED

Ss. 132#148 rep. by 1998 NI 9

149 Expenses of education and library boards.

Subs. (1) (2) rep. by 1972 NI 14

Subs. (3) rep. by 1995 NI 2

Ss. 150, 151 rep. by 1998 NI 9

S. 152 rep. by 1995 NI 2

S. 153 rep. by 1972 NI 14

Ss. 154#160 rep. by 1995 NI 2

S. 161 rep. by 1972 NI 14

S. 162 rep. by 1995 NI 2

PART XI

SPECIAL PREVENTIVE POWERS

S. 163 rep. by 1998 NI 9

S. 164 rep. by 1995 NI 2

PART XII

MISCELLANEOUS AND GENERAL

S. 165 rep. by 1995 NI 2

S. 166 rep. by 1972 NI 14

Ss. 167, 168 rep. by 1998 NI 9

S. 169 rep. by 1995 NI 2

Children and Young Persons Act (Northern Ireland) 1968 (c. 34)
PART XII – MISCELLANEOUS AND GENERAL
– Juvenile courts
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S. 170 rep. by 1998 NI 9

S. 171 rep. by 1972 NI 14

Ss. 172, 173 rep. by 1998 NI 9

174 Presumption and determination of age.

^{F24}*Subs. (1) rep. by 1998 NI 9*

- (2) Where in any charge or indictment for any offence under this Act or any of the offences mentioned in Schedule 1, except an offence under the Criminal Law Amendment Act 1885, it is alleged that the person by or in respect of whom the offence was committed was a child or young person or was under or had attained any specified age, and he appears to the court to have been at the date of the commission of the alleged offence a child or young person, or to have been under or to have attained the specified age, as the case may be, he shall for the purposes of this Act be presumed at that date to have been a child or young person or to have been under or to have attained that age, as the case may be, unless the contrary is proved.
- (3) Where, in any charge or indictment for any offence under this Act or any of the offences mentioned in Schedule 1, it is alleged that the person in respect of whom the offence was committed was a child or was a young person, it shall not be a defence to prove that the person alleged to have been a child was a young person or the person alleged to have been a young person was a child in any case where the acts constituting the alleged offence would equally have been an offence if committed in respect of a young person or child respectively.
- (4) Where a person is charged with an offence under this Act in respect of a person apparently under a specified age it shall be a defence to prove that the person was actually of or over that age.

Annotations:

F24 1961 c. 15 (NI)

S. 175 rep. by 1995 NI 2

176^{F25} Application of Summary Jurisdiction Acts.

Subject to the provisions of this Act, all orders of a court of summary jurisdiction under this Act shall be made, and all proceedings in relation to any such orders shall be taken, in manner provided by the Summary Jurisdiction Acts (Northern Ireland).

Annotations:

F25 rep. prosp. by 1998 NI 9

S. 177 rep. by 1998 NI 9

178 Assessors for county court in appeals from juvenile courts.

- (1) Where a county court deals with a case on appeal from a juvenile court, the judge shall, where practicable, be assisted by two^{F26} appropriate lay magistrates, at least one of whom (where practicable) is a woman,] who shall sit with him and act as assessors.

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- (2) Where in any case only one such^{F26} lay magistrate] is available, the judge may sit with that^{F26} lay magistrate]; and where in any case no such^{F26} lay magistrate] is available and it appears to the judge that an adjournment would not be in the interests of justice, he may sit alone.

Para. (3) rep. by 2002 c. 26

- (4) In this section—

^{F26}“appropriate lay magistrate” means a lay magistrate for the county court division for which the county court is held or any other county court division which adjoins that county court division;]

“judge” has the same meaning as in the County Courts Act (Northern Ireland) 1959 .

Annotations:

F26 2002 c. 26

S. 179 rep. by 1998 NI 9

180 Interpretation.

- (1) In this Act—

“the Act of 1950” means the Children and Young Persons Act (Northern Ireland) 1950 ;

Definition rep. by 1998 NI 9

Definition rep. by 1995 NI 2

^{F27}“child”^{F28}, except when used in section 22,] means a person under the age of fourteen^{F28} and, when used in section 22, has the meaning assigned to it by that section];

“Children Order” means the Children (Northern Ireland) Order 1995;]

Definitions rep. by 1998 NI 9

“credentials” in relation to a person acting in any capacity means some duly authenticated document showing that he is authorised to act in that capacity;

“doctor” means a fully registered medical practitioner;

Definitions rep. by 1998 NI 9

Definition rep. by 1995 NI 2

“intoxicating liquor” means any fermented, distilled or spirituous liquor which under the law for the time being in force is subject to an excise duty;

“legal guardian”, in relation to a child or young person, means^{F27} a guardian of a child as defined in the Children Order];

Definition rep. by 1972 NI 14

Definitions rep. by 1998 NI 9

“parent”, in relation to any child or young person, or other person—

- (a) who is illegitimate, includes his putative father;

Para. (b) rep. by 1987 NI 22

Definitions rep. by 1998 NI 9

Children and Young Persons Act (Northern Ireland) 1968 (c. 34)

PART XII – MISCELLANEOUS AND GENERAL

– Juvenile courts

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“public place” includes any public park, garden, sea beach or railway station, and any ground to which the public for the time being have or are permitted to have access, whether on payment or otherwise;

Definitions rep. by 1998 NI 9

[^{F27}“responsibility” shall be construed in accordance with section 36;]

Definition rep. by 1998 NI 9

Definition rep. by 1995 NI 2

“street” includes any highway and any public bridge, road, lane, footway, square, court, alley or passage, whether a thoroughfare or not;

Definitions rep. by 1998 NI 9

Definition rep. by 1972 NI 14

Definition rep. by 1998 NI 9

“young person” means a person who has attained the age of fourteen and is under the age of seventeen.

- (2) References in this Act to findings of guilt and findings that an offence has been committed shall be construed as including references to pleas of guilty and admissions that an offence has been committed.
- (3) References in this Act to the age of any person are expressed in years.
- (4) For the purposes of this Act a statement made regardless of whether it is true or false shall be deemed to be made recklessly, whether or not the person making it had reasons for believing that it might be false.

Annotations:

F27 1995 NI 2

F28 2000 c. 43

181 Transitional provisions, amendments and repeals.

Subs. (1) rep. by 1998 NI 9

Subs. (2), with Schedule 7, effects amendments; subs.(3), with Schedule 8, effects repeals

182 Short title and commencement.

(1) This Act may be cited as the Children and Young Persons Act (Northern Ireland) 1968.

(2) *Commencement*

12

Children and Young Persons Act (Northern Ireland) 1968 (c. 34)
 SCHEDULE 1 – OFFENCES AGAINST CHILDREN AND YOUNG PERSONS WITH RESPECT TO
 WHICH SPECIAL PROVISIONS OF THIS ACT APPLY
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SCHEDULES

SCHEDULE 1
 F29

Sections 3, 31, 32, 33, 34, 60, 61, 62, 93,
 96, 99 and 174.

OFFENCES AGAINST CHILDREN AND YOUNG PERSONS WITH
 RESPECT TO WHICH SPECIAL PROVISIONS OF THIS ACT APPLY

Annotations:

F29 1978 NI 17

The murder or manslaughter of a child or young person.

Infanticide.

[^{F30}Any offence under section 5 of the Domestic Violence, Crime and Victims Act 2004, in respect of a child or young person.]

Aiding, abetting, counselling or procuring the suicide of a child or young person.

Any offence under section 27,^{F31} . . . of the Offences against the Person Act 1861^{M1}, and any offence against a child or young person under section [^{F32}42 or 43] of that Act.

Any offence under the Criminal Law Amendment Act, 1885^{M2}.

F33 . . .

F34 . . .

Any offence under sections 20,^{F35} . . . , 23, 24,[^{F36} and 29].

Any other offence involving mental or bodily injury to a child or young person.

Any attempt to commit against a child or young person an offence under^{F37} . . . the Criminal Law Amendment Act 1885,^{F38}

F39 . . .

[^{F40}Any offence under the Child Abduction (Northern Ireland) Order 1985.]

[^{F36}Any offence under Article 147(2) of the Children Order in respect of a contravention of Article 141 of that Order.]

F41 . . .

[^{F42}Any offence against a child or young person under any of sections [^{F43}57 to 59] of the Sexual Offences Act 2003 or any attempt to commit such an offence.]

[^{F44}Any offence against a child or young person under the Sexual Offences (Northern Ireland) Order 2008 or any attempt to commit such an offence]

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SCHEDULE 2

Sections 63 and 178

F45

CONSTITUTION OF JUVENILE COURTS

Annotations:**F45** 1964 c. 21 (NI)

JUVENILE COURT PANELS

Para. 1 rep. by 2002 c. 26

Para. 2 rep. by 2002 c. 26

Para. 2A rep. by 2002 c. 26

COMPOSITION OF JUVENILE COURT

- 3 (1) Subject to the provisions of paragraph 4, a juvenile court shall be constituted of a resident magistrate, who shall be chairman, and two^{F46} lay magistrates for the county court division which includes the petty sessions district or districts for which the court acts or any other county court division which adjoins that county court division], of whom one at least shall be a woman.

Sub-para. (2) rep. by 2002 c. 26

Annotations:**F46** 2002 c. 26

PROCEEDINGS

- 4 A juvenile court at which the chairman is present shall have power to act notwithstanding that any other member fails to attend and remain present during the sitting of the court and all acts done by the court shall notwithstanding any such failure be as valid as if that member had so attended and remained.
- 5 (1) The decision of a juvenile court upon any matter before it shall be by a majority of the members and shall be pronounced by the chairman, or other member at the request of the chairman, and no other member of the court shall make any separate pronouncement thereon; but where the chairman and one other member only attend and remain present during the sitting of the court the decision of the court shall in the event of disagreement between the chairman and that other member be the decision of the chairman and shall be pronounced by the chairman.
- (2) Where during or after the hearing and before the determination of any matter before a juvenile court it appears to the chairman that there is, or is likely to be, any difference of opinion between the members, he shall cause the deliberations of the court upon

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that matter to be conducted in private, and may if he thinks fit adjourn the case for that purpose.

EXPENSES

Para. 6 rep. by 2002 c. 26

OTHER PROVISIONS

7 The clerk of petty session for the petty sessions district in which a juvenile court sits, or his deputy, shall be the clerk of that court.

8 Regulations made by the [^{F47} Lord Chancellor]^{F48} after consultation with the Lord Chief Justice] shall—

Sub-para. (a) rep. by 2002 c. 26

- (b) designate the areas (each comprising one or more than one petty sessions district) in which the several juvenile courts are to exercise jurisdiction;
- (c) provide for anything which is necessary or expedient for giving due effect to the provisions of this Act;

^{F49}(d) be subject to annulment in pursuance of a resolution of either House of Parliament in like manner as a statutory instrument and section 5 of the Statutory Instrument Act 1946 shall apply accordingly.]

Annotations:

F47 1978 c. 23

F48 Words in Sch. 2 para. 8 inserted (3.4.2006) by Constitutional Reform Act 2005 (c. 4), ss. 15(2), 148(1), Sch. 5 para. 18(2); S.I. 2006/1014, art. 2(a), Sch. 1 paras. 10, 12(a)

F49 1978 c. 23

Schedules 3#6 rep. by 1998 NI 9

Schedule 7—Amendments

Schedule 8—Repeals

Changes to legislation:

There are outstanding changes not yet made by the legislation.gov.uk editorial team to Children and Young Persons Act (Northern Ireland) 1968. Any changes that have already been made by the team appear in the content and are referenced with annotations.

Changes and effects yet to be applied to :

- Sch. 1 words substituted by 2009 c. 25 Sch. 21 para. 57
- Sch. 2 para. 8(d) words substituted by S.I. 2010/976 Sch. 18 para. 109(2)

Changes and effects yet to be applied to the whole Act, associated Parts and Chapters:

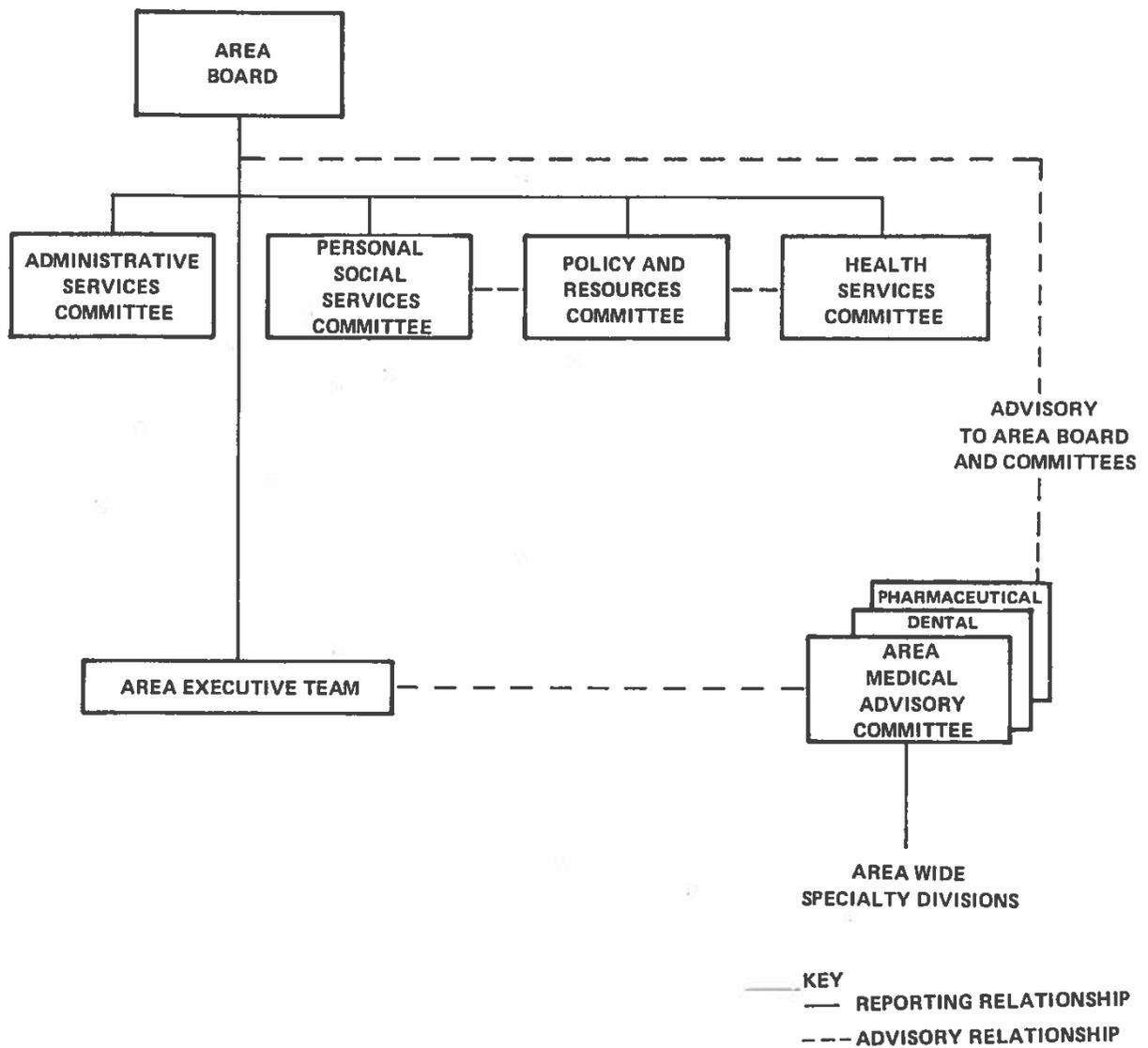
- Act transfer of functions by S.I. 2010/976 Sch. 17 para. 27
- Act words substituted by 2009 c. 1 (N.I.) Sch. 6 para. 1(1)(a)
- Act words substituted by 2009 c. 1 (N.I.) Sch. 6 para. 1(1)(d)

Commencement Orders yet to be applied to the Children and Young Persons Act (Northern Ireland) 1968:

Commencement Orders bringing legislation that affects this Act into force:

- S.I. 2010/145 art. 2 Sch. commences (2009 c. 25)

EXHIBIT III
Ministry of Health and Social Services
PROPOSED AREA BOARD COMMITTEE
AND ADVISORY STRUCTURE



- . Schemes for inclusion in the building programme of the Area, indicating the priorities assigned
- The Committee should also monitor the effectiveness of social services provided and report to the Board on progress towards previously agreed objectives and goals
- The Personal Social Services Committee should also be responsible for:
 - . Advising the Board on the impact of professional training schemes and the professional training requirements in the social services
 - . Ensuring effective liaison and working relationships with Education Boards and the Housing Executive, the Supplementary Benefits Commission, the Probation Service and when appropriate, the District Councils
 - . Ensuring that broader issues of social policy are raised with the Board, and, where appropriate, by the Board with the Ministry
 - . Discharging the Area Board's statutory obligations with regard to children and young persons
- A description of the Personal Social Services Committee's constitution, basic function and major responsibilities is contained in Appendix B (3) to this report.

1 please jump in and correct me, because I am not entirely
2 clear that I have got this spot on -- but whenever the
3 Boards were formed in -- and the Department of Health &
4 Social Services was set up, the funding at that stage in
5 199... -- sorry -- 1974, when the Boards were
6 established, was dependent upon the expenditure of their
7 predecessors, which were the councils --

8 **A. Yes. The expenditure --**

9 Q. -- welfare committees and health committees.

10 **A. Sorry. Yes. The budgets in those days were -- the**
11 **county councils received their money from the rates paid**
12 **to them from businesses and domestic houses in the area.**
13 **In areas like Belfast or County Down, County Antrim to**
14 **some extent, the amount of rates raised was clearly**
15 **greater there than it was in the west of the province**
16 **and in and around County Londonderry, the city of Derry**
17 **and Tyrone and Fermanagh.**

18 So there was an underlying discrepancy, as it were,
19 or deficit with regard to the funding in the West, and
20 while it moved forward, that underlying deficit wasn't
21 addressed for a long time. From time to time it was,
22 but not consistently.

23 Q. In fact, whenever -- we were describing it in terms
24 of -- one of the things you said was the amalgamation --
25 or the set-up, I should say, the Department of Health

had to respond to very different types of service needs, but it also posed a considerable challenge to the Board in ensuring that services were as accessible as possible.

The population of the Western area is among the most disadvantaged in Northern Ireland. This was reflected in the fact that the area had the worst record in Northern Ireland for unfit dwellings and for over-crowding; had the most socially and economically deprived population in the Province; had one of the highest incidents of heart diseases in the world and one of the highest unemployment rates in the United Kingdom.

In identifying and endeavouring to meet the health and social care needs of the people who lived in the Western area, the Western Health and Social Services Board attempted to ensure that these factors were taken into account when planning and later purchasing services.

2. An organisational and Managerial overview of the WHSSB in the period 1980 – 1995:

When I joined the Board in 1980 as District Administrative Officer for Londonderry, Limavady and Strabane District, the management structures, roles and responsibilities were those detailed in the proposals developed by management consultants, Booz Allen Hamilton, in 1970-1971 to facilitate the reorganisation of the health and social services following the implementation of the MacCroy Report. The MacCroy report had recommended a major reorganisation of local government in Northern Ireland, reducing the number of local authorities from 72 to 26. In order to achieve the integration of health and social services, as part of the reorganisation it was recommended that hospitals, community health and social services be organised as a single system through the creation of four Health and Social Services Boards (Northern, Southern, Eastern and Western). The Boards, in turn, would be responsible for planning and providing services; be accountable to the Ministry of Health (MoH); and be divided into Districts.

HIA REF: _____

NAME (In full): Thomas Frawley

DATE: 4 June 2015

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995

WITNESS STATEMENT OF THOMAS FRAWLEY

I, Thomas Frawley will say:

1. The Western Health and Social Services Board was one of four Boards in Northern Ireland. Like its three sister Boards it came into being in 1973 as part of the reorganisation of Health and Social Services. The Western Board area covered 4842 square kilometres with three major urban centres at Londonderry, Omagh and Enniskillen, as well as a widely dispersed rural population.

Almost 270,000 people lived in the Western area, which included at that time the former District Council areas of Derry, Limavady, Strabane, Omagh and Fermanagh. The total budget of the Board for 1992/93 was £193 million (approx).

The population of the Western area at the time represented approximately 16% of the total population of Northern Ireland and it had increased by 5% between the 1981 and 1991 censuses. 25% of the people who lived in the Western area were under 14 years of age, while 10.5% of the population were over 65.

While the average density for the Western area was 56 persons per square kilometre, it ranged from 29 persons per square kilometre in Fermanagh to 262 persons per square kilometre in Derry. Not only does this mean that the Board

had to respond to very different types of service needs, but it also posed a considerable challenge to the Board in ensuring that services were as accessible as possible.

The population of the Western area is among the most disadvantaged in Northern Ireland. This was reflected in the fact that the area had the worst record in Northern Ireland for unfit dwellings and for over-crowding; had the most socially and economically deprived population in the Province; had one of the highest incidents of heart diseases in the world and one of the highest unemployment rates in the United Kingdom.

In identifying and endeavouring to meet the health and social care needs of the people who lived in the Western area, the Western Health and Social Services Board attempted to ensure that these factors were taken into account when planning and later purchasing services.

2. An organisational and Managerial overview of the WHSSB in the period 1980 – 1995:

When I joined the Board in 1980 as District Administrative Officer for Londonderry, Limavady and Strabane District, the management structures, roles and responsibilities were those detailed in the proposals developed by management consultants, Booz Allen Hamilton, in 1970-1971 to facilitate the reorganisation of the health and social services following the implementation of the MacCroy Report. The MacCroy report had recommended a major reorganisation of local government in Northern Ireland, reducing the number of local authorities from 72 to 26. In order to achieve the integration of health and social services, as part of the reorganisation it was recommended that hospitals, community health and social services be organised as a single system through the creation of four Health and Social Services Boards (Northern, Southern, Eastern and Western). The Boards, in turn, would be responsible for planning and providing services; be accountable to the Ministry of Health (MoH); and be divided into Districts.

2. 1973 – 1995 Eastern Health and Social Services Board

2.1 I was appointed to the post of Assistant Director of Social Services (Family and Child Care Services) (ADSS (F&CC))in the EHSSB, on 1st October 1973.

The adverse impact of the generic management structure emanating from reorganisation has been referred to in a number of papers and in the Hughes Inquiry Report. In my view and that of my colleagues in child care, this structure was fundamentally flawed, as it replaced the specialist, integrated, headquarters management structure for child care and substantially increased the risks for children. This was brought to the attention of the Department of Health and Social Services, during the consultation process prior to reorganisation.

2.2 Reorganisation created an imbalance in the size of the Boards, with the Eastern serving over 40% of the Northern Ireland population and consequently, requiring six Districts to ensure the effective delivery of the services. This increased co-ordination problems as resources such as children's homes had to be shared and were no longer managed centrally. In BWA this was part of Mrs Wilson's Assistant Children's Officer, managerial responsibility.

In addition, as it included Belfast, it had some of the most socially deprived inner city areas in Europe and during the 1970's was included in the European Union initiatives to address social disadvantage, in what were categorised as Areas of Special Social Need. The Department led this initiative in Northern Ireland and I was the Board's representative on the Working Group when the family and child care services were being considered. It was known as the Belfast Areas of Need Programme and finance was allocated to the child care services including residential care, as there were many disadvantaged children from these areas in children's homes and hostels.

2.3 These factors of size and social need meant that the Eastern Board had a Family and Child Care workload, at least equivalent to the other three Boards combined and this had a corresponding impact on my workload which meant that I had to work on average 20 hours of unpaid overtime each week. In addition, the headquarters of all of the main voluntary child care organisations and the majority of the services they provided were in Belfast (around 40), as was the D&CCFWS which provided support to the Catholic voluntary homes in the Board's area.

1 Q. -- is it true to say that that degree of freedom was
2 subject to a good deal of scrutiny from the Department
3 --

4 **A. Well, first --**

5 Q. -- in that if you are spending -- I give this purely as
6 a figure; I am not saying it is correct -- if you are
7 spending 90% on acute care, then the remaining 10% may
8 not be adequate to cover things like social care for
9 elderly people, home helps, the childcare that we are
10 specifically looking at. Isn't that right?

11 **A. That's right.**

12 Q. So was it necessary for the Western Board, like every
13 other Board, to in effect argue in considerable detail
14 with the Department the need for particular areas of
15 funding to be increased?

16 **A. Yes. When the allocation was made to the Board, the
17 position clearly would have been that there were
18 existing services that had to be maintained. So you
19 started off with a baseline that would be taking the
20 lion's share of that money. The allocation over which
21 the debate would have been would be about that very
22 small piece that was extra.**

23 **Therefore, it would often be organised by our
24 General Manager and by our Board that we needed to look
25 at the effectiveness of the large and existing services**

1 to ensure we were getting best value for money there,
2 and perhaps, as I described earlier in relation to
3 childcare, perhaps we needed to reconfigure those
4 services in order to enhance or improve them.

5 With regard to the new monies that came, it was
6 always a debate about how would you invest that, and
7 clearly in the West acute, mental health, Social
8 Services and so on would have been arguing for a share
9 of that budget. It would be against either known,
10 emerging priorities or new services that those
11 allocations would then be made in determining the plan
12 for the following year.

13 Q. So if one pursues that in a little bit more detail, if,
14 for example, you had two problems, one, let's say, the
15 -- suppose there was a fire in the Outpatient Department
16 --

17 A. Uh-huh.

18 Q. -- in the hospital in Omagh or something like that --

19 A. Yes.

20 Q. -- and it burnt down or something. Clearly there is
21 a need that has to be met.

22 A. Uh-huh.

23 Q. Would you go to the Department to say, "We need X to
24 replace that" --

25 A. Uh-huh. Yes. I think that --

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

PROPOSALS FOR THE ALLOCATION OF REVENUE RESOURCES
FOR HEALTH AND PERSONAL SOCIAL SERVICES
(PARR)

REPORT OF THE WORKING GROUP ON REVENUE RESOURCE ALLOCATIONS
TO HEALTH AND SOCIAL SERVICES BOARDS IN NORTHERN IRELAND

November 1978

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CHAPTER 1**INTRODUCTION**

1.1 The Working Group, comprising officers from the Department of Health and Social Services, the Department of Finance and from each of the four Health and Social Services Boards in Northern Ireland, was set up by the Department of Health and Social Services, with the agreement of the Health and Social Services Council, to service and support the work of the Council Sub-Committee on Resource Allocation. The membership of the Working Group is recorded in Appendix I.

1.2 The terms of reference of the Working Group were expressed as follows –

“To recommend criteria for the allocation of revenue resources to Health and Social Services Boards in Northern Ireland, having regard to the reports on resource allocation in the National Health Service in Great Britain.”

The Group was therefore concerned only with revenue resources, that is, the sums allocated to Boards each year to meet the costs of running the hospital, family practitioner, community health and personal social services for which they are responsible.

1.3 This report contains our recommendations for a system which we consider will eventually lead to the distribution of the available revenue resources in a way that is responsive to the relative needs of the populations served and which takes account of the additional costs incurred by the Eastern Board in particular in meeting its regional and teaching responsibilities and in providing services to patients from outside its own area. We have also indicated several problems on which further work is required in order to improve the precision of the system which we have recommended.

1.4 In accordance with our terms of reference, we have had regard to the reports of the Department of Health and Social Security Resource Allocation Working Party in England (RAWP), the Welsh Office Working Group and Steering Committee on Resource Allocation in Wales (SCRAW) and the Working Party on Revenue Resource Allocation in Scotland (SHARE). We have considered carefully the variations in the techniques adopted by each of these groups and have tried to incorporate into our model those which we consider to be appropriate in a Northern Ireland context. In addition we have had to take into account the allocation of resources for personal social services which is not covered by the English, Scottish or Welsh reports, since the provision of these services in Great Britain has remained the responsibility of the local authorities. Consequently, while our proposed solution may differ in some aspects from the separate recommendations of the respective Working Parties for England, Scotland and Wales, we gratefully acknowledge our indebtedness to the work of all three groups.

1.5 We owe special thanks to Dr Jean Graham of the Central Economic Service, Department of Finance, for her expert work in developing the formula for assessing need for personal social services; to Dr E E Turkington and the Statistics Branch of the Research and Intelligence Unit in DHSS, on whom fell the heavy task of applying the RAWP and SHARE formulae for health service need to Northern Ireland, and whose expert guidance was invaluable; and finally to our Secretary, Mr W F T Green, whose clarity of thought and of drafting in this complex field greatly assisted our work.

CHAPTER 2**THE NATURE OF THE PROBLEM**

- 2.1 In its opening Chapter, RAWP ⁽¹⁾ makes two important points – firstly that the resources available to the National Health Service are bound to fall short of requirements as measured by demand criteria; and secondly, that the supply of facilities and services has an important influence on demand in the locality in which they are provided. The same can equally be said of personal social services.
- 2.2 The supply of health and personal social services throughout Northern Ireland has, as elsewhere in the United Kingdom, been strongly influenced by historical patterns, and these historical patterns have governed the allocation of financial resources. When the health and personal social services were brought together in Northern Ireland in 1973 under four Health and Social Services Boards, each Board was allocated those monies, up-dated for pay and price increases, which had previously been allocated to the bodies formerly responsible for the provision of these services in the Board's area. Where a body's field of responsibility had straddled a Board boundary, an apportionment of funds was made on the basis of population and agreed with the Boards concerned. This division of resources effected in 1973 has remained the basis for the annual allocation of revenue resources to each Board.
- 2.3 Basic revenue allocations are augmented each year by growth money. The revenue consequences of capital schemes are a first charge on this growth money, and the remaining "free growth" is then divided between Boards, generally in proportion to the populations they serve. Although in the years since 1973 some efforts have been made to channel growth money to priority areas and client groups, the general effect of the allocation system has been to perpetuate the historical situation, rather than to reflect any objective measure of the need for services of the population served. Thus, continuation of the present system would simply ensure that those areas relatively rich in resources would grow richer, while those less well endowed would only become relatively less poor.
- 2.4 Our objective has therefore been to try to establish a means of allocating the available financial resources according to the relative needs of the population of each Board. Given, as is now widely recognised, that demand for health and personal social services is potentially unlimited, and the resources available are finite and likely to remain constrained, it becomes the more important to ensure that these resources are fairly distributed across the four Health and Social Services Areas. The basic criterion for such distribution should be the needs of the population served.
- 2.5 It would be impracticable to devise a formula capable of measuring the varying health and social needs of the population of each Board with complete accuracy. What we have tried to do therefore is to identify the more significant criteria which can be held to reflect those needs more accurately than at present; which are independent of the historical patterns of supply or demand; and which respond in a meaningful way to changes in the demography and morbidity of the population served. In searching for criteria which are responsive in this way we have attempted to use only those data which we consider to be sufficiently reliable to support the conclusions and recommendations which we propose. We accept that in some cases the criteria which we have recommended will require refinement over a period of years as better information becomes available. Nevertheless we are satisfied that our model provides a valid indication of the direction in which the re-distribution of resources should move and we expect that its precision will improve as it is further developed to take account of the results of the research which is currently going on both here and in Great Britain.

(1) RAWP (Chapter 1, paragraph 1.1)

- 2.6 It is also important to recognise what this report is not concerned with. We were not required to consider the level of resources which would ideally be required to meet the needs of the population for the services concerned. Nor were we required to say anything about whether certain services or programmes are underfunded in relation to others, or which of them should have priority for future development. These are matters for Boards and the Department, and ultimately for political decision, on the basis of the best available evidence of need, the most up-to-date guidance on service provision and a careful balancing of priorities. The comprehensive planning system essential for this purpose is currently being developed by the Department in collaboration with Boards, and our work should be seen in that context. Meanwhile, the question put to us is basically simple to ask, if not to answer. Given that there is only a fixed sum of revenue money available for distribution between areas each year, what is the fairest way of sharing it out?

CHAPTER 3

THE KEY FACTORS

POPULATION

- 3.1 There is a common acceptance that the primary determinant of the relative distribution of the need for services must be the size of the population served. The age/sex structure of that population is also a critical factor since the different sexes and different age groups have varying needs for care, and this too must be taken into account.
- 3.2 Because of the fundamental importance of the population data within our basic model and the direct and indirect influences which it has on many of the weighting factors which are subsequently applied, it is important to identify as accurately as possible the population base for each Board. The data used must also be available in such form as will enable the populations to be analysed by both sex and age. After considering several alternative approaches, we concluded that the most recent mid-year population estimate produced by the Registrar General provided the most suitable and reliable figures for our purpose. To increase the accuracy of our population base we have asked the Central Economic Service of the Department of Finance, which specialises in the production of current and projected population data, to undertake a special study on our behalf of the sub-regional distribution of the overall estimates. This study will include an analysis of births and deaths in the period following the 1971 Census, so as to allocate the natural increase between Boards on a less arbitrary basis than that of proportionate distribution. The Central Economic Service has also been asked, in conjunction with the Registrar General's Department, to make an assessment of the migration pattern over the same period in order that some account might be taken of the effects of both internal and external movement on the population of individual Boards. The results of these studies will not be available until later this year and so, for the purposes of illustration in this report, we have used the unrefined mid-year population estimates for 1975 (see Appendix 2, Table 1).
- 3.3 We are indebted to both the Central Economic Service and the Registrar General's Department for their expert assistance in this matter and **we recommend that the population base for our resource allocation model should be the latest available mid-year estimate, adjusted in the way we have described for natural increases and the effects of migration.**

MORBIDITY

- 3.4 Even when differences due to age and sex have been fully taken into account, populations of the same size and make-up have been found to display significantly different characteristics of morbidity. The factors which influence the patterns of morbidity within and between populations are manifold, including environment, heredity, occupation and social circumstances. All are relevant but their separate and cumulative effects are difficult to quantify. There is unfortunately no universally accepted measure of morbidity at present available and we have been acutely conscious of the criticisms which have been made of the proxies used in the Great Britain reports. We have looked carefully at this aspect of our model and have considered closely the published evidence in support of each of the contrasting points of view.
- 3.5 We have concluded that some account must be taken of relative morbidity, and that for this purpose we should follow the reports from Great Britain in **recommending that mortality data in the form of Standardised Mortality Ratios (SMRs) are the best available indicators to use as a proxy for morbidity.** Other indicators examined in the RAWP⁽¹⁾ and SHARE⁽²⁾ reports are deficient in important respects. Mortality statistics covering the whole population are readily available and permit compilation by usual place of residence. They do not themselves measure morbidity, but the evidence strongly suggests that mortality and morbidity are closely correlated — that is, that areas with high mortality rates have indications of high morbidity on a variety of other measurements, and vice versa.

(1) RAWP (Chapter 2, paragraphs 2.5 to 2.15)

(2) SHARE (Chapter 3, paragraph 3.7)

- 3.6 The validity of the use of SMRs as a proxy for morbidity is usefully discussed in a commentary⁽³⁾ on the RAWP report prepared for the Royal Commission on the National Health Service. The authors do not reach a firm view, but conclude that "on the whole, the evidence suggests that high SMRs are associated, not only with morbidity, but also with poor social conditions". Since, as will be seen, our approach to establishing criteria of need for personal social services is based on Census indicators of social conditions, we shall to some extent be taking this point into account.

MOVEMENT ACROSS ADMINISTRATIVE BOUNDARIES

- 3.7 The populations for which Boards are responsible for the delivery of services are primarily those which reside within their own geographic boundaries and it is right that the allocation of financial resources should be based on the needs of the population for which each Board exercises this management responsibility. It has been a clearly stated principle of re-organisation, however, that these boundaries are for administrative purposes only so that patients and clients can cross them as necessary. In particular, a considerable number of hospital patients are treated in hospitals which are not the responsibility of the Board in whose area they reside. Account must therefore be taken of the costs incurred in the provision of services to meet this cross-boundary movement. Our means of doing so is analysed in Chapter 5.

TEACHING AND REGIONAL RESPONSIBILITIES

- 3.8 The provision of facilities for under-graduate and post-graduate clinical teaching and research is centred largely within the major teaching hospitals administered by the Eastern Board. In addition, these hospitals provide a range of regional specialities which, because of their sophisticated and expensive nature, can only be economically provided at one centre for the population of Northern Ireland as a whole. Certain other services, such as Mass Radiography, Blood Transfusion and the Artificial Limb and Appliance Centre are also provided by the Eastern Board on a regional basis. These regional responsibilities must be funded in a way which recognises the additional financial commitment of the Board concerned. Our recommendations for this purpose are contained in Chapter 6.

PERSONAL SOCIAL SERVICES

- 3.9 As we have already mentioned, the linking of personal social services with health services under an integrated administrative structure in Northern Ireland introduces a further dimension into our considerations which is not covered by the Great Britain reports, and it is in this respect that our proposed model differs most radically from those recommended for the other three parts of the United Kingdom. The factors which act to influence the needs of a population for personal social services are arguably even more diverse than for health care and their effects are no less difficult to quantify. Our problem therefore has been not only to identify the best available indicators of need for these services but to do so in a way that is consistent with the general principles which we have adopted for the rest of our model, and so produce a solution which can readily be incorporated as an integral part of our distribution system. Our conclusions on this aspect of our work are described in Chapter 4 and more fully detailed in Appendix 3.

COST

- 3.10 The costs of providing care in response to need vary according to the type of service provided. Even within services of the same kind (eg hospital services) there are variations according to the condition being treated. While the system which we propose attempts to take some account of the broad cost differences in the provision of the different categories of service which we have used in our model, our recommendations are not as refined as we would have liked. However the lack of both statistical and financial information in the form required precluded any further refinement of our model in this respect.

(3) RCNHS Research Paper Number 3 M J Buxton and R E Klein

OTHER RELATED SERVICES

- 3.11 The needs of a population, and the level of service required to meet those needs, are affected by the services provided by other agencies, both public and private. Some of these agencies, such as the family practitioner services and voluntary organisations, form an integral part of, or are closely related to the services administered directly by the Boards themselves. Others, notably those concerned with housing, education and the environment in which people live, are also relevant. While we acknowledge that there are geographic variations in the extent to which the health and personal social services are affected by these related services, we can see no satisfactory way of taking this factor into account at present.

CHAPTER 4

WEIGHTING THE POPULATION

- 4.1 Although there are minor variations in the techniques applied, the basic principle used in all three of the Great Britain reports is similar, in that each divides its health care services into separate categories. The population of each Board or Authority is then separately weighted to reflect its proportionate share of the need for the particular services within each category, and these separately weighted populations are combined, in the same proportion as the expenditure on each category, to provide a single weighted population for each area. Thus this single weighted population represents the proportionate distribution of the composite need for health care of the population of each country as a whole.
- 4.2 The model which we have proposed for Northern Ireland is also based on this method and, for our purpose, we have divided the services into the following categories:—
- (a) Non-psychiatric, non-obstetric hospital in-patient services
 - (b) Obstetric hospital in-patient services
 - (c) Mental illness hospital in-patient services
 - (d) Mental handicap hospital in-patient services
 - (e) Day and out-patient hospital services
 - (f) Community health services
 - (g) Ambulance services
 - (h) Personal social services.
- 4.3 Having selected our categories of service it is now necessary to choose the weights to be applied. One of the principal components used in the construction of the weights which have been applied in the Great Britain formulae is the national utilisation of services according to age and sex. Unfortunately the information necessary to calculate the comparable utilisation rates for Northern Ireland on an age/sex basis is not at present available. Consequently, in calculating the age/sex weightings which we have used in our model, we have taken the national utilisation figures of the relevant services for Scotland, on the grounds that conditions generally in Northern Ireland are more likely to approximate to those in Scotland than elsewhere in Great Britain.

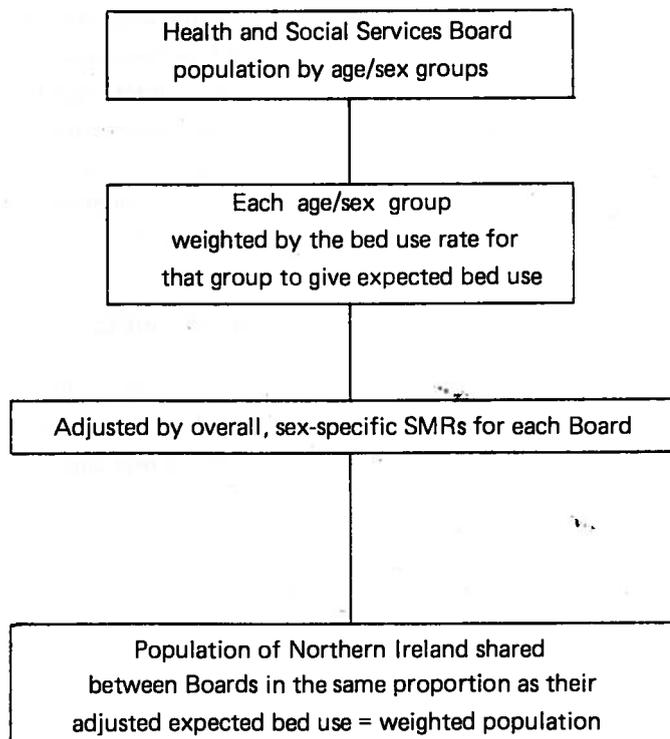
NON-PSYCHIATRIC, NON-OBSTETRIC HOSPITAL IN-PATIENT SERVICES

- 4.4 **Age and Sex:** It is necessary to weight the population of each Board to allow for the significant variations in the need for non-psychiatric, non-obstetric hospital in-patient services according to the age/sex structure of the population served. **We recommend that, as in each of the Great Britain reports, this should be done by reference to the utilisation of non-psychiatric, non-obstetric hospital beds by each age/sex group.**
- 4.5 **Morbidity:** We have already discussed the necessity to take account of relative morbidity in determining the proportionate distribution of need, and have stated our reasons for concluding that SMRs are the best available indicators to use as a proxy for this purpose (Chapter 3, paragraphs 3.4 to 3.6). There are however variations in the ways in which SMRs are applied in the three Great Britain formulae. Thus, while RAWP recommends the use of condition-specific SMRs for all but two of the 17 chapter headings of the International Classification of Diseases, SHARE has rejected this method in favour of an overall SMR for all causes of death, on the grounds that the small number of deaths from a single cause group in individual Health Boards in Scotland renders it unsuitable in the Scottish context. For the same reason, SCRAW has also opted for an overall SMR in the Welsh formula.

- 4.6 It is clear that the situation in Northern Ireland is similar in this respect to that which pertains in both Scotland and Wales. **We recommend therefore that an overall SMR for each Board should be used as a proxy indicator of morbidity in the Northern Ireland distribution model. The SMR should be applied on a separate basis for each sex to reflect the significant variations which are likely to exist in the patterns of male and female morbidity.**
- 4.7 A further variation introduced by the SHARE formula is the restriction of the SMR weighting to the under 65 population because, it is suggested, the needs of the elderly are less likely to be related to mortality than in the lower age groups. We consider however that, in the context of a distribution model designed to measure the relative apportionment of the needs of the population as a whole, the restricting of the application of SMRs in this way would be appropriate only if the population of any Board had a relatively high number of elderly people combined with a relatively low mortality rate for that group. An examination of the pattern of mortality for the over 65 population of each Board in Northern Ireland has not revealed the existence of such a situation and **we have concluded therefore that, for the purposes of our model, the SMR weighting should be applied to all age groups.**
- 4.8 The method which we have recommended for weighting the population for non-psychiatric, non-obstetric hospital in-patient services is illustrated in Figure 4A and explained in Appendix 2.

Figure 4A

Method of weighting the population for non-psychiatric, non-obstetric hospital in-patient services

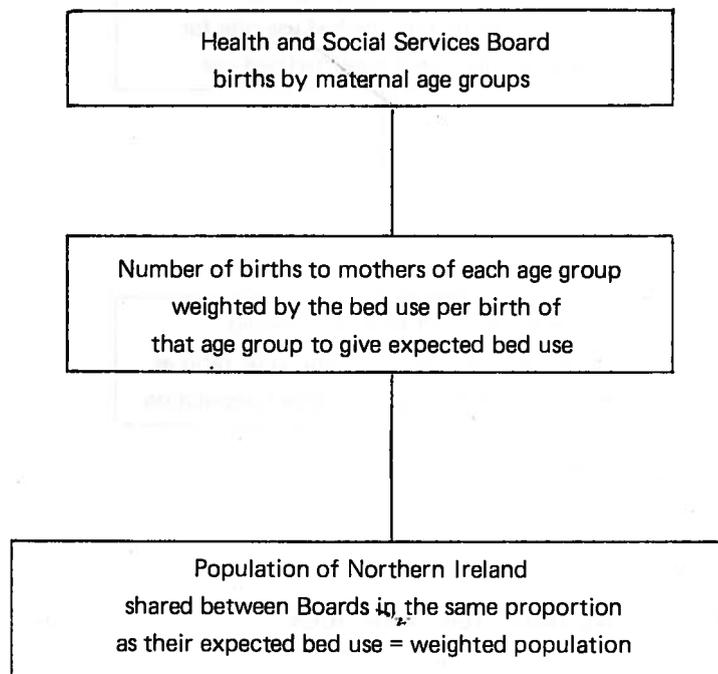


OBSTETRIC HOSPITAL IN-PATIENT SERVICES

- 4.9 For conditions of pregnancy, where the rate of mortality is very low, the use of SMRs as a weighting factor is clearly inappropriate. Age/sex weighting alone is generally regarded as a good indicator of need for obstetric hospital in-patient services, but the number of births and the wide variations in the use of obstetric beds according to the age of the mother are also major influences and should be taken into account.
- 4.10 **We recommend therefore that in respect of obstetric hospital in-patient services, the total number of births in each Board should be weighted to reflect the maternal age composition, by reference to the pattern of obstetric hospital bed utilisation at different ages.** This method is illustrated in Figure 4B and explained in Appendix 2.

Figure 4B

Method of weighting the population for obstetric hospital in-patient services.

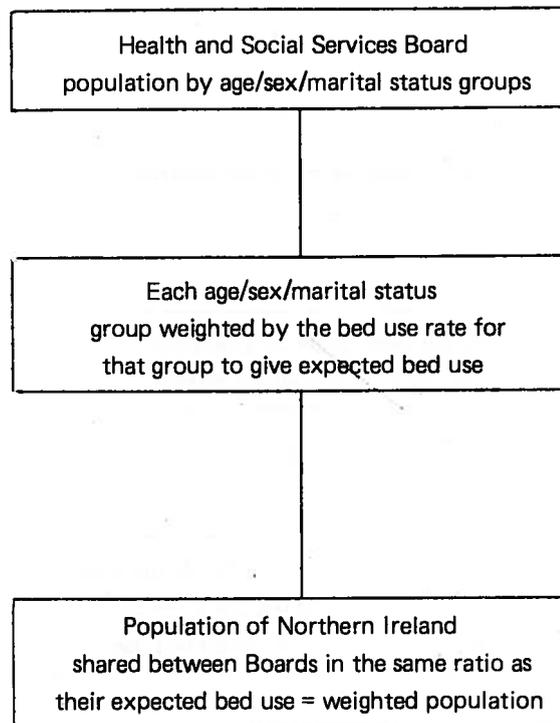
**MENTAL ILLNESS HOSPITAL IN-PATIENT SERVICES**

- 4.11 **Age and Sex:** As for other services, the pattern of use of services for the mentally ill differs according to age and sex. **We recommend therefore that the population of each Board be weighted to reflect the difference in age/sex composition by reference to the pattern of utilisation for mental illness hospital beds.**
- 4.12 **Morbidity:** Mortality does not provide a suitable measure for psychiatric morbidity since mental illness is rarely the direct cause of death. RAWP has already sought expert advice on the best criteria of need for these conditions, in addition to age and sex. It has considered a number of potentially relevant indicators, including social class, poverty, social isolation and others, but has been unable so far to find a way of including them in any formula. There is however substantial evidence that married people do not place such heavy demands on mental illness

hospital services as those who are not married. **We recommend therefore that, in respect of mental illness hospital in-patient services, marital status be used as an additional weighting factor to age and sex.** The method is illustrated in Figure 4C and explained in Appendix 2.

Figure 4C

Method of weighting the population for mental illness hospital in-patient services

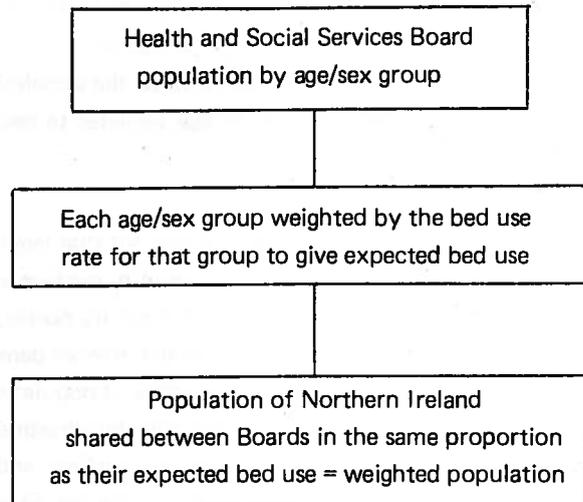


MENTAL HANDICAP HOSPITAL IN-PATIENT SERVICES

- 4.13 So far, no criteria of need for mental handicap hospital in-patient services have been identified, other than differences in utilisation according to age and sex. **We recommend therefore that, in respect of these services, the population of each Board should be weighted to reflect the pattern of mental handicap hospital bed utilisation by each age/sex group.** The method of doing so is illustrated in Figure 4D and explained in Appendix 2.
- 4.14 We have noted however that the Eastern Board through its responsibility for Muckamore Abbey Hospital effectively provides mental handicap in-patient services for both its own population and that of the Northern Board. It would be clearly inappropriate therefore that the Northern Board should receive an allocation of funds based on a need which it is the financial responsibility of another Board to meet. In order to take account of this situation, we have decided that, in this section of our model, the population of the Eastern Board should be taken as its own plus that of the Northern Board, with the population served by the Northern Board being set at nil.

Figure 4D

Method of weighting the population for mental handicap hospital in-patient services

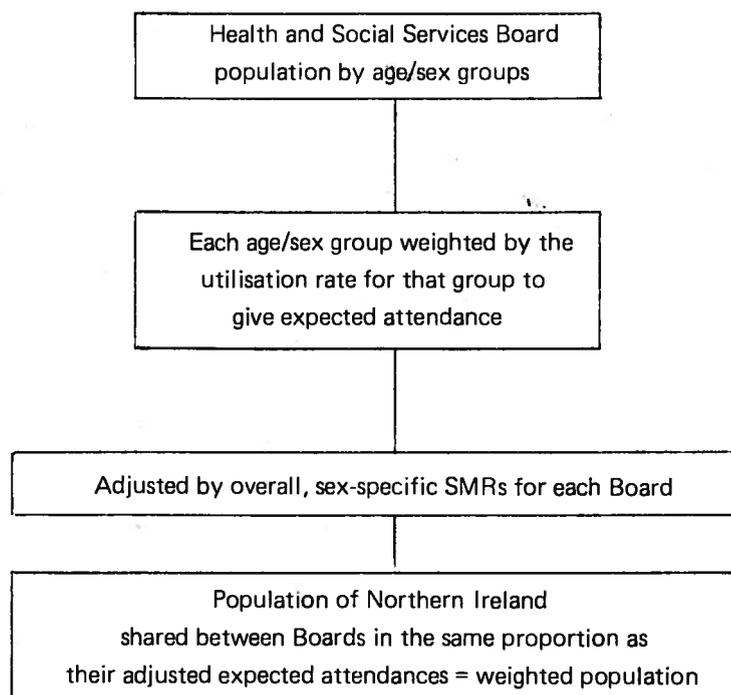


DAY AND OUT-PATIENT HOSPITAL SERVICES

4.15 The principles which we have used in weighting the population for hospital in-patient services can be applied also to the need for day and out-patient services. **We recommend therefore that, in respect of day and out-patient hospital services, the population of each Board should be weighted to reflect the pattern of utilisation of these services by age and sex, adjusted to take into account the overall, sex-specific SMRs for that Board.** This method is illustrated in Figure 4E and explained in Appendix 2.

Figure 4E

Method of weighting the population for day and out-patient hospital services



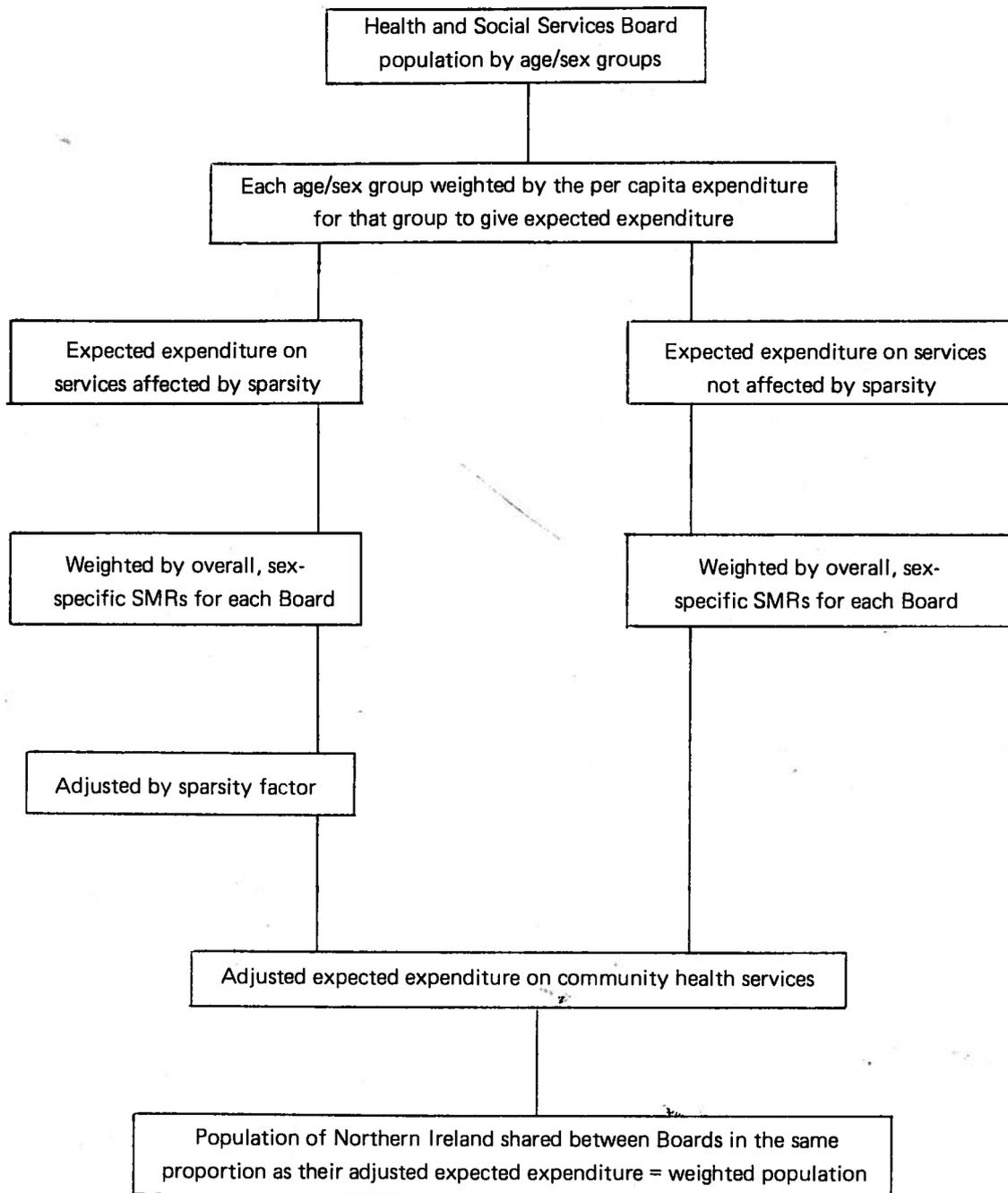
COMMUNITY HEALTH SERVICES

- 4.16 The available data on the use of community health services are severely limited. The utilisation patterns however are known to differ significantly according to age. Morbidity also is likely to influence the need for these services and this too should be taken into account. We are not entirely satisfied that these indicators are, of themselves, wholly adequate and we recommend that further work should be carried out to examine this question. **In the meantime we recommend that, in respect of community health services, the population of each Board should be weighted to reflect the pattern of utilisation of these services by age, adjusted to take into account the overall, sex-specific SMRs for that Board.**
- 4.17 In dealing with community health services in Scotland, SHARE points out that large parts of some Health Board areas are very sparsely populated, so that a higher provision of community services is required in these areas, because those concerned with the delivery of health care, such as community nurses, have to spend more time on travelling and generally have a smaller caseload than would be expected in more densely populated areas. It concludes that an adjustment is required to take account of this sparsity of population and, in the absence of the data ideally required for an adjustment of this sort, it recommends that the adjustment should be based on the proportion of a community nurse's time which is likely to be spent on travelling, and also on a sparsity factor derived from data available from the calculations of the Scottish Rural Practices Fund (mileage payments) for general medical practitioners.⁽¹⁾ We believe that the position in Scotland can be compared with that in Northern Ireland, where the concentration of a high percentage of the population in and around the Belfast area presents a striking contrast to the more widespread distribution across the rest of the Province. **We recommend therefore that the need for a higher level of provision of community health services in the less densely populated areas should be recognised by means of an adjustment to the weighted population for each Board, similar to that provided for in the Scottish formula.** This method is illustrated in Figure 4F and the calculations required are explained in Appendix 2. We are agreed however that further research should be initiated to determine the best way to measure the effects of a dispersed population on the resources needed to provide an equivalent level of field services in Northern Ireland.

(1) SHARE (Chapter 3, paragraph 3.20 and Appendix 3)

Figure 4F

Method of weighting the population for community health services



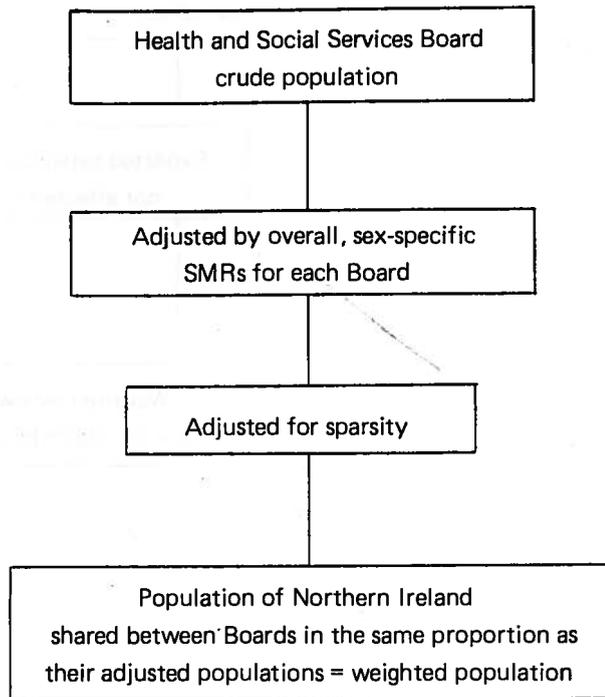
AMBULANCE SERVICES

4.18 The existing information on the use of ambulance services is also far from comprehensive. We have noted however that the research carried out by RAWP indicates that by far the most significant explanation of the variation in the need for these services is the size of the population served, adjusted for morbidity by the use of an overall SMR for each area. For Northern Ireland, we believe that a further adjustment based on the average length of the journeys undertaken within each Board (average number of miles per patient carried) should also be made, so that the need for a higher level of service provision in the more sparsely populated areas can also be taken into account.

- 4.19 We recommend therefore that, in respect of ambulance services, the population of each Board should be adjusted to take into account the overall, sex-specific SMRs for that Board. We recommend also that the population should be further adjusted for the effects of population sparsity by reference to the average number of miles per patient carried for each Board. This method is illustrated in Figure 4G and explained in Appendix 2.

Figure 4G

Method of weighting the population for ambulance services



PERSONAL SOCIAL SERVICES

The criteria of need

- 4.20 The social needs of a population are subject to many influences, including employment, income, housing, health, education and physical environment. Other, less tangible, influences concerned with the quality of life are also relevant but are even more difficult to quantify. All tend to be linked together in a complex way, one initiating another or several appearing in response to the same cause. We consider it is important, therefore, to recognise this cumulative aspect of social needs and, in determining the proportionate distribution of these needs, to use criteria which, as far as possible, take account of the close inter-relationships which are known to exist.
- 4.21 The only social indicators readily available on a Province-wide scale are those derived from the 1971 Census data and, in choosing indicators from this source, we have selected those most likely to indicate the need for personal social services in particular. The indicators which we have selected for this purpose, together with the rates used, are listed in Table 4.1.

Table 4.1

List of indicators of need for personal social services

Indicator	Description of rate
1. Dependent children under age 15	Children under 15 (male and female) as a percentage of persons in private households (ie excluding state institutions)
2. Pensioners	Old age pensioners as a percentage of total population
3. Private rented dwellings	Private rented dwellings as a percentage of total households
4. Public authority dwellings	Public authority dwellings as a percentage of total households
5. Overcrowded households	Households with more than 1.5 persons per room as a percentage of total households
6. No car households	Households with no car as a percentage of total households
7. One OAP households	Households with one old age pensioner living alone as a percentage of total households
8. Large family households	Households with four or more dependent children as a percentage of private households
9. Households lacking all basic amenities	Households lacking all basic amenities as a percentage of total households
10. Social Class III (Non-manual)	Persons classified as Social Class III (Non-manual) as a percentage of persons whose occupation is classified
11. Social Class III (Manual)	Persons classified as Social Class III (Manual) as a percentage of persons whose occupation is classified
12. Social Classes IV and V	Persons classified as Social Class IV and V as a percentage of persons whose occupation is classified
13. Unemployed economically active males	Economically active males not in employment as a percentage of economically active males
14. Married women working	Married women in employment as a percentage of married women

4.22 These indicators can be submitted to a factor analysis to produce three distinctive factors which can be defined generally in terms of their principal characteristics as follows:—

Factor 1 — Unemployment/poor quality and overcrowded housing/large families

Factor 2 — Elderly persons/private rented housing/single pensioner households

Factor 3 — Public authority housing estates/manual workers/low incomes.

This process is described in greater detail in Appendix 3.

4.23 In terms of service provision Factor 2 can be directly identified with services for the elderly. There is, however, no similar clearly ascertainable distinction between the types of service appropriate to Factors 1 and 3. We have concluded therefore that these factors should be combined to give a composite weighting for all other personal social services, apart from those aspects of provision which are not covered by the Census data (see paragraph 4.26).

4.24 We accept that the indicators available from the Census are not ideal and that some of the indicators which we have used have deficiencies which might have been eliminated had suitable alternatives been available. Nevertheless we have tested the results of our factor analysis against the findings of the ASSN survey of social need in the Belfast area⁽¹⁾ and we are satisfied, as a result of that comparison, that the indicators we have chosen provide an adequate reflection of the overall pattern of need between Boards, particularly as we are concerned only with the relative distribution of that need rather than its quantification as an exact value.

4.25 We accept also that the Census indicators are based on 1971 population data which makes no allowance for changes in the structure and characteristics of the population since that date. However, while there will be no new data available to update the individual variables used in the analysis until the next Census in 1981, a weighting for estimated changes in the population since 1971 can be applied to the population of each Board to improve the precision of the proportions allocated.

4.26 Of those aspects of social need not covered by the Census indicators, the most significant are those of the mentally and physically handicapped. We believe that the relative distribution of the special needs of both these groups can best be related to their numerical distribution by Health and Social Services Board. While completely accurate records of the total numbers of mentally and physically handicapped persons in each Board are not yet available, this situation is steadily improving and we expect that the results of the Outset Survey, when completed, will provide a comprehensive picture of the spread of mental and physical disability across the Province.

4.27 We believe that the criteria which we have identified above can be used to weight the population of each Board to reflect the relative social needs of that population. Our method for doing so is detailed in Appendix 3 and requires that the personal social services be divided into three separate categories, which in turn can be related in terms of service provision, to the needs of particular client groups — viz, the elderly, the mentally and physically handicapped and others. The services which we consider to be appropriate to each category are shown in Table 4.2.

(1) Belfast Areas of Special Social Need. Report by Project Team 1976

Table 4.2

Composition of categories of service

1. Services for the Elderly	2. Services for the Handicapped	3. General Services
<p>Old People's Homes Maintenance in Homes and other Institutions not vested in the Department (part) Boarded-Out Adults Day Centres Community Social Centres Home Helps Meals Services Warden Schemes</p>	<p>(a) Mentally Handicapped Workshops, Training Centres and Schools Hostels Maintenance in Institutions not vested in the Department</p> <p>(b) Physically Handicapped Workshops and Rehabilitation Centres</p>	<p>(a) Children and Families Children's Homes Maintenance in Homes and other Institutions not vested in the Department (part) Boarded-Out Children Family Group Homes Hostels for Adolescents Pre-School Playgroups (Boards) Homes for Unmarried Mothers Accommodation for Homeless Families</p> <p>(b) Mentally Ill Psychiatric Hostels</p> <p>(c) Other Services Grants to Voluntary Organisations Fieldwork Services Miscellaneous</p>

Sparsity

4.28 As with community health services, we would expect the level of service provision required to meet the social needs of the population to be influenced by the sparsity of the population within each Board. We consider it necessary therefore that some account should be taken of this influence.

4.29 In considering the effects of sparsity we have had regard only to those services where distance between clients has a strong influence on the caseload of those directly involved at the point of delivery. Using this criterion we consider that only in relation to fieldwork services (General Services) is the influence of sparsity sufficient to require special attention. Again the data ideally required for this adjustment is not available and we have decided therefore to base the adjustment upon the proportion of a social worker's time spent in travelling and also upon the same sparsity factor as for community health services. The method by which this calculation has been done is shown in Appendix 3.

4.30 In addition to fieldwork, we also looked at the need for a higher provision of transport services in the more rural areas to facilitate the transportation of clients to and from the more widely dispersed non-residential day care facilities. However, an analysis of the transport costs for these services did not indicate that sparsity was a major factor in the overall cost of provision. Nevertheless we are not entirely satisfied as to the adequacy of the information currently available for an analysis of this nature and we consider that further investigation of this matter is required.

Cost

4.31 As we have already mentioned (Chapter 3, paragraph 3.10), the costs of providing care in response to need varies according to the type of service provided, so that account must be taken of the differential costs of the services which make up each category. The means of doing so is shown in Appendix 3.

Social Work Training

4.32 We examined the arrangements for the financing of social work training and, in particular, the funding of the costs of Student Units. These Units provide fieldwork training for students on professional training courses and therefore contribute, not only to training for a Board's own staff, but also to the training of staff for other Boards and organisations. The funding of such Units is an additional commitment for individual Boards which they need to take into account in their internal allocations. However, all Boards provide Student Units to some extent. In addition the sums of money involved are relatively small and the commitment for each Board is variable over time. We concluded therefore that it would be impracticable to make special arrangements for the separate central funding of these costs but that where a Board is shown to carry a disproportionate share of such costs the Department should take this into account in its overall allocation.

Recommendations

4.33 Having considered the various criteria put forward for examination, **we recommend** as follows:—

(a) The relative need for personal social services should be expressed in terms of a weighted population for each Health and Social Services Board.

(b) For this purpose, the services concerned should be divided into the following three categories:—

(i) Services for the Elderly

(ii) Services for the Handicapped

(iii) General Services

(c) Each category should be weighted to reflect the relative distribution of the needs of its component client groups on the following basis:—

Services for the Elderly — in proportion to the percentage distribution of Factor 2 of the factor analysis of the 1971 Census indicators.

Services for the Handicapped — in proportion to the total numbers of mentally and physically handicapped persons in each Board.

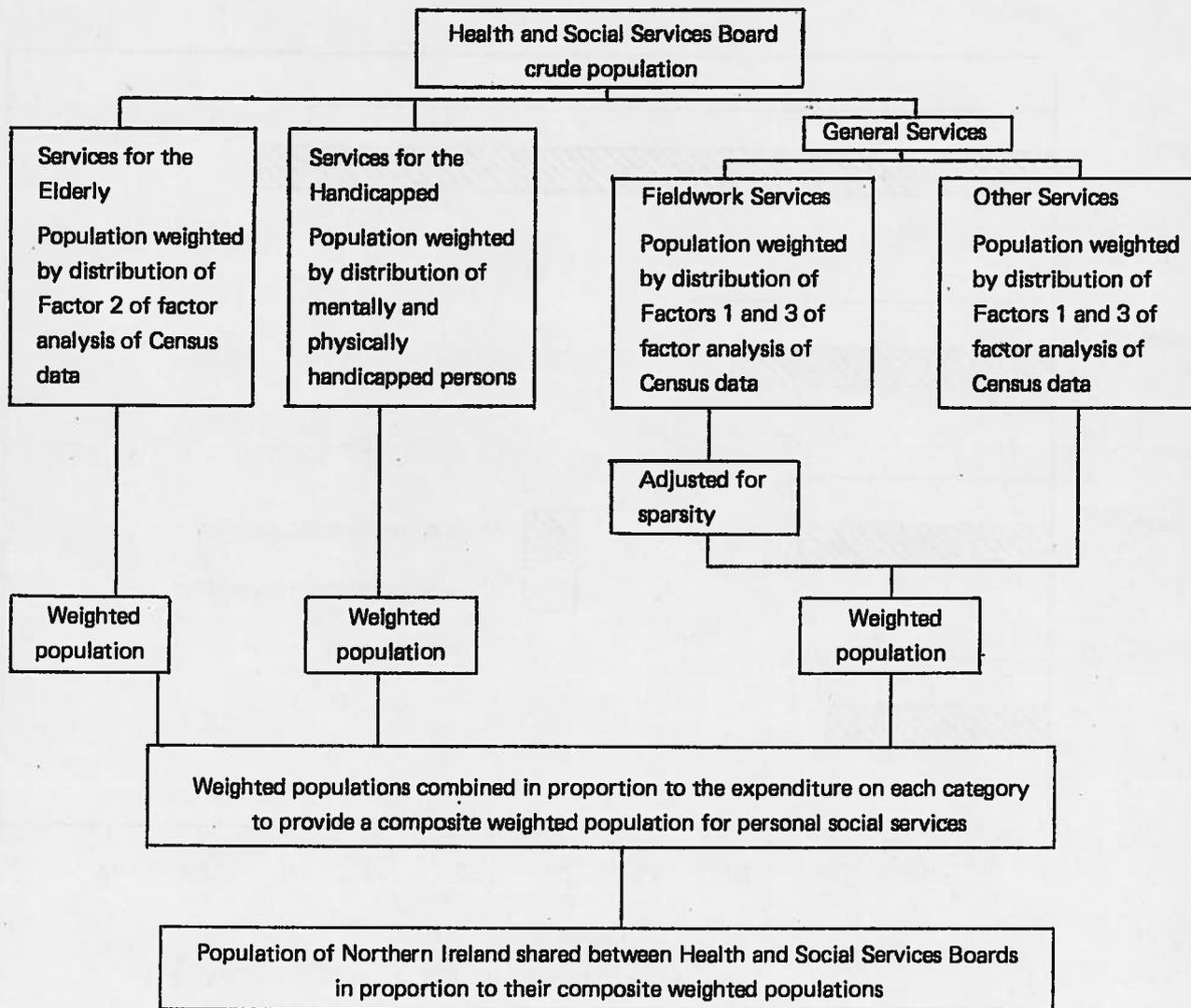
General Services — in proportion to the percentage distribution of Factors 1 and 3 of the factor analysis of the 1971 Census indicators. Account should be taken of the influence of sparsity on the provision of fieldwork services.

(d) Each category should be further weighted in relation to the revenue expenditure on those services provided wholly or mainly for its component client groups.

The methodology of our recommendations is illustrated in Figure 4H.

Figure 4H

Method of weighting the population for personal social services

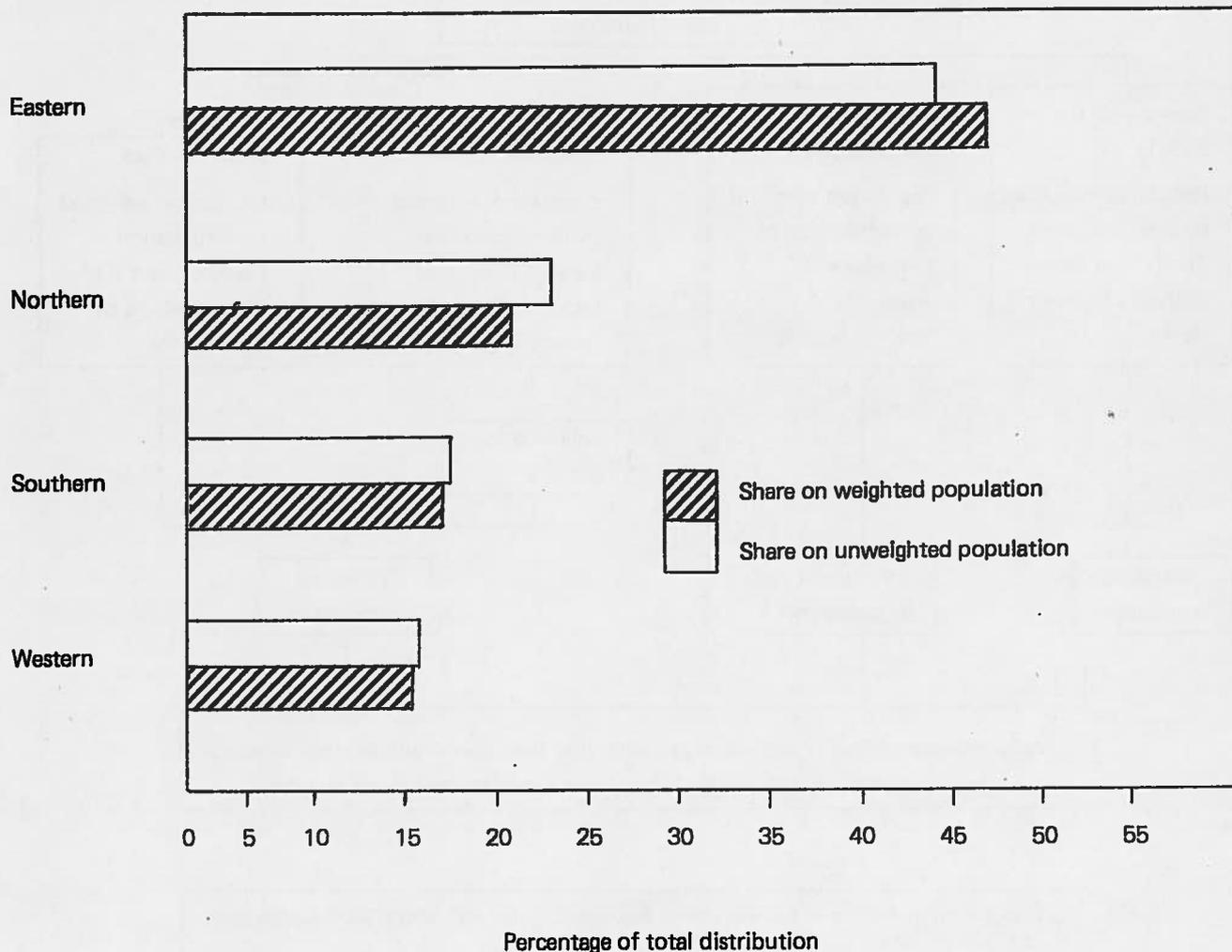


THE COMPOSITE NEED FOR SERVICES

4.34 In order to arrive at a single weighted population for each Board, which represents the proportionate distribution of the composite need for all the health and personal social services, the separate weighted populations for each of the eight categories of service are added together in the same proportion as the Northern Ireland revenue expenditure on each category. The distribution of this composite weighted population, compared with the distribution of the unweighted population for each Board, is illustrated in Figure 4I.

Figure 41

Distribution of weighted and unweighted population by Health and Social Services Board



CHAPTER 5

CROSS-BOUNDARY FLOWS

- 5.1 The recommendations contained in the preceding Chapter provide a basis for the notional distribution of resources to each Board according to the relative needs of the population residing within its own geographic boundaries. As we have already stated however, these boundaries are for administrative purposes only, so that patients and clients can cross them as necessary. Consequently some adjustment to the notional distributions must be made so that the cost of providing services in these circumstances can be properly credited to the Board providing the treatment. This adjustment should have regard to the average cost of the type of service provided in order that each Board should receive equal recompense for equal services rendered. It should also take into account any other adjustments which must be made to the notional distributions, such as those for the additional costs of teaching and other regional responsibilities (Chapter 6).

HOSPITAL IN-PATIENT SERVICES

- 5.2 An estimate of the extent of cross-boundary movement in the provision of hospital in-patient services can be compiled using a combination of data from existing in-patient record systems (Hospital Activity Analysis, Mental Health Record Scheme etc). Where these systems are deficient, it is possible to derive suitable data from the specific studies of hospital services which have been undertaken by joint Department/Board planning teams in the Northern, Western and now the Eastern Board areas. We are satisfied that the combination of data which we have used provides the best assessment of hospital in-patient cross-boundary movement at present available. Nevertheless it is evident that the early establishment of a fully comprehensive patient record scheme is of critical importance to the future application of a resource allocation system of this nature.
- 5.3 The absence of adequate and reliable costing data for individual specialities has precluded us from considering an adjustment for hospital in-patient flows on a cost per speciality basis. We have used therefore the method recommended by SHARE, which provides for the costs for patients crossing administrative boundaries to be based on the average rate for the types of hospitals in which they are treated, with patients in teaching hospitals being costed at the average rate for an equivalent non-teaching hospital.⁽¹⁾ **We recommend therefore that the patient flows across Board boundaries should be notionally costed at the rate of the average cost of the group in which the receiving hospital is classified, except that, where that hospital is a teaching hospital, the rate should be that of an equivalent non-teaching hospital group. The final distribution should take account of these flows, using the latest available costing data, updated to current price levels.** This method is further explained in Appendix 4.
- 5.4 The above method can be applied to all hospital in-patients including obstetric in-patients and those in hospitals for the mentally ill and mentally handicapped. The further adjustment required by the RAWP⁽²⁾ and SHARE⁽³⁾ formulae for long-stay mentally ill and mentally handicapped in-patients is not required in our model because the problem over establishing their place of origin, which gave rise to this adjustment, does not arise in Northern Ireland.

DAY AND OUT-PATIENT HOSPITAL SERVICES

- 5.5 No data are at present available from which to calculate the extent of cross-boundary flow for day and out-patient services. Nevertheless we believe that this flow is considerable and should be taken into account. **We recommend therefore that, in the absence of a more accurate means of assessment, the adjustment for the movement of day and out-patients across administrative boundaries should be made by assuming that the cross-boundary flow for day and out-patient services is proportionately equal to that for in-patient services.** This method is explained in Appendix 4.

(1) SHARE (Chapter 3, paragraph 3.24)

(2) RAWP (Chapter 2, paragraphs 2.26 and 2.27)

(3) SHARE (Chapter 3, paragraph 3.25)

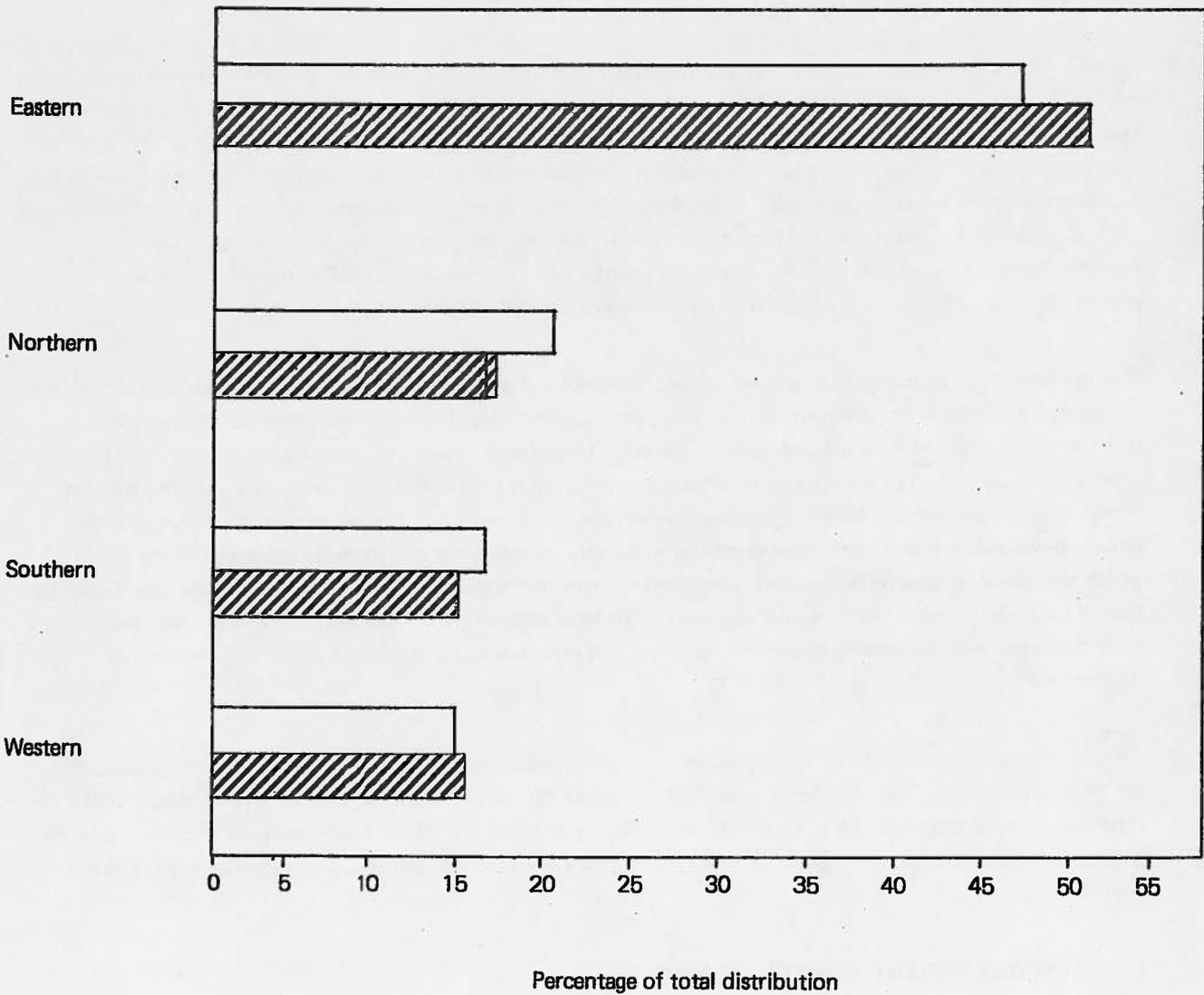
OTHER SERVICES

5.6 We have seen no evidence to suggest that there is any significant cross-boundary flow of patients for community health, ambulance and personal social services. **We recommend therefore that no adjustment should be made.**

5.7 The effect of adjusting the distribution based on composite weighted population for cross-boundary flows is illustrated in Figure 5A.

Figure 5A

Distribution based on weighted population, adjusted for cross-boundary patient flows



□ Distribution based on weighted population

▨ Adjusted for cross-boundary patient flows

CHAPTER 6

THE FINANCING OF TEACHING AND REGIONAL RESPONSIBILITIES

- 6.1 We have described in the preceding Chapters how a system can be devised for sharing resources between Boards based on weighted populations and then adjusted for the flow of patients across administrative boundaries. However, while it is the Department's policy that Boards should continue to move towards a greater measure of self-sufficiency in the provision of a full range of hospital, community health and personal social services, it is inevitable, in an area the size of Northern Ireland, that certain of the more highly specialised activities will continue to be provided almost exclusively in the major teaching centres, and certain other services on a regional basis. In the following paragraphs we discuss where modifications are required to our distribution model to take account of the additional costs arising from these special responsibilities.

MEDICAL TEACHING AND REGIONAL SPECIALITIES

- 6.2 Historically the vast bulk of medical teaching and most of the regional specialities are concentrated in the major teaching hospitals administered by the Eastern Board. Much of the highly specialised activity taking place in these hospitals is therefore not related to the Board's own population alone and we are clear that some allowance must be made for the additional costs which it incurs in meeting these additional responsibilities.
- 6.3 While some of the specialities are so circumscribed as to be easily defined, many provide both regional and local services at the same time which would be difficult to separate without a careful examination requiring the application of criteria as yet undetermined. Moreover it was quickly evident that, apart from any problems of definition, there is at present insufficient financial and statistical data available to determine accurately the individual component costs of these special regional and teaching commitments.
- 6.4 We consider that the only viable way forward, in the present circumstances, is to adopt the more general approach recommended by SHARE⁽¹⁾ and to establish a broad strategy for identifying the total additional costs of the major teaching complexes by comparison with the cost of treating patients in an equivalent non-teaching hospital.
- 6.5 In determining the baseline costs for such comparison it is necessary to adopt as wide a base as possible in order to compensate for the individual characteristics of particular hospitals which might exert an undue influence on the overall calculations. **We recommend, therefore, that the total additional costs of teaching hospitals should be identified in the following manner:— The total number of in-patient weeks and out-patient attendances of the teaching hospitals should be multiplied by the difference between the average in-patient and out-patient costs of each hospital and the similar average costs of those hospitals which are included within Groups I(a) and I(b) of the Analyses of Hospital Running Costs published by the Department.** (Appendix 5 paragraph 2).
- 6.6 While we recognise that some element of medical teaching and specialised activity is effected outside the formally designated teaching centres, it has not been possible to quantify the excess costs concerned. We are satisfied however that, on the information at present available, the financial consequences are not so significant as to require any further special provision.

DENTAL TEACHING

- 6.7 Responsibility for the provision of facilities for dental teaching and research in Northern Ireland is borne exclusively by the Eastern Board through the School of Dentistry. It is inappropriate to bring this hospital within the scope of our proposals for dealing with the additional costs of the major teaching hospitals since there are no non-teaching dental hospitals with which it can be compared. **We recommend, therefore, having regard to the recommendations contained in Section 4.12 of SHARE concerning the allocation of resources to dental hospitals in Scotland, that an allowance to the Eastern Board for the School of Dentistry should be made on an actual cost basis.** (Appendix 5, paragraph 3.)

(1) SHARE (Chapter 4, Section 4.4 and Appendix 6)

NURSE TRAINING, PARAMEDICAL AND OTHER PROFESSIONAL OR SPECIALIST TRAINING

- 6.8 The greater part of any imbalance in the spread of responsibility for nurse training and other professional or specialist training should be adequately accommodated within the special arrangements which we have proposed for meeting the additional costs of the teaching hospitals. While recognising the role played by a number of non-teaching hospitals in the training of nursing and other staff, **we consider that the degree of additional expenditure involved is not sufficient to justify the need for any further special funding arrangements. We accept however that, where a Board is shown to carry a disproportionate share of such costs outside the teaching hospitals, the Department should take this into account in its overall allocation.**

REGIONAL SERVICES – MASS RADIOGRAPHY SERVICE, BLOOD TRANSFUSION SERVICE, ARTIFICIAL LIMB AND APPLIANCE CENTRE

- 6.9 These services are provided on a regional basis and the total costs are borne by the Eastern Board. **We recommend that they should be funded on an actual cost basis.** (Appendix 5, paragraph 3).

LABORATORY SERVICES

- 6.10 It has been suggested to us that each Board is now largely self-sufficient in the provision of laboratory services. The laboratory statistical returns do not however at present indicate the geographical origin of the workload and, while the Eastern Board Joint Review Team intends to include this item in a proposed survey, the timescale for the collection of the information is likely to be prolonged.
- 6.11 In the absence of reliable statistical information we have found it difficult to recommend a suitable weighting for these services. However, having regard to the total sums involved in relation to overall hospital expenditure, we consider that, provided allocations continue to be made on a net basis, any cross-boundary flow of work should be adequately accounted for by income received and that any imbalance in laboratory costs, resulting from, for example, public health examinations, is not so significant as to require any special provision.
- 6.12 **We recommend therefore that no special funding arrangements are necessary to meet the cost of laboratory services.**

REFERRAL SERVICES

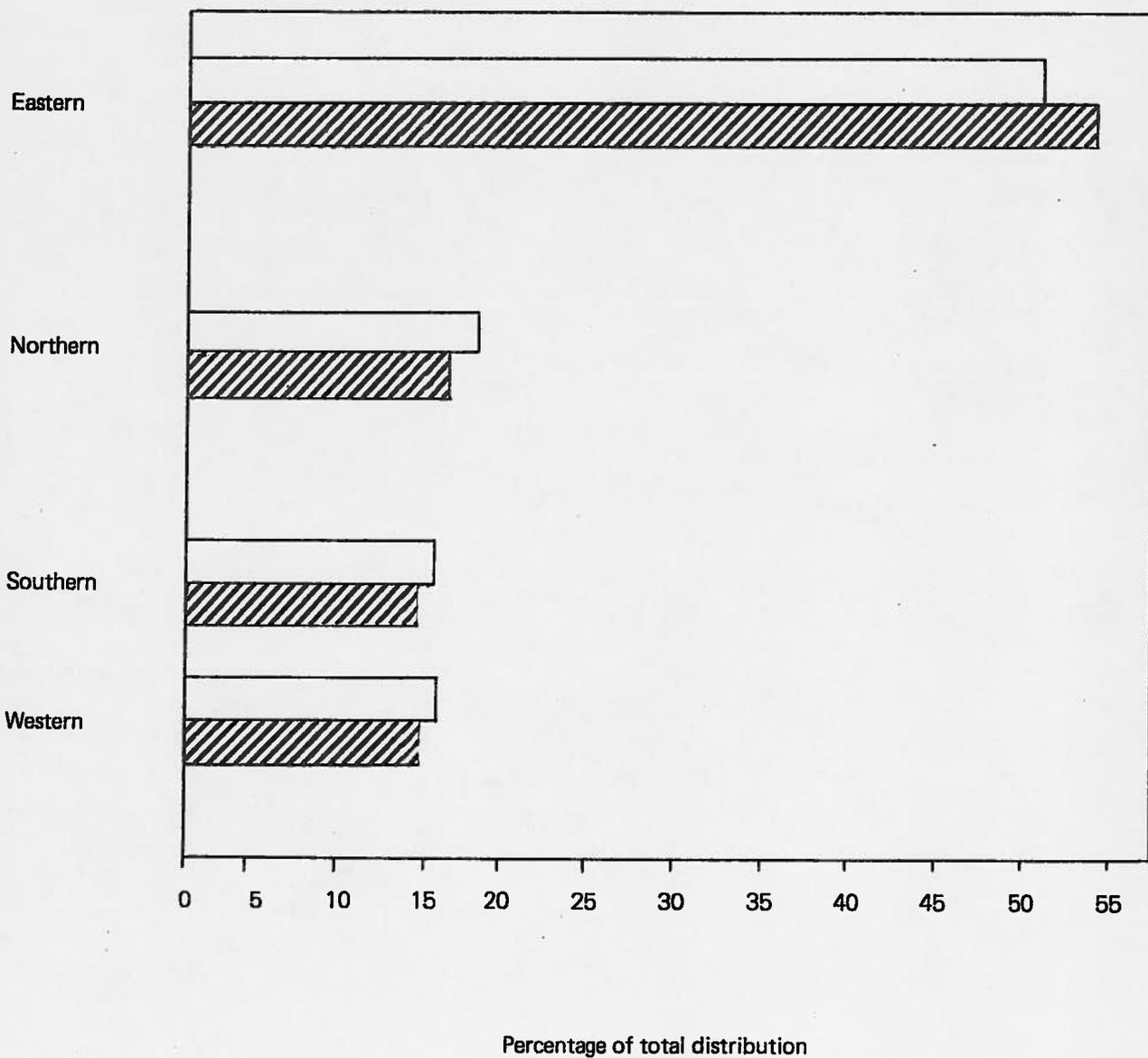
- 6.13 Referral services are services, apart from the regional specialities, or those services dealt with in paragraph 6.9 above, provided on a regular or frequent basis to patients outwith the catchment population served by the Board concerned.
- 6.14 The additional costs of such services should be accommodated in the adjustments which we have proposed for cross-boundary patient movement (Chapter 5). **We recommend, therefore, that no further special provision is necessary.**

DISTRIBUTION OF THE ADDITIONAL COSTS

- 6.15 Since the responsibility for the administration and financing of each of the special responsibilities for which we have recommended special funding arrangements lies solely with the Eastern Board, it follows that the total additional costs of these activities should be allocated to that Board. The effect of adjusting the notional distribution of resources based on composite weighted population and cross-boundary flow by the excess cost of teaching and other special responsibilities is illustrated in Figure 6A.

Figure 6A

Distribution based on weighted population and cross-boundary patient flows, adjusted for the excess costs of teaching and other special responsibilities.



□ Distribution based on weighted populations and cross-boundary patient flows.

▨ Adjusted for the excess costs of teaching and other special responsibilities.



CHAPTER 7**THE FUNDING OF OTHER SERVICES**

- 7.1 In the earlier Chapters we have set out our recommendations for a system to provide for the distribution of revenue resources to Health and Social Services Boards in Northern Ireland, having regard to the relative needs of the populations served and to the special responsibilities which fall in particular on the Eastern Board. The picture should now be completed by brief reference to those services which we do not think should be financed within that system.

FAMILY PRACTITIONER SERVICES

- 7.2 These services (ie general medical, dental, pharmaceutical and ophthalmic services) are provided by independent contractors and account for some 19% of the total health and personal social services revenue budget. Expenditure on these services is largely demand-responsive and is not within the direct control of the individual Boards themselves. **We recommend therefore that Boards should continue as at present to be provided with the funds required to meet the actual cost of these services.**

OTHER SERVICES

- 7.3 The allocations to the Central Services Agency, the Staffs Council, the Council for Nurses and Midwives and the Council for Post-graduate Medical Education, and such matters as research, welfare foods and the advanced training of staff which are at present financed directly by the Department, are not affected by our proposals.

CHAPTER 8**AREAS FOR FURTHER WORK**

- 8.1 The proposals which we have framed in the previous Chapters of this report have been governed largely by our existing state of knowledge concerning those factors which act to influence geographical variations in the need for health and personal social services within Northern Ireland, and by the range and reliability of the statistical and other data at present available. In the case of the latter, much of the information at our disposal was not as comprehensive or as detailed as we would have liked, or was not available in a form that was suitable for our purpose. Nevertheless, we are satisfied that the methods we have used provide a valid guide to the direction in which the shift of resources should properly take place.
- 8.2 There are, however, several areas in which we consider that further work is needed to improve the sensitivity and precision of the system we have recommended, and these can be defined as follows:--
- (a) Further research is necessary to develop a clearer understanding of the determinants of need for health and personal social care and, where necessary, to identify more sensitive criteria to supplement or replace those which we have recommended.
 - (b) Early attention should be given to the development of adequate systems for the routine collection and rationalisation of more detailed statistical, financial and other relevant information. Such systems should provide, in particular, for the calculation of Northern Ireland age/sex utilisation rates for each category of service and for a more reliable measurement of the extent of cross-boundary hospital in-patient and out-patient movement.
 - (c) Our proposals for measuring the costs of teaching and other special responsibilities entail some degree of approximation and, in some cases, make no allowance for any inefficiencies in the present provision of services generally. Further work is necessary, therefore, to identify these costs more accurately and to take account, in particular, of any element of these costs which is not found in the teaching hospitals.
 - (d) Further study is needed on the effect of population sparsity on the level of service provision.
- 8.3 In many aspects the matters listed above are common to all four parts of the United Kingdom. It is important therefore that close liaison should be maintained with the respective Departments in England, Scotland and Wales so that full advantage may be taken of the research which is currently being carried out in these countries.

CHAPTER 9

THE PRACTICAL APPLICATION OF OUR DISTRIBUTION SYSTEM

SETTING THE TARGET

- 9.1 The preceding Chapters contain our recommendations for a needs-based distribution system which we believe will eventually lead to the equitable distribution of the available revenue resources among the four Health and Social Services Boards in Northern Ireland. The overall methodology of that system is illustrated in Figure 9A. We would again emphasise that our system is concerned only with the distribution of financial resources. It should not be taken as an indicator of the optimal pattern of expenditure between the separate categories of service which we have chosen.
- 9.2 The results of the application of our recommendations are shown in Table 9A. The adjusted notional share of resources will thus form the equitable share for each Board, excluding provision for the cost of the family practitioner services, which we have recommended should continue to be financed on an actual-cost basis outside our general distribution system (Chapter 7).

Figure 9A

The distribution system

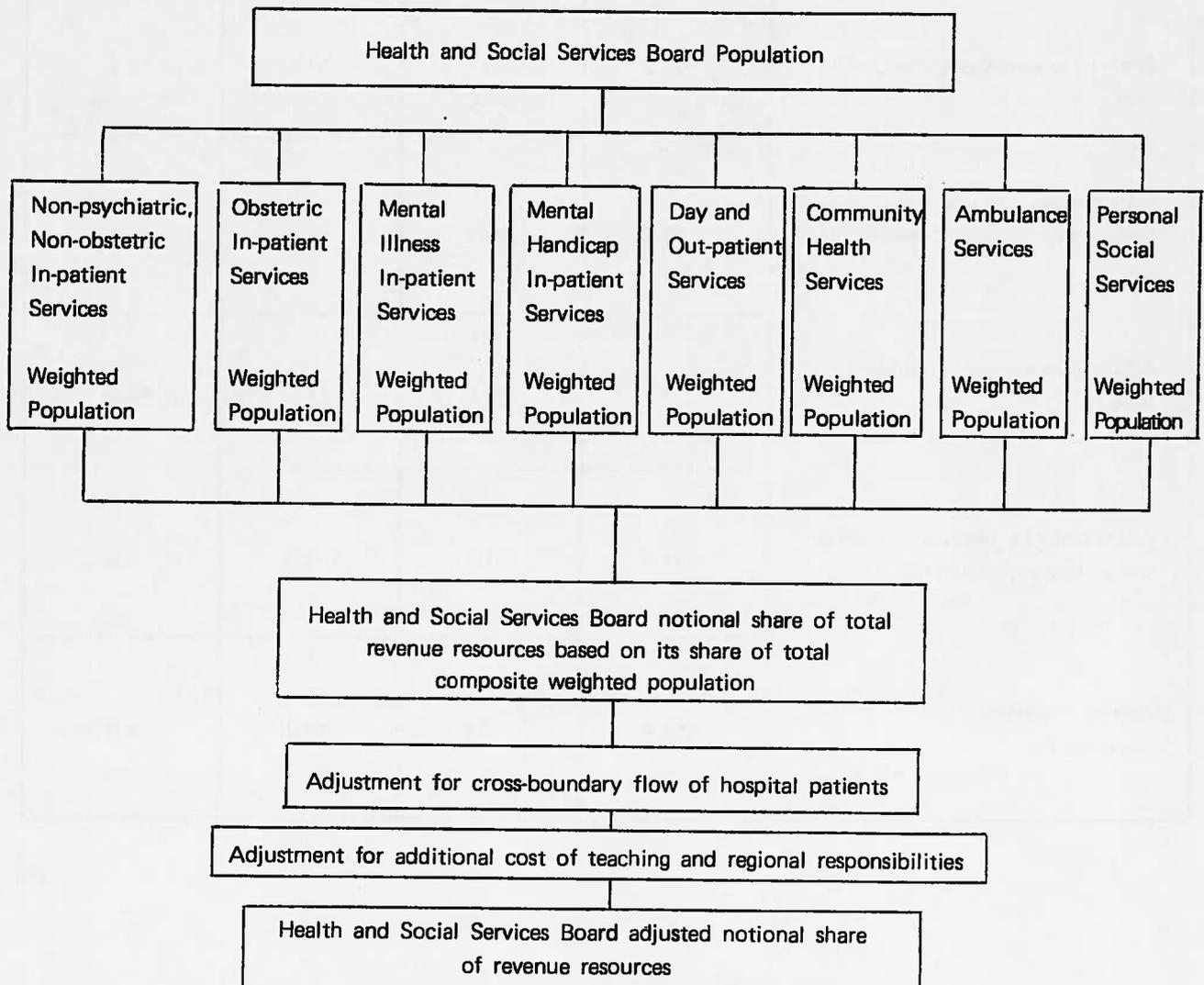


Table 9A

Aggregation of notional shares (for year 1978/79 only)

	Health and Social Services Board			
	Eastern	Northern	Southern	Western
Actual population (000s)	673.1	358.5	265.8	239.8
Share of actual population (%)	43.8	23.3	17.3	15.6
Adjustment for weighted population (%)	+3.4	-2.6	-0.3	-0.5
Share of weighted population (%)	47.2	20.7	17.0	15.1
Notional share of resources based on weighted population (%)	47.2	20.7	17.0	15.1
Adjustment for cross-boundary flow (%)	+4.4	-3.0	-1.7	+0.3
Adjustment for teaching and other special responsibilities (%)	+2.8	-1.1	-0.9	-0.8
Adjusted notional share of resources (%)	54.4	16.6	14.4	14.6

9.3 A comparison between the adjusted notional share and the present allocation for each Board is shown in Table 9B. This table gives an indication of the degree of redistribution which is necessary to achieve an overall parity and shows how far each Board is above or below its adjusted notional share in terms of its present share of resources (Column 5).

Table 9B

Comparison of adjusted notional shares with present allocations

Health and Social Services Board	Adjusted notional share	Present allocation	Adjustment required	Adjustment as percentage of present allocation
1	2 %	3 %	4 %	5 %
Eastern	54.4	54.5	-0.1	-0.2
Northern	16.6	15.9	+0.7	+4.3
Southern	14.4	14.9	-0.5	-3.0
Western	14.6	14.7	-0.1	-0.7
TOTAL	100.0	100.0	—	—

NOTE: Based on 1978/79 gross revenue allocations at September 1977 price levels. The figures shown in this table are indicative of the relative position of each Board in relation to the distribution of the total available revenue resources for 1978/79 only, excluding provision for the family practitioner services and certain non-recurring revenue monies of a capital nature (ie grants to voluntary organisations for capital works and equipment). They cannot be taken as representative of the position for any other year (past or future).

THE PRESENT BASIS OF ALLOCATION

9.4 We have already drawn attention to several weaknesses in the present data base and have also identified a number of areas in which our model might be further refined and developed. In addition to these there are a number of other considerations which we believe must be taken into account in the actual annual allocation of funds.

The basic allocation

9.5 At present, each Board receives a basic allocation for the maintenance of its existing levels of service, up-dated for pay and price increases. We believe it right that this practice should be continued so that the move towards equity in the distribution of financial resources can take place within the context of a smooth and continuous improvement in the standards and levels of existing service provision. We would emphasise however that this must not in any way diminish the need for a critical appraisal of all aspects of existing services on an on-going basis to ensure that the resources provided are being deployed in the most efficient way and to the maximum effect.

Revenue Consequences of Capital Expenditure (RCCE)

- 9.6 Under the present allocation system, Boards are normally required to meet the revenue consequences of minor works from their growth allocation, but in respect of major capital schemes costing more than £110,000 the Department earmarks funds separately within overall growth money for this purpose. The allocation of these funds is phased according to the commissioning of each new project so that, where a new facility is brought into operation during the course of a year, a Board is funded for its part-year costs only and receives the balance of the full-year cost in the next and subsequent years. RCCE constitute a first call upon growth, and consume on average about 50% of the growth monies available each year. The essence of the present system is that, provided there is sufficient growth money, it ensures the availability of revenue funds to open and operate new facilities.
- 9.7 We have noted that in England and Scotland, although not in Wales, the system is changing towards requiring authorities to fund their total RCCE requirements from within their needs-related share of the overall distributions. Nevertheless we believe that, for an area the size of Northern Ireland, this would present difficulties for Boards in matching their capital and RCCE commitments in any given year and we consider that, so long as capital funds are distributed as at present, on a regional basis, having regard to the priorities expressed by each Board, the allocation of RCCE, to be fair, must also be distributed regionally to match the capital investment. We recommend therefore that the revenue consequences of all capital works schemes costing more than £110,000 should continue to be funded as a first call upon growth money.
- 9.8 The effect of this recommendation on the application of our distribution system is dealt with in paragraph 9.14.

Earmarking for specific services

- 9.9 We are agreed in recommending that the needs of each Board should be assessed on an integrated basis, so that the formula proposed in the earlier Chapters of the report produces notional distributions covering health and personal social services as a whole. When the services were reorganised in 1973, however, it was agreed that the budget for personal social services should "initially at least" be safeguarded by being separately earmarked, and in annual allocations the Department separately identifies the funds for personal social services within each Board's basic allocation, and the amount of growth money for these services. For the last two years, the Department has also identified a minimum amount of growth to be allocated to community health services. These earmarkings will create practical difficulties in deciding how any redistribution of funds suggested by the formula should be apportioned between the main services. We support the principle of a single integrated allocation for health and social services, and suggest that the separate elements making up the allocation, derived from different formulae for assessing health and social needs, are made known to Boards to assist them in determining their internal allocations. We recommend that this should be the subject of further discussion between the Department and Boards in the light of this report.

Other earmarked allocations

- 9.10 Under the present system Boards receive certain sums each year earmarked for specific purposes. In the first place, sums are allocated as "special revenue" for the replacement of expensive items of equipment in particular fields (radiological, laboratory and laundry equipment, boiler plants and lift replacement) on the basis of regional priorities. Funds are specifically allocated by Government from time to time for such purposes as backlog maintenance, job creation and aid to the construction industry. We accept that these funds have to be separately earmarked for the purposes which they are designed to fulfil, and consider that they should be taken into account in determining the overall allocation to each Board.

9.11 Complicating the situation further, funds are also earmarked to meet the needs of priority areas or groups in need. Recent examples are specific allocations for the development of services under the Belfast Areas of Need (BAN) programme, and for the development of services for the physically handicapped. Finally, funds have been earmarked to meet commitments shown by individual Boards to be exceptional and to require priority treatment. These funds too must be taken into account in determining the allocation made to each Board, although we believe that the development of a properly co-ordinated planning system should reduce the need to earmark funds to meet exceptional commitments.

Demography

9.12 While our distribution system has been designed to measure the **relative** need for health and personal social services in the respective populations of each Board, it is also important to recognise that the **overall** need for these services is continuing to increase steadily year by year. One of the main reasons for this is the changing structure of the population as a whole and, in particular, the increasing proportion of elderly people. On a national basis, it has been calculated that in order to cope with these changes, and the effects of technological advances in medicine, allocations for health services must expand by 1.5% per annum, and for personal social services by 2.0% per annum, merely to maintain services at existing levels. Consequently, if the present levels of service provision are not to be adversely affected, we regard it as desirable that all Boards should receive a minimum allocation of growth money each year to keep pace with these changes. We recommend that the rate of growth for Northern Ireland required to cover these factors should be ascertained as soon as possible and applied for this purpose.

THE FUTURE BASIS OF ALLOCATION

9.13 We are aware that, if regard is to be had to all the considerations which we have listed above, the residue of funds available for redistribution will be very significantly reduced. We recognise also that this will inevitably prolong the timescale over which parity in the allocation of financial resources might otherwise be achieved. Nevertheless we believe that the reservations which we have expressed concerning the dependability and adequacy of much of the statistical and other information at present available, and the difficulties of testing accurately the reliability of the weighted population based model itself, are indicative of the need for a cautious approach to any major change in the existing distribution pattern. We suggest therefore that the following process should be used in determining the allocation of revenue resources to Health and Social Services Boards each year:—

1. An adjusted notional share for each Board should be worked out using the latest available statistical and financial information and taking into account such improvements to the distribution model as may be considered appropriate as a result of the further research and development which is now being carried out.
2. The sum required to finance the family practitioner services and such other items to be funded outside the general distribution system should be calculated and set aside from the total amount available for distribution.
3. An initial allocation to each Board should be determined on the basis of:—
 - (a) the sum required for the maintenance of existing levels of service, updated for pay and price increases,
 - (b) RCCE,
 - (c) other earmarked allocations,
 - (d) a minimum growth allocation to off-set the effects of changes in the population structure.

4. The initial allocation should then be compared with the adjusted notional share for each Board and the residue of funds distributed having regard to:—

- (a) the relative distance of each Board from its adjusted notional share,
- (b) the ability of any Board usefully to accommodate a proportionately higher rate of growth, and
- (c) the need for separate earmarking of growth funds for the hospital, community health and personal social services.

9.14 We have considered the possibility of setting a timescale to be applied in implementing the progression towards a parity distribution. We have noted however that such a timescale has not been set in Great Britain and we have concluded that it would not be feasible for Northern Ireland because of the fluctuating effects which the funding of RCCE will have on the allocations from year to year and the prevailing uncertainty as to the amounts of growth money which will be available. In particular, it is clearly evident that RCCE will exert a major influence on any attempt to move towards a more equitable sharing of revenue resources during the course of the current capital development programme, and will continue to do so for as long as capital and revenue allocations continue to be determined on different priorities. It is important therefore that RCCE must be taken into account at the earliest stage of planning, and rigorously controlled, if they are not to consume a disproportionate share of available growth money. Furthermore, if the procedures which we have recommended are to achieve their desired objective in a smooth and progressive manner, it is essential that there should be a proper balance between capital and non-capital development, and an equitable sharing of capital resources among Boards. We look to the comprehensive planning system now being developed by the Department to achieve this end.

CHAPTER 10

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

10.1 We are satisfied that it is feasible to produce a system for the distribution of revenue resources to the four Health and Social Services Boards in Northern Ireland, based on the relative needs of the populations served and taking into account the movement of patients across administrative boundaries and the additional costs of teaching and other regional responsibilities. The system which we have recommended is similar in many ways to those contained in the separate reports already published for England, Scotland and Wales, to which we have had regard in the course of our deliberations. In addition, however, we have had to take into account the allocation of resources for personal social services which is not covered in the Great Britain reports.

10.2 Our recommendations are summarised below:—

1. The population base for our distribution model should be the latest available mid-year population estimate prepared by the Registrar General's Department and adjusted for natural increases and the effects of migration.

(Paragraphs 3.1 to 3.3)

2. For the purposes of our model, the health and personal social services should be divided into the following categories:—

- (a) Non-psychiatric, non-obstetric hospital in-patient services
- (b) Obstetric hospital in-patient services
- (c) Mental illness hospital in-patient services
- (d) Mental handicap hospital in-patient services
- (e) Day and out-patient hospital services
- (f) Community health services
- (g) Ambulance services
- (h) Personal social services

(Paragraph 4.2)

3. In respect of **non-psychiatric, non-obstetric hospital in-patient services**, the population of each Board should be weighted to reflect the difference in age/sex structure by reference to the utilisation of non-psychiatric, non-obstetric hospital beds by each age/sex group, and should be adjusted to take into account the overall, sex — specific SMRs for each Board.

(Paragraphs 4.4 to 4.7)

4. In respect of **obstetric hospital in-patient services**, the total number of births in each Board should be weighted to reflect the maternal age composition by reference to the utilisation of obstetric hospital beds at different ages.

(Paragraphs 4.9 to 4.10)

5. In respect of **mental illness hospital in-patient services**, the population of each Board should be weighted to reflect the difference in age, sex and marital status composition by reference to the utilisation of mental illness hospital beds by each age/sex/marital status group.

(Paragraphs 4.11 to 4.12)

6. In respect of **mental handicap hospital in-patient services**, the population of each Board should be weighted to reflect the difference in age/sex composition by reference to the utilisation of mental handicap hospital beds by each age/sex group. Account should be taken of the provision by the Eastern Board of mental handicap hospital in-patient services for both its own population and that of the Northern Board by attributing both populations to the Eastern Board.

(Paragraphs 4.13 to 4.14)

7. In respect of **day and out-patient hospital services**, the population of each Board should be weighted to reflect the utilisation of these services according to age and sex, adjusted to take into account the overall, sex – specific SMRs for each Board.

(Paragraph 4.15)

8. In respect of **community health services**, the population of each Board should be weighted to reflect the utilisation of these services by age group, adjusted to take into account the overall, sex – specific SMRs for each Board. An adjustment to take account of the need for a higher level of provision of certain services in the more sparsely populated areas should be made to the weighted population, based on the proportion of a community worker's time spent on travelling, and also on a sparsity factor derived from data available from the calculation of the mileage payments made to general medical practitioners.

(Paragraphs 4.16 to 4.17)

9. In respect of **ambulance services**, the population of each Board should be weighted to take into account the overall, sex – specific SMRs for each Board. The population should be further adjusted for the effects of population sparsity by reference to the average number of miles per patient carried for each Board.

(Paragraphs 4.18 to 4.19)

10. In respect of **personal social services**, the services concerned should be divided into three categories, viz services for the elderly, services for the handicapped and general services. Each category should be weighted to reflect the relative distribution of the needs of its component client groups on the basis of a factor analysis of relevant Census indicators or, in the case of services for the handicapped, by reference to the total numbers of mentally and physically handicapped persons in each Board. Account should be taken of the differential costs of the services provided to each group by reference to the annual revenue expenditure on each category. Account should also be taken of the effects of population sparsity on the provision of fieldwork services by means of an adjustment based on the proportion of a social worker's time spent on travelling, and also upon the same sparsity factor as for community health services.

No special arrangements should be made for the separate central funding of the costs of social work training, but, where a Board is shown to carry a disproportionate share of such costs, the Department should take this into account in its overall allocation.

(Paragraphs 4.20 to 4.33)

11. The separate weighted populations for each of the eight categories of service should be added together in the same proportion as the Northern Ireland revenue expenditure on each category to provide a single weighted population for each Board reflecting the proportionate distribution of composite need.

(Paragraph 4.34)

12. In respect of hospital in-patient services, patient flows across Board boundaries should be notionally costed at the rate of the average cost of the group in which the receiving hospital is classified, except that, where that hospital is a teaching hospital, the rate should be that of an equivalent non-teaching group. The final distribution should take account of these flows, using the latest available costing data, updated to current price levels.

(Paragraphs 5.2 to 5.4)

13. An adjustment, similar to that for hospital in-patients, should be made for the cross-boundary flow of day and out-patients by assuming that the flow for day and out-patient services is proportionately equal to that for in-patient services.

(Paragraph 5.5)

14. No adjustment should be made for cross-boundary flow in the provision of community health, ambulance, or personal social services.

(Paragraph 5.6)

15. The total additional costs of teaching hospitals should be identified by reference to the total number of in-patient weeks and out-patient attendances of the teaching hospitals, multiplied by the difference between the average in-patient and out-patient costs of each hospital and the similar average costs of those hospitals which are included within Groups 1(a) and 1(b) of the Analyses of Hospital Running Costs published by the Department.

(Paragraphs 6.2 to 6.6)

16. An allowance to the Eastern Board for the School of Dentistry should be made on an actual cost basis.

(Paragraph 6.7)

17. The greater part of any imbalance in the spread of responsibility for nurse training and other professional or specialist training should be adequately accommodated within the special arrangements for meeting the additional costs of the teaching hospitals. Where a Board is shown to carry a disproportionate share of such costs outside the teaching hospitals, the Department should take this into account in its overall allocation.

(Paragraph 6.8)

18. An allowance to the Eastern Board for the Mass Radiography Service, the Blood Transfusion Service and the Artificial Limb and Appliance Centre should be made on an actual cost basis.

(Paragraph 6.9)

19. No special funding arrangements are necessary to meet the cost of laboratory services.

(Paragraphs 6.10 to 6.12)

20. The additional costs of referral services should be accommodated within the adjustments for cross-boundary patient movement.

(Paragraphs 6.13 to 6.14)

21. Boards should continue as at present to be provided with the funds required to meet the actual cost of the family practitioner services.

(Paragraph 7.2)

22. The present systems of financing the Central Services Agency, the Staffs Council, the Council for Nurses and Midwives and the Council for Post-Graduate Medical Education, and such matters as research, welfare foods and the advanced training of staff which are at present financed directly by the Department, should be continued.

(Paragraph 7.3)

10.3 We have also drawn attention to the following areas in which we consider that further work is needed to improve the sensitivity and the precision of the system we have recommended:—

1. Further research is necessary to develop a clearer understanding of the determinants of need for health and personal social services and, where necessary, to identify more sensitive criteria to supplement or replace those which we have recommended.
2. Early attention should be given to the development of adequate systems for the routine collection and rationalisation of more detailed statistical, financial and other relevant information.
3. Further work is necessary to identify more accurately the additional costs of teaching and other special responsibilities and to take account, in particular, of any element of these costs which is not found in the teaching hospitals.
4. Further study is needed on the effect of population sparsity on the level of service provision.

(Paragraph 8.2)

10.4 Finally, we have identified a number of considerations which we believe must be taken into account in the actual annual allocation process and we have pointed out the need for a cautious approach to any major change in the existing distribution pattern. Accordingly we have suggested that the following procedures should be used in determining the allocation of revenue resources to Health and Social Services Boards each year:—

1. An adjusted notional share for each Board should be worked out using the latest available statistical and financial information and taking into account such improvements to the distribution model as may be considered appropriate as a result of further research.
2. The sum required to finance the family practitioner services and such other items to be funded outside the general distribution system should be calculated and set aside from the total amount available for distribution.
3. An initial allocation to each Board should be determined on the basis of:—
 - (a) the sum required for the maintenance of existing levels of service, updated for pay and price increases,
 - (b) RCCE,
 - (c) other earmarked allocations,
 - (d) a minimum growth allocation to off-set the effects of changes in the population structure.
4. The initial allocation should then be compared with the adjusted notional share for each Board and the residue of funds distributed having regard to:—
 - (a) the relative distance of each Board from its adjusted notional share,
 - (b) the ability of any Board to usefully accommodate a proportionately higher rate of growth and
 - (c) the need for separate earmarking of growth funds for hospital, community health and personal social services.

(Paragraphs 9.4 to 9.13)

10.5 In conclusion, we would re-affirm our belief that the distribution system which we have proposed provides a valid indication of the direction in which the re-distribution of revenue resources should properly take place and that, given a proper balance between capital and non-capital development, and an equitable sharing of capital resources among Boards, the procedures which we have recommended for the practical application of that system will facilitate smooth progression towards a more equitable sharing of those resources.

LIST OF MEMBERS**Chairman**

Mr F A Elliott Senior Assistant Secretary, Finance and Services Divisions, Department of Health and Social Services.

Members

Mr R J Anderson Principal Officer, Treasury Division, Department of Finance.
(to December 1977)

Dr N E Gordon Chief Administrative Medical Officer, Western Health and Social Services Board.

Dr J M Graham Social Scientist, Central Economic Service, Department of Finance.

Mr D W A Kerr Principal Officer, Treasury Division, Department of Finance.
(from March 1978)

Mr E C Kirkpatrick Chief Administrative Officer, Southern Health and Social Services Board.

Mr R McAleese Assistant Chief Administrative Officer, Finance and Supplies, Eastern Health and Social Services Board.

Mr K F McCoy Senior Social Work Adviser, Social Work Advisory Group, Department of Health and Social Services.

Miss D McCullough Chief Nursing Officer, Nursing and Midwifery Advisory Group, Department of Health and Social Services.

Miss A F McGuinness Chief Administrative Nursing Officer, Eastern Health and Social Services Board.

Mr C Ramsay Senior Principal Officer, Finance Division, Department of Health and Social Services.

Mr D D Smyth Director of Social Services, Northern Health and Social Services Board.

Mr R S Sterling Assistant Secretary, Planning Division, Department of Health and Social Services.

Dr W D Thornton Deputy Chief Medical Officer, Medical and Allied Division, Department of Health and Social Services.

Dr E E Turkington Statistician, Research and Intelligence Unit, Department of Health and Social Services.

Dr A L Walby Director of Research and Intelligence, Research and Intelligence Unit, Department of Health and Social Services.

Secretariat

Mr W F T Green Planning Division, Department of Health and Social Services.

APPENDIX 2

THE CALCULATION OF THE WEIGHTED POPULATIONS FOR HOSPITAL AND COMMUNITY HEALTH SERVICES

THE POPULATION BASE

1. The population base recommended for the resource allocation model is the latest available mid-year estimate prepared by the Registrar General's Department, which takes account of the natural increase and the effects of internal and external migration since the 1971 Census. The results of the special studies which have been commissioned to enable these adjustments to be carried out on a H&SS Board basis are not yet available. For the purposes of illustration in this report therefore the unrefined mid-year population estimates for 1975 have been used as the basis of the age - sex estimates for each Board shown in Table 1.

Table 1

Estimated 1975 Population by age, sex, and Health and Social Services Board

Age	Eastern			Northern			Southern			Western			Northern Ireland		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	32.1	30.3	62.4	20.1	18.9	39.0	14.8	13.8	28.4	13.8	13.2	27.0	80.6	76.2	156.8
5-14	63.3	60.0	123.3	37.1	34.6	71.6	28.4	26.3	54.7	26.5	25.4	51.9	155.3	146.3	301.6
15-24	54.4	51.9	106.3	27.9	26.5	54.4	21.4	19.9	41.3	20.8	18.6	39.4	124.5	116.9	241.4
25-44	78.5	78.8	155.3	43.8	44.5	88.3	30.2	30.2	60.4	26.3	25.3	51.8	178.7	178.9	356.6
45-64	88.6	79.4	148.0	33.9	35.6	69.5	25.8	27.0	52.8	22.9	22.9	45.8	151.1	165.0	316.1
65-74	20.6	30.8	51.2	10.0	12.9	22.9	8.1	10.3	18.4	7.2	8.3	15.5	45.9	62.0	107.9
75+	8.8	17.9	26.6	4.9	7.8	12.7	4.0	5.7	9.7	3.8	4.9	8.7	21.5	36.3	57.8
TOTAL	324.2	348.9	673.1	177.7	180.8	358.5	132.5	133.3	265.8	121.3	118.5	239.8	765.8	781.6	1537.2

WEIGHTING THE POPULATION FOR NON-PSYCHIATRIC, NON-OBSTETRIC HOSPITAL IN-PATIENT SERVICES

2. The crude population of each Board has to be adjusted to allow for the variations in the need for non-psychiatric, non-obstetric hospital in-patient services according to the age/sex structure of the population served. This is done by applying Northern Ireland regional age/sex bed utilisation rates to the population of each Board by age/sex group to give the expected bed use generated by the population of that Board at the regional rates. Since the information necessary to calculate the regional utilisation rates for Northern Ireland on an age/sex basis is not at present available, the national utilisation figures for Scotland have been used, on the grounds that conditions generally in Northern Ireland are more likely to approximate to those in Scotland than elsewhere in Great Britain. The rates used are shown in Table 2.

Table 2

Non-Psychiatric, Non-Obstetric Hospital Bed-Use Rate per thousand population by age and sex

Age	Bed-Use Rate Per '000	
	Male	Female
0-14	1.983	1.502
15-24	1.375	1.591
25-44	1.900	2.436
45-64	5.267	4.830
65-74	12.867	11.948
75+	31.328	37.597

3. Account has also to be taken of the variations in the patterns of morbidity between Boards. Since no universally accepted measure of morbidity is available at present it is recommended that Standardised Mortality Ratios (SMRs) should be used as proxy indicators for this purpose. These SMRs, as shown in Table 3, compare the number of deaths actually occurring in a given area with those which would be expected if the regional mortality rates by age and sex for Northern Ireland as a whole were applicable to the population of that area. In order to reflect the significant variations which are likely to exist in the patterns of male and female morbidity, the SMRs have been calculated separately for each sex.

4. To make the adjustment, the expected bed use for each Board, weighted for age and sex as in paragraph 2, is further multiplied by the overall, sex-specific SMRs for that Board. The results of these calculations are then summed and the population of Northern Ireland is shared between Boards in the same proportions as the distribution of the adjusted expected bed use to provide a weighted population for each Board, as shown in Table 4.

Table 3

Standardised Mortality Ratios (SMR) by Sex and H&SS Board – 1975

H&SS Board	Standardised Mortality Ratio (SMR)	
	Males	Females
Eastern	1.044	1.010
Northern	0.976	0.992
Southern	0.952	1.015
Western	0.967	0.955

Table 4

Weighting of Population for variations in Non-Psychiatric, Non-Obstetric bed-use by age and sex and in Morbidity (overall, sex-specific SMR)

Health and Social Services Board	Crude Population ('000)	Expected Bed-Use		SMR-weighted expected Bed-Use		SMR-weighted total expected Bed-Use	Final weighted Population ('000)
		Male	Female	Male	Female		
Eastern	673.1	1311.4	1832.3	1369.1	1850.6	3219.7	718.3
Northern	368.5	695.7	850.3	679.0	843.5	1522.5	339.7
Southern	266.8	537.5	633.2	511.7	642.7	1154.4	257.6
Western	239.8	490.8	543.2	474.6	518.8	993.4	221.6
Northern Ireland	1537.2	3035.4	3859.0	3034.4	3855.6	6890.0	1537.2

WEIGHTING THE POPULATION FOR OBSTETRIC HOSPITAL IN-PATIENT SERVICES

5. To weight the population to reflect the relative need for obstetric hospital in-patient services, the number of births (live and still) to mothers of each age group is multiplied by the regional bed-use rate per birth for that age group to give the expected obstetric bed use for each Board. Because of the absence of the required data in age-related obstetric bed utilisation for Northern Ireland, it has again been necessary to have recourse to the national bed-use rates for Scotland. These are shown in Table 5.

Table 5

Age of Mother	Bed-Days per '000 Births (Live and Still)
15-19	12,699
20-24	12,393
25-29	12,123
30-34	12,411
35-39	14,870
40-44	18,579
45-49	20,801

6. The distribution of the expected bed use is then used to share the population of Northern Ireland over the four Boards in the same way as for non-psychiatric, non-obstetric hospital in-patient services. The resulting weighted populations are shown in Table 6.

Table 6

Weighting of Population for Variations in Obstetric Bed-use by Age of Mother

H&SS Board	Crude Population ('000)	Expected Bed-Days ('000)	Weighted Population ('000)
Eastern	673.1	125.4	570.1
Northern	358.5	81.5	370.8
Southern	265.8	65.2	296.4
Western	239.8	66.0	299.9
Northern Ireland	1537.2	338.1	1537.2

WEIGHTING THE POPULATION FOR MENTAL ILLNESS HOSPITAL IN-PATIENT SERVICES

7. The recommended weighting for mental illness hospital in-patient services is the utilisation of mental illness hospital beds according to age, sex and marital status. The expected bed use for each Board is calculated, as before, by applying the regional bed use rate to each age/sex/marital status group, and the result used as a basis for sharing the population of Northern Ireland over the four Boards. The mental illness hospital bed-use rates by age, sex and marital status, again using the Scottish figures, are shown in Table 7 and the weighted population for each Board is given in Table 8.

Table 7

Mental Illness Hospital Bed-Use Rate per Thousand Population by Age, Sex, and Marital Status

Age	Male			Female		
	Single	Married	Other*	Single	Married	Other*
0-14	0.13	—	—	0.07	—	—
15-24	0.71	0.11	4.38	0.69	0.25	2.00
25-44	9.99	0.48	8.71	7.84	0.63	5.91
45-64	39.62	1.37	11.35	18.29	1.52	4.69
65-74	52.76	3.00	9.28	22.18	4.11	7.31
75+	71.62	7.61	15.08	38.28	14.26	19.74

* Previously married but not at present

Table 8

Weighting of Population for Variations in Mental Illness Bed-Use by Age, Sex, and Marital Status

H&SS Board	Crude Population ('000)	Expected Bed-Use	Weighted Population ('000)
Eastern	673.1	2295.9	642.3
Northern	358.5	1227.0	343.3
Southern	265.8	1000.3	279.9
Western	239.8	971.2	271.7
Northern Ireland	1537.2	5494.4	1537.2

WEIGHTING THE POPULATION FOR MENTAL HANDICAP HOSPITAL IN-PATIENT SERVICES

8. No criteria of need for mental handicap hospital in-patient services have so far been identified, other than differences in utilisation according to age and sex.

9. An analysis of the utilisation of mental handicap hospital facilities by age and sex for Scotland is shown in Table 9. These rates are applied to the population of each Board by age/sex group, using the same methods as before, to provide the expected bed use per Board. Account must be taken however of the provision by the Eastern Board,

through its responsibility for Muckamore Abbey Hospital, of mental handicap hospital in-patient services for both its own population and that of the Northern Board. This is done by taking the population of the Eastern Board, in this section of the model, as its own plus that of the Northern Board, with the population served by the Northern Board being set at nil.

10. The weighted populations based on the distribution of the expected mental handicap hospital bed utilisation, calculated as in paragraph 9, is shown in Table 10.

Table 9

Mental Handicap Hospital Bed-Use Rate per Thousand Population by Age and Sex

Age	Bed-Use Rate per '000	
	Male	Female
0-14	0.928	0.599
15-24	2.109	1.539
25-44	2.136	1.638
45-64	1.533	1.416
65-74	1.027	0.919
75+	0.601	0.472

Table 10

Weighting of Population for Variations in Mental Handicap Bed-Use by Age and Sex

H&SS Board	Crude Population ('000)	Expected Bed-Use	Weighted Population ('000)
Eastern (includes Northern)	1031.6	1392.6	1036.8
Southern	265.8	354.3	263.8
Western	239.8	317.8	236.6
Northern Ireland	1537.2	2064.7	1537.2

WEIGHTING THE POPULATION FOR DAY AND OUT-PATIENT HOSPITAL SERVICES

11. The method used in weighting the population for day and out-patient hospital services is similar to that for in-patient services. The population of each Board is multiplied, on an age/sex basis, by the appropriate day and out-patient attendance rate for each age/sex group, and the resulting expected attendances further adjusted for relative morbidity by the application of the overall, sex-specific SMRs for that Board. The distribution of the adjusted expected attendances is then applied to the population of Northern Ireland to give a weighted population for each Board.

12. The day and out-patient attendance rates by age and sex for Scotland, which have been used for these calculations, are shown in Table 11 and the weighted populations are set out in Table 12.

Table 11**Hospital Out-Patient and Day-Patient Attendance Rate per Thousand Population by Age and Sex**

Age	Attendance Rate per '000	
	Male	Female
0-14	455	323
15-44	1012	742
45-64	1190	1016
65+	1313	955

Table 12**Weighting of Population for variations in day and out-patient attendances by age and sex and in morbidity (overall, sex-specific SMR)**

Health and Social Services Board	Crude population ('000)	Expected attendances ('000)		SMR-weighted expected attendances ('000)		SMR-weighted total expected attendances ('000)	Final weighted population ('000)
		Male	Female	Male	Female		
Eastern	673.1	296.1	253.1	309.1	255.7	564.8	704.4
Northern	358.5	158.5	125.9	154.7	124.9	279.6	348.6
Southern	265.8	118.4	92.8	112.7	94.2	206.9	258.0
Western	239.8	107.7	80.9	104.1	77.3	181.4	226.2
Northern Ireland	1537.2	680.7	552.7	680.6	552.1	1232.7	1537.2

WEIGHTING THE POPULATION FOR COMMUNITY HEALTH SERVICES

13. For community health services, the factors to be taken into account are the distribution of the population according to age, the variations in the patterns of morbidity and the need for a higher level of provision for certain services in the less densely populated areas.

14. The services concerned are first divided into two groups — Group A services, which are strongly influenced by population sparsity, and Group B services, which are little influenced. Group A is made up of home nursing and health visiting and Group B contains all other community health services. The per capita expenditure for each age group is calculated separately for both Group A and Group B services using the method described in SHARE (SHARE, Appendix 3, paragraph 17) and taking account of professional experience on the use of these services by the different age groups in Northern Ireland. The results of these calculations are shown in Table 13.

Table 13**Use of Community Health Services by age**

Community Health Service	% of service used by			Expenditure 1975-76 (£'000)	Distribution of cost (£'000)		
	0-14	15-64	65+		0-14	15-64	65+
Group A (Strongly affected by sparsity)							
Health Visiting	69.6	9.6	20.8	1118.9	778.8	107.4	232.7
Home Nursing	2.9	20.7	76.4	2324.5	67.4	481.2	1775.9
Group A Total	—	—	—	3443.4	846.2	588.6	2008.6
Cost per '000 Population	—	—	—	2.240	1.902	0.638	11.788
Group B (Little influenced by sparsity)							
Health Centres	28.9	60.0	11.1	2524.9	729.7	1514.9	280.3
Health Clinics	59.9	40.1	0.0	2828.7	1694.4	1134.3	—
Other Services	57.6	39.9	2.5	921.5	530.8	367.7	23.0
Group B Total	—	—	—	6275.1	2954.9	3016.9	303.3
Cost per '000 Population	—	—	—	4.082	6.640	3.273	1.780

15. The expected expenditure for each Board is calculated for Group A and Group B services by multiplying the population in each age group by the per capita expenditure on that age group and adjusting for relative morbidity using the overall sex-specific SMRs.

16. For Group A services a further adjustment is made for population sparsity using a sparsity factor derived from the distance which patients live from their general practitioner. The sparsity factor is calculated from data available from the calculation of the mileage payments made to general medical practitioners. Using the standards adopted by SHARE (SHARE, Appendix 3, paragraph 21) the data are converted to patient-units based on the distance of each patient from his doctor's surgery. No units are allowed for distances of less than 3 miles, 2 units for distances of 3 to 4 miles and 4 units for distances of 4 to 5 miles. An additional 1 unit per mile is allowed for distances beyond 5 miles. The resulting sparsity factor is the ratio of the number of patient-units recorded for each Board to the number of patient-units expected on the basis of the size of its population, as shown in Table 14. The crude population shown for each Board is the number of patients on doctors' lists, which is the appropriate figure in this case since the patient units are based on the CSA's registers.

Table 14

Derivation of Sparsity Factor for Community Health Services

H&SS Board	Patient Units	Crude Population ('000)	Population X Average Units Per Person	Sparsity Factor (A) ÷ (C)
	(A)	(B)	(C)	(D)
Eastern	444,944	690.0	827,179	0.538
Northern	512,005	353.9	424,259	1.207
Southern	437,255	279.4	334,948	1.305
Western	493,683	251.5	301,501	1.637
Northern Ireland	1,887,887	1,574.8	1,887,887	—

NOTE: See Para 16 for explanation of calculation of patient units. The crude population is the CSA Register of patients on Doctors' lists.

17. In making the adjustment for population sparsity in SHARE, it has been assumed that 70% of the time allocated to Group A activities in a typical Health Board in Scotland is spent in contact with clients and other professional duties, and 30% on travelling (SHARE, Appendix 3, paragraph 20). Professional opinion has confirmed that a similar apportionment is likely to be valid for Northern Ireland. Accordingly 30% of the adjusted expected expenditure on Group A services is multiplied by the sparsity factor for each Board and the result added back to the remainder of Group A and the whole of Group B to give the total adjusted expected expenditure on community health services in each Board. The distribution of the total adjusted expected expenditure is then used to distribute the population of Northern Ireland to give a weighted population for each Board. The effects of the adjustments described above are shown in Table 15.

Table 15

Weighting of Population for variations in the use of Community Health Services by age and in morbidity (overall, sex-specific SMR) and adjusted by sparsity factor

Health and Social Services Board	Crude Population ('000)	Expected Expenditure (£'000)		SMR-adjusted expected expenditure (£'000)		Sparsity and SMR-adjusted expected expenditure Group 'A' (£'000) (5)	Sparsity and SMR-adjusted total expected expenditure (£'000) (4) + (5)	Final weighted population ('000)
		Group 'A' (1)	Group 'B' (2)	Group 'A' (3)	Group 'B' (4)			
Eastern	673.1	1532.8	2712.3	1570.4	2785.0	1352.8	4137.8	657.3
Northern	358.5	765.6	1493.0	753.8	1469.0	800.6	2269.6	360.5
Southern	265.8	587.9	1107.5	579.4	1064.4	632.5	1696.9	269.5
Western	239.8	522.6	1014.7	502.1	975.3	598.1	1573.4	249.9
Northern Ireland	1537.2	3408.9	6327.5	3405.7	6293.7	3384.0	9677.7	1537.2

WEIGHTING THE POPULATION FOR AMBULANCE SERVICES

18. As explained in the main text, the research carried out by RAWP indicates that by far the most significant explanation of the variation in the need for ambulance services is the size of the population served, adjusted for morbidity by the application of an overall SMR for each area. For Northern Ireland, a further adjustment, based on the length of journey undertaken within each Board is also required, so that the need for a higher level of service provision in the more sparsely populated areas can also be taken into account.

19. A sparsity factor for ambulance services, using the data contained in the Analyses of Running Costs, Related Income and Statistics of Hospitals, Other Residential Facilities and Ambulance Services can be calculated for each Board, as shown in Table 16. The sparsity factor, in this instance, is the ratio of the average mileage for patients in each H&SS Board to the average mileage for patients for Northern Ireland as a whole.

Table 16**Derivation of Sparsity Factor for Ambulance Services**

H&SS Board	Average Mileage Per Patient	Sparsity Factor (Ratio of Board (Average to) (NI Average)
Eastern	6.57	0.679
Northern	11.27	1.165
Southern	11.27	1.165
Western	12.76	1.320
Northern Ireland	9.67	—

20. For each Board, the crude population is first multiplied by the overall, sex-specific SMRs in the same way as before, and then further adjusted by the application of the sparsity factor, calculated as above. The distribution of the resulting adjusted populations is then used to share the population of Northern Ireland over the four Boards to provide a weighted population for each Board, as shown in Table 17.

Table 17

Weighting of Population for variations in morbidity (Overall Sex-Specific SMR) and adjusted by sparsity factor

H&SS Board	Crude Population ('000)	SMR-Adjusted Population ('000)	Sparsity and SMR-Adjusted Population ('000)	Final Weighted Population ('000)
Eastern	673.1	690.9	469.4	484.5
Northern	358.5	352.8	411.2	424.4
Southern	265.8	261.4	304.7	314.4
Western	239.8	230.5	304.1	313.9
Northern Ireland	1537.2	1535.6	1489.4	1537.2

PERSONAL SOCIAL SERVICES (NOTE)

21. Because the allocation of revenue resources for personal social services is unique to the Northern Ireland distribution model and has no parallel in its Great Britain counterparts, the criteria of need for these services are, for ease of reference, dealt with separately in Appendix 3. The aggregation of the separate weighted populations for the eight categories of service used in the model, to provide a composite weighted population for each Board, is also dealt with in Appendix 3.

APPENDIX 3

THE CRITERIA OF NEED FOR PERSONAL SOCIAL SERVICES

1. The percentage distribution by Health and Social Services Board of the 1971 Census data identified as providing relevant indicators of need for personal social services is shown separately for each indicator in Table 1.

Table 1

Percentags distribution of 1971 Census indicators

Indicator	Health and Social Services Board			
	Eastern	Northern	Southern	Western
	%	%	%	%
Dependent children under age of 15	42.2	23.3	17.6	16.9
Pensioners	49.1	20.5	16.3	14.1
Private rented dwellings	62.0	15.8	12.4	9.8
Public authority dwellings	41.1	26.2	18.9	13.8
Overcrowded households	33.2	19.6	21.2	26.0
No car households	54.6	17.9	14.4	13.1
One OAP households	54.9	18.8	15.5	10.8
Large family households	36.7	22.3	19.8	21.2
Households lacking all basic amenities	39.8	19.5	20.8	19.9
Social Class III (Non-manual)	58.5	19.9	11.8	9.8
Social Class III (Manual)	49.2	21.8	17.3	11.7
Social Classes IV and V	46.4	22.0	16.2	15.4
Unemployed economically active males	41.7	17.8	20.2	20.3
Married women working	52.9	22.9	14.5	9.7

Source: 1971 Census

2. In order to arrive at a more sensitive estimate of the distribution of composite need between Boards, the Census indicators are submitted to a factor analysis and a correlation matrix produced from which a principal components analysis can be constructed. Since the distribution of need is most accurately demonstrated when based on the smallest areas available, and its degree most accurately measured when aggregated from individual levels, data input is on the basis of rate per local government electoral ward. Taking the accepted cut-off point of an eigenvalue of 1, the data are rotated to produce three factors with as distinct a variance as possible. The structure of these three factors is shown in Table 2.

Table 2

Structure of the three main factors

Factor 1		Factor 2		Factor 3	
Overcrowded households	.90	Pensioners	.84	No car households	.81
Unemployed e.a males	.78	Private rented dwellings	.80	Social class 111M	.76
Households with no basic amenities	.75	One OAP households	.75	Social class IV & V	.73
Large family households	.73	Households with no basic amenities	.36	Public Authority dwellings	.69
Social classes IV & V	.55	No car households	.34	Married women working	.47
No car households	.24	Dependent children	.75	Unemployed e.a males	.33
Social class 111N	-.84	Public Authority Dwellings	-.55	Dependent children	.26
Married women working	-.79	Large family households	-.53	Private rented dwellings	.24
Social class 111M	-.29			Households with no basic amenities	-.29
				Pensioners	-.25

3. Each factor is distinguished by both the positive and the negative loadings of the variables used. Those variables with a loading of less than .24 have been excluded from the table as contributing too little to the composition of a factor to be significant. Obviously the variables with high loadings, positive or negative, dominate the character of the factor. The three factors might therefore be described generally as follows:—

Factor 1 — Unemployment/poor quality and overcrowded housing/large families

Factor 2 — Elderly persons/private rented housing/single pensioner households

Factor 3 — Public authority housing estates/manual workers/low incomes

4. A standardised score for each ward on each of the three factors is produced, the degree to which each ward exhibits the character expressed by a factor being mathematically presented in its score. Since the input is in the form of "rates within wards" the factor scores express need regardless of population size. Thus, for example, two wards with the same score on any one factor will have the same degree of the need expressed in that factor, but the level of provision necessary to deal with that need will vary according to the size of the population served. Similarly in two wards with the same population, but where one has a rating higher than that of the other, a correspondingly higher input of services would be required to meet the need. To allow for this weighting, whilst retaining the detailed distinction between wards as expressed in the ward factor scores, all scores are multiplied by the number of households in the ward. The results are then aggregated to give a total for each Board and expressed as a percentage of the cumulative total, as shown in Table 3.

Table 3

Percentage distribution of weighted factors

Health and Social Services Board	Factor 1 %	Factor 2 %	Factor 3 %
Eastern	38.8	60.2	52.5
Northern	21.1	14.6	19.7
Southern	19.6	14.3	15.4
Western	20.5	10.9	12.4

5. In terms of service provision, Factor 2 can be directly identified with services for the elderly. Since there is no similar clear distinction between the types of service appropriate to Factors 1 and 3, these factors have been combined to give the weighting for all other personal social services (ie general services) apart from those aspects of provision which are not covered by the Census data. Of the latter, the most significant are the services for the mentally and physically handicapped, for which the recommended weighting is the distribution of mentally and physically handicapped persons by Health and Social Services Board. This distribution is shown in Table 4.

Table 4

Distribution of Mentally and Physically Handicapped Persons by Health and Social Services Board

Health and Social Services Board	Number of Mentally and Physically Handicapped Persons	Percentage Distribution
Eastern	9,632	50.6
Northern	4,076	21.4
Southern	3,229	16.9
Western	2,106	11.1

Source: R and I Unit, Department of Health and Social Services

SERVICES FOR THE ELDERLY

6. The crude population of each Board has to be adjusted to reflect its proportion of the social needs of the elderly as given in Factor 2 of factor analysis of the 1971 Census indicators. This is done by sharing the population of Northern Ireland among the four Boards in the same proportion as the percentage distribution of Factor 2. The result of this apportionment is shown in Table 5.

Table 5**Services for the Elderly – Weighted populations**

Health and Social Services Board	Crude Population '000	Distribution of Factor 2 %	Population weighted by distribution of Factor 2 '000	Ratio of weighted to crude population
Eastern	673.1	60.2	925.4	1.38
Northern	358.5	14.6	224.4	0.63
Southern	265.8	14.3	219.8	0.83
Western	239.8	10.9	167.6	0.70
Northern Ireland	1,537.2	100.0	1,537.2	—

SERVICES FOR THE HANDICAPPED

7. A similar apportionment of the population is required for Services for the Handicapped, using the distribution of the numbers of mentally and physically handicapped persons by Health and Social Services Board. The result is shown in Table 6.

Table 6**Services for the Handicapped – Weighted populations**

Health and Social Services Board	Crude Population '000	Distribution of Mentally and Physically Handicapped %	Population weighted by distribution of Mentally and Physically Handicapped '000	Ratio of weighted to crude population
Eastern	673.1	50.6	777.8	1.16
Northern	358.5	21.4	329.0	0.92
Southern	265.8	16.9	259.8	0.98
Western	239.8	11.1	170.6	0.71
Northern Ireland	1,537.2	100.0	1,537.2	—

GENERAL SERVICES

8. In addition to the adjustment of the crude population according to the relative need for services as in the previous instances, an additional adjustment for General Services is needed to take account of the influence of population sparsity on fieldwork services. To make the adjustment the crude population of each Board has first been weighted in accordance with the distribution of need as reflected by the mean value of Factors 1 and 3 of the factor analysis of the Census indicators. Based on the results of a study carried out by the National Institute of Social Work Training (Social Workers and their Workloads in Northern Ireland Welfare Departments, 1970) it has been estimated that on average 20% of a social worker's time is spent on travelling. The relevant sparsity factor (as for Community Health Services) has been applied to 20% of the weighted population for each Board and the result added back to the balance of the weighted population to give an adjusted weighted population for fieldwork services. These adjusted weighted populations have then been combined with the weighted populations for other General Services in proportion to the division of expenditure between these services to produce a single weighted population for General Services.

9. The results of the calculations used in weighting the population for General Services are shown in Tables 7, 8 and 9.

Table 7

General Services. Populations weighted by percentage distribution of Factors 1 and 3 of factor analysis

Health and Social Services Board	Crude population	Distribution of Factors 1 and 3 (mean value)	Population weighted by distribution of Factors 1 and 3	Ratio of weighted to crude population
	'000	%	'000	
Eastern	673.1	45.7	702.5	1.04
Northern	358.5	20.4	313.6	0.87
Southern	265.8	17.5	269.0	1.01
Western	239.8	16.4	252.1	1.05
Northern Ireland	1,537.2	100.0	1,537.2	—

Table 8

General Services. Populations weighted by percentage distribution of Factors 1 and 3 of factor analysis and adjusted for sparsity.

Health and Social Services Board	Crude Population '000	Population weighted by distribution of Factors 1 and 3 (Table 7) '000	Sparsity factor	Population weighted by distribution of Factors 1 and 3 and adjusted for sparsity '000	Ratio of weighted to crude population
Eastern	673.1	702.5	0.538	639.5	0.95
Northern	358.5	313.6	1.207	327.4	0.91
Southern	265.8	269.0	1.305	285.9	1.08
Western	239.8	252.1	1.637	284.4	1.19
Northern Ireland	1,537.2	1,537.2	1.000	1,572.2	—

Table 9

General Services. Weighted Populations

Health and Social Services Board	Crude Population '000	Population weighted by		Composite weighted population for General Services '000	Ratio of weighted to crude population
		(a) Distribution of Factors 1 and 3 (Table 7) '000	(b) Sparsity—Fieldwork Services Only (Table 8) '000		
Eastern	673.1	702.5	639.5	674.2	1.00
Northern	358.5	313.6	327.4	319.8	0.89
Southern	265.8	269.0	285.9	276.6	1.04
Western	239.8	252.1	284.4	266.6	1.11
Northern Ireland	1,537.2	1,537.2	1,537.2	1,537.2	—
Division of expenditure on General Services (%)	—	55.2	44.8	100.0	—

THE COMPOSITE WEIGHTED POPULATION FOR PERSONAL SOCIAL SERVICES

10. The calculations detailed in Tables 5 to 9 show the compilation of the separate weighted populations for each of the three distinct categories of service which go to make up the personal social services element of the distribution model. In combining these separate weighted populations to provide a composite weighted population for personal social services it is necessary to take account of the differential costs of the services which are appropriate to each group. This is done by adding together the separate weighted populations in proportion to the total expenditure on each category. The effect of this final adjustment is shown in Table 10.

Table 10**Composite weighted populations for Personal Social Services**

Health and Social Services Board	Crude population '000	Populations weighted according to distribution of relative need for			Composite weighted population for Personal Social Services	Ratio of composite weighted population to crude population
		(a) Services for the Elderly (Table 5) '000	(b) Services for the Handicapped (Table 6) '000	(c) General Services (Table 9) '000		
Eastern	673.1	925.4	777.8	674.2	836.4	1.24
Northern	358.5	224.4	329.0	319.8	265.4	0.74
Southern	265.8	219.8	259.8	276.6	241.0	0.91
Western	239.8	167.6	170.6	266.6	194.4	0.81
Northern Ireland	1,537.2	1,537.2	1,537.2	1,537.2	1,537.2	—
Division of Expenditure on Personal Social Services (%)		58.5	14.8	26.7	100.0	—

COMBINING THE WEIGHTED POPULATIONS FOR ALL SERVICES

11. In order to arrive at a single weighted population for each Board, which represents the proportionate distribution of the composite need for all the health and personal social services, the weighted populations for each of the eight categories of service are multiplied by the proportion of the total health and personal social services revenue expenditure on that category, and then added together. The effect of this calculation is shown in Table 11. The distribution thus reflected is however subject to the further adjustment for cross-boundary patient flows and the additional costs of teaching and other special responsibilities as described in Appendices 4 and 5.

Table 11

The composite weighted population for all services

Health and Social Services Board	Crude Population 000s	Population weighted by distribution of need for --								Composite Weighted Population 000s	Ratio of Weighted to Crude to Population
		Non-psychiatric, Non-obstetric In-patient Services (1) 000s	Obstetric In-patient Services (2) 000s	Day and Out-patient Services (3) 000s	Mental Illness In-patient Services (4) 000s	Mental Handicap In-patient Services (5) 000s	Community Health Services (6) 000s	Ambulance Services (7) 000s	Personal Social Services (8) 000s		
Eastern	673.1	718.3	570.1	704.4	642.3	1036.8	657.3	484.5	836.4	725.0	1.08
Northern	358.5	339.7	370.8	348.6	343.3	-	360.5	424.4	265.4	319.0	0.89
Southern	265.8	257.6	296.4	258.0	279.9	263.8	289.5	314.4	241.0	261.7	0.98
Western	239.8	221.6	299.9	226.2	271.7	236.6	249.9	313.9	194.4	231.5	0.97
Northern Ireland	1537.2	1537.2	1537.2	1537.2	1537.2	1537.2	1537.2	1537.2	1537.2	1537.2	-
Distribution of Revenue Expenditure (%)		47.4	5.3	8.6	10.6	4.5	6.8	1.8	15.0	100.0	-

APPENDIX 4**CROSS-BOUNDARY PATIENT FLOWS****NON-PSYCHIATRIC, NON-OBSTETRIC IN-PATIENTS**

1. Four sources of data are available to estimate the extent of cross-boundary movement in 1975. The calculations presented are illustrative only.

- 1.1 Hospital Activity Analysis (HAA) data relating to approximately 77,000 discharges from the following 7 hospitals –

Eastern Board : Ulster, RVH, City, Musgrave Park

Southern Board : Craigavon, Lurgan

Western Board : Altnagelvin

These discharges represent 43% of all non-psychiatric, non-obstetric in-patients discharged in 1975; 100% HAA coverage would be required in order to assess comprehensively the pattern of cross-boundary flow. The following 3 sources have been used in conjunction with the limited HAA data to provide the best possible estimates.

- 1.2 Northern Board Strategic Planning Team Report on the development of hospital services in that area tabulates for 1972, on an individual hospital basis, the total bed-days provided for patients from other Board areas and similar, though incomplete, data for bed-days provided by other Boards for Northern Board residents.
- 1.3 Western Board Working Party Report on hospital services provides comparable data for the individual hospitals in that Board for 1975 and complete information on the provision of bed-days by other Boards for Western Board residents.
- 1.4 Eastern Board data for 1977 in respect of bed-days provided by hospitals in that area for patients from other Board areas are available from a current study in respect of individual hospitals not covered by HAA but no information is available regarding bed-days provided by other Boards for Eastern Board residents.

2. Table 1 summarises the extent of cross-boundary movement in 1975 in terms of bed-days provided by each Board for residents of other Boards based on data extracted from the most appropriate source. Thus, for the Eastern Board, 1975 data from the 4 hospitals included in HAA (Ulster, RVH, City and Musgrave Park) have been combined with 1977 information derived from the current study described above as source 1.4. In order to produce the most reliable estimates possible, the 1977 figures have been adjusted to 1975 levels by reference to the throughput (total occupied bed-days for non-psychiatric, non-obstetric in-patients) of the individual hospitals in those years.
3. Source 1.2 provides 1972 data in respect of work carried out at Northern Board hospitals for patients from other areas and these estimates have been similarly adjusted to 1975 levels. No adjustment is required for the Western Board data derived from source 1.3 since the study relates to 1975 patient flows.

4. The absence of a specific study of hospital services in the Southern Board means that it is particularly difficult to establish reliable estimates of the work done by Southern Board hospitals for patients resident in other Boards. From the limited HAA data for Craigavon and Lurgan hospitals, however, some 40% of all non-psychiatric, non-obstetric discharges in 1975 may be analysed by area of residence. In addition the specific studies conducted by the Northern and Western Boards in 1972 and 1975 respectively provide estimates of flows from these Boards into Southern Board hospitals and these have been added to the HAA data with suitable adjustment of the 1972 Northern Board figures to a 1975 basis.

In order to provide some measure of the flow of Eastern Board patients to Southern Board hospitals, a special survey was undertaken of discharges in 1975 from hospitals where it was considered probable that Eastern Board patients might have been treated. The estimates of cross-boundary flow into Southern Board hospitals are derived therefore from various sources which in combination are considered most likely to provide reliable information.

5. Cross-boundary patient flow is costed on an individual hospital basis. The bed-days summarised in Table 1 are converted to in-patient weeks which are then priced at the average cost per in-patient week of the sub-group in which the individual hospital is classified. Use of the sub-group average in this way ensures that a Board will not be credited with different costs for treating the same type of case in different hospitals. In the case of teaching hospitals, the average cost per in-patient week for the equivalent non-teaching group is employed since the excess costs attributable to teaching are taken into account separately in the allocation procedure.
6. Table 2 shows the costs attributable to each Board, both for the treatment of patients from other Boards and the treatment of its patients by other Boards. Subtraction of the latter from the former gives the final "net flow cost" for each Board.

OBSTETRIC IN-PATIENTS

7. Comprehensive information on cross-boundary movement of obstetric in-patients was available from the Child Health Record Scheme. Table 3 shows the extent of this flow in 1975, and, by means of a costing procedure analogous to that used for non-psychiatric, non-obstetric in-patients, the net flow costs shown in Table 4 were derived.

DAY AND OUT-PATIENT SERVICES

8. No data were available to assess the extent of cross-boundary flows for day and out-patients. It has been assumed that these flows are proportional to those for non-psychiatric, non-obstetric in-patients. The cost of out-patient flows has therefore been calculated by multiplying together the non-psychiatric, non-obstetric in-patient net flow cost, the out-patient weighted population and the proportion of expenditure on out-patient services and dividing this by the product of the in-patient weighted population and the proportion of expenditure on in-patient services. Table 5 shows the net results of the calculations for each Health and Social Services Board.

MENTAL ILLNESS IN-PATIENT SERVICES

9. Table 6 analyses the provision of mental illness services by each Board for residents of other Boards in terms of bed-days provided in 1975. The information has been extracted from the Mental Health Record Scheme and includes both "short-stay" and "long-stay" cases. Data for short-stay cases are derived from an analysis of discharges from mental illness hospitals during 1975 of in-patients whose duration of stay was less than 12 months. For these cases the actual durations of stay are available in terms of bed-days provided by the relevant

H&SS Board hospital. Long-stay cases have been defined as those remaining in hospital for 12 months or more and a census analysis of these cases provided the necessary cross-boundary analysis also on an individual hospital basis. For costing purposes each case was assessed as 365 bed-days and the result combined with the short-stay data to produce the total cross-boundary provision of mental illness bed-days summarised by H&SS Board in Table 6.

10. Costing is by individual hospital on the basis already described for non-psychiatric, non-obstetric in-patients and the estimated cross-boundary flow costs are shown in Table 7.

MENTAL HANDICAP INPATIENT SERVICES

11. No data were available from routine statistical sources to assess the extent of cross-boundary flows for mental handicap in-patients. The number of cases involved is, however, fairly small and it was therefore possible to conduct an enquiry to establish the number of patient-weeks provided by each Board for residents of other Boards. The results of the enquiry provided the data for Table 8 and the corresponding cross-boundary flow costs are shown in Table 9.

SUMMARY

12. A summary of the net costs of the cross-boundary patient flows by Health and Social Services Board, updated to 1978/79 Estimates level, is shown in Table 10.

Table 1

Estimated Non-Psychiatric, Non-Obstetric in-patient bed-days provided in 1975 by each H&SS Board for residents of other boards

('000 bed days)

H&SS Board providing treatment	H&SS Board of Residence				Total
	Eastern	Northern	Southern	Western	
Eastern	—	110.7	56.7	26.9	194.3
Northern	21.6	—	3.1	1.0	25.7
Southern	3.3	9.5	—	3.7	16.5
Western	0.4	3.9	6.7	—	11.0
Total	25.3	124.1	66.5	31.6	

Table 2

Estimated cross-boundary flow costs in 1975 for Non-Psychiatric, Non-Obstetric in-patient services (£'000)

H&SS Board providing treatment	H&SS Board of Residence				Total cost of treatment provided for other H&SS Boards
	Eastern	Northern	Southern	Western	
Eastern	—	3,280.7	1,592.6	770.6	5,643.9
Northern	500.7	—	79.0	26.0	605.7
Southern	107.4	228.5	—	95.9	431.8
Western	12.5	99.3	154.7	—	266.5
Total cost of treatment provided by other H&SS Boards	620.6	3,608.5	1,826.3	892.5	
Net flow cost	5,023.3	-3002.8	-1,394.5	-626.0	

Table 3

Confinements in 1975 in each Health and Social Services Board of residents of other Boards

H&SS Board providing treatment	H&SS Board of Residence				Total
	Eastern	Northern	Southern	Western	
Eastern	—	1,333	161	52	1,546
Northern	6	—	13	18	37
Southern	59	159	—	42	260
Western	NIL	11	36	—	47
Total	65	1,503	210	112	

Table 4

Estimated cross-boundary flow costs in 1975 for Obstetric in-patient services

(£'000s)

H&SS Board providing treatment	H&SS Board of Residence				Total cost of treatment provided for other H&SS Boards
	Eastern	Northern	Southern	Western	
Eastern	—	418.0	40.8	12.5	471.3
Northern	1.5	—	3.3	4.2	9.0
Southern	14.0	40.4	—	10.7	65.1
Western	NIL	2.6	8.8	—	11.4
Total cost of treatment provided by other H&SS Boards	15.5	461.0	52.9	27.4	
Net flow cost	455.8	-452.0	12.2	-16.0	

Table 5

Estimated cross-boundary flow costs in 1975 for Day and Out-patient services

H&SS Board	Non-Psychiatric Non-Obstetric In-Patient Cross-Boundary Flow Cost (£'000)	Non-Psychiatric Non-Obstetric In-Patient Weighted Population ('000)	Out-Patient Weighted Population ('000)	Out-Patient Cross-Boundary Flow Cost (£'000)	* Corrected Cross-Boundary Flow Cost (£'000)
Eastern	5,023.3	718.3	704.4	893.8	928.4
Northern	-3,002.8	339.7	348.6	-559.1	-559.1
Southern	-1,394.5	257.6	258.0	-253.4	-253.4
Western	-626.0	221.6	226.2	-115.9	-115.9
Northern Ireland	—	1,537.2	1,537.2	-34.6	—

* Positive value in previous column has been increased to make correct cross-boundary flow sum to zero

Table 6

Estimated Mental Illness in-patient bed-days provided in 1975 by each H&SS Board for residents of other Boards

('000 Bed Days)

H&SS Board providing treatment	H&SS Board of Residence				Total
	Eastern	Northern	Southern	Western	
Eastern	—	93.2	129.6	8.2	231.0
Northern	50.4	—	5.0	0.5	55.9
Southern	3.7	1.3	—	3.3	8.3
Western	3.1	125.1	62.3	—	190.5
Total	57.2	219.6	196.9	12.0	

Table 7

Estimated cross-boundary flow costs in 1975 for Mental Illness in-patient services

(£'000)

H&SS Board providing treatment	H&SS Board of Residence				Total cost of treatment provided for other H&SS Boards
	Eastern	Northern	Southern	Western	
Eastern	—	1,132.5	1,537.8	102.0	2,772.3
Northern	589.4	—	59.6	5.0	654.0
Southern	43.3	15.2	—	38.6	97.1
Western	26.5	1,273.9	636.7	—	1,937.1
Total cost of treatment provided by other H&SS Boards	659.2	2,421.6	2,234.1	145.6	
Net flow cost	2,113.1	-1,767.6	-2,137.0	1,791.5	

Table 8

Mental Handicap in-patient-weeks provided in 1975 by each H&SS Board for residents of other Boards

H&SS Board providing treatment	H&SS Board of Residence			Total
	Eastern (includes Northern)	Southern	Western	
Eastern (includes Northern)	—	903	3,313	4,216
Southern	3,768	—	4,040	7,808
Western	1,879	—	—	1,879
Total	5,647	903	7,353	

Table 9

Estimated cross-boundary flow costs in 1975 for Mental Handicap in-patient services

(£'000)

H&SS Board providing treatment	H&SS Board of Residence			Total cost of treatment provided for other H&SS Boards
	Eastern (includes Northern)	Southern	Western	
Eastern (includes Northern)	—	72.4	265.6	338.0
Southern	302.1	—	323.8	625.9
Western	150.6	—	—	150.6
Total cost of treatment provided by other H&SS Boards	452.7	72.4	589.4	
Net flow cost	-114.7	553.5	-438.8	

Table 10

Summary of cross-boundary flows

(£'000s)

H&SS Board	Non-Psychiatric Non-Obstetric In-Patients	Obstetric In-Patients	Day and Out-Patients	Mental Illness In-Patients	Mental Handicap In-Patients	Total	Total Estimated Cost For 1978/79 (1)
Eastern	5023.3	455.8	928.4	2,113.1	-114.7	8,405.9	9,148
Northern	-3002.8	-452.0	-559.1	-1,767.6	-	-5,781.5	-6,292
Southern	-1394.5	12.2	-253.4	-2,137.0	553.5	-3,219.2	-3,503
Western	-626.0	-16.0	-115.9	1,791.5	-438.8	594.8	647

(1) Estimated at September 1977 price levels

APPENDIX 5

THE ADDITIONAL COSTS OF TEACHING AND OTHER SPECIAL RESPONSIBILITIES

1. The excess costs to be taken into account are:—

- (a) the additional cost of teaching hospitals compared with equivalent non-teaching hospitals;
- (b) the cost of dental teaching;
- (c) the cost of regional services (Mass Radiography, Blood Transfusion and the Artificial Limb and Appliance Centre).

2. Table 1 shows the additional cost of the teaching hospitals for 1976/77 calculated in accordance with the recommendations contained in Chapter 6, paragraph 6.5. Where a particular teaching hospital is not shown, this is because its costs are lower than those of an equivalent non-teaching hospital.

Table 1

Additional Cost of Teaching Hospitals (1976/77)

	Hospital		
	RVH (including Royal Maternity and RBHSC)	Belfast City	Mater
Cost per in-patient week	£346.17	£264.89	£263.01
Equivalent non-teaching cost	£221.21	£221.21	£221.21
Difference in cost	£124.96	£ 43.68	£ 41.80
Number of in-patient weeks	47,058	40,466	8,593
Additional cost of in-patient services (£'000)	5,880	1,768	359
Cost per out-patient attendance	£ 5.37	£ 5.97	£ 3.56
Equivalent non-teaching cost	£ 5.31	£ 5.31	£ 5.31
Difference in cost	£ 0.06	£ 0.66	-(£1.75)
Number of out-patient attendances	597,241	220,789	100,282
Additional cost of out-patient services (£'000)	36	146	-(175)
Total additional cost (£'000)	5,916	1,914	184
		8,014	

Source: Analyses of Running Costs, Related Income and Statistics of Hospitals, Other Residential Facilities and Ambulance Services (1976/77)

3. Table 2 shows the costs in 1976/77 of dental teaching (the School of Dentistry) and of the Mass Radiography and Blood Transfusion Services and the Artificial Limb and Appliance Centre (ALAC).

Table 2

Cost of Dental Teaching and Regional Services (1976/77)

	£'000
Dental Teaching (School of Dentistry)	680
Mass Radiography Service	40
Blood Transfusion Service	579
ALAC	868
	2,167
(The above figures are shown net of Income)	

Source: Accounts of Health and Social Services Boards (1976/77)

4. A summary of the costs in Tables 1 and 2, updated to 1978 Estimates level, is shown in Table 3.

Table 3

Summary of Additional Costs (1978/79)

Nature of Activity	Additional cost for 1976/77 £'000	Estimated Additional Cost for 1978/79 £'000
Teaching hospitals	8,014	8,719
Dental teaching	680	740
Mass Radiography Service	40	44
Blood Transfusion Service	579	630
ALAC	868	944
	10,181	11,077

5. The total additional costs identified above should be allocated to the Eastern Board and the notional share for each Board adjusted pro rata to its share of the composite weighted population. A summary of the notional shares based on composite weighted populations and adjusted for cross-boundary flow and the additional costs of teaching and other special responsibilities, together with a comparison of the adjusted notional shares with the actual allocations for 1978/79, is given in Table 4.

Table 4

Summary

£000

Health & Social Services Board	Crude population (Appendix 2, Table 1) 000s	Composite weighted population (Appendix 3, Table 11) 000s	Notional distribution for 1978/79 based on composite weighted population	Adjustment for cross-boundary patient flows (Appendix 4, Table 10)	Adjustment for additional costs of teaching and other special responsibilities (Appendix 5, Table 3)	Adjusted notional distribution for 1978/79	Actual gross revenue distribution for 1978/79 (1)
Eastern	673.1	725.0	98,406	+9,148	+5,849	113,403	113,678
Northern	358.5	319.0	43,157	-6,292	-2,293	34,572	33,148
Southern	265.8	261.7	35,443	-3,503	-1,883	30,057	30,994
Western	239.8	231.5	31,481	+ 647	-1,673	30,455	30,667
Totals	1,537.2	1,537.2	208,487	-	-	208,487	208,487

(1) The figures used in this column are the initial gross revenue allocations to Health and Social Services Boards for 1978/79 at September 1977 price levels, excluding provision for the family practitioner services and certain non-recurring revenue monies of a capital nature (ie grants to voluntary organisations for capital works and equipment).

- 3.6 The validity of the use of SMRs as a proxy for morbidity is usefully discussed in a commentary⁽³⁾ on the RAWP report prepared for the Royal Commission on the National Health Service. The authors do not reach a firm view, but conclude that "on the whole, the evidence suggests that high SMRs are associated, not only with morbidity, but also with poor social conditions". Since, as will be seen, our approach to establishing criteria of need for personal social services is based on Census indicators of social conditions, we shall to some extent be taking this point into account.

MOVEMENT ACROSS ADMINISTRATIVE BOUNDARIES

- 3.7 The populations for which Boards are responsible for the delivery of services are primarily those which reside within their own geographic boundaries and it is right that the allocation of financial resources should be based on the needs of the population for which each Board exercises this management responsibility. It has been a clearly stated principle of re-organisation, however, that these boundaries are for administrative purposes only so that patients and clients can cross them as necessary. In particular, a considerable number of hospital patients are treated in hospitals which are not the responsibility of the Board in whose area they reside. Account must therefore be taken of the costs incurred in the provision of services to meet this cross-boundary movement. Our means of doing so is analysed in Chapter 5.

TEACHING AND REGIONAL RESPONSIBILITIES

- 3.8 The provision of facilities for under-graduate and post-graduate clinical teaching and research is centred largely within the major teaching hospitals administered by the Eastern Board. In addition, these hospitals provide a range of regional specialities which, because of their sophisticated and expensive nature, can only be economically provided at one centre for the population of Northern Ireland as a whole. Certain other services, such as Mass Radiography, Blood Transfusion and the Artificial Limb and Appliance Centre are also provided by the Eastern Board on a regional basis. These regional responsibilities must be funded in a way which recognises the additional financial commitment of the Board concerned. Our recommendations for this purpose are contained in Chapter 6.

PERSONAL SOCIAL SERVICES

- 3.9 As we have already mentioned, the linking of personal social services with health services under an integrated administrative structure in Northern Ireland introduces a further dimension into our considerations which is not covered by the Great Britain reports, and it is in this respect that our proposed model differs most radically from those recommended for the other three parts of the United Kingdom. The factors which act to influence the needs of a population for personal social services are arguably even more diverse than for health care and their effects are no less difficult to quantify. Our problem therefore has been not only to identify the best available indicators of need for these services but to do so in a way that is consistent with the general principles which we have adopted for the rest of our model, and so produce a solution which can readily be incorporated as an integral part of our distribution system. Our conclusions on this aspect of our work are described in Chapter 4 and more fully detailed in Appendix 3.

COST

- 3.10 The costs of providing care in response to need vary according to the type of service provided. Even within services of the same kind (eg hospital services) there are variations according to the condition being treated. While the system which we propose attempts to take some account of the broad cost differences in the provision of the different categories of service which we have used in our model, our recommendations are not as refined as we would have liked. However the lack of both statistical and financial information in the form required precluded any further refinement of our model in this respect.

(3) RCNHS Research Paper Number 3 M J Buxton and R E Klein

Revenue Consequences of Capital Expenditure (RCCE)

- 9.6 Under the present allocation system, Boards are normally required to meet the revenue consequences of minor works from their growth allocation, but in respect of major capital schemes costing more than £110,000 the Department earmarks funds separately within overall growth money for this purpose. The allocation of these funds is phased according to the commissioning of each new project so that, where a new facility is brought into operation during the course of a year, a Board is funded for its part-year costs only and receives the balance of the full-year cost in the next and subsequent years. RCCE constitute a first call upon growth, and consume on average about 50% of the growth monies available each year. The essence of the present system is that, provided there is sufficient growth money, it ensures the availability of revenue funds to open and operate new facilities.
- 9.7 We have noted that in England and Scotland, although not in Wales, the system is changing towards requiring authorities to fund their total RCCE requirements from within their needs-related share of the overall distributions. Nevertheless we believe that, for an area the size of Northern Ireland, this would present difficulties for Boards in matching their capital and RCCE commitments in any given year and we consider that, so long as capital funds are distributed as at present, on a regional basis, having regard to the priorities expressed by each Board, the allocation of RCCE, to be fair, must also be distributed regionally to match the capital investment. We recommend therefore that the revenue consequences of all capital works schemes costing more than £110,000 should continue to be funded as a first call upon growth money.
- 9.8 The effect of this recommendation on the application of our distribution system is dealt with in paragraph 9.14.

Earmarking for specific services

- 9.9 We are agreed in recommending that the needs of each Board should be assessed on an integrated basis, so that the formula proposed in the earlier Chapters of the report produces notional distributions covering health and personal social services as a whole. When the services were reorganised in 1973, however, it was agreed that the budget for personal social services should "initially at least" be safeguarded by being separately earmarked, and in annual allocations the Department separately identifies the funds for personal social services within each Board's basic allocation, and the amount of growth money for these services. For the last two years, the Department has also identified a minimum amount of growth to be allocated to community health services. These earmarkings will create practical difficulties in deciding how any redistribution of funds suggested by the formula should be apportioned between the main services. We support the principle of a single integrated allocation for health and social services, and suggest that the separate elements making up the allocation, derived from different formulae for assessing health and social needs, are made known to Boards to assist them in determining their internal allocations. We recommend that this should be the subject of further discussion between the Department and Boards in the light of this report.

Other earmarked allocations

- 9.10 Under the present system Boards receive certain sums each year earmarked for specific purposes. In the first place, sums are allocated as "special revenue" for the replacement of expensive items of equipment in particular fields (radiological, laboratory and laundry equipment, boiler plants and lift replacement) on the basis of regional priorities. Funds are specifically allocated by Government from time to time for such purposes as backlog maintenance, job creation and aid to the construction industry. We accept that these funds have to be separately earmarked for the purposes which they are designed to fulfil, and consider that they should be taken into account in determining the overall allocation to each Board.

4. THE ROLE OF THE PARR FORMULA IN RESOURCE ALLOCATION

- 4.1 It is the Group's view that the PARR formula, with identified refinements and amendments, remains a sound and valuable model for identifying the relative needs of the population of each Health and Social Services Board. The development of a comprehensive planning system however raises the question of what the relationships should be between that system, the PARR formula itself and resource allocation in general.

The Parr Report

- 4.2 It is worth recalling the recommendations in the original PARR report on how the Department should approach the allocation process. It was suggested that the following procedures should be adopted:-
- i. An adjusted notional share for each Board should be worked out using the latest available statistical and financial information and taking into account such improvements to the distribution model as may be considered appropriate as a result of further research;
 - ii. the sum required for the family practitioner services and such other items to be funded outside the general distribution system should be calculated and set aside from the total amount available for distribution;
 - iii. an initial allocation for each Board should be determined on the basis of:-
 - a. the sum required for the maintenance of existing levels of services, updated for pay and price increases;
 - b. RCCE;
 - c. the earmarked allocations;
 - d. a minimum growth allocation to offset the effects of changes in the population structure.
 - iv. the initial allocation should then be compared with the notional share for each Board and the residue of funds distributed having regard to:-
 - a. the relative distance of each Board from its adjusted notional share,
 - b. the ability of any Board to usefully accommodate a proportionally higher rate of growth, and

Annex 15**INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995****Module 14****Finance and Governance****Witness Statement of John Hunter****Employment in DHSS**

1. I have a BA degree from the Queen's University Belfast and a MBA degree from Cornell University USA, where I was a Harkness Fellow. I joined the NICS in 1970 as an Assistant Principal in the Department of Health and Social Services and retired as a Permanent Secretary in the Department of Finance and Personnel in 2007. During the period from 1979 to 1996 I worked in various senior roles in the Department of Health and Social Services (except for two years 1986-88 when I was the Director General for the International Fund for Ireland) ending as the Chief Executive of the Management Executive for the Health and Personal Social Services from 1990. In that capacity I was the Accounting Officer for the Health and Personal Social Services.

The process for allocating funding to the Boards between 1973 and 1980

2. Prior to the introduction of the PARR formula in 1980 I believe funding to Boards was based on historic allocations reflecting the existing services, with additions for the revenue costs of any new services, arising, in the main, from capital investment and known as the Revenue Consequences of Capital Expenditure (RCCE). I am unaware of any ring fencing during this period for particular services, except in regard to RCCE. The PARR formula was designed to allocate resources to Boards on the basis of relative weighted population needs. When the formula was introduced, the policy was to adjust Boards' historic allocations over time through the differential allocation of growth funds to reflect those relative needs and avoid any disruption to services to patients and clients.

The PARR formula 1980-95

3. The PARR formula provided a composite figure for the calculation of relative need based on the aggregation of need across a range of programmes including the Personal Social Services and the Family Practitioner Services. The speed of adjustment of Boards' historic allocations to the outcome of the formula depended on the size of any additional resources available to the Department,

together with the capacity of Boards themselves to redeploy resources through efficiency savings etc. The formula also included a factor for the cost of regional services, provided in the main by the Eastern Health and Social Services Board in Belfast Teaching Hospitals. The formula was based on equivalent formulae in England, Scotland and Wales for hospital and community health services.

4. As I understand the process of developing the PARR formula, it required substantial statistical input. I also understand the working group involved included representatives from the four Boards. The four Boards received copies of the report of the working group and I am unaware of any criticism of its conclusions at the time. It was only later that I became aware of the Western Board's concerns, which, as I recall them, reflected a belief that the formula did not adequately take account of higher levels of social disadvantage in the Western area, which resulted in higher levels of morbidity and social need. I cannot recall how or when those concerns were communicated, but eventually they resulted in a review of the formula.
5. All Boards regularly complained about underfunding for service provision (a perennial problem affecting the HPSS in NI and elsewhere), but I believe initially only the Western Board argued the case for **relative** underfunding. In particular the Eastern Board felt it was under resourced in regard to its provision of most regional medical services and the provider of hospital services of last resort to the population of NI as a whole (when a local hospital could not provide the care required). As far as I can recall, the Western Board never argued through its area and operational planning process that it was underfunded for a particular service. Had the Board done so, I am confident the Department would have expected the Board to reallocate resources from within, given its responsibility for allocating its budget to best meet the needs of its local population. Had the Department intervened with additional money it would have undermined the Board's responsibility for service delivery and assumed a regional responsibility for service provision and management. That would have been contrary to the principle of subsidiarity on which the respective roles of the Department and Boards were based.
6. I do not recall the events leading up to the review of the formula, including any meeting I may have had with Mr Frawley. Nor can I recall any objective evidence produced by the Board to justify its allegation of **relative** underfunding – beyond a belief on the Board's part that the formula was unfair on the Western Board, given the extent of social disadvantage in its area and population movements across Northern Ireland. I am not aware of any agreement on the Department's part that the Western Board in particular was underfunded as all Boards could claim they were underfunded to the extent that they each had to prioritise their

1 Q. It was based on a formula in England.

2 A. Based on two formulae in England. The first one was
3 that it was based on the allocation of funds to regional
4 health authorities and the revenue support allocation
5 that was calculated for personal social services
6 expenditure in local authorities.

7 Q. And --

8 A. Those two formulae were combined to produce one single
9 weighted formula for Northern Ireland.

10 Q. That single weighted formula for Northern Ireland was
11 then divided among the four Boards?

12 A. It was used to allocate money to the four Boards.

13 Q. To the four Boards, and even with that formula, which
14 you say had taken account of such things as the
15 socio-economic factors within each individual Board, the
16 Western Board nonetheless continued to complain that
17 they weren't getting enough of the pie?

18 A. That's correct, as most Boards do.

19 Q. That's what one of the questions I was going on to ask
20 you was. Were they the only ones who were clamouring
21 for more money?

22 A. No. All Boards were always saying they didn't have
23 enough money to run their services.

24 Q. And the other question I wanted to ask: were they
25 shouting louder or more frequently than the other

1 Boards?

2 A. Not necessarily. I think it was an annual event. When
3 it came to the allocation of resources, each of the
4 Boards in turn would have said, "We need more".

5 Q. I wondered just -- I think we have already dealt with
6 this, but in consideration of what had happened in
7 Harberton House was it not essential that any
8 consideration of what took place looked at resource
9 implications as a matter -- as part of its remit rather
10 than at the end of its work?

11 A. Yes. I have no doubt it would have been appropriate for
12 it to look at resources, but I keep returning to my
13 central theme on this, and that is the need to learn
14 from what happened in Harberton House.

15 Q. That leads me on to my next question, which was: did the
16 Department accept the findings and recommendations of
17 the Bunting report or did you find it to be lacking in
18 some way?

19 A. By and large it was accepted as a -- you know, as a very
20 balanced report. We had one or two reservations about
21 it, but on the whole it was okay.

22 Q. One of the comments that you made in your statement was
23 that it was seen as -- you felt it was opportunistic of
24 the Board to use the Bunting review to try to seek
25 resource implications. I am just going to show a memo

together with the capacity of Boards themselves to redeploy resources through efficiency savings etc. The formula also included a factor for the cost of regional services, provided in the main by the Eastern Health and Social Services Board in Belfast Teaching Hospitals. The formula was based on equivalent formulae in England, Scotland and Wales for hospital and community health services.

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INTRODUCTIONSTRATEGIC FRAMEWORK 1987/1992

1. The ten major issues identified in the Board's current Strategic Plan are:-
 - (i) Managing the shift from institutional care to community care over a number of programmes in line with the Department's guidance.
 - (ii) Personnel implications for staffing, re-training and recruitment to meet various specialisms emerging from the reshaped service.
 - (iii) Resource shifts required to address problems caused by demographic change in programmes such as the Elderly and Child Care.
 - (iv) The increasing cost of producing management information data against the actual benefits being derived from it.
 - (v) The geographical spread of the Western Board's population and how this can militate against the philosophy of earlier discharge from hospital.
 - (vi) Bed target figures and the limited impact of closing small numbers of beds in acute hospitals in terms of actual resources freed up.
 - (vii) The quality and consumerism dimensions of our service and the mechanisms proposed for measuring these.
 - (viii) The assurance to the Voluntary Sector of their continued involvement in the planning process.
 - (ix) The definition of cost improvement programmes, to include measures which will release cash amounting to at least 1 per cent per annum.
 - (x) This Board's acknowledged underfunding position, which according to the PARR formulae amounts to almost £6.5 millions limits the scope for achieving cost improvement targets. To secure equity in the geographical distribution of resources continues to be a major issue for the Board.
2. Clearly, given the dynamic nature of health and personal social services and the environment within which they are planned and delivered, a strategic plan cannot be seen as a static thing. It must be flexible enough to embrace important issues whenever they arise, not least issues that affect the integrity of the core services which the Board provides. Notwithstanding that, the key issues listed above still, broadly speaking, point the direction in which the Board wishes to go in terms of service delivery. They, therefore, provide an important backdrop to this 'mid-term' review.

1987TOWARDS REGIONAL EQUITY IN RESOURCE ALLOCATION

Equity is a central tenet in the catechism of the National Health Service and is of fundamental importance to society. The levels and quality of health care and social welfare services can be viewed as part of the social wage, contributing vitally to the distribution of resources, status and life chances. ✓

The Western Health and Social Services Board has consistently maintained over the years that it is not receiving its fair and equitable share of the resources available for health and personal social services in the Province. As a consequence, and despite outstanding performance in resource management, the population of the Western Board's area is denied the level and quality of services available elsewhere or has these services provided at lower levels. NB ✓

The Department's latest estimate of the extent of the inequity based on PARR calculations is that this Board is underfunded by some £9m per year indicating a worsening of our relative position. ✓

This paper endeavours to show the effects of this on our services when compared to other Boards.

Inter-area inequity on the scale reported here has many implications not least on the level of social justice provided to the people of the Western area.

The Board has an expectation that on full consideration of the evidence the Department will move to a more equitable and fairer distribution of resources. To make a start on redressing the imbalance it is imperative that this revised allocation model is effective from the beginning of the 1988/9 financial year if the gap is not to widen to the extent it cannot be bridged.

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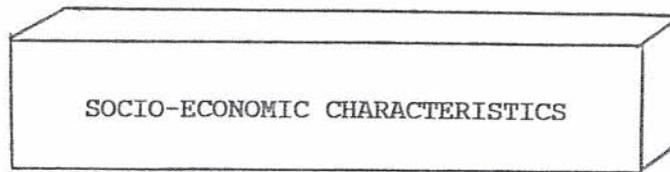
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SECTION ONE

SOCIO-ECONOMIC CHARACTERISTICS

1.



1. The geographical area covered by the Western Board is the largest in Northern Ireland at around 1800 square miles, including all of County Fermanagh and large areas of Counties Londonderry and Tyrone. The population currently served by the Board is some 257,000 and it is projected that by 1992 this will have risen to 280,000. Within the overall projected increase of 9% by 1992 the following are particularly noteworthy:
 - The increase in the number of **pre-school and school age** children will place additional demands on maternity, community and school health services. Overall the number in the age range 0-14 is projected to grow by some 6% by 1992.
 - In the adult population the number of **females of child-bearing age** is expected to go from 53,800 to 60,400 - an increase of around 6,600.
 - The number of **elderly people** is projected to rise by 13.3%. This overall increase and more particularly the increase in the more **frail elderly over 75 years**, will inevitably have major implications for the Board.

2. There are special problems* associated with providing health and personal social services in rural areas and deprived urban environments such as Shantallow, Bogside, Creggan (Londonderry), Strabane and Co. Fermanagh. In particular, rural areas require a greater staff to population ratio than is required in urban areas just to provide the same level of service.

3. The problems of social deprivation in the inner city areas of Belfast have been recognised in the BAN (Belfast Areas of Need) policy initiatives and funding programmes. The estimated recurring revenue cost of these programmes is £4m. Similar recognition has not been given to social deprivation, particularly in the inner city areas of Londonderry.

4. Although social changes are difficult to predict and quantify there is no doubt that account must be taken of them, particularly in the field of personal social services provision for children, families and the elderly in the community. Thus, factors such as increasing divorce rates, growth in one-parent families, ageing population and continuing high unemployment must be borne in mind if plans are to be based on a realistic assessment of the social environment.

* Report of the Royal Commission on the National Health Service.

Unemployment

5. Unemployment is a key indicator of the levels of social and economic activity. Available research suggests that in many instances, unemployment does affect the social, psychological and financial circumstances of individuals and families and that these changes can adversely affect health and well-being, thus imposing additional demands and pressures on health care providers.
6. Within the Western Board's Area, unemployment levels have remained exceptionally, even uniquely, high when compared with other areas of Northern Ireland and the United Kingdom in general. The unemployment rate in Strabane, for example, has remained the highest in the United Kingdom. The rate of male unemployment in the Strabane District Council Area rose dramatically from 18% in 1971 to almost 52% in 1986.

TABLE 1:**DETAILS OF UNEMPLOYMENT LEVELS IN WESTERN AREA**

DISTRICT COUNCIL AREA	SEPTEMBER 1987 (%)	NO. OF PEOPLE
LONDONDERRY & LIMAVADY	28.1	12,861
STRABANE	35.7	4,048
OMAGH	24.0	3,876
FERMANAGH	24.9	4,464
	TOTAL	25,249

SOURCE: DEPARTMENT OF ECONOMIC DEVELOPMENT

The Northern Ireland average figure for unemployment is 20.7%.

7. A comprehensive study of comparative poverty carried out in 1979* showed that Northern Ireland had more of its population in low income groups than any other United Kingdom region. With unemployment in Northern Ireland now roughly twice the 1979 figure, obviously the numbers on low income must be larger. Given the very high unemployment rates in the Western Area and the poor manufacturing base it is fair to postulate that the position in the Western Area is much worse generally than the average economic climate prevailing in the Province.
8. There is an important contrast to be drawn between the huge financial support for enterprises such as Harland & Wolff in an area of relative high employment and the attitude towards this Board which is the largest employer in the West of the Province. It must be remembered that expenditure on Health and Personal Social Services has significant implications for local economies, and the quality of life going far beyond the provision of the services themselves.
9. It is recognised that there is a direct relationship between the social and economic climate and levels of need for health and personal social services.
-

* Poverty in the United Kingdom. A survey of household resources and standards of living. Townsend P. 1979.

Housing

10. In the case of housing, the 1984 Housing Condition Survey carried out by the Northern Ireland Housing Executive revealed that 10.4% (or 51,330) of houses in Northern Ireland were statutorily unfit for human habitation. The highest proportion of unfit dwellings was found to be in Fermanagh where 27% of the houses are without essential services such as running water, proper sanitation or electricity supply. (A more detailed study centred on the Rosslea locality has underlined the poor housing conditions in Fermanagh). The proportion of unfit dwellings in Omagh was also very high and fell within the range of 15%-20%. This can mean that old people and infants spend much of their time in rooms which are cold and damp, especially in areas where housing stock is poor. Clearly such factors have an impact in terms of increased demand for health care and personal social services.

Morbidity

11. Diseases such as coronary heart disease are chiefly attributable to a less healthy lifestyle. Lifestyle is largely dictated by the level of disposable income. Figures for 1984 show Fermanagh Unit of Management as having the highest incidence of ischaemic heart disease in the United Kingdom.

Deprivation

12. A further indicator of the socio-economic deprivation level in the Western Area is clearly demonstrated in the non-exemption category for dental treatment. In the Province as a whole, 22%* of those who attend dentists pay for their treatment, compared to 14% in the Western Area.

Civil Strife

13. Whilst the Province as a whole has suffered from the effects of the civil strife, these effects have been particularly acute in the area covered by the Western Board.

Conclusion

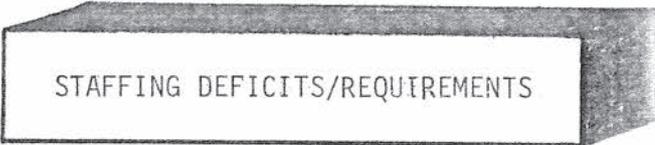
14. THE COMBINED EFFECT OF FACTORS SUCH AS THOSE MENTIONED ABOVE MEANS THAT THE WESTERN AREA SUFFERS ALL OF THE ILLS ATTRIBUTED TO NORTHERN IRELAND, ONLY TO A MUCH HIGHER DEGREE. THIS IS THE CONTEXT WITHIN WHICH THE BOARD DELIVERS ITS SERVICES AND ITS DIFFICULTIES ARE CLEARLY COMPOUNDED BY ITS SERVICE DEFICIT POSITION WHICH IS ESTIMATED CURRENTLY AT £9M, EVEN BEFORE THE SOCIO-ECONOMIC FACTORS HAVE BEEN TAKEN INTO ACCOUNT IN A REVISED PARR FORMULA (i.e. SOCIAL DEPRIVATION ELEMENT).

* Central Services Agency Returns

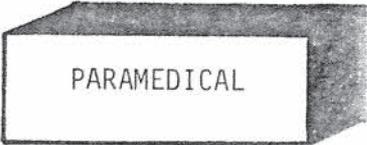
SECTION TWO

Staffing Deficits
and Requirements

7.


 STAFFING DEFICITS/REQUIREMENTS

1. It is recognised that in some instances the staffing figures for the Eastern Board reflect the regional services they provide. Allowing for this, the figures set out below demonstrate that the Western Board is still underfunded in respect of its true PARR position.


 PARAMEDICAL
OCCUPATIONAL THERAPISTSTABLE 1:

BOARD	RATIO TO POPULATION AT 30TH SEPT. 1986
EASTERN	1 : 5,400
NORTHERN	1 : 12,300
SOUTHERN	1 : 11,300
<u>WESTERN</u>	<u>1 : 16,300</u>
N. IRELAND AV.	1 : 8,200

PHYSIOTHERAPISTSTABLE 2:

BOARD	RATIO TO POPULATION AT 30TH SEPT. 1986
EASTERN	1 : 3,800
NORTHERN	1 : 6,300
SOUTHERN	1 : 7,100
<u>WESTERN</u>	<u>1 : 9,400</u>
N. IRELAND AV.	1 : 5,000

CHIROPODISTSTABLE 3:

BOARD	RATIO TO POPULATION AT 30TH SEPT. 1986
EASTERN	1 : 17,300
NORTHERN	1 : 13,700
SOUTHERN	1 : 16,800
<u>WESTERN</u>	<u>1 : 25,400</u>
N. IRELAND AV.	1 : 17,000

DIETITIANSTABLE 4:

BOARD	RATIO TO POPULATION AT 30TH SEPT. 1986
EASTERN	1 : 19,900
NORTHERN	1 : 49,800
SOUTHERN	1 : 34,500
<u>WESTERN</u>	<u>1 : 42,300</u>
N. IRELAND AV.	1 : 28,900

DIAGNOSTIC RADIOGRAPHERSTABLE 5:

BOARD	RATIO TO ACUTE CATCHMENT POPULATION AT 30TH SEPT. 1986
EASTERN	1 : 4,500
NORTHERN	1 : 5,000
SOUTHERN	1 : 5,700
<u>WESTERN</u>	<u>1 : 6,200</u>
N. IRELAND AV.	1 : 5,000

MEDICAL LABORATORY SCIENTIFIC OFFICERS

2. A comparison between staffing levels at Altnagelvin Area Hospital and Waveney Hospitals (which both deal with broadly similar workloads) demonstrates the Western Board's low level of staffing. The shortfall of 20 is made up as follows:-

TABLE 6:

SPECIALTY	ALTNAGELVIN	WAVENEY
Haematology	6	13
Chemistry	12	17
Micro-Biology	10	12
Histo/Cytology	7	13
	—	—
Totals	35	55
	—	—

3. Ulster Hospital - which does not have histo-cytology - has 35.5 staff. Taking histo/cytology out of the Western Board's figures we have 28.

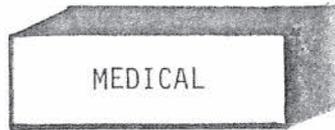
CLINICAL PSYCHOLOGISTS

4. Holywell Hospital currently has 9 clinical psychologists, and is aiming for 16. The Western Board has 2 such staff in post.

REQUIREMENTS

- 18 Occupational Therapists
- 12 Physiotherapists
- 8 Chiropodists
- 4 Dietitians
- 10 Radiographers
- 20 Medical Laboratory Scientific Officers
- 6 Clinical Psychologists

10.

OBSTETRICS & GYNAECOLOGY

5. In the case of obstetrics and gynaecology in 1986 there was a total of 3272 deliveries on the Altnagelvin Area Hospital site. The number of gynaecological operations is on average 2000 each year. Altnagelvin has only three consultants in post to deal with this workload, where the recommended staffing level is one Consultant per 500 deliveries.

ORTHOPAEDICS

6. The Western Board provides a sub-regional specialty in trauma and orthopaedic surgery. Sub-regional workloads need to be examined. Catchment areas are presently ill-defined. However, one-third of the patients on the Western Board's waiting list reside in the area covered by the Northern Board. The Western Board's catchment area obviously extends well into the neighbouring Northern Board. In 1985/86 the Western Board treated a total of 303 people from the Northern and Southern Areas (ie. average of 150 per year). There are at present only 3 consultants in this specialty.

PATHOLOGY

7. The present surgical pathology workload is around 7,000 cases per year where the Royal College would recommend 3,000 to 3,500 plus 150 autopsies per year or 4,500 to 5,000 if no autopsies are performed.

PSYCHIATRY

8. The recognised staffing level for consultant posts is one per 25,000 total catchment population. According to this the Western Area, with two major psychiatric hospitals giving a combined catchment population of close to 400,000 people should have around 16 consultant posts. The Board currently has 9 such posts. Holywell Hospital, with a catchment population of around 280,000, has the same number of consultants. If Donaldson Phase II is implemented then this would be sufficient. However, if it is not implemented then 3 additional psychiatrists would be required.

JUNIOR MEDICAL STAFF

9. Despite providing services on a sub-regional basis the Western Board has the lowest number of junior medical staff in the Province.

TABLE 7:

POSITION AS AT 31ST MARCH 1987

W.T.E.	EHSSB	NHSSB	SHSSB	WHSSB
Senior House Officer	288	74	63	54
Pre-Reg House Officer	110	16	19	17
TOTALS	398	90	82	71

PSYCHIATRY

10. In the case of psychiatry, Professor McClelland produced figures on junior staffing for a 1986 specialty advisory committee meeting. These figures, show the Western Board's position compared with the other Boards and England and Wales.

TABLE 8:

RATIO PER 1,000 CATCHMENT POPULATION

EHSSB	NHSSB	SHSSB	WHSSB	N.I.	ENGLAND/ WALES
1:18	1:21	1:23	1:36	1:22	1:26

REQUIREMENTS

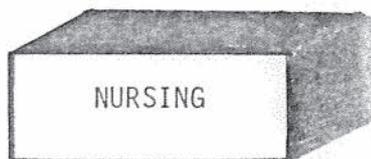
CONSULTANTS

- 1 Consultant in Accident & Emergency
- 1 Consultant in Anaesthetics

- 2 Consultant Surgeons
- 2 Consultants in Obstetrics & Gynaecology
- 1 Consultant in Orthopaedic Surgery
- 1 Consultant Physician (Geriatric Medicine)
- 1 Consultant Pathologist
- 3 Community Clinical Medical Officers

JUNIOR MEDICAL STAFF

- 2 S.H.O.s (General Medicine)
- 2 S.H.O.s (Obstetrics & Gynaecology)
- 1 S.H.O. (General Surgery)
- 1 S.H.O. (Oral Surgery)
- 1 S.H.O. (Psychiatry)



GENERAL TRAINED NURSES

TABLE 9:

STAFF IN POST (W.T.E.) AS AT 31ST DECEMBER 1985

BOARD	ACTUAL	RATIO PER TOTAL POPULATION
EASTERN	2981	1 : 214
NORTHERN	1270	1 : 297
SOUTHERN	954	1 : 300
<u>WESTERN</u>	<u>829</u>	<u>1 : 309</u>
N. IRELAND AV.	6034	1 : 258



OTHER NURSING (EXCLUDING LEARNERS)

TABLE 10:

STAFF IN POST (W.T.E.) AS AT 31ST DECEMBER 1985

BOARD	ACTUAL	RATIO PER TOTAL POPULATION
EASTERN	835	1 : 764
NORTHERN	276	1 : 1369
SOUTHERN	243	1 : 1177
<u>WESTERN</u>	<u>186</u>	<u>1 : 1378</u>
N. IRELAND AV.	1540	1 : 1012

MIDWIFERY

TABLE 11:

STAFF IN POST TO OCCUPIED BEDS AS AT 31ST DECEMBER 1985

BOARD	RATIO OF STAFF TO OCCUPIED BEDS
EASTERN	2.62 : 1
NORTHERN	2.30 : 1
SOUTHERN	2.28 : 1
<u>WESTERN</u>	<u>1.88 : 1</u>
N. IRELAND AV.	2.36 : 1

S.C.B.U. STAFFING

TABLE 12:

REGISTERED NURSES IN S.C.B.U.s/S.C.B.U. CASES AS AT 31ST DECEMBER 1985

BOARD	NURSES PER CASE
EASTERN	8.34
NORTHERN	7.99
SOUTHERN	0.00
<u>WESTERN</u>	<u>1.13</u>
N. IRELAND AV.	3.67

HEALTH VISITING STAFF

TABLE 13:

STAFF RATIO PER 1000 POPULATION AGED UNDER 5

BOARD	RATIO OF STAFF TO 1000 POPULATION < 5
EASTERN	5.15
NORTHERN	3.80
SOUTHERN	3.60
<u>WESTERN</u>	<u>2.98</u>
N. IRELAND AV.	4.10

SCHOOL HEALTH VISITING STAFF

TABLE 14:

STAFF PER 1000 SCHOOL POPULATION
AS AT 31ST DECEMBER 1985

BOARD	RATIO OF STAFF TO 1000 SCHOOL POPULATION
EASTERN	0.26 : 1000
NORTHERN	0.20 : 1000
SOUTHERN	0.18 : 1000
<u>WESTERN</u>	<u>0.09 : 1000</u>
N. IRELAND AV.	0.20 : 1000

COMMUNITY NURSE STAFFING

TABLE 15:

TOTAL COMMUNITY NURSING STAFF TO 1000 POPULATION
AS AT 31ST DECEMBER 1985

BOARD	RATIO OF STAFF TO 1000 POPULATION
EASTERN	9.06 : 1000
NORTHERN	8.73 : 1000
SOUTHERN	7.13 : 1000
<u>WESTERN</u>	<u>7.69 : 1000</u>
N. IRELAND AV.	8.29 : 1000

GERIATRIC NURSING STAFFING

TABLE 16:

GERIATRIC NURSES PER AVAILABLE BEDS
AS AT 31ST DECEMBER 1985

BOARD	RATIO OF STAFF TO AVAILABLE BED
EASTERN	0.79 : 1
NORTHERN	0.68 : 1
SOUTHERN	0.77 : 1
<u>WESTERN</u>	<u>0.65 : 1</u>
N. IRELAND AV.	0.74 : 1

COMMUNITY PSYCHIATRIC AND DAY HOSPITAL NURSING

TABLE 17:

STAFF PER 100,000 POPULATION
AS AT 31ST DECEMBER 1985

BOARD	RATIO OF STAFF PER 100,000 POPULATION
EASTERN	6.51 : 100,000
NORTHERN	2.12 : 100,000
SOUTHERN	6.47 : 100,000
<u>WESTERN</u>	<u>2.73 : 100,000</u>
N. IRELAND AV.	4.49 : 100,000

REQUIREMENTS

GENERAL

- 52 Staff Nurses
- 6 Nursing Auxiliaries
- 65 Staff Midwives

COMMUNITY (OTHER THAN PSYCHIATRY)

- 11 Health Visitors
- 5 Community Midwives
- 18 Community Nurses
- 8 Nursing Auxiliaries

PSYCHIATRY

- 32 Staff Nurses
- 13 Nursing Auxiliaries
- 8 Community Psychiatry Nurses

GERIATRIC NURSING

- 16 Staff Nurses
- 1 Health Visitor
- 11 Nursing Auxiliaries

12-HOUR SHIFT ARRANGEMENTS

The above requirements are based on the present 12-hour working shift arrangements. Should the Board have to revert to conventional shifts, these requirements would have to be revised upwards.

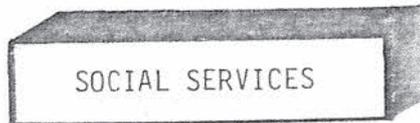


TABLE 18:

SOCIAL WORKERS (FIELDWORK STAFF) IN POST
AS AT 1ST OCTOBER 1986
COMPARED WITH DHSS RECOMMENDED GUIDELINES

	STAFF IN POST (W.T.E.) 1ST OCT 1986	RECOMMENDED STAFFING LEVEL	SURPLUS(+)/ SHORTFALL(-)
EASTERN	284	230	+ 54
NORTHERN	104	101	+ 3
SOUTHERN	70	84	- 14
<u>WESTERN</u>	<u>70</u>	<u>95</u>	<u>- 25</u>

✓

REQUIREMENTS

- 21 Social Workers Fieldwork Staff

ADMINISTRATIVE/CLERICAL/SECRETARIAL SUPPORT STAFF

TABLE 19:

ADMINISTRATIVE & CLERICAL STAFF IN POST
AS AT 30TH JUNE 1987

BOARD	WTE STAFF
EASTERN	In excess of 3000 precise figure not readily available
NORTHERN	1060
SOUTHERN	826
WESTERN	778



TABLE 20:

SECRETARIAL STAFF (INCLUDING TYPING GRADES) IN POST
AS AT 30TH JUNE 1987

BOARD	WTE STAFF
EASTERN	In excess of 800 exact figure not readily available
NORTHERN	260
SOUTHERN	192
WESTERN	156



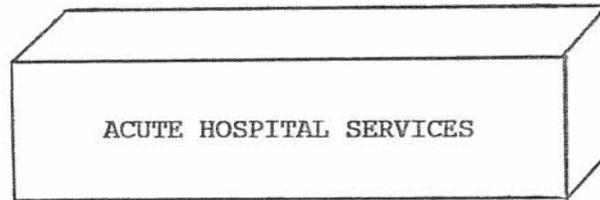
REQUIREMENTS

- 35 Secretaries
- 20 Clerical Officers (including 10 Clerical Officers (Records Staff))

SECTION THREE

SERVICE PROFILE

This section is based on programmes of care and illustrates the extent of our service deficit.
It should be considered in its entirety.



1. The Department already acknowledges that the Western Board provides a number of acute hospital services on a sub-regional basis. These include ophthalmic surgery, orthopaedic surgery and maxillo-facial surgery. These sub-regional specialties are an additional burden on the Board, given the difficulties which it is already experiencing in trying to provide a range of basic services for its own Area from a revenue baseline which is totally inadequate.

Throughput, Length of Stay and Bed Targets

2. The Western Board's performance in terms of resource utilisation is already better than the Northern Ireland average, as the figures below show, and this of course restricts the opportunities for further improvements. In fact, the pressure in some specialties is so great as to give cause for concern in terms of patient care. Although difficult to quantify, it is likely that this leads to an increase in the level of need for re-admission rates.

ANALYSIS OF IN-PATIENT THROUGHPUT - 1985TABLE 1: GENERAL MEDICINE

<u>Hospital</u>	<u>Throughput</u>	<u>Length of Stay (Days)</u>
Altnagelvin	44.5	6.8
Tyrone County	37.6	6.5
Erne	41.7	6.2
N.I. Average	26.1	12.0

TABLE 2: GENERAL SURGERY

<u>Hospital</u>	<u>Throughput</u>	<u>Length of Stay (Days)</u>
Altnagelvin	60.6	5.5
Tyrone County	36.9	6.4
Erne	30.4	7.7
N.I. Average	36.2	7.3

TABLE 3: GYNAECOLOGY

<u>Hospital</u>	<u>Throughput</u>	<u>Length of Stay (Days)</u>
Altnagelvin	68.6	3.8
Tyrone County	57.2	3.5
*Erne	42.0	5.2
N.I. Average	49.8	4.6

* Since these figures were produced, performance has been improved through additional operating sessions.

TABLE 4: TRAUMA AND ORTHOPAEDICS

<u>Hospital</u>	<u>Throughput</u>	<u>Length of Stay (Days)</u>
Altnagelvin	39.6	7.4 (St. Columb's 6.7)
Tyrone County	-	-
Erne	-	-
N.I. Average	21.6	12.6

TABLE 5: OBSTETRICS

<u>Hospital</u>	<u>Throughput</u>	<u>Length of Stay (Days)</u>
Altnagelvin	57.5	4.6
Tyrone County	50.6	5.7
*Erne	29.9	8.0
N.I. Average	43.6	5.8

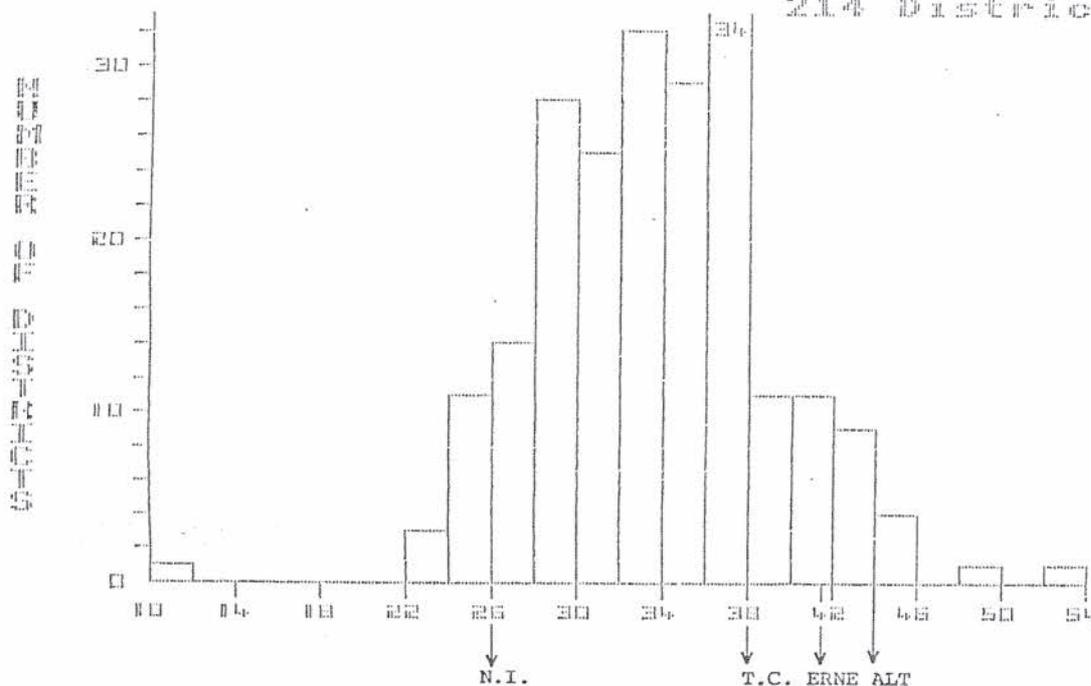
* Beds in this specialty will be reduced on completion of ongoing building work.

3. The following histograms illustrate the Western Board's performance in these major specialties compared to English Districts.

INTER AUTHORITY COMPARISONS 1985

Throughput FOR GENERAL MEDICINE

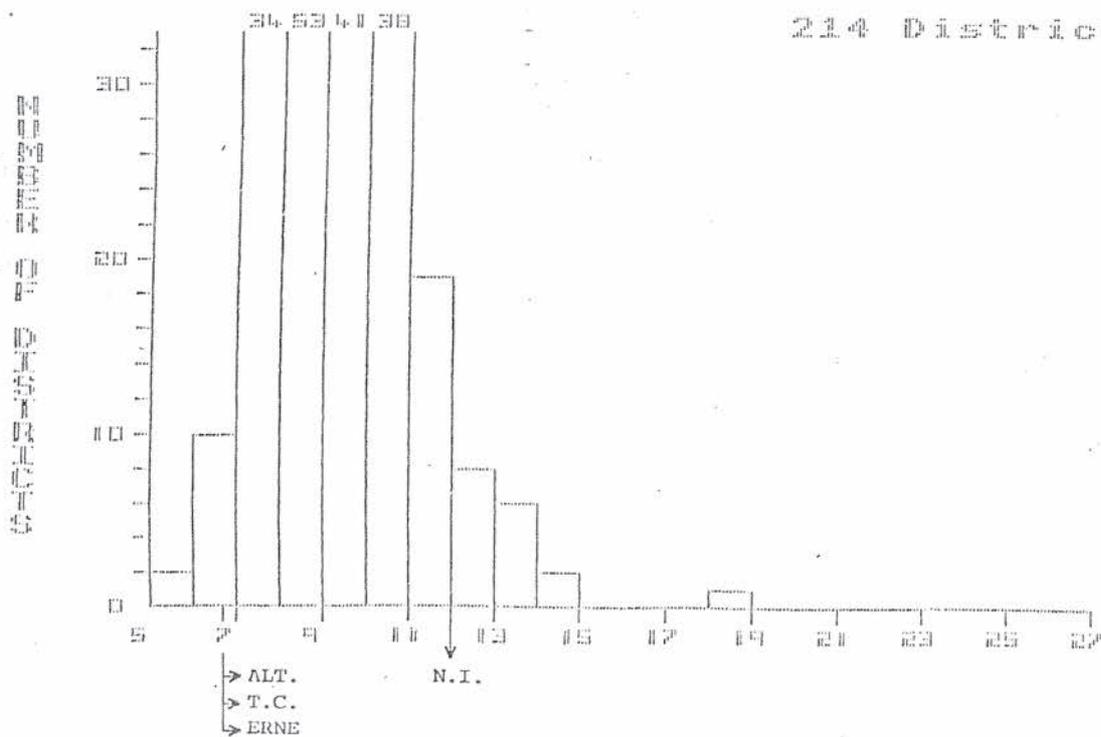
214 Districts



INTER AUTHORITY COMPARISONS 1985

Length of Stay FOR GENERAL MEDICINE

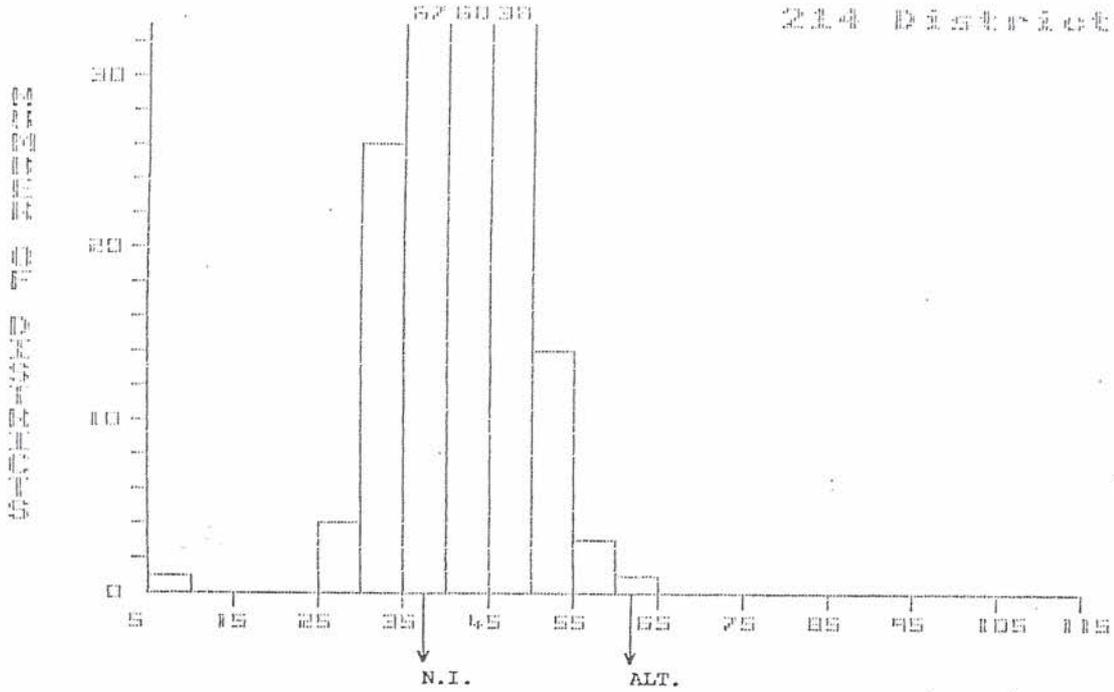
214 Districts



INTER AUTHORITY COMPARISONS 1985

Throughput **FOR GENERAL SURGERY**

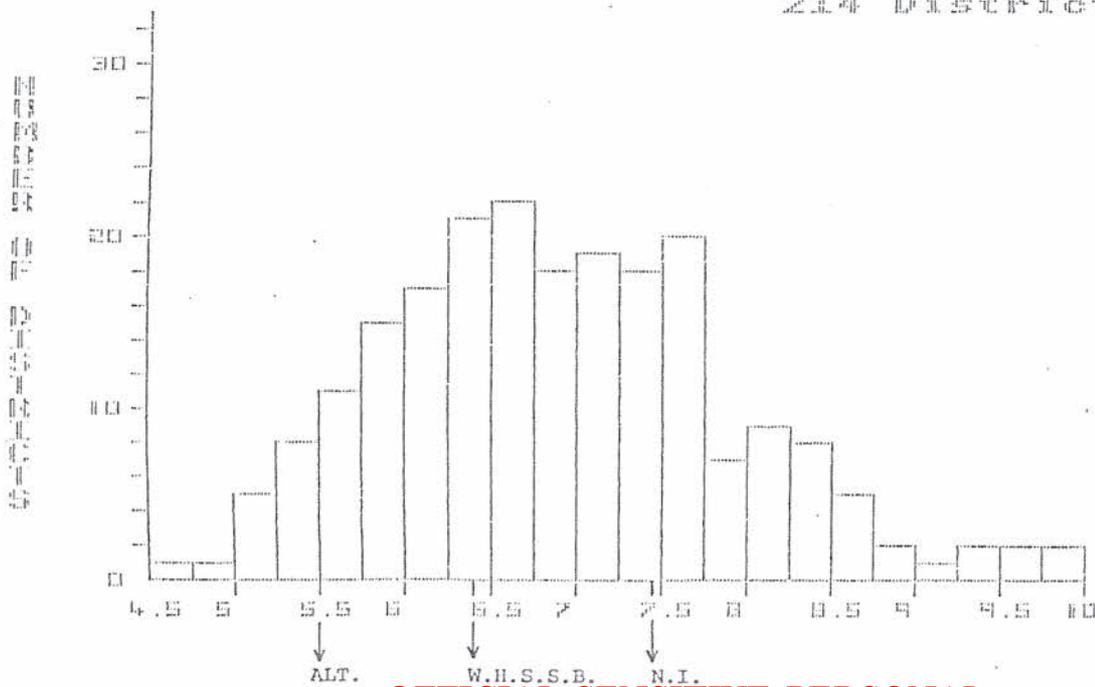
214 Districts



INTER AUTHORITY COMPARISONS 1985

Length of Stay **FOR GENERAL SURGERY**

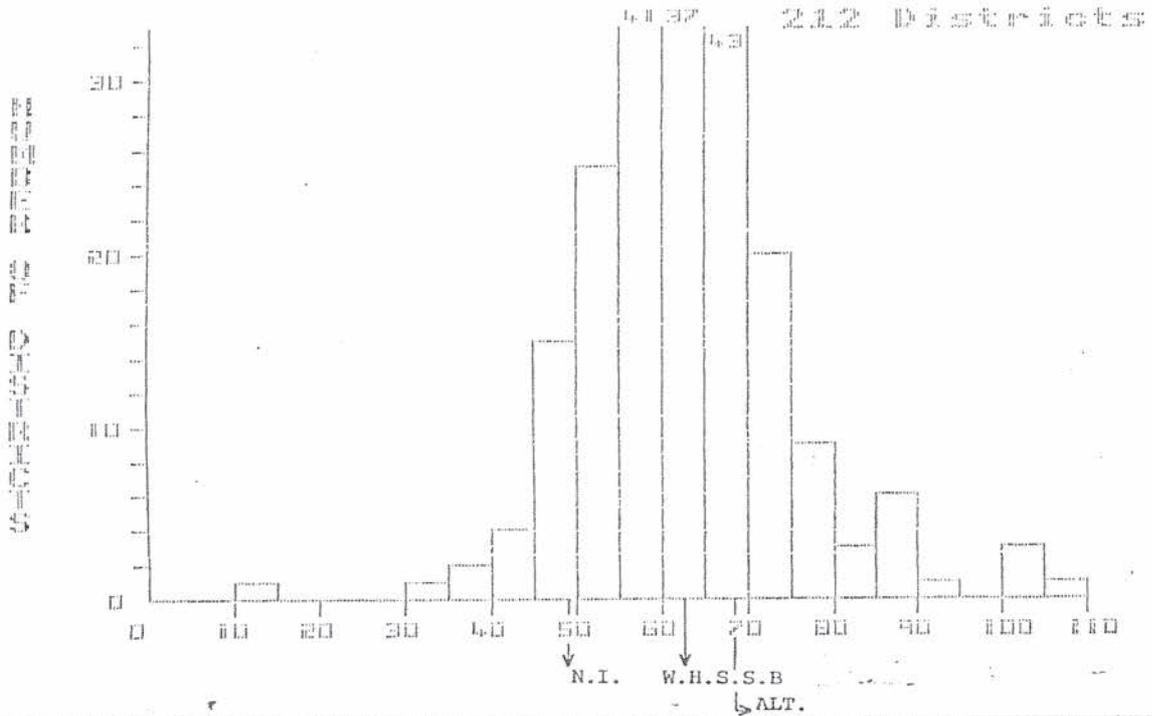
214 Districts



INTER AUTHORITY COMPARISONS 1985

Throughput FOR GYNAECOLOGY

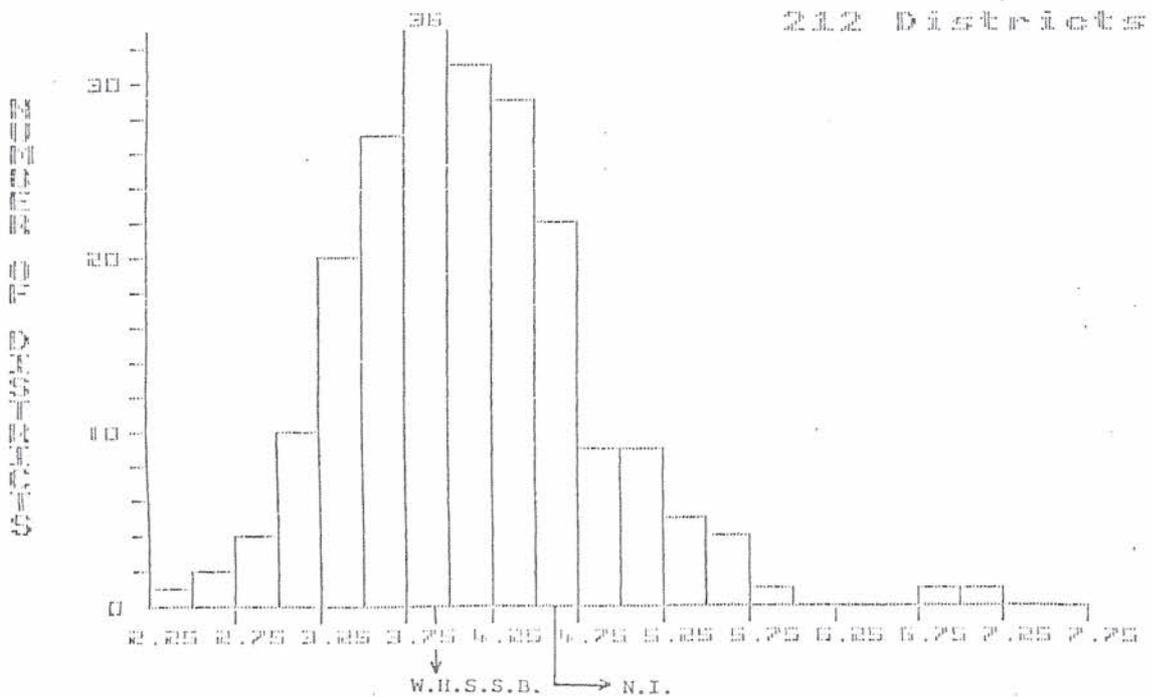
212 Districts



INTER AUTHORITY COMPARISONS 1985

Length of Stay FOR GYNAECOLOGY

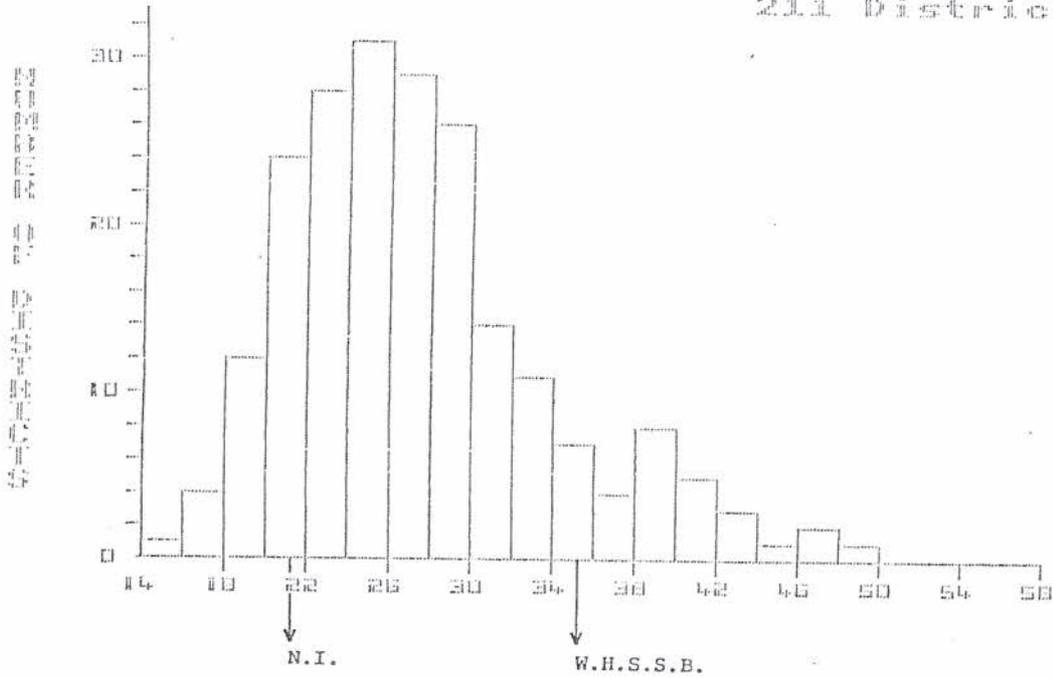
212 Districts



INTER AUTHORITY COMPARISONS 1985

Throughput FOR TRAUMA & ORTHOPAEDICS

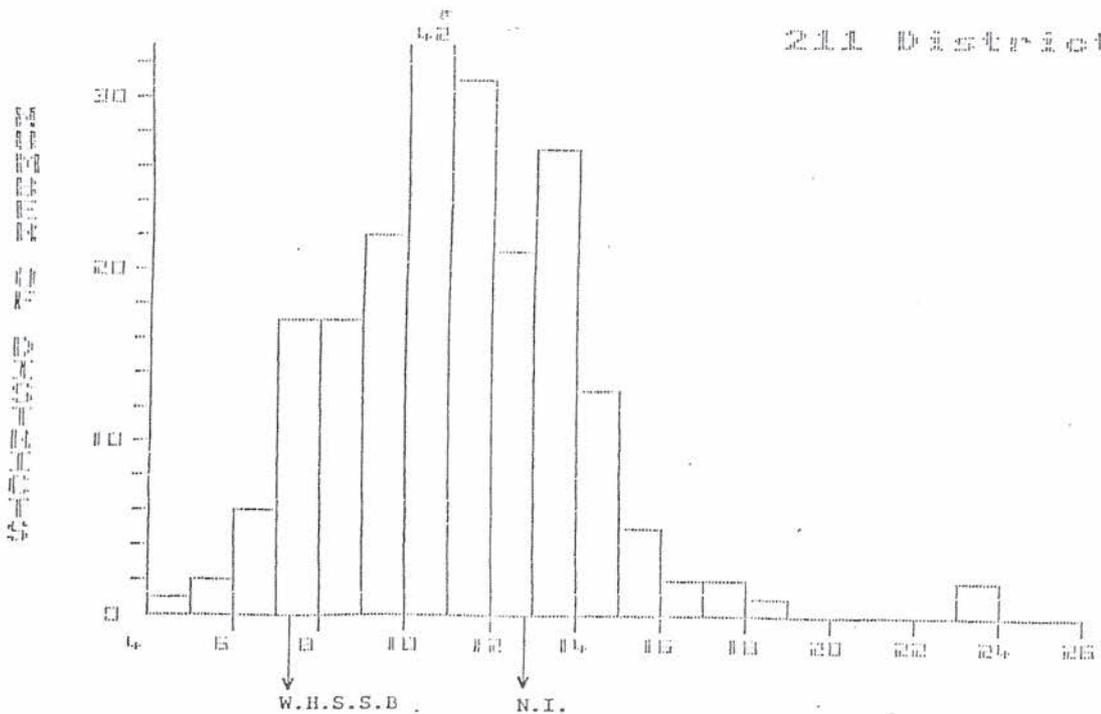
211 Districts



INTER AUTHORITY COMPARISONS 1985

Length of Stay FOR TRAUMA & ORTHOPAEDICS

211 Districts

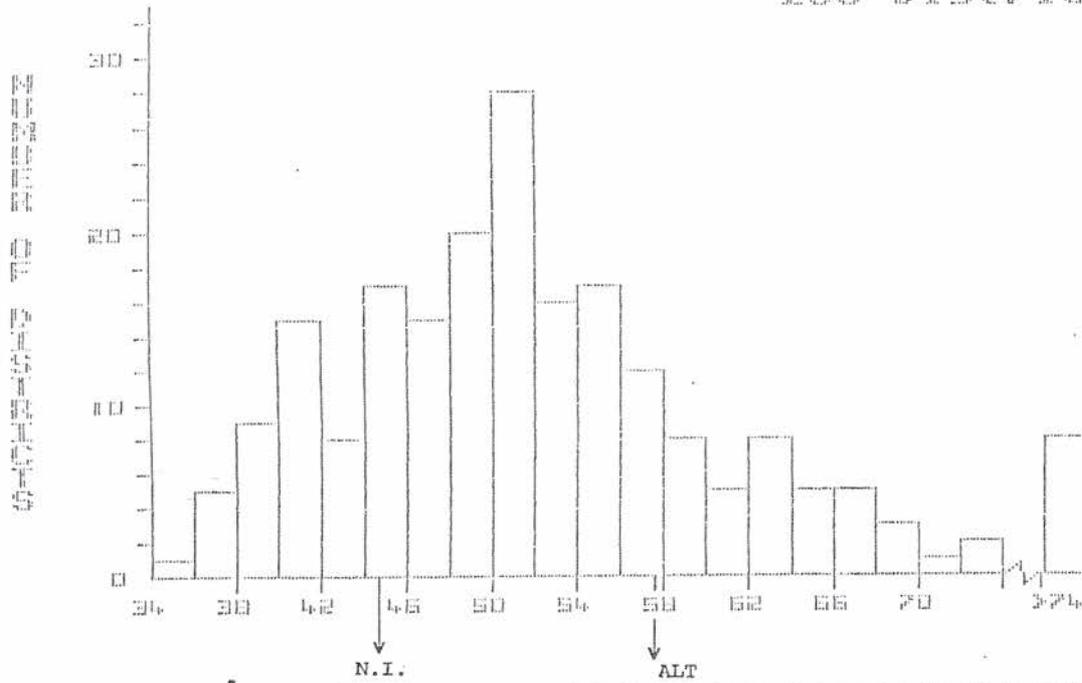


INTER AUTHORITY COMPARISONS 1985

Throughput FOR OBSTETRICS

200 Districts

-27-

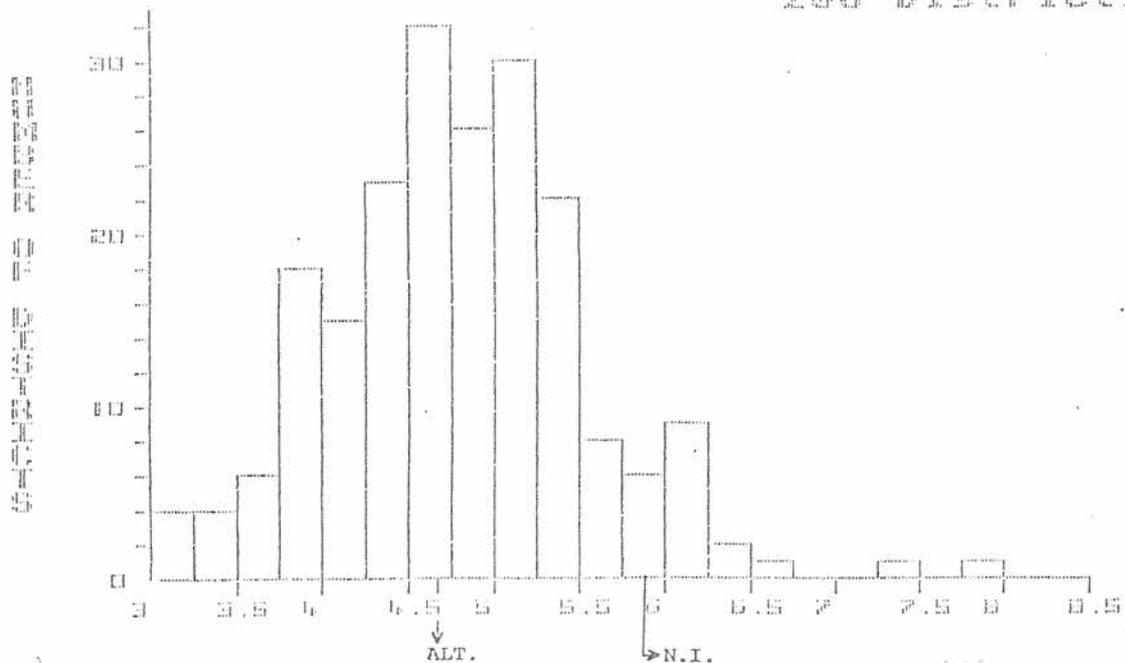


INTER AUTHORITY COMPARISONS 1985

Length of Stay FOR OBSTETRICS

200 Districts

-28-



BED TARGETS

4. The planned distribution of acute hospital beds is shown on page 49 of the Regional Strategy Document and Boards are required to achieve the target reductions by 1992. Table 6 sets out bed numbers as at 30th June 1987* in relation to bed targets.

TABLE 6: PLANNED DISTRIBUTION OF ACUTE HOSPITAL BEDS BY 1992

Specialties		E	N	S	W	NI
General Medicine (inc. Chest Medicine and Cardiology)	Actual	924	401	292	297	1914
	Target	882	339	296	270	1787
General Surgery (inc. T & O and Cardiac/Thoracic)	Actual	1213	365	339	276	2193
	Target	1052	308	299	305	1964
Gynaecology	Actual	252	86	71	58	467
	Target	150	59	56	51	316
ENT Surgery	Actual	134	28	67	54	283
	Target	97	32	38	37	204
Obstetrics/ G.P. Maternity	Actual	327	180	177	151	835
	Target	389	138	150	131	808
Paediatric Medicine	Actual	165	26	42	33	266
	Target	92	33	44	42	211
Sick Babies/ Neonatology	Actual	78	26	34	45	183
	Target	98	34	38	33	203
Dermatology	Actual	41	17	25	16	99
	Target	39	13	14	10	76
Infectious Diseases	Actual	103	--	--	20	123
	Target	86	--	--	21	107
Ophthalmology	Actual	58	--	--	30	88
	Target	85	--	--	21	106
TOTALS	Actual	3295	1129	1047	980	6451
	Target	2970	956	935	921	5782

OVERALL TARGET REDUCTIONS

325	173	112	59	669
-----	-----	-----	----	-----

* i.e. prior to closure of St. Columb's Hospital, Londonderry, in early 1988 (143 beds)

Service Deficiencies

5. Given the Western Board's PARR underfunding situation, staffing levels in acute hospital services are significantly lower than those in the other three Boards. The effects these shortages have on service provision are shown below.

MEDICAL SERVICES

6. The present difficulties experienced with medical staffing within the Western Board appear to reflect a lack of clarity of understanding by D.H.S.S. that the Western Board, in particular Altnagelvin Area Hospital, provides considerable sub-regional services in a number of medical specialties. The problems are further reflected in a need for the Western Board to be more self-sufficient than the Northern and Southern Boards which are not only very much closer in terms of pure distance from regional centres but are connected by better road networks. Recent events have demonstrated that the problems inherent in the distances involved within Western Board and its thinly scattered population in places show a need for self-sufficiency in terms of basic medical services which is not reflected in the problems faced within the Northern and Southern Boards and more peripheral parts of the Eastern Board.
7. Against this background it is important to recognise the need for certain basic service provision to be provided on an equivalent basis

with that available elsewhere within Northern Ireland and the following cases demonstrate this clearly:-

Accident and Emergency

8. Financial constraints have meant that it has not been possible to appoint a Consultant in Accident and Emergency Medicine at Altnagelvin Area Hospital even though this hospital deals with attendance levels well in excess of those which D.H.S.S.(N.I.) have indicated as meriting such an appointment. Most other hospitals dealing with similar workloads in Northern Ireland, such as Craigavon Area Hospital and the major hospitals within Belfast, have been able to develop such appointments. The existence of such posts at appropriate hospitals elsewhere within Northern Ireland clearly reflects the significant funding advantage available to other Boards.

Altnagelvin Area Hospital - A. & E. Attendances

<u>YEAR</u>	<u>NEW ATTENDANCES</u>	<u>TOTAL ATTENDANCES</u>
1981	22608	32373
1982	23840	35805
1983	26028	38481
1984	28099	42013
1985	27818	39982
1986	29638	43428

Anaesthetics

9. Over recent years there has been a considerable increase in services requiring the support of Anaesthetists at Altnagelvin Area Hospital. Examples are the creation of a third Obstetric post, the presence of four Consultant Surgeons, a third Orthopaedic Surgeon, the existence of a Special Care Baby Unit and three Consultant Paediatrician posts. Lack of resources has not permitted a corresponding increase in anaesthetic services. This also means that the Board is not in a position to make full potential use of the recently developed day case unit. Full use of this unit could allow even better performance indicators for some specialties. Gynaecology in particular could provide patient services if this Board had comparative basic funding. Workload comparisons with other hospitals of a similar nature would indicate the need for at least one additional Consultant Anaesthetist post within the Board.

General Surgery

10. The existence of 2-Consultant units in two of the hospitals in this Board creates undue pressure on the Consultants in these units. This, coupled with the extremely good performance indicators in surgery which are accepted by D.H.S.S.(N.I.) themselves and the lack of experienced junior surgical staff, means that Consultants in these units not only work hard during the day but are regularly working in their hospitals for long periods every second night and weekend. This inevitably will produce illness and tiredness problems such as are presently being experienced. It may also mean that Consultants

will wish to leave such posts to work in units with better Consultant staffing or junior staffing arrangements such as are available elsewhere within Northern Ireland. This may place aspects of surgical service provision in the Western Board in jeopardy which will further unfairly disadvantage the population within this Board.

Obstetrics and Gynaecology

11. At present there are three Consultants in this specialty at Altnagelvin where 3,300 deliveries are carried out annually. Apart from the numbers alone it is important to note that the level of complexity and difficulty of these deliveries is almost equivalent to that carried out at the regional centres within Eastern Board. This is because the distance from these centres, some 75-80 miles, means that Consultants and General Practitioners within this Board are understandably reluctant to refer patients to hospitals in the Eastern Area. Travel times are generally much shorter in the Northern and Southern Boards, where roads are usually better. A comparison of staffing levels at Altnagelvin Area Hospital with those at other major hospitals would indicate that at least five Consultants would be needed and possibly six to match the recommendations of the Royal College of Obstetricians and Gynaecologists. It should also be noted that the staffing levels in some units within the Eastern Board are actually better than the one Consultant per 500 deliveries indicated by this Royal College. The difficulties caused by this staffing level are that individually patients receive a great deal less time per consultation than is possible within other Boards at present.

Orthopaedics

12. The Western Board provides a sub-regional service in orthopaedics, especially for patients from the Northern and Southern Boards. The staffing level has not reflected this workload and the present funding is not sufficient to enable the Board to achieve self-sufficiency either in terms of medical staffing or bed provision. Such self-sufficiency is desirable given the distances which patients have to travel on bad road networks from some parts of the Board to Musgrave Park Hospital for operative treatment. This is especially relevant when consideration is given to the fact that a considerable proportion of orthopaedic workload relates to the elderly, e.g. for operations such as hip replacement, and that close relatives often find difficulty in travelling such distances to provide support to patients in hospital.

Pathology

13. Until recently only the Eastern and Western Boards have provided a full range of pathology services including histopathology/cytopathology. However, it has not been possible to provide even these latter services for all parts of the Board due to insufficient M.L.S.O. support staffing. These staff deficiencies have resulted in excessive workloads and it has not been possible to carry out a sufficient number of autopsies. Despite the fact that the Board has attempted to provide as comprehensive a service as possible it has

only been able to create three Consultant posts. This is the same as for the Northern and Southern Boards where histopathology/ /cytopathology services are only now being developed. Funding to create at least one extra Consultant Pathologist post and a considerable number of Medical Laboratory Scientific Officer posts would be necessary to raise the Western Board to an equivalent level with the other three Boards. Such provision would also allow the development of Biochemistry or Haematology services as exist elsewhere in the Province.

Junior Medical Staffing

14. Despite providing services on a sub-regional basis and all of the other factors mentioned in the sections above, the Western Board has the lowest number of junior medical staff in the Province. Action needs to be taken to improve either the number of Consultant posts available or the number and experience levels of junior medical staff or both as without such action there is no doubt that the accessibility to health services for people from the Western Board is not equitable.

PARAMEDICAL SERVICES

Occupational Therapy

15. There is no occupational therapy input to the main block of Altnagelvin Area Hospital. (See Section 2, Table 1).

Physiotherapy

16. At Altnagelvin Area Hospital the Board is only able to provide a part-time physiotherapist to cover what is the second busiest maternity unit in the Province. It is not possible to operate an outpatient referral service to General Practitioners. There is only minimum cover for the maternity/gynaecological units in Omagh. (See Section 2, Table 2).

Chiropody

17. The low level of staffing in chiropody means that the service must of necessity be aimed only at the elderly client group where deformities are already established and curative treatment is rarely possible. It is difficult to provide any service to other priority groups such as diabetics, the mentally and physically handicapped, expectant mothers and school children. (See Section 2, Table 3).

Dietetics

18. The low number of dietitians has consequences for patient groups such as diabetics. Preventative strategies are of crucial importance and these are noted under the community and mental handicap programmes. (See Section 2, Table 4).

Diagnostic Radiographers

19. The workload of the Radiography Department at Altnagelvin Area Hospital has more than doubled in the period 1975-1986, whilst the funded establishment has only increased by 2 over the same period.
20. The Nuclear Medicine and Medical Ultrasound Departments which were started to provide basic services, with no additional staff, have grown rapidly in technical complexity and workload. These must now be regarded as imaging departments in their own right.
21. Single-handed staff at present find it impossible to provide the service and response time demanded by out-of-hours services. The situation will be compounded by the introduction of a C.A.T. scanning service. Additional staff will be required to operate the equipment to its full potential. (See Section 2, Table 5).

Medical Laboratory Scientific Officers

22. At present is it not possible to undertake cytology for Omagh and Fermanagh - these have to be covered from the City Hospital, Belfast.
23. Another important consequence of shortage of staff is that it is not possible to carry out many tests and screening tests on urine specimens have had to be curtailed. (See Section 2, Table 6).

NURSING/MIDWIFERY SERVICES

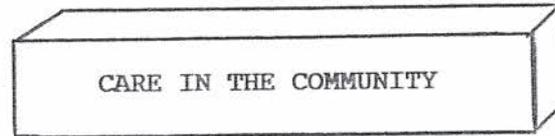
24. The staffing levels in general nursing and midwifery mean that the Board is at best able to maintain existing services in many instances and in some cases is unable to provide a satisfactory level, for example:-

- (i) Midwifery (See Section 2, Table 11);
- (ii) Neo-natal, special and intensive care (See Section 2, Table 12);
- (iii) Colposcopy;
- (iv) Coronary Care;
- (v) Intensive Care.

ADMINISTRATIVE AND SUPPORT SERVICES

25. Support Services have already been the subject of considerable management attention in the search for efficiency savings. The Board has submitted many of these services to the competitive tendering process and there is little scope for further savings given our underfunded revenue baseline and the high patient throughput rates referred to earlier.

26. The additional clinical staff identified in Section 2 will result in a corresponding need to employ further administrative/clerical/secretarial and support staff.



27. As shown in Section 2 the Board has a generally low level of community staffing which is a direct result of its PARR underfunding. The consequences of this poor staffing are noted below.

Community Nursing Services

28. - There is no "twilight" nursing service for elderly people;
- Only a limited service can be provided for the terminally ill, and the Board has to rely on the voluntary sector;
 - The health visiting service to the elderly is inadequate;
 - Provision for stoma care, control of diabetes and care of diabetes sufferers is poor;
 - The Board does not have an adequate incontinence advice service;
 - It is only possible for health visitors to have a minimal involvement in monitoring school health development;
 - The Board cannot provide sufficient health visiting input to the growing problem of child abuse;
 - It is difficult to provide education, teaching and encouragement in respect of increasing the uptake of immunisation.

Community Medicine Services

29. The major implication of the low level of staffing in community medical services is that child health surveillance and developmental paediatric screening are limited. Other important implications of the low number of community doctors are:

37.

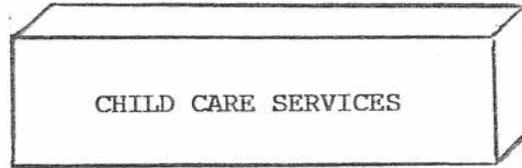
- Inadequate numbers of family planning/cytology clinics;
- Difficulty in providing a specialised Ophthalmology service in Omagh and Fermanagh;
- Inability to provide a service for "Disturbed Children" similar to that provided by the Northern Board.

Paramedical Services

30. The shortfalls in paramedical staffing restrict the Board's capacity to provide domiciliary services to support vulnerable people who may be elderly, physically or mentally handicapped, or mentally ill.
31. In community services:
- The Board is unable to provide a viable community physiotherapy service;
 - The community occupational therapy service for the entire Area is provided by less than 5 wte staff. This means that the Board is currently unable to provide occupational therapy input to day centres;
 - The Board is unable to provide chiropody services to any priority groups other than the elderly;
 - The Board is unable to provide a community dietetic service at present.

Clerical/Secretarial Support Services

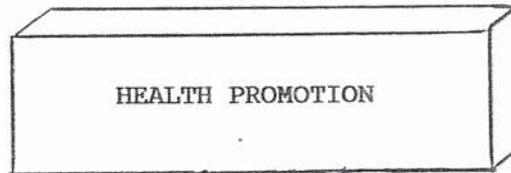
32. Professional staff are forced to spend a disproportionate amount of time on clerical/secretarial duties because of lack of staff in those grades.



CHILD CARE SERVICES

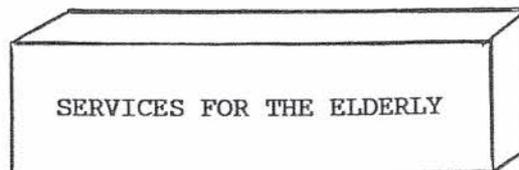
33. As Section 2 has demonstrated, there is a general shortage of qualified social workers in the Western Board. This means that the following aspects of child care are not provided or are being under-provided:

- Alternative forms of care for disturbed children;
- Boarded-out arrangements;
- Fostering arrangements;
- Family day centre provision.



HEALTH PROMOTION

34. The Western Board has some of the lowest immunisation uptake levels in the United Kingdom in respect of measles, diphtheria, whooping cough and tetanus. The Board's ability to tackle this and other related problems is restricted given its shortage of staff, particularly in the Community Health, Community Nursing and Technical/Clerical support grades.



SERVICES FOR THE ELDERLY

35. The service to elderly people is inadequate in terms of medical, paramedical and nurse staffing levels and this has the following consequences for service delivery:-

Medical

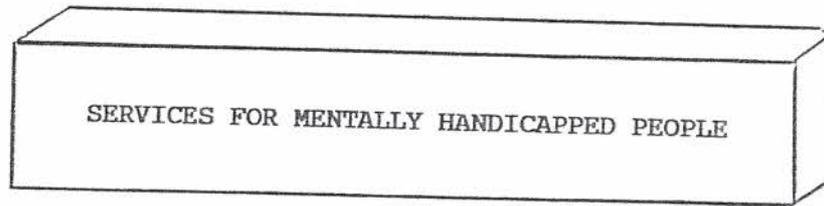
36. The present number of Consultant Physicians in Geriatric Medicine is inadequate to provide satisfactory cover to the Fermanagh County Hospital and Ward 7, Erne Hospital. Both facilities are due to be replaced with a new purpose built 108 bed unit and 30 place day hospital next year.

Paramedical

37. At present the Board has only one physiotherapist and one helper to cover the entire geriatric programme in Fermanagh.
38. The low level of chiropody service means that it must be targeted almost exclusively on the elderly. However, given the minimum staffing available, the Board is unable even to meet all the needs of elderly people.
39. Low paramedical staffing levels mean that the Board is unable to provide full multi-disciplinary assessment for admission to long-term care, nor can it target domiciliary services on those most in need.

Nursing

40. The Board is unable to provide a satisfactory day hospital and rehabilitative service given its low level of hospital nursing staff.



41. Within this programme and the programme for mental illness, not only are Boards required to maintain and, where possible, improve existing service provision, but also to plan and implement a major shift in the balance of care away from institutional care to community based care. By 1992 the Western Board would be expected to reduce the number of inpatient beds by a minimum of 20%, and within this overall target the Department has specifically asked Boards to reduce to the absolute minimum the numbers of mentally handicapped children in hospital and the numbers of mentally handicapped people in psychiatric hospitals.
42. The situation is exacerbated in the Western Board as unpublished data produced by Professor Nevin shows that the prevalence rate of Down's Syndrome per live births has been consistently higher in the Western Area than elsewhere in the Province.

TABLE 7: STATISTICS ON DOWN'S SYNDROME 1974 TO 1982

Board	Live-Births	No. of Down's Syndrome Patients	Prevalence Rate Per 1000 Live-Births
Eastern	89,843	117	1.30
Northern	58,381	82	1.42
Southern	46,882	81	1.73
Western	47,311	87	1.84
N. Ireland	242,417	367	1.51

The Board's staffing shortfalls must be viewed against this background and the following illustrate service underprovision.

Physiotherapy

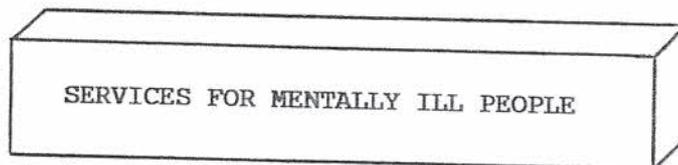
43. The Board is able to provide no more than a minimal service to the mentally handicapped in Omagh and Fermanagh.

Dietetics

44. The Board is unable to provide a community dietetic service for this client group who are in particular need of this service because of their proneness to obesity.

Chiropody

45. Practically no service is provided to mentally handicapped people.



46. The Western Board with two major psychiatric hospitals, one at Gransha, Londonderry and the other, the Tyrone and Fermanagh Hospital at Omagh, currently provides around 1200 hospital inpatient beds. Given the fact that the Department is also calling for a 20% reduction in hospital beds in this programme, these figures demonstrate the extent of the problem which the Board faces.
47. Nurse staffing at Tyrone and Fermanagh Hospital has recently been described as "adequate" by the Mental Health Commission. The Board has set up a Working Group to plan the reduction of patient numbers in the hospital by developing community alternatives in Omagh and especially in Fermanagh where virtually no provision for mentally ill currently exists. Our projections indicate this will require a transfer of resources from Tyrone and Fermanagh Hospital as well as an additional input of resources.
48. Gransha Hospital has a nurse staffing level which can only be described as "desperate". Studies have shown that it has the worst staffing position in the Province. A reduction in patient numbers would assist in a marginal improvement in nurse to patient ratios, but it will not provide the resources for developing community options.
49. The implications of the low levels of staffing within this programme are set out below.

Medical Staffing

50. Most consultants have to concentrate on general psychiatry at the expense of the various psychiatric sub-specialties. The problems of providing a domiciliary medical service are exacerbated given the large geographical area and wide dispersment of the Western Board's catchment population.

Nurse Staffing

51. Current numbers of community psychiatric nurses are inadequate, given that the catchment areas of the Board's two psychiatric hospitals include major parts of the Northern and Southern Boards.

PARAMEDICAL STAFFINGPhysiotherapists

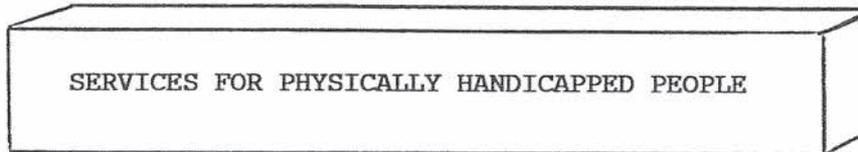
52. It is only possible to supply minimal physiotherapy to mentally ill people in the Western Area. Only emergency work can be done at Gransha Hospital with no cover for psycho-geriatric patients.

Clinical Psychology

53. The Western Board currently has 2 Clinical Psychologists which has resulted in long waiting lists and means that very little can be done in the more specialised areas of this service. Cover for the two psychiatric hospitals is poor.

Occupational Therapy

54. Occupational therapy input into day centres is at a minimal level because of the staffing position.



55. Physiotherapy and occupational therapy for physically handicapped children are at a minimum level. The low numbers of occupational therapists and resultant workload leads on occasions to delays in providing essential adaptations to homes of physically handicapped people.
56. The Board may not be able to maintain its present levels of financial and other support to the voluntary sector let alone consider requests for further support from existing and/or new groups working with physically handicapped people.
57. The Board is unable to provide an adequate number of day centre places for physically handicapped clients.

SECTION FOUR

SUMMARY OF STAFFING DEFICITS

SUMMARY OF STAFFING DEFICITS

1. The Board's underfunded revenue baseline results in very serious understaffing levels measured on any scale, and the data provided in this report illustrate how widespread the deficiencies are.

2. The extent of understaffing is a matter of great concern for quality and standards of care accepting there must be a correlation between resource inputs and service outputs/outcomes.
 - Occupational Therapy - **worst** in Northern Ireland;
 - Physiotherapy - **worst** in Northern Ireland;
 - Chiropody - **worst** in Northern Ireland;
 - Dietetics - **second worst** in Northern Ireland;
 - Radiography - **worst** in Northern Ireland;
 - Clinical Psychology - **worst** in Northern Ireland;
 - Medical Staffing - serious understaffing in many specialties and at all levels;
 - General Trained Nursing - **worst** in Northern Ireland;
 - Other Nursing (Excluding Learners) - **worst** in Northern Ireland;
 - Midwifery - **worst** in Northern Ireland;
 - S.C.B.U. Nursing - **worst** in Northern Ireland;
 - Health Visiting Staffing - **worst** in Northern Ireland;
 - School Health Visiting - **worst** in Northern Ireland;
 - Community Nurse Staffing - **second worst** in Northern Ireland;
 - Geriatric Nurse Staffing - **worst** in Northern Ireland;
 - Community Psychiatric and Day Hospital Nursing - **second worst** in Northern Ireland;
 - Social Workers (Fieldwork Staff) - **worst** in Northern Ireland; ✕
 - Administrative/Clerical Staffing - **worst** in Northern Ireland; ✕
 - Secretarial Staffing - **worst** in Northern Ireland.

SECTION FIVE

ESTIMATED REVENUE SHORTFALL

	<u>Estimated Cost</u> <u>£000s</u>	<u>£000s</u>
<u>SOCIAL SERVICES</u>		
- 21 Social Workers (Fieldwork Staff)	294	
	—	294
<u>ADMINISTRATIVE/CLERICAL/SECRETARIAL</u> <u>SUPPORT STAFF</u>		
- 35 Secretaries	238	
- 20 Clerical Officers	130	
	—	368
<u>GOODS AND SERVICES REQUIREMENT OF</u> <u>INCREASED SERVICE PROVISION</u>		
	1465	
	—	1465
		—
<u>GRAND TOTAL</u>		<u>6545</u>
		—

The volume of goods and services expenditure which would be incurred as a result of the above appointments has been assessed at £1.46 million or 28.8% of the Salaries and Wages cost or 22.4% of total cost.

A sizeable proportion of the above staff will have peripatetic community-based duties and responsibilities which would attract a higher level of on-costs in the form of travelling expenses etc.

RECURRENT GOODS AND SERVICES UNDERFUNDING

In addition to the above summary of revenue requirements, the Board has a recurrent annual underfunding in respect of its goods and services budget amounting to £400,000.

SECTION SIX

CONCLUSION

CONCLUSION

1. The inequity of the present resource allocation model is **starkly** apparent as is the scale of the Board's service deficiencies. ✓

2. The Board accepts that the problem cannot be resolved in a single year and understands the problems faced by the Department in the present financial climate. However, the seriousness of the Board's position must also be appreciated.

3. Before the deficit can begin to be redressed, it is **imperative** that in 1988/89 an additional allocation of £1.5m to £2m is made available to cover such matters as RCCE and Regional Initiatives as detailed in the Board's Operational Planning Proposals for 1988/89. Without such a response the Board will be unable to:
 - open Creggan Day Centre;
 - operate the new Erne Geriatric Unit and Day Hospital to full potential; OR
 - operate Maybrook Adult Training Centre, Londonderry to full potential. ✓

4. There would appear to be a number of options open to the Department in responding to the Board's case:-
 - (a) Special Funding by the Department of Finance and Personnel (as with Harland & Wolff);
 - (b) Cost Improvement Sums to be yielded up and re-allocated by the Department differentially to PARR underfunded Boards; ✓

- (c) Make baseline budget reduction in the Eastern Board and allocate to PARR deficit Boards; ✓
- (d) Development Money to be applied to PARR deficient Boards on the basis of promotion of equity. ✓

THE BOARD APPEALS TO THE DEPARTMENT TO MOVE WITH URGENCY AND RESOLVE IF SERVICE CRISIS IS TO BE AVERTED.

COMMUNITY (OTHER THAN PSYCHIATRY)

- 11 Health Visitors
- 5 Community Midwives
- 18 Community Nurses
- 8 Nursing Auxiliaries

PSYCHIATRY

- 32 Staff Nurses
- 13 Nursing Auxiliaries
- 8 Community Psychiatry Nurses

GERIATRIC NURSING

- 16 Staff Nurses
- 1 Health Visitor
- 11 Nursing Auxiliaries

12-HOUR SHIFT ARRANGEMENTS

The above requirements are based on the present 12-hour working shift arrangements. Should the Board have to revert to conventional shifts, these requirements would have to be revised upwards.

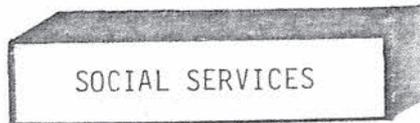


TABLE 18:

SOCIAL WORKERS (FIELDWORK STAFF) IN POST
AS AT 1ST OCTOBER 1986
COMPARED WITH DHSS RECOMMENDED GUIDELINES

	STAFF IN POST (W.T.E.) 1ST OCT 1986	RECOMMENDED STAFFING LEVEL	SURPLUS(+)/ SHORTFALL(-)
EASTERN	284	230	+ 54
NORTHERN	104	101	+ 3
SOUTHERN	70	84	- 14
<u>WESTERN</u>	<u>70</u>	<u>95</u>	<u>- 25</u>

✓

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

FINAL REPORT OF THE REVIEW GROUP

ON

RESOURCE ALLOCATION TO HEALTH AND

SOCIAL SERVICES BOARDS

IN

NORTHERN IRELAND

FEBRUARY 1989

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Chapter 2	Operation of PARR
Chapter 3	Elements of PARR
Chapter 4	The Role of the PARR Formula in Resource Allocation
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Appendix 1	List of Members
Appendix 2	Description of PARR

RRA 5/88

1. INTRODUCTION

1.1 The Review Group on Resource Allocation was set up in June 1987 to review the operation of the PARR (Proposals for the Allocation of Revenue Resources) formula.

1.2 The Group's terms of reference were as follows:

"to examine how well the present PARR formula measures relative need for health and social care; to consider, in the light of developments in Great Britain, what improvements might be made to the formula; and to make recommendations to the Department on the role of a formula such as PARR in the allocation of revenue resources to Boards."

The Group's membership is listed in Appendix 1.

1.3 This report is the culmination of the Group's discussions. It reviews the origins and operation of the PARR formula, and describes the problems which have arisen as the disparity between the notional distribution of resources and the actual allocations has widened. It goes on to review the various elements of PARR and makes recommendations as to whether the pursuit of equity could better be furthered by adopting different approaches. It concludes with discussion of the advantages and drawbacks of allocating resources using a formula-based method such as PARR.

1.4 In reaching its conclusions the Group paid heed to the reviews of resource allocation formulae in England (RAWP) and Scotland (SHARE). It considered many of the options identified in these reviews and, although it sometimes reached other conclusions, it nevertheless found their work invaluable.

2. THE OPERATION OF PARR

2.1 Origin of PARR

The PARR formula was devised in 1978 by a multi-disciplinary group comprising representatives of the 4 Boards and the Department. The practice of allocating "free growth" to Boards generally in proportion to their populations had had the effect of perpetuating the historical patterns of distribution. A means was required of reflecting broadly the relative health and social needs of the population served by each Board, and of ensuring that account could be taken of changes over time in demography and morbidity. PARR was modelled on similar formulae which had been devised previously for England, Scotland and Wales, and has much in common with the

sub-regional resource allocation models operated by most English Regional Health Authorities.

2.2 Essentially PARR is a mechanism for calculating the relative "need" of each Board for revenue resources. The formula uses as inputs the most recent population estimate for each Board disaggregated by age and sex; mortality data; age/sex utilisation rates; various costing data; and several other measures such as sparsity factors. Appendix 2 contains a more detailed description of the operation of PARR.

2.3 PARR and actual allocations

The initial PARR calculation (for 1978/79) produced a notional distribution of revenue resources which was not markedly different to the actual distribution at that time. Since then however, the actual allocations, which have continued to be made largely on an incremental basis with Boards receiving shares of growth money broadly pro rata to their existing allocations, have deviated more and more from the "notional" PARR shares. This is due largely to the fact that actual allocations have not taken account of population changes. The Eastern Board's share of the NI population has shrunk from 43.8% in 1978/79 to less than 41% in 1987/88 and its PARR share has reduced from 54.4% to 51.3%. Yet its share of revenue resources has only declined from 54.5% to 53.9%. The 1987/88 revenue allocations, along with notional PARR shares, are set out in the table below.

	ACTUAL ALLOCATIONS £m's (at 30.9.87)	PARR NOTIONAL ALLOCATION £m	DIFFERENCE £m
Eastern	319.1	303.0	16.1
Northern	94.9	101.1	- 6.2
Southern	89.7	90.6	- 0.9
Western	87.5	96.5	- 9.0
TOTAL	591.2	591.2	-

2.4 The disparity between the actual allocations and the notional allocations is now considerably greater particularly in the case of the EHSSB. It is evident that even with some skewing of available growth in recent years towards the Western Board, the gap between actual and

notional allocations is unlikely to lessen significantly. One response to this has been criticism of the formula itself on the grounds that it provides inadequate recompense to the Eastern Board in respect of such factors as teaching and regional medical services and cross-boundary flows for acute hospital treatment, and that it makes no explicit provision for additional health service (as distinct from PSS) costs arising from social deprivation.

2.5 Developments in GB

In England and Scotland the national formulae, RAWP and SHARE, have continued to be applied annually even in a situation of virtually no real overall growth, with the result that the historically over-provided Thames Regions have been subject to real cuts in recent years (although their position has been ameliorated recently by the provision of "bridging" funding). At sub-regional level in England there is a varied picture, with most RHAs continuing to use a RAWP-style formula. Increasingly, however, the results of sub-regional RAWP are being applied in a less mechanistic fashion and in a manner which is more in tune with Regions' planning strategies for their various districts.

2.6 Attention in GB has focussed increasingly on the reliability of RAWP and RAWP-style formulae. The areas of possible deficiency coincide with the possible weak points of PARR. At the end of 1985, the Secretary of State for Social Services initiated a review of RAWP by the NHS Management Board. An interim report was issued in December 1986 which endorsed the need for a formula approach to resource allocation, confirmed the general principles underlying the present formula, but found that there were aspects where there was room for improvement. These included the measurement of morbidity, the effect of social deprivation, the costs of teaching hospitals and provision for patients who cross regional boundaries for treatment. The Report recommended further research in these areas.

2.7 The review of RAWP is primarily concerned with the distribution of national resources to regions. Many of the problems of resource allocations however arise at the sub-regional level, and the main areas where there is scope for improvement have a much greater impact on relative need between districts within a region than between regions. The research which is being carried out should therefore prove to be of substantial benefit to sub-regional allocation formulae.

2.8 A review of the NHS is also taking place at present and although the report of the RAWP Review has now been published, a definitive response from Government to it has been postponed until the outcome of the review of the NHS is known.

2.9 The Local Review

In Northern Ireland there has been increasing criticism from the Western and Northern Boards of the failure to use the results of PARR directly in calculating actual allocations to Boards. At the same time the Eastern Board has strongly contested that the present formula does not adequately reflect the cost to that Board of its Regional and Teaching responsibilities. The adequacy of the indicators used in the formula for measuring the effects of morbidity and social deprivation is also a matter of concern. The Review Group agreed therefore that a number of specific issues should be considered in an attempt to see whether aspects of the formula needed modification to allow it to play a fuller role in the allocation process. These were:

- i. the measurement of morbidity and its impact on population need for health services;
- ii. the measurement of social deprivation and disadvantage, and their impact on the need for health and social services;
- iii. the population data used in the formula;
- iv. the extra costs of providing regional services and teaching hospitals;
- v. the costing/adjustment for changes in pattern of patient flows between Boards;
- vi. the use of historic patterns of expenditure to provide weighting factors and age/sex utilisation rates;
- vii. the linkages which are appropriate between a formula for resource allocation and cost improvement and planning targets.

- 2.10 The remainder of this report discusses the Group's findings on these issues (and, where relevant, the findings of the RAWP and SHARE reviews) and makes recommendations on changes which the Group believe should be made in the formula. In Chapter 4 we also discuss the role of the formula in relation to resource allocation and planning.

3. ELEMENTS OF PARR

3.1 Morbidity

One of the major factors in assessing the relative need for resources is the level of morbidity of the population in each of the Boards. No direct measures of morbidity are available and a proxy measure - Standardised Mortality Ratios (SMRs) - has been incorporated in the PARR formula.

There is a high correlation between mortality and morbidity, and in an attempt to make adjustment to resource allocations with respect to levels of morbidity, SMRs compare the observed number of deaths with the number expected if that population had experienced the age-specific death rates of a "standard" population.

- 3.2 In the current version of the PARR formula, age-specific, all-causes SMRs are used. The Review Group accepted that some type of SMR should continue to be used in the PARR formula, but also considered whether the current form of SMR should be retained or modified. Four main options were considered. These were:
- i. age-specific, all-causes SMRs, as at present;
 - ii. age-specific, all-causes SMRs for deaths at ages under 65 as used in SHARE.
 - iii. age-specific, all-causes SMRs for deaths at ages under 75; and
 - iv. age-specific, condition-specific SMRs, as used in RAWP.
- 3.3 The RAWP formula uses a combination of 17 SMRs - one for each Chapter of the International Classification of Diseases - weighted according to treatment costs. In Northern Ireland, for the latest available year (1984), 13 out of the 17 Chapters accounted for less than 500 deaths each, with some accounting for considerably less than 100 and indeed for some the deaths could be numbered in single figures. The Review Group concluded that as numbers of deaths were so small in many cases statistical validity could not be assumed and that option (iv) would not be appropriate to Northern Ireland.
- 3.4 The group also considered option (ii) - age specific, all causes SMRs for deaths at ages under 65 - which is used at present in Scotland. However, an examination of figures on death rates confirmed that there was no significant change in the incidence of mortality at or around that age. There was therefore no evidence that age 65 could be taken as the time when deaths because of illness gave way to deaths because of advancing age. The Review Group therefore concluded that this version of the SMR would exclude too much relevant information to act as a satisfactory proxy for morbidity and rejected this option.
- 3.5 Option (iii) which involves excluding the 75-plus age group is essentially a variant of option (ii) with the age limit increased to limit the exclusions from the formula. The argument in favour of this option is again that it removes from the database deaths which should not really be taken into account in a proxy for morbidity. It is perhaps

relevant in this context that the review of RAWP recommended that an age limit of 75 should be introduced in the calculation of SMRs for England.

- 3.6 However despite these arguments, the Review Group was not persuaded that the introduction of an age limit into the calculation of SMRs for Northern Ireland would represent any improvement of the current system. The Group also concluded that any such limit would restrict the database on which SMRs are calculated in Northern Ireland and would consequently reduce confidence in the reliability of the ratios themselves. The Review Group therefore recommends that Northern Ireland should continue to use age specific, all-causes SMRs as at present.

3.7 Social Deprivation

The final report of the RAWP Review has recommended that a Social Deprivation Factor based on Professor Jarman's UPA8 index should be included in their formula. We have considered the need for the inclusion of a similar factor in the PARR formula and there is general agreement that this is a necessity. Further consideration needs to be given to choosing indicators of Social Deprivation and to the gearing-down of SMRs from a 1:1 ratio. The sub-group which was established to look into this issue, therefore intends to continue to meet and it seems likely that some research may need to be commissioned. In considering social deprivation the Group also looked at the present weightings for Personal Social Services and agreed that these should remain as they are for the time being. There was acknowledgement however that the factors now included in respect of the PSS Allocations might need to be reviewed in the light of the Sub-Group's final report. The Review Group therefore recommends that the PARR formula should be revised eventually to include a social deprivation factor and that the sub-group should therefore continue to meet until agreement is reached both on the measurement of deprivation to be used in the formula and the revised gearing.

3.8 Population data

The population figures used to date in PARR are the latest mid-year estimates for Northern Ireland by sex and age group, produced by the Registrar General. These are disaggregated to Board level by the Department's Management Services Division. Because of delays in processing birth and death registrations the most recent population estimates available are often 2 or 3 years out of date; for example, the PARR updating for 1987/88 used mid-1985 estimates.

- 3.9 An alternative to historical estimates of population would be to use projections to the year in question. When the PARR formula was devised it was not possible to produce

projections of population by age and sex which were also disaggregated to Board level. Since then Management Services Division in the Department, the Government Actuary's Department in England, and the Department of Finance and Personnel have worked together to produce such projections.

- 3.10 The population projections are based on the most recent mid-year estimate but take account of likely demographic changes in the intervening period. The advantage of using them instead of two or three-year-old estimates is that where there is population movement between Boards, or greater demographic change in some Boards than in others (caused for example by differential birth rates), these changes should be reflected in the projections. Of course, projections of population are far from perfect because all the changes which have an influence on population size and structure cannot be predicted with complete accuracy. Nevertheless they are an explicit attempt to take into account expected and predictable changes from the last mid-year estimate available to the allocation year in question and therefore preferable to using figures which at best are out of date. One important aspect of the use of projections in a resource allocation formula is that where growth money is intended to cope with increased demand arising from demographic change, the Boards which are reckoned to be experiencing the greatest growth in demand will have this growth reflected in their target allocations. For these reasons the Review Group concluded that in future projections of population should be used in the PARR calculations.

The Financing of Teaching and Regional Responsibilities

- 3.11 The situation with regard to the provision of most highly specialised activities remains largely as it was when the original PARR Report was published ie they are still almost all provided in the Eastern Board area and that Board continues to provide other services on a regional basis ie POAS, NIBTS.
- 3.12 The extra costs of teaching hospitals are not solely attributable to the presence of students, since regional specialties and regional referral specialties are more likely to be located in teaching hospitals than elsewhere. In so far as these areas of high technology and specialisation have higher costs than other acute specialties it is difficult to determine how much is specifically attributable to teaching activities.
- 3.13 The allowance in the PARR formula for teaching and regional specialties is calculated using a method similar to that used in SHARE in Scotland. This involves multiplying the additional cost per in-patient case in each teaching hospital (ie over and above the average cost in a "control group" of non-teaching units of similar size) by the number

of in-patient cases treated in that hospital. In England RAWP uses the results of regression analysis to calculate a Service Increment For Teaching (SIFT) but the majority of the Group did not consider this appropriate for N Ireland. The PARR adjustment in Northern Ireland for medical teaching and regional specialties is intended to cover all of the additional costs of treating patients in teaching hospitals and any further adjustment such as that under SIFT would be double-counting. This would be all the more so given that the adjustment made for cross-boundary flow also recompenses the Eastern Board for the regional acute services it provides for residents of other Boards.

- 3.14 The present means of adjusting for teaching and regional responsibilities is fairly straightforward and easy to calculate. It does not involve defining "regional" as would the proposal to "top-slice" for all costs associated with regional and teaching responsibilities. Although the Laird Report has now provided detailed costing for specialties at the Royal Group of Hospitals there is no universal acceptance either of its figures or the definition of "regional", nor indeed is there universal acceptance of the principle of "top-slicing", whereby regional services may be protected from resource pressures in a way that other services are not.
- 3.15 The Group noted therefore the Report of the Working Party on Clinical Activity and Resource Analysis in the Royal Group of Hospitals (the Laird Report). However in the absence of a uniform system of specialty costing which could be extended to all hospitals the Group was unable to come to an agreed conclusion on the use of the Laird data in the context of this review.
- 3.16 There is no unanimity on the adoption of any other means of adjusting for teaching and regional services. Moreover since the adjustment is in the nature of "fine-tuning" it seems sensible to use what is a simple method of calculation as opposed to any very detailed and wide-ranging series of calculations which seem unlikely at present to produce consensus.
- 3.17 The Eastern Board representatives wish it to be recorded that they remain dissatisfied with the present method of calculating the adjustment for teaching and regional responsibility. It is their view that they do not receive sufficient recompense for their additional responsibilities and that this can only be achieved by the addition of a further supplement such as the SIFT addition in England.
- 3.18 The Review Group (majority) recommends that the existing method of calculating the adjustment for regional and teaching responsibilities is retained in the belief that the method fully compensates the Eastern Board for its actual additional expenditure on teaching and regional services. However in order to improve the accuracy of the

allocation the Group propose that an additional element be incorporated into the formula to compensate the Eastern Board for developments in regional medical services subsequent to the base year for the calculation. For example the calculation for 1988/89 is based on 1986/87 financial data. This will not reflect agreed developments in RMS in 1987/88 and 1988/89. This refinement will add little complication to the present method but should render it more equitable.

- 3.19 **The Group recognised the role of Musgrave Park Hospital in providing a regional Orthopaedic Service and therefore recommends that for the purpose of the adjustment for teaching and regional costs, MPH should be regarded as a teaching hospital. This will require the average costs per case for non-teaching hospitals used in the calculation of the additional cost of teaching and regional responsibilities to be adjusted accordingly. The Group also noted that the costs of the Geriatric Unit were included in calculating the RVH costs in relation to Teaching and regional costs. This was clearly inappropriate and the Group therefore recommends that the costs of the Geriatric Unit be excluded from future calculations of the necessary adjustment.**

3.20 **Cross-boundary flows**

The base data used in calculating the adjustment for the flow of patients from one administrative area to another relates to the flow of patients in a year 2 or 3 years prior to the allocation year. This means that changes in the pattern of cross-boundary flow are not reflected in the PARR formula for 2 or 3 years. Thus for example the change already taking place in the flow between the Eastern and Northern is not being reflected in present calculations and the Eastern Board continues to receive the benefit of the adjustment resulting in a notional loss to the Northern Board. Any attempt at present to try and use more up to date data would be speculative and have no real basis in fact. It is therefore to be hoped and the Group recommends that as soon as data collection systems permit, the adjustment for cross-boundary flows will be based on current data.

3.21 **Specialty Costing**

Costing for the adjustment continues to be based on the average cost per in-patient case (non-psychiatric, non-obstetric)/week (others) of the sub-group in which the individual hospital is classified - for teaching hospitals the average cost per in-patient case for the equivalent non-teaching group is employed. It is desirable in order to reflect costs more accurately that costing on a specialty basis is developed as soon as possible and the Group recommends that this form of costing be introduced

as soon as a methodology acceptable to all has been developed for N Ireland.

3.22 Historic Patterns of Expenditure

In the PARR formula - see Appendix 2 - the separate weighted populations for each of the 8 categories of service are combined in the same proportion as the distribution of expenditure across the categories, according to the most recent analysis of Board accounts. This means that the expenditure factor being applied to the weighted population is a reflection of the historic pattern and in terms of allocation of resources may in fact be in conflict with the shift of resources and services envisaged in strategic planning. This can be clearly seen at present in relation to the community care initiative whereby a shift of resources from the hospital sector to the community is the objective, yet the allocation by the formula is still reflecting the former pattern of expenditure, thereby acting almost as an obstacle to the community initiative. The Review Group believes that ideally the combination of the separate weighted populations should be based on a projected distribution of expenditure, reflecting the strategic planning objectives. It also accepts however that this is not feasible at present due to inadequacies in the information system and planning methodologies. The Group recommends that further work should be undertaken on this issue.

4. THE ROLE OF THE PARR FORMULA IN RESOURCE ALLOCATION

- 4.1 It is the Group's view that the PARR formula, with identified refinements and amendments, remains a sound and valuable model for identifying the relative needs of the population of each Health and Social Services Board. The development of a comprehensive planning system however raises the question of what the relationships should be between that system, the PARR formula itself and resource allocation in general.

The Parr Report

- 4.2 It is worth recalling the recommendations in the original PARR report on how the Department should approach the allocation process. It was suggested that the following procedures should be adopted:-
- i. An adjusted notional share for each Board should be worked out using the latest available statistical and financial information and taking into account such improvements to the distribution model as may be considered appropriate as a result of further research;
 - ii. the sum required for the family practitioner services and such other items to be funded outside the general distribution system should be calculated and set aside from the total amount available for distribution;
 - iii. an initial allocation for each Board should be determined on the basis of:-
 - a. the sum required for the maintenance of existing levels of services, updated for pay and price increases;
 - b. RCCE;
 - c. the earmarked allocations;
 - d. a minimum growth allocation to offset the effects of changes in the population structure.
 - iv. the initial allocation should then be compared with the notional share for each Board and the residue of funds distributed **having regard to:-**
 - a. the relative distance of each Board from its adjusted notional share,
 - b. the ability of any Board to usefully accommodate a proportionally higher rate of growth, and

- c. the need for separate earmarking of growth funds for hospital, community health and personal social services.
- 4.3 The PARR report did not advocate therefore, rigorous application of the formula to the totality of resources available. It recognised that the funding of RCCE would have a fluctuating effect on the allocations from year to year, and so the report advocated a proper balance between capital and non-capital development and an equitable sharing of capital resources among Boards.

Context of the PARR Report

- 4.4 The climate and circumstances of the period when the PARR formula was devised differ significantly from those applying now. The main factors to be noted are:
 - i. **Resources were more plentiful.** The resource climate in the later 1970s was still, with hindsight, a period of 'plenty'. The PARR recommendations were framed in the context of expected continuing growth for the HPSS to allow services to expand and develop. The original Working Group regarded it as desirable (and presumably possible) that all Boards receive a minimum allocation of growth money to keep pace with demography and medical advance. Crucially the Group's recommendations on equity of distribution were framed in the belief that this should be achieved through differential allocation of growth funds and not redistribution of existing funds (ie no "baseline cuts").
 - ii. **There existed no strategy for the development of services.** In the absence then of a proper planning system, there existed no orchestrated strategy for the development of services within Boards, or Northern Ireland as a whole, with priorities for service development and targets for service levels.
 - iii. **No operational planning system was in place.** The approach adopted to resource allocation was to uprate baselines for pay and prices with Boards then bidding for "growth" monies, with RCCE the first priority. The approach was entirely incremental with the focus on the **marginal** growth monies available and not the totality of resources available to be deployed.
 - iv. **Boards received earmarked sums for RCCE of major capital schemes (costing more than £110,000).** It was the view that capital and revenue planning were not sufficiently aligned and that RCCE needed to be "protected" to ensure that new facilities

opened. (This approach was formally abandoned soon after the PARR report but in practice continued until the 1980s).

Present Circumstances

- 4.5 There have been a number of developments in the intervening period which should be recognised as relevant and influential in the context of the resource allocation process:
- i. **The development of the strategic planning function.** Since 1978 the Department has formulated 2 strategic documents. The last, the Regional Strategy 1987-1992, has established a range of targets for service development, provision and efficiency. The resource allocation process for the HPSS must take these targets and the relative positions of Boards to these into account.
 - ii. **The development of the operational planning system.** In recent years the original system of Boards bidding for new money has been replaced by the requirement for operational plans. These represent the vehicle by which Boards, in any year will aim to progress towards the Regional Strategy objectives. In addition they identify the Boards' strategies for the deployment of their total resources, not simply growth monies.
 - iii. **Linked to operational planning, the Accountability Review process has been established.** This provides a mechanism for reviewing progress towards service objectives and the implementation of Operational Plans and the deployment of growth funds.
 - iv. **The financial climate has worsened.** The continuing constraints on the overall levels of public expenditure mean that the HPSS operate in a wholly different, markedly less favourable, financial climate. In recent years overall allocations have barely kept pace with forecast inflation (GDP factors) and demography. The concept of moving towards parity through differential allocations of growth funds beyond uprating, earmarked sums and demography can now be regarded as more theoretical than realistic. The generation of cash savings through cost improvement programmes was not envisaged in the original PARR report but can be seen to have implications for any resource allocation methodology of the future. All the indications, in terms of the resource levels likely to be available via the annual Public Expenditure Survey

are that baselines will remain constrained and there will continue to be a heavy reliance on cash releasing cost improvement measures.

Stability and Accuracy of the Formula

- 4.6 The weight of evidence to date in the review exercise points to the formula, adapted as recommended, remaining a valid tool in assessing relative needs of Boards' populations. It should be recognised however that the formula is unlikely ever to be 100% accurate. The range of areas where improved data would be desirable not only in PARR but also in its territorial counterparts in other parts of the UK suggest that there is scope for improved accuracy in the future. The issue arises therefore of judging to what degree the formula may be taken as accurate, and outside what range should it be deemed necessary to take remedial action to bring into line a Boards' allocation. In N Ireland unlike other areas of the UK the position in relation to "notional" shares has since the introduction of the formula been relatively consistent. The Eastern Board has been well above its notional allocation, with the Western and latterly the Northern Board significantly below theirs. One Board therefore has consistently received more and 2 others less than what has been identified as a fair share, and resources permitting, some remedial action is needed. The question to be resolved is what is justified.

Options for the Future

- 4.7 In the context of the issues described above there are a number of broad options available in terms of PARR and its role in the resource allocation process. These can be summarised as follows:
- i. **Equalisation:** This would involve moving each Board to its PARR funding level and could be achieved on a phased basis.
 - ii. **Equalisation: (excluding provision for regional medical service and other priority developments):** This would involve top slicing for these developments each year and allocating the balance of funds, on a phased basis, in line with the formula.
 - iii. **Equalisation to an accepted margin of error:** Accepting the points in para 4.6 this would involve aiming to get each Board within a certain range around its PARR calculation eg +2% of its PARR target.
 - iv. **Abandoning the formula and moving to a wholly service - planning - based approach.** This would involve Boards 'earning' growth funds on the basis

of their Operational Plans and their distance from target level of provision and performance.

- 4.8 It was obvious from earlier discussions within the Group that whatever approach was suggested there would be considerable difficulty in achieving consensus. With that in mind the Department's representatives offered the approach set out below for discussion by the Group:
- i. The use of the PARR formula should be on the basis that equalisation is pursued without reducing any individual Boards' baseline in any year.
 - ii. The allocation process should be based on
 - uprating of baselines by GDP factors;
 - the identification of earmarked sums for regional and national priorities eg regional medical services;
 - the allocation of the balance between Boards and to be deployed through Operational Plans.
 - iii. The allocation between Boards be determined with the objective of achieving broad equalisation (ie each Board within +2% of its PARR target)
 - iv. The equalisation to be achieved within a minimum of 5 and maximum of 10 years.
 - v. This approach to be adopted from 1989/90 onwards.
- 4.9 Despite lengthy discussion of the relationship between a population based formula and a resource allocation system the Group was unable to reach an agreed view on a way ahead, based on the Department's model or any other proposals. Board representatives differed in their view of what would constitute "equalisation", with the range of + 2% being regarded as perhaps too broad by some members. Also the possible timescale for achieving equalisation was not acceptable with up to 10 years being regarded by some as over long.
- 4.10 In the light of the clear differences of opinion and the accepted view of all that these were unlikely to be resolved through further discussions of the Group, as they represented the fundamental stances of individual Boards, it was agreed that the Group's work had reached a conclusion, however unsatisfactory. The members formally noted that they had been unable to reach a consensus on the role of the PARR formula in the future and that this issue would remain to be resolved by the Department alone.

CHAPTER 5

5 SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

5.1 The recommendations of the Review Group are as set out below:-

- i. The Group having examined several different options for inclusion of SMRs in the formula recommends that Northern Ireland should continue to use age specific, all causes SMRs as at present.
(Paragraphs 3.1 to 3.6)
- ii. In the light of the reports from a sub-group set up to consider the need for the introduction of a social deprivation factor into the formula the Group recommends that the PARR formula should be revised eventually to include such a factor and that the sub-group should continue to meet until agreement is reached both on the measurement of deprivation to be used in the formula and the revised gearing for SMRs.
(Paragraphs 3.7)
- iii. The population base used in PARR has up to now been the latest available mid-year estimate prepared by the Registrar Generals Office. The Group recommends that in future projections of population should be used in the PARR formula.
(Paragraphs 3.8 to 3.10)
- iv. The Review Group devoted considerable time to examining methods of calculating the adjustment for teaching and regional responsibilities. The representatives from the Eastern Board recorded their dissatisfaction with the present method but nevertheless the Group (majority) recommends that the existing method of calculating the adjustment for regional and teaching responsibilities is retained in the belief that this method fully compensates the Eastern Board for its actual additional expenditure on teaching and regional services. However in order to improve the accuracy of the allocation the Group proposes that an additional element be incorporated into the formula to compensate the Eastern Board for developments in regional medical services subsequent to the base year for the calculation.
- v. The Group recognised the role of Musgrave Park Hospital in providing a regional Orthopaedic Service and therefore recommends that for the purpose of the adjustment for teaching and regional costs, MPH should be regarded as a teaching hospital.
(Paragraph 3.19)

- vi. In relation to teaching and regional costs the Group also noted that the costs of the Geriatric Unit at the RVH were included in the calculation of the RVH costs. The Group recommends that in future for these purposes the costs of the Geriatric Unit should not be included.
(Paragraph 3.19)
- vii. In respect of the adjustment for cross-boundary flows the Group recommends that as soon as data collection systems permit the figures used in the adjustment relating to the flow of patients across boundaries should be based on current data.
(Paragraph 3.20)
- viii. The Group also recommend that in calculating the adjustment for cross-boundary flows the average cost per in-patient case currently used in the calculation should be replaced by specialty costs as soon as these have been developed on a basis acceptable to all for Northern Ireland.
(Paagraph 3.21)
- ix. The Group considers that ideally the combination of the separate weighted populations should be based on a projected distribution of expenditure reflecting the strategic planning objectives. It therefore recommends that further work should be undertaken to produce projected expenditure patterns to be used in the formula.
(Paragraph 3.22)

MEMBERSHIP OF REVIEW GROUP

Chairman

Mr S Peover Assistant Secretary, Department of Health and Social Service Planning Division

Mr W F T Green Assistant Secretary, Department of Health and Social Service Planning Division, (from September 1988)

Members

Mr I R Reid Treasurer, Eastern Health and Social Services Board

Dr P Kilbane Department of Community Medicine, Eastern Health and Social Services Board

Mr B Cunningham Treasurer, Southern Health and Social Services Board

Mr F Rice Chief Administrative Nursing Officer, Southern Health and Social Services Board

Mr R Ross Treasurer, Northern Health and Social Services Board

Miss S Irwin Director of Social Services, Northern Health and Social Services Board

Dr D Stewart Northern Health and Social Services Board, Department of Community Medicine

Mr P White Treasurer, Western Health and Social Services Board

Mr E Watson Assistant Chief Administrative Officer, Western Health and Social Services Board

Dr W McConnell Chief Administrative Medical Officer, Western Health and Social Services Board

Mr A Treacy Assistant Secretary, Finance Division, Department of Health and Social Services

Dr W D Thornton Deputy Chief Medical Officer, Department of Health and Social Services

Dr K F McCoy Assistant Chief Inspector, Social Services Inspectorate, Department of Health and Social Services

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Mr M P Downey Planning Division, Department of Health and Social Services

Mr G Dorrian Planning Division, Department of Health and Social Services

APPENDIX 2

DESCRIPTION OF PARR

1. The PARR formula was devised under the supervision of a joint Board/Department group in 1978. Essentially PARR (Procedure for Allocating Revenue Resources) is a mechanism for calculating the relative "need" of each of the 4 Northern Ireland Health and Social Services Boards for revenue resources. The formula uses as inputs the most recent population estimate for each Board, disaggregated by age and sex (and, for services for the mentally ill, by marital status); mortality data by age and sex for each Board, aggregated over a number of years; age/sex utilisation rates for a number of components of the services; various costing data on the different components of the services; and several other measures such as sparsity factors.

2. The PARR formula divides the health and personal social services into the following categories:
 - Non-psychiatric, non-obstetric hospital inpatient services

 - Obstetric hospital inpatient services

 - Mental illness hospital inpatient services

 - Mental handicap hospital inpatient services

Day and out-patient hospital services

Community health services

Ambulance services

Personal social services

The population of each Board is separately weighted to reflect its proportionate share of the need for the services within each category. These separately weighted populations are then combined, in the same proportion as the expenditure on each category, to provide a single weighted population for each Board. This single weighted population represents the proportion of the composite need for health care of the population of Northern Ireland as a whole.

3. The weights chosen for each service category are as follows:

Non-psychiatric, non-obstetric hospital inpatient service - population weighted by Northern Ireland age/sex specific bed utilisation rates and adjusted using standardised mortality ratios (SMRs) (as proxy for morbidity).

Obstetric hospital inpatient services - births by maternal age group weighted by bed use per birth to mother in that age group.

Mental illness hospital inpatient services - population (in

age/sex/marital status groups) weighted by age/sex/marital status bed utilisation rates.

Mental handicap hospital inpatient services - population weighted by age/sex bed utilisation rates.

Day and out-patients hospital services - population weighted by age/sex utilisation rates and SMRs.

Community health services - population weighted by age/sex per capita expenditure rates, SMRs and (for expenditure on those services regard as being affected by population sparsity) a sparsity factor which is derived from the distance patients live from their general practitioner.

Ambulance services - crude population weighted by SMRs and by a sparsity factor from ambulance services which is derived by calculating the ratio of the average mileage for patients in each Board to the average mileage for patients across Northern Ireland as a whole.

Personal social services - separate weighted populations are calculated for the elderly, the handicapped, and for children under and over 5 years of age. The weighted population for the handicapped is calculated using the distribution of physically and mentally handicapped people across the 4 Boards, and those for the elderly and for children are produced using regression coefficients which are used to weight the numbers in each age

group, and in certain categories such as living alone, in the populations of each Board. These separate weighted populations are then combined together in the same proportion as the expenditure on each client group, to produce a composite weighted population for expenditure on the personal social services.

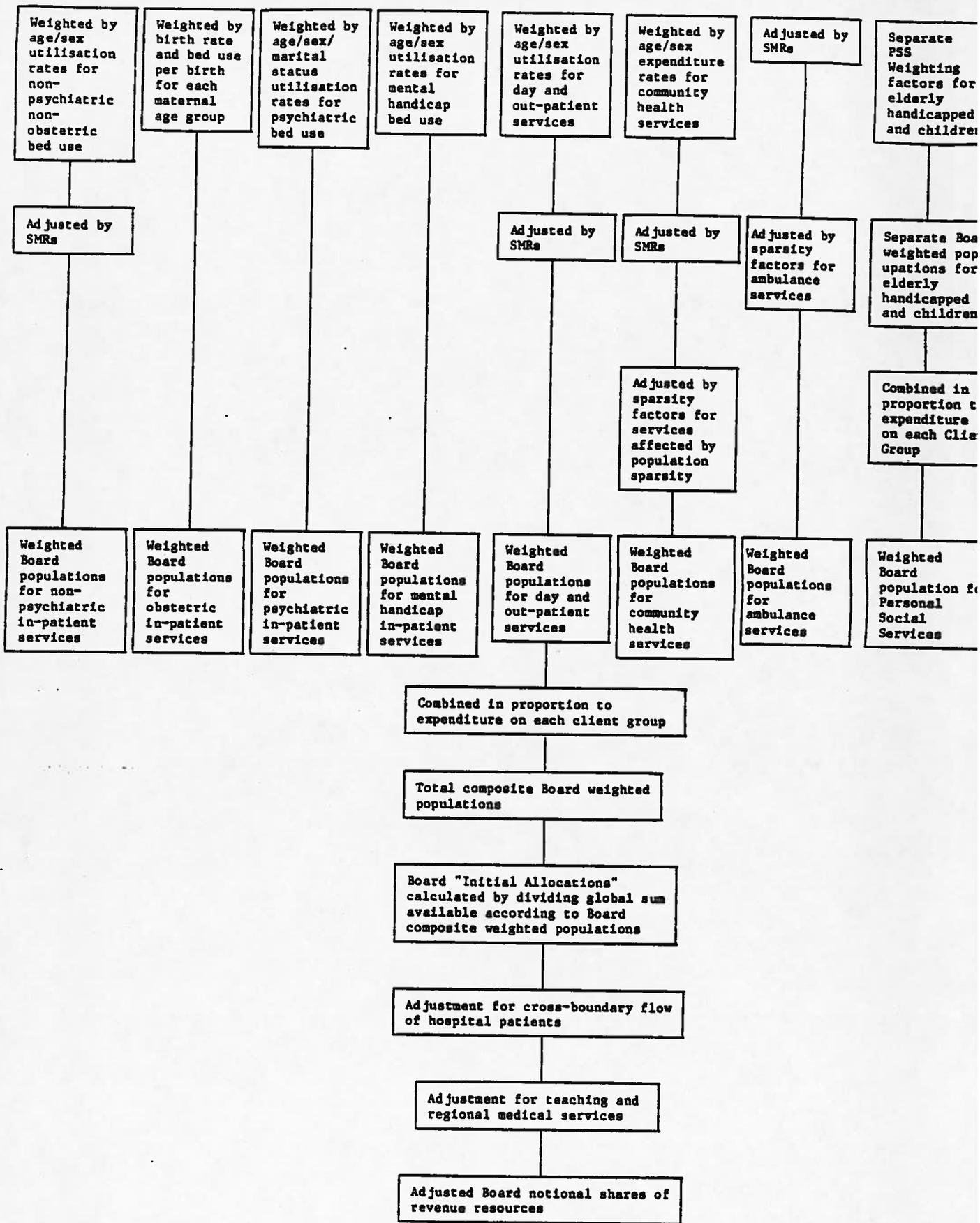
4. Once the separate weighted populations for each category of service have been calculated, they are added together in the same proportion as the Northern Ireland revenue expenditure on each category for the most recent available year, to arrive at a single weighted population for each Board which represents the proportionate distribution of the composite need for all health and personal social services.

5. The composite weighted populations for each Board provide the basis for the distribution of total available revenue according to the relative needs of the population residing within its geographic boundaries. This distribution is the "Initial Allocation". Some adjustment is then necessary to take account of the fact that patients residing in one Board's area receive treatment provided by another Board. Such "cross-boundary flows" are of course common in the case of hospital inpatient services. Patient flows are enumerated and costed at the rate of the average cost of the group in which the receiving hospital is classified. This method is applied in respect of all hospital inpatients including obstetric inpatients and those in hospitals for the mentally ill and mentally handicapped. Similar calculations are made in respect of day and out-patient

cross-boundary flows.

6. Special allowances are also made for the additional costs involved in providing medical teaching and regional services (mainly regional medical specialties). The total number of inpatient cases and out-patient attendances in the Belfast teaching hospitals is multiplied by the difference between the average inpatient and out-patient costs of each hospital and the average costs of similar non-teaching hospitals in the province. Further allowances are made to the Eastern Board in respect of other regional responsibilities such as Dental Teaching, Nurse and other professional Training, the Blood Transfusion Service etc.
7. The structure of the PARR formula is illustrated in the diagram below.

BOARD POPULATIONS BY AGE/SEX GROUPS



sub-regional resource allocation models operated by most English Regional Health Authorities.

2.2 Essentially PARR is a mechanism for calculating the relative "need" of each Board for revenue resources. The formula uses as inputs the most recent population estimate for each Board disaggregated by age and sex; mortality data; age/sex utilisation rates; various costing data; and several other measures such as sparsity factors. Appendix 2 contains a more detailed description of the operation of PARR.

2.3 PARR and actual allocations

The initial PARR calculation (for 1978/79) produced a notional distribution of revenue resources which was not markedly different to the actual distribution at that time. Since then however, the actual allocations, which have continued to be made largely on an incremental basis with Boards receiving shares of growth money broadly pro rata to their existing allocations, have deviated more and more from the "notional" PARR shares. This is due largely to the fact that actual allocations have not taken account of population changes. The Eastern Board's share of the NI population has shrunk from 43.8% in 1978/79 to less than 41% in 1987/88 and its PARR share has reduced from 54.4% to 51.3%. Yet its share of revenue resources has only declined from 54.5% to 53.9%. The 1987/88 revenue allocations, along with notional PARR shares, are set out in the table below.

	ACTUAL ALLOCATIONS £m's (at 30.9.87)	PARR NOTIONAL ALLOCATION £m	DIFFERENCE £m
Eastern	319.1	303.0	16.1
Northern	94.9	101.1	- 6.2
Southern	89.7	90.6	- 0.9
Western	87.5	96.5	- 9.0
TOTAL	591.2	591.2	-

2.4 The disparity between the actual allocations and the notional allocations is now considerably greater particularly in the case of the EHSSB. It is evident that even with some skewing of available growth in recent years towards the Western Board, the gap between actual and

notional allocations is unlikely to lessen significantly. One response to this has been criticism of the formula itself on the grounds that it provides inadequate recompense to the Eastern Board in respect of such factors as teaching and regional medical services and cross-boundary flows for acute hospital treatment, and that it makes no explicit provision for additional health service (as distinct from PSS) costs arising from social deprivation.

2.5 Developments in GB

In England and Scotland the national formulae, RAWP and SHARE, have continued to be applied annually even in a situation of virtually no real overall growth, with the result that the historically over-provided Thames Regions have been subject to real cuts in recent years (although their position has been ameliorated recently by the provision of "bridging" funding). At sub-regional level in England there is a varied picture, with most RHAs continuing to use a RAWP-style formula. Increasingly, however, the results of sub-regional RAWP are being applied in a less mechanistic fashion and in a manner which is more in tune with Regions' planning strategies for their various districts.

2.6 Attention in GB has focussed increasingly on the reliability of RAWP and RAWP-style formulae. The areas of possible deficiency coincide with the possible weak points of PARR. At the end of 1985, the Secretary of State for Social Services initiated a review of RAWP by the NHS Management Board. An interim report was issued in December 1986 which endorsed the need for a formula approach to resource allocation, confirmed the general principles underlying the present formula, but found that there were aspects where there was room for improvement. These included the measurement of morbidity, the effect of social deprivation, the costs of teaching hospitals and provision for patients who cross regional boundaries for treatment. The Report recommended further research in these areas.

2.7 The review of RAWP is primarily concerned with the distribution of national resources to regions. Many of the problems of resource allocations however arise at the sub-regional level, and the main areas where there is scope for improvement have a much greater impact on relative need between districts within a region than between regions. The research which is being carried out should therefore prove to be of substantial benefit to sub-regional allocation formulae.

2.8 A review of the NHS is also taking place at present and although the report of the RAWP Review has now been published, a definitive response from Government to it has been postponed until the outcome of the review of the NHS is known.

- c. the need for separate earmarking of growth funds for hospital, community health and personal social services.

4.3 The PARR report did not advocate therefore, rigorous application of the formula to the totality of resources available. It recognised that the funding of RCCE would have a fluctuating effect on the allocations from year to year, and so the report advocated a proper balance between capital and non-capital development and an equitable sharing of capital resources among Boards.

Context of the PARR Report

- 4.4 The climate and circumstances of the period when the PARR formula was devised differ significantly from those applying now. The main factors to be noted are:
- i. Resources were more plentiful. The resource climate in the later 1970s was still, with hindsight, a period of 'plenty'. The PARR recommendations were framed in the context of expected continuing growth for the HPSS to allow services to expand and develop. The original Working Group regarded it as desirable (and presumably possible) that all Boards receive a minimum allocation of growth money to keep pace with demography and medical advance. Crucially the Group's recommendations on equity of distribution were framed in the belief that this should be achieved through differential allocation of growth funds and not redistribution of existing funds (ie no "baseline cuts").
 - ii. There existed no strategy for the development of services. In the absence then of a proper planning system, there existed no orchestrated strategy for the development of services within Boards, or Northern Ireland as a whole, with priorities for service development and targets for service levels.
 - iii. No operational planning system was in place. The approach adopted to resource allocation was to uprate baselines for pay and prices with Boards then bidding for "growth" monies, with RCCE the first priority. The approach was entirely incremental with the focus on the marginal growth monies available and not the totality of resources available to be deployed.
 - iv. Boards received earmarked sums for RCCE of major capital schemes (costing more than £110,000). It was the view that capital and revenue planning were not sufficiently aligned and that RCCE needed to be "protected" to ensure that new facilities

of their Operational Plans and their distance from target level of provision and performance.

4.8 It was obvious from earlier discussions within the Group that whatever approach was suggested there would be considerable difficulty in achieving consensus. With that in mind the Department's representatives offered the approach set out below for discussion by the Group:

- i. The use of the PARR formula should be on the basis that equalisation is pursued without reducing any individual Boards' baseline in any year.
- ii. The allocation process should be based on
 - uprating of baselines by GDP factors;
 - the identification of earmarked sums for regional and national priorities eg regional medical services;
 - the allocation of the balance between Boards and to be deployed through Operational Plans.
- iii. The allocation between Boards be determined with the objective of achieving broad equalisation (ie each Board within +2% of its PARR target)
- iv. The equalisation to be achieved within a minimum of 5 and maximum of 10 years.
- v. This approach to be adopted from 1989/90 onwards.

4.9 Despite lengthy discussion of the relationship between a population based formula and a resource allocation system the Group was unable to reach an agreed view on a way ahead, based on the Department's model or any other proposals. Board representatives differed in their view of what would constitute "equalisation", with the range of + 2% being regarded as perhaps too broad by some members. Also the possible timescale for achieving equalisation was not acceptable with up to 10 years being regarded by some as over long.

4.10 In the light of the clear differences of opinion and the accepted view of all that these were unlikely to be resolved through further discussions of the Group, as they represented the fundamental stances of individual Boards, it was agreed that the Group's work had reached a conclusion, however unsatisfactory. The members formally noted that they had been unable to reach a consensus on the role of the PARR formula in the future and that this issue would remain to be resolved by the Department alone.

relevant in this context that the review of RAWP recommended that an age limit of 75 should be introduced in the calculation of SMRs for England.

- 3.6 However despite these arguments, the Review Group was not persuaded that the introduction of an age limit into the calculation of SMRs for Northern Ireland would represent any improvement of the current system. The Group also concluded that any such limit would restrict the database on which SMRs are calculated in Northern Ireland and would consequently reduce confidence in the reliability of the ratios themselves. The Review Group therefore recommends that Northern Ireland should continue to use age specific, all-causes SMRs as at present.

3.7 Social Deprivation

The final report of the RAWP Review has recommended that a Social Deprivation Factor based on Professor Jarman's UPAS index should be included in their formula. We have considered the need for the inclusion of a similar factor in the PARR formula and there is general agreement that this is a necessity. Further consideration needs to be given to choosing indicators of Social Deprivation and to the gearing-down of SMRs from a 1:1 ratio. The sub-group which was established to look into this issue, therefore intends to continue to meet and it seems likely that some research may need to be commissioned. In considering social deprivation the Group also looked at the present weightings for Personal Social Services and agreed that these should remain as they are for the time being. There was acknowledgement however that the factors now included in respect of the PSS Allocations might need to be reviewed in the light of the Sub-Group's final report. The Review Group therefore recommends that the PARR formula should be revised eventually to include a social deprivation factor and that the sub-group should therefore continue to meet until agreement is reached both on the measurement of deprivation to be used in the formula and the revised gearing.

3.8 Population data

The population figures used to date in PARR are the latest mid-year estimates for Northern Ireland by sex and age group, produced by the Registrar General. These are disaggregated to Board level by the Department's Management Services Division. Because of delays in processing birth and death registrations the most recent population estimates available are often 2 or 3 years out of date; for example, the PARR updating for 1987/88 used mid-1985 estimates.

- 3.9 An alternative to historical estimates of population would be to use projections to the year in question. When the PARR formula was devised it was not possible to produce

In light of this the Report proposed that further work be done in this area to find a measurement that could be used in this formula. Unfortunately like England and noted in paragraph 54 a suitable factor was not found.

52. The PARR Review Report concluded in 1989 that the PARR formula with some remedial amendments remained a sound valuable model for identifying the relative needs of the population of each Board.¹⁰⁸
53. Health and Social Services Trusts were established in 1991. By 1995/96 there were nineteen trusts under the four HSSBs who now acted as agents of the DHSSPS in the planning, commissioning and monitoring of services for the residents in their areas. The trusts provided health and personal social services for the population of Northern Ireland.
54. Following on from a review on the RAWP methodology DHSS decided to undertake a similar review of PARR in 1994¹⁰⁹. By then the existing PARR methodology had come under criticism in relation to the factors which it used, or did not use, to weigh for need. The social deprivation issue, in particular, had not been resolved. The 1989 PARR Review had recommended that SMRs be geared down and an agreed measurement of deprivation such as the one RAWP had recommended be included in the formula. Like England this factor was never included in the formula due to the lack of consensus as what should be used and the interaction of such a factor with the SMR's and PSS social elements already included in the PARR formula. The 1994 Review Group comprised of members from HPSS Management Executive, DHSS and from each of the four Boards, decided that a new formula should be devised that addressed these issues as well as take account of new research findings. The 1994 Review Group recommended that the formula be based on Programmes of Care (PoC) rather

¹⁰⁸ Annex 13- Final Report on the Review Group on Resource Allocation to Health and Social Services Boards in Northern Ireland – February 1989 - paragraph 4.1

¹⁰⁹ Annex 16 - Allocation of Resources in the NIHPSS. A report by the capitation formula review group – 29 September 1995

services and allocate resources accordingly through the area and operational planning process.

The 1995 Review which led to the adoption of the capitation formula

7. The Department expected participants in the review group to bring their knowledge and expertise to bear on the work of the group, but they were not there to act as cheer leaders for their Boards. The Western Board expressed its unhappiness with the outcome of the review and argued that it was unfair. I do not recall the detail but I believe the Board was asked for evidence to support its view – evidence which it had not originally provided to the group. On the basis of the evidence subsequently provided, I think a small adjustment was made to the outcome in the Board's favour. I do not recall routine progress reports coming to me as Chief Executive except in regard to general information in preparation for annual Accountability Review meetings with all four Boards. I do not believe that the Western Board was satisfied with the outcome: I imagine the Board was looking for a more significant uplift in its budget.

The Funding of Voluntary Homes by Boards

8. I do not recall the Department issuing guidance on funding to voluntary homes. Each Board would have had various advisory committees set up at its own discretion. They would have fed through advice to regional Special Advisory Committees in the Department. They would have been primarily concerned with the issuing of professional policy advice, rather than management matters (including funding).

Capital Investment in statutory Children's Homes

9. Boards would bid for major capital investment over a certain level from the Department. They were separately funded to undertake minor capital works and maintenance. The Department sought professional advice and evaluated all bids, leading to the development of a priority list against available capital. I do not recall any particular bids for statutory children's homes, which would have been considered alongside other capital bids.

The Accountability Review Process

10. I am unaware of a formal review process before the introduction of Accountability Reviews in 1980. I recall that the Accountability Reviews were a mechanism for reviewing Boards' progress in achieving the targets set by government in its regional strategy and agreed through the Boards' own area and operational plans. I do not recall attending any such meetings in advance of my becoming the

Chief Executive. Nor do I know if Child Care Branch was specifically involved in reviewing progress on achieving the child care objectives set by the Department.

The privatisation of services

11. I recall there was a reluctance on the part of the Western Board to market test hotel services, despite it being government policy. When the Board eventually fulfilled the Departmental policy requirement, substantial savings resulted.

Recent Statement Issued by the DHSSPS

12. I have no comments to make on the issues raised in the Department's recent policy statement to the HAI.

Signed:**Dated:**22nd April 2016**John Hunter**

*Letter regarding
Accountability Review*



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F M B Loane Esq CBE
Chairman
Western Health & Social Services Board
15 Gransha Park
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26 October 1989

Dear Murray,

1989 ACCOUNTABILITY REVIEW

The Accountability Review for your Board was held this year between the Permanent Secretary and your General Manager on 26 June. This reflected the decision of my predecessor to have a streamlined Review process this year due to the burden of work flowing from the NHS Review. I enclose now a copy of the Action Plan for the Western Board which has been framed in the light of the discussion. I understand that Tom Frawley has had an opportunity to comment on the Plan in draft.

I believe that the Accountability Review is an essential component of the planning and monitoring system for the health and personal social services and I look forward to participating in the process in future years when the changes arising from the NHS Review will add a whole new dimension. For this year I find the Action Plan a valuable tool in identifying in broad terms the achievements of the Board, the problems and of course the plans for the future. I was particularly pleased to see in the year past the developments in your community services with the opening of Maybrook ATC and the commissioning of Creggan Day Centre. It was also pleasing to see the further progress in placing long-stay patients back in the community reflected by the new hostel for psychiatric clients in Enniskillen. For 1989/90 you have set ambitious targets both for development and savings from cost improvement programmes. These demonstrate your Board's commitment to improving value for money and maximising benefits for your population. I was very pleased to play a small part in all of this when opening the new Satellite Dialysis Unit at Tyrone County Hospital recently. I will be interested to look at the final outcome next year but would emphasise that pursuit of savings for re-investment must not be at the expenses of the level or quality of services for patients and clients. This is an aspect which will be picked up by officers at the mid-year review shortly and I will be looking closely at it at next year's Review.

I wish you every success with your Action Plan and supporting Operational Plan for 1989/90 and look forward to being able to compliment you on your progress again next year.

*Townsend,
Roper*

WESTERN HEALTH AND SOCIAL SERVICES BOARD

ACCOUNTABILITY REVIEW 1989 - ACTION PLAN

1. INTRODUCTION

- 1.1 The 1989 Accountability Review of the Western Health and Social Services Board was held on 26 June 1989 between Mr F A Elliott, Permanent Secretary of the Department of Health and Social Services and Mr T J Frawley, General Manager of the Board. The Review covered progress by the Board towards meeting the objectives in its Operational Plan for 1988/89. The objectives set out in the Board's Operational Plan for 1989/90 were also discussed and an Action Plan agreed as a basis for monitoring the Board's performance.
- 1.2 This Action Plan has been formally endorsed by Lord Skelmersdale, Parliamentary Under Secretary of State and Mr F M B Loane, Chairman of the Western Board.

2. REVIEW OF PROGRESS IN 1988/89

- 2.1 The General Manager reported on the main achievements in 1988/89 as follows:-
 - i. the implementation of service developments totalling £1.0 million with a balance of £540,000 carried over into 1989/90; and
 - ii. the achievement of cost savings totalling £693,000.
- 2.2 The General Manager also reported significant progress in achieving the key tasks identified in the 1988 Action Plan. These included:
 - the commissioning of Craggan Day Centre;
 - the opening of Maybrook Adult Training Centre;
 - the opening of Erne Geriatric Unit;
 - the commissioning of the new CT Scanner at Altnagelvin Hospital;
 - continued progress in placing long-stay patients back in the community, including the development of the supervised hostel for psychiatric clients in Enniskillen;
 - savings of £250,000 in the home help budget and £250,000 from the closure of St Columb's Hospital.
- 2.3 On health promotion, the General Manager explained that there had been a review of these activities as requested in the 1988 Action Plan but no final view on the way forward had emerged. The question of whether this should be an area-based service or delegated to Units of Management had to be addressed. The NHS Review White Paper and the establishment of the Health Promotion Unit were added

factors to be taken into account. The Permanent Secretary agreed that the new Unit had a valuable role to play once fully operative. It was agreed that the Board would report to the Department by 30 November on its future plans for health promotion.

3. OPERATIONAL PLAN 1989/90

- 3.1 The General Manager summarised the Board's overall objectives for 1989/90;
- i. the achievement of cash savings of £1.008 million from cost improvement measures together with a further £91,000 from income generation schemes.
 - ii. the implementation of service development of £1.457 million with a full year effect of £1.957 million. In addition the Board will provide the balance of £540,000 required to complete the development programme initiated in 1988/89.

Among the most significant developments planned by the Board for 1989/90 are the following:

- (a) the introduction of the Breast Cancer Screening Service;
- (b) the opening of the Satellite Dialysis Unit at Tyrone County Hospital;
- * (c) the opening of an 18-place supervised hostel for mentally ill people in Enniskillen including 4 respite care places.
- (d) bringing into operation the 30 place geriatric day hospital (in association with the Erne Geriatric Unit);
- * (e) development of community services for the mentally ill in conjunction with NIAMH;
- (f) launching of several Health Promotion initiatives.

Further development can be envisaged as the Board expects to benefit from sums reserved by the Department for implementation of the Primary Care Review, improvements in child abuse training and the transfer of patients from long stay institutions.

- 3.2 The General Manager reported also on two regional priorities being taken forward by the Board. He indicated that the satellite dialysis unit at Tyrone County Hospital had been completed. A consultant to run the facility had been appointed and after some initial testing in July the unit would come into operation in August. On the introduction of breast cancer screening the General Manager explained that the Board no longer had reservations about the use of mobile screening units. Problems, however, remained in ensuring a sufficiently high workload for the radiologist(s) involved to guarantee the necessary level of clinical expertise. The Board would be discussing the scope for co-operation with the Northern and Southern Boards including possibly 'buying-in' a service for a period to ensure that the overall regional

implementation was not delayed. It was agreed that the Board would report to the Department by 31 October on its proposals to provide the screening service for its population.

- 3.3 In agreeing the Board's 1989/90 Operational Plan, the Permanent Secretary acknowledged that this represented a significant management task parallel with the developments and changes arising from the NHS Review. He commended the Board on its financial management and its ability to meet cost improvement targets. He stressed, however, the need for these measures to be closely monitored to ensure that targets are achieved without any reduction overall in the level or quality of services available to patients and clients.

4. SPECIFIC ISSUES

- 4.1 **Waiting Lists.** The Permanent Secretary referred to the number of patients waiting for in-patients and out-patients appointments and in particular the increase in in-patient waiting lists compared to elsewhere in the UK. The General Manager identified the 3 problem areas in the Board: general (particularly vascular) surgery, trauma and orthopaedics and ophthalmology. It was agreed that the Board would examine these areas and report to the Department by 30 September on the causes of the increased waiting lists and on the steps planned to address these problems.
- 4.2 **Physiotherapy Services for Handicapped Children.** The General Manager undertook to review the provision of physiotherapy services for children suffering from cerebral palsy, spina bifida and associated hydrocephalus and motor delay, and to report to the Department by 31 October 1989 on the current level of provision and the Board's proposals to address any shortfall against the assessed need for these services.
- 4.3 **Competitive Tendering.** The General Manager reported on progress towards meeting the Department's requirement to test the efficiency of its hotel services through competitive tendering. The Board had met the interim target of testing at least 50% by value of these services by March 1989. The Board would shortly be considering proposals to award catering contracts for Londonderry, Limavady and Strabane UOM to a private contractor and for Omagh and Fermanagh UOMs in-house with resultant savings of £1.2 million. The Permanent Secretary noted the significant progress to date and the benefits likely to accrue and stressed the importance of the Board meeting the Department's deadline for completion of the exercise.
- 4.4 **Supplies.** The General Manager reported on the Board's progress in rationalising stores and improving efficiency in the supplies field. A new central store for Londonderry, Limavady and Strabane had been commissioned and as a result 4 stores had been closed. The computerised Supplies Information System was fully operational for stock items and the non-stock module would be implemented by March 1990 in at least one Unit of Management. The Permanent Secretary welcomed the progress to date and underlined the need for continued action to meet the commitments given to the Public Accounts Committee. It was agreed that the Board would report by 31 October

on its plans for the rationalisation of stores in the Omagh and Fermanagh UOMs having regard to proposals for restructuring Supplies/Stores on a Regional basis.

4. THE ROLE OF THE PARR FORMULA IN RESOURCE ALLOCATION

- 4.1 It is the Group's view that the PARR formula, with identified refinements and amendments, remains a sound and valuable model for identifying the relative needs of the population of each Health and Social Services Board. The development of a comprehensive planning system however raises the question of what the relationships should be between that system, the PARR formula itself and resource allocation in general.

The Parr Report

- 4.2 It is worth recalling the recommendations in the original PARR report on how the Department should approach the allocation process. It was suggested that the following procedures should be adopted:-
- i. An adjusted notional share for each Board should be worked out using the latest available statistical and financial information and taking into account such improvements to the distribution model as may be considered appropriate as a result of further research;
 - ii. the sum required for the family practitioner services and such other items to be funded outside the general distribution system should be calculated and set aside from the total amount available for distribution;
 - iii. an initial allocation for each Board should be determined on the basis of:-
 - a. the sum required for the maintenance of existing levels of services, updated for pay and price increases;
 - b. RCCE;
 - c. the earmarked allocations;
 - d. a minimum growth allocation to offset the effects of changes in the population structure.
 - iv. the initial allocation should then be compared with the notional share for each Board and the residue of funds distributed having regard to:-
 - a. the relative distance of each Board from its adjusted notional share,
 - b. the ability of any Board to usefully accommodate a proportionally higher rate of growth, and

implementation was not delayed. It was agreed that the Board would report to the Department by 31 October on its proposals to provide the screening service for its population.

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1 to, for example, adult programmes, care of the elderly,
2 mental health, learning disabilities, and then if there
3 was a shift away from hospital provision in those areas,
4 then Social Services and Community Health Services would
5 benefit. I think it would be a reasonable statement to
6 make that childcare was a bit of a Cinderella within the
7 integrated services that we had.

8 Q. So that was in itself a bit of a risk?

9 A. It was a risk for childcare services and the funding of
10 childcare services, yes.

11 Q. Can I just clarify when you say that 200,000 went to the
12 Boards, was that 200,000 each?

13 A. Yes.

14 Q. So it wasn't based on population. It wasn't based -- it
15 was just a flat payment of 200,000 went to each Board?

16 A. Yes. It was probably -- it was mainly I think for the
17 implementation of the 1989 guidance on cooperating to
18 protect children.

19 Q. In that you were concerned about the focus of the review
20 and after the review came out were still concerned that
21 actually the main issues hadn't been considered, was
22 there ever any discussion within the Department about
23 taking some action yourself to consider what happened in
24 Harberton, actually going in and saying, "Well, okay.
25 You have had the chance to do your own review. We're

of whom had already shared with members their aspirations and problems and arrangements had been made for members to meet with the remaining two that afternoon. He said that having taken part in their selection he fully supported their approach to the introduction and development of a management culture at Unit level.

However he said despite the Board's progress and achievements to date he still had one major continuing disappointment and that was the Board's underfunded situation. In spite of well reasoned arguments put forward by the Board and which in fact had been accepted by the Department, the issue had not been addressed to his satisfaction. He emphasised that the resolution of this issue will be a major priority over the next 12 - 18 months.

The Chairman informed the Board of the Minister's recent visit to launch the Board's new Health Mobile. He said he would wish to take this opportunity to thank the DOE and Mr J Cowan, DOE Manager in Londonderry for providing the funds for this excellent and innovative vehicle.

He reported that during the Minister's visit the Board's four Executive Directors had given him a precis of the Board's activities and current needs. The Minister had also visited Altnagelvin Area Hospital where he had been reminded of the pressing need for the proposed new Services Centre and refurbishment of existing premises.

The Chairman stated that he wished on behalf of the Board to congratulate Mr Frank Hughes, Omagh, on his appointment as Chairman of the New Area Health and Social Services Council. He said that while the new Board as the purchaser/monitor of services will have a major role to play on behalf of the consumer, the Area Council will provide a strong consumer voice by (i) Reviewing and examining services available and testing them on behalf of the public and by identifying qualitative issues to put to the Board (ii) Visiting facilities where this is appropriate (iii) Meeting service providers and also the users of the services. He indicated that it was both imperative and incumbent on the Board to forge a very co-operative link with the AH & SS Council, realising that both agencies were two separate and distinct entities. Paying tribute to the Board's

ALLOCATION OF RESOURCES IN THE N.I. H.P.S.S.

A REPORT BY THE CAPITATION FORMULA REVIEW GROUP

29 SEPTEMBER 1995

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RECOMMENDATIONS

The Review Group recommends a capitation formula which is **an aggregation of the estimated requirements for each Programme of Care**, taking account of relevant populations weighted by age/cost relationships and/or needs variables, as described below.

Acute Services

- Resources for this POC should be allocated on Board populations, weighted for age using the modified English age-cost relationship and for need using the York Acute Needs Index; and
- Consideration should be given to further work to develop a specific Northern Ireland age-cost relationship.

Maternity and Child Health

- Resources for this POC should be allocated on the number of births (3 year rolling average) per Board; and
- Consideration should be given to further work to assess the relationship between resource consumption and low birth weight.

Family and Child Care

- Resources to this POC should be allocated on the total population in the age groups 0-4, 5-14, 15-17 and 18-44 based on the age-cost relationship of 1: 1.3: 2.6: 0.05 respectively; and
- Consideration should be given to further work to:
 - i. examine how service utilisation by age band is distributed throughout Northern Ireland; and
 - ii. assess what impact, if any, potential needs variables have on resource consumption.

Elderly Care

- Resources for this POC should be allocated on the total population in the age groups 65-74, 75-84 and 85+ in the ratio of 1: 2.8: 5, further weighted by age specific standardised Limiting Long-Term Illness; and
- Consideration should be given to the outcome of the second phase of the Sheffield Study to determine if this approach should be amended.

Mental Health

- Resources for this POC should be allocated on the total population in the age groups 0-4, 5-14, 15-44, 45-64 and 65+, split for male and female. on the age cost relationships of 1: 6: 72: 120: 139 and 1: 21: 238: 462: 539 respectively and weighted for need by the York Psychiatric Needs Index; and
- Consideration should be given to further work to:
 - i. examine how service utilisation by sex and age band is distributed throughout Northern Ireland; and
 - ii. test the impact of extending the York research to include community services.

Learning Disability

- Resources for this POC should be allocated on the total population in the age groups 0-4, 5-14, 15-44, 45-64 and 65+ on the age-cost relationship of 1: 3: 13: 13: 5 respectively; and
- Consideration should be given to further work to:
 - i. examine how service utilisation by age band is distributed throughout Northern Ireland; and
 - ii. assess what impact, if any, potential needs variables have on resource consumption.

Physical and Sensory Disability

- Resources for this POC should be allocated in the age groups 0-15, 16-49 and 50-64 based on the age-cost relationship of 1:1.2:4.5.
- Consideration should be given to further work to test the impact on weights of other use of resources (eg grant aid to or purchase from the voluntary sector).

Health Promotion and Disease Prevention

- Resources for this POC should be allocated on the basis of the total population of Boards.

Primary Health and Adult Community

- Resources for this POC should be allocated on the basis of the total population in the age group 16-64.

Combining Weighted Programme of Care Populations

- Programmes of care should normally be brought together on the basis of the percentage of spend that each one accounted for in the most recent year for which expenditure data are available.

Sub-Board Allocation

- Consideration should be given to further work on the development of sub-Area level formulae and this should be commissioned as a regional project or projects.

Capitation Funding of GP Fundholders

- Contact with the Department of Health should be maintained to ensure Northern Ireland remains up to speed with developments in this area.

CROSS BORDER MIGRATION

- Consideration should be given to further work on the extent and impact of cross border migration on service utilisation in the Western and Southern Boards.

Urban/Rural Costs

- Consideration should be given to further research work on the extent of any differences in cost of service provision in urban and rural areas.

Other Sources of Funding

- The potential impact of contributions towards health and social care costs should be kept under review.

1. INTRODUCTION

1.1 The Department of Finance and Personnel makes available to the Department of Health and Social Services approximately £1.32 billion (1995/96) revenue to cover the total cost of health and personal social services in Northern Ireland. Approximately £320 million is used to meet Family Practitioner Services costs, ie General Practitioner, General Dental Practitioner, Ophthalmic and Pharmaceutical Services. The remaining £1,000 million is allocated to Health and Social Services (HSS) Boards to purchase health and social care for their resident populations. The allocation of these resources is dependent on the relative "need" of each Board.

1.2 During the past decade a number of criticisms have been levelled at the present methodology particularly in relation to the factors used, or indeed not used, to weight for need. When a review of the English allocation methodology was commissioned in 1993 (the results were made public in late 1994) it was considered appropriate to undertake a similar review of the Northern Ireland approach. A joint Management Executive/Board Review Group was established in early 1994 (see Annex 1 for details of membership) with the following terms of reference:

The Group shall produce a resource allocation formula, for use in the distribution of resources to Board level, which provides the best measure of the relative need for health and social care in Northern Ireland. The Group shall test the suitability of the formula for use by Boards in allocating resources below Board level and produce a report on this. In developing the formula the Group will attempt to allow for the future development of capitation funding for GP Fundholders.

1.3 The revised formula (subject to the outcome of an impact analysis to be performed by the Management Executive) should be applied to revenue allocations for 1996/97.

1.4 This Report sets out details of the Review Group's work, findings, conclusions and recommendations.

2. APPROACH

2.1 The Review Group adopted the framework of PRINCE Project Planning Methodology. Thus the project products had to be identified and defined, their interrelationships determined, time requirements estimated and quality assurance methods specified.

2.2 After detailed consideration, the Review Group identified the following project products:

- (i) description of current formula
- (ii) analysis of defects of current formula
- (iii) review of work carried out elsewhere
- (iv) requirements of a good formula
- (v) agreed method of categorising services
- (vi) list of available weighting factors
- (vii) relevant age/cost relationships and agreed needs variables by service category
- (viii) weightings between service categories
- (ix) agreed formula
- (x) final report.

The interrelationships between these products is depicted in **Annex 2** and the subsequent project plan is reproduced at **Annex 3**.

2.3 Project work was carried out either by or under the control of members of the Review Group. External expert assistance was commissioned as necessary. In keeping with PRINCE Project Planning Methodology a Quality Assurance (QA) panel was set up to examine critically the completeness and accuracy of individual products. QA panel members were chosen for their individual expertise in specific areas. Care was taken to ensure that those who were asked to QA a product were independent of the production of the product. The panel included:

The Review Group members
HSS Board Directors of Finance and their nominees
Senior DHSS personnel
Academics from York and Bristol.

3. DESCRIPTION OF CURRENT FORMULA

- 3.1 The present formula is based on the PARR (Proposals for the Allocation of Revenue Resources) formula.
- 3.2 PARR was devised in 1978 and reviewed in 1989 and follows the methodology of the English RAWP (Resource Allocation Working Party) formula for Health Service allocation which is used to allocate funds to the Regional Health Authorities (RHAs). RHAs then use a variety of different formulae to allocate to Districts. Most of these formulae follow the basic RAWP methodology. For Personal Social Services (PSS) the Northern Ireland formula follows the Revenue Support Grant calculation in England which is used to calculate the PSS expenditure requirements of local authorities.
- 3.3 The formula is based on the use of weighted populations. Separate weighted Board populations are calculated for each of the following services;
- non-psychiatric, non obstetric hospital inpatient services;
 - obstetric hospital inpatient services;
 - mental illness hospital inpatient services;
 - mental handicap hospital inpatient services;
 - day and outpatient hospital services;
 - community health services;
 - ambulance services; and
 - personal social services.
- 3.4 The population in each Board is separately weighted to reflect its share of the Northern Ireland need for services within each category. The weights used vary from service to service and include age/sex specific bed utilisation rates, births by age of mother and Standardised Mortality Ratios (SMRs).

Non-Psychiatric, Non Obstetric Hospital Services

- 3.5 To arrive at the weighted population for these services the Northern Ireland age/sex bed utilisation rates are applied to the population of each Board. This gives the expected bed-use of each Board based purely on the structure of its population. To attempt to take account of different needs based on morbidity this expected bed-use figure is then further weighted by the sex specific all ages SMR.

Obstetric Hospital Inpatient Services

- 3.6 The number of births by the age of mother in each Board is weighted by the bed-utilisation rates for obstetrics by age of mother for the whole of Northern Ireland.

Mental Illness Hospital Inpatient Services

- 3.7 The population in each Board broken down by age/sex and marital status is weighted by the Scottish age/sex and marital status bed utilisation rates.

Mental Handicap Hospital Inpatient Services

- 3.8 The population in each Board is weighted by the Scottish age/sex utilisation rates for mental handicap beds.

Day and Outpatient Hospital Services

- 3.9 The population in each Board is weighted by the Northern Ireland age/sex attendance rates at outpatient clinics. As there is no routine information collected to allow such rates to be calculated each year figures are based on a survey done in 1984. This weighted population is then weighted again by the SMR.

Community Health Services

- 3.10 The population in each Board is weighted by Scottish age/sex utilisation rates. This is done for two different service groups (Health visiting and home nursing in the first group and other services in the other). These populations are further weighted by the SMR and the first group weighted again by a sparsity measure derived from the distance patients live from their GP (calculated for 1983).

Ambulance Services

- 3.11 The population is weighted by the SMR and then a sparsity factor which is derived from the average miles per patient carried in each Board.

Personal Social Services

- 3.12 Separate weighted populations are calculated for the handicapped, elderly people, children and other groups. The weighted population for the handicapped is calculated using the distribution of physically and mentally handicapped people in contact with the Service across the 4 Boards. The other services weighted populations are derived by applying the formulae used in England to assess need for PSS expenditure by Local Authorities to Northern Ireland. The 4 groups are then combined together in the same proportion as the expenditure on each client group in Northern Ireland.
- 3.13 These separately weighted populations are then combined in the same proportion as the Northern Ireland expenditure on the eight categories to provide a single weighted population which when expressed as a proportion of the Northern Ireland population represents its relative share of the composite need.

4. WEAKNESSES IN CURRENT FORMULA

- 4.1 The last review of PARR which reported in 1989 was carried out by a large group with representatives from HSS Boards and the Department of Health and Social Services. The review took one and a half years to complete and on many issues did not result in a consensus. These are outlined below.

Deprivation Factors

- 4.2 The RAWP review carried out in the mid-1980s in England recommended that a social deprivation factor based on work done by Professor Jarman should be included in their formula. This was never implemented in England. The last review in Northern Ireland considered the need for inclusion of a similar factor in the PARR formula and there was general agreement that this was worthy of further consideration. However, the Review Group was unable to recommend what deprivation factor should be used or how such a factor should be applied.

Standardised Mortality Ratios (SMRs)

- 4.3 SMRs are used to weight the population in RAWP and in PARR as a proxy for morbidity. The PARR formula uses the all-ages all-causes SMRs. The last review looked at a number of other options as follows:
- (i) all-causes SMRs for deaths at ages under 65
 - (ii) all-causes SMRs for deaths at ages under 75
 - (iii) condition specific SMRs.

The rationale for considering options (i) and (ii) is that deaths of older persons may not really reflect the overall population morbidity. The reason for considering option (iii) is because it was used by RAWP. The Group recommended the continued use of the all-causes SMR .

Historic patterns of expenditure

- 4.4 In the PARR formula the separate weighted populations for each of the 8 categories of service are combined in the same proportion as the distribution of expenditure across the categories, according to the most recent analysis of Board accounts. The previous review recommended that this combination of the weighted populations across the categories should be done on a projected basis which reflected strategic planning objectives for a shift in the balance of care. The Group recommended that further work should be done in this area.

England - RAWP

- 4.5 The RAWP formula on which the PARR formula is based has been heavily criticised by a number of authors. The use of SMRs as a proxy for morbidity has been challenged as there have been demonstrations of a statistical association between various spatial measures of morbidity and socio-economic factors over

and above any relationship with mortality.

- 4.6 The 1988 review of RAWP has also been criticised for being too simplistic in its approach. The majority of the work carried out was based on ordinary least squares regression analysis. The work employed hospital use as the dependent variable and the researchers argued that utilisation reflects need after adjusting for availability. They did not consider that other factors such as professional and patient behaviour are not necessarily related to effective hospital use. In practice, therefore, as well as influencing need, social circumstances are also likely to influence the predisposition to seek health care, and the nature of that care.
- 4.7 The equation that resulted included the under 75 SMR with an elasticity of 0.44 and a social deprivation factor JARMAN. The researchers themselves stated that because of multico-linearity the parameter estimates must be viewed with caution. This was not accepted by DoH which included the SMR for the under 75s with an elasticity of 0.5 in their formula and excluded any deprivation measure.

Miscellaneous

- 4.8 Other points have been raised by each of the Boards from time to time including the introduction of an additional age band for elderly people. The criticisms of the English RAWP formula are equally applicable to PARR.

5 ANALYSIS OF WORK ELSEWHERE

Introduction

5.1 The Review Group commissioned Gwyn Bevan, University of Bristol and Trevor Sheldon, University of York to produce a briefing paper to "advise on the factors which should be considered in the development of a model for the allocation of resources to purchasers of health and social care". To this end the consultants produced a report which:

- reviewed the current methods used to allocate resources for the HPSS;
- compared these with methods used in the rest of the UK and other countries;
- reviewed relevant research into resource allocation;
- identified issues to be considered by the Review Group; and
- suggested factors to be taken into account in future developments.

5.2 The consultants' report was intended to and did stimulate discussion within the Review Group on what would constitute an effective and practical approach to their task. This discussion was assisted by a workshop attended by Gwyn Bevan and Peter Smith (a colleague of Trevor Sheldon from York University).

5.3 The detailed report and issues arising in discussion are summarised below.

Current Methods

5.4 In the absence of a direct routinely available measure of need for health and social care, there is no perfect method to allocate resources equitably for health and social care. There will inevitably be some degree of rough justice. Countries in the United Kingdom have paid more attention to developing equity in systems of funding public services than have other OECD countries, and have little to learn from them. Despite extensive empirical investigation of need in England and Scotland, little has emerged that represents a significant advance on the approach recommended by RAWP - though the recent York University work commissioned by Department of Health is much more soundly based than previous empirical analyses.

5.5 In reviewing the methodology currently used in Northern Ireland for allocations to Boards the report added to the Review Group's understanding of the defects identified in Chapter 4, and identified some new concerns.

Issues and Factors for Consideration

- 5.6 The need for **accurate population data** was recognised. Mid-year estimates and projections based on the 1991 Census of Population are widely accepted in Northern Ireland as the best information currently available; but there is no evidence on the extent and impact of cross border flows from the Republic of Ireland on the use of HPSS resources.
- 5.7 The **variation by age and/or sex** in the need for health and social care is an important issue on which there has been comparatively little research, and would therefore merit consideration by the Review Group. In addition to a general concern the following specific points were identified.
- a. Recent analysis of English inpatient data suggests that a more realistic estimate of costs would give less weight to elderly people and more weight to children than has previously been the case.
 - b. It may also be helpful to consider the interaction between age and mortality because of the high costs of caring for those who die.
 - c. The current formula only has one age group for the over 75s, whereas research in England and Scotland suggests merit in further refinement to separately identify the over 85s.
- 5.8 Much of the controversy in the United Kingdom for resource allocation has been on what **weighting to apply over and above that for age and sex**. This arises because of lack of empirical evidence, and in particular the use of SMR has been contested.
- a. Research effort since the RAWP report has focused on developing empirical estimates of need from utilisation data, but generally this has suffered from problems with data, research methods, and the underlying definition of need. The York University analysis of hospital inpatient data represents the most ambitious approach to date.
 - b. In the absence of empirical evidence it is not possible to say which of the range of SMRs (all age, under 65/75/85, age specific, condition specific etc) best correlates with the need for health and social care, or what weight should be given to the SMR. Different approaches have been shown to give significantly different results.
 - c. Furthermore it is not possible without empirical analysis to assess what other needs factors should be taken account of over and above the SMR - because of the correlation between social factors and SMR.
- 5.9 **Differences in costs of service delivery** can arise because of population sparsity.

differing wage levels (including grade drift) and differing efficiency levels in different providers (though allowance for this would not necessarily be desirable). There has been little research and no conclusive evidence on the extent and impact of such differences.

5.10 The PSS component of the formula used in Northern Ireland is based on that used for deriving Standard Spending Assessments for English Local Authorities.

- a. It was designed for a different system of equalisation and control of Local Authority spending. Moreover the formula serves to reinforce existing spending patterns, and is influenced by past spending decisions in addition to need.
- b. The separate allocation of a PSS component does not take advantage of the complementary nature of health and social care services, and their integrated delivery in Northern Ireland. Consideration of this could usefully be linked with the relatively neglected areas of community health services and care of people with a learning disability.

Fundholder Allocations

5.11 The difference between the present methodologies in the United Kingdom for allocations to Boards and GP Fundholders creates a suspicion of inequity. However research to date has been unable to explain the considerable variation which remains in GP referral rates, after allowing for age and sex differences between practice populations. There seems little prospect of deriving robust and objective measures of need, additional to age and sex, for individual GP Fundholding practices.

Conclusion

5.12 The conclusion arising from the consultants' report and the workshop was that whilst some account could be taken of work done elsewhere (eg by York University), there was considerable scope for the Review Group to develop new thinking on resource allocation to HSS Boards. This could be based on a programme of care (POC) approach to take advantage of the integration of health and social services in Northern Ireland, and to stimulate a focus on areas which had received less attention elsewhere.

6 PROPOSED NEW FORMULA

- 6.1 The previous section concluded that a new formula should be applied to address the known defects of the current formula and to take account of work done elsewhere in this area. In this section we identify the characteristics of an effective formula and outline the preferred way forward.

Characteristics of an Effective Formula

- 6.2 A small working group was established to consider the qualitative attributes required by a robust formula. The group concluded that a new formula should:
- be based on sound methodology;
 - be perceived to be a fair and equitable method of allocating resources;
 - be based primarily on the requirement to take account of the differing levels of need for health and personal social services between purchasers;
 - be sufficiently robust to permit its use in resource allocation below the level of Boards, eg., at District Council level*;
 - not constrain the development of a capitation formula for use in allocating resources to GP Fundholders;
 - have inherent stability in its application, such that Purchasers should not expect major swings in allocation from year to year;
 - be capable of amendment and further refinement as improvements take place in information sources and the knowledge base on resource allocation.

* NB In the event that it is not possible to extend the use of the formula below Board level, it should be accompanied by explicit recommendations as to the extent of its limitations in this regard.

Structure of Proposed Formula

- 6.3 The group considered whether the revised formula should be developed on the basis of historical service provision, like the current formula, or structured around programmes of care. Although the service provision approach can be supported by utilisation data throughout Northern Ireland, the group, advised by the external consultants, decided to adopt a programme of care approach because:
- it is in line with the DHSS approach to strategic planning and service

monitoring,

- the allocation of resources should reflect the assessment of patient/client need, not the current supply of services, and should support the patient/client-centred approach in line with Northern Ireland's integrated services and
- more regard is given to socio-economic factors which are important determinants of use of health and social care.

6.4 The following recognised programmes of care were adopted:

Acute Services;
Maternity and Child Health;
Family and Child Care Services;
Services for Elderly People;
Mental Health Services;
Services for People with a Learning Disability;
Services for People with Physical Disability;
Health Promotion and Disease Prevention;
Primary Health and Adult Community Services.

6.5 It was acknowledged that, for each programme of care, the relevant populations would have to be weighted by the relationships between age, sex and cost and by agreed needs variables as appropriate. The weighted programme populations would then be combined to produce a composite weighted population which would form the basis of resource allocation.

6.6 In determining the methodologies for calculating the weighted programme of care populations, a number of working principles were established as follows:

1. The programme size (in terms of money) should be taken into account before any expensive development is embarked upon.
2. The population of relevance to the POC should be used.
3. Any factors and/or weights used must have a basis in evidence. It should be established that the factor has an impact and what size that impact is.
4. There should be no in-built perverse incentives.
5. Data sources should be capable of frequent updating.
6. The methodology should be easily understood and be as uncomplicated as possible.

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7. The methodology should be sensitive to Targeting Health and Social Need (THSN).
 8. The methodology should focus on allocations to Boards. (GP fundholding allocations are seen as a within-Board issue)
 9. Consideration should be given to inescapable cost differentials for urban/rural areas.
 10. The process should be seen as evolutionary since it is not possible to determine a "correct" answer.
- 6.7 These principles were applied in the subsequent stages of the project and the following sections set out the Review Group's work, findings, conclusions and recommendations for each programme of care.

7. ACUTE SERVICES

Definition

- 7.1 This programme of care includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in an acute specialty. Acute specialties are all hospital specialties with the exception of the following:

Geriatric Medicine	GP Maternity
Obstetrics	Mental Handicap
Obstetrics (Ante Natal)	Mental Illness
Obstetrics (Post Natal)	Child & Adolescent Psychiatry
Well Babies (Obstetrics)	Forensic Psychiatry
Well Babies (Paediatric)	Psychotherapy
	Old Age Psychiatry

This programme also includes all activity, and resources used, by a hospital consultant in an acute specialty, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

- 7.2 Expenditure on the Acute Services programme of care, £395.4m, was 42.1% of the total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 7.3 In considering what weighting and needs variables to use for this programme of care the Review Group was conscious that the NHS Executive in England had commissioned a major piece of work from York University. The Review Group therefore decided to assess critically the York Report with a view to applying the findings on Acute Services to Northern Ireland.

The approach adopted by the York study was to investigate the relationships at small area level between use of inpatient resources, indicators of need (measured by a wide range of health status and socio-economic indicators) and measures of supply of health services. The analysis was based on nearly 20 million hospital episodes in England between 1990 and 1992. The work resulted in a set of unambiguous needs variables which were strongly associated with utilisation, independent of supply considerations.

To help assess the sensitivity of their approach the York University team had re-estimated the coefficients of their acute services model using data for each of the 14 English regions. The Review Group assessed the potential impact of each of these formulae on allocations to Boards in Northern Ireland. Whilst some variation was observed, the variation was least between formula derived from data

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for regions similar to Northern Ireland (eg Northern, Yorkshire and Humberside and North Western), and the results for these regions clustered around the result obtained using all English data. The Review Group therefore concluded that the findings from the York study could be applied to Northern Ireland.

Age Cost Relationship

- 7.4 A principal cause of the variation in the level of demand for acute care is the age structure of the population. The Review Group determined that it would be appropriate to use the age/sex cost relationship produced by York University for all acute specialties. The figures are given below.

Age/Sex Cost per Head (£)									
Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44
Male	249.24	53.20	44.73	53.78	53.01	53.55	51.34	59.62	63.55
Female	211.31	43.30	37.35	62.44	74.20	78.92	82.32	81.58	88.04
Age	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Male	82.96	121.15	160.98	216.65	279.41	323.93	411.52	443.71	503.27
Female	98.41	115.75	139.07	171.05	216.20	248.78	322.82	370.97	436.96

Needs Variables

- 7.5 The Review Group determined that it would be appropriate to use the Acute Needs Index generated by the York research, which is based on 5 variables. The relative contribution of each variable is shown by the size of its coefficient within the index as listed below. These coefficients are used to generate an index for each Board by taking the product of 5 variables, weighted exponentially by their coefficients.

ACUTE HEALTH CARE NEEDS VARIABLES	COEFFICIENTS
Standardised Limiting Long Standing Illness Ratio for those under 75 years of age	0.25280
Standardised Mortality Ratio (SMR) for those under 75 years of age	0.16190
Proportion of pensionable age living alone	0.07649
Proportion of dependents in single carer households	0.04362
Proportion of economically active who are unemployed	0.02871

Limitations

- 7.6 It should be noted that the York analysis is restricted to finished inpatient episodes (including day cases) and excluded data which were not available at the small area level required (eg out-patient and Accident & Emergency). This applies to both the age/sex cost relationship and the acute health care needs index.

Recommendations

- 7.7 The Review Group recommends that resources for the Acute programme of care should be allocated on Board populations, weighted for age using the modified English age-cost relationship and for need using the York Acute Needs Index.
- 7.8 The Review Group recommends that consideration should be given to further work to develop a specific Northern Ireland age-cost relationship.

8 MATERNITY AND CHILD HEALTH

Definition

- 8.1 This programme of care includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in one of the following specialties:-

Obstetrics	Well Babies (Obstetrics)
Obstetrics (Ante Natal)	Well Babies (Paediatrics)
Obstetrics (Post Natal)	GP Maternity

This programme also includes all activity, and resources used, by a hospital consultant, in one of the above specialties, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

All community contacts by any health professional where the primary reason for the contact was for maternity or child health reasons, are also included.

- 8.2 Expenditure on the Maternity and Child Health programme of care, £63.3m, was 6.7% of total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 8.3 The factors which most affect the use of services are considered to be maternal age and low birth weight. A relationship has been identified between low birth weight and deprivation and also teenage pregnancy and deprivation. As information on low birth weight and maternal age are available it was felt that analysing this information would provide a measure of the impact of deprivation in this programme of care.

The Review Group firstly examined data on low birth weights and births to teenage mothers by Board of residence since equality of distribution of either outcome across all Boards would avoid the need for weighting for that particular outcome. However, based on data for the period 1990-1993, there is no consistency of age profile or numbers of low births across the four Boards. Consequently the Review Group carried out further analysis on the impact of both outcomes.

Age-Cost Relationship

- 8.4 To assess the potential impact of maternal age on resource consumption the Review Group calculated the distribution between the four Boards using (i) number of births without weighting and (ii) number of births weighted by Northern Ireland bed utilisation by age group. The findings showed that, in the most extreme case, the difference between the weighted and non-weighted allocation in a year was

only about £36,000. The Review Group therefore concluded that weighting for mother's age had negligible impact on allocations and consequently is unnecessary.

Needs Relationship

- 8.5 The Review Group determined that it would be appropriate to investigate the relationship between low birth weight babies and relative need for resources.

No data are readily available on how much more resources are used by low birth weight babies compared to other babies. Before commissioning work in this area the Review Group decided to assess the potential impact on allocations by calculating the distribution between the 4 Boards using (i) number of births without weighting and (ii) a weight of 1.5 for births under 2,500 gms and 1 for all other births. The findings showed that, in the most extreme case, the difference between the weighted and non-weighted allocation in a year was only about £90,000. A further set of calculations were performed using weights of 6 for births under 1,500 gms, 1.5 for births between 1,500 gms and 2,499 gms and 1 for all other births. The most extreme difference between weighted and non-weighted allocations was found to be about £100,000. The Review Group concluded that these differences were too small to justify weighting for low birth weight.

Data Stability

- 8.6 An investigation of the annual variation on the number of actual births per Board was carried out to determine whether there would be a major impact on the stability of the formula. This revealed that the swings in births per Board had the potential to cause significant swings in annual allocations of up to £500,000 on current expenditure patterns. This is considered unsuitable for service planning and delivery. The impact of using 3 year rolling averages was found to produce much greater stability.

Limitations

- 8.7 The uncertainty over resource consumption of low weight babies.

Recommendations

- 8.8 The Review Group recommends that resources for the Maternity and Child Health programme of care should be allocated on the number of births (3 year rolling average) per Board.
- 8.9 The Review Group recommends that consideration should be given to further work to assess the relationship between resource consumption and low birth weight.

9 FAMILY AND CHILD CARE

Definition

- 9.1 This programme of care is mainly concerned with activity and resources relating to the provision of social services support for families and/or children. This includes:-

Children in Care	Fostering
Child Protection	Day Care
Child Abuse	Women's Hostels/Shelters
Adoption	Family Centres

- 9.2 Expenditure on the Family and Child Care programme, £49.8m, was 5.3% of total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 9.3 The Review Group recognised the need to identify information on the utilisation of services by age group to agree the age cost relationship. It was further necessary to identify any relevant needs variables as a potential means to weight the POC population. Unfortunately no completed research work was available so the Review Group asked the Northern Board to carry out a project on this matter in their area. The Board Project Team extracted a range of activity and financial data for each area within the POC, analysing expenditure by identified age bands.

Age-Cost Relationship

- 9.4 The weighted cost for each age band was identified by dividing the total cost of providing all services in a particular age band by the total population of that age band. Expenditure on the 44+ age group was minimal and was therefore excluded from the analysis. The weighted costs calculated were used to produce an age/cost ratio of 1: 1.3: 2.6: 0.05 for age groups 0-4, 5-14, 15-17 and 18-44 respectively.

Needs Variables

- 9.5 As with other POCs, the Review Group was conscious that many of the needs variables listed in Appendix 1 were potentially relevant for weighting within this POC. There is no empirically available evidence which could be used to substantiate any particular weighting for any specific needs variable within this programme. Consequently the Review Group cannot make any recommendation in this area at this point in time.

Limitations

- 9.6 Since the age-cost relationship has been calculated purely from activity and financial data pertaining to Northern Board only, it is possible that this is not representative of service utilisation, by age band, throughout Northern Ireland.

Lack of information on the impact of potential needs variables has required the Review Group to conclude that it is not possible to weight for such variables at present.

Recommendations

- 9.7 The Review Group recommends that resources for the Family and Child Care programme of care should be allocated on the total population in the age groups 0-4, 5-14, 15-17 and 18-44 based on the age-cost relationship of 1: 1.3: 2.6: 0.05 respectively.
- 9.8 The Review Group recommends that consideration should be given to further work to:
- i. examine how service utilisation by age band is distributed throughout Northern Ireland; and
 - ii. assess what impact, if any, potential needs variables have on resource consumption.

10 ELDERLY CARE

Definition

- 10.1 This programme of care includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in one of the following specialties:-

Geriatric Medicine
Old Age Psychiatry

This programme also includes all activity, and resources used, by a hospital consultant in one of the above specialties, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

If a ward, clinic or unit in the specialty of General Medicine is concerned solely with elderly patients (ie over 65) then the activity and associated resources should be included in the elderly care programme.

All community contacts with those aged 65 and over, except where the reason for the contact was because of mental illness or learning disability, are included.

- 10.2 Expenditure on the Elderly programme of care, £214.1m, was 22.8% of total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 10.3 In considering what weightings and needs variables to use the Review Group was conscious that the Eastern Health and Social Services Board had commissioned the University of Sheffield to carry out a study on age, deprivation and needs for community health and social services among elderly people. The Review Group therefore decided to assess critically the Sheffield Report with a view to applying the findings throughout Northern Ireland.

Age-Cost Relationship

- 10.4 The work carried out by Sheffield University tested the reliability of a frequently quoted relative age weighting of 1:2:4 for age groups 65-74; 75-84; 85+. The Sheffield Study concluded that the appropriate weights should be 1: 2.8: 5.

Needs

- 10.5 The Sheffield Study determined that the most accessible source for specifying age specific differences in need, at the present time, is the Limiting Long-Term Illness variable from the 1991 Census. This recorded the number of people who stated that they suffer long term from an illness which limits their daily activities. The

Study concluded that the relative need for Elderly Programme Services associated with socio-economic status, deprivation and household composition effects is represented by the relative age specific prevalence of Limiting Long-Term Illness.

The Review Group concluded that this approach should be adopted for the Northern Ireland Formula pending the outcome of more detailed survey work which is to be carried out by the Survey Team.

Limitations

- 10.6 The analysis was unable to weight for the consumption of services since relevant data are not available. Census data on limiting long-term illness may not be sufficiently objective. The Sheffield Study has been limited to the Eastern Health and Social Services Board.

Recommendations

- 10.7 The Review Group recommends that resources for this POC should be allocated on the total population in the age groups 65-74, 75-84 and 85+ in the ratio of 1: 2.8: 5, further weighted by age specific standardised Limiting Long-Term Illness.
- 10.8 It is recommended that consideration should be given to the outcome of the second phase of the Sheffield Study to determine if this approach should be amended.

11 MENTAL HEALTH**Definition**

- 11.1 This programme of care includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in one of the following specialties:-

Mental Illness	Forensic Psychiatry
Child & Adolescent Psychiatry	Psychotherapy

This programme also includes all activity, and resources used, by a hospital consultant in one of the above specialties, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

All community contacts, where the primary reason for the contact was due to mental health, are included.

- 11.2 Expenditure on the Mental Health programme, £91.1m, was 9.7% of total Northern Ireland expenditure in 1993/94.

Approach

- 11.3 The Review Group recognised the need to identify information on the utilisation of services by age group to agree the age cost relationship. It was further necessary to identify any relevant needs variables as a potential means to weight the POC population. Unfortunately no completed research work was available on age-cost relationship so the Review Group asked the Western Board to carry out a project on this matter in their area. The Board Project Team extracted a range of activity and financial data for each area within the POC, analysing expenditure by identified age bands.

Age-Cost Relationship

- 11.4 The total costs of all services by age band were established and the relative average costs were calculated by dividing these costs by the total population in each age band, (1993 mid-year estimates). These figures allowed the calculation of an age/cost ratio of 1: 6: 72: 120: 139 for males in the age groups 0-4, 5-14, 15-44, 45-64 and 65+ respectively and an age/cost ratio of 1: 21: 238: 462: 539 for females in the age groups 0-4, 5-14, 15-44, 45-64 and 65+ respectively.

Needs Variables

- 11.5 The Review Group determined that it would be appropriate to use the Psychiatric Needs Index generated by the York research, which is based on 6 variables. The relative contribution of each variable is shown by the size of its coefficient within the index as listed below. These coefficients are used to generate an index for each Board by taking the product of the 6 variables, weighted exponentially by their coefficients.

PSYCHIATRIC NEEDS VARIABLES	COEFFICIENTS
Proportion of those of pensionable age living alone	0.3609
Proportion of adult population permanently sick	0.2616
Standardised Mortality Ratio (SMR) for those under 75 years of age	0.2426
Proportion of persons in lone parent households	0.1846
Proportion of dependants with no carer	0.1431
Proportion of persons born in the New Commonwealth	0.1073

The proportion of persons born in the New Commonwealth in each of the four Boards is very similar, and very small. Whilst this variable may contribute to the need for psychiatric services in England, the Review Group felt that this would not be an appropriate indicator of need for Mental Health services in Northern Ireland. The index for Northern Ireland will be calculated without this variable.

Limitations

- 11.6 Since the age-cost relationship has been calculated purely from activity and financial data pertaining to Western Board only, it is possible that this is not representative of service utilisation, by age band, throughout Northern Ireland.

The York research is based solely on hospital data.

Recommendations

- 11.7 The Review Group recommends that resources for the Mental Health programme of care should be allocated on the total population in the age groups 0-4, 5-14, 15-44, 45-64 and 65+, split for male and female, on the age cost relationships of 1: 6: 72: 120: 139 and 1: 21: 238: 462: 539 respectively and weighted for need by the York Psychiatric Needs Index.

- 11.8 The Review Group recommends that consideration should be given to further work to:
- i. examine how service utilisation by sex and age band is distributed throughout Northern Ireland; and
 - ii. test the impact of extending the York research to include community services.

12 LEARNING DISABILITY

Definition

- 12.1 This programme of care includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient has mental handicap (specialty code 700) as a main specialty.

This programme also includes all activity, and resources used, by a hospital consultant in this specialty, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

All community contacts, where the primary reason for the contact was due to learning disability, regardless of age, are included.

- 12.2 Expenditure on the Learning Disability programme, £64.8m, was 6.9% of total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 12.3 The Review Group recognised the need to identify information on the utilisation of services by age group to agree the age cost relationship and to identify any relevant needs variables as a potential means to weight the POC population. Unfortunately no completed research work was available so the Review Group asked the Western Board to carry out a project to determine an age-cost relationship on this matter in their area. The Board Project Team extracted a range of activity and financial data for each area within the POC, analysing expenditure by identified age bands.

Age-Cost Relationship

- 12.4 The total costs of all services by age band were established and the relative average costs were calculated by dividing these costs by the total population in each age band, (1993 mid-year estimates). These figures allowed the calculation of an age/cost ratio of 1: 3: 13: 13: 5 for age groups 0-4, 5-14, 15-44, 45-64 and 65+ respectively.

Needs Variables

- 12.5 As with other POCs, the Review Group was conscious that many of the needs variables listed in Appendix 1 were potentially relevant for weighting within this POC. There is no empirically available evidence which could be used to substantiate any particular weighting for any specific needs variable within this programme. Consequently the Review Group cannot make any recommendation in this area at this point in time.

Limitations

- 12.6 Since the age-cost relationship has been calculated purely from activity and financial data pertaining to Western Board only, it is possible that this is not representative of service utilisation, by age band, throughout Northern Ireland.

Lack of information on the impact of potential needs variables has required the Review Group to conclude that it is not possible to weight for such variables at present.

Recommendations

- 12.7 The Review Group recommends that resources for the Learning Disability programme of care should be allocated on the total population in the age groups 0-4, 5-14, 15-44, 45-64 and 65+ on the age-cost relationship of 1: 3: 13: 13: 5 respectively.
- 12.8 The Review Group recommends that consideration should be given to further work to:
- i. examine how service utilisation by age band is distributed throughout Northern Ireland; and
 - ii. assess what impact, if any, potential needs variables have on resource consumption.

13 PHYSICAL AND SENSORY DISABILITY

Definition

- 13.1 Hospital activity and related costs can only be allocated to the Physical and Sensory Disability programme of care on the basis of entire wards, clinics or hospitals which treat only physical and/or sensory disabled patients. The following definition can be used to assist health professionals identify patients and clients who can be allocated to this programme of care:

"A permanent physical impairment resulting in a dependency in areas such as mobility, self-care, communication and social/leisure activities.

Examples of services provided might be rehabilitation for independent living, employment rehabilitation, care services and family support.

The patient/client should be under 65 years old."

- 13.2 Expenditure on the Physical and Sensory Disability programme, £19.7m, was 2.1% of total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 13.3 In considering what weightings and needs variables to use for this programme of care, the Review Group was aware of the 1990 Policy, Planning and Research Unit Disability Survey. This survey did not give a reliable breakdown of prevalence of disability by Board but the Review Group concluded that it could readily be used to generate a set of age-cost relationships at Northern Ireland level.

Age-Cost Relationship

- 13.4 The Disability Survey covered people of all ages and disabilities living in communal establishments as well as living in their own homes. For this programme of care only people aged 0-64 who had some form of physical and/or sensory disability were analysed. The questionnaires for those people living in communal establishments were not strictly compatible with those for people living in their own homes. Therefore, as those people living in communal establishments accounted for only 3% of the total under consideration, their activity was excluded from the analysis.

The activity data from the Disability Survey provided a picture of the uptake of various statutory services. These data were analysed by age group (0-15, 16-49, 50-64) and by services consumed. Cost data were then applied to the activity data to produce an age/cost ratio of 1: 1.2: 4.5 for age groups 0-15, 16-49 and 50-64 respectively.

Limitations on availability of needs variables

- 13.5 No directly available source of data was available to generate a weighting for needs for this programme. In view of the overall size of the programme it was determined to use an age-based weighting only.
- 13.6 The activity and cost data used to determine the weighting in this POC do not embrace the input of the voluntary sector in areas such as day care, respite care, special housing and work therapy and, in particular, in terms of support for those with sensory disability.

Recommendations

- 13.7 The Review Group recommends that resources for the Physical and Sensory Disability programme of care should be allocated in the age groups 0-15, 16-49 and 50-64 based on the age-cost relationship of 1:1.2:4.5.
- 13.8 The Review Group recommends that consideration should be given to further work to test the impact on weights of use of other resources (eg grant aid to or purchase from the voluntary sector).

14 HEALTH PROMOTION AND DISEASE PREVENTION**Definition**

- 14.1 This programme of care classifies all hospital, community and GP based activity relating to health promotion and disease prevention. This includes all screening services, well women/men clinics, child health surveillance, school health clinics, family planning clinics, health education and promotion clinics, vaccination and immunisations and community dental screening and prevention work.

Most work allocated to this programme of care will form part of recognised programmes at which people will receive advice or support specifically for health promotion or disease prevention.

- 14.2 Expenditure on the Health Promotion and Disease Prevention programme, £18.8m., was 2% of the total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 14.3 The first principle enunciated in paragraph 6.6 states "The programme size (in terms of money) should be taken into account before any expensive formula development is embarked upon." In view of the small programme size and in the knowledge that variations in weighting would bring about only marginal changes in allocations to Boards the Review Group concluded that it would not be good value for money to carry out research into age/cost relationships and needs drivers. Since the programme is focused on all age groups it was concluded that resources should be allocated on the basis of total Board populations.

Limitations

- 14.4 The lack of specific research in this area by the Review Group.

Recommendation

- 14.5 The Review Group recommends that resources for this programme of care should be allocated on the basis of the total population of Boards.

15 PRIMARY HEALTH AND ADULT COMMUNITY

Definition

- 15.1 This programme of care includes all work, except screening services, carried out by:

General Medical Practitioners	General Ophthalmic Practitioners
General Dental Practitioners	Pharmacists

Community patients aged between 16 and 64, for whom the primary reason for the contact is other than mental illness, mental handicap or physical and sensory disability should be allocated to this programme of care.

As stated in the Introduction, Family Practitioner Services costs are met outside of the money allocated to the Boards. In terms of resource allocation, the focus of this programme of care is adult community contacts.

- 15.2 Expenditure on the Primary Health and Adult Community programme, £21.6m, was 2.3% of the total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 15.3 The first principle enunciated in paragraph 6.6 states "The programme size (in terms of money) should be taken into account before any expensive formula development is embarked upon." In view of the small programme size and in the knowledge that variations in weighting would bring about only marginal changes in allocations to Boards the Review Group concluded that it would not be good value for money to carry out research into age/cost relationships and needs drivers. Since the programme is focused on all age groups it was concluded that resources should be allocated on the basis of total Board populations.

Limitations

- 15.4 The lack of specific research in this area by the Review Group.

Recommendation

- 15.5 The Review Group recommends that resources for this programme of care should be allocated on the basis of the total population in the age group 16-64.

16 COMBINING WEIGHTED PROGRAMME OF CARE POPULATIONS

- 16.1** The weighted populations calculated for each programme of care cannot be compared or directly combined as different criteria have been used to arrive at these figures. However these weighted populations have to be brought together somehow to allow each Board's share of total available resources to be calculated.
- 16.2** The weight that should be given to any programme of care should be based on the relative need for expenditure in that programme. The only proxy for future need is the historical pattern of expenditure. This can be used to weight programmes of care on the basis of the expenditure that each one accounts for. However, such an approach may be regarded as inequitable to the extent that it ignores changes in demography, intended policy developments and new initiatives. Individual Board responses to demography and policy changes should result in changes in Board expenditure patterns between programmes of care, albeit with a small time delay, thereby negating the above criticism. Where new money is targeted for new initiatives this can be allocated separately from the main capitation process as happened with People First money.
- 16.3** The Review Group recognises that there may be times when it is not appropriate to allow a delay to occur, e.g. when a known demographic shift, policy change or new initiative has a significant impact. In such circumstances, and provided the scale of impact can be calculated, it would be appropriate to adjust the weighting based on historic spending.
- 16.4** The Review Group recommends that programmes of care should normally be brought together on the basis of the percentage of spend that each one accounted for in the most recent year for which expenditure data are available.

17 SUB-BOARD ALLOCATION

- 17.1** The Review Group's Terms of Reference included a requirement to test the suitability of the developed formula for use by Boards in allocating resources below Board level. This section sets out the Group's considerations, findings and conclusions.
- 17.2** The proposed formula is structured around programmes of care, for each of which a weighted population has been derived. In arriving at these weighted populations it has invariably been necessary to break down population estimates by age and, in the case of mental health, by sex. This information, and other relevant needs variables, e.g. limiting long term illness, have been obtained from Census data analysed by Board area, at Board level.
- 17.3** If Boards wish to use the derived methodology to support sub-Board allocation, e.g. at District Council level, it is a fundamental prerequisite that appropriate age, sex and needs variables data are available at that level. Unfortunately, this is not presently the case, and the Department of Finance and Personnel, which is responsible for population estimates, has to date not been prepared to prioritise the work required to produce estimates below Health and Social Services Board level.
- 17.4** Boards who wish to pursue the adoption of a sub-Board formula could use Census data to give a breakdown of population at Trust/District Council level in 1991, but the absence of up to date age/sex (particularly) and other needs variables data will have a limiting effect on its continuing validity. For example the (all age) District Council population estimates for 1994 produced by Department of Finance and Personnel show variations of between -0.8% and +9.4% from the enumerated Census population.
- 17.5** The Review Group has therefore concluded that the proposed capitation formula is not suited for use in allocating resources below Board level. The Review Group is, however, at least confident that the methodology underpinning the proposed capitation formula for application at Board level presents no barrier to development of formulae for application at Trust and locality levels.
- 17.6** The THSN initiative will require Boards to look at the efficiency and equity of resource use between different communities and programmes of care. In the absence of a sub-board formula, Boards will need, through the commissioning process, to continue to re-orientate services to meet needs more closely by assessing the merits of individual investment/disinvestment proposals and compare marginal costs and benefits of competing projects. This process could be informed by reference to 1991 Census data.

- 17.7 Alternatively, Boards may well attempt to use their own indicators of morbidity in their respective areas to develop their own sub-Board allocation formulae within the limitations of the existing data, but again this approach could be thwarted by serious obstacles. Firstly, there is the matter of the age of available data, derived as they would be from the previous Census and not capable of being updated. Secondly, there is the lack of information on deaths by ward or postcode. Boards could, with a lot of effort, construct death rates on an ad hoc basis to calculate standard mortality rates, but, even if this was done every year, the death rates would still be based on the preceding Census, thus reducing the reliability of the formulae. Finally, there is the lack of co-terminosity of District Council and provider boundaries, particularly in Belfast where there is no sub-division of the Council area around the two Community Trusts of North and West and South and East. These difficulties are not insignificant and pose a challenging agenda if they are to be overcome.
- 17.8 The Review Group recommends that consideration should be given to further work on the development of sub-Area level formulae and this should be commissioned as a regional project or projects.

18 CAPITATION FUNDING OF GP FUNDHOLDERS

- 18.1** Throughout the life of the Review Group the need to address the question of allocation of resources to GP fundholders has been borne in mind. The Group has kept a close eye on the Department of Health's efforts to develop a satisfactory capitation formula for GP fundholding and on the highly variable approach throughout Great Britain to the introduction of capitation benchmarking. In short, to date no satisfactory solution has been found to the problems inherent in budget setting on a capitation formula basis at practice level.
- 18.2** It is clearly difficult to see how the existing problems might be overcome but the Review Group is confident that the methodology underpinning the proposed formula presents no barrier to future developments in this area.
- 18.3** The Review Group recommends that contact with the Department of Health should be maintained to ensure Northern Ireland remains up to speed with developments in this area.

19 OTHER ISSUES**Refinement and Updating of Formula**

19.1 The Review Group recognised that both the approach they have adopted to the development of a formula and the data to be used in it could be subject to refinement in a number of ways.

- a. Demographic data are obtained from population projections which are updated annually by Department of Finance and Personnel.
- b. Many of the needs indicators are obtained from Census of Population, which is only conducted every 10 years.
- c. The SMR, derived from population and mortality records, could in principle be updated annually.
- d. Many of the specially commissioned analyses to develop age-cost relationships could in principle be repeated annually.
- e. The structure of the formula could be developed as additional research evidence becomes available. Possible instances of these have been identified throughout the report.

19.2 In discussing how often the formula should be updated the Review Group was conscious of the competing benefits of stability in Purchaser allocations and making use of the most up-to-date information. The Review Group notes that it has been practice in the past to incorporate updated population projections in the formula each year, but only to incorporate other developments at intervals of 5-10 years. A decision on when and how frequently to update the formula would have to be informed by a decision on which of the Review Group's recommendations for further work are followed through, and the timescales set for such work.

Cross Border Migration

19.3 There is anecdotal evidence of temporary and permanent population movement across the border from the Republic of Ireland to avail of services offered by the HPSS. The Review Group recognised that such migrants are likely to be atypical of the general population in their utilisation of services, which are most likely to affect the Western and Southern Boards, but there is presently inadequate evidence on their extent and impact. Consideration should be given to further work in this area.

Deprivation

19.4 To provide a fair and equitable means of allocating resources in response to the

need for health and social care, a good formula should take account of the additional needs of certain disadvantaged sections of the population eg those on low income, single parent families, those from lower socio-economic groups etc. The additional need for health and social care can arise both from higher prevalence of morbidity and from greater intensity of care needed in response to morbidity.

- 19.5** Higher prevalence of morbidity amongst certain groups has been considered and allowed for as far as possible in the acute, elderly, maternity and mental health programmes of care which together constitute over 80% of total revenue allocations. Whilst further research might lead to the identification of additional factors, which influence morbidity, the Review Group recognises that the impact of such influence will need to be quantified before incorporation in an objective resource allocation formula is possible.
- 19.6** The Review Group has had to accept that it has no quantifiable evidence of the relationship between population characteristics (other than age and/or sex) and variations in intensity of care needed.

Private Funding

- 19.7** In keeping with the approach adopted in the allocation of NHS resources the Northern Ireland capitation formula has been developed to allocate resources on the basis of need for health and social care - making no allowance for private or informal care. In doing so the Review Group was conscious of the inclusion of social services in Northern Ireland where contributions are compulsory and means tested rather than voluntary; and that it might be argued that client contributions should be allowed for.
- 19.8** The Review Group did not consider it was in their remit to decide on the relevance of any adjustment to allocations to allow for variations of income/wealth between Boards - and in any event noted that no data are currently available objectively to support such an adjustment.

Urban/Rural Costs

- 19.9** It was identified that a desirable objective of a resource allocation formula was to be able to allow for any differential costs of service delivery between predominantly urban and predominantly rural Boards. However the Review Group concluded that there are currently no objective data available on which to base such an allowance. Consideration should be given to further research work in this area.

Other Sources of Funding

- 19.10** It was recognised by the Review Group that in recent years some funding for

health and social care projects has been increasingly coming from sources such as EU funds, International Fund for Ireland, the Making Belfast Work initiative and the Londonderry initiative. The Review Group took the view that no adjustment should be made to Board allocations to take account of these sources because they were mostly time limited, often of a developmental/research nature, sometimes specifically additional to HPSS resources, and were generally of uncertain size and duration. Consideration of this issue should be kept under review.

ANNEX 1

GROUP MEMBERSHIP

B McGahan (Chairman) Director of Financial Management
HPSS Management Executive

Miss J Dixon Director of Family Health Services
HPSS Management Executive

R Beckett DHSS, Head of Strategy and Intelligence Group

Dr D Corrigan (to 2/2/95) Consultant in Public Health Medicine,
Southern Health and Social Services Board

D Burke Director of Social Care,
Western Health and Social Services Board

Dr B Farrell (from 3/2/95) Consultant in Public Health Medicine,
Southern Health and Social Services Board

A Hamilton (from 1/4/95) Director of Finance,
Northern Health and Social Services Board

C McCloskey Assistant Director of Finance,
Eastern Health and Social Services Board

Dr D Stewart Consultant in Public Health Medicine,
Northern Health and Social Services Board to 30/4/95
Director of Public Health,
Eastern Health and Social Services Board from 1/5/95

Analytical and Research Support

Mrs A McQueen DHSS, Strategy and Intelligence Group to 4/6/95
DOE, Central Statistics and Research Branch from 5/6/95

Mrs S Harcourt (from 8/6/95) DHSS, Strategy and Intelligence Group

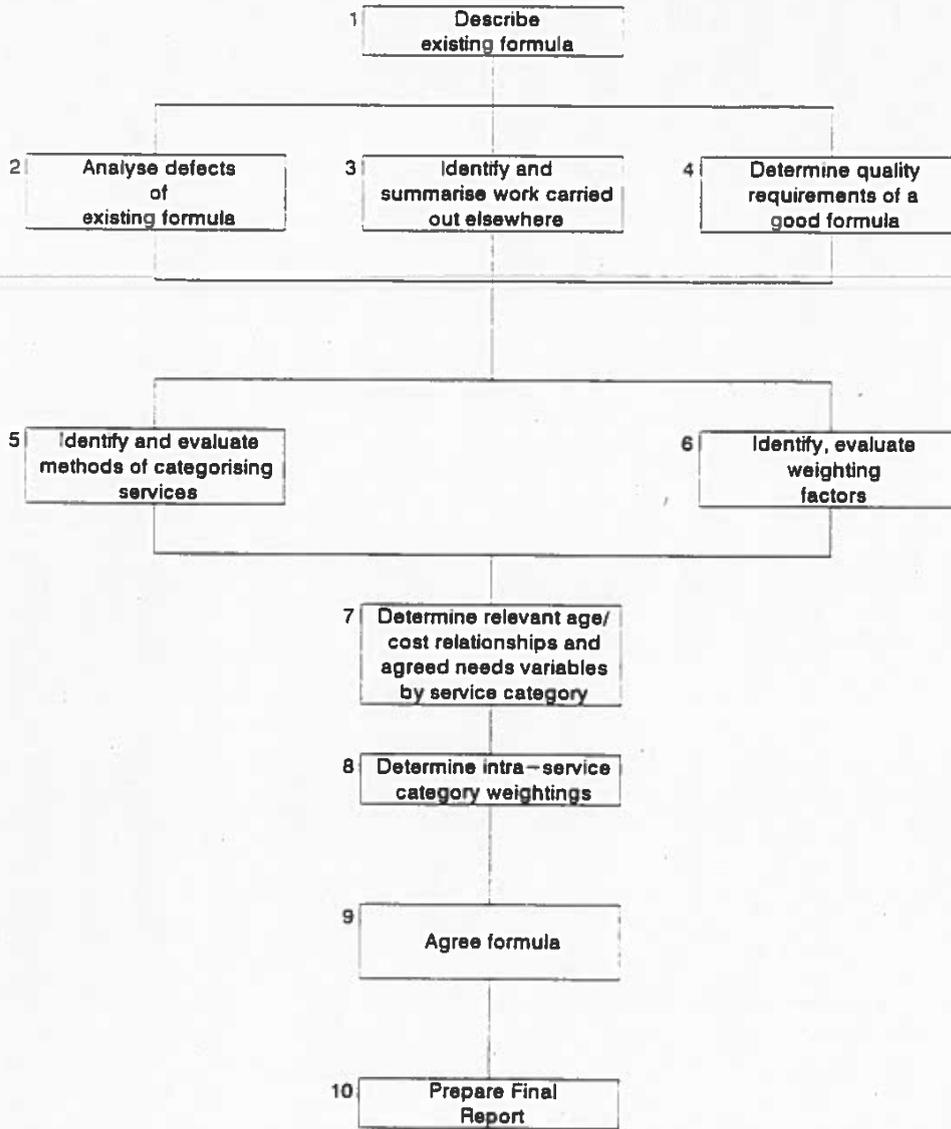
Secretariat

Miss R Fisher Financial Management Directorate,
HPSS Management Executive

The Management Executive Group act as Project Board where items cannot be resolved within the group.

Routine progress reports given to John Hunter, Chief Executive, HPSS ME.

PRODUCTS TO BE DELIVERED



FLOWDIAG

PROJECT PLAN

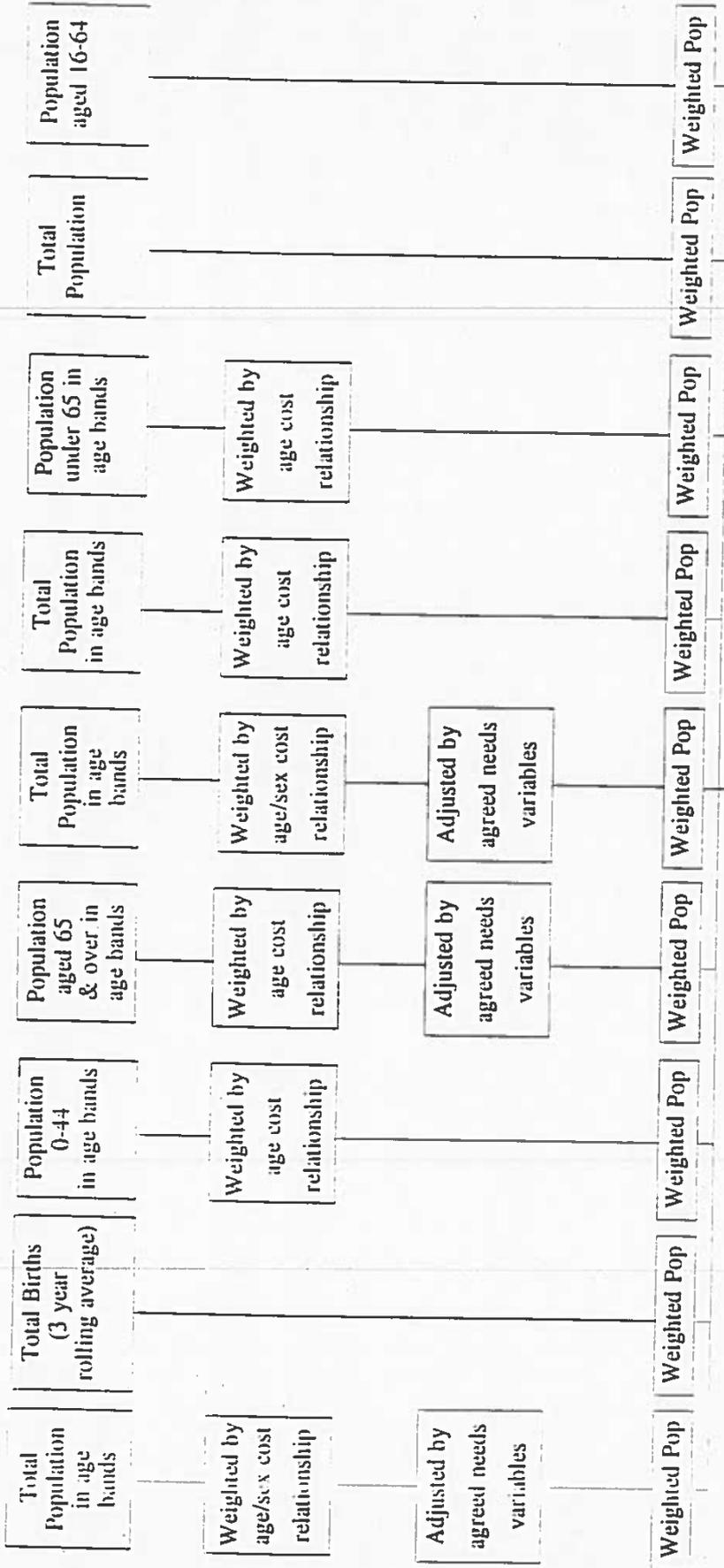
CAPITATION FORMULA REVIEW

PREPARED BY: B McGAHAN

ACTIVITIES	ELAPSED TIME												PRODUCTS				
	JUN 94	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 95	FEB	MAR	APR	MAY		JUN	JUL	AUG	SEPT
Describe existing formula																	Description of existing formula
Analyse defects of present formula																	Defects report
Determine quality requirements of a good formula																	Qualities report
Identify & summarise work carried out elsewhere																	Research report
Identify and evaluate methods of categorising services																	List of acceptable categories
Identify and evaluate weighting factors																	List of acceptable weighting factors
Determine relevant age/cost relationships and agreed needs variables by Programme of Care (PoC): Elderly; Physical and Sensory Disability; Mental Health; Learning Disability; Family and Child Care; & Maternal and Child Health																	Allocation formula by service category
Determine intra - PoC weightings																	Agreed intra - service category weightings
Agree formula																	Capitation formula
Prepare final report																	Final report

Milestones requiring group meetings

Acute Services Maternity & Child Health Family & Child care Elderly Care Mental Health Learning Disability Physical & Sensory Disability Health Promotion & Disease Prevention Primary Health & Adult Community



APPENDIX 1

LIST OF AVAILABLE WEIGHTING FACTORS

Census based variables

1. Tenure
Proportion in households in private rented accommodation
2. Amenities
Proportion in households lacking bath/shower and inside WC
Proportion in households lacking central heating
3. Car Ownership
Proportion in households with no car
4. Overcrowding
Proportion in accommodation > 1.5 persons per room
5. Elderly living alone
Proportion of those aged 75+ living alone
Proportion of pensionable age living alone
6. Dependants
Proportion of dependants in single carer households
Proportion of persons in lone parent households
Proportion of children in lone parent households
Proportion of children in non-earning lone parent households
Proportion of children in non-earning households
Proportion of dependants with no carer
7. Permanently sick
Proportion of residents of working age permanently sick
Proportion of adult population permanently sick
Age standardised permanently sick ratio
8. Migrants
Proportion of residents moving from outside district in last year
Proportion of residents with different address to one year ago
9. Limiting long-term illness
Proportion of total population with limiting long term illness
Age standardised illness ratio
Proportion of 0-15 year olds with long term illness
10. Unemployment
Proportion of economically active unemployed
11. Social class
Proportion of persons in households with head in manual classes

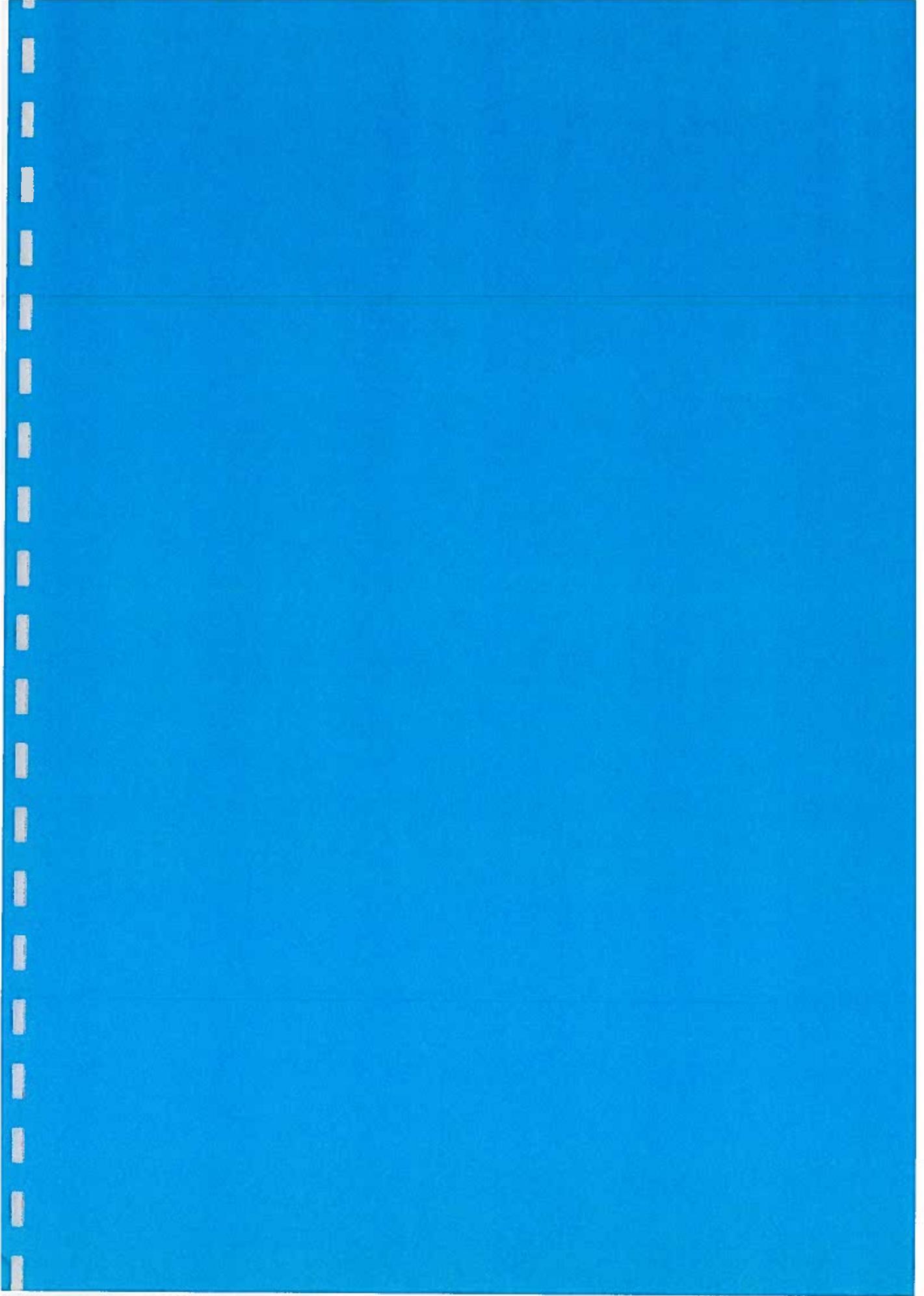
12. Education
Proportion of persons aged 18+ with no qualifications
13. Sparsity
Ratio of persons to area

Non Census variables**Board level**

1. < 75 SMR
2. All age SMR
3. < 65 SMR
4. Proportion of Low Birth Weight babies (< 2500 gms)
5. Standardised fertility ratio
6. % births to teenage mothers
7. Unemployment rate total and > 1 year
8. Proportion of children in receipt of free school meals

Other levels

1. Proportion of persons in receipt of Income Support-Benefit Office base



need for health and social care, a good formula should take account of the additional needs of certain disadvantaged sections of the population eg those on low income, single parent families, those from lower socio-economic groups etc. The additional need for health and social care can arise both from higher prevalence of morbidity and from greater intensity of care needed in response to morbidity.

- 19.5** Higher prevalence of morbidity amongst certain groups has been considered and allowed for as far as possible in the acute, elderly, maternity and mental health programmes of care which together constitute over 80% of total revenue allocations. Whilst further research might lead to the identification of additional factors, which influence morbidity, the Review Group recognises that the impact of such influence will need to be quantified before incorporation in an objective resource allocation formula is possible.
- 19.6** The Review Group has had to accept that it has no quantifiable evidence of the relationship between population characteristics (other than age and/or sex) and variations in intensity of care needed.

Private Funding

- 19.7** In keeping with the approach adopted in the allocation of NHS resources the Northern Ireland capitation formula has been developed to allocate resources on the basis of need for health and social care - making no allowance for private or informal care. In doing so the Review Group was conscious of the inclusion of social services in Northern Ireland where contributions are compulsory and means tested rather than voluntary; and that it might be argued that client contributions should be allowed for.
- 19.8** The Review Group did not consider it was in their remit to decide on the relevance of any adjustment to allocations to allow for variations of income/wealth between Boards - and in any event noted that no data are currently available objectively to support such an adjustment.

Urban/Rural Costs

- 19.9** It was identified that a desirable objective of a resource allocation formula was to be able to allow for any differential costs of service delivery between predominantly urban and predominantly rural Boards. However the Review Group concluded that there are currently no objective data available on which to base such an allowance. Consideration should be given to further research work in this area.

Other Sources of Funding

- 19.10** It was recognised by the Review Group that in recent years some funding for

9 FAMILY AND CHILD CARE

Definition

- 9.1 This programme of care is mainly concerned with activity and resources relating to the provision of social services support for families and/or children. This includes:-

Children in Care	Fostering
Child Protection	Day Care
Child Abuse	Women's Hostels/Shelters
Adoption	Family Centres

- 9.2 Expenditure on the Family and Child Care programme, £49.8m, was 5.3% of total Northern Ireland HPSS expenditure in 1993/94.

Approach

- 9.3 The Review Group recognised the need to identify information on the utilisation of services by age group to agree the age cost relationship. It was further necessary to identify any relevant needs variables as a potential means to weight the POC population. Unfortunately no completed research work was available so the Review Group asked the Northern Board to carry out a project on this matter in their area. The Board Project Team extracted a range of activity and financial data for each area within the POC, analysing expenditure by identified age bands.

Age-Cost Relationship

- 9.4 The weighted cost for each age band was identified by dividing the total cost of providing all services in a particular age band by the total population of that age band. Expenditure on the 44+ age group was minimal and was therefore excluded from the analysis. The weighted costs calculated were used to produce an age/cost ratio of 1: 1.3: 2.6: 0.05 for age groups 0-4, 5-14, 15-17 and 18-44 respectively.

Needs Variables

- 9.5 As with other POCs, the Review Group was conscious that many of the needs variables listed in Appendix 1 were potentially relevant for weighting within this POC. There is no empirically available evidence which could be used to substantiate any particular weighting for any specific needs variable within this programme. Consequently the Review Group cannot make any recommendation in this area at this point in time.

RECOMMENDATIONS

The Review Group recommends a capitation formula which is an aggregation of the estimated requirements for each Programme of Care, taking account of relevant populations weighted by age/cost relationships and/or needs variables, as described below.

Acute Services

- Resources for this POC should be allocated on Board populations, weighted for age using the modified English age-cost relationship and for need using the York Acute Needs Index; and
- Consideration should be given to further work to develop a specific Northern Ireland age-cost relationship.

Maternity and Child Health

- Resources for this POC should be allocated on the number of births (3 year rolling average) per Board; and
- Consideration should be given to further work to assess the relationship between resource consumption and low birth weight.

Family and Child Care

- Resources to this POC should be allocated on the total population in the age groups 0-4, 5-14, 15-17 and 18-44 based on the age-cost relationship of 1: 1.3: 2.6: 0.05 respectively; and
- Consideration should be given to further work to:
 - i. examine how service utilisation by age band is distributed throughout Northern Ireland; and
 - ii. assess what impact, if any, potential needs variables have on resource consumption.

Elderly Care

- Resources for this POC should be allocated on the total population in the age groups 65-74, 75-84 and 85+ in the ratio of 1: 2.8: 5, further weighted by age specific standardised Limiting Long-Term Illness; and
- Consideration should be given to the outcome of the second phase of the Sheffield Study to determine if this approach should be amended.

Limitations

- 9.6 Since the age-cost relationship has been calculated purely from activity and financial data pertaining to Northern Board only, it is possible that this is not representative of service utilisation, by age band, throughout Northern Ireland.

Lack of information on the impact of potential needs variables has required the Review Group to conclude that it is not possible to weight for such variables at present.

Recommendations

- 9.7 The Review Group recommends that resources for the Family and Child Care programme of care should be allocated on the total population in the age groups 0-4, 5-14, 15-17 and 18-44 based on the age-cost relationship of 1: 1.3: 2.6: 0.05 respectively.
- 9.8 The Review Group recommends that consideration should be given to further work to:
- i. examine how service utilisation by age band is distributed throughout Northern Ireland; and
 - ii. assess what impact, if any, potential needs variables have on resource consumption.

services and allocate resources accordingly through the area and operational planning process.

The 1995 Review which led to the adoption of the capitation formula

7. The Department expected participants in the review group to bring their knowledge and expertise to bear on the work of the group, but they were not there to act as cheer leaders for their Boards. The Western Board expressed its unhappiness with the outcome of the review and argued that it was unfair. I do not recall the detail but I believe the Board was asked for evidence to support its view – evidence which it had not originally provided to the group. On the basis of the evidence subsequently provided, I think a small adjustment was made to the outcome in the Board's favour. I do not recall routine progress reports coming to me as Chief Executive except in regard to general information in preparation for annual Accountability Review meetings with all four Boards. I do not believe that the Western Board was satisfied with the outcome: I imagine the Board was looking for a more significant uplift in its budget.

The Funding of Voluntary Homes by Boards

8. I do not recall the Department issuing guidance on funding to voluntary homes. Each Board would have had various advisory committees set up at its own discretion. They would have fed through advice to regional Special Advisory Committees in the Department. They would have been primarily concerned with the issuing of professional policy advice, rather than management matters (including funding).

Capital Investment in statutory Children's Homes

9. Boards would bid for major capital investment over a certain level from the Department. They were separately funded to undertake minor capital works and maintenance. The Department sought professional advice and evaluated all bids, leading to the development of a priority list against available capital. I do not recall any particular bids for statutory children's homes, which would have been considered alongside other capital bids.

The Accountability Review Process

10. I am unaware of a formal review process before the introduction of Accountability Reviews in 1980. I recall that the Accountability Reviews were a mechanism for reviewing Boards' progress in achieving the targets set by government in its regional strategy and agreed through the Boards' own area and operational plans. I do not recall attending any such meetings in advance of my becoming the

Department were fixed, therefore, there were always financial pressures as John Hunter commented:

“All Boards complained about underfunding for service provision (a perennial problem affecting the HPSS in NI and elsewhere),”

60. The Londonderry Welfare Authority and the WHSSB had delegated statutory authority from the MoHA and the Department, respectively, to provide services relating to children in care. Duties included the allocation and prioritisation of resources to best meet the needs of its population. From available evidence¹¹⁵ the WHSSB articulated its financial pressures and believed it was underfunded compared to the other Boards, as John Hunter states:

“I believe initially only the Western Board argued the case for relative underfunding.”¹¹⁶

In addition John Hunter comments:

“the Western Board never argued through its area and operational planning process that it was underfunded for a particular service.”¹¹⁷

61. The PARR formula was introduced in 1978¹¹⁸ as a tool to calculate the equitable allocations among the Boards as noted in Paragraph 37. The 1978 report¹¹⁹ compared the PARR formula to actual allocations¹²⁰ and the WHSSB was receiving slightly more than its PARR share. Therefore, we conclude that up to that point the WHSSB was not underfunded.

¹¹⁵ FJH-10979 Letter from WHSSB Area General Manager to John Hunter the Chief Executive of DHSS

¹¹⁶ John Hunters Witness Statement

¹¹⁷ John Hunters Witness Statement

¹¹⁸ Annex 5 – Report of the working group in revenue resource allocations to Health and Social Services Boards in Northern Ireland - November 1978

¹¹⁹ Annex 5 – Report of the working group in revenue resource allocations to Health and Social Services Boards in Northern Ireland - November 1978

¹²⁰ Annex 5 – Report of the working group in revenue resource allocations to Health and Social Services Boards in Northern Ireland - November 1978 - table 9b

indicates that any realignment of allocations would have to proceed cautiously in order not to disrupt other services in Northern Ireland.

7. The use of PARR formula in 1978/79 was not a conclusion rather it was a starting point. One only has to look at the caveats and qualifications that each working group included in their reports in 1979, 1989 and 1995. It is also relevant to consider that further refinement of the allocation formula continued into the 2000's again demonstrating the complexity of creating a robust methodology that was accepted by both academics and practitioners.
8. The PARR formula was thus a "work in progress" and the report of the first working group in 1978-1979 was the first iteration of a process that continued over the following 20 years and even at its conclusion was still being contested. Therefore, the suggestion in paragraph 61 of Ms McBride's statement that, on the basis of the initial PARR report, the WHSSB was not underfunded, is not accepted by us. We ask the Inquiry to look at the "Fair Share" document produced in 1987 which demonstrates the devastating effect that underfunding on the level of service available to the population of the WHSSB.
9. In paragraph 66 of her statement, Ms McBride says its is noteworthy that the WHSSB did not receive the biggest adjustment in 1995-96. We consider that it is important to establish whether the 1995 adjustment was a percentage increase or an actual increase. On either basis, however, the budget of the NHSSB was significantly greater than that of the WHSSB. Therefore, if the adjustment was in real terms the NHSSB adjustment would inevitably be greater. Also, with the opening of Antrim and Causeway Hospitals, patients who were residents of the NHSSB and had previously attended hospitals in the EHSSB and WHSSB for acute and mental health services were now accessing services in their own HSSB area. Finally, and most significantly the government's policy was to create an internal market. To achieve this, the four HSSBs in Northern Ireland became Purchasers of services, the Trusts that were being created were to become providers. In order to fund the purchasing process, HSSBs funding was based on a capitation formula

allocated by the former Local Authorities Welfare Committees which was transferred to the new HSSBs on the 1st October 1973. It is for this reason that we have made the point in previous statements regarding the low level of local authority services which had been funded in the WHSSB by the former Welfare Committees. A further point of clarification is that we suggest that while there was some improvement in the funding baseline, equity was never achieved, neither under PARR or subsequently under Capitation.

4. The main source of additional funding for HSSBs was through the revenue consequences of capital projects. There was very little capital investment in the WHSSB area between 1973 and 1979. A further difficulty during this period for the WHSSB was that of recruitment of professional staff across all programmes. This being the case, there was a reluctance to seek and accept any monies which were unlikely to have been spent because of this difficulty. Such underspending would have attracted criticism.
5. In paragraph 40, Ms McBride says there was very little difference between the actual allocations received in 1978/79 and the allocations determined using the PARR formula (notional allocations). In our view, when considered against Ms Mc Bride's full statement, the PARR report of 1978/9 represented only a starting point for the development of a robust allocation formula for Health & Social Care in N.I. When read against the reports of PARR in 1989 and 1995, one can see over time the formula was reviewed, critiqued and refined. Each iteration building on the preceding analysis. This point is best made by comparing the outcome for the WHSSB in 1979 with the outcome in 1989, a swing of £9million in 10 years. It is disappointing therefore that the formula produced by the PARR working group is represented by Ms McBride as being definitive.
6. As Ms. McBride indicates the PARR formula was "only an assessment formula, have to start HSSB from the baseline". She acknowledges in paragraphs 45 that the DHSSPS recognised that the WHSSB was inadequately funded and had "skewed" monies to the WHSSB. She also

62. The 1989 PARR Review,¹²¹ however, showed disparities between WHSSB's PARR allocation and its actual allocation.¹²² These differences were due to a number of factors already highlighted at Paragraph 50 that impacted both on the PARR formula and on actual allocations.

63. There is no indication from the WHSSB's Area Strategic Plans or Operational Plans that it was failing to discharge its statutory child care duties as a consequence of the funding provided to it or that it had to re-channel resources from non-statutory obligations to discharge its statutory child care duties.

64. At Paragraph 45 above it is noted that the variance between allocation and the PARR share for the WHSSB was

1.5% in 1989; and
0.2% in 1995.

Between 1989 and 1995 the Department sought to better align its allocation to the WHSSB.

65. The Department accepts that over a period of time WHSSB's actual allocations, like a number of Boards', were less than the notional PARR allocation. There is no evidence, however, that the WHSSB reported to the Department its failure to discharge its statutory child care duties resulting from its funding allocations through the annual and mid-year reviews processes, during the period under review.

66. In 1995-96 an adjustment was carried out that aligned the Boards' capitation allocations. It is noteworthy that WHSSB did not receive the biggest adjustment, rather it was NHSSB, when the Department realigned HSSBs' allocations. From the available evidence the Department concludes that throughout this period it

¹²¹ Annex 13 – Final Report on the Review Group on Resource Allocation to Health and Social Services Boards in Northern Ireland – February 1989

¹²² Annex 13 – Final Report on the Review Group on Resource Allocation to Health and Social Services Boards in Northern Ireland – February 1989- Paragraph 2.3

measuring actual allocations during this period to determine if each Board received its 'fair' share of resources.

- There are three periods where evidence is available of what the PARR share was for each Board: 1978; 1989; and 1995. We, assume that the PARR share remained constant between these three periods.
- From Annex 18 each Board at some time was below its PARR allocation. NHSSB was consistently in this position until 1992. From the evidence at hand this was probably due to the time differences in cross boundary flow between NHSSB and EHSSB as noted in the 1989 review¹¹³ which was rectified in 1993.¹¹⁴
- The Department was constantly striving to ensure all Boards received their fair share within the limited pocket of money. The 1989
- Review Report noted, for example, that the Department pushed any available money towards the Western Board as per paragraph 49.

58. The availability and sophistication of data available to the Department from 1978 to 1995 meant that PARR was as robust as possible given these constraints. The uniqueness of Northern Ireland in respect of its integrated health and social services also meant there was no GB modelling which could be used directly in the Northern Ireland context. While the 1989 PARR Review Group had recommended considering which social deprivation figures could be used the subsequent Review Group, while considering these measures, was unable to recommend which factors to use. It is noteworthy that England was also unable to identify applicable social deprivation factors.

Question 3 - Was the Western Board underfunded?

59. All Boards faced demand for health and personal social services which potentially was unlimited. Unfortunately, the resources available to the

¹¹³ Annex 13 – Final Report on the Review Group on Resource Allocation to Health and Social Services Boards in Northern Ireland – February 1989 - Paragraph 3.20

¹¹⁴ Annex 18 - Revenue Allocations to Boards from 1979 - 1997

adolescents and to that end two Health Visitors have already commenced training specifically to deal with problems associated with adolescents. Continuing [REDACTED] [REDACTED] 34 [REDACTED] went on to elaborate on measures taken by management and staff to address difficult aspects of caring for children.

The General Manager reported that management were assessing and monitoring indicators of pressure and introducing a framework of services in a creative and flexible way to make the best choices for the long term interests of the children. Management were also looking at other parallel developments such as adolescent psychiatry and child psychiatry which were considered to be important support frameworks for the overall child care programme.

Mr Darcy stated that in his view it was important to have interim, medium and long term strategies as he believed this would be the best approach to deal with the issues involved.

Mr Donaghy indicated that the Board should convey to the Department the concerns expressed by the Committee in relation to the need for additional funds.

In response to a comment from Mrs McGowan concerning the availability of funds Mr Burke advised that he would be meeting with Dr McCoy Chief Social Work Inspector of the Department to discuss a range of issues arising from the Report and to consider financial and other implications.

The General Manager responding to Mr Donaghy's comment said he would write to the Department indicating the problems that this years allocation of funds present to the Board. It could be that the Department would have the view that the problem was not unique to the Western Board, but was a national issue. However, he said he would put forward the case again for the Board's uniquely underfunded situation and ask the Department to consider the matter in the knowledge of the analysis they have sight of and to consider making some exceptional arrangement for the Board.

The Chairman stated that the point had been well made and understood that the problems were simply not one of resources. He said he would be sympathetic to the view that additional staff should not be appointed until management know exactly where and how to best utilise those staff. He indicated that the Committee and the Board have a responsibility to deal with issues identified in the Report but the Department, being a party to the Report have also a responsibility towards solving the problems. Referring to allocation of funds for the incoming year he said the Committee would support the General Manager's views on the PARR situation.

e. 27/12/91
 Mr. Paine

FG/38/2/91

FROM: F GREEN
 DATE: 27 FEBRUARY 1991

cc: Mr Hunter
 Mr Simpson

Mr McGrath

REVIEW OF CHILD CARE SERVICES

- * No!
 I wrote, I
 gave this
 to you
 yesterday
 f.
1. I attended a meeting this morning with Mr Frawley and Mr Burke of the Western Board to discuss the attached letter* from Mr Frawley to Mr Hunter. Dr McCoy and HH 41 were also present. Mr Hunter attended for a short time but had to leave early for another engagement.
 2. Although the letter refers to the report on Harberton House, it was clear that Mr Frawley's real concern lies in the Board's overall funding position. He is concerned that his Board Chairman remains extremely unhappy about the Board's PARR deficit and considers that the Department has not done enough to address this in next year's allocations. Mr Frawley feels that the matter is likely to come to a head at the Policy and Resources Committee meeting on 13 March when the need for additional resources for the development of Child Care Services will be on the agenda and the disparities in staffing levels and other resources between the Western and Eastern Boards will be highlighted.
 3. I explained to Mr Frawley that:
 - the adjustments to the PARR calculations were made solely to correct clear inaccuracies in the statistical and financial data and assured him (again) that there was no question of collusion between the Department and the Eastern Board;
 - we had provided all four Boards with full details of the changes and dealt as fully as we are able with the subsequent enquiries;
 - the revised targets were well within any limits of confidence (as expressed in the PARR Review Group report);
 - the allocations for 1991/92 had been discussed fully with General Managers, Chairmen and the Advisory Board and could not be unstitched;
 - there was no reserve held by the Department to increase the Western Board's share;
 - in spite of the limited room to manoeuvre we had already skewed a further £300,000 to the Western Board.
 4. I also explained to Mr Frawley that we remained fully committed to moving towards a full capitation based funding position within the timescale set out in our Working Paper.

5. In spite of my explanations and assurances Mr Frawley has asked for a further urgent discussion with Mr Hunter. I have advised Mr Hunter of this and he will make the arrangements.
6. I have also suggested that an internal meeting is essential to agree our line.



F GREEN

OFFICIAL-SENSITIVE-PERSONAL

HSS-13-45-88-Child Abuse 1988-90-Governance ref to Training Schools, Harberton House, Lisnevin St Pats Kincora Naz House Derry (99) - PRONI - 17-09-15 OPT

TO: MR J G HUNTER
 DATE: 7 MARCH 1991

cc: Mr Simpson
~~Mr McGrath~~

11/3/91
Mr. Paul

Mr Green

VISIT TO WESTERN BOARD

Yesterday I spent the afternoon with Mr Frawley talking through a number of issues including, the Board's need for additional resources for the development of child care services.

Inevitably, much of the discussion focused on the PARR formula. I rehearsed the arguments which you had already covered with Mr ~~Kinders~~. I advised him that we could not at this stage unpick the allocations which had already been communicated to Boards for 1991/92. I noted that the allocation to the Western Board had already been skewed to the tune of around £300,000 in recognition of the PARR figures. Finally I noted that no reserve had been held by the Department which could be used to increase the Western Board's share next year.

I also outlined to him our timetable for the introduction of capitation funding. I undertook that in the course of our deliberations on the allocation of resources for 1992/93 we would take into account the new figures which would be available later this year on the Western Board's target allocation. The Board would be free to use any additional sum to develop child care services in 1992/93. Meanwhile it was the Board's responsibility to manage any problems which currently existed in respect of the delivery of these services.

Mr Frawley accepted this analysis with some reluctance but felt reasonably confident that he could persuade his Chairman that this was the only way forward.

JG

J G HUNTER

MS 6/3



AREA BOARD HEADQUARTERS

Please use this reference in your reply

Our Ref: B/R.P/TJF/g1

Your Ref:

Date 20 March 1991

Mr J Hunter
 Chief Executive
 Department of Health & Social Services
 Dundonald House
 Upper Newtownards Road
 BELFAST
 BT4 3SF

Mr. McGrath

*John Green
 Draft reply please
 J. Green*

John, McGrath
 Dear Mr Hunter

At the Resource Allocation Committee of the Board held on 13th March 1991 there was extended debate on what is now perceived to be a positive discrimination by the Department against this Board in properly addressing the issue of equity in resource allocation. In a way the nature of the discussion was deeply affected by what was perceived to be Mr Needham and more recently Lord Skelmersdale's commitment to continuing to narrow the gap between the Western Board position and that of other Boards, particularly the Eastern Board.

As I have said in recent meetings with you, the sense of grievance that has now built up is becoming very difficult to contain and in many ways was brought to a head by the recent report on Child Care Services in the Board.

As you will be aware that report highlighted the major difference in staffing levels for child care services that existed between the Western Board and the Eastern Board. Thus, during the discussion around operational planning when it became clear that there was no potential for skewing additional money, Board Members felt that their position and that of the Board in relation to both staff and children was becoming untenable.

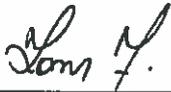
I am conscious that we spent some time on this issue in our recent discussion on the Board's financial position but I am afraid when I offered a view to the Committee that I believed our position might be addressed and would not be deferred until the full implementation of capitation funding, I secured little change in the Members attitude; their view being of course "we have heard all this before every year at the Spring we are told next year will be different" only to find that no progress has been made. I have to say as you will appreciate from our recent exchanges that I have some real sympathy with this view and really write to emphasise that in terms of stewardship, the current Board intends to ensure that the new Board is fully appraised of the history of funding in the Region and will seek as its legacy a commitment from the new Board that the PARR issue as it relates to capitation funding will be both sponsored and pursued aggressively.

15 Gransha Park, Clooney Road, Londonderry, N. Ireland BT47 1TG
 Telephone L'Derry (0504) 860086 (14 Lines)
 Fax. No. (0504) 860311

What was clear from the discussion is that Mr Toland having now been confirmed as the Chairman of the new Board accepted that challenge and gave a clear commitment that from this point on anything less than real and meaningful progress will be unacceptable to this Board.

I write this letter not in any way to challenge or threaten the authority of the Department. I merely feel it is essential that at this point in a financial year your Executive and also the Minister should be aware that the Board and its staff will not be able to contain the political dimensions of the failure to address an issue which has now been with us for nearly 20 years.

Yours sincerely



T J FRAWLEY
AREA GENERAL MANAGER

H312/5

WESTERN
HEALTH AND SOCIAL SERVICES BOARD



AREA BOARD HEADQUARTERS

Please use this reference in your reply

Our Ref: B/R.CC/TJF/g1

Your Ref:

Date 20 March 1991

Mr J Hunter
Chief Executive
Department of Health & Social Services
Dundonald House
Upper Newtownards Road
BELFAST
BT4 3SF

Mr. McGrath

Mr Green

Draft reply please

J. J. 20/3

J. J. 20/3

Dear Mr Hunter

You will already have received by letter which reflected the concerns of the Board about the failure of the Department to address the PARR issue.

As I indicated in my letter the specific issue which triggered the greatest anger and frustration at the Resource Allocation Committee was that relating to child care in light of our recent difficulties.

The Director of Social Care shared with the Committee the facilities that are now available in Belfast through the creation of assessment units and residential facilities with not more than 10 places. They were already aware of the specialist fostering arrangements and child care staffing from the presentation by Mr Bunting through the Community Care Committee.

They believe that it is necessary therefore, due to our inability to address the core of these staffing problems, to put on record to the Executive their deep dismay at the failure to recognise our deficiencies in child care staffing which we believe are directly related to the historically underfunding of the Board. Clearly there is little point in repeating the sense of deep grievance that is developing but I think it is important nevertheless that you would be aware of this specific concern.

Yours sincerely

T J FRAWLEY
AREA GENERAL MANAGER

H312/5



AREA BOARD HEADQUARTERS



Please use this reference in your reply

Our Ref: B/R.CC/TJF/g1

Your Ref:

Date 20 March 1991

Mr J Hunter
Chief Executive
Department of Health & Social Services
Dundonald House
Upper Newtownards Road
BELFAST
BT4 3SF

Mr. McGrath

Mr Green

Draft reply please

JFM 20/3

JFM, 20/3

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Yours sincerely

T J Frawley

T J FRAWLEY
AREA GENERAL MANAGER

15 Gransha Park, Clooney Road, Londonderry, N. Ireland BT47 1TG
Telephone L'Derry (0504) 860086 (14 Lines)
Fax. No. (0504) 860311

well as [REDACTED] I am hopeful that staff will also soon attend, a development course concerning 'Adolescent Abusers'.

As you will appreciate every effort, within our resources, has been made to meet the needs identified in the report, However, I feel additional resources to help us develop an assessment and treatment unit within the Board, located in Harberton, would be a recognition of this Board's difficulties and of our joint efforts in redressing the resource problems. I spoke to Mr D O'Brien and indicated this could be developed at the cost of £130,000. I hope you could support this application, and can advise me at an early date of the outcome. We are still experiencing sustained pressure within our Child Care Services. In Foyle Unit, Harberton continues to be full and the Bungalow remains open inspite off increased fostering provision.

I hope this letter clarifies our position and the action which is currently underway. I would be happy to discuss this matter with you when we next meet.

Yours sincerely

SND 469

DOMINIC BURKE

Director Social Care

Encs

2. FAMILY AND CHILD CARE SERVICES AND NEEDS

2.1 Programme of Care Structure

- (i) The Unit is organised on a Programme of Care basis and one of these Programmes is for the Family and Child Care Services. However, the management structure is a hybrid, in that it does not have Assistant Principal Social Workers (Family and Child Care Services) managing all these services.

There is a fieldwork Family and Child Care Team in each of the five Sub-Units but the Senior Social Worker (Team Leader) reports to a generic Assistant Principal Social Worker.

- (ii) There is one Assistant Principal Social Worker (Family and Child Care) who has a Unit wide remit and carries managerial oversight of two residential facilities, one Fostering Unit, one Family Centre and the playgroups and childminders. This is a questionable management span of control and workload for one person to carry.
- (iii) There is one Principal Social Worker (Family and Child Care) who carries managerial oversight of all the Family and Child Care Services in the Unit.
- (iv) There is an Assistant Unit General Manager who has responsibility for all the Family and Child Care and Community Care Services in the Unit. psw

2.2 Fieldwork Staffing

- (i) There are 5 Senior Social Workers (Team Leaders) and 28.5 Social Workers. In addition, there is a Senior Social Worker who heads the Fostering Unit and he has a team of 3 Social Workers. There are also 1.5 Social Workers who comprise the staff of the Adoption Unit. These staffing levels include the 6 additional Social Worker posts which have been added to the Family and Child Care Programme within the last year.
- (ii) The NSPCC operates a fieldwork Child Protection Team within the Unit and this Team is comprised of a Team Leader and 4 Social Workers.
- (iii) The Unit closest in population size to Foyle is North & West Belfast. The latter also has an NSPCC Child Protection Team in operation but unlike Foyle it is an entirely urban area. However, there are many similar demographic characteristics when the two Units are compared.

North & West Belfast has a staffing establishment of 15 Senior Social Workers and 53 Social Workers in the Family and Child Care Programme. When compared with Foyle, it has 9 more Senior Social Workers and 20 more Social Workers.

H19/8

GOV 3

Mr Hunter ✓ *John 2/18*

HUGHES MONEY

You should see the attached copy of a letter I have received from Mr Kinder.

One might have expected some response from the Eastern Board and this letter is perhaps somewhat less stident than it might have been. I presume that we can do nothing other than tell Mr Kinder that there is no chance of our changing our minds now but you may wish just to consider the list of activities etc which he claims are under threat because of our decision.

S PEOVER

25 August 1988

cc Mrs Paul

1. GOV 3

I agree with Mr Kern. Mr Kinder was advised that the Department would reduce any revenue allocation to the Board later this year by £240,000. The reduction was not "tied" to child care as inferred by Mr Kinder.

2. Mr Kern.

P85176

Eastern Health and Social Services Board



12/22 Linenhall Street,
Belfast BT2 8BS.
Telephone: (0232) 321313

GENERAL MANAGER
Patrick G. Kinder
BSc(Econ), FCIS, MBIM, LHSM

our ref: RM/RJB/KH

your ref:

Mr. S. Peover,
Assistant Secretary,
Planning Division,
Department of Health and Social Services,
Dundonald House,
Upper Newtownards Road,
BELFAST,
BT4 3SF.

18th August, 1988

Dear Mr. Peover,

HUGHES REPORT

You wrote on 29th July, 1988 confirming that the Department had decided to withdraw £240,000 of the finance allocated to this Board to improve residential child care services and to reallocate this amount to the other Boards.

You will be aware that there have been ongoing discussions with the Voluntary Children's Homes aimed at clarifying their role and establishing them on a sound financial basis. These discussions have been concluded with a broad measure of agreements and a report will be submitted to the Department in the near future. At present the draft is being cleared with the Management Committees of these Homes.

As part of this process of establishing a partnership with the Voluntary Homes, and in the light of the additional finance made available by the Department, commitments were entered into to improve their revenue funding for this financial year. The amount required to achieve this is around £276,000. The Board was in the process of allocating the necessary funding to the appropriate Units of Management. However, this has now been delayed in view of the Department's decision.

The Board also has an agreed strategy to improve its own residential child care services. The measures planned for this year, following consultations with staff in the Units of Management, and which are consistent with the Hughes recommendations and Department policy, will cost between £236,000 and £299,000.

Details are appended and, as you can see, the Board requires the whole of the allocation previously made by the Department to meet commitments entered into in good faith. I must consequently express my grave concern at the decision which the Department has taken and need hardly emphasise the adverse reaction that there will be both from within the Board and from Voluntary Children's Homes. I have no doubt that it will damage the trust which has been built up with the Voluntary Homes, particularly as the Department has been promoting a partnership approach and has indicated that improvements in residential child care should be a priority.

I would ask you to reconsider your decision to reduce the Board's allocation by £240,000.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Pat Kincaid". The signature is written in a cursive style with a large initial "P".

General Manager

6286/40
21/10
B148/10

SECRETARY HAS NOT SEEN

GOV 3

21 OCT 88



Chairman
Rev John O Connor
c/o Down & Connor CFW Society
511 Ormeau Road
Belfast
BT7 3GS

Vice Chair:
Mr J Currie
c/o NSPCC
16/20 Rosemary Street
Belfast
BT1 1QD

Treasurer:
Ms Veronica Sloan
c/o NIPPA
11 Wellington Park
Belfast
BT9 6DJ

Hon Secretary:
Ms Nora Greer
c/o SCF
41 Wellington Park
Belfast
BT9 6DN

21 October 1988

Mr. Alan Elliot
Permanent Secretary
Department of Health & Social Services
Dundonald House
Upper Newtownards Road
BELFAST
BT4 3SF

n'Kearney 27/10
Will you prepare a note on the
issues raised in advising on the
report for a meeting. Liaison with
Planning Division will obviously be
necessary.
26/10

Dear Mr. Elliot

STATUTORY/VOLUNTARY RELATIONSHIPS IN THE PROVISION OF RESIDENTIAL CARE IN THE AREA OF THE EASTERN HEALTH & SOCIAL SERVICES BOARD

As you will be aware, the EHSSB some months ago forwarded to you a joint report incorporating Board and Voluntary Sector views on the above discussion paper.

As part of the process of preparing this report, the EHSSB established an individual 'profile' for each Home, examining its function in relation to the Board's overall Child Care Strategy and agreeing among other things numbers of children, nature of care provided, etc. It also undertook to underpin the financial ramifications of each agreed 'profile'.

We learned to our dismay at a meeting with the EHSSB on 12 September 1988 (see attached memo, page 3, section d(i)) that your Department has apparently taken a decision to withdraw £250,000 from the EHSSB which the latter had indicated was to fund the changes and improvements expected of us as an 'intrinsic part' of the Board's Child Care provision.

To date we have received no further communication from the EHSSB and all of us are now in an increasingly difficult financial position. We are still operating from an outdated per capita base and are at the same time expected to implement our side of the agreement made with the Board and also meet the expectations of your own Social Services Inspectorate in their annual inspections.

As the only remaining Voluntary organisations within the EHSSB area providing Residential Child Care, we feel that our situation is simply not understood, our vulnerability not appreciated and our contribution somewhat undervalued. We have adapted ourselves to Board requirements in good faith and endeavoured to implement the recommendations of your Inspectorate. We do not feel that there has been adequate reciprocation from DHSS or EHSSB.

Appendix 2



Management Executive

Office of the Chief Executive

CONFIDENTIAL

T J Frawley Esq BA
General Manager
Western Health and Social Services Board
15 Gransha Park
Clooney Road
LONDONDERRY BT47 1TG

16 September 1992

Dear Mr Frawley

CAPITATION FUNDING

You will be aware from previous discussions that the Management Executive remains concerned at the speed with which we are moving towards full capitation funding. This objective was to be achieved within a three year period beginning in 1992/93, but the disappointing Survey outcome in 1991 enabled only limited progress to be made this year.

The Minister has therefore asked the Chairman of the Eastern Board to undertake an assessment of the implications of moving towards full capitation funding over a three year period, through the redistribution of resources. This would involve baseline reductions of around £7m each year which would be redistributed to the other three Boards.

He has asked me to commission assessments from the other three Boards of the way in which additional funds of this magnitude would be applied. Since the distance of each Board from its target share is likely to be adjusted in the light of the population information from the 1991 Census I am assuming, for the purpose of this exercise, that each Board would receive between £2m and £3m each year.

I know that you have already given some thought to how best to redeploy resources of this order of magnitude, which would not, of course, be available to substitute for any savings required to live within budget. I should be grateful if you would let me have your assessment by the end of September.

Finally, I must stress the need for the strictest confidentiality about this exercise, until we are in a position to make a clear statement on the way forward.

Yours sincerely

J G Hunter
J G HUNTER

CONFIDENTIAL



Management Executive

Financial Management Directorate

Mr T Frawley BA
The General Manager
Western Health and Social Services
Board
15 Gransha Park
Clooney Road
LONDONDERRY BT47 1TG

6 August 1993

Dear Sir

FINANCIAL ALLOCATIONS 1993/94

HOSPITAL COMMUNITY HEALTH AND PERSONAL SOCIAL SERVICES

1. Further to my letter of 8 July 1993, I am writing to advise you that the Board's revenue allocation has been increased by £144,000 from £147,246,000 to £147,390,000.

REVENUE ALLOCATION

2. The increase of £144,000 for child abuse, which is recurrent, reflects the distribution of the child population (ages 0 - 17) in each of the Boards. This is the same approach as was used in allocating resources for child abuse in 1992/93. An attempt had been made, with the full involvement of the Assistant Directors of Social Services, to devise a formula for allocation which would be more sensitive to relative need between the Boards. Unfortunately it has not been possible to achieve a method for allocation which would be sufficiently robust and defensible and which would command acceptance by all the Boards. The Department would like to place on record however the willing and extremely valuable assistance and co-operation it received from the Assistant Directors in the efforts made to devise a more refined formula for allocating the child abuse resources.

Your Board's allocation, which includes an element for the requirements in relation to the video evidence of children, has been made from the figure of £1,809,000 remaining from the total child abuse allocation following the topslicing of £164,000 by the Department for social work bursaries and associated practice placements. The allocation to Boards also takes into account the interim allocation of £200,000 made to each of the Boards earlier in the financial year.

Health and Personal Social Services Northern Ireland
Dundonald House, Upper Newtownards Road, Belfast BT4 3SF. Tel: 520500



Management Executive

Financial Management Directorate

Mr T Frawley BA
The General Manager
Western Health and Social Services
Board
15 Gransha Park
Clooney Road
LONDONDERRY BT47 1TG

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Health and Personal Social Services Northern Ireland
Dundonald House, Upper Newtownards Road, Belfast BT4 3SF. Tel: 520500

4. I enclose copies of this letter for distribution to your colleagues on the Executive Committee.

Yours faithfully



B D REYNOLDS
Planning and Allocations Unit

June 1990 from FA Elliott to NGD Ferguson; and v. letter dated 28.6.1990 from PG Kinder to Mr A Elliott.]

12. I also believe that, as population change and movement occurred in Northern Ireland due to civil unrest and differing birth rates, variations from the formula's equitable shares and actual funding became even more apparent. I refer the Inquiry to **Exhibit 2** which is a summary of the capitation reviews carried out. During the period under review the capitation formula was worked out at period intervals but today due to advances in technology it can be worked out on an annual basis. While it was originally felt to be useful to have these formulae to try to ensure a fairer distribution of resources, it is now the position that the formula is not an absolute means in itself to allocating the totality of resources in any one financial year..

13. Despite the apparent disparity between the allocations to the Boards, only once was a decision taken by the Department to take resources from one Board, namely the Eastern Board, and re-distribute to the other three Boards in Northern Ireland. This was in 1995/6 when the largest amount was given to the Northern Board. This coincided with the politically driven development of the internal market in the health service, whereby the four Health and Social Services Boards became the Purchaser for services and Trusts were created to become the Providers, in what was a significant reorganisation of the health and social services system in Northern Ireland. At this time, the main driver for resource allocation was population size and the Northern Board was the second most populous of the four Board areas in Northern Ireland.

14. Post 1997, the allocation formula has been a composite of individual formula to reflect the requirement of each Programme of Care. This reflects the different needs according to age across the various programmes. Prior to 1997, no information existed that could be used at Programme of Care level

17. The outcome of the original analysis was not introduced and more work was then undertaken. The WHSSB continued to be concerned that the weighting for deprivation did not adequately reflect the impact this critical factor had on the demand for Health and Personal Social Services.
18. The emergence of 'commissioning' put the Board in the role of advocate for its population. There was no longer the ambiguity of being both a provider and purchaser of services. Therefore, the priority for Boards was to secure an absolutely fair outcome for their resident populations. In these circumstances, the DHSSPS had to hold the ring. It appears to us, however, the Department was unwilling to make the difficult choices involved in achieving equity. This would have required the DHSSPS to follow the steps set out in Mr Hunter's letter to Mr Frawley in September 1992 which reflects the Executive's frustration at the lack of movement in moving resources from the EHSSB to the WHSSB and latterly the NHSSB. It would seem that in its allocation letters dated 6 August 1993 (SPT 80400, 80409, 80416 and 80425), the Department acknowledges decisions were not taken as it was felt that Board representatives could not agree and therefore the critical adjustments signalled in the letter of the 16th September 1992 did not occur.
19. While monies were protected for Social Services, the fundamental problem, in our view remained the Department's unwillingness to move resources from one Board to another in order to achieve fairness. We would contend that there was little discretion ever exercised by the Department to re-allocate funds.
20. The WHSSB never had the benefit of a Belfast Area of Need Initiative or a Making Belfast Work Initiative, both of which were Government sponsored initiatives which brought targeted financial support to deprived areas of Belfast. We do acknowledge the additional costs involved in providing regional services and medical training. However, because of distance and poor roads infrastructure, the WHSSB was required to develop a number of clinical services, e.g. orthopaedics, oral surgery and ophthalmology. Finally, accessing some regional services also involved additional costs of

2. HISTORICAL UNDERFUNDING OF THE NORTH WEST

2.1 In Module 5, the Inquiry has heard and read evidence about funding and resource allocation in the Western Health and Social Services Board (WHSSB). The Health and Social Care Board understands that there will be further consideration of the issue of finance by the Inquiry. These submissions, therefore, address the state of the evidence at the close of Module 5 with an intention to return to this issue as the information available and evidence develops.

2.2 The WHSSB received a low level of resource from its inception in 1973 mainly due to its estimated population size, which would have been identified from census figures. A relevant difficulty in this respect may have been the political atmosphere in this region regarding the census collection.² In the years that followed, the WHSSB, like the other three Boards, received percentage increases but these did not alter the low funding base in the West.³

2.3 The broad position of the WHSSB is that while it received a percentage of the available resources for growth from 1973 to 1995, that percentage was never sufficiently weighted in its favour to achieve a narrowing of the gap between its actual allocation and the sum that would have reflected its demographic profile, its levels of deprivation and the levels of health and social care need it was being required to respond to.

2.4 In a witness statement filed in Module 1, Dominic Burke explained that the

² On 7 April 1981, Joanne Mathers, then aged 29, was shot dead on a doorstep in Anderson Crescent, Gobnascale, Derry as she collected census forms. Media reports have identified: "At the time, Sinn Fein urged people not to complete forms to demonstrate support for the 1981 hunger strike" (<http://www.belfasttelegraph.co.uk/sunday-life/news/martin-mcguinness-ordered-murder-of-census-worker-fresh-allegations-from-ira-supergrass-raymond-gilmour-29994313.html>, Article dated 10 February 2014) and "At the time, republican terrorists had been targeting census workers in a bid to disrupt the survey." (<http://www.belfasttelegraph.co.uk/news/northern-ireland/census-woman-reward-to-find-killer-28741321.html>, Article dated 13 April 2012)

³ SND 19145 Witness Statement of Dominic Burke dated 23 May 2014, paragraph 1.

said in respect of the allocation of monies for 'child abuse' that "*unfortunately it has not been possible to achieve a method for allocation which would be sufficiently robust and defensible and which would command respect by all the Boards. The Department would like to place on record, however, the willing and extremely valuable assistance and co-operation it received from the Assistant Directors the efforts made to devise a more refined formula for allocating the child abuse resources.*"

4.1.19. Mr. Burke's statement dated 23 May 2014 said that the Capitation Review reports demonstrated that the Western Board was underfunded against the factors examined.

4.1.20. Reflecting on the evidence produced to this Inquiry and what was said in evidence to the Hughes Inquiry, the Board endorses the evidence given by Dominic Burke in Modules 1 and 5 about the funding in the Western Board and considers that his personal involvement at the time makes him a well informed witness. The same could be said of **GOV 1** who gave contemporaneous evidence at the Hughes Inquiry.

4.1.21. It remains the case, however, that the Eastern Board maintained that it required recompense for factors such as teaching, regional medical services and cross boundary flows for acute hospital treatment and advocated that this needed to be reflected in the allocation of resources by the Department.

4.2 Resource Allocation between Programmes of Care

4.2.1 In Module 5, this Inquiry also heard evidence about resource allocation between different Programme of Care within the Western Trust. Paragraph 3.4. of the Board's closing submission in Module 5 referenced the fact that every five years the Department issued Strategic Plans, which identified policy aims and objectives and the Department expected the Boards to allocate funds to achieve these policy objectives. The submissions also say that upon receipt of its share of the block grant, each Board had choices to make as to

- there was an absence of any response by the Board to provide psychiatric and psychological care and treatment for children or support for staff in the face of a most unusual incident;
 - the prospect that this was a new phenomenon which might possibly occur elsewhere given the characteristics of children now being received into care;
- d) By minute dated 9 July 1990, Mr Hunter requested a meeting with Dr Harbison and other senior officials to consider *inter alia* whether some form of formal investigation of the Board's actions should be undertaken. This was agreed.
- e) **At the Department's instigation**, a Review Team which included 2 senior officers from the Board was established in August 1990. The team, led by Mr R Bunting, the Eastern Board's Assistant Director of Family and Child Care, reported in December 1990;
- f) It is clear that the Board had taken no action to address the incidents of peer abuse in Harberton House and had not indicated that the problem was more widespread i.e. occurring in other homes.
5. It was because we only had information about the extensive peer abuse in Harberton house that the Department proposed terms of reference which were developed before the Western Board altered the Terms of Reference which were applicable to Harberton House only. The Board decided to widen the scope of the Review and in my view this would only lead to a dilution and not address the events in Harberton House. I would also wish to point out that the emphasis on resources available to the Board generally was being used to attempt to extract more resources from the Department. It was opportunistic. This is borne out by the General Managers presentation of the Review to a Board Committee (FJH10991) in which he is recorded as stating that a key aspect of the exercise was to assess the significant resource implications that this new major development would present to the Board.
6. My concerns about the revised terms of reference were that the failure to focus in on events in Harberton House would mean that the Review Team would not address fully what happened, why it happened and how did it go on for so long without being detected. It was clear that the Board had not discharged its duty of care to the children who had been abused while being placed in the care of the Board and placed in Harberton House.

- establishing standards for the care of children and inspection including the continual development of care standards and inspection methodologies;
- introducing a complaints procedure for children in residential care and their parents, among the first of its kind in the UK;
- professionalisation of the residential child care service to the extent that the numbers of qualified staff in residential children's homes in Northern Ireland far exceeded that of other parts of the UK or Ireland; and
- encouraging the establishment of dedicated services to address the needs of children who were abused and those who had abused other children³⁰.

1.28 Although such measures were not aimed at individual children, these together with the emphasis placed on Boards by the DHSS regarding the need for the strategic development of residential care services, could only serve to benefit the individual child and help create a quality care environment during the 1980s and 1990s i.e. the main period in which the Fort James and Harberton House homes were operating.

Question 4

Outline what the Department's (or its predecessors') responsibility was in relation to providing funding to Fort James over the period of its operation.

1.29 Fort James was a children's home established by the former Western Health and Social Services Board. The DHSS did not provide revenue or capital funding directly to statutory homes. The funding which the DHSS received for the delivery of health and social care was part of the Northern Ireland block grant from the Treasury. The DHSS in turn allocated funding to each of the four Boards based on the Northern Ireland capitation formula which took account of local population needs. The Department and its predecessors traditionally made bids for additional funding from the block grant in advance

³⁰ See Harberton House statement paragraph 2.7

of the financial year or as part of the in-year monitoring round to address priority issues. Funding so obtained was then allocated to Boards in a proportionate way or in a manner aimed at addressing specific or regional needs. Each Board was responsible for ensuring that the financing of children's social care services was sufficient to enable the Board to discharge its statutory obligations towards children in an effective manner.

Question 5

Describe the Department's role in relation to receiving and/or investigating complaints from residents within Fort James. Was there a complaint and investigation procedure and if so, what steps were taken to bring it to the attention of the residents in the homes or their parents?

- 1.30 Based on the limited records held by the Department in relation to the Fort James home, the Department has no evidence to suggest that the DHSS received any complaints directly from children in the home. An internal WHSSB memo dated 26 March 1990 and forwarded to the DHSS³¹ (date indecipherable) referred to a letter of complaint received by the Board from a child in Fort James with reference to the fact that there were three children in his room and that his privacy was being invaded as well as the overcrowding in the house putting additional pressure on him and the staff. The memo referred to the fact that there were nineteen children and young people in the main house, which was meant to accommodate fifteen. The child was assured that steps would be taken to reduce the overcrowding as soon as this was feasible. The author in a footnote anticipated that there might be a number of similar complaints from other residents of the main building.
- 1.31 The Department's January 2014 statement³² sets out in detail the process by which it issued guidance in May 1985 on a complaints procedure for children and their parents. This required Boards to develop their own procedures and to provide to all children in residential care and their parents with a contact

³¹ Annex A

³² Paragraphs 89-97 of the January 2014 statement

1 where a case was made to the Department for extra
2 funding, it was given, and how that funding -- and we
3 talked about this earlier. You were talking about the
4 stewardship and accountability, and while we know today
5 we talk about openness and transparency in terms of
6 accountability nowadays, but back in the 1970s, 1980s,
7 1990s there was not the same degree of accountability.
8 Is that --

9 A. No. There was -- it was very difficult to ascertain how
10 the Boards actually spent their money. We don't -- we
11 wouldn't have had good information about when they
12 received their block grant, how it was allocated between
13 Health Services and Personal Social Services, and even
14 within that within the various programmes of care within
15 Social Services, whether it be childcare, mental health
16 or whatever.

17 Q. Can I just ask did the Department ever ask, "How do you
18 spend your money?"

19 A. There were probably accountability reviews, but it was
20 very high level in a sense, and I know that in some
21 allocation letters to the Boards in relation to the
22 additional money, which was given for the implementation
23 of Hughes and child protection, that the Boards were
24 instructed that if they used this for any other purpose,
25 they had to seek the approval of the Department.

1 A. It may well have been.

2 Q. -- and it was to allow some planning by the Department.

3 A. That's right. To inform planning for that Order and to
4 look at the necessary resources to, for example,
5 establish new -- all sorts of new systems that would
6 have been established by the Children Order.

7 I think in doing that the only information that we
8 had to rely on were the financial returns made by the
9 Health & Social Services Boards at the time. They
10 were -- the family and childcare programme, as I recall,
11 was reflected on a form called FR22, which stands for
12 Financial Return 22, and when I was tasked with looking
13 at that -- not that I have any kind of financial
14 expertise, but just to have a look at the format of it
15 -- and it was very difficult from the figures presented
16 to disentangle, you know, fostering, residential care,
17 daycare services, services for voluntary service grant,
18 etc, etc.

19 As a result of that we produced -- the Department
20 produced revised guidance. I am not saying that the
21 guidance was not clear before, but we attempted to make
22 it clearer.

23 For example, we had found on some occasions that
24 Community Health Services were being put into Personal
25 Social Services spend on the family and childcare

From : Marion Reynolds

cc N J Chambers ACI

Date : 12 April 1995

C F Stewart *CF* 1314 1995

FOYLE COMMUNITY UNIT

1. On 11 April, 1995 I met with Mrs Elaine Way (U.G.M), Mr Gabriel Carey (Unit Director of Social Care) and Mr John Doherty (Programme Manager) to discuss professional practice issues relating to a specific case. During the course of the discussion I was informed that the level of funding was such that at times decisions had had to be made relating to discharge of statutory duties and/or compliance with procedural guidance.
2. The risks implicit in such a strategy are known to managers and the consequences have been apparent in cases coming to the attention of the Department. Given the claims made by the Senior Managers within Foyle there is a need to assess the adequacy of funding to the Family and Child Care programme of care, particularly at this point in time.
3. I would welcome an opportunity to discuss these matters with you as written confirmation of the discussion will be required.

Marion Reynolds

MARION REYNOLDS

1 sometimes we have -- there's an impact. The resources
2 essentially determine whether we can fulfil our
3 statutory duties and whether we can meet all the
4 procedural guidance that you are giving us".

5 **A. Uh-huh.**

6 Q. So you then go back and say, "Well, look, what is the
7 position here?" You are told, "They get an equitable
8 distribution in line with the other Boards and it is up
9 to them how they spend it".

10 **A. Well, I think when I previously worked with Chris, it**
11 **was because I believed the funding of Nazareth House in**
12 **Londonderry was inequitable, and if I had believed or if**
13 **I had found grounds that the funding in Foyle Trust was**
14 **inequitable, I would have been taking similar efforts to**
15 **address that, but having been told that it was equitable**
16 **and that other Trusts and Boards were funded in**
17 **a similar way, there was no basis for me then to take**
18 **action.**

19 But in relation to the discharge of statutory
20 functions in relation to children, it is quite clearly
21 in the legislation the responsibility of the Board and
22 the Trust to ensure that its spend ensures the
23 protection of children and the discharge of those
24 functions first.

25 Q. You made the point to me -- I was then asking you about

discharge statutory functions and/or comply with Departmental circulars, she did not know “to what degree they then looked at what other spend they had which weren't statutory functions, which were secondary, which could have been put on the long finger”.⁴⁷

3.35 The HSCB recognises that this is an area that needs further examination. However, on the basis of the current evidence, it appears that C. F. Armstrong's response to Marian Reynolds' memo was simply to reassure her that the funding was *'equitable and that other Trusts and Boards were funded in a similar way'* which left Marian Reynolds to conclude that *'there was no basis for me to take action'*.⁴⁸ To date, there is no other evidence that any other step was taken by Department, such as an *'accountability review at a high level'*⁴⁹. This is despite the findings of the Case Management Review, the Bunting Peer Abuse Review Report and the *'mantra'*⁵⁰ down the years about being underfunded in the West, all of which were known to the Department.

3.36 On Day 128, Sir Anthony Hart suggested in a question to a witness that if resources fall below what is required to discharge a statutory function, *'it must be topped up first and if that means another discretionary programme suffers, well, that's what has to happen.'* On Day 125, Dominic Burke told the Inquiry that *'when it was determined that cuts would be made, the childcare budgets were protected'*. It is submitted that this evidences that the Family and Child Care Programme of Care was a funding priority in the WHSSB, particularly as it had competing duties across different Programmes of Care. Dominic Burke's evidence, as set out in paragraph 3.24 above, also highlights the realities of the situation, which was that when the Board received its funding allocation, there were existing services that had to be maintained

⁴⁷ Transcript for Day 128, page 62, lines 19 to 25

⁴⁸ *Ibid.* Page 49, lines 10 to 17

⁴⁹ Accountability Reviews were referenced in Dr McCoy's evidence. Transcript for Day 126, pages 136 and 137

⁵⁰ "Mantra" was the term used by Dominic Burke in his evidence. Transcript for Day 128, page 36, lines 18 to 25

together with the capacity of Boards themselves to redeploy resources through efficiency savings etc. The formula also included a factor for the cost of regional services, provided in the main by the Eastern Health and Social Services Board in Belfast Teaching Hospitals. The formula was based on equivalent formulae in England, Scotland and Wales for hospital and community health services.

4. As I understand the process of developing the PARR formula, it required substantial statistical input. I also understand the working group involved included representatives from the four Boards. The four Boards received copies of the report of the working group and I am unaware of any criticism of its conclusions at the time. It was only later that I became aware of the Western Board's concerns, which, as I recall them, reflected a belief that the formula did not adequately take account of higher levels of social disadvantage in the Western area, which resulted in higher levels of morbidity and social need. I cannot recall how or when those concerns were communicated, but eventually they resulted in a review of the formula.
5. All Boards regularly complained about underfunding for service provision (a perennial problem affecting the HPSS in NI and elsewhere), but I believe initially only the Western Board argued the case for **relative** underfunding. In particular the Eastern Board felt it was under resourced in regard to its provision of most regional medical services and the provider of hospital services of last resort to the population of NI as a whole (when a local hospital could not provide the care required). As far as I can recall, the Western Board never argued through its area and operational planning process that it was underfunded for a particular service. Had the Board done so, I am confident the Department would have expected the Board to reallocate resources from within, given its responsibility for allocating its budget to best meet the needs of its local population. Had the Department intervened with additional money it would have undermined the Board's responsibility for service delivery and assumed a regional responsibility for service provision and management. That would have been contrary to the principle of subsidiarity on which the respective roles of the Department and Boards were based.
6. I do not recall the events leading up to the review of the formula, including any meeting I may have had with Mr Frawley. Nor can I recall any objective evidence produced by the Board to justify its allegation of **relative** underfunding – beyond a belief on the Board's part that the formula was unfair on the Western Board, given the extent of social disadvantage in its area and population movements across Northern Ireland. I am not aware of any agreement on the Department's part that the Western Board in particular was underfunded as all Boards could claim they were underfunded to the extent that they each had to prioritise their

monitoring the delivery of services must rest with the Boards". It defined the Department's monitoring responsibility and its relationship with the Boards by saying "As agents of the Department the Boards are accountable to the Department for the way in which they discharge their responsibilities in terms of quality, range and availability of services. It is not feasible, however, for the Department to monitor services directly The Department must, however, be satisfied that each Board has in operation adequate monitoring arrangements of its own, and receive periodic reports from Boards in respect of residential child care services".

13.45 The circular required the four Boards to submit detailed statements of their monitoring arrangements by the end of 1983 and thereafter to produce and submit annual monitoring statements outlining "the elements monitored, the methods used, the trends observed, the areas of concern identified and the action taken to remedy deficiencies". A list of "main elements to be monitored" was also made available. The Department also requested voluntary child care organisations to review their monitoring arrangements and to submit a statement on them.

13.46 Before considering various aspects of monitoring, it may be helpful if we comment on the overall relationship between the Department and the Boards as regards residential child care. It is common ground that the day to day management of children's homes and hostels in the statutory sector is a matter for the Boards and the Department ought not to be involved as a matter of routine. We are satisfied that the October 1983 circular made broadly the correct distinction between the continuous monitoring responsibilities of the Boards and the periodic involvement of the Department. The latter should include the setting of minimum standards of care, including staffing ratios, in consultation with the Boards; the scrutiny and approval of the Board's monitoring systems; the receipt of reports at suitable intervals on the delivery of services; and direct monitoring through the SWAG inspections. In addition, certain kinds of untoward events and matters of particular sensitivity or importance should be reported to the Department when they arise. Similar considerations apply in the voluntary sector.

13.47 Having endorsed the broad framework created by the October 1983 circular, we have some comments on the "main elements to be monitored" arising from some of our findings. The Department's list does not specifically refer to:-

- a. quarterly visits by the Personal Social Services Committee;
- b. monthly inspections by R&DC management; or
- c. monthly visits by residents' Social Workers;
- d. regular reviews of children in care

although some broader categories may well embrace them. We found that the statutory obligations in respect of (a) and (b) were not fully complied with in respect of the homes and hostels into which we inquired. Nor were the non-statutory policies represented by (c) and (d) fully implemented. In our view the Department should know whether these minimum standards of care are being met. We recommend that it specifies them as essential elements of the annual monitoring statements. The recording and presentation of (a) and (b) would be straightforward. The full implementation of regular review procedures would make the measurement of (c) a simple matter and both (c) and (d) could be summarised in statistical form. We acknowledge that the monitoring statements, if addressed constructively by the Boards and voluntary organisations, should considerably enhance the Department's information base and enable it to discharge its overall responsibility for residential child care more effectively.

13.48 In considering monitoring activity at Board level, we were particularly interested by an Eastern Board document of February 1983 entitled "Report on the Monitoring Arrangements for Residential Homes". This document was prepared by a Working Party of Board officers, ran to eighty pages plus appendices, and examined the Board's arrangements for monitoring residential care services for all client groups, including children and young people. It stated that "There was no evidence which indicated to the Working Party that any District had clear monitoring procedures which would enable the quality of care for all residents within the homes to be evaluated on an ongoing basis". Mr Bunting, who as Assistant Director for Family and Child Care Services had a monitoring role from October 1973, gave evidence, moreover, that no Assistant Director at Area level had been