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

mindful of the fact that, in terms of staff numbers, the residential child care sector is now much diminished compared with the recent past. We also recognise that such a policy would have to be linked to qualifications and training if equal pay were to be justified.

13.24 Pay parity may also have implications for the staffing structures within homes and for the management structures linked with them. Employers and staff interests would need to exercise imagination and flexibility if anomalies and distortions are to be avoided. Our recommendation is intended to improve the quality and commitment of staff employed directly in the residential care of children and young people and this objective would need to be kept uppermost in the minds of all parties concerned with its negotiation and implementation. While enhanced pay and status would not in themselves eliminate a propensity for individuals to commit offences, an improvement in standards and morale in residential care would, in our view, reduce the possibility of misconduct.

Mobility of residential staff

13.25 We were impressed by the fact that residential staff in the statutory sector were appointed to an individual home rather than employed more broadly through the residential child care service. In the case of Kincora this meant that Messrs Mains and Semple were employed in the same hostel from 1969 and Messrs Mains, Semple and McGrath from 1971. The continuance of homosexual offences in this setting may have been exceptional but this arrangement introduced an inflexibility into the management of homes and hostels which could usefully be avoided in future. The practice also reduced the options available to management in Mr Witchell's case at Williamson House, when transfer to a less demanding post might have prevented future difficulties. Accordingly we recommend that the Boards should consider, in consultation with staff interests, appointing residential staff to the service of Boards rather than a specific residential unit and making future appointments subject to this.

Qualifications and training

13.26 The Central Council for Education and Training in Social Work (CCETSW) has statutory responsibility for promoting education and training in social work throughout the United Kingdom. CCETSW is responsible for recognising

courses of training and for awarding qualifications or statements of completion to students who successfully complete such courses. It does not lay down standard syllabuses but issues regulations and guidelines setting out its policy on the main features of courses for which it is responsible. Universities, colleges and other bodies submit their curricula and course arrangements when seeking recognition or approval.

13.27 The CCETSW submission classified the courses for which it is currently responsible as follows:-

a. Certificate of Qualification in Social Work (CQSW), the professional qualification for social workers in day, field and residential services;
b. Certificate in Social Service (CSS), the qualification for other groups of social services staff;
c. non-qualifying In-Service Courses in Social Care (ICSC), for unqualified staff;
d. non-qualifying courses for 16-18 year olds leading to the Preliminary Certificate in Social Care;
e. post-qualifying courses.

There are five CQSW courses available in Northern Ireland, all of which include elements on child care. The CSS Scheme operates at three locations although the unit of the course dealing with Children and Adolescents is presently confined to Rupert Stanley College in Belfast. ICSC and PCSC courses are available at four and five locations in Northern Ireland respectively. CCETSW recognises two post-qualifying courses available at Queen's University, Belfast, one of which specialises in child care.

13.28 We referred in Chapter 2 to the historically low proportion of qualified staff in residential child care and to the potential which professional training has for the prevention and detection of misconduct. The written submission of the SCA(NI) suggested that "Residential Staff do not ..... have sufficient chance to become properly qualified". The Northern Ireland Public Service Alliance referred to "a massive qualifications gap in residential care" and recommended that "employers should ..... encourage their existing staff ....." and thus achieve "the optimum situation of having top posts filled by staff who are experienced and

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DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

STATEMENT TO THE HISTORICAL INSTITUTIONAL ABUSE INQUIRY

MODULE 15

KINCORA AND BAWNMORE CHILDREN'S HOMES

15 April 2016

I, Hilary R Harrison will say as follows:

This statement has been provided on behalf of the Department of Health, Social Services and Public Safety (the Department) as the second[1] in a series of statements to be made by the Department in response to the Rule 9 request of the Historical Institutional Abuse Inquiry (HIAI) dated 5 February 2016. This second statement concerns specific evidence received by the HIAI and forwarded to the Department, namely the transcripts of oral evidence provided to the 1984 Committee of Inquiry into Children's Home and Hostels (the Hughes Inquiry) and the 1986 report of the Hughes Inquiry (the Hughes Report) in respect of which the HIAI has made a request to both the Health and Social Care Board and the Department to:

"*prepare Rule 9 witness statements drawing the HIA Inquiry's attention to the key issues, as far as the department and board are concerned, that arise from this material. If it involves you wishing to correct, reframe, augment or otherwise explain something you have already said to the Inquiry then you should do so.*"

In addition to the oral evidence to the Hughes Inquiry and the Hughes Report, this statement relies on file documentation currently held by the Department and written statements and oral evidence already provided by the Department to the HIAI.

If additional relevant information becomes available, it may be necessary to provide to the HIAI revised or further supplementary statements.

1. Key issues

1.1 Having revisited the Hughes Report and reviewed the oral evidence to the Hughes Inquiry by former officials of the Department of Health and Social Services (DHSS) and the Eastern Health and Social Services Board (EHSSB), there are a number of issues worthy of comment from today's perspective. In light of the evidence already provided to the HIAI, however, those issues deemed by the Department to be salient or needing further clarification/augmentation in relation to the HIAI's considerations of institutional abuse and the role of the Department's predecessor bodies are:

- the inspection and advisory functions of the Ministry of Home Affairs (MoHA) and the DHSS;
- knowledge of sexual abuse within institutional care;
- staff ratios; and
- the financing of the personal social services in the period immediately after the 1972 reorganisation of health and social services in Northern Ireland.

[1] The first statement dated 8 April 2016 in response to the Rule 9 request was forwarded to the HIAI on the same date.

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, Belfast[2] (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 A[3]), 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 SWAG[5].

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

c) the policy rationale for the change was not made known to the Hughes Inquiry.

2.3 With reference to the above, a paper dated 12 May 1980 (Annex B)[6] written by the then Chief Inspector Mr James Wilde following continuing discussion within the DHSS regarding the Kincora allegations, which had been first broken by the media in January1980, stated:

"Present Position
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[7],*** *and SWAG now gains access to Children's Homes by consent (although it is often consent given in the knowledge that some statutory powers exist).*

These developments 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[8] *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." [9]*

2.4 The reference in the second paragraph to the role of SWAG being seen not so much as "*regulatory and inspectorial*" but as "*promotional and educational*" is virtually a direct quote from the Seebohm report[10]. Whilst Mr Wilde was plainly familiar with the Seebohm terminology, he was seemingly unfamiliar with the policy context. This is seen from his conclusion that the movement by SWAG to a promotional and educative role was due to developments "*over the course of time"*, whereas it now appears that in 1971/2, this was a deliberate policy intent on the part of the newly established DHSS. During the Hughes Inquiry hearings, Mr Armstrong, the then Chief Inspector, was questioned about the above statement but did not contradict this impression[11]. According to Dr Maurice Hayes'[12] evidence to the Hughes Inquiry[13], the same shift had occurred in the Education Inspectorate, which although retaining its

[6] Annex B is a document found within the Departmental File No DHSSPS file number S/50/84 which was submitted in full to the HIAI on2/2/2016
[7] My emphasis
[8] My emphasi
[9] Annex B paragraphs 9 &10
[10] The Seebohm Report page 197 paragraph 647 (c) – see Annex A paragraph 52
[11] KIN 70409 paragraph E to KIN 70411 paragraph E
[12] The then DHSS Permanent Secretary
[13] KIN 70104

original title, had developed relationships of a more advisory nature with schools. It should be noted that the aim of Seebohm was to establish an Inspectorate with sufficient background and expertise '*in field work and in administration'*[14] to assist and advise staff during the significant changes to be introduced by the new local authority generic social services departments. It is noteworthy that Dr Hayes, in his evidence to the Hughes Inquiry referred to the enormous challenges for staff in Northern Ireland of implementing the new integrated structures for the delivery of health and social services introduced in 1972[15]. This was a situation of fundamental structural change which was possibly deemed to require the same kind of assistance and supportive relationships in Northern Ireland that Seebohm had envisaged for England.

2.5 It is possible that if the policy intent had been known and made more explicit within the evidence to the Hughes Inquiry this might have tempered some of the comments in the Hughes Report regarding the DHSS record of frequency of inspections during the 1970s period. With reference to the EHSSB Kincora and Bawnmore children's homes, the Hughes report noted that Kincora had been formally inspected in October 1965; April 1972 and August 1979[16]. There was also evidence from the home's record books that prior to 1973, MoHA Children's Inspectors had visited it on 12 further occasions[17]. It is not known, however, if SWAG visited Kincora between the 1972 and the June 1979 inspection. Bawnmore children's home closed in 1977, having had 13 inspection reports made between 1962 and 1970[18]. As there were no record books available for Bawnmore it was not possible to check if Inspectors' visits were made on occasions other than those that resulted in inspection reports[19].

2.6 There is no doubt, however, that by the mid 1970s, SWAG itself found deficiencies in the approach adopted which, in the case of the voluntary providers, had included visits to homes interspersed by occasional formal inspections and in the case of the statutory sector, occasional formal inspections interspersed by meetings with senior officers responsible for the monitoring of children's homes in their respective areas. The dissatisfactions, due perhaps to the above reasons outlined by Mr Wilde, may have led to a resolve by SWAG in 1976 to complete a report annually on each children's home[20] which did not materialise due to lack of resources[21].

[14] The Seebohm Report page 197 paragraph 647 (c)
[15] KIN 70035-6; KIN 70098-70100
[16] HIA 700 and HIA 757
[17] HIA 700
[18] HIA 866
[19] HIA 867
[20] KIN 70400 paragraph E
[21] KIN 70394 paragraph A

2.7 The revelations regarding sexual abuse in Kincora led the then DHSS Permanent Secretary to conclude to the Minister in a paper dated 12 May 1980 (Annex C[22]):

"Clearly, no system of inspection can guarantee either to prevent or detect homosexual or other undesirable practices in children's homes. But we have come to the conclusion that the system of inspection must now be put on a more formalised and more regular basis, and greater resources channelled into this activity. A higher profile on inspection should provide better safeguards and greater deterrence, and enable the Department over time to raise the quality of child care in homes which may fall short of acceptable standards"[23].

2.8 The DHSS established a rigorous inspection regime which the Department has elaborated upon in previous statements to the HIAI. SWAG carried out an inspection of all statutory and voluntary children's homes in Northern Ireland and established increased monitoring expectations of Boards and the administering authorities of voluntary homes. SWAG/SSI subsequently adopted a programme of annual inspections of voluntary homes and 3-yearly inspections of statutory homes prior to the transfer in 1996 of the DHSS children's homes inspection responsibilities to the Health and Social Services Boards' Registration and Inspection Units.

3. Knowledge of the potential for sexual abuse within institutional care

3.1 The HIAI has been concerned with the state of knowledge of the potential for abuse of children in institutional care during the period 1922-1995. The Department has given evidence to the effect that knowledge of the potential for systematic sexual abuse of children by staff did not become part of the professional social work consciousness until the Kincora scandal broke in 1980 and the Hughes Inquiry subsequently uncovered the incidence of sexual abuse by staff in Kincora and other children's homes. It is noted that in cross-examination during the Hughes Inquiry hearings some DHSS officials were pressed to 'admit' that the DHSS was/should have been aware of the potential for such abuse in single sex establishments at a much earlier stage[24]. The Department acknowledges that there may have been earlier personal awareness by social work professionals of individual incidents of sexual abuse of children by adults and/or sexual activity between peers, particularly in all-male institutions. However, it stands by its assertion that institutional sexual abuse of children by staff was not recognised as a phenomenon until the early

[22] Annex C is a document found within the Departmental File No DHSSPS file number S/50/84 which was submitted in full to the HIAI on2/2/2016
[23] Annex C paragraph 4
[24] KIN 70505-70508; 70564-70565

1980s. This is borne out by a number of research studies[25] and indeed the evidence to the Hughes Inquiry of Mr R Bunting, the then EHSSB Assistant Director for Child Care in relation to his attendance at a European conference in 1982[26].

4. Staff ratios

4.1 The Departmental statement dated January 2014 in respect of the Nazareth House and Termonbacca children's homes in Derry (Module 1) made reference to the DHSS written submission to the Hughes Inquiry[27] which stated:

"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 report[28] was issued to welfare authorities and has been regarded by welfare authorities as a guide to staffing levels"[29].

4.2 It is now noted that Mr Pat Armstrong in his oral evidence to the Hughes Inquiry corrected this statement by referring to a 1974 DHSS Circular 'Planning - Manpower Guidlelines' (Annex D) which set out staff ratio guidelines for residential establishments[30]. In the case of children's homes, Mr Armstrong conceded that these were lower than the Castle Priory recommended staffing levels[31]. Nevertheless, in their evidence to the Hughes Inquiry, EHSSB staff confirmed that the Castle Priory standards were those that the Board aspired to achieve[32]. The HIAI will also be aware from the evidence of SWAG/SSI inspection reports that these were the standards against which the adequacy of staffing levels in each home was evaluated from 1980 onwards.

5. Financing of the personal social services in the period immediately after the 1972 reorganisation of health and social services in Northern Ireland

[25] For example http://www.gov.scot/Publications/2007/11/20104729/5 Chapter 8 Abuse in Residential Child Care 1948-1990;

[26] KIN 70833-70834
[27] DHSS Statement dated January 2014 paragraph 66.
[28] Residential Task in Child Care: the Castle Priory Report Banstead: Residential Care Association Kahan, B & Banner, G (Eds).
[29] RUB 4045
[30] KIN 70500
[31] KIN 70502
[32] KIN 70899

5.1 In its supplementary statement dated 22 January 2016[33] in respect of the Fort James and Harberton House Children's Homes and in response to the HIAI question: "*What was the process for approving funding to the Boards and was any funding ring-fenced for the provision of social services?",* the Department stated:

"The DHSS did not have a process for 'approving' revenue funding to Boards, nor did it 'ring-fence' finances for specific services delivered within the social services or health services. Rather, funding resources were 'allocated' to Boards who were responsible for determining priorities and meeting the assessed health and social care needs of their populations"[34].

5.2 In his oral evidence to the Hughes Inquiry, Dr Hayes referred to there being a 'protected' budget for the personal social services for seven years following the 1972 reorganisation of the health and social services[35]. According to Dr Hayes, Boards were told: *"You must use that sum each year for the development of personal social services and not for the health services".* Whilst the Department fully understands this interpretation of the personal social services budget allocations to Boards at the time and the reasons for the identification by the DHSS of these allocations, it was not strictly accurate to suggest that this was a 'protected' budget which could not be spent on other services. The revenue funding allocations to Boards following reorganisation, including the personal social services allocations to which Dr Hayes referred, will, however, be explained in full in the Department's forthcoming statement to the HIAI on the financing of social care services.

Signed

Date **15 April 2016**

[33] Bates reference not available. This statement was submitted to the HIAI on 22 January 2016 but the Department has not yet received it back within the HIAI evidence bundles.
[34] Paragraph 3.1 of the Department's Fort James Supplementary Statement dated 22 January 2016
[35] KIN 70041

Annex A

Annex A Extract from DHSSPS Witness

Annex B

Annex B Inspection of Children's Homes d

Annex C

Annex C Memo date 12th May 1980 Childr

Annex D

Annex D - Circular HSS(TM) 374 - Planni

ANNEX A

EXTRACT FROM THE DEPARTMENTAL STATEMENT TO THE HIAI DATED 24 APRIL 2015 IN RESPECT OF NAZARETH LODGE AND NAZARETH HOUSE HOMES, BELFAST (THE MODULE 4 STATEMENT)

PARAGRAPHS 48-59

The inspection functions of the DHSS from 1972 to the early 1980s

48 Continuing scrutiny of the historical information received from the HIAI together with the need to revisit Hughes Inquiry documentation led the Department to question why a significant shift occurred in its exercise of children's homes inspection functions during the above period. From the evidence received so far, it would appear that whilst lacking in thoroughness of methodology, inspections of voluntary children's homes were carried out by MoHA inspectors on an annual basis. This pattern may have been continued for a few years by former MoHA personnel on their transfer to the Social Work Advisory Group in 1972. However, it will have been apparent to the HIAI from the testimony of Mr Denis O'Brien 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."*[1]

49 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."[2]

[1] Annex G - Pat Armstrong's Oral Evidence to the Hughes Inquiry Day 8 - 6 September 1984 page 13 KIN 70476
[2] Annex H - John O'Kane's Oral Evidence to the Hughes Inquiry Day 9 - 7 September 1984 page 5 KIN 70556

"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." [3]

50 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 Local Authority and Allied Personal Social Services, chaired by Frederic Seebohm (the Seebohm Report)[4]. The Seebohm Committee was appointed

"to review the organisation and responsibilities of local authority personal social services in England and Wales and to consider what changes are desirable to secure an effective family service"[5].

51 As a consequence of the Committee's recommendations, social care services for children and families, the elderly, disabled people and those with mental health needs which had formerly been administered by separate local authority departments in England and Wales were brought together into newly created social services departments with the aim of enabling *"the greatest number of individuals to act reciprocally, giving and receiving services for the well-being of the whole community"*[6].

52 The Seebohm Committee considered the implications for central government of such new structures and recommended that one central government department should be "*responsible both for the relationship between central government and the social services departments which we have proposed and to provide the overall national planning of social services, social intelligence and social research."*[7] The Department believes that the

[3] As above footnote 24
[4] Report of the Committee on Local Authority and Allied Personal Social Services HMSO London 1968 'The Seebohm Report'.
[5] Seebohm Report page 11 paragraph 1
[6] Seebohm Report page 11 paragraph 2
[7] Seebohm Report page 194 paragraph 637

following further conclusions of the Seebohm Committee may be of significance to the considerations of the HIAI in terms of its consideration of the role of SWAG during the above critical years:

"In order to carry out its functions effectively, the central government department concerned must have a strong, accessible and well-respected inspectorate to advise local authorities, 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"[8].

and

"It does not necessarily follow that the new inspectorate would adopt the methods of any one of the present government departments concerned. We see the role of the inspectorate not so much as regulatory as promotional, educative and consultative ..... Its help would be particularly valuable in the early stages of the development of the new service and for that reason it is vital that the Government should take early action in setting up a new body of inspectors .... We would hope to see some of them with experience both in field work and in administration and free movement between the central government inspectorate and local authority services encouraged".[9]

53 To assist our further understanding about the role of former MoHA children's inspectors and SWAG in relation to the situation that pertained in England at the time regarding children's homes, the Department was helpfully referred by Mr Poyser to Sir William Utting, the Chief Officer and Director of the Social Work Service in the Department of Health and Social Security 1976-1985 and a former Chief Inspector, SSI England 1985-1991. By letter dated 4 February 2015[10], I wrote to Sir William and set out the Department's premise about the possible influence of Seebohm and sought additional information about the profile of children's homes inspections in England which were of interest to the Department. Sir William responded by letter dated 6 February 2015[11]. He stated that he believed Seebohm directly influenced DHSS[12] thinking about the role of the new combined Social Work Service:

" *... the advice about this role being 'not so much regulatory as promotional educative and consultative' appears to have been particularly significant. My later understanding of DHSS thinking in 1971 was that the big new social*

[8] Seebohm Report page 197 paragraph 647(c)
[9] Seebohm Report page 197 paragraph 647(c)
[10] Annex I SNB 9397
[11] Annex J SNB 9400
[12] The Department of Health and Social Security, England

services departments should not need close government oversight. This was reinforced by the prevailing professional dislike of the concept of inspection".

54 Sir William's responses to the Department's additional questions may also be of interest to the HIAI[13].

55 The major reorganisation of health and social care services in Northern Ireland in 1972, which led to significant changes to the structure and administration of regional social care services was plainly directly influenced by the Seebohm report. Having received Sir William Utting's reply, the Department believes it is most likely that the contemporaneous changes in Northern Ireland were an endorsement by the DHSS of the recommendations of Seebohm. Children's social care services transferred from MoHA to the newly created Department of Health and Social Services which was to be responsible for strategic planning of all the social services, supported by a new inspectorate with a revised focus on advisory, consultation and support functions. Like England which adopted the name 'Social Work Service', Northern Ireland rejected the term 'Inspectorate' suggested by Seebohm and established the 'SWAG' as a professional grouping within the newly created Department.

56 It is evident that SWAG attempted to combine the functions of advice and inspection although, as was the situation for the SWS in England, these tasks were not evenly divided. Whilst inspections of children's services remained a function of the SWS it is not known how frequently this was exercised:

"The Social Work service established its own style combining periodic use of the Secretary of State's inspection powers with the development of a strong advisory and developmental culture. The latter was unquestionably dominant, reflecting the nature of its founding. Inspections were generally reserved for programmes inherited from the Home Office, linked to the Secretary of State's regulatory responsibilities for children's services (particularly in the voluntary sector) and for the joint inspection of community Homes with Education on the premises conducted jointly with her Majesty's Inspectorate for Schools".[14]

57 The Department has examined the written submissions and oral evidence given to the Hughes Inquiry by former members of SWAG and former senior civil servants in the then DHSS. Whilst there are references to the impact of

[13] See Annexes I and J SNB 9397 and SNB 9399
[14] Annex K The Social Services Inspectorate: A History (Page 8) Department of Health 2004

Seebohm on the social services here, there is no reference in the evidence given to the Hughes Inquiry to the Seebohm report in relation to the role of SWAG.

58 As stated above, SWAG was found by the Hughes Inquiry to have had an unsatisfactory record in terms of the rigour of children's homes inspections and particularly during the 1972-1983 period, the infrequency of inspection activity. The DHSS's explanations for the latter tended to focus on Departmental resourcing issues[15]. It would appear, however, that the implications of the Seebohm report for the intended role of SWAG were either not known or not communicated by personnel who provided evidence to the Inquiry.

59 The Department believes that this was an important factor, which had it been made known to the Hughes Inquiry might have provided a more cogent explanation for the lack of inspection activity than was provided and might have led to the placing of more value by the Inquiry on the nature of the visits to children's homes by SWAG which took place during this period. Rather 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.

[15] Annex L Mr Armstrong's evidence to the Hughes Inquiry (Page 13 Day 7) KIN 70400

INSPECTION OF CHILDREN'S HOMES

INTRODUCTION

1. Recent allegations apart, it is regrettable but true that some children, in common with other vulnerable groups, may need protection from cruelty, indifference or incompetence on the part of the agency or staff charged with caring for them.

2. It is not the exclusive function of any one agency to provide such supervision. Some distinction is necessary between the responsibilities of those who provide services, ie, Boards and voluntary organisations, and those (including the department and its professional advisers) who guard the interest of the user.

3. Responsibility for the standards of the personal social services rests initially with the organisation that provides them be it Area Board or voluntary body. But an Area Board is expected to retain direct responsibility for a child in its care, and for whom it provides service through the agency of a voluntary body, ie, to satisfy itself about the quality of care for which it is paying.

4. A certain amount of protection is afforded by observance of procedures laid down by regulations and by systems of registration which in the case of voluntary Children's Homes are the responsibility of the Department.

5. Ultimately, however, each Board must be responsible for monitoring not only the service it provides but also the service it buys from voluntary bodies.

6. Boards employ some professional advisers (Assistant Directors), a major part of whose work is to conduct professional appraisals from a standpoint different from their colleagues in line management; but they commonly seem to experience difficulty in using these non-executive posts to their full potential.

7. Even the successful use of such Advisers by Boards, or indeed by voluntary organisations, cannot dispel reservations about the collusive nature of internal evaluation, ie, in the cause of "good" working relationships. There is a point beyond which self-evaluation cannot carry conviction and may result in unsatisfactory compromise on standards of care.

8. There is thus a strong case for an external professional 'inspectorial' service from SWAG whose members are authorised officers of the Department for the purposes of inspection.

PRESENT POSITION

9. 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 Homes by consent (although it is often consent given in the knowledge that some statutory powers exist).

0. These developments 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.

FUTURE POLICY

1. My own view is that SWAG should now move towards a more inspectorial role in accordance with Departmental policy which will enable it to use the powers of inspection in a consistent rational way but in a manner compatible with the promotional, educational and consultative role.

12. Some of the considerations leading to this view had been outlined above, other considerations are:-

(i) there is a continuing need for the Department to be active in the protection of vulnerable children;

(ii) the quest to determine accountability for things that go wrong will sooner or later, in the context of an inquiry, raise questions about the Department's policy and the use of its powers;

(iii) visits of inspection provide the Department with information about the standard and range of children's services. Standards of provision and practice vary, but bad practice can in many cases be improved by authoritative professional intervention. This is imperative where only a very small proportion of residential staff possess a basic professional qualification, and where failure to provide proper standards in the voluntary sector could lead to their rejection by our Boards, their main sponsors, resulting in the closure of some homes. This is undesirable at any time but especially in the present financial climate.

(iv) the powers provide the statutory platform from which the inspectorial, advisory and promotional role of SWAG is developed;

(v) it is desirable on grounds of principle and practice that our agent Boards and voluntary bodies should know that work undertaken with them by SWAG, with their agreement, is also underpinned by statutory powers.

13. Conversely our Boards in particular may feel upset by the threat of an authoritarian inspectorate at a time when the Department is generally promoting the concept of increased devolution. There is, however, little evidence that Board staff are carrying out their monitoring functions, and the quality of care varies sharply and arbitrarily between similar areas; there is public and professional concern for a reassertion of the need for quality in service provision and authority in its monitoring.

14. It is proposed to exercise the powers of inspection in a positive and consistent manner through inspectorial visits to Childrens Homes at more frequent intervals.

Usually prior arrangements will be made for a visit but it must be accepted that visits may be made without prior notice.

Proposals for unannounced visits will be discussed with Directors and Managment Committee Chairmen when plans for the year's work are being made. Such discussion will also cover procedures for the processing of reports by the Department to Boards and Management of Voluntary Homes.

15. In some circumstances it will be our intent to involve the staff of Boards or Voluntary Organisations in visits with a view to developing the agency's own monitoring services.

A small number of ad hoc visits will continue to be necessary.

16. To operate effectively as an inspectorate to both Childrens Homes and Training Schools will call for additional staff. It is certain that to set up such a system will carry a commitment to assist in implementing the recommendations of the reports. Many bodies will be incapable of doing this unaided. This will represent an additional burden on SWAG which could be met in some measure by abandoning an equivalent amount of current work; but the appointment of at least one additional SW Adviser will be necessary.

17. It is important to keep the inspectorial functions in perspective as only part of the work of SWAG. It is nevertheless a vital part because of the opportunity it affords to influence standards of care and quality of service which are matters of concern to the general public; to the Department; to its Agent Boards and Voluntary Agencies; and not least to the children in care.

J A WILDE
12 May 1980

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

CONFIDENTIAL

Minister of State:
(Mr Alison)

CHILDREN'S HOMES

1. When we last discussed the problems arising from the allegations of homosexual activities in children's homes, you asked for a statistical brief on the number and size of homes in the statutory and voluntary sectors. These particulars are set out both in summary and in detail at Annex 2 of this minute. You also asked for proposals on the steps which could be taken to prevent any recurrence of such incidents.

2. In the short term we have to deal with any repercussions of the situation at Kincora and Rubane. The police inquiries into the allegations at these homes are continuing. Meanwhile, as you know, the three supervisory staff at Kincora have been suspended from duty by the Eastern Board and replaced by another team; and the head of Rubane has been suspended by the Roman Catholic Church authorities. (The staff of the former home at Bawnmore are no longer in this country.) The Directors of Social Services of all four Boards have been informed of the allegations concerning Kincora, Rubane, and Bawnmore; and they and their District staffs have been asked to co-operate fully with the police, and to be alert to the possibility of similar problems arising in other homes. The parents of all the boys at Kincora and Rubane have also been informed of the police inquiries. So far we have had no reports of parents asking for boys to be withdrawn from either home.

GOV-020

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UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

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3. Further action by the Department on these particular matters depends largely on the outcome of the police investigations. Mr Peter Robinson, MP, has suggested that there should be a full and public inquiry into the events at Kincora, and the Church authorities are considering whether they should conduct their own inquiry into events at Rubane. As yet, however, it is still unclear whether such inquiries would be desirable or profitable.

4. Nevertheless, the Department cannot afford to adopt a largely passive role in face of these disturbing revelations and public concern about them, especially as the Department itself is the registration authority for voluntary homes and, in addition, inspects homes in the statutory sector. Clearly, no system of inspection can guarantee either to prevent or detect homosexual or other undesirable practices in children's homes. But we have come to the conclusion that the system of inspection must now be put on a more formalised and more regular basis, and greater resources channeled into this activity. A higher profile on inspection should provide better safeguards and greater deterrence, and enable the Department over time to raise the quality of child care in homes which may fall short of acceptable standards. (At Rubane, for example, the police investigations have unearthed some evidence of cruelty by another member of the staff.) The note by the Chief Social Work Adviser at Annex I explains more fully the need for a more formalised approach to inspection.

5. To re-inforce the system of inspection, we propose to ask both the statutory and voluntary organisations to make greater efforts in the secondment of staff for formal training in residential care, for which facilities have now been provided in Northern Ireland. And, at the same time, we shall seek to

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involve the members of Boards and of the Management Committees of voluntary homes more actively in the welfare of children in their care.

6. In essence, therefore, our proposals are as follows:

- A higher profile on inspection which would involve regular visits (at least once a year) and examination in greater depth than hitherto;
- The inspectors' reports to be copied to Boards and to the Management Committees of voluntary homes, and where necessary discussed with them to secure appropriate action. (Hitherto, reports have been lodged only with the Department);
- Stronger emphasis on the need for training in residential care;
- More positive involvement of the members of Boards and Management Committees in the general welfare of children in homes.

7. We also need to take account of the Training Schools, for which the Northern Ireland Office is responsible, drawing on social work advice provided by this Department on an agency basis. Some of the children in statutory or voluntary homes move on to the Training Schools, where similar risks are present. I have consulted Mr Irvine, who has agreed that it would be desirable to extend the system of inspection to the Training Schools, so that there will be regular visits and reports on conditions in them too, which would be made available to the management body as well as to the NIO.

8. The proposals summarised in paras 6 and 7 above will require to be negotiated in outline with, in the first instance, the Directors of Social Services in

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the four Boards, then (as regards the voluntary homes and training schools) with the Roman Catholic Church authorities and the Management Committees of homes run by other denominations. They will have staffing implications for the Social Work Advisory Group in the Department (which we hope we can handle) and possibly also longer term revenue implications for both Boards and voluntary bodies (which will have to be accommodated within forecast resources).

9. You will no doubt wish to discuss the proposals at a joint meeting with representatives of this Department and the NIO. If you endorse the proposals in principle, we would then set in train the processes of consultation as at para 8 above. We have in mind to embody the proposals in a circular to Boards and voluntary bodies. If sufficient progress can be made in the meantime, you might wish to table a draft of the circular at your meeting with Board Chairmen on 17 June. Publication of the circular in due course should put you in a better position to respond to political and public pressures for action.

N. D.

N DUGDALE
12 May 1980

cc Dr Hayes
Mr Wilde
Mr Mills
Mr Irvine (NIO)
Mr Jamieson (NIO)

LH3

MINISTRY OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578 Telephone 0232 (Belfast) 650111 ext

Please reply to The Secretary
Your reference Circular HSS(TM) 3/74
(Limited distribution)
Our reference

To Chief Administrative Officers of
Health and Social Services Boards

Date
8 May 1974

Dear Sir

PLANNING - MANPOWER GUIDELINES

1. The Department's Circular on the Regional Plan 1975/80 (Circular HSS (P) 2/74) of 2 April 1974 indicated that guidelines would be issued as soon as possible to assist Boards in the development of their Area Plans. Separate guidance is being issued on guidelines for each major programme of care. This Circular covers manpower guidelines, and outlines briefly the Department's developing approach to manpower planning.

MANPOWER PLANNING

2. Manpower planning may be defined as the forecasting of staff requirements in all professions and grades, and the development and balancing of recruitment and training programmes to meet these requirements. This will be a key component of the overall planning process for the Department at regional level, and for Boards in their areas. A number of specialist agencies have an important part to play in their respective fields, particularly in relation to meeting training needs. These include within Northern Ireland the Staffs Council for the Health and Social Services, the Northern Ireland Council for Nurses and Midwives and the Northern Ireland Council for Postgraduate Medical Education; the Universities and the Polytechnic; and other educational bodies. At national level such bodies as the Central Council for Education and Training in Social Work and the Council for the Education and Training of Health Visitors with a United Kingdom remit have given valued help and will continue to be closely involved in their respective fields. It is the task of the Department to ensure that the work of Boards and of these regional and national agencies is co-ordinated in the development of manpower planning for the health and personal social services.

3. Within the Department, a Manpower Planning Group has been established to co-ordinate this activity alongside the Programme Planning Groups referred to in Circular HSS(P) 2/74.

The Manpower Planning Group has agreed upon a conceptual framework within which to develop manpower planning, and copies of this framework are enclosed. This necessarily represents a long-term approach, as it will be some time before all the information required, and particularly the basic personnel data to serve as the groundwork for planning, can be gathered. It is also necessarily drawn up in general terms, and some of the steps it suggests are not applicable in particular fields. Nevertheless, it should serve as a conceptual basis from which manpower planning can be generated, and may be of assistance to Boards for this purpose.

GUIDELINES

4. Copies are enclosed of the guidelines recently prepared by the Department, relating to the main professions involved in the health and personal social services - medical staff; paramedical staff; dentists; pharmacists; nurses and midwives; and social services staff. It will be noted that these are not set out on a uniform basis, chiefly because the quality and quantity of information at present available to the Department differs considerably as between the professions involved.

5. Thus, the information on paramedical staffing is based on information derived from special surveys undertaken of staffing at 30 September 1972, while the guidelines on hospital medical staff relate to current staffing as at 1 April 1974. The paper on nursing staff provides simply guidelines on appropriate staffing ratios as a first stage, and a further exercise is being undertaken to relate these suggested ratios to staff in post in order to provide projections of staffing needs. The paper on social services staff also provides guidelines in the form of suggested staffing ratios which need to be related to staff in post in order to assess projected needs over the period of the Health and Social Services Plan 1975 - 80.

PERSONNEL DATA

6. These differences in approach highlight the fact that the staffing information at present available to the Department and to Boards leaves much to be desired. There is an obvious need for comprehensive, up-to-date and reliable information on current staffing as a basis for manpower planning. It is the Department's intention to develop through its Research and Intelligence Unit a computerised personnel data base which would provide regularly up-dated statistics to the Department , Boards and other bodies concerned on staff in the services, with as much supporting information as possible relating, for example, to grades, length of service, qualifications, etc.

7. This will take time to develop. Meanwhile, staffing information will be obtained:

- by drawing statistics from the computer payroll. A special exercise is being conducted at present to provide a complete staffing picture as at 31 March 1973, which will serve as a base for the 1975 - 1980 Plan. Information derived from this source will be made available to Boards as soon as it can be collated and summarised;

- by statistical returns from Boards. Specific information will from time to time be requested by the Department in particular fields for planning purposes. The Department appreciates the additional burden which the collection of such information places on Boards, and will aim to give advance warning of such requests and to keep them within bounds. Boards in turn are asked to co-operate in the provision of such information, pending the development of the computerised personnel data base.

ACTION

8. It is hoped that Boards will find the enclosed information on manpower guidelines of value in preparing their Area Plans. Pending the receipt of the Boards' plans, the Department has already in hand the action necessary at regional level to secure the supply of personnel required to achieve the objectives of the 1975 - 80 Plan. This relates particularly to the examination of recruitment policies, and the development of education and training resources within the Province to meet the needs of the services.

Yours faithfully

F A ELLIOTT

Copies to: The Director, Staffs Council
The Director, The Northern Ireland Council for Nurses and Midwives
The Secretary, The Northern Ireland Council for Postgraduate Medical Education
The Director, Central Council for Education and Training in Social Work
The Director Council for the Education

HEALTH AND SOCIAL SERVICES PLAN - 1975-80

MANPOWER PLANNING GROUP - GUIDELINES - SOCIAL SERVICES STAFF

1. The Department of Health and Social Security "Local Authority Social Services 10 year Development Plans 1973-1983", gave as a guideline complements in the range of 50-60 field social work staff, including trainees and social work assistants, for each 100,000 of the total population by the end of the period.

2. The Welfare Staffing Return (NI) for the period ended 30 September 1973 showed that there were 561 field social work staff in post giving a ratio of 44.8 per 100,000 of the total population.

3. Applying the DHSS guidelines to the NI (1971 census) population 1,535,055 our aim would be to have a complement of 750-900 field social work staff, which we would define as senior social workers, social workers, social work assistants and trainee social workers. The 1982 projected population for NI is 1,617,000 and the application of these guidelines to this projection would mean a complement of 800-960 field social workers.

4. In order to reach the required complement of social workers we would recommend the following guidelines during the planning period.

1975	1 Social worker per 7,000 total population
1977	1 Social worker per 6,000 total population
1980	1 Social worker per 5,000 total population

5. The ratio of social work assistants to social workers in the community should not exceed 1:1 and the guidelines for social workers should be used. However Boards should be advised that the numbers of social work assistants employed at any point in time should not exceed the number of social workers in post.

6. Trainee Social Workers including those currently on courses, should be in the ratio of:

1 trainee social worker to 10,000 total population, which should be subject to review in the light of staffing situations.

7. Senior Social Workers employed in supervisory duties should be at the ratio of:

1 Senior Social Worker to 6 field social workers (to include social workers, social work assistants and trainee social workers).

8. Application of the above guidelines to the 1982 projected population (NI) of 1,617,000 would yield the following:

Social Workers	-	324	
Social Work Assistants	-	324	
Trainee Social Workers	-	162	
Senior Social Workers	-	135	
		945	field social workers

which would compare favourably with the DHSS projections as outlined in para 3 (above).

9. In some areas staff of the Area Boards are seconded to undertake social work in special schools and in other settings. The guideline given in paras 4, 5,

6, 7, excludes staff employed under such arrangements but they should be included in Boards staffing forecasts.

10. Paragraph 7 (above) refers to a guideline for Senior Social Workers employed in supervisory duties. It should be recognised that Boards will require Senior Social Workers for specialist duties (e.g. fieldwork teaching, community work) which do not involve elements of supervision of other staff.

11. The guidelines referred to in paras 4, 5, 6 and 7 do not take account of social work staff employed in hospitals and as an interim guideline we would suggest the following complements:

1975	Teaching/Area Hospitals	–	1 Social Worker per 100 beds
	General Hospitals	–	1 " " " 200 "
	Psychiatric Hospitals	–	1 " " " 150 "
1980	All Hospitals	–	1 Social Worker per 100 beds

12. Because of the nature of social work in hospitals it is considered that a ratio of 1 Social Work Assistant to 3 Social Workers would be appropriate.

13. Senior Social Workers in Hospitals should be at the ratio of 1 Senior Social Worker to 6 Social Workers (including Social Work Assistants).

14. In considering a guideline for Occupational Therapists in the Social Services field one is faced with the problem that their role in this area of work has not been fully explored. However past experience in some local authorities would indicate that a guideline of 1 Occupational Therapist to 50,000 total population would be a useful starting point.

15. As with Occupational Therapists the role of Craft Instructors (in domiciliary work) has not been fully explored but again experience would indicate a guideline of 1 Craft Instructor to 20,000 total population for domiciliary work.

Day Care Staff

16. The functions and sizes of day centres for the elderly and physically handicapped vary considerably and no general guideline can be offered to the appropriate staffing ratio. Boards will need to take account of their own experience and estimates of staffing requirements they have made in formulating current capital programmes. The numbers and qualifications of staff will depend upon the range of activities provided and the range of persons being provided for. One can only identify the main types of staff as follows:

Occupational Therapists
Craft Instructors
Care Assistants
Organisers and
Ancillary Staff

17. Current ratios of care and instructional staff (in whole-time equivalents) to places, or to places occupied, in other types of day centres are:

Pre-School Playgroups	–	one staff member to 8 children with a minimum of 2 staff for any one group
Day Nurseries	–	one staff member to 4 places occupied
Day Centres for the Mentally Ill Adult training Centres for the Mentally Handicapped	–	one staff member to 10-15 places according to range of activities

Residential Care Staff

18. Current average ratios of care teaching or instructional staff to children in residential homes are:-

Residential Nurseries	1 staff member to 1.5 children
Hostels	1 " " " 3.5 "
Other Children's Homes	1 " " " 3 "

(Refer to Paper from Programme Planning Group - Child Care -- Page 4).

19. Average ratios of care staff to residents in homes for the elderly and physically handicapped are not settled. Boards will need to base forecasts of staffing requirements on the expectation of substantial dependency by day not amounting to a need for continuous heavy nursing care, on the range of activities to be carried out, on the need for adequate staffing by night, and on the requirements of current conditions of service. However, the following staffing outline for Homes for the Elderly could be taken by the Boards as a starting point.

	Size of Home		
	30 beds	40 beds	50 beds
Matron	1	1	1
Deputy Matron	1	1	1
Assistant Matron	-	1	1
Relief Assistant Matron (for holidays)	12/52	-	-
Care Attendants - Female - Day Duty	6	7	9
" " - Male - " "	-	1	1
" " - Female - Night Duty	2	4	4
Domestic Assistants	5	7	9
" " - Laundry	1	1	1
Cook	1	1	1
Assistant Cook	1	1	1
Handyman	1	1	1
Total Staff	19½	26	30

20. The staff ratio in homes for the mentally ill and mentally handicapped will depend on the nature of the regime and the degree of dependency of the residents, especially in homes for the mentally ill where there is a considerable element of experiment in provision and an increasing emphasis on "minimum care" for long stay patients. The following guidelines for care staff, however, may be useful to Boards:-

Hostels for Mentally Handicapped

Adults — 1 staff member to 6 residents

Hostels for Mentally Handicapped

Children — 1 staff member to 2 children

Hostels for Mentally Ill Adults — 1 staff member to 12 residents

21. Home Helps - In 1967 an OPCS survey recommended that, in GB, the provision of home helps per 100,000 population should be between 126 and 189 in whole time equivalents. In N.I. in 1972 provision was at the rate of 193 per 100,000 total population and during the five year period there was an average increase of 159 (whole time equivalents) or 11 (whole time equivalents) per 100,000 total population. It is expected that this rate of growth will continue until the start of the planning period in 1975. As there is no reason to suppose that the scale of need will diminish over the following five year period (until 1980) the following guidelines are recommended:-

1975	226	home helps	(	whole time equivalents	)	per	100,000	total	population
1976	237	"	"	"	"	"	"	"	"	"
1977	248	"	"	"	"	"	"	"	"	"
1978	259	"	"	"	"	"	"	"	"	"
1979	270	"	"	"	"	"	"	"	"	"
1980	281	"	"	"	"	"	"	"	"	"

MicC/4/74

CHILD CARE

Guidelines for use in the production of an Area Plan

Prior to 1 Oct 73 child-care needs in Welfare Authority Areas were determined on the basis of need assessed for the area concerned from background knowledge of deficiencies and taking into account likely trends in the future. A statistical approach using either Northern Ireland guidelines or a specific guideline for the area concerned was never used.

In England and Wales guidelines were suggested in a Department of Health and Social Security Circular of 31 Aug 72 in connection with the production of Local Authority Social Services 10 Year Development Plans for the years 1973-1983. The guidelines were produced by the various Children's Regional Planning Committees assessing maximum place needs for the period up to March 1975. These place needs were converted later by the Department of Health and Social Security into places per 1000 children under 18 in the population on a national basis.

The appropriate paragraph in the Circular reads as follows:

"RESIDENTIAL PROVISION FOR CHILDREN

The estimates prepared by children's regional planning committees (including the Greater London Committee's provisional estimate) of the maximum need of residential places for children in care expected to arise in the period up to March 1975 give national average figures for each 1,000 children under 18 in the population as follows (the population under 18 is at present roughly one-third of the total population)-

	PLACES REQUIRED
Residential observation and assessment centres	0.5
Residential accommodation for children under 5	0.2
Residential accommodation with education on the premises	0.65
Residential accommodation for adolescents over school age	0.25
Residential accommodation with other special facilities (including secure accommodation)	0.15
Ordinary community homes	1.5
Residential accommodation outside the community home system	0.55

Apart from Greater London, where there are obvious reasons for the need for greater provision of residential facilities in most categories, and special situations in certain other regions where some needs are expected to be significantly lighter, the estimates of individual regional planning committees are relatively close to these figures, which may therefore provide adequate guide-lines for projecting the provision in the regional plans forward for the rest of the 10 year period."

In the time available for the production of a Northern Ireland Plan for the Health and Personal Social Services for the period 1975-1980 it would not be possible to establish Northern Ireland guidelines by asking Boards to submit details of their anticipated needs, translating needs into guidelines and requesting Boards to use agreed guidelines in the preparation of an Area Plan. Table A gives statistical information on children in care of Welfare Authorities in Northern Ireland at 31 March for the years 1964 to 1973.

Child-Care Division and its professional Advisers are very conscious of the fact that there are difficulties in producing realistic guidelines for child-care for the following reasons:

(1) We are dealing with a wide range of human problems which require individual treatment.

(2) We are not living in normal times in Northern Ireland. Although the troubles have not produced any significant increase in the number of children in care, nevertheless we know that there are many areas whose needs are not fully known. Even if normality returned to Northern Ireland to-morrow we will still be left with the aftermath which is likely to result in an increasing number of child-care problems for many years.

If we are to take a realistic view of the next 5 years we must be conscious of extra needs which are impossible to quantify for two reasons (a) we have no idea when normality will return and (b) even if we did we have no yardstick and no research here or any where else from which we could make accurate predictions.

Nevertheless having mentioned the difficulties in producing guidelines for a service in which we are under a legal obligation to meet need as it arises and in a way which will suit the "client" there could be problems in obtaining proper financial provision for this important service if we were unable to attempt to quantify its future needs. In the following paragraphs the possibility of establishing guidelines is explored.

Residential Accommodation

If we compare statistics in England and Wales with Northern Ireland for children in care on 31 March 72 (the latest period for which statistics are available in England and Wales) and make adjustments for aspects of child-care which are not recorded on a similar basis (e.g. the England and Wales total of 90,586 includes 8,208 children in remand homes and approved schools and the England and Wales figure of 15,232 children under the control of parents includes an estimated 9,000 children who in Northern Ireland would be the equivalent of "on licence from a training school") the adjusted table reads as follows:

Position at 31.3.72	England & Wales	% of total	N.Ireland	% of total
Boarded out	29,901	40	757	44
In lodgings etc	2,255	3	18	1
Childrens Homes (Statutory	21,583	29.4	321	18
" (Voluntary	5,667	7.7	367	21
		37.1		39
Handicapped (Special Schools etc)	2,338	3.2	20	1
Hostels	1,570	2.1	38	2
Under control of Parent	6,232	8.5	187	10
Other accommodation	3,832	5.2	26	1.5
	73,378		1,734	

There is a broad similarity between the main categories of care ie Boarded-out, Statutory and Voluntary Homes taken together and under control of parent. The major role played by voluntary organisations in N. Ireland compared to England and Wales becomes significant.

Voluntary organisations in N. Ireland as well as providing a greater percentage of residential places for area Boards than do their counterparts for Social Service Departments in England and Wales also assume full financial responsibility for a greater percentage of all children in care (although this percentage is reducing every year). To arrive at a true comparison rate between England and Wales and N. Ireland we should look at the totals of all children in care ie in the care of statutory and voluntary authorities.

NI total of all children in care on 31 March 72 was 2,049	i.e.	3.98 per 1,000 population under 18
England and Wales total of children in care on 31 March 72 was 78,292 (90,586 - 8,208 remand and approved school + 10,581 in voluntary care - 5,667 in voluntary care already counted in Welfare Authority returns - 9,000 (estimated) children who are the equivalent of on licence from approved schools)	i.e.	5.70 per 1,000 population under 18

The N.I./E & W percentage is 70.

If we make provision in the 5 year plan for residential places for children using N. Ireland guidelines which are calculated as 70% of the England and Wales guidelines (making suitable adjustment for the greater role played by voluntary organisations in the provision of residential accommodation in N. Ireland) we are not taking into account the hope and possibility of a return to normality and the increased number of children in care likely to arise. As stated earlier it is impossible to quantify this increase in our present state of knowledge and the Department recommends that in these circumstances forward plans are prepared using the England and Wales guidelines with suitable alterations to take into account the extra contributions of voluntary organisations. This will give a margin of the order of 40% to meet contingencies. As the 5 year rolling plan is brought up to date each year and a new year added and as our state of knowledge advances adjustments can be made in the light of experience and the most accurate predictions then available.

Guidelines for residential accommodation are recommended as follows: Places for each 1,000 population under 18 -

Residential Accommodation for children under 5	.2
Residential Accommodation for adolescents	.25
Residential Accommodation for the over 5's	1.00
Residential Accommodation in voluntary homes	1.05

Boards should base their plans for residential accommodation on these guidelines. If, however, it is considered that the guidelines do not produce forecasts acceptable to Boards then Boards may submit additional forecasts of what they consider their needs are and indicate how the needs have been calculated.

Suggested minimum standards for care staff of residential accommodation are -

Nurseries	1	staff	member	to	1.5 children
Hostels	1	"	"	"	3.5 "
Other homes	1	"	"	"	3 "

Special consideration will have to be given to smaller establishments and homes looking after eg disturbed children and adolescents. While the general standards given above may give some help in arriving at staffing levels it is the range of activities in a home and the needs of the groups of children occupying it which in the final analysis give the number of staff required.

Tables B and C may be of interest.

FOSTERING

Whereas it is difficult to lay down specific guidelines for this area of child care, the importance of a comprehensive fostering policy cannot be overlooked. Every means of recruiting foster parents should be considered. This may be achieved by publicity in the press or through the provision of speakers, from the Personal Social Services Department, to various interested groups. Where a number of foster parents have been recruited consideration could be given to some form of preparation. This may be especially valid in the case where boarding out is considered for particularly difficult or disturbed children. Similarly a number of foster parents may benefit from regular group meetings where problems and matters of common interest may be discussed. The possibility of boarding out of handicapped children should be explored and Boards should ensure that their foster parents receive adequate support and supervision by social work staff. It is appreciated that this is a difficult area of fostering nevertheless such children should have the opportunity to benefit from a stable family environment.

In calculating the revenue expenses of fostering, Boards should bear in mind that their experience may indicate that boarding out charges may need upward revision beyond normal cost of living increases.

ADOPTION

Welfare Authorities and now Area Boards have accepted responsibility for acting as adoption agencies and in addition have statutory obligations in the adoption field. Because of the delicacy of the tasks involved in placements, and in guardian ad litem work and because of the finality of decisions taken by Superior Courts in the light of reports from social workers there is no more important duty imposed on Area Boards.

They will therefore wish to ensure that the operation of the service combines the sensitiveness of approach and the professional expertise by which the needs of adoptive children, their parents and prospective adopters are fully met while at the same time fulfilling their obligations in such a way as to command the respect of the courts.

CHILD PROTECTION

Boards have certain duties to perform in connection with children whose care and maintenance are transferred to another person and the removal of children improperly kept. A guideline approach is not considered appropriate.

REGISTERED CHILD MINDERS

This function relates to the registration of and follow-up inspection of day minders. The original guidelines on the registration of Day Minders were issued in 1970. Revised guidelines on registration which bring references up to date without making any significant alterations will be issued in the near future. This is an

important function as part of the continuum of day care and the obvious benefits to a family orientated service cannot be overlooked.

PRE-SCHOOL PLAYGROUPS

The original development of the playgroup movement was attributable to the unsatisfied demand for nursery education and at a later stage during the early part of 1970 to assist children in the 3.5 year age group living in socially deprived areas. From only a few playgroups at the beginning of 1970 the movement has expanded until today approximately 2,800 children attend playgroups and the number of playgroups is still growing with a further 1,050 places in the pipe line, and a waiting list of approximately 1,730. It can therefore be seen that it is absolutely essential that the playgroup programme continues to expand and will in the foreseeable future play a very substantial part in the provision of pre-school activities for children in the 3-5 age group.

When plans for the expansion of pre-school playgroups are being considered, by the Area Boards, due consideration should be given to the plans of the Education and Library Boards with regard to the provision of nursery schools.

It is important that pre-school playgroups should not be seen in isolation but as part of a total family care service. There is considerable support for the concept of parental involvement in playgroups. This can be particularly important when used in dealing with at risk families, as a therapeutic tool.

Area Boards in addition to their responsibility for registration of playgroups may wish to develop this role into a promotional/supportive function in regard to private pre-school playgroups. In establishing their own playgroups the Boards may wish to use these groups to experiment and to try new methods of intervention. Boards should also use their groups as a model of good practice and standards for the guidance of voluntary and private groups.

Consideration should be given to the provision of places for mentally and physically handicapped children in the playgroups. The actual number of places provided for this group of children will be largely dependent upon the availability of staff, degree of handicap and the nature of the pre-school group. It is generally considered that the number of places for handicapped children should not be more than 10%.

Because of the contribution which playgroups can make in deprived areas the Department is providing substantial financial support for the playgroup movement, through grant-aid to a number of national voluntary organisations and miscellaneous bodies. It is necessary for the development of playgroups to continue especially amongst socially deprived children.

It will be seen from tables D and E that the majority of pre-school playgroups are located in the Eastern and Western Board areas and therefore there is much room for expansion of this vital service to the under fives.

DAY NURSERIES

In the past little attention has been paid to the development of day nurseries. The need for such a service may not have been necessary. Traditionally in Northern Ireland the extended family has played a vital role in caring for the under fives. Because of re-development a greater mobility of the population and the return of women with children to work it may be that the need for day nurseries should be assessed. When assessing needs it should be borne in mind that in England and Wales the guideline used is 8 places per 1,000 of the population under 5 with a staffing ratio of 1 staff member to 4 children. In Northern Ireland at the present time there are few day nurseries all run by employers.

Day Nurseries can be of considerable help in relieving stress in at risk families and in single parent families. Through this medium of day care it may be possible to reduce the possibility of the child being admitted to care.

PREVENTIVE WORK

An effective family service must be concerned with the prevention of social distress. In principal, by taking timely and appropriate measures much human suffering and family breakdown can be avoided.

Knowledge about families likely to be at risk is generally available through existing services and sharing of this information should enable attention to be directed towards remedial action.

Specific prevention demands action directed at helping families or individuals who are recognised to be at particular risk, whose problems are likely to generate further and more profound difficulties. It involves (a) building up their personal resources so that they can better deal with their problems; (b) reducing the severity or scale of these difficulties; and (c) mobilising extra resources over and above those involved in (a) and (b). These 3 approaches may be adopted separately or together. In the field of prevention the voluntary services which are concerned with families and children are even more numerous and varied than their statutory counterparts and their role in preventive child care work should be used to its maximum capacity. Many voluntary organisations play their part in prevention by means of material and practical aid, by providing facilities for handicapped children, by arranging holidays for children and so on. In Northern Ireland at the present time voluntary organisations are responsible for 95% of the pre-school playgroups which are at present operating.

In general therefore it is suggested that Area Boards may wish to expand their services in the field of prevention for which extra monies should be provided.

Dr Hilary R Harrison OBE

Department of Health
www.health-ni.gov.uk

Mr David Gilroy CBE
[redacted]

Room [redacted]
Castle Buildings
Stormont Estate
Belfast
Northern Ireland
BT4 3SQ

Tel: [redacted]

Email: [redacted]
Our Ref: HE1/16/6370
Date: 18 May 2016

Dear David

HISTORICAL INSTITUTIONAL ABUSE INQUIRY (NORTHERN IRELAND)

I really appreciated our helpful discussion on 12 May 2016 and the detail you were able to provide through this and subsequent email correspondence in relation to your experience of the work of the Social Work Service (SWS) and the Social Services Inspectorate (SSI) in England.

You are a former Deputy Chief Inspector, SSI England. You explained that you joined a regional team of the SWS (SSI's predecessor body) in 1976, some 5 years after the SWS had been established by the Department of Health and Social Security (DHSS).

With reference to the question of inspections of children's homes by the SWS during the 1970s, you do not have access to documentation to support the following information, but it reflects your recollection of the position at the time:

1. Voluntary children's homes were 'visited' by SWS Officers rather than 'inspected' by Inspectors, in accordance with the corporate SWS style, though the overall programme of visits was conducted under powers of inspection vested in the Secretary of State.

2. The DHSS/SWS policy was that such visits should be made to each voluntary home annually. You believe this policy was in place from the inception of SWS in 1971.

3. You yourself undertook some visits to voluntary children's homes and can confirm that these were conducted in an advisory, supportive and developmental style, as described in the extract from page 8 of your 'History of the Social Services Inspectorate'. This, you learned, was in contrast to a more formal style of 'inspection' which you understood to have been formerly adopted by Home Office Children's Inspectors, some of whom had joined the SWS when the Home Office's children's homes inspection functions passed to the DHSS in 1971.

4. When you joined SWS in 1976, there were no centrally devised protocols or guidelines to support the conduct of SWS visits to voluntary homes or the issues to be considered during the visit. Nevertheless, the procedure was that following each visit, a report on the home was to be forwarded to Child Care Branch within

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

HILARY R HARRISON

David Gilroy CBE

[redacted]

[redacted]

18th May 2016

Dear Hilary

Historical Institutional Abuse Inquiry (Northern Ireland)

I am writing to confirm that I have read the summary of our discussion as set out in your letter dated 18th May 2016 and I endorse the content as being an accurate account of the information I provided to the Department of Health, Northern Ireland. I am content for the correspondence to be sent to the Northern Ireland Historical Institutional Abuse Inquiry.

Yours sincerely,

David Gilroy CBE

GOV-678

DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

STATEMENT TO THE HISTORICAL INSTITUTIONAL ABUSE INQUIRY

MODULE 14

22 April 2016

I, Hilary R Harrison will say as follows:

This statement has been provided on behalf of the Department of Health, Social Services and Public Safety (the Department) in response to the HIAI request by email dated 11 March 2016 which set out the issues to be covered. It should be noted that the financial information required under question 1 has been supplied by separate Departmental statement dated 22 April 2016 (the Departmental financial statement). This statement has been prepared on the basis of information contained in files currently held by the Department and such evidence received from the HIAI as it has been possible to review within the required timeframe. As further information becomes available, it may be necessary to provide to the HIAI, revised or supplementary statements.

1. **Provide a critique of the Government's legislation, policy and procedure for residential child care and for the funding and regulation of such care from 1922 to 1995[1].**

1.1 With reference to the history of residential child care in Northern Ireland from 1950, including key legislation and policy developments, the Department would refer the HIAI to the Departmental publication "A Better Future: 50 Years of Child Care in Northern Ireland 1950-2000" (A Better Future). Chapter 4 of A Better Future, considers the main developments within residential child care policy and practice[2] for part of the period under consideration by the MoHA.

1.2 The Department's first statement to the HIAI dated 17 January 2014 set out the main provisions of the Children Act 1908 (the 1908 Act); the Children and Young Person's Act (Northern Ireland) 1950 (the 1950 Act); and the Children and Young Person's Act (Northern Ireland) 1968 (the 1968 Act) with reference to the residential care of children.

Legislation

1.3 In summary, the legislative provisions of the 1908 and 1950 Acts implemented the following 'milestone' policy initiatives in residential child care:

- The 1908 Act implemented a policy of greater scrutiny by the Home Office of institutions accommodating children by extending its existing powers of inspection of industrial schools and reformatories to include, for the first time: "*any institution for the reception of poor children or young persons,*

[1] It should be noted that this critique does not provide comment on juvenile justice policy and legislation, nor does it consider care within training schools. For the purpose of providing evidence to the HIAI, the Department of Justice is the lead Department in relation to such matters.

[2] HIA 1077-1105

supported wholly or partly by voluntary contributions and not liable to be inspected by or under the authority of any Government department" (the 1908 Act, section 25);

- The 1950 Act clearly reflected Government policy at that time of strengthening statutory control in relation to the provision and operation of children's homes. It tackled the monopoly of voluntary sector providers by creating, again for the first time, a duty on statutory authorities (then, the welfare authorities) to provide, in so far as the Ministry so required, *"homes for the accommodation of children in their care"* (the 1950 Act, section 92 (1)). The 1950 Act introduced a requirement on voluntary homes to be registered by the Ministry of Home Affairs (MoHA) and established the first set of regulations to govern the management, care and control of children within children's homes. The punitive regimes of industrial schools and reformatories gave way to a policy which placed more emphasis on care rather than reform, although a much reduced element of the 'reform' approach was retained within the newly established training schools. The inspection function of MoHA in relation to children's homes and training schools continued to remain a 'power' rather than a 'duty', with the exception of a requirement to inspect remand homes.

1.4 The 1968 Act replicated the above provisions in relation to children's residential care and there was no further legislative change affecting residential child care services until the introduction of the Children (NI) Order 1995.

1.5 The 1950 and 1968 Acts respectively followed the implementation of similar provisions contained within the Children and Young Persons Act 1948 and the Children and Young Persons Act 1963 for England and Wales. Northern Ireland did not bring forward legislation to reflect the provisions of two significant legislative measures in Great Britain, the Children and Young Person's Act 1933 Act (the 1933 Act) and the Children and Young Person's Act 1969 for England and Wales (the 1969 Act). Consideration may have been given by MoHA to the former, which introduced a requirement on voluntary children's homes in England and Wales to make annual returns containing "*prescribed particulars*" to the Home Office (section 93) and also contained a provision for the Home Office to inspect such homes 'from time to time' (section 94). However, the Department understands that the advent of World War II and the demands in the mid 1940s of establishing the NHS and the welfare state might have affected the capacity of the Northern Ireland legislature to bring forward any further major legislative programmes.

1.6 With reference to the 1969 Act, MoHA did not introduce changes to the training school system such has those brought about to the approved school system by the 1969 Act for England and Wales[3]. The implications for children's residential services of the 1969 Act were that new children's residential provisions were created, commonly referred to as 'community homes with education' which, unlike approved schools were under the control

[3] The Department of Justice may wish to comment further on this.

of local authorities (in the case of 'controlled' homes) or voluntary organisations (in the case of 'assisted' homes). Under the 1969 Act, approved school orders and fit person orders were replaced by 'care' orders providing maximum flexibility of residential placement choice for local authorities whose care children had been committed. However, whilst similar changes were not implemented in Northern Ireland with regard to the training school system, the Department believes that the results of significant reviews, brought about by the major policy developments (outlined in paragraphs 1.8 – 1.18 below) resulted in an additional range of beneficial changes for children in residential care in Northern Ireland which did not feature within the contemporaneous legislative framework for England and Wales.

1.7 With reference to the subordinate legislation, the MoHA and the DHSS did not change the regulatory framework between 1952 and 1996. This matter is considered further under section 7 of this statement.

Policy developments

1.8 Although the 1969 GB legislation was not replicated in Northern Ireland, the period 1968 to the mid 1980s was not sterile in terms of policy development. Against the background of significant political and civil unrest which affected all walks of life in Northern Ireland, from the process of government to the delivery of social care services on the ground, in 1976 the then Ministers for the DHSS and the Northern Ireland Office, established a review group under the chairmanship of Sir Harold Black (the Black Committee). The remit of the Black Committee was to review legislation and services relating to the care and treatment of children and young persons under *inter alia* the 1968 Act, taking account of developments in Great Britain. The resulting Report of the Children and Young Person's Review Group, 1979[4] (the Black Report) made a number of recommendations with significant implications for residential child care, namely:

- the removal of the statutory bias in favour of fostering;
- the need for a range of small residential homes to ensure appropriate placement of children;
- the establishment of a specialist facility for young people with severe behavioural problems;
- full consideration to be given to the wishes and feelings of children in care;
- the need for improvement in the quality of residential care through the encouragement of appropriate training for residential workers;
- the establishment of an independent visitor for children in care; and
- the separation of care and justice provisions for children and young people.

1.9 Residential care was to be developed as part of a continuum of services rather than an isolated service to be chosen as an easy first choice. Whilst

[4] HIA 570-638 The Report of Children and Young Persons Review Group 1979

the full potential of the Black Report was not immediately realised due to the opposition of the training schools to its proposals, there is no doubt that its recommendations began to influence social care practice eg reducing group sizes; encouraging staff to avail of relevant residential child care qualifications; and development of child-in-care review processes which, in addition to strengthening planning for children enabled the views of children about their care and care plans to be actively sought and represented.

1.10 In 1984, Dr Hayes the then Permanent Secretary indicated in his evidence to the Hughes Inquiry that discussion had been ongoing within the DHSS regarding new legislation, progress on which had been hindered by the refusal of the training schools to accept the relevant recommendations of the Black Report[5]. It would appear therefore that the Department was working towards the introduction of legislation to give effect to the Black Report when the Kincora scandal broke and the DHSS's attention, of necessity, became focused on how to improve the residential care system in ways that would afford better protection for children and prevent the recurrence of such a situation.

1.11 As noted in the Departmental statement to the HIAI dated 17 January 2014 (the January 2014 statement), the Secretary of State for Northern Ireland sought expert advice from the Department of Health and Social Services in England regarding *"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".* The resulting "Sheridan Report"[6] made a number of recommendations, including the need to establish complaints procedures for children in residential care. These have been commented upon in detail in the Department's January 2014 statement[7]. The Sheridan Report was circulated to Health and Social Services Boards (Boards) for consultation. Several recommendations of the report were subsequently jointly implemented by Boards and the DHSS.

1.12 The Departmental statement to the HIAI also noted the DHSS's concern in 1985, pending the publication of the Hughes Inquiry Report to address the financing and the wider future of voluntary sector residential child care provision. As noted in the January 2014 statement, this led it to issue in January 1985 a paper entitled "The Statutory/Voluntary Relationship in the Provision of Residential Child Care"[8]. Boards were required to address the issues identified within the document and agree a way forward.

1.13 The DHSS therefore had already initiated major changes in the areas of monitoring, staffing and inspection of residential children's homes, children's complaints procedures and the future role of voluntary sector provision, much of which to some extent pre-empted the findings and recommendations of the Hughes Inquiry Report, published in 1986. The Hughes Inquiry Report and its

[5] KIN 70064
[6] The DHSS team from England was led by Miss A M Sheridan, Deputy Director of the Social Work Service.
[7] SND 15649
[8] HIA 4048

implementation by the DHSS was the most significant milestone in the development of residential child care policy and practice in Northern Ireland until the introduction of the Children (NI) Order 1995, together with its regulatory framework and associated guidance.[9]

1.14 As already noted in the Departmental statement dated 17 January 2014, 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 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 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.

1.15 Following the publication in 1991 of the report of the Review of Residential Child Care Services in England, chaired by Sir William Utting (the Utting Report), a Safeguarding Review by the Chief Inspector, SSI, indicated that the monitoring arrangements in place in Northern Ireland were a significant safeguard for children. He also emphasised the need, however, for ongoing vigilance and the avoidance of complacency if the wellbeing of children was to continue to be safeguarded.

1.16 The Black and Sheridan Reports together with the Hughes Inquiry Report, the 1985 DHSS paper and the other initiatives outlined above had significant impacts for the DHSS as well as statutory and voluntary practice in residential child care. The Department believes that together these had the effect of raising standards in this important area of children's social care services, to a level beyond that which would have been accomplished by the introduction of further primary legislation during the 1968 to 1995 period. These initiatives also led to a residential child care workforce which had the highest proportion of professionally qualified social work staff of anywhere in the UK.

1.17 Whilst outside the timeframe of the HIAI, at the request of the DHSS Health and Social Services Committee, in 1997 the Department undertook a review of residential child care, which led to the publication of the 'Children Matter'[10] report. As a consequence of this report, its action plan and 31 recommendations, the four Boards set out a 5-year programme of capital developments designed to address the needs identified within the report. A Children Matter Taskforce was established in 2000 to undertake further work in relation to this initiative.

[9] Volume 4 of the Children (NI) Order Guidance: Residential Care
[10] Children Matter – A Review of Residential Child Care in Northern Ireland, SSI 1998

1.18 The above measures helped to improve the standard of care in residential establishments. In this context it is important also to consider the policy initiatives of the DHSS in relation to child protection, from the issuing of the first DHSS guidance in 1975 to the publication of the Children Order guidance in 1996. These were considered in detail in the Department's 1 May 2014 statement[11] . Together with the complaints procedures introduced for children and their parents, the child protection procedures served to: improve awareness of the potential for abuse; strengthen the structures and processes for dealing with this issue; and improve staff skills in the care of children who had suffered abuse, many of whom were and still are, admitted to the care of children's homes.

2. **Explain the Department's schemes for promoting and funding professional qualifying training for residential child care workers during the period 1922 to 1995. Please provide whatever details are available about the allocation of funding to children's homes and an analysis of the effectiveness of the schemes.**

2.1 The Department has explained in its oral evidence to the HIAI that it is important to distinguish between a qualification that was deemed to be a 'relevant' qualification in residential child care and a 'professional' social work qualification. For the purposes of this statement, the Department is assuming that that HIAI seeks comment on the latter i.e. professional social work qualifying training.

2.2 The Departmental statement dated 17 January 2014[12] contained a commentary on MoHA/DHSS staff training initiatives from 1954 to the implementation of recommendations 6-9 of the Hughes Inquiry Report[13] which state:

- *The Boards in consultation with the Department and staff interests should introduce parity of pay between residential child care and fieldwork staff, linked to professional qualifications and training (Recommendation 6);*

- *Child Care organisations should give priority to enabling existing residential staff to obtain professional qualifications and to the appointment of qualified staff to residential posts (Recommendation 8);*

[11] The supplementary statement in relation to Nazareth House and Termonbacca Children's Homes, Derry does not appear to be contained within in evidence.
[12] SND 15674
[13] HIA 656

- *Future appointments at Officer-in-Charge level should be limited to qualified candidates and a specific timetable established for progress in the professionalisation of the residential child care system (Recommendation 9).*

2.3 The following funding was made available to Boards to enable these recommendations to be taken forward:

Revenue Allocations to Boards Year	Description	Recurrin/Non Recurring *	Eastern £'000	Northern £'000	Southern £'000	Western £'000	Total £'000
1987-88	Implementation of Hughes Report	Recurring	755		25	50	830
1988-89	Redistribution of Hughes	Recurring	-240	80	80	80	0
1991-92	Hughes	Recurring	650	116	130	172	1068
1992-93	Hughes	Recurring	709	140	234	268	1351
1993-94	Hughes	Recurring	156	30	52	60	298
* Recurring Allocations are added on to baseline which means they are paid every year. Non Recurring are one off costs.							

2.4 Children's homes did not receive funding directly from the DHSS but a proportion of the above allocations was to be used by Boards to meet the cost of voluntary sector residential staff secondments.

2.5 The Department does not have information to hand that might assist an analysis of the effectiveness of the Hughes professional training initiative. It is important to note however, that in 1982 at Officer-in-Charge level in children's homes, 22.58% of staff at this grade had a professional social work qualification. Today, this percentage is 99%, with only one Officer-in-Charge not having this qualification. Further, Northern Ireland has, for several years now retained the position of having the highest proportion of qualified social workers in residential child care of anywhere in the UK.

3. **Clarify the remit of the Child Welfare Advisory Committee[14] and in particular any role it had in decision making about funding of children's homes and any contribution it made to the strategic development of residential care for children and/or monitoring of the quality of care provided in children's homes.**

3.1 The Child Welfare Council (CWC) was established under section 128 of the 1950 Act and 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

[14] As there was no such body as the Child Welfare Advisory Committee, the Department has assumed that this should have read 'Child Welfare Council'.

(b) making representations to the Ministry with respect to any matter affecting the welfare of children and young persons.

3.2 It produced three reports of direct relevance to residential child care services:

- "Children in Care" HMSO 1956 (the 1956 CWC report[15]);
- "The Operation of Social Services in relation to Child Welfare" HMSO 1960 (the 1960 CWC report[16]); and
- "The role of Voluntary Homes in the Child Care Service" HMSO 1966 (the 1966 CWC report[17])

3.3 The role of the CWC as described in section 128 of the 1950 Act was to advise and make representation to MoHA on various relevant matters. It was not a decision-making body, therefore it did not "*make decisions"* about funding children's homes. Nevertheless, a number of the findings and recommendations of the CWC reports related either directly or indirectly to funding issues, particularly in relation voluntary children's homes. These are referenced in the Departmental financial statement and the Department's statement on Nazareth Lodge/Termonbacca Children's Homes dated 17 January 2014[18]. The latter provides detailed commentary on the profile of financial support for voluntary homes within the context of each of the above CWC reports.

3.4 Regarding the contribution that the CWC made to the strategic development of residential care, it would be impossible to determine this without proper academic scrutiny. The CWC reports, in particular, the 1966 report, contain many findings and recommendations that had implications for future policy, some of which are more relevant to the considerations of the HIAI than others. However, with reference to residential child care, the following key themes permeate the reports in relation to the need for:

- staffing of homes to be sufficiently adequate in terms of numbers and qualifications to meet the needs of the children;
- MoHA financial support for staff to receive appropriate training;
- capital investment support by government;
- proper standards of physical accommodation for children;
- access to experienced field social workers to assist care planning for children;
- more use to be made of residential care placements rather than training school orders;
- children to preserve links with parents and family;
- welfare authorities and voluntary homes to work together to ensure that children who do not need to be in a children's home, do not have to be there;

[15] HIA 1682
[16] HIA 486
[17] HIA 536
[18] SND 15649 Paragraphs 77-86

- adequate financing of voluntary homes by welfare authorities who place children;
- more choice in the residential care places available for children.

3.5 The above themes might be a blueprint for a modern-day service. Looking back on the development of residential child care it must be acknowledged that by raising these matters, the CWC put them firmly on the government's agenda and over subsequent decades, the aspirations which they expressed guided and continue to guide Departmental policy today.

4. **Provide information on the growth and development of the inspectorate including staff structures and numbers.**

4.1 With reference to MoHA, it would appear from the information provided to the Hughes Inquiry by the DHSS and documents contained within the HIAI evidence, there was one children's inspector within MoHA from 1950 and she was assisted by a medical officer, who had been employed originally by MoHA as an Assistant Inspector of Industrial Schools. These were subsequently joined by two assistant children's inspectors. The reporting structures within MoHA for professional officers are not known but it would appear that inspectors reported to a policy branch official at Assistant Secretary level.

4.2 Between 1971 and 1973, the children's inspector and one assistant children's inspector transferred to the newly created Ministry of Health and Social Services/DHSS which in 1971 had established the Social Work Advisory Group (SWAG). The Department does not have knowledge or information to hand regarding the staffing of the DHSS SWAG/Social Services Inspectorate (SSI) group with regard to adult services. However, according to the evidence provided to the Hughes Inquiry and the current knowledge of staff who were more recent additions to the SSI, the following structures pertained on the children's side between 1971 and 1995. Senior SWAs had responsibility for both children and adult advisory services.

1971	Chief SWA, 1 Senior SWA; 2 SWAs
1976	Chief SWA, 1 Deputy Chief SWA; 1 Senior SWA; 5 SWAs
1984	Chief SWA, 1 Senior SWA; 5 SWAs
1992	Chief SSI, 1 Assistant Chief (Children's Services) SSI; 6 SSIs.

5. **In response to our question about how the Department was involved in the approval of the establishment of Harberton House as an assessment centre, Dr Harrison stated:**

"...it is unlikely that due regard would not have been given by the DHSS (and SWAG, in particular), to the robustness of the WHSSB's plans to avoid children remaining in the home longer than necessary. Part of this consideration would had to have been the extent to which other services were in place to enable children to be assessed and moved in a timely manner to appropriate longer term placements. Also, whether these services and (in the case of children who were to return home) family support services, were sufficiently adequate to support the proper functioning of a residential assessment unit within the Board's continuum of services."

Within six months of it opening Harberton House was being used more as an emergency facility than an assessment centre. Also, children were remaining in the home after their needs were assessed because of lack of alternative appropriate placements. Given this, does the Department wish to comment on the adequacy of the DHSS/SWAG's assessment of the plans for the assessment centre?

5.1 The Department has set out in its statement dated 22 January 2016[19] the processes for approving plans by a Board to establish a new children's home and the matters that were taken into account by the relevant policy branch and professional advisors prior to giving approval to the proposed development. Although documentation is not available in respect of the Harberton House plans, it would be unlikely the Department did not adhere to the agreed procedures.

5.2 Having secured the necessary approval from the Department, it was a matter for the Board to ensure from that point onwards that the purpose for which the new home was intended continued to remain relevant and that other services were developed and configured in preparation for the new facility becoming available. Once the home had opened it was also the responsibility of the Board to ensure that it retained its stated function and that it was managed in manner that enabled the service to develop within the agreed parameters. Today the expectation would be that any significant deviation from this or where the original purpose was plainly no longer relevant, should be notified to the Department. It is not known whether this occurred in the case of Harberton House or whether the same expectation pertained in the 1980s.

[19] Paras 1.5-2.2 of the January 2016 report. This report does not appear to be contained within the evidence bundle.

5.3 The Departmental statement dated 22 January 2016[20] noted that Harberton House had been inspected by SWAG in 1983[21]. The report of that inspection is not available but if the purpose of the home had changed so dramatically to the detriment of its assessment functions, it is unlikely that this would not have been addressed with the WHSSB by SWAG. It is noted, for example, that following a SWAG inspection of the WHSSB's Fort James Children's Home in 1982, the WHSSB was required to undertake *"an urgent review of the use of Fort James as an emergency facility".*[22] The use of Fort James as an emergency facility was clearly not in keeping with the stated purpose of that home and SWAG requested the WHSSB to address this matter.

5.4 A further inspection of Harberton House was undertaken by SSI in 1986[23]. The alleged use of the home as an "*emergency facility*" to which the above question by the HIAI refers, may not have been an issue at that stage as the home was accommodating 5 children fewer than its capacity of 25. The report of a further SSI inspection of Harberton House in 1987[24] noted that there had been a recent implementation of a 1984 proposal by the Foyle Unit of Management to "*divide the home into two units: a regional reception/ assessment unit for 12 children and a medium stay unit for 13 children".* The SSI inspector endorsed this as an appropriate response which might help to address the *"number of accidents and untoward incidents"*[25]*.* These and *"the continuing use of training schools for short and long term placements"* was a matter of some concern to the Inspector. It is therefore not evident from the SSI reports to hand that the home was operating as an emergency facility in the 1980s, but SSI was clearly addressing issues in relation to its operation during this period and continued to do so through its inspection programme into the 1990s[26].

6. **The Department has indicated that the lack of inspection of children's homes in the 1970s may have been due to the influence of the Seebohm report and in particular the recommendation in that report that the role of the inspectorate be "not so much regulatory as promotional, educative and consultative". Dr Harrison provided us with copy correspondence between herself and Sir William Utting CB in support of this position. However, Sir William makes clear in the penultimate**

[20] This report does not appear to be contained within the evidence bundle.
[21] FJH 15445 para 3.10
[22] FJH 5327 para 1.8
[23] Para 2 g of the Departmental statement on Harberton House dated 10 June 2015.
[24] FJH 40595
[25] FJH 40610
[26] Paragraph 2d) to 2p)

paragraph of his letter of 6 February 2015 (SNB 9400) that in the period 1970 -1976 the Social Work Service "certainly inspected voluntary homes since the Secretary of State was still responsible for registering them". Therefore, no change of policy or approach in England can explain why voluntary children's home in Northern Ireland were not inspected in the 1970s. Does the Department wish to comment further?

6.1 I have discussed with Sir William Utting by telephone, the above statement made in his letter dated 6 February 2015. Sir William confirmed to me that whilst he believed voluntary homes would have been inspected by the Social Work Service (SWS) in England during the 1970s, in view of the Secretary of State's responsibility for registering these homes, he had in fact no direct knowledge of the inspections nor was he able to be definitive about how frequently such inspections might have taken place. He is content to provide confirmation to this effect in writing[27]. In terms of his direct knowledge of inspections of children's homes, however, Sir William also confirmed, as stated in his letter, that statutory children's homes within the Borough Council for which he was Director of Social Services between 1971 and 1976, were not inspected by the SWS during that period but that the SWS made visits to them from time to time.

7. **Having had the opportunity to reflect on the evidence provided to the Inquiry are there any systemic failings the Department wishes to concede in relation to the legal and policy framework for residential care for children from 1922 to 1925, and the funding and regulation of these services in that period?**

The Department has prepared a response to this question which is subject to the approval of the Minister. The response will be forwarded to the HIAI as soon as possible.

Signed

Date **22 April 2016**

[27] This will be provided shortly.

GOV-781

DEPARTMENT OF HEALTH

STATEMENT TO THE HISTORICAL INSTITUTIONAL ABUSE INQUIRY

MODULE 14

10 June 2016

I, Hilary R Harrison will say as follows:

This statement has been provided on behalf of the Department of Health (the Department) in response to question 7 of the HIAI request by email dated 11 March 2016. The contents of the statement have been agreed by the First Minister and deputy First Minister on behalf of the Northern Ireland Executive.

7. **Having had the opportunity to reflect on the evidence provided to the Inquiry are there any systemic failings the Department wishes to concede in relation to the legal and policy framework for residential care for children from 1922 to 1925, and the funding and regulation of these services in that period?**

7.1 The HIAI has provided broad, general definitions in relation to 'systemic failings'. It is understood these are not to be prescriptive, but the HIAI has defined a systemic failure on the part of the State as:

"a failure to ensure:

- *(a) that the institution provided proper care; or*
- *(b) that the children in that institution would be free from abuse; or a failure to*
- *(c) take all proper steps to prevent, detect and disclose abuse in that institution; or*
- *(d) take appropriate steps to investigate and prosecute criminal offences involving abuse."*

7.2 Whilst it will no doubt consider all acts or omissions against the "*standards acceptable at the time*"[1] the HIAI has noted that the State additionally will have had an oversight and governance role and that systemic failings might also have taken place in situations where:

"*those responsible for the inspection, oversight, policy-making or funding of the institutions providing residential services initiated, encouraged or condoned abusive practices, or failed to take appropriate steps to identify, prevent or remedy abuse."*

7.3 In relation to the question of systemic failings, the Department has reviewed the policies and actions of its predecessor bodies, namely the former Ministry of Home Affairs (MoHA) and the former Department of Health and Social Services (DHSS). The Department has sought in its evidence to the HIAI, to identify specific situations which might have been handled differently to secure a better or more timely outcome for children, but which when viewed in the policy context of the day, do not amount to 'systemic failure'.

[1] See the HIAI "Definitions of abuse and systemic failings."

Examples of such 'episodic' incidents are a) the response by the DHSS Assistant Chief Inspector SSI to allegations made by a former member of the Nazareth Lodge Children's Home, Belfast, the details of which have been set out in the Department's statement dated 24 April 2015[2] and b) the SSI's handling of the difference in opinion between the Eastern Health and Social Services Board (EHSSB) and the DHSS as to which was responsible for investigating complaints made by children in respect of the Nazareth House Children's Home[3].

7.4 The Department has also sought to distinguish between the policy and practice issues of its predecessor bodies that were both accepted and acceptable standards at the time, but which would not be viewed as such from the perspective of today. An example of such a situation would be where those closely aligned with the administering authorities of a voluntary home were permitted to question staff and or/children in the home regarding allegations of abuse[4] and draw conclusions without any independent involvement in this process. Further examples include the MOHA standard of inspection procedures and inspection reports during the 1950s and 1960s, which, though inadequate by today's standards, were accepted as appropriate and possibly even deemed to be of a good standard at the time; however, they were, of necessity, commented upon unfavourably by the Hughes Inquiry in the context of the contemporaneous knowledge of the 1980s. Having already made these points in earlier statements to the HIAI, the Department does not seek to elaborate any further on such issues within this statement.

7.5 The Department has, however, reviewed the evidence provided to the HIAI by the applicants to the HIAI, the Health and Social Care Board and those representing the administering authorities of the voluntary homes under consideration by the HIAI. Whilst there was no intentional wrongdoing on the part ofits predecessor bodies, , in light of the evidence and the Department's own evidence to the HIAI, the Department wishes to acknowledge systemic failings by MOHA and the DHSS in the matters outlined in paragraphs 7.6 to 7.13 below.

General legal and policy issues

Legislation

7.6 The Department has defended its position in paragraphs 1.1 to 1.18 of its statement to the HIAI dated 22 April 2016 in relation to primary legislation and Departmental policy during the 1922 to 1995 period in respect of their implications for the residential care of children.

[2] SNB 9389
[3] SNB 6385 – SNB 9388
[4] SNB 9385 and RUB 1890

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 standard[5] 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 Seebohm 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

7.10 In tandem with the consideration of the inspection programme, the HIAI has identified a lack of reference within MoHA and SWAG reports to the regulatory duty of administering authorities to:

"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 wellbeing of the children and shall report to the administering authority".[6]

7.11 This was a matter raised by the Hughes Inquiry, which found that MoHA and SWAG did not consider whether this and a similar duty imposed on statutory bodies in respect of statutory children's homes was being discharged in a satisfactory manner. The findings were that it in a number of cases, it was not. This provision was an important safeguard for children, having the potential to alert those ultimately responsible for the management and running of the home to poor care or questionable practice. It was a statutory requirement and a fundamental matter that should have been checked during each MoHA or SWAG inspection/visit to each home.

The migration of children

7.12 The Departmental statement to the HIAI dated 9 September 2014 in respect of the migration of children, set out the statutory framework in which schemes for the migration of children to Commonwealth countries operated. The statement also detailed MoHA's knowledge of the extent to which children were sent from Northern Ireland under the auspices of these schemes and the concerns expressed about them. The migration of children was an initiative of the UK Government and there was no evidence to suggest that MoHA or the Executive Committee of the Privy Council (the then Northern Ireland governing body) were involved in the establishment of such schemes. Nevertheless MoHA and members of the Northern Ireland Cabinet were aware of their existence and operation in Northern Ireland. The Department has already conceded that the migration of children was a misguided policy

7.13 The Department's statement noted that on 24 February 2010, the then Prime Minister, Gordon Brown, on behalf of the UK Government apologised to former child migrants from the United Kingdom who had been sent as children to Australia and other British Colonies. The Prime Minister stated that in too many cases vulnerable children suffered unrelenting hardship, neglect and abuse in the often cold and brutal institutions that received them. The Department has stated to the HIAI that it fully endorsed the Prime Minister's apology and acknowledgements in this matter.

[6] regulation 4 in respect of Welfare Authority Homes and regulation 4(1) in respect of Voluntary Homes

Signed

Date **10 June 2016**

GOV-787

DEPARTMENT OF HEALTH

FINANCE AND GOVERNANCE (MODULE 14)

SUPPLEMENTARY STATEMENT TO THE HISTORICAL INSTITUTIONAL ABUSE INQUIRY (HIAI)

10 June 2016

I, Hilary R Harrison will say as follows:

This statement has been provided on behalf of the Department of Health (the Department) in response to issues raised by the Health and Social Care Board (the Board) in its statement dated 22 April 2016[1] (the Board's statement).

1. Monthly visiting of statutory children's homes by Health and Social Services Boards (Boards)

1.1. The Board has stated: *"The amendments to the 1968 Act in 1972 removed the post of Children's Officer and created a lacuna in relation to statutory responsibility for visiting children in Welfare Authority Homes and Voluntary Homes"*[2]*.* The statement notes that Mr Bunting, the then Assistant Director for Social Services (ADSS) for Children's Services in the Eastern Health and Social Services Board (EHSSB) "*included this responsibility in EHSSB policy and procedure in 1973".*

1.2. The Department does not accept that the amendments to the Children and Young Person's Act (NI) 1968 Act[3] (the 1968 Act) affected the management or operation of voluntary children's homes under the Children and Young Persons (Voluntary Homes) NI Regulations 1952[4]. No change was effected to the visiting requirements under these Regulations as a result of the removal of the Children's Officer post or other amendments introduced by the Health and Personal Social Services (NI) Order 1972 (the 1972 Order).

1.3. With regard to the impact on statutory homes, it should be noted that the amendments to the 1968 Act did not in practice change the arrangements for the monthly visitation of statutory homes which had been in place prior to the implementation of the 1972 Order. As explained in paragraphs 1.4-1.9 below, these continued until the commencement of the Conduct of Children's Homes Direction (NI) 1975[5] (the 1975 Direction).

1.4. The Children and Young Persons (Welfare Authorities' Homes) Regulations (Northern Ireland), 1952 (the 1952 Regulations) required the Children's Officer to inspect each home in the area for which he was appointed, at least once in each month and satisfy himself as to whether the home was being conducted in the interests of the well-

[1] GOV 632
[2] GOV-648 paragraph 5.2.3
[3] HIA 297
[4] HIA 444
[5] HIA 469

being of children[6]. He was to report *"upon his inspection"* to the welfare committee or the children's sub-committee[7]. As noted by the Hughes Inquiry Report in respect of the monthly inspection duty of the former Belfast Welfare Authority's Children's Officer from 1963 to the October 1973 re-organisation:

"During this period the statutory duty was frequently delegated from the Children's Officer to others acting on his or her behalf and that this was done with the approval of the Ministry. This was not in accord with the letter of the 1952 SR and O, which specified that the Children's Officer should inspect and report. We are satisfied, however, that the delegated arrangement was motivated by a desire to improve the management of homes, rather than a sign that this function was being downgraded in importance, through the allocation of an officer with more time to apply to it. We are also satisfied that the calibre of the officers so deputed was sufficient to the task"[8].

1.5. Following the October 1973 re-organisation of the Health and Personal Social Services (HPSS), rather than having to establish new arrangements as a consequence of the removal of the Children's Officer post, as inferred by the Board's statement, the EHSSB continued, presumably with the approval of the Department, to allocate the monthly visiting duty under the 1952 regulations to suitably qualified persons within each of the Board's Districts. The Hughes Inquiry Report stated, with reference to the EHSSB: "*The 1952 SR&O required children's homes to be inspected each month by the Children's Officer and this function was allocated to R&DC management from October 1973*"[9] . The Hughes Report acknowledged that the 1975 Direction *"merely brought the statutory provisions into conformity with the new structure and the function continued to be discharged by R&DC[10] management"*[11].

1.6. The 1952 Regulations also required a welfare authority to arrange for "*each Home in its charge to be visited at least once in each month by a member of the welfare committee or by a member of the children's sub-committee appointed by the welfare committee"*[12]. The member was to satisfy himself as to whether the home was being conducted in

[6] HIA 293 Regulation 5(2)
[7] Ibid
[8] HIA 696 Hughes Inquiry Report, paragraph 3.30
[9] HIA 753 Hughes Inquiry Report paragraph 4.5
[10] Residential and Day Care
[11] HIA 753 Hughes Inquiry Report, paragraph 4.5
[12] HIA 293 Regulation 5(1)

the interests of the well-being of the children and was required to report on the visit to the welfare committee or the children's sub-committee[13].

1.7. The 1952 Regulations were made under section 92(4) of the Children and Young Person's Act (NI) 1950 (the 1950 Act) and continued, by virtue of the operation of section 29 of the Interpretation Act (NI) 1954, under section 116(4) of the 1968 Act. However, Article 109(3) of, and Schedule 18 to, the Health and Personal Social Services (NI) Order 1972 (the 1972 Order) repealed section 116(4) of the 1968 Act. Whilst this would normally have the effect of the Regulations made under this provision falling, Article 107(5) of the 1972 Order provided that:

"All statutory instruments made under any transferred provision repealed by this Order, so far as they are in force immediately before the commencement of this Order, shall with the necessary modifications continue in force until they are revoked by any order or regulations under this Order and shall have the like effect...as if they had been made under this Order."

1.8. By virtue of the above, the Boards' Personal Social Services Committees, established under Article 16(3) of, and Part II of Schedule 1 to the 1972 Order, assumed the functions of the former welfare committees in relation to the discharge of the duties under regulation 5(1) of the 1952 Regulations. Indeed, the Hughes Inquiry Report makes reference to the EHSSB's Personal Social Services Committee having *"inherited the monthly visiting and reporting duties placed on Belfast Welfare Committee by the 1952 SR&O"*[14]. Consequently there was also no change to the requirements in relation to monthly visiting of each statutory home by a member of the relevant committee prior to the commencement of the 1975 Direction.

1.9. The above arrangements in relation to visits on behalf of Children's Officers and committee members were likely to have been in place in other welfare authorities prior to the 1973 HPSS re-organisation and afterwards in other Boards until the Direction commenced on 1 December 1975. The Department is therefore satisfied that there was no lapse in the arrangements for visiting children in residential care, as suggested by the Board's statement.

[13] HIA 293 Regulation 5(1)
[14] HIA 756 paragraph 4.13

2. Monitoring guidance

2.1. With reference to the evidence provided to the Hughes Inquiry regarding the monitoring of children's residential care services, the Board has stated: "*The evidence highlights that for in or around ten years post reorganisation no Board had developed written guidance to those undertaking the monitoring function .... It appears that each Board began to develop individual written procedures during the period 1984-85. Thus in the absence of any regional guidance from the Department, each Board devised its own approach"*[15].

2.2. It should be noted that when the new HPSS structures were created in 1973, the positions of Assistant Divisional Director of Social Services established within each Board did not include managerial responsibilities. Rather, the purpose of the ADSSs was to enable a dedicated focus by each Board on policy and strategic development, including the provision of assistance to the Directors of Social Services in "*evaluating and monitoring the effectiveness of programmes of care"*[16]. Inherent within the ADSS role was the responsibility for providing advice and when required, written guidance, to inform professional practice in each programme of care. The ADSSs were responsible for liaising with District Social Services Officers (DSSOs) *"in order to facilitate and advise on the implementation of these programmes of care*."[17] R&DC Principal/Assistant Principal Social Workers, who, following the 1973 reorganisation, were charged with carrying out the monthly social worker monitoring visits to children's homes also had a role in monitoring and reporting on standards of provision to the DSSO[18].

2.3. The oral evidence to the Hughes Inquiry demonstrated that the Department was in frequent formal and informal contact with Boards' Officers[19]. This included twice monthly meetings with professional officers[20]. Having delegated responsibility and provided direction to Boards, however, it did not seek to interfere with day to day operations[21] but was on hand to address queries and concerns. The Department notes that the Hughes Inquiry Report found that there was a *"considerable time lag following re-organisation before PSSC*

[15] GOV 648 paragraph 5.2.5
[16] RUB 40792
[17] Ibid
[18] RUB 40791
[19] KIN 70039, KIN 70042 and KIN 70043
[20] KIN 70043
[21] KIN 70030

members received detailed guidance on the extent and nature of their statutory duties under the 1952 SR&O. The minutes of March 1974, for instance, referred to an agreement that the Director of Social Services should seek clarification from the Department as to what was required by the S&RO."[22] The Report noted that thereafter, a programme of visits was arranged[23] suggesting that when direction was sought from the Department, it was readily available. Responsibility for apprising and providing written guidance to PSCC members and R&DC staff as to the extent and nature of their monitoring roles rested with the Boards, not the Department, nor did such guidance have to be uniform across all Boards. This was accepted by the Hughes Inquiry which commended the practice of Boards in *"providing PSSC members with some form of written guidance on the nature of their visiting responsibilities"* and recommended that *"this practice should be adopted by all child care organisations".*[24]

2.4. The Departmental evidence to the Hughes Inquiry stated: *"The emphasis of the Department's monitoring in respect of statutory children's homes has essentially been on assessing the extent to which Boards have developed services in line with declared need and priorities and in the light of standards of good child care practice. The process of monitoring has included the consideration of statistical information showing trends in the development and use of services and the assessment of professional standards through the visits carried out by the Social Work Advisers to statutory children's homes"*[25]*.* This serves to illustrate how the distinction between the strategic role of the Department of Health and Social Services (DHSS) and the operational responsibilities of Boards in relation to monitoring activities was viewed by the DHSS.

2.5. The Departmental statement dated January 2014[26] explained that following the conviction of three former Kincora staff for the sexual abuse of children in their care, the Secretary of State for Northern Ireland sought expert advice from the Department of Health and Social Services in England regarding *"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"*.

[22] KIN 75254 paragraph 4.13
[23] Ibid
[24] HIA page 307 paragraph 13.51
[25] HIA 4008 paragraph 3.52
[26] SND 15649 paragraphs 48-53 (SND 15672)

The resulting "Sheridan Report"[27] completed in November 1982, made a number of recommendations, including the need for discussion with both statutory and voluntary bodies to clarify and develop roles in the management, supervision and monitoring of children's homes and establish more effective monitoring systems as well as the need for complementary action on the part of the DHSS to "*monitor the monitors*"[28].

2.6. The DHSS circulated the Sheridan Report to Boards and relevant voluntary organisations together with detailed commentary on each of the recommendations and requested from them preliminary comment on the report[29]. In 1983 the DHSS issued the *'Monitoring of Residential Child Care Circular HSS (CC) 6/83'*[30] aimed at strengthening the monitoring arrangements of statutory homes by Boards. The 1983 circular required the four Boards to submit detailed statements of their monitoring arrangements to the DHSS 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"*[31]. The DHSS also engaged in consultation with the voluntary sector to establish more rigorous self-monitoring arrangements and greater accountability in terms of reporting to the Department. Subsequently, the Hughes Inquiry Report, although recommending the inclusion of additional elements to the monitoring information requirements, concluded: *"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"*[32].

2.7. Following consultation and review, further DHSS circulars issued in 1988[33] and 1995[34]. The latter modified the original arrangements in light of a new standards document issued in 1994 which provided, in

[27] HIA 639 The DHSS team from England was led by Miss A M Sheridan, Deputy Director of the Social Work Service.
[28] HIA 654 paragraph 64 (vi); HIA 960 paragraph 13.43
[29] Para 8 of the 1982 covering letter to the Sheridan report
[30] HIA 5711
[31] HIA 5712 paragraph 11 (the 1983 circular)
[32] HIA 961 paragraph 13.46
[33] Circular HSS/CC/2/88/A2096.87 "Review of Arrangements for the Monitoring of Residential Childcare Services" was sent to the HIAI on 9 May 2013
[34] HIA 7305

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 children[36] 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 care[37], rather than review children quarterly which had been the practice since 1968[38].

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

continued and made a statutory requirement[39]*"* and whilst accepting that it did not establish a policy of regular monthly visiting of children prior to 1968, it is "*of the view that some responsibility for this state of affairs much attach to the legislature"*[40]*.* The Board is incorrect, however, in its claim, that this was *"subsequently enacted in the 1995 Children Order"*[41]. The Children (NI) Order 1995 (the Children Order) and the regulations made under the Order do not provide for monthly visiting of children in residential care[42].

3.5. It is important to consider the context and rationale for the Hughes Inquiry's recommendation. This is set out at Paragraph 13.76 of the Hughes Inquiry Report[43] which stated that the recommendation that monthly visits by social workers should be a statutory obligation was made "*in view of the evidence...of less than full compliance"* with the policy requirement. The Hughes Inquiry also noted that the regulatory requirement regarding visits to boarded children on an 'at least monthly' basis had been widely though not universally translated to residential child care as a matter of good practice elsewhere in the United Kingdom before 1968[44]. The Department, however, has reservations about the accuracy of this statement with reference to the prevalence elsewhere in the UK of the practice of monthly visiting of children in residential care prior to 1968 and afterwards.

3.6. By the time the Hughes Inquiry had reported, the DHSS had already taken steps to ensure full compliance with the policy requirement through the review of monitoring arrangements with Boards and voluntary sector providers. The Hughes Inquiry Report accepted that some broader categories in the list produced by the DHSS of matters to be monitored, might well embrace the statutory requirements in relation to visits by the PSSC and R&DC management and the non-

[39] GOV 654 paragraph 5.7.1 and Hughes Report page 347 recommendation 40 (this is not contained within the HIA bundle received by the Department - the copy Hughes Report stops at page 343 in advance of the recommendations section of the report).
[40] GOV 656 paragraph 5.7.6
[41] GOV 654 paragraph 5.7.1
[42] The regulations made under the Children Order and applicable to children in residential care were:
The Children's Homes Regulations (NI) 1996
The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996
The Review of Children's Cases Regulations (Northern Ireland) 1996
The Contact with Children Regulations (Northern Ireland) 1996
The Representations Procedure (Children) Regulations (Northern Ireland) 1996
The Definition of Independent Visitors (Children) Regulations (Northern Ireland) 1996
The Children (Secure Accommodation) Regulations (Northern Ireland) 1996
The Refuges (Children's Homes and Foster Placements) Regulations (Northern Ireland) 1996.
[43] HIA 974
[44] HIA 702 paragraph 3.44

statutory policies of monthly social work visiting and regular review of children in residential care. However, the Report recommended that these should be specified as essential elements of annual monitoring statements[45]. This was implemented in the Social Work Advisory Group's "Standard for Monitoring and Inspection of Residential Child Care", devised in consultation with Boards and the voluntary sector and issued in July 1986[46]. The Department understands that this was the first standards and monitoring guidance for children's homes to produced in the UK.

3.7. The rationale for the Hughes recommendation was therefore quickly overtaken by the Department's policy requiring Boards to ensure that children were visited monthly and also to ensure that compliance with this standard was rigorously monitored. The DHSS scrutinised and, where necessary, followed up Boards' and voluntary homes' annual monitoring statements, which contained information regarding adherence to the standard. By the early 1990s the practice of monthly visiting by social workers of children in residential care was so firmly embedded in the practice of Boards that such visits were (and continue to be) commonly referred to as "statutory visits". Compliance with the policy requirement continues to be reported to the Department 6-monthly Corporate Parenting Reports which it receives from Boards and Trusts.

3.8. Although monthly social work visits to children in residential care were not made a statutory requirement in Northern Ireland, the Department notes that this was also the case in England, Scotland and Wales until the implementation of:

- The Looked After Children (Scotland) Regulations 2009 which came into force on 28 September 2009;
- The Care Planning, Placement and Case Review (England) Regulations 2010 which came into force on 1 April 2011; and
- The Care Planning ,Placement and Case Review (Wales) Regulations 2015 which came into force on 6 April 2016.

3.9. In summary, with reference to the main provisions elsewhere in the UK regarding minimum frequency of visits to the child by the care authority, the Scottish regulations specify that the child must be visited within one week of the placement being made and thereafter at intervals of not more than 3 months from the date of the previous visit.

[45] HIA 962 Hughes Inquiry Report paragraph 13.47
[46] This was forwarded to the HIAI on 6 May 2015

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
[49] GOV 661 paragraph 6.4

5. Statutory responsibility for children in residential care

5.1. With reference to responsibility for children in residential care, the Board has stated that the Department held *"ultimate responsibility for residential child care, and the children placed therein"*[50] In support of this, the Board has quoted the responses of senior DHSS officials to questions posed by Counsel for the Board during the oral evidence sessions of the Hughes Inquiry. The Board relies particularly on the evidence of Dr Maurice Hayes, the then Permanent Secretary who, in response to the question, *"But the Department was ultimately responsible for the care of each and every child in Northern Ireland?",* replied in the affirmative. The Board states that *"the ultimate responsibility held by the Department was accepted without equivocation by Dr Hayes"*[51]*.*

5.2. The assertion that the Department is ultimately responsible for all children in Northern Ireland is simplistic in the absence of consideration of the statutory framework governing the care of the child by the state. The 2006 DHSS circular: *"Responsibilities, Accountability and Authority of the Department of Health, Social Services and Public Safety, Health and Social Services Boards and Health and Social Services Trusts in the Discharge of Relevant*[52] *Personal Social Services Functions to Safeguard and Promote the Welfare of Children"* sets out *inter alia* the legal relationships between the Department, the Board and Trusts in relation to children. With reference to the Department and the Board, the circular states at paragraph 4.1:

"*The State is ultimately the parent of all children, in accordance with the common law principle of 'parens patriae'. Generally, the State exercises its powers to safeguard and promote the welfare of children through statutory agencies, named as the responsible authorities in primary legislation. Legislation specifies, in broad terms, what the State considers is required to safeguard and promote the welfare of children and provides the legal authority for responsible authorities to discharge statutory functions on behalf of the State. There are circumstances in which the State names the appropriate Government Department in legislation as the responsible authority. In these situations the Department is responsible in law for the exercise of the*

[50] GOV 664 paragraph 8.1.3
[51] GOV 664 paragraph 8.1.4
[52] Commonly referred to as "statutory functions."

statutory functions ***unless it has delegated the functions to another statutory body***[53]***.***

In primary legislation, where Boards are named as the responsible authorities for the exercise of the functions, these functions are deemed to be a function which the Department has directed the Board to exercise under Article 17 (1) of the 1972 HPSS Order".[54]

5.3. Prior to the 1973 re-organisation, the Ministry of Home Affairs (MoHA) exercised its powers and duties to safeguard and promote the welfare of children through welfare authorities. The 1950 Act and the 1968 Act stated:

"*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."*[55]

5.4. Welfare authorities were therefore responsible and accountable in law for furthering the best interests of each child in their care. Similarly, when Boards were established, following the transfer of relevant functions under the 1968 Act from MoHA to the DHSS, Boards became directly responsible and accountable in law for discharging the above duty under the 1968 Act on behalf of the DHSS. Under the provisions of the 1952 Regulations each welfare authority was directly responsible for ensuring that each home in its charge was *"conducted in such a manner and on such principles as will further the well-being of the children"*[56] in the home. The 1975 Direction subsequently placed this responsibility on Boards[57] .

5.5. The Board's statement has quoted the Hughes Inquiry Report which stated *"Within this statutory framework, at central government level, the Department had general oversight and responsibility for residential child care".* With regard to the responsibilities of the DHSS in relation to all of the personal social services, Article 4 of the 1972 Order imposed on the DHSS a general duty to:

[53] My emphasis
[54] My emphasis
[55] HIA 226 Section 89 (1) of the 1950 Act and HIA 372 Section 113 (1) of the 1968 Act.
[56] HIA 293 Regulation 4
[57] HIA 452 Paragraph 3 (1)

"provide or secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland".

5.6. In this context, rather than assuming direct responsibility for residential child care, the role of the DHSS was to ensure the availability of residential child care services that were adequate and sufficient to promote the social welfare of children who needed them.

6. DHSS review of the registration of voluntary homes and analysis of monitoring statements produced by Boards and voluntary agencies

6.1. The Board has stated: *"The Board's Closing Submissions to Module 9 noted evidence given by Mr Buchanan[58] in relation to the potential for the Department to keep the registration of a Children's Home under review, perhaps on an annual basis. This is found at KIN 70126 and shows that the Department was alert to the potential of reviewing registration. However, it is not clear if and/or how that evolved. This may be the genesis of the annual monitoring statements but to date there has been little or no evidence to this Inquiry of how the Department analysed the annual monitoring statement and if or how any steps were taken on foot of them being submitted"[59].*

6.2. The Department's evidence to the HIAI confirmed that the registration of each voluntary home was reviewed by the DHSS in 1985 in a process that was separate to the consideration of the annual monitoring statements to be produced by each Board and voluntary body[60]. This was not *"the genesis of the annual monitoring statements".* The Department's evidence to the HIAI has set out in detail the reasons which led to the requirement in 1983 that Boards and voluntary organisations should return monitoring information annually on each children's home[61].

6.3. The Department does not accept that "*there has been little or no evidence to this Inquiry of how the Department analysed the annual monitoring statement and if or how any steps were taken on foot of them being submitted".* In its statements to the HIAI, the Department has referred to meetings having taken place with voluntary

[58] Mr Buchanan was a DHSS Assistant Secretary who provided oral evidence to the Hughes Inquiry
[59] GOV 665-666 para 8.2.3
[60] SND 17950 Question I paragraph 2
[61] SND 15673-15674 paragraphs 51-53

organisations[62] and with the Western Health and Social Services Board to discuss the annual monitoring information[63] and has also made reference to the role of the Social Services Inspectorate (SSI) in commenting upon monitoring information[64]. 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 review[65]. The Department noted that SSI was represented at the meetings with both Boards and voluntary bodies[66]. 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 SSI[67] 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 I l 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, Mr Peter Newman 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.

this period. This means that, for a prolonged period of time, some of the voluntary homes in Northern Ireland were effectively unregulated"[69]*.*

7.2. The Department does not accept that the substitution of a policy of "inspection" of voluntary homes by a policy of visiting meant that there was no scrutiny by SWAG of *"the state and management"* of the homes or of *"the condition and treatment of children*". The Department has stressed in its oral evidence to the HIAI, with reference to the SWAG visiting policy, which applied also to training schools, that whilst such visits enabled positive interaction *"that does not mean that there weren't issues being addressed or that there wasn't a level of scrutiny in the advisers' relationship with the training school management staff"*[70]*.* The HIAI has also had the benefit of hearing evidence from witnesses who had firsthand experience of SWAG visits and the nature of these during the 1972 to 1980 period. When asked about the "*more relaxed, informal, chatty sort of, less independent regulatory system"*[71] which existed in the pre-SSI days, a former member of the training school staff stated:

"*SWAG would have still had the .... same reputation of you .... were being inspected. The relationship definitely was different. The old Social Work Advisory Group journeyed with you through developments. SWAG was ... SWAG and SSI were very approachable, very amenable and from my point of view were also those ... who could help, but also could point out shortcomings and challenge some of your .. decisions and regimes"*[72]

7.3. With reference to the role of SWAG, the same witness noted:

"you had the benefit of those brains round the table if you were talking about a new regime, if you were talking about a new approach. So there's swings and roundabouts on the approachability and the accessibility of your inspection teams as opposed to, dare I say, more distancing and remote inspection regimes."[73]

7.4. A further former member of the training school staff commented in relation to SWAG: *"they were very supportive and we took advice*

[69] GOV 667 para 8.4.2
[70] HIAI evidence 23 November 2015 Day 163 Page 72
[71] HIAI evidence 23 November 2015 Day 163 page 16
[72] HIAI evidence 23 November 2015 Day 163 page 17
[73] Ibid

from them and we asked for help at times"[74]*.*

7.5. The Department has no reason to believe that the above experiences were not characteristic of the relationships which SWAG established with voluntary providers. The Department has accepted that insufficient attention was given by MoHA Children's Inspectors and SWAG to the regulatory requirements regarding the monthly inspection and visitation duties placed on welfare authorities and Boards in relation to statutory homes and on the administering authorities of voluntary homes. This does not mean that voluntary homes were therefore *"unregulated"*. The evidence before the HIAI shows that Inspectors and SWAs inspected the records which the regulations required to be maintained by each home, namely the admissions register, the 'important events' book, fire drill records, the menu book, and the 'punishment' book, commonly referred to as the 'statutory books'. Although no inspection or 'visitation' reports by SWAG are available between 1973 and 1980, the inspection reports predating and immediately postdating this period show that this was standard practice within the inspection process. Furthermore, whilst adherence to statutory requirements is indisputably an important element, the concept of regulation is much broader than this. It includes scrutiny and challenge in relation to the home: is it safe, effective, caring, responsive to needs and well led?[75]. The Department would contend that in accordance with the policy and standards of practice at the time, the implicit purpose of SWAG's advisory and consultative visits to children's homes was to address such matters.

7.6. With regard to the statement made by the Board that "*it is also known that there was no consideration given to reviewing the registration status of voluntary homes during this period",* the Department has already accepted in its oral evidence to the HIAI that the 1985 review of the registration of each voluntary home was, to our knowledge, the first 'systematic review' of the registration of all voluntary homes[76]. However during its evidence, the Department also made the point that when considering applications for registration or indeed *"in light of any information appearing to cast doubt on whether a voluntary organisation should continue to be registered",* MoHA/DHSS *"could*

[74] HIAI evidence 24 November 2015 Day 164 page 31

[75] These are the five key issues identified by the Care Quality Commission in England against which its Inspectors assess services http://www.cqc.org.uk/content/how-we-inspect-and-regulate-guide-providers

[76] HIAI evidence 22 May 2014 Day 38 Page 7.

also make requirements as to what the organisation should do in order for registration to be continued"[77]*.* The HIAI will now be aware that this happened on at least two occasions in relation to voluntary organisations under consideration by the Inquiry, when matters arose regarding the care or safety of children[78]. By the mid 1970s, Boards were responsible for the vast majority of children in the care of voluntary homes. In the absence of any communication to the DHSS from Boards or others to the effect that there were serious concerns about the functioning of a voluntary home, there would have been no reason for the DHSS to formally review its continuing registration.

8. SSI Inspections: frequency and the sharing of reports

8.1. The Board has stated:

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

It also appears that departmental inspection reports relating to voluntary homes to (sic) 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 Rubane".

In the Board's view, the Department's policy of not disclosing inspection reports on voluntary homes to Boards that were (sic) *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"*[79]*.*

8.2. The Department's evidence to the Inquiry showed that the change in policy from annual inspections of statutory homes to 3 yearly inspections was implemented with the approval of the then Minister[80]. This decision was based on the DHSS having required Boards to strengthen their own monitoring arrangements, make annual reports

[77] HIAI evidence 22 May 2114 Day 38 Pages 7-8
[78] MNH 303 Manor House Home and GSC 5671 The Good Shepherd Home Newry
[79] GOV 667-668 paras 8.4.3-8.4.5
[80] FJH 5291

on the residential care service to the DHSS and improve the reporting of issues such as untoward events to the DHSS. By this stage, the Board's professionally qualified social work managers were also assiduously completing at least monthly visits to each home in accordance with the 1975 Direction and had improved the quality of scrutiny and information returned to the Board in respect of those visits.

8.3. It is important to note, however, that the policy of inspecting statutory homes at all by SWAG/SSI may well have been unique within the UK. The HIAI will have noted the Department's correspondence with Sir William Utting[81] and Mr David Gilroy[82], respectively the former Chief Inspector and Deputy Chief Inspector, SSI (England) in which they state that:

a) the Social Work Service (SWS) did not have a programme for the routine inspection of all children's residential establishments in 1976. That situation continued after SSI (England) was formed. Children's homes were *"visited"* when need arose or regional offices thought it desirable[83]; and

b) there was no SWS practice of systematically visiting statutory homes, either formally or informally within David Gilroy's regional SWS team between 1976 and 1985. He commented that in 1985, when SSI (England) was formed, it undertook a programme of inspection of *"a large sample of statutory homes"* and there was *"a sense that this was an important first priority for SSI"*[84].

8.4. With regard to the assertion that *"inspections were always announced which is not in keeping with recommendation 32 of the Hughes Inquiry Report"*[85], the Board has misrepresented the Hughes recommendation which stated: *"The SWAG inspection programme should include unannounced visits*[86] *and significant matters arising should be recorded and pursued"*[87] . The Hughes Inquiry Report commented "*We accept that the annual …inspections should be planned in consultation with the managing authorities since some preparation is*

[81] SNB 9400-9401
[82] LIS 13816-13830
[83] Sir William Utting's letter
[84] Mr Gilroy's letter
[85] Paragraph 8.1 above
[86] My emphasis
[87] Page 347 of the Hughes Inquiry Report (not included in the evidence – see footnote 39)

necessary if the normal functioning of the home is not to be disrupted."[88] In addition to its planned programmes of inspection, the HIAI has received evidence to the effect that SWAG/SSI did carry out unannounced visits, particularly to voluntary homes[89] and training schools[90] and this was a practice that had already been established by the time the Sheridan Report had been completed[91] .

8.5. The Department has acknowledged that the MOHA and SWAG policy prior to the early 1980s was not to share inspection reports on voluntary homes with welfare authorities or the Boards. There was evidence, however, that where MOHA was aware of a serious matter affecting the welfare of children placed by a welfare authority, MoHA engaged in discussion with the welfare authority concerned and other welfare authorities were also aware of the issue[92]. Evidence provided to the Hughes Inquiry by a former Director of Social Services of the Western Health and Social Services Board indicated that he had seen some SWAG reports on voluntary homes and that any concerns that the Board had about the standards in the home were shared with SWAG[93]. The Department has no reason to believe that this would not also have been the practice of SWAG in relation to communication with Boards.

8.6. By the time the Hughes Inquiry Report had been completed, the DHSS policy was that the voluntary homes' inspection reports were being shared with Boards and the Department believes that the example to which reference is made above was an oversight on the part of the DHSS rather than a deliberate policy of exclusion. It is possible that the report was, in fact, subsequently sent to each of the Boards under separate cover.

9. DHSS Circular HSS (CC) 2/85 Provision of Information to and a Complaints Procedure for Children in Residential Care and their Parents[94] dated 30 April 1985.

9.1. The Board has stated "*The evidence before this Inquiry is that the guidance in the Circular was not implemented by the Board's predecessors until 1991, given the strength of public workers'*

[88] KIN-75360
[89] HIAI Oral evidence by Ms F Beagon, a former SSI 5 May 2015 Day 115 page 5&6
[90] SPT 3004-3012 and SPT 1684 paragraph 21
[91] Sheridan Report paragraph 64 iv
[92] RUB 1887 paragraph 12
[93] KIN 72328
[94] HIA 7534 and HIA 4079

opposition to its contents and the Board does not accept any systems failure on the part as [sic] *its predecessors in connection with the Circular, who were awaiting direction and conclusion of the Department's policy making."*[95]

9.2. The Department does not accept that any delay in the implementation of the complaints procedure was due to Boards having to await further direction or conclusion from the DHSS. In its evidence to the HIAI, the Department has set out the background to the development of the complaints procedure and a summary of the arrangements to be established by Boards and voluntary organisations[96]. Ms D Brown's statement to the HIAI dated 14 April 2015[97] confirmed that whilst the DHSS had undertaken two wide consultation processes prior to finalising the circular:

"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 latter."[98]

9.3. In the absence of reference by the Board to the source of its evidence regarding delay, the Department has secured from PRONI a DHSS file relating to the complaints procedure for children in care[99]. The contents of this file show that following the issuing of the circular in 1985 and the Hughes Report in 1986, the Social Work Staff Joint Council (SWSJC) of the Northern Ireland Public Service Alliance (NIPSA) entered into a period of negotiation with the 4 Boards. On 27 January 1986, NIPSA wrote to the then Minister for the DHSS[100] stating:

"discussions are at a very advanced stage with the Northern Southern and Western Boards ..... However, you will be dismayed to learn that

[95] GOV 673-674 paragraph 10.7
[96] HIA 15686-15688 paragraphs 89-97 and SNB 9377-9380 paragraphs 9-19
[97] SNB 9042-9045
[98] SNB 9042 Ms D Brown's statement as amended by addendum dated 6 June 2016 (forwarded to the HIAI on 6 June 2016)
[99] File A 2294/1986 The Sheridan Report – Complaints Procedure for Children in Care – Child Care Branch. This file has just been received from PRONI and is being copied for submission in full to the HIAI.
[100] Annex B letter from NIPSA to Mr R Needham dated 27 January 1987 with an enclosure containing a letter from Mr B Bunting of the EHSSB to Mr Mackell of NIPSA.

there have been no discussions yet with the Eastern Board

No doubt you are aware of the commitment given by that Board at the September meeting of the Social Work Staff Joint Council and again repeated at the December meeting of the Council that they would meet us shortly to discuss.

However, I am now informed by the Board (copy enclosed) that they are unable to do so because of the actions of your Department in delayinwelfareg responding to certain points they had raised.

I am most concerned about this. It is unacceptable that assurances given by the Board had to be breached because of actions on your behalf. It is also unacceptable that discussions with other Boards have had to be delayed because the Eastern Board were unable to go forward because of Departmental delays.

I should at this stage say that this situation is all the more regrettable because of the efficiency we formally received from the Department on this issue".

9.4. The HIAI will note from the contents of the DHSS's response on behalf of the then Minister[101] that the allegations in this communication and the implications in the EHSSB's letter that the Department had not responded to the Board in a timely manner were without foundation. Indeed it is evident from the contents of the file that, although not a party to the negotiations, the DHSS sought to encourage progress towards implementation as much as possible.

9.5. Due to continuing concerns however, on the part of the Staff Side representatives of the SWSJC, the complaints procedures were not agreed until January 1990 when by letter dated 12 January 1990[102], the SWSJC wrote to each Board stating:

"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".

9.6. The Department concluded that other than to include a reference to the need for full implementation of the procedures in its 1990-1991 Management Plan, no further action was necessary on its part as the

[101] Annex C DHSS letter to NIPSA dated 17 February 1987
[102] Annex D SWSJC letter to Boards

Joint Secretaries' letter of 12 January 1990 "*should be sufficient authority for General Managers to implement the complaints procedure"*[103]. The Department understands that the procedures were not implemented fully by Boards until 1991. This might have been due to the request in the SWSJC letter that Boards should establish training programmes for staff and it is noted that the SWSJC letter included an attachment which listed the relevant training officers for each Board. Any delay that occurred, however, was not due to the DHSS.

10. The DHSS complaints procedure: fitness for purpose and the handing of the complaints by former residents of the Nazareth Lodge Home, Belfast

10.1. The Board has stated "*The Board also considers that in the case of HIA20 and others in 1984/85, 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"*[104].

10.2. The Board has repeated the assertion regarding the fitness for purpose of the complaints procedure made in Mr Bunting's statement to the HIAI dated 25 March 2015[105]. The grounds for this conclusion by Mr Bunting were fully addressed and refuted by the Department in its statement dated 24 April 2015[106]. The Department has also noted the criticisms of the Department made by the Board in its closing submission to the HIAI in respect of the Module 4 Nazareth Lodge and Nazareth House Homes, Belfast in relation to the complaints circular:

"It is also apposite to note that paragraph 41 of the Circular stated that the Department wished to be assured that all Boards and Voluntary bodies had adequate arrangements to investigate complaints arising within the residential care system81 and a deadline of 13 July 1985 was set in the Circular for Boards and Voluntary Homes to submit to the Department "a statement of the procedures which operate for the investigation of complaints made by children in residential care and their parents".

When the Chief Social Work Advisor directed Mr Moore to deal with HIA 210's complaint "under the procedures laid down in the

[103] Annex E internal DHSS minute dated 2 May 1990.
[104] GOV 683 paragraph 10.7
[105] SNB 6913
[106] SNB 9380-9382 paragraphs 20(i) to 20 (iv).

Department's circular", this date had not been reached. It is clear, therefore, that the Board was being asked to carry out an investigation in the knowledge that procedures for the investigation of complaints under the Circular had not been developed by the Board or Voluntary Home. Nor had they been considered by the Department.

It is submitted that this is an important observation because it ought to have been obvious that the Eastern Board was no more equipped to carry out an investigation in May 1985 than it was in March 1984, when there was collaboration between officials in the Department, Home and Board and the Department assumed a co-ordinating and active role in investigating the complaints regarding NL 157".

10.3. The suggestion that the Department asked the Board to carry out an investigation in the knowledge that procedures for the investigation of complaints under the Circular had not been developed is a misrepresentation of the situation. The Chief Social Work Advisor's letter dated 29 May 1985[107] referred to the procedures outlined in the Circular with particular reference to paragraph 28. Whilst the Circular provided for Boards to develop their own procedures, the detailed procedures laid down in the Circular had been the subject of consultation and meetings with Boards and voluntary organisations for a period of some two years[108]. The final draft document was issued on 31 August 1984 and following further consultation meetings and agreement with Boards and voluntary organisations, the circular, which contained the Department's full guidance, was issued in May 1985. This included a sample booklet for children and parents, which had been consulted upon and approved by the Department of Education. By the time the final guidance had been issued, Assistant Directors in each of Boards and voluntary organisations were thoroughly familiar with its content. The Board has drawn attention to the fact that it was being advised to carry out an investigation under a new Circular "*which was encountering serious opposition by Trade Unions and public workers"*[109]. However, the complaint was about care in a voluntary sector home and Nazareth Lodge, which was the home concerned, had no objection to implementing the DHSS procedures.

10.4. The Department notes that the circular, which the Board alleges was not fit for purpose, was implemented in full by voluntary homes shortly

[107] SNB 19021
[108] SNB 9042-9045
[109] SNB 100044 paragraph 3.6.4

after its issue and by all Boards by 1991, each of which developed its own complaints procedures in accordance with the circular. The handling of the 1995 complaint made on behalf of NL 164 is an example of how the procedures outlined in the circular worked in the way anticipated by the Department[110]. In that case, the process outlined in the circular in relation to the Board and (by 1995) relevant Trusts assisting the administering authority of the voluntary home to investigate allegations of malpractice and abuse was appropriately implemented. There was no suggestion from those involved at the time that the procedure was 'not fit for purpose' and indeed the Board's statement makes reference to the 'co-ordinated response' which characterised the handling of the allegation[111].

10.5. Despite acknowledging the validity of the approach, the Board made several criticisms of the investigation process in its Module 4 closing statement[112]. In its current statement, the Board has noted:

"as stated in para 3.9.9 of the Board's Module 4 submissions there was to be a lack of meaningful oversight on the part of the Department during the investigation in 1995 and 1996 which meant that the regional registering authority, which had just completed an inspection of the Home in November 1995,[113] did not consider the wider practice and management issues arising in connection with the complaints and there was no follow up advice or direction given to the Home"[114].

10.6. The Department does not accept that there was a lack of meaningful oversight on the part the DHSS or that it was in any way responsible if the EHSSB's Registration and Inspection Unit (R&I Unit) did not address wider practice or management issues in its own subsequent inspection. Apart from the fact that the Department was not responsible for 'managing' the process, it is not known that Miss Chaddock, the Social Services Inspector involved in referring the allegations, did not keep abreast of progress. Furthermore, prior to each Board's Registration and Inspection Unit (R&I Units) assuming responsibility from November 1996 for the inspection of children's homes, the most recent SSI inspection report and associated correspondence on each home was provided to the R&I Units to

[110] SNB 9390 paragraph 45
[111] GOV 674-675 paragraph 10.10
[112] SNB 100012-100104; SNB 10061 paragraphs 3.9.8-3.9.9 The Board's closing statement dated 15 May 2015 in relation to the Nazareth Homes, Belfast SNB 100012-100104; SNB 10061 paras 3.9.8 - 3.9.9
[113] This should read November 1996 – children's homes inspections were not handled over to the Boards' Registration and Inspection Units until the commencement of the Children (NI) Order 1995
[114] GOV 674-675 paragraph 10.10

provide continuity and ensure that findings and recommendations were carried forward. Miss Chaddock's 1995 inspection report on Nazareth Lodge stated:

"In discussion with the children and from the questionnaires returned by them to the Inspector, additional matters of concern were identified. The Inspector has drawn these complaints to the attention of management at Nazareth Lodge and the HSS Trusts responsible for the children concerned. These matters are now subject to investigation"[115].

10.7. This information alone was sufficient for the EHSSB's R&I Unit to inquire further about the findings and outcome of the investigation.

10.8. With regard to the 1984/1985 complaints, the Board has stated:

"*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* [sic] *and the outcome of the police investigation at Rubane in 1981 which uncovered abuse on an institutional scale"*[116].

10.9. The Department has already considered in detail, the manner in which the DHSS dealt with the 1984 to 1995 complaints about Nazareth Lodge and those received on other occasions[117]. With regard to such complaints, however, the following issues (paragraphs 10.10 -10.14) not highlighted in the Department's Nazareth Lodge statement should be noted.

10.10. The NL 157 complaint made in 1984 and the 1995 complaint made on behalf of NL 164 were about contemporaneous practice in Nazareth Lodge and, from the Department's perspective appear to have been dealt with satisfactorily. However, the HIA 210**,** NL 145 and NL 97 complaints made in 1985/86 were by young people no longer in the home. These included allegations that other young people, who were also former residents of Nazareth Lodge had been abused. The complaints were made against two members of staff who were no longer employed there. By the admission of the EHSSB's former

[115] SNB 14219 paragraph 6.4
[116] GOV 674 paragraph 10.9
[117] SNB 9382-9390 paragraphs 21-46

senior officials, these were complaints about historical abuse[118].

10.11. When the complaints became known, the knowledge that the DHSS had of Nazareth Lodge at that time through SSI inspections, other contacts and the Board itself, was that there was an acceptable standard of care in the home and that the children then in Nazareth Lodge had no complaints about their care or treatment[119]. The DHSS did not have any authority in relation to the investigation of historical abuse where there were no grounds to suggest that such abuse had been perpetrated or condoned by staff currently in the home or that children currently in the home were affected. The DHSS's powers related to inspection[120]. This power had been discharged in 1983 and was again discharged in January 1986 immediately after the NL 145 complaint was received in December 1985. There was no evidence of any abusive practice historically or currently in the home. It is difficult to understand what further action the DHSS could have legitimately taken in the absence of further information becoming available. It would appear that this was the rationale for the request by SWAG that the matters should be pursued through the complaints procedures.

10.12. Some of the young people who were making allegations against former staff and those who were alleged by these young people to have suffered abuse were, however, at the time the allegations were made, still in the care of the Board, albeit not in Nazareth Lodge. Section 113 (1) of the 1968 Act provided that:

"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".

10.13. This afforded authority to the Board, being *in loco parentis,* to assist the home's administering body to pursue the allegations with the children concerned and staff in Nazareth Lodge in accordance with the procedures laid down in the circular. The HIAI has received evidence to the effect that the Board did not do this as it had no power

[118] SNB 6925 paragraph 2.14 Statement of Mr Bob Moore former EHSSB Director of Social Services and Statement of Bob Bunting SNB 6921 paragraph 2.5
[119] I believe I can recall seeing within the evidence, a reference in a report to the effect that the Board had checked with the social workers who had children placed in Nazareth Lodge at the time the complaints were made by the former residents and none had reported any concerns. I am at present unable to locate this document.
[120] Section 130 Children and Young Persons Act NI 1968

to interview staff in the home[121]. The Department does not accept that this is correct. Provided the home's administering body and its staff were willing to co-operate with the process, and there is no suggestion that Nazareth Lodge was not willing to engage the assistance of a Board or Boards in this matter[122] (as was the case in the investigation of the NL 164 complaint), there is no reason why a Board would not be involved in interviewing staff. Regrettably, the EHSSB, although voicing dissatisfaction with Mother Paul's investigation had not itself availed of the opportunity to be part of that process.

10.14. In its statement dated 24 April 2014 and in its oral evidence to the HIAI in relation to Nazareth Lodge, however, the Department has acknowledged the lack of reference in the DHSS's correspondence with the EHSSB and in the complaints circular to the interface of complaints with child protection procedures[123]. Some of the allegations in the 1985/86 period related to physical abuse of children and should have been referred to the police. The Department has also acknowledged that had a meeting been held with the Board at an earlier stage, this might have led to timely agreement on the way forward.

Signed

Date **10 June 2016**

[121] SNB 7019 and SNB 7480

[122] SNB 7480 paragraph 7 The EHSSB witness has made the point the children from other Boards had been accommodated in the home

[123] SNB 9562 paragraph 37 and HIAI oral evidence 8 May 2015 Day 118 Page 105-6 . Nb paragraph 21 (i) of the Department's Module 4 statement refers to Boards' duties under section 94 (2) of the 1968 Act in relation to child protection inquiries (SNB 9555). The Department accepts that this provision would not have been applicable in the context of the complaints under consideration. Nevertheless, the Board had a duty under section 113 (i) of the 1968 Act and the power in accordance with extant child protection guidance to invoke the child protection procedures in the case of an allegation of physical or sexual abuse of a child, regardless of whether the child was in the care of the Board or not.

ANNEXES

Annex A -Memo dated 27 March 1992

Annex B - letter from NIPSA to Mr R Needh

Annex C - DHSS letter to NIPSA dated

Annex D -SWSJC letter to Boards date

Annex E -Internal DHSS minute dated 2

From: P I Newman

Date: 27 March 1992

Mr N J Chambers

EHSSB: STATEMENT OF MONITORING OF RESIDENTIAL CHILD CARE SERVICES FOR THE YEAR ENDED 31 MARCH 1991

The following issues can be highlighted for the purposes of responding to Mr Baird (his memo of 13 March refers) and for our meeting with Mr Kearney and Mr Bunting on 1 April.

1. As Mr Baird points out, paragraph 2.1(vii) indicates that the Assistant Director was unable to visit any of the homes for monitoring purposes, a repeat of the previous pattern. This would seem to raise questions about the sustainability of this requirement in any meaningful way, particularly as annual audits are undertaken by Programme Managers and the Assistant Director receives the various reports listed in 2.1(vii).

2. Similarly, Mr Baird also draws attention to the fact that there were 11 occasions (relating to 7 different Children's Homes) when the visiting requirement of Board members was not complied with (Paragraph 2.1(viii) refers). In the previous year this had occurred on 12 occasions, and the same explanation had been given, ie "in most cases, there were personal reasons which prevented members undertaking these visits". In the first instance, it would be useful to have more detailed information (not always readily apparent in individual monitoring statements) to see whether there is a pattern of the same Home not receiving the full quota of visits in successive years.

   Statistically some Homes must have only had 2 visits in 1990/91. It is also worth noting that a shortfall of 11 visits represents over 25%, ie I gather that there are 10 Statutory Children's Homes which should each be receiving 4 visits per annum.

3. Paragraph 3.1 describes a re-establishment of the downward trend of the total number of children in care which is to be welcomed, as is the increase in the number and percentage of children in Foster Care. Despite both these factors, there has been an increase (albeit small) in the number and percentage of children in Residential Care, and it would be illuminating to see if there are any particular reasons for this reversal.

4. Paragraph 3.10 refers to the revised procedures for the participation of all children in their reviews and the involvement of parents in decision making about their children. A survey of the operation of the procedures has been carried out and they are to be modified accordingly. It would be interesting to hear about the findings of the survey and of the difficulties that have emerged in translating the policy of involvement into practice.

5. The staffing situation is described in Paragraph 3.13. Although noting an improvement in the level of qualified staff, a general lack of staff continuity is highlighted because of turnover, illness and training, requiring the employment of temporary staff. On the assumption that this must impinge upon the quality of the life of the children (and the staff who remain), it may be of value to explore this issue which was also noted in the previous report.

6. In his memo Mr Baird queries whether any of the 223 recorded untoward events listed in Paragraph 3.16 should have been notified to the Department. I find it hard to comment on this as I am unaware of the relevant guidance, apart from the Conduct of Children's Homes Direction which refers to death and to accidents resulting in serious injury. The individual monitoring statements do go into detail about the various incidents, and that would to some extent address Mr Baird's second query regarding the "other" category. However it could be worth confirming that this category does not contain a significant number of similar incidents, since as it stands it is the 4th highest category.

7. In Paragraph 3.17 concerning complaints, reference is made in page 11 to management having taken a number of initiatives to improve the ability of staff to deal with aggressive children. It would be useful to know more about this and what effect it has had.

8. The cost and percentage occupancy of the Homes are listed in Paragraph 3.18. There may be an issue within these figures of the definition of percentage occupancy. In one of the individual monitoring statements, comment is made about the measurement being of beds actually occupied rather than being booked. Hence a bed is regarded as empty if the child is away overnight. This not only inflates the cost per resident week but there can be differing interpretations of what is meant by occupancy.

9. The conclusions in section 7 are to be welcomed and reflect the general positive tone of the monitoring report.

Peter Newman

P I NEWMAN

NI PUBLIC SERVICE ALLIANCE
Health and Social Services Boards Division

Harkin House, 54 Wellington Park, Belfast BT9 6DZ. Tel. 661831
General Secretary, J McCusker

Mr R Needham
Minister of Health
Stormont Castle
Upper Newtownards Road
BELFAST
BT4 3SF

Our ref: SW/SM/KL

27 January 1987

Dear Minister

RE: COMPLAINTS PROCEDURE FOR CHILDREN IN CARE

1 We have been negotiating with the four Health and Social Services Boards the introduction of a Complaints Procedure for Children in Care for over a year. This follows your circular in 1985 and indeed the recommendation in the Hughes Report early in 1986. Since then we have worked closely with the Department and the Boards in attempting to establish a procedure that is effective and fair to all concerned.

2 You will be pleased to learn that discussions are at a very advanced stage with the Northern, Southern and Western Boards. I believe it is fair to say that very little separates us and I am confident that an agreement will be reached shortly. However you will be dismayed to learn that there have been no discussions yet with the Eastern Board.

3 No doubt you are aware of the commitment given by that Board at the September meeting of the Social Work Staffs Joint Council and again repeated at the December meeting of the Council that they would meet us shortly to discuss.

However I am now informed by the Board (copy enclosed) that they are unable to do so because of the actions of your Department in delaying responding to certain points they had raised.

I am most concerned about this. It is unacceptable that assurances given by the Board had to be breached because of actions on your behalf. It is also unacceptable that discussions with other Boards have had to be delayed because the Eastern Board were unable to go forward because of Departmental delays.

I should at this stage say that this situation is all the more regrettable because of the efficiency we formally received from the Department on this issue.

from the Staff Side Secretary
SOCIAL WORK STAFF JOINT COUNCIL
Joint Council for the Health and Personal Social Services (N.I.)

I trust that you will examine this situation as a matter of urgency and take the necessary steps to ensure a speedy resolution to this problem.

Yours sincerely

Sean Mackell

SEAN MACKELL
Staff Side Secretary

Enc

Eastern Health and Social Services Board

65 University Street Belfast BT7 1HN
Telephone 244611
Telegrams EHSSB, Belfast

Director of Social Services
R. Moore

our ref: RJB/KH

your ref:

Mr. S. Mackell,
N.I.P.S.A.,
Harkin House,
54 Wellington Park,
BELFAST,
BT9 6DZ.

19th January, 1987

Dear Mr. Mackell,

Re: Policy and Procedures for Dealing With Complaints Affecting Children in Residential Care

You will recall that I forwarded a copy of the above policy and procedures to you on 4th July, 1986 for information having submitted these to the Department of Health and Social Services on 23rd June, 1986 for comment.

You will also be aware that we issued a Complaints Procedure for Children in Residential Care and Their Parents on 16th July, 1985 at the request of the Department of Health and Social Services but Staff Organisations placed an embargo on the implementation of these procedures.

Following the receipt of written comments from the Department of Health and Social Services on the procedures we submitted on 23rd June, 1986 we wrote to the Department to clarify a number of matters and are awaiting a response. As soon as I receive this I will be in contact with you to arrange a meeting to discuss our policy and procedures.

Yours sincerely,

R.J. Bunting

Mr. R.J. Bunting,
Assistant Director of Social Services

AP 1177

DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

Mr S Mackell
NIPSA
Harkin House
54 Wellington Park
BELFAST
BT9 6DZ

Your Ref: SW/SM/KL

17 February 1987

Dear Mr Mackell

You wrote to Mr Needham on 27 January regarding discussions between NIPSA and the Health and Social Services Boards about the introduction of their complaints procedures for use by children in residential care and their parents. You stated that, while good progress had been made with the Northern, Southern and Western Boards, discussions had not yet begun with the Eastern Board. The Board had said that it was waiting for a response from the Department before arranging to meet you. You therefore expressed your concern that delay by the Department was impeding the conclusion of your discussions with Boards, and Mr Needham has asked me to reply.

As the Eastern Board explained to you in its letter of 19 January, it submitted to the Department its policy and procedures for dealing with complaints on 23 June 1986. When the Department received the draft procedures from all 4 Boards it wrote to each on 30 September 1986 drawing their attention to areas where they were not in accord with the principles devised as the basis for the investigation of complaints; or where they were not in line with the procedures laid down in the Department's 1985 Circular concerning the reception, recording and monitoring of complaints.

On 11 December 1986 the Eastern Board wrote again to the Department indicating the changes they had made in the light of the Department's comments but asking the Department to reconsider one of the points concerned. On 27 January 1987 the Department replied to the Board clearing this point.

Mr Needham hopes that this information about the contact between the Department and the Eastern Board allays your concern . Mr Needham also hopes that progress can now be made to reach final agreement with all 4 Boards on the complaints procedures to operate within their Areas. He will keep a close eye on developments.

Yours sincerely

NOEL McCANN
Private Secretary

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

LIAISON OFFICERS FOR TRAINING PURPOSES

Eastern Board - Mr R Reid/Second name to be forwarded.

Northern Board - Mr M Hughes/Either Mr F McMaster or Mr J Tennant.

Southern Board - Mr G O'Hanlon/Second name to be forwarded.

Western Board - Mr B McAneney/Mrs E Webster.

From: J R KEARNEY
Child Care and Social Policy Division

cc. Dr McCoy
Mr McElfatrick

Date: 2 May 1990

Miss Gilpin

COMPLAINTS PROCEDURE FOR CHILDREN IN RESIDENTIAL CARE AND THEIR PARENTS

1. Your minute of 30 April covering Mrs Major's of 21 March refers.

2. On the question of writing to Boards, several points occur to me:-

   a. the boycott was formally lifted on 12 January 1990. With the passage of time, it would be highly embarrassing for the Department to write some four months later;

   b. but the question arises of whether the Department needs to write at all. Should the letter of 12 January 1990 to General Managers from the Joint Secretaries of the Social Work Staffs Joint Council (which confirms that each Board is now free to introduce the Complaints Procedure) not be sufficient?;

   c. if, however, the Department needs to write to Boards, would it not be appropriate, as this is now an operational matter, for any such letter to issue from the Management Executive? I have in mind that the policy underpinning the complaints procedure was clearly enunciated in the 1985 Circular; all we are talking about now is bringing the procedure fully into operation;

   d. if the Management Executive needs to write, does it need to ask for a 6-month progress report? The Department is supposed to be disengaging from operational matters. Given that the boycott has now beenlifted, is it not sufficient to leave Boards to implement the complaints procedure?

3. Having considered these points, my conclusion is:

   a. the Joint Secretaries' letter of 12 January 1990 should be sufficient authority for General Managers to implement the complaints procedure and indeed they may already have done so, or may be in the process of doing so;

   b. it would be more appropriate for any letter to Geeral Managers on this operational issue to issue from the Management Executive, but I doubt whether any letter is necessary;

   c. as the complaints procedure was an important post-Kincora initiative, we would want to be assured that it was fully in operation;

   d. we should consider asking the Management Executive to ensure that a reference to the implementation of the complaints procedure in the light of the SWSJC letter of 12 January 1990 is included in the Management Plan, a draft of which I passed to you for comment yesterday;

e. if, in the light of d., the Management Executive feel that they need to write to General Managers instead of, or as well as, a reference in the Management Plan, they can do so, and Mrs Major's draft could form the basis of their letter.

4. Will you please bear 3d. in mind in replying to my minute on the draft Management Plan.

5. The question then arises whether, if we are not to write to General Managers, we need to write to voluntary children's homes, who have not been so affected by the boycott as statutory homes. Again, the passage of time bring us nearer the stage where we shall be considering the impact on voluntary homes of our proposals to transfer responsibility for registration to Boards, and you will presumably also be considering the effect on procedures of changes in Directors' roles and responsibilities at area level as they become clearer. My preference would be not to impose burdensome requirements on voluntary children's homes for what may be a very short period unless it is essential. It may be, for example, that Inspectors, through their close contacts with voluntary homes, could satisfy us that the complaints procedures are in operation in each.

6. You will want to consider the voluntary homes aspect in consultation with SSI. If, having done so, the consensus is that we should write to the Chairmen, please resubmit.

J R KEARNEY