

HIA REF: []

NAME: []

DATE: []

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995

Witness Statement of Robert Moore

I, Robert Moore, Retired Director of Social Services, Eastern Health & Social Services Board , will say as follows:

1. My previous statement dated 14 August 2014 sets out my qualifications and career history.
2. In relation to issues concerning Nazareth Lodge, I have been shown file material in relation to **HIA 210** and **NL145** which were cases referred to my office because of concerns expressed.
3. Even having read the file material provided, I did not recognise the names of the young people involved. However, I did recall having taken issue with the Department of Health and Social Services over the interpretation of the Departmental Circular HSS (CC) 2/85, dated 30th April 1985. Pat Armstrong, the then Chief Social Work Adviser, thought that **HIA 210** complaint could be dealt with under the procedures laid down in the Departmental Circular, in particular, paragraph 28. That paragraph states explicitly that 'Boards should be prepared to assist voluntary bodies in the investigation of the complaint.' And, on that, there was no disagreement. But, like my colleague **DL 518**, I felt this fell far short of authorising a full investigation by the Board. It was one thing, as the Circular states, to ascertain the nature and substance of a complaint and this

was done in interviews with the children and young people for whom the Board had a care responsibility. It was quite another to participate in or undertake interviewing the senior staff of a voluntary home. And as it transpired, other children were also involved and this was seen as reinforcing the need for a broader over-arching investigation to be conducted, say, by the Mother Regional and with the involvement of the Department of Health and Social Services as the registering authority.

4. I do not know how, if at all, the impasse was resolved but, knowing how tenacious **DL 518** can be, I doubt if the matter would have been left open-ended. The records are incomplete and, therefore, it should not be assumed that the complaint was not referred to the Police. Had it been, the referral would have been made at local level, from the District Social Services Officer (or one of his senior staff) to the designated Police Liaison Inspector. It is equally plausible that, having regard to the unwillingness on the part of **HIA 210** and his family to take the complaint to the Police, it was decided not to pursue this course of action. It is a matter of speculation but, especially in the climate of the times, unilateral action by Social Services would have alienated the **HIA 210** who might not have welcomed the arrival of the Police on their doorstep.
5. It is also possible that the complaint was lost sight of due to the pressures under which Social Services were operating. From 1969 onwards, because of the ongoing unrest, disruption, destruction of property and loss of life pervasive in society at large, it was difficult to maintain service delivery, never mind promote service development. Ironically, perhaps, the period during which these complaints were dealt with was more or less coincident with the work of the Committee of Inquiry into Children's Homes and Hostels, activity which placed almost unbearable stress on many of the Board's staff and added to the difficulty in sustaining normal working.
6. The implementation of the Complaints Procedure for Children in Care and their Parents may have been a casualty of the civil disorder though there were additional reasons for the delay in the full implementation. For a start, the Circular, though described as a procedure, was more in the nature of guidance and, after it was issued, working procedures had to be devised. Secondly, it became necessary to address trade union concern about safeguards for staff against whom a complaint was made. Thirdly, the Police had reservations about

the Circular, because they felt that an investigation by Social Services or a voluntary body might prejudice any subsequent investigation conducted by them. They also asserted that all complaints where an offence may have been committed should automatically be referred to them – there should be no discretion. (The Police were also concerned about the discretion recommended in paragraph 13.102 of the Report of the Committee of Inquiry into Children's Homes and Hostels (1986) that 'patently false' allegations of criminal activity need not be referred to them.) These issues took time to resolve; indeed the development of a Joint Protocol setting out a working relationship between the Police and Social Services took several years and, after inexplicable further delay at the Department of Health and Social Services, did not issue until 1991.

7. I do not recall allegations of child abuse in residential settings earlier than those reported in Rubane and Nazareth. That is not to say they did not occur, rather they may not have been reported or recorded or, perhaps they may have been overlooked. In my statement on Rubane, referring to the sixties and earlier, I said that residential care was 'understaffed, underpaid and undervalued'. It was a time when there was a heavy dependence on residential care and it was a Sisyphean task just to keep homes going, both statutory and voluntary. Such was the sympathy for care staff that the idea they might abuse children in their care would have been met with disbelief. The duty of care exercised by field staff in respect of children in care was seriously compromised by there being too few of them and even fewer trained. (Again, in my Rubane statement, I have referred to caseloads.) Subsequently, over the years there was progress. A 1968 Departmental Circular made it a requirement that newly appointed social workers be professionally qualified and, concurrently, universities expanded their qualifying courses. In the late 60's and early 70's there was an influx of qualified staff. Improvements in the status and training of residential child care staff took longer and owed much to a recommendation in the 1986 Report of the Committee of Inquiry into Children's Homes and Hostels that 'The Boards... should introduce parity of pay between residential child care and fieldwork staff, linked to professional qualifications and training (Recommendation 6).

8. The 1970s was a period of significant change in the provision of care for children deprived of a normal home life. The 1950 Children and Young Persons Act, had

given primacy to foster care. Section 90 stated that residential care should be used only if 'it is not practicable or desirable for the time being to make arrangements for boarding out.' No doubt this had a negative effect on the development of residential care and was not likely to have been conducive to the maintenance of good staff morale. The homes themselves were less than ideal – boys and girls, especially in the younger age groups, were catered for in different homes and they were also segregated by religious affiliation (by and large Protestants were cared for in statutory and denominational voluntary homes, and Catholics in homes run by religious orders). For reasons of cost effectiveness, it was thought important to maintain occupancy at as high a level as possible. These several factors meant it was often difficult to find care and accommodation at short notice (most admissions were emergencies rather than planned), families of children often had to be split up and it was not unusual to have to send children to homes some distance from their own homes. This gradually changed when, in the late 1960s and 70s welfare authorities, and their successors, actively promoted the development of fostering. As a result, the demand for residential care reduced, especially for younger children and there were homes closures in both the statutory and voluntary sectors. There was also what may have been an unintended consequence – the children who were left and those newly admitted to care were older and more likely to have been severely damaged by their life experiences. These were troubled and troublesome young people and the residential task had become more difficult and challenging.

9. In my view it is moot whether or not any failures were systemic and, on balance, I think not. That systems have become more sophisticated as service provision has become more complex would imply that the earlier models of 50 or more years ago were deficient. In fact they were just of their time, there was not a culture of neglect and maladministration. And however basic, there was always an understanding of responsibility and accountability. At its most simplistic, as increasingly responsibility was devolved to lower levels in the organisation, it was accepted that anything seriously untoward must be reported upward – no Director of Social Services wanted surprises especially if they were unpleasant. Of course there were also formal channels of communication. There were ad hoc face to face meetings with individual senior staff and more formal performance reviews, and monthly meetings with senior staff as a group to deal with common

operational matters, strategic issues and policy. (This would have been much the same in all four Boards.) The Boards' Directors of Social Services also met monthly to agree Province-wide matters and, in turn, as a group would meet, at his behest, the Department's Chief Social Work Adviser. These management arrangements continued until, during the 1990s, increasing executive responsibility and autonomy was devolved onto units of management.

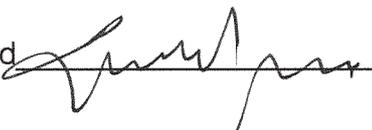
10. It may be worth noting further the organisational contexts within which some of the events of concern to the Inquiry took place. Since 1949, welfare services had been provided by local authorities. In 1973 local government was re-organised and the eight county boroughs and city and county boroughs were disbanded and a larger number of smaller district councils created. These councils were deemed too small to provide, for example, housing, education and welfare services. The Government decided that welfare services should be paired with health services (they too being re-organised) and that both be provided through four Area Boards. The rationale for this was obscure and was criticised by many in social services. At a workshop in 1972, set up to consider the proposals, senior social services staff took issue with the head of the Social Work Advisory Group and other senior Departmental officials and expressed concern, in particular, about the arrangements in so far as they affected child and family care. But nothing changed. Since then, because health and social services were organisationally joined, reforms designed for the former have been applied to the latter, appropriately or otherwise, and culminated decades later in the establishment of the Health and Social Care Trusts we have today. Even before this, the management of the Eastern Health and Social Services Board had been far from simple. As Director of Social Services I shared corporate responsibility for the whole of the service and was also an executive member of the Board. The Board served a population of 650,000 (in urban and rural) environments. The annual revenue budget, at 1995 price levels, exceeded £500m and employed 33,000 people. It delivered a wide range of hospital, community health and personal social services to its population (from home helps to heart surgeons), as well as acute medical services to the whole of Northern Ireland. As Director, I was managerially and professionally responsible for the planning, delivery, monitoring and evaluation of personal social services provided to children at risk and their families, elderly and disabled people and those with a mental illness or

learning disability. I controlled a budget of some £80m, some 75% of which was spent on staff numbering about 8,000. It was said, with justification, that the Board was like a large sea-going tanker in that if you wanted to change direction you had to start steering far ahead of where you wanted to turn. Health care consultants retained by the Board to help with the management of change described it as the most complex public body in the UK, if not in Europe.

Statement of Truth

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

Signed

A handwritten signature in black ink, appearing to be 'G. Smith', written over a horizontal line.

Date_24th February 2015_____

HIA REF: []

NAME: [Robert Moore.]

DATE: []

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995

Witness Statement of Robert Moore

I, Robert Moore, will say as follows:-

1. My qualifications are –

1959: BSc (Econ), Queen's University, Belfast

1965: Diploma in Applied Social Studies, Liverpool University

1965: Certificate of Qualification in Social Work

1965: Home Office Letter of Recognition in Child Care

2. My Employment Record is as follows –

1953 – 61 Clerical and administrative posts, Belfast City Council

1961 – 63 Assistant Divisional Welfare Officer, Belfast Welfare Authority

1963 – 67 Divisional Welfare Officer, Belfast Welfare Authority

1967 – 71 Children's Officer, Belfast Welfare Authority

1971 – 73 Deputy County Welfare Officer, Down County Welfare Committee

1973 – 84 Director of Social Services, Southern Health and Social Services Board

1984 – 95 Director of Social Services, Eastern Health and Social Services Board

1995 – 2011 (Self-employed) Consultant in Social Care

3. The 1949 Welfare Services Act heralded the establishment of Welfare Authorities in each of the 8 local authorities in Northern Ireland. Eileen Younghusband, in her Report (1959) observed that In Britain 'welfare work in local authority departments of Health and Welfare [was] a "ragbag" of activities after the upheaval of the dismantling of the Poor Law in 1948'. She added that the social workers in these Departments were almost wholly untrained. It would have been similar in Northern Ireland. From the low base of Poor Law provision, services gradually improved but a decade or more later service provision in Belfast was limited. In 1962, I was appointed Assistant Divisional Welfare Officer and, though I was subordinate to the Deputy City Welfare Officer, I assumed responsibility for the delivery of fieldwork services and the oversight of Old People's Homes and Day Centres across the whole of East Belfast. I also carried a small caseload. I had a team of 3 staff, none of whom (including myself) was professionally qualified in social work and each carried a mixed caseload of 300 or more clients. (Following Younghusband, social work training was slow in developing and It was not until 1968 that a professional qualification became a requirement for Social Welfare Officers, that is basic grade social workers.) Children's Homes, and Old People's Homes, were not purpose-built, rather they were minimally adapted, large detached and semi-detached former residences. The former Workhouse, situated in the grounds of Belfast City Hospital, overlooked the Mortuary and, until 1963, was used to provide temporary accommodation for homeless families. Responsibility for Children's Homes resided in the Children's Officer.
4. In 1963, I was appointed Divisional Welfare Officer for South Belfast. The range of my responsibilities was similar to those of my previous post but I was accountable to the Belfast City Welfare Officer himself. In 1964, I was seconded to the, professionally-qualifying, Diploma in Applied Social Studies course at Liverpool University, the first person to be seconded by Belfast. On my return, I was employed at Headquarters to assist the Children's Officer. Though not designated as such, in practice I acted as Deputy Children's Officer. When, in 1967, the Children's Officer retired, I succeeded her. It was one of the more stressful periods in my working life, coping with the demands of my new post and, like many other staff at the time, trying to deal with the 3,000 or so people displaced by the rioting triggered in August 1969 – what Caul and Herron (1992) referred to as 'casework and civil defence functions'. The authors also pointed out that 'social welfare officers within Belfast were having to work extraordinarily long hours in many instances in the face of bureaucratic frustrations at all levels and ambivalent attitudes amongst the elected representatives of the Welfare Committee...'
5. In the statutory sector, residential work with children was understaffed, underpaid and undervalued. This last was exacerbated by the legislative bias in favour of boarding out. (The

1950 Children and Young Persons' Act provided that children should only be admitted to residential care if boarding out was not possible.) The ratio of staff to children was low and staff were untrained. It was hardly surprising that it was difficult to recruit staff to the sector. The position was perhaps more acute in Belfast, or in Northern Ireland as a whole, but it was part of a nation-wide problem. In *Caring for People: Staffing Residential Homes* (National Institute for Social Work, 1967) I recall a Children's Officer for an English local authority being quoted as saying that he appointed the mediocre for fear of getting the downright bad! Although residential care was regarded as providing a second class service, the demand for places was high. Social workers usually had to spend considerable time searching for accommodation for children being admitted to care, not the most suitable places available but any places that were available. Groups of siblings were particularly hard to place and often ended up being separated. Sometimes the demand was excessive and homes became overcrowded, the numbers in residence being in excess of the approved maximum. It was difficult to keep available places temporarily vacated, the child being home on trial, or in hospital, etc. None the less, the Welfare Authority was sometimes exercised by what were perceived as low occupancy rates.

6. Flexible utilization of the resources available was hampered by the way in which residential care was structured. Children were segregated by age, sex and religion. There were nurseries for the under 5s, general homes for school age boys (the age range varied) and, separately for school age girls, and hostels for adolescents (again separate provision for the sexes). Statutory homes and some voluntary homes cared for Protestants; the Catholic Church, through religious orders provided for Catholic children. This religious segregation made it easier to ensure, as required by law, that children in care were brought up in their own faith.
7. The Ministry of Health and Local Government (and its successors) was responsible for the registration and inspection of voluntary children's homes and for the inspection of statutory homes. Children's Officers, statutorily appointed, in local authority Welfare Departments also had responsibilities in relation to statutory homes and, by extension, to voluntary homes as well. These responsibilities were often exercised by an Assistant Children's Officer. In the main, the focus would have been on supporting the officers-in-charge of the homes and in helping to resolve difficulties in the running of the homes; there would have been concern for the overall welfare of the children in care, rather than for any specific child's needs. At Divisional level, social workers were required to maintain contact with individual children and their families. The Boarding out Regulations made it mandatory for a social worker to visit

each child in care, who was boarded out, at least monthly and to review the case quarterly. There was no such requirement in respect of children in homes but, as a matter of good practice, I instituted similar arrangements.

8. During my time as Children's Officer, I recall visiting Rubane twice. The first time, out of interest, I accompanied the Assistant Children's Officer on one of her routine visits; the second time I attended an Open Day. Neither then nor later did I become aware of anything untoward. Occasionally I visited other voluntary homes, for example, again during my time as Children's Officer, I visited a Catholic residential nursery. It was noteworthy because I had become concerned about the demands being made on the Sister in charge and her small complement of religious who were providing care 'round the clock', 168 hours a week, for quite a large number of small children. I tried to persuade the Sister to apply for an increase in the weekly charge in order that some (lay) staff could be recruited. (I think, even then, there were fewer postulants.) My offer was declined. Later, when I was Director of Social Services in the Southern Health and Social Services Board, I had a not dissimilar experience. I visited another residential nursery run by religious. I suggested that they might like to participate, free of charge, in the Board's in-service training programmes. This too was declined.
9. It was not until the late 1980s, or possibly the early 1990s, with the implementation of a recommendation of the Sheridan Report (1982), that 'A Complaints Procedure for Children in Care and their Parents' was introduced. Till then there was not a systematized means of receiving and handling complaints. But complaints could have been received and dealt with had they been reported to the government inspectors, Children's Officers/Assistant Children's Officers or, more plausibly, the children's social workers. In Belfast, the last mentioned (and their senior officers at Divisional level) would have known that I expected to be informed of anything seriously untoward affecting children in care. I never received such a report in respect of children in Rubane.

Statement of Truth

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Signed



Date

14th August 2014



NORTHERN IRELAND Information Service

1 May 1985

A COMPLAINTS PROCEDURE FOR CHILDREN IN RESIDENTIAL CARE AND THEIR PARENTS

The Department of Health and Social Services today issued guidance on a complaints procedure to be set up specifically for use by children in residential care and their parents.

The procedure has been developed as an additional safeguard for children and young people in homes or hostels run by Health and Social Services Boards or voluntary child care organisations.

Commenting on the new procedure, Mr Chris Patten MP, Parliamentary Under Secretary responsible for health and social services, said:

"I see the new procedure which is being announced today as one more step in the process of improving the quality of child care services in Northern Ireland. The procedure follows a series of consultation, including consultation with the Northern Ireland Assembly. I was particularly encouraged that the Assembly generally endorsed the need for this kind of procedure and the main elements in it.

"I am deeply appreciative of the dedicated work and commitment of staff involved in residential child care, and of their efforts to ensure that children receive the best possible care and attention. I hope that, given this commitment and the co-operation of all those involved in and with responsibility for the care of these children, the complaints procedure will be seen as a further way of ensuring that the high standards of care are maintained."

The aim of the procedure is to allow children in residential care, and their parents, who consider that they may have grounds for complaint, to make their concern known. The procedure also seeks to ensure that any complaints made are adequately recorded and fully investigated.

Among the main elements of the procedure are:

- all children in residential care, and their parents, will receive a booklet giving information about a range of matters of importance to a child in a children's home, for example, the rules of the home, the arrangements for visits, the allowances for clothing, pocket money etc. The booklet will include a list which will inform children and parents of circumstances in which they would have reason to complain, and will explain the ways in which complaints can be made and to whom;
- children and parents will also be given an oral explanation of the contents of the booklet;

HIA REF: []

NAME: [Robert Moore.]

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Statement of Truth

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

Signed



Date

14th August 2014

should be made to foster the relationship between staff and children in this respect. However, there will be occasions when children will feel the need to complain. The explanatory booklets should, therefore, inform children, and parents, how they may do so.

- 24.0 Children and parents should be encouraged to raise their complaints with staff in the home in the first instance. However, it should be made clear that, should they not wish to make a complaint within the home, or should they already have done so but are dissatisfied with the outcome, they can raise the matter with other persons, namely:-

- the child's social worker;
- in statutory homes, the visiting social worker designated under paragraph 3(3) of the Conduct of Children's Homes Direction (NI) 1975 or, in voluntary homes, the voluntary visitor authorised by the administering authority under paragraph 4(2) of the Children and Young Persons (Voluntary Homes) Regulations (NI) 1975.

The child's social worker should be informed of any complaint made by a child in a voluntary home.

- 25.0 It should be explained to children and to parents that the complaints system does not take away their right to express any legitimate concern which they might have through other channels available to them, for example, directly to members of the Board or Management Committee during the course of visits to homes or otherwise, or to Members of Parliament or Members of the Northern Ireland Assembly.

CONTACT CARDS

- 26.0 A further arrangement is needed for those children or parents who do not wish to use any of the channels of complaint set out above or who, having used them, are not satisfied that their complaints have been dealt with fairly. This will require the introduction of a system of pre-paid contact cards.
- 27.0 In the case of both statutory and voluntary children's homes the contact card should be addressed to the Director of Social Services of the Board in whose care the child has been placed. Boards should make a supply of contact cards available to voluntary homes.
- 28.0 On receipt of a contact card, the Director of Social Services should take immediate action to ascertain, through a social worker not immediately involved in the care of the child, the nature and substance of the complaint being made. On receipt of this information the Director should, where the child is in a statutory home, put in train whatever investigatory action he deems appropriate. Where the child is in a voluntary home, the Director should inform the Chairman of the Management Committee of the home, or his equivalent, of the nature of the complaint and should agree the follow-up action required. Boards should be prepared to assist voluntary bodies in the investigation of the complaint.
- 29.0 In each case where a contact card is used, the Director of Social Services should keep himself informed of the progress of the investigation and

HIA REF: []

NAME: [**Robert Bunting.**]DATE: [25th March 2015]**THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995**

Witness Statement of Robert Bunting.

I, Robert Bunting

1. INTRODUCTION

1.1 I have been asked by the Regional Health and Social Care Board (“the Board”) to review the documentation with regard to complaints relating to HIA 210, to try to ascertain the outcome of the Board’s stated intention to refer the complaints to the Police in relation to HIA 210, if he did not do so, as at the time he alleged he was physically abused, the Southern Health and Social Services Board (SHSSB) was acting in ‘loco parentis’ to him

1.2 The context is very important in this case, in relation to how these allegations were dealt with:

- The allegations were of historic abuse, happening mainly in the mid to late 1970’s when HIA 210 was in the care of the SHSSB. The Fit Person Order, which HIA 210 was subject to, was transferred to the Eastern Health and Social Services Board (EHSSB) on 11th May 1983 from when the EHSSB became legally responsible for his care. However the EHSSB had been involved with HIA 210 from 9th August 1981 when he was placed with professional foster carers in

letter from the Board dated 15th May 1985 attached at Exhibit 1

Given the lacuna in the Regional Guidance I advised the DSS to write to the Chief Social Work Advisor (CSWA), DHSS referring to the 1984 complaints re **NL 157** which we had investigated co-operatively; and seeking advice as to how we should proceed. I then drafted the letter for his signature.

- 2.3 In relation to dealing with complaints I continued with the same process which had been established by the previous DSS, in that I provided professional advice and following discussion, usually drafted the letter which he signed.

This was necessary as the ADSS did not have any operational management authority in the H&SS structure. The management line was from the DSSOs to the DSS. In the EHSSB there had been an issue about this in 1973, following re-organisation, as the DSSOs would not accept their staff discussing management matters with ADs, although the PSWs were allowed to contact us for professional advice, as this was one of our responsibilities. The Social Work Advisory Group had a similar problem in relation to the Child Care Branch as they had no executive authority; which is why the previous DSS had written to the Child Care Branch in 1980 regarding the De La Salle Boys Home allegations

- 2.4 This professional advice was not really necessary with regard to the new Director, as he had been my predecessor as Children's Officer in Belfast Welfare Authority. However, in the event of any issues arising about the action taken, it ensured that, procedures wise he had consulted with the AD, though he did not necessarily have to accept the advice.

This non-executive role was also a problem identified by the Monitoring Working Group I referred to earlier in this statement (section 1.2) in relation to monitoring residential care and following the Sheridan Report (HIA 3492) and Hughes Inquiry, led to the strengthening of the ADs monitoring role and responsibilities in the later 1980s.

13.98 We ourselves are convinced that a formal complaints procedure designed specifically for residential child care is a necessity. We support a formal procedure because it encapsulates the principle that the child or young person has a right to complain about misconduct, mistreatment or poor standards of care. That right, of course, has always existed and was exercised on a number of occasions as evidenced in this report. While we believe that embarrassment and a misguided sense of guilt inhibited those residents who did not make any complaint about homosexual abuse, we are not satisfied that young people in residential care had a sufficiently strong sense of their status and rights. This manifested itself in a strain of resigned fatalism in the evidence of some of the former residents who assisted this Inquiry. A formalised right to complain goes some way to improving the self-image of those in residential care and to help them overcome inhibitions about lodging even well-founded complaints. In addition, a defined procedure is vital to protect Social Services staff who are faced with complaints from residents. The variety of approaches which we have described, some of which we have criticised, illustrates the need to provide staff with clear guidelines. Having established our support in principle, we also wish to record that we are substantially in agreement with the main features of the procedures as set out in the 30 April 1985 circular. We will, therefore, confine our comments to certain points on which we consider these procedures might be improved.

13.99 The provision of booklets explaining the procedures, in language which children and young people can understand, is to be welcomed. There is no point in having a procedure unless those who may have to use it have effective access to it. We examined the Northern Board's booklet and found that it strikes a good balance between comprehensiveness and simplicity of presentation. The booklet also describes certain rights and responsibilities which residents have and includes guidance on what staff may do to deal with misbehaviour. This introduces a useful and necessary counterbalance to the listing of grounds for complaint. It does not, however, refer to the right of children or parents to complain to persons outside the Social Services. It should be made clear that the Department's circular does not specifically require that this be written into the booklets, merely that it be explained to children and their parents. Even allowing for the opportunities provided within the Social

Eastern Health and Social Services Board



19 OCT 86

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

Director of Social Services
R. Moore

our ref: RJB/KH

your ref:

8th October, 1986

ga 9/10
Mr. P.J. Armstrong,
Chief Social Work Adviser,
Department of Health and Social Services,
Dundonald House,
Upper Newtownards Road,
BELFAST,
BT4 3SF.

Dear Mr. Armstrong,

I refer to my recent letter letting you have my response to the report of the investigation carried out by **SR 143** and requesting your views before initiating the action I proposed.

I would be grateful if you could let me know whether you agree with the proposed action or would wish to discuss it further.

Yours sincerely,

Director of Social Services

20 Oct.