

HIAREF:

NAME: [REDACTED] HH 5

DATE: 21<sup>st</sup> May 2015

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995

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Witness Statement of

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I, [REDACTED] HH 5 will say as follows:

1. My name is [REDACTED] HH 5. I was born on [REDACTED]. My academic qualifications are:

1972-1975 Bachelor of Science (Honours)

[REDACTED]

1975 Certificate in Secondary Education

[REDACTED]

1985 Certificate in Advanced Social Work (Child Care)

[REDACTED]

1990 Diploma in Social Work Studies  
Certificate of Qualification in Social Work

[REDACTED]

**My Professional Career:**

1975-1976 Substitute Teacher

[REDACTED]

1976-1977 Intake Social Worker

[REDACTED]  
[REDACTED]

1977-1978

[REDACTED]  
[REDACTED]

1978-1979

[REDACTED]  
Fort James Children's Home  
Derry

1979-2001

[REDACTED]  
Harberton House Assessment Unit, Derry

[REDACTED]

2. I took up my post as [REDACTED] Harberton House Children's Assessment Unit, Irish Street, Derry, in August 1979. This was a new, purpose built facility located in its own grounds in a residential area close to Altnagelvin Hospital.
  
3. [REDACTED]
  
4. During my period of employment in Harberton House, I was seconded to pursue professional training in 1985, when I completed the Certificate in Advanced Social Work at [REDACTED] and from December 1989 until January 1991, when I completed my CQSW course at [REDACTED]. During both my secondment periods my post was covered by [REDACTED] [REDACTED] HH 22 [REDACTED]. [REDACTED]
  
5. Harberton House, which opened in 1980, was built to accommodate 25 children, male and female. It was planned as a short stay assessment unit which would provide a period of assessment, usually between 6 to 8 weeks for children whose needs could not be assessed in the community. The catchment area included the Western Board area of Londonderry, Limavady and Strabane, Omagh and Fermanagh District.
  
6. Children were referred to Harbeton House by a social worker who completed a referral form, which was presented to a multidisciplinary team which was known as the Core Evaluation Team. The assessment process involved the comprehensive collection of information on the child and family and the engagement of both in direct work in order to develop a

care/treatment plan suited to the child's needs. Harberton House also acted as a reception unit for children who were admitted to care on an emergency basis from the Londonderry/Limavady and Strabane district. These admissions were directed through the APSW for Residential and Day Care.

7. Harberton House, while providing this dual function, continued as a single unit until 1984 at which time a review of the functioning of the unit took place. The review group included Senior Residential and Field Work staff and I believe this group was chaired by [REDACTED] TL 4
8. This was to review the assessment structure and function of Harberton in response to changing needs at the time. Children were staying longer than the assessment period as a result of lack of appropriate care placements and the review recognized that if their needs were to be accommodated within Harberton then the unit had to change its function. This resulted in recommendations that the unit be formally divided into an assessment unit for 13 children and a medium stay unit for 12 children who could remain in the unit for up to 12 months. This occurred in 1986.
9. There were further changes to the home beginning in 1993 with the opening of a small semi-independent unit, Chez Nous on the same site. Its function was to provide 3 young adolescents with the opportunity to prepare for leaving care. It remained part of the medium/long stay unit until 1995. The bungalow adjacent to the main building was also used to accommodate 4 vulnerable children, some of whom had complex needs. From 1995 this unit and Chez Nous were managed by their own team leader, [REDACTED] HH 35
10. In keeping with the Trusts policy to provide smaller children's homes, Harberton House closed in 2004. The children transferred to new purpose built Homes in Derry.

### **Staffing Structure**

11. The staffing structure of the home changed over the time Harberton was opened. Initially, it consisted of the Officer-in-Charge, Deputy Officer-in-Charge, 2 Senior Houseparents, Houseparents and Assistant Houseparents. The Officer-in-Charge supervised the Deputy, Senior Houseparents and Houseparents and the Deputy/ Senior Houseparents, Houseparents and Assistant Houseparents. This changed in 1986 when 2 additional Senior Houseparents were added to the staff team.

By 1990 the staff establishment had increased to 20, these consisted of the Officer-in-Charge, 4 senior Houseparents and 14 Houseparents. The home had originally operated a single rota. When the home was restructured each unit operated their own rota. Both followed the same shift pattern which was 7 to 3, 8 to 4, 2 to 10 and 4 to 12. This arrangement provided for sleep-in cover. Waking night duty was also introduced in 1992 and this was undertaken by care assistants to provide support for children and sleep-in residential staff.

### **Supervision**

- 12.** Supervision was on an 8 weekly basis and covered a range of issues. Topics covered included discussion of key children, professional practice issues, identifying further training needs and personal support. This structure became more formalised through time. Supervision for the Officer-in-Charge was provided on a monthly basis by the Senior Social Worker, later Assistant Principal Social Worker for Residential Care, who was [REDACTED] TL 4. Team meetings were held on a monthly basis where issues relating to the functioning of the unit were discussed and were chaired by the Officer in Charge or the Deputy Officer in Charge and included all residential child care staff.
- 13.** Staff were encouraged to develop their skills and knowledge and opportunities were provided for them to participate in in-house and professional training. This included the Open University Course Caring for Children and Young People, Certificate in Social Services and CQSW and Diploma in Social Work Courses. Staff were seconded to undertake training and were replaced by temporary staff.
- 14.** Harberton House also had a key worker' system in place where every child had an identified worker who had responsibility for overseeing the day to day care of that child. Harberton also named a backup worker for each child who would support the child when their key worker was not available.
- 15.** The Key Worker also had responsibility for liaising with parents, social worker, school and other agencies and acting as an advocate for the child. The Key Worker prepared Assessment reports and helped and supported the child through this process. This included helping the child prepare their own reports and participate in reviews.

## **Recording**

- 16.** Every child admitted to Harberton House had a file which contained a range of information. These files were later sectioned into categories for ease of access and clarity. The Key Worker was responsible for ensuring that the file was kept up to date. Information held on file included admission/discharge forms, education, health, care orders/court reports, review reports and case notes, untoward incidents / complaints and individual work undertaken.
- 17.** There was also a daily log book which recorded the day's significant events. This was also used by staff at handover meetings (when the staff changed). It also provided a daily record of children in the unit. Case notes were an important method of recording daily events in each child's life and these were used by the Key Worker to prepare assessment or residential review reports. Other administrative records kept included: the admission/discharge register, weekly list of residents, fire log, complaints register, medicines record, sanctions book, menus and accident notification book.
- 18.** Untoward incidents were recorded, written up and forwarded to the Assistant Principal Social Worker Residential Child Care and the Group Administrator. A copy was also held on the child's file. Complaints were recorded and shared with the social work staff and senior staff. Although in 1985, there was a complaints procedure drawn up by the Department it was not implemented until the early 1990s. However, the Western Board had a policy in place and this was used by staff. When the complaints system was finally introduced, children were provided with a booklet which included a contact card which was addressed to the Assistant Director of Social Services Group.


## **Monitoring**

- 19.** There were a number of systems in place for monitoring:
- 20.** The Senior Social Worker (later APSW), Residential and Day Care, [REDACTED] **TL 4** provided a regular monitoring role. He visited on a weekly basis and completed a monthly monitoring report. He also chaired the Core Evaluation Group which discussed children in the home on a weekly basis. He also chaired Residential Reviews.

21. There were visits by the Principal Social Worker and the Assistant Director of Social Services on a regular basis. The Board carried out a monitoring role and a designated member of the Personal Social Services Committee visited every quarter (3 months) and prepared a report for the Committee. Over time there were a number of different visitors. One of them I recall [REDACTED]  
[REDACTED] HH 30
22. Initially, inspections of Harbeton House were carried out by the Social Work Advisory Group and from 1986 there were annual inspections carried out by the Social Services Inspectorate. An Inspection Report was produced after each inspection.
23. Throughout its period of operation, Harbeton House encouraged regular contact by social work staff and parents and through the use of the review system allowed parents to comment on issues relating to their child's care.

Statement of Truth

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

Signed  HH 5

Date 21st May 2015



FOYLE  
COMMUNITY UNIT

Foyle Unit of Management  
Riverview Park  
Abercorn Road  
Londonderry BT48 6SB  
Telephone: (0504) 23600

Complaint made by [redacted] **HH 47** against a member of staff, **HH 15** RSW, Harberton House.

Complaint Register No 2068

As a result of information received from a member of staff in the Leaving and After Care Team on 30 September 1993, I interviewed an ex-resident of Harberton House on 4 October 1993. She indicated that she had been told by a couple of residents of Harberton House that they had overheard a male resident ask a member of staff if he could remember when he had tried to strangle the resident and when he had put his head in the sink. On the same evening I interviewed individually the three girls resident in Harberton House who had either passed the information to the ex-resident or who had supposedly overheard the conversation. One said then she had been told by the others that they had overheard the conversation but only relating to the sink. One of the other girls indicated that in the conversation she had overheard, the boy said that "wouldn't it be 'wile' if I went to [redacted] **HH 5** about you hurting me?" The third girl recalled the conversation as the boy asking the member of staff if he could remember leaving marks on his neck.

As a result of this information I arranged to interview [redacted] **HH 47** on 5 October 1993 and took a statement written by himself in answer to the question if any member of staff had done anything to him that he was not happy with. The statement was as follows:

"Just [redacted] **HH 15** He used to lift me by the collar and throw me in my room. He did this because I was shouting at [redacted] **HH 15** or fighting with him. He lifted me off the ground and he bounced me along the ground. It happened about four times. This hurt my neck. I had to put my fingers on my collar to stop the pain. I told my mummy this and she said there must have been a reason, but he had no right to grab me by the collar."

WATERLOO PRESS



From information provided by [REDACTED] Temporary social worker, she recalled visiting Harberton House on 24 June 1993 with HH 47's mother. Her case records note that she had 'received a telephone call from HH 15 Residential social worker, stating that HH 47 had been very disruptive the previous night. Discussed this with HH 47 who stated that HH 15 had picked on him'. Agreed to meet with HH 15 and HH 47 to discuss this."

The Residential record noted that:

"HH 47 met with his Social Worker and mum this evening .... HH 47 complained to [REDACTED] that HH 15 was bullying him and had grabbed him by his collar and taken him to his room. He claimed that HH 15 was always picking on him".

Both the Field Workers and residential records note that a meeting was arranged for 30 June 1993 inviting HH 47 and HH 47 to discuss the comments made by HH 47. This meeting did not take place as the Social Worker arrived late and both HH 15 and HH 47 had gone out for a drive in the car.

There is no record of the complaint being referred to the Team Leader or dealt with under the Complaints Procedure.

The daily record in Harberton House noted 3 occasions between 28 May and 24 June 1993 when HH 15 recorded or was recorded as being involved in HH 47's removal to his room.

13 June 1993

"HH 47 was sent to his room"

I have found that

1. There is frequent reference in records to **HH 47** being asked to go to his room or to **HH 47**'s removal to his room. There are also threats to report staff to their managers or to get his father to deal with them when he was confronted about his behaviour or faced with a sanction which he did not like.
2. There is a statement from **HH 47** alleging that he had been hurt while being removed to his room.
3. There is a response from **HH 15** denying the use of the technique referred to by William i.e. being lifted from the ground by the collar.

In conclusion, I do not find it possible to find any supporting evidence to substantiate **HH 47**'s complaint.

TL4

Assistant Principal Social Worker

OCD-3-(32pg) [REDACTED]

Harberton

S/DIVISIONAL REF. NO: .....

H.Q. REF. NO: .....

DIVISIONAL REF. NO: .....

ROYAL ULSTER CONSTABULARY

'N' Division WATERSIDE Sub-Division/Department

WATERSIDE Station/Branch 17 SEPTEMBER 1985 Date

SUBJECT: ALLEGED INDECENT ASSAULTS - [REDACTED] FJ 2

AND [REDACTED]

TO: Detective Sergeant  
Waterside

INTRODUCTION

1. This file relates to the alleged Indecent Assault of two young girls, one of thirteen years and one of sixteen years on dates between January and March 1985.

The girls in question are:-

[REDACTED] FJ 2

DOB [REDACTED]

STUDENT

HARBERTON HOUSE ASSESSMENT CENTRE

LONDONDERRY

[REDACTED]

DOB [REDACTED]

STUDENT

ST JOSEPHS TRAINING SCHOOL

MIDDLETOWN, ARMAGH

7. The first incident is alleged to have taken place around the 15 January 1985 with [REDACTED], [REDACTED] and [REDACTED] had previously arranged to meet later in the evening. This liaison took place in [REDACTED]'s bedroom in Harberton House, sometime around midnight. On this occasion sexual intercourse did not occur and [REDACTED] agreed to the activities that did take place.
8. The second incident was with [REDACTED] FJ 2. This again occurred in Harberton House in the sitting room. It would appear that [REDACTED], FJ 2 and a third party namely [REDACTED] FJ 37 were playing a game of 'Dares'. During the course of this game [REDACTED] and [REDACTED] FJ 2 ended up in one of the small lavatories in the home. Whilst inside the lavatory both parties engaged in exploring each other. [REDACTED] by touching [REDACTED] FJ 2 around the vaginal area and [REDACTED] FJ 2 by touching [REDACTED] on the penis. During this incident neither party stated that they wished this activity to stop.

SUMMARY

9. This case involves two separate sexual incidents, the first involving a 17 year old boy and a sixteen year old girl. The second incident involving the same boy and a thirteen year old girl. In both of these incidents the girls appeared to consent to the activities and in fact the latter incident only came to light when a young boy [REDACTED] FJ 37 made a casual remark to [REDACTED] FJ 2 about the incident and was subsequently questioned by the staff. [REDACTED] FJ 37 would only

OCD-3-(32pg)

[Redacted]

Harberton

Continuation Page

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14. In view of the above facts I respectfully recommend  
NO PROSECUTION in these incidents.

Camille Cooke W/CONSTABLE 1116  
C COOKE

RUC STATION  
WATERSIDE  
LONDONDERRY  
TEL NO. 0504 265161 EXT 290

Form 51/2

-5-

13

DMcC

STATEMENT OF WITNESS

OCD-3-(32pg)

Harberton

HH 31

STATEMENT OF: \_\_\_\_\_

AGE OF WITNESS (if over 21 enter "over 21"): Over 21

OCCUPATION OF WITNESS: Residential Houseparent

ADDRESS: 30 Harberton Park, Londonderry.

I declare that this statement consisting of \_\_\_\_\_ pages, each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this 14 day of September 1985

Camilla Cooke

SIGNATURE OF MEMBER by whom statement was recorded or received

HH 31

SIGNATURE OF WITNESS

I am a Houseparent at present attached to Harberton House Assessment Centre. At the beginning of June of this year, I was sitting in the sitting room of the house along with eight of the children from the home. During the course of the conversation I overheard a comment being passed between two of the children. The two children involved were **FJ 37** and **FJ 2**. When the children left the sitting room I went to **FJ 37**'s room to clarify what he meant by the remark he made. **FJ 37** would not explain what he meant, stating that he was scared of what would happen to him. I then went to **FJ 2**, and confronted her about what was going on. **FJ 2** told me that she had been going out with \_\_\_\_\_, and the fact that they had kissed, but that was all she would say. I went back to speak to **FJ 2** a second time and this time she informed me of the fact that he had touched her and she had touched him. I immediately informed my Authorities of everything I had been told and a case conference was arranged.

HH 31

TO BE COMPLETED WHEN THE STATEMENT HAS BEEN WRITTEN

Certified to be a true copy of the original

HH 31





## WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady &amp; Strabane Unit of Management

Please use this reference in your reply

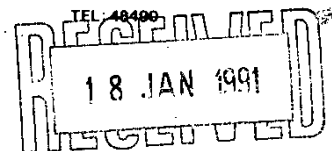
Our Ref: CH/AMcC

Your Ref:

Date 17th January 1991

HARBERTON HOUSE  
ASSESSMENT CENTRE  
106 IRISH STREET  
LONDONDERRY  
BT 47 1JB N. IRELAND

TEL 48400

'WAKING NIGHT STAFF'

There has been considerable discussion about the use of waking night staff in Harberton House and staff recently recommended that it was not necessary to continue to operate this system of night cover.

Given the situation as it existed within the Unit earlier last year and the incidents of peer abuse, it is acknowledged that our response to these incidents, and staffs' increasing feeling of vulnerability, was to provide waking cover at night.

It would be extremely difficult to accurately assess whether this cover in fact provides extra protection for children or reassures staff who may feel vulnerable. The frequency of untoward incidents depends more on the type of child in the Unit at any one time than any other factor. It has been the standard, and professionally accepted, practice over the last number of years to share out waking night staff in childrens' homes and this has been reinforced by the Department's Child Care Branch Inspectors in their inspection reports on a number of childrens' homes.

Waking night duty was seen as a carry over from the days when night nurses were employed to look after babies and very young children who required attention during the night. It was no longer seen as either necessary or professionally acceptable within contemporary residential child care.

The current use of waking night staff would in this context be seen as a regressive step. It is a fact that the ever increasing number of sexually abused and abusive children coming into care has created difficulties in relation to the supervision and protection of all children within a group living situation and by its nature may create opportunities for abusers to take advantage of others. This is part of the risk involved in bringing sexually traumatised children together. The removal of waking night staff involved the taking of a decision as to whether the risk in doing so is acceptable. Professionally we would feel that this is an acceptable risk at this time. Management and organisational considerations may dictate otherwise and circumstances may arise in the future when circumstances would dictate the re-introduction of waking night cover on a temporary basis. In this event it would be important to have an agreed procedure in place to quickly implement a night duty rota.

...2

- 2 -

*A decision to retain waking night staff does have resource implications and this must also include the cost of setting up a properly staffed and recognised waking staff rota.*

*It would be important that a decision to revert to sleeping in staff, if this is agreed, be seen as having the full and informed consent and support of all of the managers involved in making such a decision.*

**HH 5** —————

File: Harberton House

19 MAY 1992

## WESTERN HEALTH &amp; SOCIAL SERVICES BOARD

## FOYLE COMMUNITY UNIT

## MEMORANDUM

TO: **HH 34** UGM  
 FROM: Mr G Carey, A/AUGM  
 DATE: 15 May 1992  
 RE: Waking Night Duty - Harberton House

You will recall that at the end of October 1991 we terminated waking night duty in Harberton House in view of the fact that there had been no night-time incidents for some considerable time at that stage. However, I indicated to you that I would like to keep this matter under review because staff had considerable reservations about the withdrawal of waking night duty and were of the opinion that incidents had ceased precisely because the children were aware that there was waking night cover. In recent times there have been the incidents about which I wrote to you recently which involved children awakening at 6.00 a.m in the morning and becoming involved in some untoward incidents. More recently there were incidents involving children being about the unit at 2.00 a.m in the morning and obviously this causes some concern because of the potential risk to the children involved in this behaviour and especially to the more vulnerable children in the unit. I attach for your information a memo from **HH 5** concerning waking night duty in which he indicates his concern at the level of activity by a number of children and young people who have been detected up and about the unit during the night by sleeping-in staff. This memo was written before recent incidents came to light and attached to the memo is an extract of a record kept of activity between 12.00 a.m and 7.00 a.m. This record refers to the Assessment Unit in Harberton only and relates to those incidents detected by staff.

In view of this situation, I believe that we will have to review the future of waking night duty. Indeed, because of the great concern I have for the safety of the children, I have approved the employment of an additional Residential Worker (unqualified) from the night of Thursday, 14th May 1992 until Sunday night 17th May, to undertake waking night duty until this matter can be considered on a longer-term basis.

When waking night duty was terminated I had a discussion with **SND 491** a/PM, **TL 4**, APSW and **HH 5** about this matter. **HH 5** had devised some proposals concerning waking night cover which envisaged the employment of someone equivalent to a Care Assistant rather than a Residential Social Worker. There were a number of reasons for this proposal which were directly related to the duties undertaken by waking night staff. Basically these are:-

1. Monitoring within the unit and ensuring that children are not engaged in

Documentation re HH and FJ 4 6 15

- unacceptable behaviour.
2. Basic primary care tasks.
  3. Household tasks, eg helping sleeping-in staff prepare breakfast for children in the mornings.

The arguments against using Residential Social Work staff are very significant:-

1. Residential Social Workers are an expensive resource and employing them to provide waking night duty is not the most cost effective use of their skills and expertise.
2. We have already changed the rotas in Harberton House following the comments made by the Social Services Inspectorate in their last inspection report. This was to enable as many staff as possible to be available to provide cover during times when children are actually in the unit. The effect of this is that there is no room for manoeuvre in re-deploying Residential Social Work staff and any change in the existing rota would result in a reduction of staff on duty during the day. This would have the impact of transferring the risk from night to day time.
3. The staff themselves acknowledge that to use them to provide waking night duty would be inappropriate for all the reasons outlined above.

The concern that I have at the present time and why I believe it was necessary to take some action and to review the future is that, apart from the fact that there seems to be an increased level of night-time activity, it would appear that much of this activity is pre-planned. Younger children in the unit have had their sleep disrupted and we have no real knowledge of the real extent of this behaviour, as Mr HH 5 points out in his memo. If reports of the most recent incidents are indicative of what is going on obviously this is a cause for serious concern. I believe that our primary responsibility in this matter is to take action to protect the children and secondly you can imagine that this sort of behaviour also causes great anxiety amongst staff, especially given the previous episodes of peer abuse. We know from our own experience and recent research that peer abuse is a reality of life in children's homes and I believe that it is necessary to devise an appropriate strategy to protect the children in our care.

I acknowledge that providing waking night cover will lead to additional expense and clearly I would wish to do this in the most cost effective way whilst at the same time safeguarding the high professional standard I wish to maintain and develop in residential homes for children. Taking account of all the circumstances, I would agree with Mr HH 5's proposal that an appropriate grade to undertake waking night duty would be one similar to Care Assistant grade since this would encompass the tasks I referred to earlier in this report. I calculate that we would need 2 WTEs of Care Assistant grade and the approximate yearly cost would be £20,000 plus employers costs. This figure is higher than the normal Care Assistant salary because most of the hours worked would be between the hours of 10.00 p.m and 6.00 a.m and apparently according to the current regulations this would attract an additional payment. It is

Documentation re HH and FJ 4 6 '15

possible that [REDACTED] might have some suggestions that could reduce costs and I have asked him to research this matter. However, the total costs would of course be decreased by the fact that the sleeping-in staff would be reduced from 3 people to 2 people and this would realise an annual saving of £5,913 per annum.

Because of the additional burden that this would place on the Unit's resources I believe that we should raise this matter with the Board. Coincidentally, Mr HH 5 HH 5 was involved on 13 May 1992 in giving a presentation to non-Executive Directors in the Board who will be carrying out the Board monitoring function in childrens homes. I understand that Mr FJ 39 in the course of his presentation raised the issue of waking night duty and expressed concern that it has been withdrawn. I gather that the other Executive Directors indicated that they believed that waking night duty should be in operation in all the Board homes. I checked this matter out with Mr Tom Haverty, CSWA, who had arranged this meeting and he confirmed that this matter was discussed and informed me that the consensus of opinion at the meeting was that this matter should be raised at the Social Care Committee in June. I indicated to Mr Haverty and Mr Dominic Burke, DSC, who joined us whilst we were having this conversation, that if the provision of waking night duty was an expectation of the Board then we would be looking to them to provide the appropriate resources. The cost would be quite substantial in our case since this would entail introducing waking night cover in both Harberton House and Fort James.

Given the ongoing difficulties in Harberton House at the present time, I would be grateful for an opportunity to discuss this matter with you at your earliest convenience.



MR GABRIEL CAREY  
ACTING ASST UNIT GENERAL MANAGER  
(SOCIAL SERVICES AND SOCIAL CARE PROGRAMMES)

enc

cc [REDACTED] SND 491 a/pm  
[REDACTED] TL 4 APSC ✓

9:08 am

May 18, 1992/gc:sd