

-----  
HISTORICAL INSTITUTIONAL ABUSE INQUIRY  
-----

being heard before:

SIR ANTHONY HART (Chairman)

MR DAVID LANE

MS GERALDINE DOHERTY

held at

Banbridge Court House

Banbridge

on Thursday, 22nd May 2014

commencing at 10.30 am

(Day 38)

MS CHRISTINE SMITH, QC and MR JOSEPH AIKEN appeared as  
Counsel to the Inquiry.

1 Thursday, 22nd May 2014

2 (10.30 am)

3 DR HILARY HARRISON (called)

4 CHAIRMAN: Morning, ladies and gentlemen. Just before we  
5 start may I remind everybody that there must be no  
6 photography within the Inquiry chamber or within the  
7 confines of the building.

8 Mr Aiken.

9 MR AIKEN: Chairman, Members of the Panel, good morning.

10 The witness today is Dr Hilary Harrison on behalf of the  
11 Department of Health and Social Services and Public  
12 Safety, and Dr Harrison is aware, Chairman, that you are  
13 going to ask her to take the oath or affirm. I believe  
14 she is going to affirm.

15 CHAIRMAN: Do you wish to make an affirmation, Dr Harrison?

16 **A. I would like to make an affirmation.**

17 CHAIRMAN: Very well.

18 DR HILARY HARRISON (affirmed)

19 CHAIRMAN: Thank you very much. Please sit down.

20 Questions from COUNSEL TO THE INQUIRY

21 MR AIKEN: Dr Harrison, coming up on the screen I am going  
22 to bring up your witness statements. If we can have  
23 SND-15649, which should be the front page of your first  
24 statement of 17th January 2014. Can you just confirm  
25 for me that is it?

1           **been scarce at that time. Uh-huh.**

2    Q.    Whatever the position about money --

3    **A.    Uh-huh.**

4    Q.    -- it was not an appropriate strategy.

5    **A.    It wasn't an appropriate strategy, no.**

6    Q.    Now what I want to ask you about then I am going to do  
7           in brief terms, because again this is something that  
8           will span the rest of the modules and you will be able  
9           to look at it in greater detail, but -- and I mentioned  
10          to you today in a module to come there is an earlier  
11          incidence of reporting of sexual abuse to the Ministry  
12          than that which occurs in this module, but if I can just  
13          ask you about the formal guidance, as it were, in terms  
14          of sexual abuse.

15                When did the Department issue guidance to homes  
16                about how to deal with the Kincora type problem, staff  
17                abusing children? That's the first aspect of it.

18   **A.    Uh-huh.**

19    Q.    The second aspect of it, the Inquiry has heard much  
20          evidence about sexual activity between children,  
21          commonly described at times as peer abuse.

22                So at what point in time did the Department provide  
23                guidance to homes about how to manage that problem? If  
24                you can pick up each of those --

25   **A.    Yes.    Uh-huh.**

1 Q. -- perhaps with the staff on child first.

2 A. Yes. The -- in terms of potential for staff to abuse  
3 children, that was not singled out as an issue in  
4 guidance that the Department issued in -- 1975 was the  
5 first child protection guidance issued by the  
6 Department. It dealt specifically with non-accidental  
7 injury to children, in other words, physical abuse to  
8 children.

9 There was a second circular issued in '78. It  
10 didn't feature -- it dealt with physical abuse and  
11 detecting cases of emotional and -- or mental abuse.  
12 Sexual abuse didn't feature in that circular.

13 In -- I just need to be careful that I am getting  
14 the dates correct here. Any abuse during -- between and  
15 up until -- up until the next guidance was issued in  
16 1989, any abuse by staff would have been dealt with  
17 under the provisions of those circulars. It wasn't  
18 singled out as a potential issue, and there were no --  
19 there was no -- to my knowledge there was no specific  
20 guidance given to residential homes at that stage other  
21 than the general circulars that were issued by the  
22 Department.

23 The cooperating to protect children guidance was the  
24 next one to be produced in December 1989, and it  
25 actually for the first time provided definitions of

1 sexual abuse. Again it didn't specifically single out  
2 occurrence of sexual abuse within institutional care.  
3 There would have been an expectation that, regardless of  
4 where the abuse occurred, that it would be dealt with in  
5 accordance with the agreed procedures at the time.

6 The only guidance that was specific to residential  
7 care came with the Children Order, volume 4 guidance,  
8 which was issued in 1996, and again it doesn't -- it  
9 didn't deal with staff abuse of children. It was the  
10 first guidance to deal with peer abuse by children  
11 within residential settings, and that would have been in  
12 1996.

13 I understand, however, that boards and trusts had  
14 I think on the instructions of the Department issued  
15 their own care and control guidance to residential  
16 homes, and that -- those would have contained procedures  
17 for reporting alleged abuse by staff and dealing with  
18 that, but in general abuse by staff would have --  
19 alleged abuse by staff would have been dealt with under  
20 the general child protection procedures.

21 Q. I think if I signalled for you today, doctor, and it is  
22 something you can again take away and work on as these  
23 modules progress, but given what we have heard of  
24 alleged sexual abuse by staff, it is a matter for the  
25 Panel to determine whether that occurred or not, but we

HIA REF: \_\_\_\_\_

NAME (In full): SND 150

DATE: 4 June 2015

**THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995**

---

**WITNESS STATEMENT OF THOMAS FRAWLEY**

---

I, Thomas Frawley will say:

1. The Western Health and Social Services Board was one of four Boards in Northern Ireland. Like its three sister Boards it came into being in 1973 as part of the reorganisation of Health and Social Services. The Western Board area covered 4842 square kilometres with three major urban centres at Londonderry, Omagh and Enniskillen, as well as a widely dispersed rural population.

Almost 270,000 people lived in the Western area, which included at that time the former District Council areas of Derry, Limavady, Strabane, Omagh and Fermanagh. The total budget of the Board for 1992/93 was £193 million (approx).

The population of the Western area at the time represented approximately 16% of the total population of Northern Ireland and it had increased by 5% between the 1981 and 1991 censuses. 25% of the people who lived in the Western area were under 14 years of age, while 10.5% of the population were over 65.

While the average density for the Western area was 56 persons per square kilometre, it ranged from 29 persons per square kilometre in Fermanagh to 262 persons per square kilometre in Derry. Not only does this mean that the Board

had to respond to very different types of service needs, but it also posed a considerable challenge to the Board in ensuring that services were as accessible as possible.

The population of the Western area is among the most disadvantaged in Northern Ireland. This was reflected in the fact that the area had the worst record in Northern Ireland for unfit dwellings and for over-crowding; had the most socially and economically deprived population in the Province; had one of the highest incidents of heart diseases in the world and one of the highest unemployment rates in the United Kingdom.

In identifying and endeavouring to meet the health and social care needs of the people who lived in the Western area, the Western Health and Social Services Board attempted to ensure that these factors were taken into account when planning and later purchasing services.

2. An organisational and Managerial overview of the WHSSB in the period 1980 – 1995:

When I joined the Board in 1980 as District Administrative Officer for Londonderry, Limavady and Strabane District, the management structures, roles and responsibilities were those detailed in the proposals developed by management consultants, Booz Allen Hamilton, in 1970-1971 to facilitate the reorganisation of the health and social services following the implementation of the MacCroy Report. The MacCroy report had recommended a major reorganisation of local government in Northern Ireland, reducing the number of local authorities from 72 to 26. In order to achieve the integration of health and social services, as part of the reorganisation it was recommended that hospitals, community health and social services be organised as a single system through the creation of four Health and Social Services Boards (Northern, Southern, Eastern and Western). The Boards, in turn, would be responsible for planning and providing services; be accountable to the Ministry of Health (MoH); and be divided into Districts.

Exhibit 3 shows the four Boards and their respective Districts. The Western Health and Social Services Board comprised three Districts: Londonderry, Limavady and Strabane; Omagh; and Fermanagh.

3. I fulfilled the following roles in the Western Health and Social Services Board between January 1980 and December 1995.

(a) January 1980 – Sept 1981: District Administrative Officer, Londonderry, Limavady and Strabane HSS District (DAO, LLS District).

In this role I was responsible to the Chief Administrative Officer for the administrative function and administrative support to the professionals providing health and social services to the population within the geography of the District. I was a member of a corporate management team that included a Nurse, a Doctor, a Social Worker, a medical officer and a Clinician representing all medical practitioners in the District. A detailed description of the role is contained in Booz, Allen and Hamilton 'Black Books', pages 64-67. (Exhibit 1).

(b) Sept 1981 – April 1985: Chief Administrative Officer, Western Health and Social Services Board (CAO, WHSSB).

In this role I was accountable as part of a multi-disciplinary team for planning and delivering health and social services to the population resident in the geography of the Western Board's area. I had specific responsibility for administration, including finance, planning and support services. I was the Accounting Officer and also the Secretary to the Board. A detailed description of the role is contained in the 'Black Books', pages 38-42. (Exhibit 1)

(c) April 1984 – December 1995: Area General Manager, Western Health and Social Services Board (AGM, WHSSB)

As Area General Manager I was responsible for the managerial leadership of the Board during this period. Between 1985 and April 1991, while general management was introduced at Board level, a corporate team was retained at Unit level. In April 1989 the Minister wrote to the four Board Chairmen asking

each Board to submit to the DHSS their proposals for the introduction of General Management at Unit level. (Exhibit 2, Better Management, Better Care, Appendix, pages 107-110) The proposals contained in this document also described the Board's role as a purchaser of services and the Unit's role as a provider. Key areas of my role at Board level included developing the processes and procedures to facilitate the assessment of the health and social care needs of the population while also ensuring access to a comprehensive range of high quality services within the financial allocation provided by DHSS. The key focus of my role at Unit level during this period was to set targets and to monitor the performance of the services provided while ensuring through the Unit General Manager the devolution of managerial decision making from the Area level to Unit level. Appendix III of Exhibit 2, page 112.

#### Fort James

4. During the period when the matters being inquired into at Fort James took place (1981-84), the management arrangements detailed at paragraph 2 (Exhibit 2) applied. In order that the Inquiry can have a complete and detailed understanding of these arrangements I have enclosed the Booz Allen and Hamilton (The Black Books) (Exhibit 1) which detailed the arrangements that should be implemented for each Board.
5. In the period when I was District Administrative Officer (Jan 1980 – Sept 1981) the Black Book, Vol 1, page 77 indicates that the District Social Services Officer (DSSO) 'should be responsible as a member of the Team for the following:
  - The budget within his control as part of the overall District budget;
  - The allocation of staff facilities and equipment under his authority to Programmes of Care;
  - The selection and discipline in accordance with agreed policies and delegated authority of staff over whom he has management authority.'

The review undertaken into matters at Fort James that occurred between 1981 and 1983 was undertaken within the social services lines of accountability and was consistent with the organisational arrangements detailed above. The report dated 19 October 1983 (Exhibit 4) has on its first page a list of staff that [REDACTED] TL 11, who prepared the report, indicates will be referred to in the report. Every individual identified on the list is a member of Social Work staff.

6. At page 7 of the report it is recorded that 'a case discussion' took place on 18 October 1983. Recorded as being present were [REDACTED] TL 18 Director of Social Services, [REDACTED] TL 17, Assistant Director of Social Services, [REDACTED] SND 469 District Social Services Officer, [REDACTED] TL 20 Principal Social Worker, Residential and Day Care, and [REDACTED] TL 11, Assistant Principal Social Worker, Fieldwork. The report records that the following decisions were taken:

1. The matter to be referred to Police on Wednesday 19 October 1983 by Mr [REDACTED] SND 469
2. The key staff at Fort James to be informed of the procedure.
3. [REDACTED] to be informed as soon as possible of the decision to contact the Police.
4. Further steps in relation to others to be contacted and method adopted to be considered on advice from the Police.

While I have identified a minute of the meeting of the Personal Social Services Committee of the Board dated 4/11/83, in which [REDACTED] TL 17, Assistant Director of Social Services, is recorded as advising the meeting of three 'cases on child care practice' (Exhibit 13), I assume based on the date of the meeting, that the reference in the minute to an allegation against a former member of staff by an 18 year old youth relates to the events at Fort James Children's Home. However, while I am recorded as being present at the meeting I have no recollection of this meeting. In the following social service committee meeting dated 6/1/84 [REDACTED] TL 17 is recorded as providing an update on the matters referred to at the previous meeting in which he describes the police investigation as still 'ongoing' (Exhibit 14). Again, although I am recorded as being present I do not recall this discussion. I have checked the minutes of the

social care meetings that followed the January meeting up to July 1984 but have not identified any further references that I consider might apply to the events at Fort James.

I do recall being told that these matters had been referred to the police and at a later point being advised that the matter had gone to court but that the case had collapsed.

### Harberton House

#### Organisational Context

7. 1985 – 1995: During this period, unlike other regions in the United Kingdom because uniquely health was integrated with Social Services, Northern Ireland developed the introduction of General Management by appointing a General Manager at area level, whilst retaining multi-professional consensus teams at Unit level. The particular managerial priority during this period was to enable professionals to develop a wider managerial and organisational perspective while maintaining and consolidating their professional knowledge and expertise. In 1989 the Minister instructed Boards to develop proposals that would facilitate the formal introduction of general management at Unit level, establishing the foundations for the purchaser provider split and thus enabling the development of an internal market in health and social care. The proposals developed by the Western Board in response to the Minister's direction are contained in Better Management, Better Care. (Exhibit 2)
8. Another important backdrop to the matters being inquired into at Harberton House is the historical underfunding of health and social services in the West of Northern Ireland. This circumstance mirrored the situation in the NHS in England which established a national working group to look at how a more equitable allocation of resources formula across the English regions might be developed. A working group operating under the acronym RAWP (Resource Allocation Working Party) was established to identify a way forward. In Northern Ireland an equivalent group was established under the acronym

PARR (Proposals for the Allocation of Revenue Resources). However, the final report was only eventually published in 2003. An insight into the scale of the difference in resources between social services in the Eastern and Western areas of Northern Ireland is reflected in the Bunting Report into the circumstances surrounding incidents of peer child abuse at Harberton House (Exhibit 5). At section 2.2 of the report, titled Fieldwork Staffing, Bunting compared the social work staffing levels at Foyle Community Unit with the social work establishment at North and West Belfast Unit of Management. In Foyle there were 6 Senior Social Workers and 28.5 Social Workers. In North and West Belfast there were 15 Senior Social Workers and 53 Social Workers in the establishment for social work. While significant efforts were made to secure agreement between the Department and the four Boards on achieving a more equitable distribution of resources across Northern Ireland, agreement to facilitate any change was never reached and as a consequence only very limited progress was made.

9. In responding to its historical underfunding, the Western HSS Board was constantly required to examine what were considered controversial government policies in order to achieve financial efficiencies. In the late 1980s and early 1990s the Board tendered for what at that time was one of the highest value 'hotel services' contracts ever outsourced in the Health Service in the UK. Despite the concerns (Exhibit 5, Section 9.2(11), page 46), the contract was agreed and implemented, releasing almost £1m, part of which was allocated for investment in Social Services, including Children's Services.
10. In 1990 Northern Ireland, following the rest of the United Kingdom, introduced General Management at Unit level. (Exhibit 2) The document 'Better Management, Better Care' 'fleshed out' both the changes that were proposed at Board level to facilitate the introduction of a Purchasing function, while at the same time proposing a configuration of Units through which services could be provided that would facilitate both the introduction of Unit General Management and the development of an internal market for health and social care in Northern Ireland. When these arrangements were implemented the Board's responsibility and role in providing services changed. Its two core functions

became to assess the health and social care needs of its resident population and purchase services from provider units based on assessed need. The Board funded the purchasing plans it developed from an allocation determined by the DHSS, based on its population, weighted by factors such as demographics and levels of deprivation.

11. These changes in organisational roles and responsibilities were accompanied by a major transition from a public Board consisting of 23 members to a new style Management Board consisting of up to 12 members, made up of Executive Directors and Non-Executive Directors. The Board, based on the recommendations contained in 'Better Management, Better Care' (Exhibit 2), introduced new Directorates that were aligned to its core functions of assessing health and social care needs and purchasing health and social care services. Each Executive Director was supported by professionally qualified and experienced Social Workers, Nurses, Doctors and Administrators. The detailed discussions around the creation of the post of Director of Social Care at Board level may be helpful in providing some insight in to these debates and is recorded in the minutes of the Special Community Care Committee of 30 October 1990. (Exhibit 6)
  
12. I was first made aware of the serious incidents that had occurred in Harberton House 'on or close to 15 March 1990'. (Exhibit 5, paragraph 10.23, page 55). The same Report also records "formal report to DHSS on 8 May 1990, a letter was sent by the Acting Director of Social Services to the Chief Social Work Inspector, the letter also records money being released for 2 additional full time social workers for the fostering unit and 4 additional social workers for Foyle Community Unit. (Exhibit 7, letter from SND 502 to D O'Brien, DHSS, 8 May 1990.)

As can be evidenced by minutes of the Community Care Committee, Social Care Committee and Board meetings over the period 1991 and 1992, the matters recorded in the Bunting Report were kept under constant and ongoing review. Out of these minutes I believe the records of the Community Care Committee on 7 December 1990 (Exhibit 8) when Mr Bunting presented the

findings contained in his report to the Committee are particularly significant. At the conclusion of that presentation the Committee agreed that the issues raised in the report should be examined by the Foyle Community Unit and that a copy of the report should be forwarded to the DHSS. I enclose (Exhibit 9) a copy of the letter sent by Mr Burke to the DHSS dated 27 February 1991.

On 7 April 1992 Mr Burke submitted a further detailed statement to Mr McCoy, Chief Social Services Inspectorate, DHSS, in the letter he referred to each recommendation in the Bunting report and the related steps that had been taken toward their implementation. (Exhibit 10)

I have been unable to trace copies of the notes and minutes of the regular management meetings at the Board and between the Board and the Foyle Community Unit, the detail recorded in the Board and Community Care Committee minutes indicate that these matters were being considered and debated over an extended period, in particular please note the presentation by Bunting Team to the Community Care Committee on 7 December 1990 (Exhibit 11). Further evidence of Board members' engagement in these matters is recorded in the 'Schedule of Visits' to be undertaken by nominated Board members and the records of those visits which were discussed and minuted at Board and Committee meetings (Exhibit 12).

Statement of Truth

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

Signed

Dated: 4 June 2015



HIA REF: [            ]

NAME: [ KIERAN DOWNEY ]

DATE: [ 4 June 2015 ]

**THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995**

---

**Witness Statement of Kieran Downey**

---

I, Kieran Downey, Director of Women and Children's Services and Executive Director of Social Work, Western Health and Social Care Trust, will say as follows: -

1. This statement has been prepared with reference solely to documentation that identifies the facts and issues that were relevant during the period of operation of the Home. References are provided throughout. I have no personal knowledge and had no personal involvement at the relevant time.
2. The purpose of this statement is to respond to questions posed by the Inquiry pursuant to a Rule 9 request in relation to **Harberton House Children's Home**. This statement should be read alongside the statements being submitted by those staff who worked in, managed, and had personal knowledge of the home during the relevant period.

**Q1: When was the home opened and when did it cease operation as a children's home?**

3. Harberton House opened on 8 September 1980, with children first admitted, on 19 September 1980 (source: HH Admission Book, September 1980 at FJH 10836).

4. It ceased operation in 2004 (source: Statement of [REDACTED] HH 5

**Q2: What was the remit of the home?**

5. Harberton House was a purpose built facility to accommodate 25 children of either sex. Its functions were the reception / admission to care of children, and to provide assessment / medium stay residential care for children.
6. For planned admissions to the home there was a system of referral. The child's circumstances were considered by the Core Evaluation Team, which was chaired by the Senior Social Worker (Residential Child Care) and involved the Assistant Principal Social Worker (Fieldwork), the officer-in-charge and deputy officer-in-charge. This referral system is shown in diagram form at FJH 17024, which includes the procedures that applied after admission. Minutes of the Core Evaluation Team meetings are available to the Inquiry, for example at FJH 11549, where consideration of a referral can be seen at FJH 11553.
7. Harberton House also accepted emergency admissions. The process for same, together with the steps post-admission, can be seen in diagram form at FJH 17025.
8. At the outset of its operation the short-stay nature of the facility was emphasised, however during the early years of operation staff found that there was a need for some flexibility in their approach, and frequently it was found necessary to extend the period of assessment. Particular issues identified as requiring some flexibility were:
- a. Difficulty in finding an appropriate placement elsewhere;
  - b. Staff would develop particular skills for working with a particular child and it was considered important for that to continue;
  - c. Delays in identifying appropriate foster placements for discharge, and a reluctance to transfer the child to another unit as an interim measure.
- (source: SWAG Inspection 1986, FJH 15429 at 15431-15432)

9. In 1984 there was, therefore, a review of the function with a proposal to divide Harberton House into two units. The first was a reception/assessment unit with 12 beds, providing a reception facility for Londonderry, Limavady and Strabane Unit of Management and an assessment facility for all Units of Management in the Western Board area. The second was a medium stay unit for 13 children from the Londonderry, Limavady and Strabane Unit of Management who require residential care for up to 12 months. Following adaptations to the building and assessment of necessary staffing levels, this division and the establishment of two units became operational on 1 October 1986. (source: Monitoring Statement 1986, FJH 15793 at 15794).
10. In early 1990 the numbers of children being admitted to care had increased and additional places were required at Harberton House in excess of the 25 children capacity. The cottage within the home's grounds was opened to accommodate these children between 12 March 1990 and 11 May 1990 (see "The Cottage" Day Book at FJH 15868) and again from 12 November 1990 (source: 1991 SSI report, FJH 16513 at FJH 16522, paragraph 2.2 and at FJH 16526, paragraph 3.4).
11. In April 1992 the capacity of Harberton House was reduced from a total of 25 to 20 places, with each of the units now having 10 beds. The home's aims and objectives then stated that it focused on the provision of residential care for children in the 5 to 12 age range. (source: 1994 SSI report, FJH 16448, at FJH 16461-2, paragraphs 2.7 and 2.8)

**Q3: How many children were cared for in each home over the period of its operation and in total?**

12. The capacity of Harberton House when it opened was 25 children, it mostly operated at capacity, and for a period in 1990 was over capacity. As already detailed above in response to Question 2, the capacity was reduced in April 1992 to 20 children. From 1 January 1993 – 1 January 1994 it operated at an average occupancy of 98% (FJH 16463, paragraph 2.11)

13. Fort James Children's Home closed on 31 March 1995. As part of the transitional arrangements the capacity of Harberton House was increased to 28, utilising the bungalow and a flat at the Harberton site (known as "the cottage" and "chez nous". The Department was notified of this in correspondence from Mr Burke dated 4 April 1995 (FJH 16368). Mr Chambers, Assistant Chief Inspector, SSI, responded on 20 April 1995 to advise of concerns and stated: "I must therefore advise against the proposal to increase capacity on the Harberton site to 28 because of the adverse effect this is likely to have on the management of Harberton House and the associated risks to children in the Board's care". (FJH 16366). Mr Burke responded on 11 July 1995 to assure the Department that the arrangements were interim in nature and a high staffing ratio was being provided to ensure that any difficulties were minimised. (FJH 16364)

14. From opening in 1980 until July 1995, a total of 850 children were admitted to this home (source: FJH 10750). The home continued in operation until 2004. The records available show that by 7 April 2000 there had been 989 admissions (source: FJH 10816). Records to the closure of the home are not available at the date of preparing this statement.

**Q4: What staff were employed and in what capacity?**

15. Harberton House had a Core Executive Team, which specifically monitored admissions and met on a weekly basis. This was comprised of the officer-in-charge, deputy officer-in-charge, Assistant Principal Social Worker (Fieldwork) and was chaired by Senior Social Worker (Residential and Day Care).

16. The day-to-day management of the home was undertaken by the officer-in-charge and deputy officer-in-charge. After the division of the home into 2 units they both remained responsible for the overall running of the home, but the officer-in-charge took a particular interest in the reception/admission unit, and the deputy in the medium term unit. The home was also staffed with senior houseparents and houseparents to assist with the child care task, with each child having a particular houseparent designated as their keyworker. The home also

benefitted from ancillary / domestic staff. The staffing structure in 1986 is available at FJH 15797.

17. The numbers of staff changed over the years to 1995. More detail is given in this respect in response to Q7. Reference is also made to the following lists of staff in the home as examples:
- a. FJH 5335 – in or around 1984
  - b. FJH 15798 – Monitoring Statement 1986
  - c. FJH 17098 – as at 12 September 1989
  - d. FJH 15612 – as at 21 August 1990

**Q5: What qualifications were required of staff:**

18. At the time of preparation of this statement, no records relating to recruitment of staff have yet been found, although those searches continue. This question is therefore answered with reference to the qualifications actually held by different levels of staff within the home. In this respect the lists of staff highlighted above also assist.

19. With respect to the post of officer-in-charge, HH 5 was appointed in 1979 (prior to opening) with university qualification and experience acting in the same position within Fort James. He obtained professional social work qualification while in post and subsequently this post was held by a professionally qualified person until closure.

20. The deputy officer-in-charge position, by no later than 1986, was held by a person with the Certificate in Residential Care of Children and Young People ("CRCCYP"). She obtained further qualifications while in post which are set out in response to question 6.

21. The staff structure within Harberton House comprised 4 senior houseparents. The reports available suggest not all of those staff in this post were professionally qualified when recruited. However by 1987 one held the CRCCYP and another was studying for the CSS (Certificate of Social Services) qualification.

22. It is not anticipated that a professional qualification was required in the recruitment process for houseparents. There were, however, people holding those posts that did have same, and reports show those staff also having opportunities for training and qualification which is set out in more detail at Question 7 below. Houseparents continued to be employed on an unqualified basis during the monitoring period of 1995 – 1996 – see FJH 16420.
23. By 1991 it is important to note that the home had a total staff complement of 20, however the home actually had 28 staff due to cover for those undertaking training and to assist with the excess number of children. When the temporary staff were eliminated, this staff group was described by the SSI Inspector as “an experienced group”. He noted that two thirds of the staff had more than 5 years experience in residential care, 4 held CQSW, another had completed CSS and one held CRCCYP. (FJH 16530)
24. By 1994 the SSI Inspector noted that 61% of the permanent staff held professional qualification, although none of the temporary workers did. She also calculated that permanent employees had, on average, 9 years 4 months experience in residential care (with the full range being 2 years 4 months to 22 years 5 months). (FJH 16492)

**Q6: What training programmes were provided for staff, about what, and by whom?**

25. Opportunities for staff training were obtained through a number of different sources including universities, voluntary organisations and opportunities within the Board and home. Examples of this are set out below.
26. As already noted, the officer-in-charge, [REDACTED] HH 5 achieved additional qualification during his time in post, specifically the CASW (Certificate in Advanced Social Work) from Queen’s University, Belfast in 1985 (source: SWAG report 1986, FJH 15441, paragraph 3.2) and CQSW from University College, Cork, in 1990. (see also [REDACTED] HH 5 statement)

27. The deputy officer-in-charge also obtained the CASW in or around 1987 through Queen's University, Belfast. In or around the same time a senior houseparent is noted as studying for the CSS.
28. In relation to senior houseparents, 2 out of 4 in 1986 held the CRCCYP. At that time there were 13 houseparents: 3 held CQSW, 3 held CRCCYP. 7 held no social work qualification, with three of that group holding a university degree. (source: 1986 Monitoring Statement, FJH 15798)
29. Information regarding staff training opportunities in or around 1984 was provided in the submission by the Western Health and Social Services Board to the Hughes Inquiry. Relevant information is found at FJH 5333, FJH 5583 – 5585 and FJH 5587 – 5589.
30. From 1986 the Board offered opportunities for staff to undertake the Open University Course: Caring for Children and Young People. This course was undertaken by a number of staff in Harberton House, with the February 1987 Inspection noting that two houseparents had already completed same. FJH 18452
31. By way of example, other in-service training that is documented for 1986 includes:
- a. The officer-in-charge attended the North/South Child Welfare Conference;
  - b. The deputy attended a 1<sup>st</sup> line management course;
  - c. Two houseparents attended a course in family law at Magee College;
  - d. 1 senior houseparent and 2 houseparents attended a NIFCA workshop on sexual abuse;
  - e. 2 houseparents attended a course on sex education and personal relationships;
  - f. 2 houseparents attended a course on working with sexually abused children in residential setting.
- (source: 1986 Monitoring Statement – FJH 15800)

32. During 1990, 4 staff were studying for professional qualification, 2 for CQSW and 2 for CSS. It is also recorded that a further 2 staff had undertaken the Open University course. In-service training was at a lower level during this year, however, that was in a context of the home experiencing a difficult time coping with high admission numbers. (source: SSI Inspection 1991, FJH 16530, paragraph 4.4)

33. A full report in respect of training opportunities was provided by the Assistant Principal Social Worker to the Chief Social Work Adviser on 4 April 1991, which is found at FJH 17578. That outlines a useful list of training topics offered by the Training Unit, and also details the in-house workshops relating to practice issues that were availed of.

34. By 1994 the overall attitude to in-service training was described by the SSI Inspector as: "in-service training is encouraged and both teams are involved in devising training sessions of mutual interest. These sessions are written up and available to staff for future reference. From the notes it would appear that considerable preparation and thought is put into the compilation of training sessions". The Inspector also noted that staff had attended a number of training sessions provided by the Board's training department, and outside agencies, including QUB and SSI. (See FJH 16494)

**Q7: What were the staffing ratios?**

35. This question is answered with respect to various points in time at which the staffing levels in the Home were assessed with reference to the Castle Priory Guidelines.

36. In 1986 the SWAG report indicates that guidelines would require staffing between 17.38 and 22.22, and "with 18 staff in post Harberton is just above the minimum standard required" (FJH 16989). At the end of 1986 Harberton House had 19 care staff in post. (FJH 17016)

37. In 1987, SSI assessed the staff requirement with reference to Castle Priory to be 19.21. With 19 staff it was assessed that this was achieved. FJH 18457

38. By 1991 Harberton House had 20 staff, but information on a total of 28 staff was provided to the Inspector with temporary staff recruited to cover the absence of staff seconded on training, and others to assist with the accommodation of children in excess of capacity. (FJH 16530)

39. By 1994 Harberton House had 21 permanent staff (20.5 wte), with 3 waking staff also employed. (FJH 16492)

**Q8: Were there any disciplinary investigations in respect of staff of the home, if so, please provide details of the investigations and any subsequent disciplinary action?**

40. No records have been identified of any formal disciplinary action being taken in relation to any member of Fort James' staff during its period of operation. The Inquiry is respectfully referred to the statement filed by SND 534, Assistant Director for Human Resources, for further information.

**Q9: What was the layout of the home (please provide plans if available)?**

41. As already noted, Harberton House was a purpose built facility. It was located around 1 mile from the centre of Londonderry, just off the main Belfast Road on the opposite side to Atlnagelvin Hospital.

42. It was a single storey building constructed on an H-configuration, with bedrooms and bathrooms at the wings, and living, play, dining, kitchen and office space provided at the centre. Sleeping accommodation was provided in 12 single bedrooms, 5 double bedrooms and 1 triple (family) bedroom for the children, and 4 staff bedrooms situated close to them. In addition, upon opening there were two self-contained flats for staff at the extremities of the wings to the building, and a three bed-roomed bungalow adjacent to the unit was provided for the officer-in-

charge. These additional staff accommodations were not occupied. (source: 1986 SWAG report, FJH 17005, Section 8)

43. A layout of the building can be found at FJH 16303 and full plans in relation to the site, the bungalow, cottage and children's home which are attached at Exhibit 1.

44. Prior to October 1986, a wall was introduced in the central area to effectively divide the home in half with a communicating door, which could be locked as required. A separate entrance was also created for access to what would become the medium stay unit. (source: SSI Inspection February 1987 FJH 18452 )

45. From then the accommodation comprised:

Reception / Assessment Unit: 1 3-bedded room, 2 2-bedded rooms, 5 single bedrooms, 1 staff sleeping-in room, 1 visitors' sitting room, 1 kitchenette, 1 medical room, 1 conference room, 1 dining room, 1 residents' sitting room, 4 bathrooms/showers;

Medium Stay Unit: 3 2-bedded rooms, 7 single bedrooms, 2 staff sleeping-in rooms, 1 visitors' sitting room, 1 kitchenette, 1 office, 1 dining room, 1 residents' sitting room, 1 laundry, 4 bathrooms/showers;

In addition there was a shared play-room and main kitchen. At the rear of the building, there was an adequate play area with large playing field. The two self-contained flats were also adapted, so that one was used for supervised access between children and their families, and the other for therapeutic work to be undertaken with children and their families. (source: 1986 Monitoring Statement at FJH 15795)

46. In relation to the adjacent bungalow, this was used independently for a period to provide respite care for mentally handicapped children. For a short period from

March – May 1990 and again from 12 November 1990 it was opened to accommodate excess children from the reception/assessment unit. This use was made of the bungalow again in 1995 following the closure of Fort James. These details have already been provided at paragraphs 10 and 13 above.

**Q10: How was the home funded throughout the period of its operation and what was the average annual cost of accommodating a child in the home over the years of their operation?**

47. A separate statement will be filed addressing this issue.

**Q11: What were the Board's management arrangements for the home?**

48. The same management arrangements were in place for Harberton House Children's Home as outlined in the witness statement in respect of Fort James Children's Home. The Inquiry is therefore respectfully referred to the responses given in response to this question in the statement relating to Fort James.

**Q12: What were the Board's quality assurance arrangements for the home?**

49. Visiting was undertaken to the home as follows:

- a. By a member of the Personal Social Services Committee, to comply with Direction 3(2) of The Conduct of Children's Homes Direction (Northern Ireland) 1995. Ms Imelda McGowan was the visiting PSSC member and visited / reported on a quarterly basis. It is also seen, however, that on occasions other members visited in her place. It is noted that this was not fully achieved in 1986 which was ascribed to a change in Board Membership (see FJH 17026) but was fully compliant in the period April 1988 – March 1989 (see FJH 17083). The visiting Board member was proactive in raising matters of concern which assisted in identifying and remedying issues that arose from time to time as will be further referred to in response to Question 13 below;
- b. [REDACTED] TL 4, Senior Social Worker (Residential Child Care), was designated as the visiting social worker for the purpose of Direction 3(3) of The Conduct

of Children's Homes Direction (Northern Ireland) Order 1975. He visited monthly, providing a written report. See, for example, FJH 17740.

50. Management Audit Visits were also undertaken to the Home by the Principal Social Worker. A detailed report was undertaken following such visits, which were undertaken at a level of in or around 6-monthly. (see for example, FJH 15623, 12 September 1989; FJH 15612, 21 August 1990; FJH 15628, 17 December 1990) These reports were forwarded through the line of management, i.e. to Principal Social Worker (Residential and Day Care), Assistant Director of Social Services (Group) to the Director of Social Services.

51. Records also show that the Assistant Director and Director visited the home from time to time, as he would with all facilities within the Board area (see for example FJH 15399 following a visit on 24 October 1989)

**Q13: Did the Board identify any problems, and if so how were they dealt with?**

52. The Inquiry will be aware that a particular problem was identified in relation to peer abuse within Harberton House. Separate statements are being filed with the Inquiry in relation to same. It is noted that this first came to attention of staff on 15 March 1990. By 23 April 1990 the issue had already been discussed at the Area Executive Team (19 April 1990) and a "task force" had been proposed to achieve a more comprehensive analysis of this difficult issue as outlined in a memo from [SND 510] to [HH 34] on 23 April 1990 at FJH 10199. By July 1990 the issue had been discussed with the Department (FJH 10492). A Review Report was available in November 1990 and presented at the Community Care Committee and to the Board. The Review Report was also provided to the Department. On 13 February 1991 [SND 510] wrote to the Department enquiring "if the Department would consider a separate allocation to address this very worrying problem". He also highlighted the financial position of the Western Board. See FJH 10979.

53. Problems were also identified with ensuring the property was properly maintained, both in relation to the interior and exterior. By 1986 the cycle for

re-decoration was reduced from 5 years to 3 years, which was welcomed by the home. However it was noted that there was still a need to be more responsive. In the interim staff and children took a role in redecorating their accommodation. (source: Monitoring Statement 1986, FJH 15796). By the monitoring report for the period April 1988 – March 1989, the response to requests had been satisfactory. (FJH 15839)

54. On occasion more minor issues that were critical to the day-to-day running of the home were identified. An example of this is demonstrated by the report of the Board member visiting the home on 3 February 1989, at FJH 17069. She noted in her report that the home's tumble dryer had broken. This was identified upon receipt of her report by the Assistant Director of Social Services (Group) upon receipt of her report. He noted this and sought follow-up by memo of 16 February 1989, see FJH 17068. This was addressed with a response on 21 February 1989 confirming that the tumble dryer had been repaired, see FJH 15377.

55. The visiting Board member also requested escalation of matters where she was particularly concerned. An example of this can be seen when her concern was raised by the levels of occupancy in the home. Following a visit on 6 April 1990 (report at FJH 15851) Mrs McGowan was concerned about numbers in the home. She wrote in this respect to [SND 469], and requested that the matter be escalated to [HH 34] at Unit General Manager – see correspondence dated 11 April 1990 at FJH 15850. Both [HH 34] and [SND 469] responded to the concerns in writing, at FJH 15849 and FJH 15846 respectively.

**Q14: Were there any arrangements for regular independent visits to be made to the home, if so, how were these arranged, the outcomes recorded and fed into the quality assurance of each home?**

56. In keeping with Direction 3(2) of the Conduct of Children's Homes Direction (Northern Ireland) 1975, the Board arranged for a member of the Personal Social Services Committee to visit the home on a quarterly basis. This member was

independent from the line management of the home. Full details have already been provided in this respect in response to Question 12.

**Q15: When did the Department inspect the home, what recommendations did they make and how were they met?**

57. Reports are available to show inspections of the home by the Department on five occasions between 1980 and 1995 as follows:

- a. 1983 – SWAG inspection (report not yet identified, but referred to in 1986 report at paragraph 1.4 – see FJH 15432)
- b. January 1986 – SWAG Inspection (Report at FJH 15429)
- c. February 1987 – SSI Inspection (Report at FJH 18452 )
- d. February 1991 – SSI Inspection (Report at FJH 16514)
- e. February 1994 – SSI Inspection (Report at FJH 16448)

58. As noted above, the 1983 SWAG Inspection Report has not been located at the date of submission of this statement.

59. Following inspection in January 1986 recommendations were outlined in the report produced by SWAG at paragraph 9.3 (FJH 15463). The Inspection Reports were provided to the members of the Personal Social Services Committee (later the Community Care Committee) and a presentation in respect of same was been given. This can be seen in relation to the 1986 report which was presented on the 7 November 1986, with the relevant extract of the minutes found at FJH 6690. Confirmation was also given the Department that this had occurred, with relevant minutes provided to them. See FJH 16290.

60. In relation to the actual recommendations of this report, which are found in full at paragraph 9.3, FJH 15463, it is noted:

- a. SWAG recommended that the planned division of Harberton into two units should proceed. This was implemented by 20 October 1986 (see FJH 15376);

- b. A recommendation was made that the Board would seek to increase the level of qualified staff. Full details of the efforts undertaken, and the developments in 1986 have already been set out;
- c. One recommendation related to the interior decoration of the home, which had been noted to be “stark”, that they lacked any “personal touch”, “and the general effect given was of institutional accommodation” (paragraph 8.4, FJH 15460). Later documents refer to posters and personal items being used by the children, for example FJH 17063, November 1988: “As to be expected, the children put up posters in their rooms...”

61. The SSI Report of February 1987 made a number of recommendations at paragraph 9.4. The full recommendations, located at FJH 18468 were as follows:

- a. Fieldworkers should maintain individual files for all children in care with clearly marked divisions and an index or face sheet to the front:

It is noted that this related to fieldwork practice, rather than the functioning of the home;

- b. All contact between fieldworkers and the children in care should be recorded together with the purpose of the visit and a summary of the work done:

Staff within the home recorded daily events for all children. Work undertaken by the fieldworker would, it is suggested, have been a matter for their recording;

- c. It is recommended that reports of visits by members of the Board’s Personal Social Services Committee should be made as required:

It has already been detailed at paragraph 48.a above that during the period leading up to this inspection a delay did occur in visiting due to a change in Board membership. It was envisaged that this would be remedied and indeed was so, as already noted;

- d. It is recommended that management reviews the methods of control and discipline in Harberton to see where staff practice could be improved:

It is noted that those involved in residential care were aware of these issues. For example training documents referred to in response to Question 6 detail that from 1984 relevant in-service training included, for example, a five week session on “handling aggression and conflict” (FJH 5586). At the date of this statement, no specific documentation of a review has been identified, but it is

noted that on 1 November 1988 a visit was undertaken to Harberton House by **SND 502** Acting Director of Social Services, and **SND 469**, Assistant Director of Social Services (Group). They specifically raised the issue of aggression and noted recent courses, and residential care policy booklet. See FJH 17063 at 17066.

- e. The time of day when fire practice drills are carried out should be recorded
- f. Fire practice drills should be spread over a 24 hour period which particular emphasis on times when the children are on the premises:

In respect of these recommendations on fire drills, it is noted the Monitoring Exercise conducted in November 1988 management specifically addressed fire drills and noted that the dates and times were recorded, and that they occurred at different times of the day. See FJH 17063, at 17065.

- g. It is recommended that attention is given to (i) outstanding maintenance work at Harberton; (ii) that a suitable programme of interior and exterior decoration is completed; (iii) that furniture which has fallen into disrepair is mended or replaced and (iv) that an assessment is made of the furniture in the Home with a view to repairing or replacing it:

By the visit by senior Board staff in November 1988 it is noted that they record: "The condition of the home is quite good now, as it was recently decorated both externally and internally. The furnishings in the home are also quite good at present." FJH 17063

62. The recommendations made following inspection by SSI in February 1991 are at 16564 (partially obscured, duplicate available at FJH 17143). A number of recommendations related to the menu and food on offer at Harberton House (recommendations 1, 2, 7). It is noted that just prior to this Inspection the Principal Social Worker had conducted a Management Audit of Harberton House on 17 December 1990 (FJH 17107). There was an awareness of the need to monitor the transition to a catering contract for the home (see FJH 17064). In December 1990 it was recorded "the catering situation has remained very stable and has not been greatly effected by privatisation.... In the course of my visit I ate lunch which was of good nutritional value and I believe appropriate to the needs of the children in the unit." (FJH 17114)

63. In relation to recommendation 8. The fire drill book is not available when preparing this statement, but it is noted that the Inspector refers at paragraph 8.3 (FJH 17139) to 5 drills over a 1 year period. As noted already, the expected level at Harberton House was 6 times a year and unfortunately no definition is given by the inspector as to what level he proposed as appropriate to allow further comment.
64. Recommendations were also made in relation to staffing. As regards the rotas, it is now noted that no issue was subsequently raised in relation to same in the 1994 inspection (FJH 16492) save in relation to a 4pm meeting. In relation to staff supervision, the same reference notes that it was occurring 4-weekly in the assessment unit, 6-weekly in the medium-stay unit, and 8-weekly for Team Leaders. Finally, it was noted that only full-time staff should undertake primary worker duties. The detail leading to this recommendation is set out at paragraph 6.7 (FJH 16544 and 16546). It is noted that this arose in a context of the home being over capacity which was a temporary situation in the period leading up to this Inspection. No record has been found that suggests this was a repeated or long-term problem.
65. A significant number of recommendations were made following inspection by SSI in February 1994. They are detailed at FJH 16499. A detailed response was provided directly to the Department addressing each recommendation by correspondence dated 22 February 1995, a copy of which is attached at Exhibit 2. Reference is made to same for full information.

### **Other Issues**

66. In the Rule 9 request it is noted that the Inquiry also asks for details to be provided of any formal grievances staff raised in either home.
67. This has been addressed in the statement filed by [SND 534], wherein it is noted that there are no records identified of formal grievances raised by staff through the Human Resources department.

68. In respect of Harberton House the following documentation is however highlighted to demonstrate concerns of staff in relation to situation that pertained in 1990:

- a. FJH 10085 – correspondence dated 30 October 1990 from NIPSA to Mr Burke raising concerns of staff;
- b. FJH 10084 – memo dated 1 November 1990 from [HH 22], Acting Officer-in-Charge (Harberton House) to [SND 425], Principal Social Worker raising concerns;
- c. FJH 10081 – memo from [SND 425] to [HH 22] dated 11 November 1990, from which it is apparent that he met directly with staff on 8 November 1990, and proposed further meetings.

These concerns of staff have a root in occupancy levels and pressures resulting from same. No formal outcome has been identified in the documentation, but it may be relevant that on 12 November 1990 the bungalow on the Harberton site was re-opened to assist with capacity, which would have been separately staffed.

#### Statement of Truth

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

Signed  \_\_\_\_\_

4 June 2015

Dated \_\_\_\_\_

HIA REF: [ ]

NAME: [ KIERAN DOWNEY ]

DATE: [ 2 June 2015 ]

**THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995**

---

**Witness Statement of Kieran Downey**

---

I, Kieran Downey, Director of Women and Children's Services and Executive Director of Social Work, Western Health and Social Care Trust, will say as follows: -

1. This statement has been prepared with reference solely to documentation that identifies the facts and issues that were relevant during the period of operation of the Home. References are provided throughout. I have no personal knowledge and had no personal involvement at the relevant time.
2. The purpose of this statement is to respond to questions posed by the Inquiry pursuant to a Rule 9 request in relation to **Fort James Children's Home**. This statement should be read alongside the statements being submitted by those staff who worked in, managed, and had personal knowledge of the home during the relevant period.

**Q1: When was the home opened and when did it cease operation as a children's home?**

3. Fort James opened and commenced operation in 1973 (source: Statement of **FJ 33** and FJH 1045).

4. It closed and the last child left on 31 March 1995 (source: FJ Register of Admissions and Discharges, April 1988 – April 1995, FJH 4897)

**Q2: What was the remit of the home?**

5. When Fort James first opened its doors as a children's home in 1973, most of the residents were babies and young children up to the age of 5, although there were one or two older teenagers in residence from an early stage. (source: FJH 1045)
6. No documentation is currently available to indicate formally whether there were specific aims and objectives at that time, but from in or around 1978 it began catering mainly for children above the age of 5 years.
7. By 1982 Harberton House had opened as an admission unit. Fort James was therefore specifically described as catering for 16 children between the ages of 5 years and 17 years, with an increasing tendency to concentrate on children in the adolescent age group. It specifically offered admissions for medium or long term periods of residential care, with staff aiming to work with the identified problems and needs of an individual child with a view to:
  - a. progressing a planned return of a child to the care of his/her parents;
  - b. preparation for a fostering placement; or
  - c. preparing the child for independent living in the community.Fort James would also offer emergency places where there was availability, and only when other resources at Harberton House or within foster care were unavailable.  
(source: SWAG Inspection, October 1982)
8. By 1990 it was noted that in the monitoring period of April 1989 – March 1990 there had been a total of 15 admissions, with 12 directly from the community due to the lack of available placements elsewhere. It was noted that if this level of demand was sustained that there could be implications for the role and function of Fort James. The situation was being monitored carefully on an on-going basis.  
(source: Monitoring Statement, April 1989 – March 1990)

9. By 1992 it was noted that the trend was continuing. While the formal aims and objectives remained unchanged, it was noted that in practice Fort James has tended to be used predominantly as an emergency reception centre rather than as a long stay unit for adolescents preparing to leave care. (source: Monitoring Statement, April 1991 – March 1992).
10. By 1994 the home had been divided into two units with the aims and objectives revised accordingly:
- (1) the Adolescent Resource Team, which provided 12 residential places for young people aged 13 years and over. It aims to provide “a care service from reception to long-stay which would address the assessed needs of residents”;
  - (2) the Leaving and After Care Team, which had access to 3 flats providing 4 places for young people undergoing preparation for leaving care. It also provides a supportive/crisis intervention service for those who have left care. (source: SSI Inspection Report, 1994)
11. However the demand on places was such that the Home was unable to meet the aim of caring only for children over 13 years. Of 31 admissions in the year prior to the Inspection, 8 were children under the age of 11.

**Q3: How many children were cared for in each home over the period of its operation and in total?**

12. When Fort James first opened, it had a capacity of 16 children. Following conversion work on the outbuildings towards the end of 1984, additional independent living units were established which could provide accommodation for an additional 5 young people. Following approval of the operational policy for these units by the WHSSB Personal Social Services Committee on 4 January 1985 the total capacity was raised to 21. However a further change occurred so that the independent accommodation was adjusted to provide for 3 young people only, which resulted in a total capacity of 19. This was approved by the Department on 1 October 1986.

13. A further reduction in capacity was undertaken in April 1992 when the capacity of the main unit within the home was reduced to 12, with the semi-independent accommodation to provide for up to 4 young people. The total capacity therefore reverted to 16.

14. In total, 316 children were admitted to Fort James between January 1980 and 31 March 1995. The records for admissions during the first 7 years are not available. It is noted that the admissions began to be numbered in January 1980 (source: FJH 4918) and unfortunately therefore this question can be answered only in part at this time.

**Q4: What staff were employed and in what capacity?**

15. As has already been indicated, full records are not available for the period 1973 – 1982.

16. From at least 1982 until closure, the management team within the home comprised the officer-in-charge, the deputy officer-in-charge and senior houseparent(s).

17. The home also had a number of houseparents to care for the children, with each child having a designated “special person”. The houseparents were responsible for meeting the primary needs of the children, counselling them, liaising with their fieldwork social worker and writing up case notes. They also prepared reports for presentation at the review meetings. (source: SWAG report 1982)

18. The numbers of staff changed over the years to 1995. More detail is given in this respect in response to Q7.

19. The home also would have had the assistance of ancillary staff in relation to catering and domestic duties.

**Q5: What qualifications were required of staff:**

20. In preparing this statement records have not been available from 1973 to the early 1980's. Further no records have yet been located as to the actual recruitment process for staff. This question is therefore answered with reference to knowledge about actual members of staff.

21. From 1978 – 1979 it is known that [HH 5] held the post of officer-in-charge. This post was held by him prior to achieving a professional social work qualification. He was educated to degree level and held experience in social work and teaching. From September 1980 [FJ 36] was the officer-in-charge and he was professionally qualified in social work. [FJ 33] was then appointed as officer-in-charge in May 1984, he too had social work professional qualifications upon appointment.

22. Indeed by 1982 the functional management of the home was shared by the officer-in-charge, deputy officer-in-charge and senior houseparent, all of whom were professionally qualified and experienced in childcare. (source: 1982 SWAG report). The number of senior houseparents increased to 3 by 1986, all of whom were professionally qualified.

23. It is not anticipated that houseparents were required to have a professional qualification. While the home benefitted from qualified houseparents, reports also indicate that they did not all hold same. For example:

- a. in October 1982 SWAG noted there were 5 houseparents and a temporary assistant houseparent. Out of a total of 9 staff, 5 held a recognised qualification, which must have included 2 houseparents;
- b. at the end of 1986 the monitoring statement shows a total of 9 houseparents: 2 qualified, 2 currently undertaking qualification and 5 unqualified (3 of which held university degrees);
- c. by March 1988 the monitoring statement shows that out of 9 houseparents, 2 were qualified, 2 were undertaking professional qualification and 5 were unqualified (1 held a university degree);

24. By 1991 the SSI Inspection noted that 18 staff had a mean age of 35 years (aged 25 – 37) and were thus a “mature” group. There was relative inexperience with

11 having less than 3 years experience, but 7 staff had professional qualification which was described: "Thus the proportion of qualified staff working in Fort James was higher than the average for this sector". The Inspector also noted that 2 staff were in training, which was considered indicative of the Board's commitment to have professionally qualified staff in its children's homes. This was commended.

25. From 1991 child care staff were regraded following Circular HSS (TC6) 2/91.

The officer-in-charge and deputy posts were designated "Team Leaders", and all houseparents (including seniors) became "Residential Social Workers". It is noted that the monitoring statement for April 1991 – March 1992 refers to a vacancy at Team Leader level, and it was to be filled by a qualified social worker thus giving some insight that senior staff required to be qualified. The same monitoring statement also identifies that previous policy required that a senior houseparent would be on duty at all times in the home. To reflect the regrading this was regarded to require a Residential Social Worker (qualified) or Residential Social Worker (unqualified but with significant experience) to be on duty at all times, thus demonstrating a policy to ensure experienced and/or qualified staff were available in the home at all times.

26. At this point in time there were a total of 15 residential social workers in Fort James: 7 were qualified; 4 were undergoing qualification and 4 were unqualified.

27. By 1 November 1993 there were 12 residential social workers on permanent contracts, 8 of them held professional qualifications. Out of an additional 7 temporary staff, only 1 was qualified.

**Q6: What training programmes were provided for staff, about what, and by whom?**

28. Opportunities for staff training were obtained through a number of different sources including universities, voluntary organisations and opportunities within the Board and home. Examples of this are set out below, with the course provider being identified where that information is available.

29. In October 1982, SWAG noted that secondments on professional training were available and further that staff from Fort James also regularly attended in-service training courses organised by the District for staff from its residential care facilities.

30. By the end of 1986 it was noted that the Unit of Management remained committed to this and that priority was given to residential staff in awarding secondments to professional training. It was also noted at this time that in-service training was becoming increasingly available, with the Open University Course: Caring for Children and Young People, being available. Staff rotas in Fort James were also set so that on Wednesdays between 1pm and 3pm all staff were available for staff meetings and staff development. (source: Monitoring statement 1986)

31. The Monitoring Statement for 1986 lists courses attended by various staff at Fort James as:

- a. Practice Teaching Skills;
- b. Data Protection Act;
- c. Management of Sick Leave;
- d. First Line Management Course I and II;
- e. Practice Teaching into the 1990's;
- f. Practice Placement Workshop;
- g. Working with Sexually Abused Children in a Residential Setting;
- h. Sex Education and Personal Relationships;
- i. Residential Staff Induction Course;
- j. Sexually Abused Children;
- k. The Adolescent – Internal and External Worlds.

32. By the monitoring statement of 1 January 1987 – 31 March 1988 there were 2 houseparents attending professional training. That was in addition to 8 staff already qualified, although it was noted that it was becoming increasingly difficult to recruit and retain qualified staff because of the existing differential between residential and fieldwork salary levels. The monitoring statement noted that this

had been commented upon by the Hughes Inquiry and suggested examination of this issue was required at a regional level. Two staff had also completed the Open University course and another two had commenced same.

33. Also during this monitoring period, the officer-in-charge ran an 8-week programme for all staff on "Handling Aggression and Conflict" as part of in-house development programmes. The following in-service training was also identified as attended by various staff during 1987-8:

- a. Adolescence Project – Training for Workers in Child Care;
- b. Fostering Breakdowns;
- c. Child Abuse;
- d. The Emotional Life of a Child;
- e. Sex Education;
- f. Assertion Training;
- g. Communication skills with Deaf and Dumb children;
- h. Working with Troubled Children;
- i. Cerebral Palsy;
- j. Working with Sexually Abused Children in a Residential Setting;
- k. Handling Conflict at Work;
- l. Leaving Care.

34. The Monitoring Statement for April 1989 – March 1990 lists the following in-service training attended by staff:

- a. The Unintegrated Child in Northern Ireland (Dr Barnardo's);
- b. Direct Work with Children;
- c. Family Therapy;
- d. Child Sexual Abuse – Validation;
- e. Child Sexual Abuse – Disclosure and After;
- f. The Law and Children;
- g. Oral Presentation Skills – Management Development Course;
- h. Working Systematically with Families;
- i. Residential Work with the Sexually Abused;
- j. Changing Patterns of Care in the 1990's (NIITA);
- k. Practice Teaching;

- l. Decision Taking and the Management of Risk;
- m. Play and Movement with Children;
- n. Art Therapy.

It also noted that the officer-in-charge remained heavily committed to an in-house staff development programme, with development meetings held every 3 weeks.

35. In 1991 the SSI Inspector noted that two staff were currently undertaking professional training and detailed the following in-service training programmes attended:

- a. Child Abuse and Neglect (Open University Course);
- b. Sexual Awareness;
- c. Leaving Care/ After Care;
- d. Working Therapeutically with Children;
- e. Legal Aspects of Child Care;
- f. Direct Work with Children;
- g. Working with Sexual Offenders;
- h. Client Access to Social Services Records.

36. The monitoring statement for April 1991 – March 1992 notes that the following courses were attended:

- a. Workshop on Child Care Legislation;
- b. Foster Care Perspective;
- c. Child Abuse Training Programme;
- d. Supervision of Child Protection Teams;
- e. Practice Teaching – In-Service Training;
- f. Communicating with Children;
- g. Adolescents who Sexually Victimise other Children;
- h. Structured Assessment and Risk Analysis;
- i. Workshop on Sexual Awareness Stages I and II (Relate);
- j. Art Therapy Workshop;
- k. Caring for Children and Young People (Open University);
- l. Workshop on Planning Therapeutic Strategies;
- m. PQ Certificate in Theory and Practice of Child Protection.

**Q7: What were the staffing ratios?**

37. An early reference to staffing identified is located in a memo following a visit to Fort James by the Director. This appears to have been written by the officer-in-charge on 20 August 1981 and is found at FJH 6557. At FJH 6558 it is noted that Fort James is described as “severely understaffed”.
38. The following year, the SWAG report of October 1982 indicates that, with 9 staff, Fort James was falling below the level recommended by the Castle Priory Report for a home with 16 children. (see FJH 6613 at 6646, paragraph 15.3)
39. By the 1986 SWAG report, Fort James catered for up to 21 children and had a full-time staff of 14. That report commented: “depending on the child staff ratios used, the number of full-time staff required is between 4 and 12. With a full complement of 14 staff Fort James meets the maximum requirement”. (FJH )
40. By 1987 Fort James had a staff of 16 full-time residential child care staff. SSI assessed this “comfortably meets the level set by the Castle Priory Report”. (see FJH 6726 at 6733, paragraph 3.3)
41. However by the submission of the monitoring statement for the period ending 31 March 1988 the Board described that there were 15 care staff. With reference to Castle Priory, using a staff:child ratio of 1:4, Fort James would require 18.53 staff and was therefore falling short by 3.53 staff. (see FJH 6704 at 6708)
42. By the SSI Inspection in 1991 there were 18 staff identified. No comment is made as to how this correlated with the Castle Priory Guidelines. However the Inspector did note that staff rotas resulted in just 2 staff being responsible for 19 children at 11pm which was “clearly unsatisfactory”. (see FJH 6896 at 6908, paragraph 4.9). A more significant issue in respect of staffing in this inspection, however, is detailed in paragraphs 4.2 – 4.3, and relates to the release of both the officer-in-charge and deputy officer-in-charge to other posts elsewhere in the Board within a timescale of 5 months (the deputy officer-in-charge left in March 1990 and the officer-in-charge left in August 1990). It was considered that this

disrupted the staffing structure, with difficulties being compounded at all levels through “acting up” arrangements. Further comment is made in this respect in response to Question 15 below.

43. The monitoring statement for April 1991 – March 1992 noted a total of 15 staff. That was still regarded as falling short of the Castle Priory Requirement (18.53) by 3.53 staff. The statement also notes: “a more recent residential manpower planning exercise devised by the Wagner Development Group shows a more significant shortfall of 7 staff”. (see FJH 6964 at 6969)

44. By 1 November 1993, as noted in the SSI Inspection of 1994, there were a total of 21 staff in post – 14 staff on permanent contracts were supplemented by 7 temporary staff. (see FJH 7190 at 7229)

**Q8: Were there any disciplinary investigations in respect of staff of the home, if so, please provide details of the investigations and any subsequent disciplinary action?**

45. No records have been identified of any formal disciplinary action being taken in relation to any member of Fort James’ staff during its period of operation. The Inquiry is respectfully referred to the statement filed by SND 534, Assistant Director for Human Resources, for further information.

**Q9: What as the layout of the home (please provide plans if available)?**

46. Fort James was a three storey property situated at Tullyally, about 2 or 3 miles from the centre of Londonderry. It was not purpose built, but rather had been built originally as a private residence in 1862. The home stood in its own wooded grounds between two Housing Executive estates, Tullyally and Currynierin. At the rear of the building was an enclosed yard and stables, which were partially converted in late 1984 to provide four flats for independence living and training (2 one-bedroom and 2 two bedroom), two offices, a conference room and an indoor reception area. Adjacent to the main building was a bungalow that was occupied by the officer-in-charge in 1982, but later stood vacant.

47. As noted, the main property was a three storey home. It appears that in the early years of operation some of the accommodation was dormitory style but this was rearranged in or around 1978 when the home ceased provision for very young children. (source: SWAG Inspection February 1986). It is also recorded that initially there was a nursery on the ground floor. (source: FJH 1045)

48. Following this rearrangement the Home's accommodation was arranged as follows:

Ground Floor: 2 sitting rooms, 1 visitors' sitting room, 1 dining room, 1 kitchen, 1 laundry area, 2 toilets;

First Floor: 4 single bedrooms, 3 two bedded rooms, 1 staff sleeping-in room, 4 bathrooms;

Second Floor: 3 two bedded rooms, 1 staff sleeping-in room, 1 toilet.

49. By April 1992 the first floor accommodation had been improved through expenditure of £77,000 so that it now comprised 8 single bedrooms and 2 staff sleeping-in rooms.

50. A plan showing the site of Fort James is found at Exhibit 1.

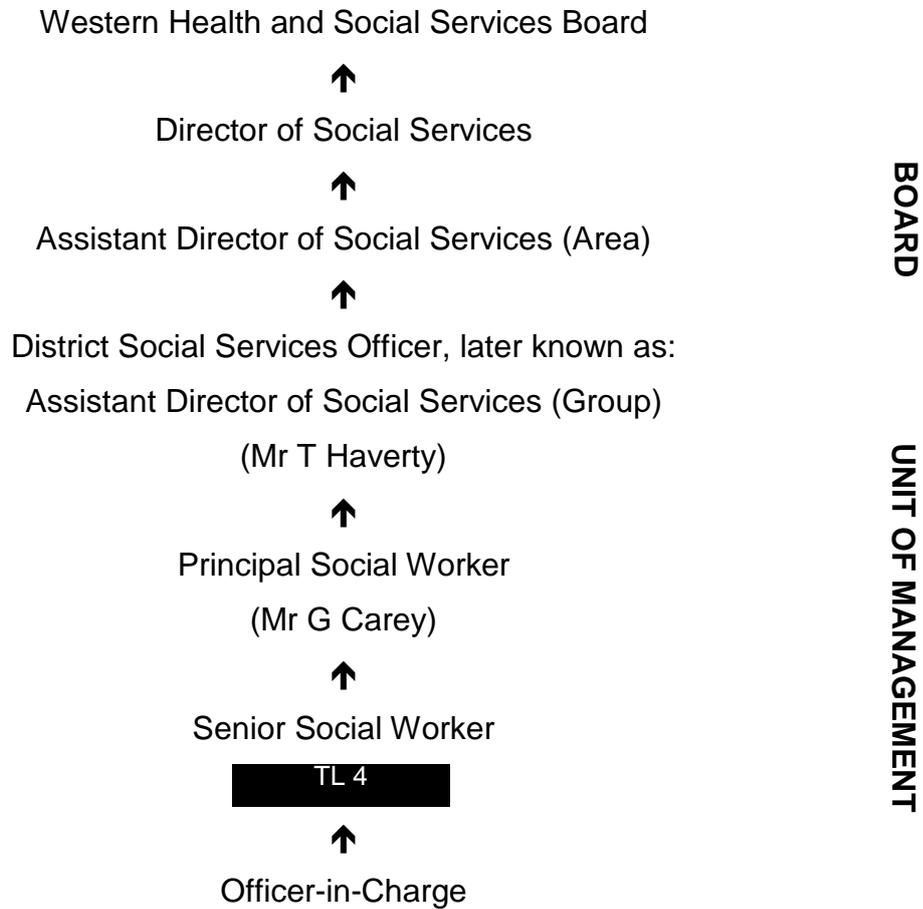
**Q10: How was the home funded throughout the period of its operation and what was the average annual cost of accommodating a child in the home over the years of their operation?**

51. A separate statement will be filed addressing this issue.

**Q11: What were the Board's management arrangements for the home?**

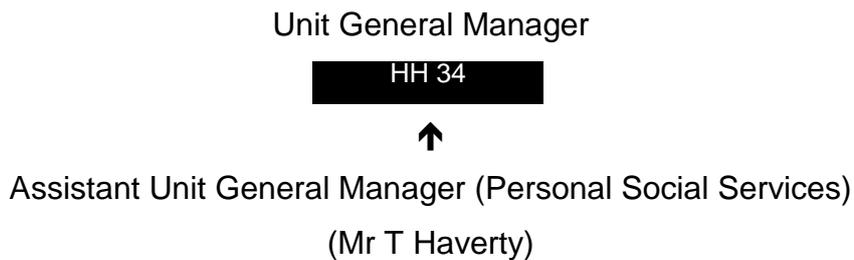
52. In responding to this question, different points in time are taken given the restricting that took place during the relevant years.

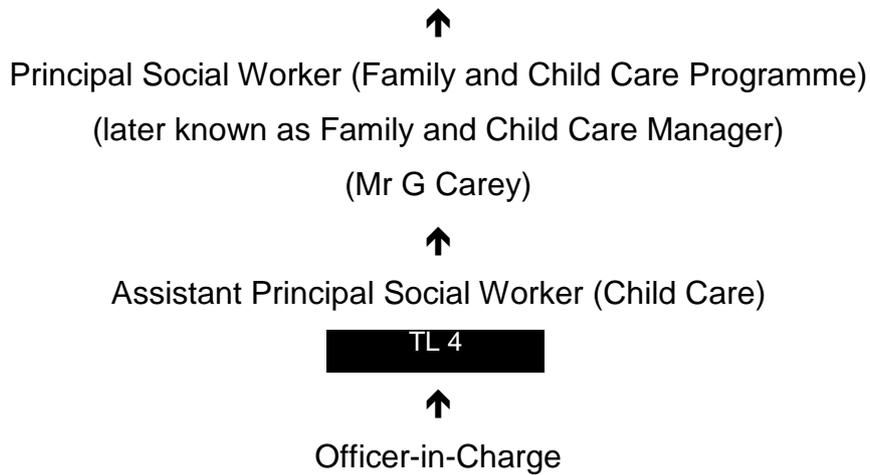
53. Until 1990 Fort James was within Londonderry, Limavady and Strabane Unit of Management. During this period, the following management structure applied:



54. This structure was introduced from May 1982 when [redacted TL 4] was given management responsibility for the District's children's homes following complaints by senior staff of children's facilities about the lack of management support.

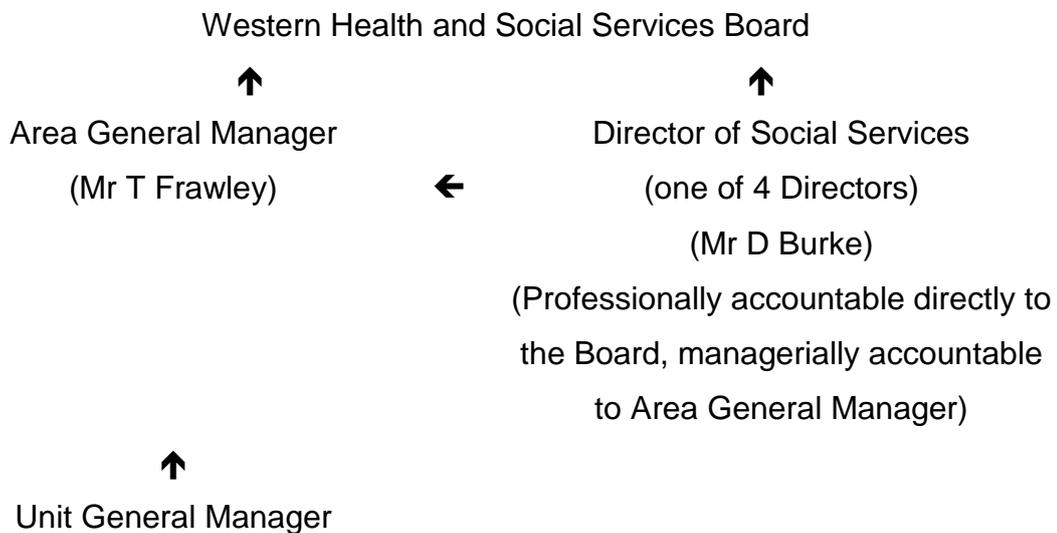
55. Thereafter Foyle Community Unit was established in January 1990. From that date until 1995 the following structure applied at Unit of Management level.





56. This represented a change in management between the Unit and the Board, which was reflecting a change towards general management so that from 1990 all disciplines at Unit Level were accountable to the Unit General Manager.

57. From 1990 and the establishment of Foyle Community Unit, the Unit General Manager was accountable to the Board through the following structure:



**Q12: What were the Board’s quality assurance arrangements for the home?**

58. Visiting was undertaken to the home as follows:

- a. By a member of the Personal Social Services Committee, to comply with Direction 3(2) of The Conduct of Children’s Homes Direction (Northern Ireland) 195. [Redacted] for example visited in 1984 (see FJH 6569) and

noted "shortage of staff has always been a problem at this centre" which correlates with the issues in 1981 and 1982 identified at paragraph 38 and 39 above;

- b. Mr [REDACTED] TL 4, Senior Social Worker (Residential Child Care), was designated as the visiting social worker for the purpose of Direction 3(3) of The Conduct of Children's Homes Direction (Northern Ireland) Order 1975. He visited monthly, providing a written report. See, for example, FJH 6812.

59. Management Audit Visits were also undertaken to the Home by the Principal Social Worker. A detailed report was undertaken following such visits, which were undertaken at a level of in or around 6-monthly. (see for example: FJH 6751, 26 January 1989, FJH 6797, 26 October 1989; FJH 6846, 24 August 1990) These reports were forwarded through the line of management.

60. Records also show that the Director visited the home from time to time, as he would with all facilities within the Board area (see for example FJH 6560 which is a memo dated 22 June 1982 following a recent visit).

**Q13: Did the Board identify any problems, and if so how were they dealt with?**

61. The Board identified a problem with the location of this home, and its situation between two local estates. This is noted within reports across the 1980's to have given rise to difficulties including vandalism (for example windows were smashed, tyres were slashed on the home's car), clashes of a sectarian nature between children from the home and local youths and a particular incident on 25 January 1986 occurred when prowlers were seen in the grounds.

62. Assistance was sought from the RUC in relation to individual incidents.

63. By 1986 it was noted that there had been recommendations that the location of this home be reviewed, however the Board had rather expanded the accommodation with the independent flats. It was recorded that the Board was inclined to the view that "tensions could arise wherever a children's home was placed" and rather than relocate the home a policy of "continuing to forge links

with the local community” would be pursued. It was considered that strenuous efforts had been made in this respect. (source: 1986 SWAG report, FJH )

64. By 1987 it was noted that space in the premises (the vacant bungalow) had been made available for a local community playgroup, and the Board had engaged with Extern. It was noted that no adverse incidents as a result of the location of the home had occurred over the previous 9 months. (source: 1987 SSI Inspection, paragraph 9.1, FJH 6743)

65. By 1991 however, it appears that difficulties were again being encountered from the local community.

66. A second issue that persistently arose was the layout of the home and the difficulties this gave rise to in supervision of children. This was addressed, to some extent, by the reduction of multiple occupancy bedrooms and reduced capacity in April 1992.

67. A third issue has already been noted above in relation to the ability of this Home to achieve the aims and objectives set out for it. This has been detailed, together with the action taken, in response to question 2.

68. Other practical issues that related to the day to day running of the home were raised, for example see FJH 6557. This memo, dated 20 August 1981, following a visit by the Director has already been referenced above. It will be noted that at point c at FJH 6558 a point was discussed with the Director about the question of order books for purchasing children’s clothing, which is described as an issue “which concerns the very root of institutionalism in children’s homes”. By memo dated 30 July 1981, at FJH 4696, a new procedure was implemented (at FJH 4697) which allowed a more natural shopping experience.

**Q14: Were there any arrangements for regular independent visits to be made to the home, if so, how were these arranged, the outcomes recorded and fed into the quality assurance of each home?**

69. In keeping with Direction 3(2) of the Conduct of Children's Homes Direction (Northern Ireland) 1975, the Board arranged for a member of the Personal Social Services Committee to visit the home on a quarterly basis. This member was independent from the line management of the home. Full details have already been provided in this respect in response to Question 12.

**Q15: When did the Department inspect the home, what recommendations did they make and how were they met?**

70. There are no records that assist in understanding whether any inspections were undertaken during the period 1973 – 1982. Reports are available to show inspections of the home by the Department on five occasions between 1982 and 1995 as follows:

- a. October 1982 – SWAG Inspection (Report at FJH 6613)
- b. February 1986 – SWAG Inspection (Report at FJH )
- c. June 1987 – SSI Inspection (Report at FJH 6726)
- d. January 1991 – SSI Inspection (Report at FJH 6896)
- e. 1994 – SSI Inspection (Report at FJH 7190)

71. Detailed recommendations were made in each report. They would have been the subject of review and comment sought. In respect of the October 1982 report, for example:

- a. The recommendations are found throughout the report which commences at FJH 6613;
- b. By 30 April 1984 a detailed response to each of the recommendations made was provided by [REDACTED] TL 4, Senior Social Worker. This is found at FJH 5239;
- c. Comment was subsequently provided by the Board (which notes the report was received in October 1983) detailing the recommendations that had been implemented, and those that it was not possible to implement. See FJH 5263

72. From these reports it will be seen the following actions arose:

- a. Relevant updated information was provided, such as to confirm the date of the most recent inspection by the Fire Authority;

- b. Practical steps to implement change were noted, such as the provision of an estate car for the unit;
- c. Matters that could not be readily addressed were noted. In this Inspection for example it was particularly noted that there was only one male on the staff of Fort James (the officer-in-charge) and a recommendation was made for a better gender balance to be achieved across staff. The Senior Social Worker noted that this was recognised and taken into consideration when vacancies arose, while the Board noted that it had not been possible to implement that recommendation.

73. The Inspection Reports were provided to the members of the Personal Social Services Committee (later the Community Care Committee) and a presentation in respect of same would have been given. This can be seen, for example in relation to the 1986 report which was presented on the 7 November 1986, with the relevant extract of the minutes found at FJH 6690. Confirmation was also given the Department that this had occurred, with relevant minutes provided to them. See FJH 16290.

74. The SSI Inspection undertaken of Fort James in June 1987 was presented to the Community Care Committee on 6 May 1988 (see FJH 6727). That report had just one recommendation in respect of the home, relating to a programme of maintenance and interior decoration being required. See FJH 6743. This was recognised in the Monitoring Statement for the period ending 31 March 1988 (see FJH 6706-7). By the period ending March 1990 a full programme of redecoration had been undertaken, which it was stated: "has provided a warm and homely environment for the children and staff are trying to maintain this high standard". See FJH 6762.

75. It is also perhaps apt to note that from 1987 the Department confirmed that inspection of Board Homes would be undertaken on a 3-yearly basis. This is confirmed in correspondence dated 15 October 1990 at FJH 5291. In coming to this conclusion it was recognised that: "...the Board's own monitoring procedures were sufficiently well developed to render such frequent visits unnecessary...".

76. Following inspection in 1991, which was the first inspection after the creation of Foyle Community Unit, there were a total of 12 recommendations, which are found at FJH 6927.

77. The following events are noted during 1991:

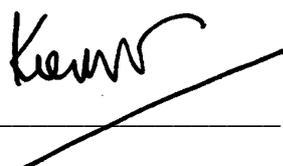
- a. The inspection of Fort James took place during the week beginning 14 January 1991;
- b. A meeting was arranged between Mr Carey, now Acting Assistant Unit General Manager, to discuss the report directly with the Inspector on 23 August 1991. Correspondence also passed between Mr Carey and the Department. See FJH 7047;
- c. The final inspection report issued on 31 October 1991 – see FJH 7067;
- d. Mr Carey provided a detailed report with reference to each recommendation to the Unit General Manager, [REDACTED] HH 34, on 12 November 1991 – see FJH 7047. It is clear therefrom that there were some recommendations that management felt were already under review, others (such as the implementation of health and safety inspectorate recommendations) had been delayed despite attempts to action same, with recommendation 5 in relation to the cessation of using staff to act up could not be implemented as recruitment of an officer-in-charge had been unsuccessful following earlier advertisement and then had to await the outcome of NIPSA negotiations. Issue was also taken with the suggestion that steps could have been taken to prevent two members of staff leaving beyond requiring them to serve their notice period;
- e. On 17 December 1991 the Inspector undertook a follow-up inspection to the Home, the report of which is found at FJH 7066. He concluded (at FJH 7071): “The majority of the recommendations made in the Inspection Report have been given due consideration by the Western Board since the Inspection was made. At least 3 of them have been fully implemented and another 3 are being addressed. It was anticipated that some of those outstanding could only be implemented in the longer term. The inspector concluded that the recommendations made were valid at that time and that the Board should be commended for the considerable progress made with their implementation.”

78. Following inspection in January 1994 a total of 22 recommendations were made, which are listed at FJH 7236. At the date of preparation of this statement documentation such as the Monitoring Report for Year End 31 March 1995 had not been located which would assist in considering what had been achieved with respect to these recommendations.

79. Fort James Children's Home closed on 31 March 1995.

Statement of Truth

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

Signed   
2 June 2015

Dated \_\_\_\_\_

D.H.S.S.

NOTE

The Estate Terrier Map has been compiled from a recent survey of the lands and premises and does not necessarily correspond with the boundaries shown or the description given in the documents of title on page 1. Should there be any dispute or query regarding the lands and premises, advice should be sought from the Department of Finance and Personnel, Solicitor's Department, (Health and Social Services Division), Estate Services Directorate, Stoney Road, Dundonald, BELFAST BT16 0US.

REMARKS

The Surveyor's inspection of the lands and premises revealed that:-

- a. The lands coloured yellow and numbered 1 on the north western side are included in the lands comprised in the documents of title on Page 1.
- b. The lands coloured yellow and numbered 2 on the north western and north eastern sides are not included in the lands comprised in the documents of title on Page 1.

ORDNANCE SHEETS & REFS.

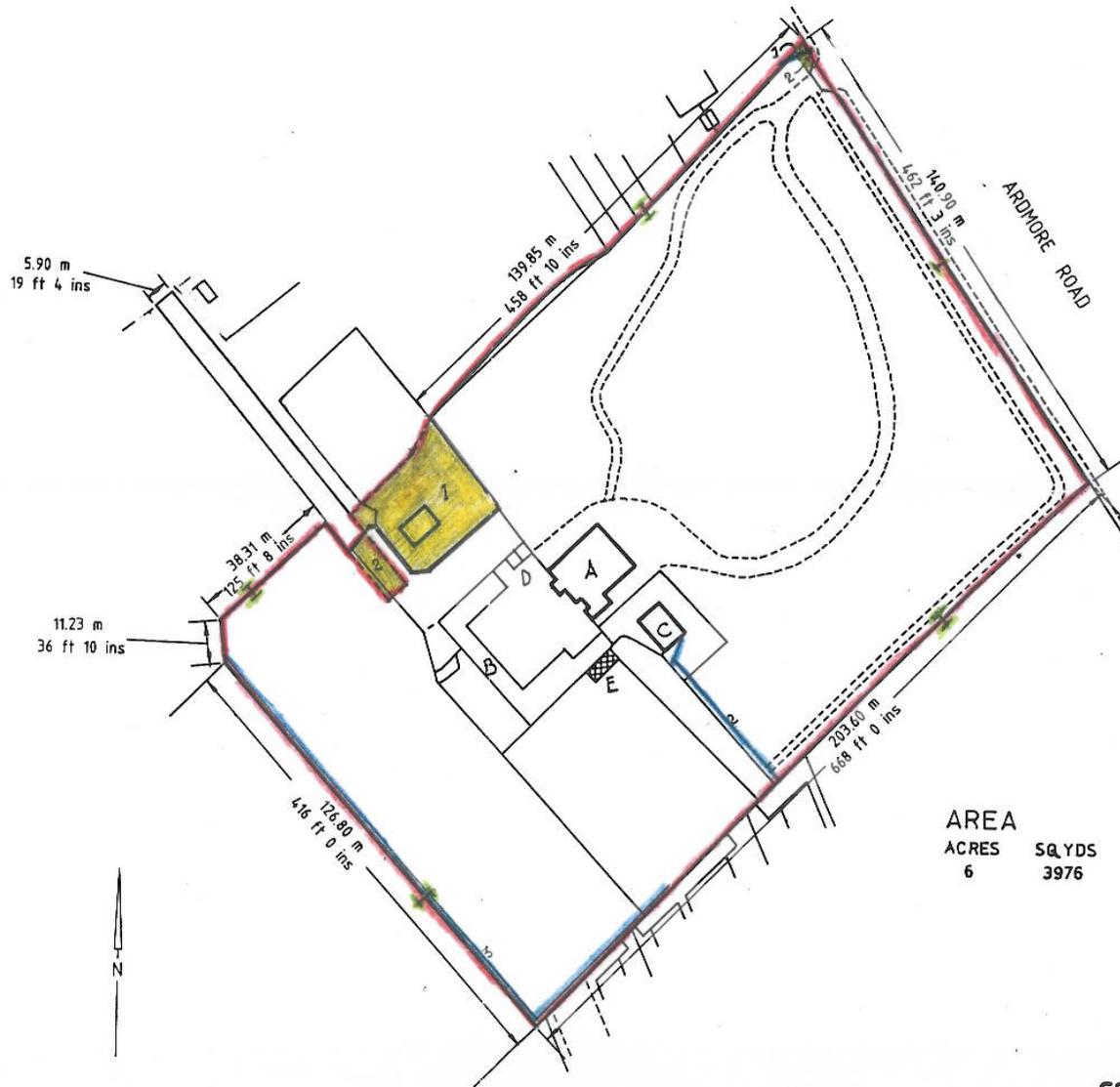
37-9 SW

PLAN of PROPERTY

FORT JAMES CHILDREN'S HOME, 15 ARDMORE ROAD, LONDONDERRY.

FOLIO No.

167



AREA

ACRES	SQ YDS	HECTARES	SQ METRES
6	3976	2	7604

SCALE 1/1250

D.H.S.S.

PROPERTY AREA WESTERN LOCAL AUTHORITY LONDONDERRY CITY COUNCIL  
 FORT JAMES CHILDREN'S HOME UNIT OF MANAGEMENT FOYLE COMMUNITY UNIT DISTRICT VALUERS ADDRESS VALUATION AND LANDS OFFICE  
 15 ARDMORE ROAD LONDONDERRY WATERSIDE HOUSE  
 75 DUKE STREET  
 LONDONDERRY  
 BT47 1FP

E.T No.

167

SCHEDULE of LAND and BUILDINGS

PLAN REF	DESCRIPTION of LAND and BUILDINGS	ACREAGE	TOWNLAND, PARISH and BARONY	VALUATION	REMARKS
A	Children's Home	6 acres	Townland of Lower Tullyally	£2,300 Crown	None
B	Accommodation	3976 square yards (2	Parish of Glendermott		
C	Bungalow	hectares	Barony of Tirkeeran		
D	Oil Tank	7604 square metres)	County of Londonderry		
E	Glass House				

<u>TENURE</u> Fee Simple (Documents Number 14 and 18)	<u>EASEMENTS, RIGHTS and LICENCES OVER OTHER LANDS</u> None
--	--

<u>EASEMENTS</u> 1, 2 and 3 Wayleaves in favour of Northern Ireland Electricity Service (now Northern Ireland Electricity) in respect of underground cables (Documents Number 26, 27 and 28)
---

<u>CHARGES/LEASES</u> None
-------------------------------

**(i) WHSSB Homes**

5. In 1994 the WHSSB's homes provided residential care for children in three large children's homes; two of which were located in Londonderry and the other in Omagh. It also had access to voluntary children's home places in Nazareth House (Londonderry) and Nazareth Lodge (Belfast). Children whose behaviour was not able to be managed within a children's home setting were transferred to training schools located in either Belfast or Bangor and accessed according to the child's religion.
6. Unlike voluntary children's home the Department has no regulatory requirement in respect of Board's statutory children's homes, as they were required to provide homes for children in their care. (Section 92 of the Children and Young Persons Act (NI) 1950, re-enacted by the Children and Young Persons Act (NI) 1968). Day to day responsibility for the management of these statutory homes lay with an Assistant Principal Social Worker located within Foyle's Family and Child Care Programme of Care who reported to the Programme Manager.

**(ii) Fort James Inspection 1994**

7. Fort James children's home was structured into two units:
  - an Adolescent Resource Team providing 12 residential places for young people aged over 13 years. Its aim was to provide "a care service from reception to long stay which would address the assessed needs of residents." and
  - a Leaving and Aftercare Team which had access to three flats providing four places for young people preparing to leave care. An aftercare support/crisis intervention service was also provided for young people who had left care.
8. The 1994 inspection of Fort James took place between the 17<sup>th</sup> and 21<sup>st</sup> January 1994. A total of 52.5 hours were assigned to completing the inspection fieldwork. At that time the future of the home was uncertain as the Board had

April 90-91 <sup>March</sup> Dec



WESTERN HEALTH AND SOCIAL SERVICES BOARD  
Conduct of Children's Homes Direction (N.I.) 1975  
Monthly Report by Visiting Social Worker

MONTH April, 1990  
CHILDREN'S HOME Fort James  
DATES OF VISITS MADE DURING THE MONTH 7 visits

PART I - STATISTICAL INFORMATION

Registered No. of places 19  
No. of admissions during month 0  
No. of discharges during month 0  
No. of children in residence at end of month male 12  
female 9

Age range of children in residence at end of month 8 years to 17 years

Details of vacant staffing posts at end of month: The Deputy Officer-in-charge post became vacant at the end of March.

No. of staff sick days during month 35 days  
Levels of overtime during month 61 hours

Comments on the above information:

Although the total occupancy of the Unit was only surpassed by 2 residents, there were in fact 19 children in the main unit (with an occupancy of 15 and 2 in the semi-independent living units.

REPORT ON INSPECTION VISIT TO FORT JAMES CHILDREN'S HOME ON  
26 JANUARY 1989

STAFFING

The Home is managed by one Officer-in-Charge and one Deputy Officer-in-Charge. In addition, there are four Senior House Parents who provide supervision for the nine House Parents. At the time of my visit there were three temporary staff covering for staff on courses. [REDACTED] FJ 35 Senior House Parent, was acting up for [REDACTED] FJ 7 Deputy Officer-in-Charge, who was completing her PQS at Queen's University, Belfast. [REDACTED] FJ 16 and [REDACTED] were acting up to Senior House Parent level to provide cover.

Two staff were completing professional training. [REDACTED] who was on CSS and [REDACTED] FJ 38 was undertaking CQSW.

A final placement student, [REDACTED] was on placement at the time of my visit.

TRAINING

At the present time the Officer-in-Charge of the Unit has his CQSW and the Deputy Officer-in-Charge is CSS trained. At present the Deputy Officer-in-Charge, [REDACTED] FJ 7 is undertaking PQS training at Queen's University, Belfast. Of the Senior House Parents three have CQSW and one is CSS trained. Of the remaining nine House Parents one is CQSW qualified, another has a CCRYP qualification and two are currently under going professional training. The remainder are untrained. Of these untrained staff three were starting the Open University child care course on the day of my visit and this will extend to June 1989.

In terms of supervision, [REDACTED] FJ 33 provides supervision for the Deputy Officer-in-Charge and the four Senior House Parents and would see other staff on occasions. The Senior House staff in turn supervise identified House Parents for whom they have responsibility. There is group supervision on a once a month basis which includes looking at the way the staff operate as a team.

NUMBER OF CHILDREN IN THE UNIT

At the time of my visit there were fifteen children in the main house and three young people in the independent living units. An admission was expected on 27 January 1989 which would bring the number of children in the Unit up to the full complement of nineteen. The age range of children in residence was between twelve years and seventeen years and of these eight were male and

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

## MEMORANDUM

From: Mr. R. E. Carroll, D.S.S.

To: Mr. T. Heaverty, D.S.S.O.

Ref.: RREC/JC Date: 1st April, 1981

Ref.:

Re: Fort James Children's Home

I write with regard to my recent visit of inspection to the above facility. The purpose of my visit was to examine the professional functioning within the Home, with particular regard to the keeping of personal records, standards of cleanliness and hygiene and staff attitudes.

During the course of the visit it was identified that two students from the Home are taking part in the CSS Training Programme. It has been my clear understanding to date that such an arrangement contravenes the policy that operates around CSS training, that is to say, it is inappropriate that two students should be taken from a single facility. It may be that this is a matter you would wish to raise at the Senior Management Group for further discussion but clearly I have reservations about such a practice and would ask you to ensure that it does not occur in other facilities in future.

Problems that were identified with regard to the functioning of Fort James included the wide variation of ages and of length of stay, both of which affect the programmes of care that can be planned and put into operation in the Home. The need identified was for a medium term location, that is to say, a situation that would offer care for less than six months. It was made clear that the staff at Fort James would like to concentrate on offering care for a period ranging from six months to three years and for older age groups than they currently cater for. To achieve such a goal there would be a need to determine emergency fostering plans, to increase the number of short stay foster home places and equally the number of long term foster places. The resolution of these problems are policy issues which will have to be discussed and determined in due course but equally they are likely to be hampered as long as the present financial climate persists. However, I would ask you to undertake a review of your current foster parent resources with a view to ascertaining how many foster parents would be willing to change to short term placements and to take emergency placements, in particular with the pre-school age child. A determined movement in this direction would ultimately facilitate the winding down of the nursery units in Children's Homes. It is certainly my considered opinion that the pre-school age child should not be in Residential Care.

A further problem that was identified was the use of the Order Book for purchasing clothing, etc. for children. The use of an Order Book is quite clearly a questionable practice when one is hopefully preparing children for return to the community and normal living. I would ask you to investigate the possibilities of establishing a cash availability to the staff in charge of Children's Homes in order that they can take children shopping in a normal way without an Order Book. I am sure sufficient safeguards can be built into any scheme to ensure that funds are not misappropriated.

I was glad to know that there are meetings between staff and children each week and that staff meetings occur on a weekly or a fortnightly basis and are minuted. It was clear in looking at the records that are maintained in the Home that there is a considerable Social Work involvement and that links between Residential and Field staff are good.

We discussed the viability of the Residential Home becoming a Resource Centre for foster parents in the development of a foster parent programme. All staff who took part in the discussion seemed to consider the idea to have merit. The sensible way forward would perhaps be to discuss the whole matter with the Senior Management Group in due course.

with emergencies. Staff were also finding it difficult to  
implement planned programmes of care for individual children.  
Therefore, it is recommended that the frequent use of the home for  
emergency admissions is reviewed urgently.

24 JAN 1983

WESTERN HEALTH AND SOCIAL SERVICES BOARDCopy 877-0  
J. J. [unclear]

REPORT OF VISIT TO FORT JAMES CHILDRENS HOME BY [REDACTED]

FJ5

ON 4th DECEMBER 1982

On the afternoon of Saturday 4th December, 1982 I visited Fort James Children's Home where I was met by [REDACTED] FJ32 the Senior House Parent. I was informed that there were sixteen children resident in the home. The older children are allowed to leave the building in the evening provided that they return by 11.p.m.

While inspecting the building there was a flue lining and plaster work being carried out to the ground floor sitting room and roof repairs and plaster work to the top floor flat, which they hope to have completed by Christmas.

I was refused access to the bedrooms as [REDACTED] FJ32 regarded such an inspection as an "invasion of privacy" on the children.

The installation of a shower and an alternative approach to the laundry have not yet been provided although these were promised to [REDACTED] in September of 1981.

There continues to be a severe shortage of staff and there appears to be a lot of red tape regarding requests for the supply of essential items.

The Home requires a replacement twin tub washing machine for the use of the children and a new washing machine in the top floor flat.

In general I considered the Home to be clean and well kept.

[REDACTED] BOARD MEMBER

- 1.6 The home was originally built as a private residence in 1862 and was set in wooded grounds around 2 or 3 miles from the centre of the city. It was a 3-storey property that also benefitted from additional accommodation at the rear, originally stables which were converted in late 1984 to provide additional accommodation and flats for independence living and training.
- 1.7 Limited records are available in relation to the early years of operation. It is known that the majority of children accommodated between 1973 and 1978 were babies and young children up to the age of 5. Staff, at that time, were described as Nursery Nurses, with the senior staff member called Matron<sup>1</sup>. It also appears there were one or two older teenagers in residence from an early stage.
- 1.8 The nursery closed in or around 1978, thus developing the focus towards a home for older children, with an attendant change to Houseparent to describe the staff.
- 1.9 From the opening of Harberton House in 1980, Fort James' remit became specifically for medium or long-term placement of 16 children aged between 5 and 17. Their aim would be to progress a plan for return of the child to his or her parent(s), prepare for a foster placement, or assist in preparation towards independent living in the community. To aid this latter aim, accommodation was renovated in late 1984 to provide self-contained flats on the site, which increased the total capacity to 21.
- 1.10 As the focus on fostering progressed, particularly for young children, the age of the population of children within the home increased. By 1994, towards the end of the home's operation, it's aims and objectives

---

<sup>1</sup> Transcript of Day 124, page 52, line 17 to page 53, line 10

WESTERN HEALTH AND SOCIAL SERVICES BOARDCOMMENTS ON RECOMMENDATIONS OF THE REPORT ON FORT JAMES CHILDREN'S  
HOME, LONDONDERRY.

The visit of inspection took place in October 1982 and the report was received in October 1983.

Recommendations for the future of all the Board's Children's Homes were included in the "Report of Study Group on the Implications of the Black Report for Social Services" (March 1981) and the "Strategic Plan for Child Care Services, 1982-87" (May 1981). At the time of the visit of inspection, plans to improve the fabric of the main building at Fort James had been formulated. These included the re-roofing of the building, the modernisation of the bathroom and toilet facilities, the improvement of some bedrooms, and the re-organisation of the laundry area which was to have a significant impact on the use of ground-floor space within the building. Consideration was also being given to the future use of the out-buildings. The Report of the inspection visit does not take into account the plans which were in existence at the time, and was somewhat dated by the date of its issue since all the plans to improve the main building had by then been carried out.

During 1983, detailed plans for the development of the out-buildings were formulated, and these were largely implemented during 1983/84. The out-buildings have been extensively renovated and now contain 2 double and 2 single independent living flatlets, an indoor play area, and office and conference facilities, thereby releasing more usable space within the main building. An extensive re-decoration programme has also taken place in the main building.

With the above points in mind, the following comments on the recommendations of the Report are made:-

RECOMMENDATIONS:

1. At the time the inspection took place, the major problem was shortages in staffing, rather than the use of the home for

.../emergency.

emergency admissions. Difficulties were experienced in managing certain children around that time. Since then, the staffing establishment has been increased by 2 Senior Houseparents and 2 Houseparents.

It is the policy of Londonderry, Limavady and Strabane Unit of Management to try to avoid emergency admissions to Fort James. This is reflected by the fact that only 4 out of the 14 admissions during the period October 1983 to March 1984 were unplanned. However, it must be recognised that Fort James (in conjunction with all other facilities) must respond to the needs of the Unit of Management.

2. Already incorporated into the developments detailed above.
3. Already incorporated into the developments detailed above.
4. Instead of seeking re-location of the Home, links with the local community and schools are being developed.
5. A separate record of fire drills is now kept, and the respective roles of the Officer-in-Charge and District Fire Prevention Officer have been clarified. In addition, the hazards identified in paragraph 4.2 have all been resolved.
6. The premises were inspected by the Northern Ireland Fire Authority in December 1983 and were regarded as satisfactory.
7. The Inspectors identified one isolated case where difficulties had arisen. It is policy and practice that review decisions are binding unless varied by a subsequent review meeting.
8. Holiday needs are identified on an individual basis, rather than group holidays being automatically arranged. For example, the older children will go with Holiday Projects West or I.V.S. Work Camps in order to promote independence. Funding is made available for individual holiday arrangements.

.../9. The

1 Now that was what was supposed to happen, BR7 --

2 A. Uh-huh.

3 Q. -- but the reality was far from that.

4 A. It was, yes. At the end of the day, you know, the Trust  
5 or the Board was responsible for accommodating young  
6 people. That was kind of what we were told. If there  
7 wasn't a place elsewhere, you know, even though we  
8 weren't geared up for a short stay, we still had to take  
9 emergencies, you know. They had to be accommodated.

10 Q. Did that present problems for you in managing the home  
11 and managing the children that you had?

12 A. It did, yes, because you could not -- you know, it came  
13 to light for myself. I was doing a management course  
14 and part of my practice element of that was establishing  
15 a supervision process for staff, you know. To do that  
16 the first thing I did was to try to get the aims and  
17 objectives of the home, you know.

18 I began to analyse what we were actually catering  
19 for. So this was everything from 5 or 6 years up to  
20 18-year-old, and you were talking about short stay,  
21 medium stay, long stay, and you were talking about  
22 working with children with learning disabilities,  
23 children with all kinds of other conditions.

24 So it was very complex, and to try and get a  
25 supervision system in place that accommodated that was

MONITORING STATEMENT

APRIL 1989 - MARCH 1990

FORT JAMES CHILDRENS HOME  
15 ARDMORE ROAD  
LONDONDERRY

1. AIMS AND OBJECTIVES

Fort James is an adapted residence which was opened as a Children's Home by Londonderry, Limavady and Strabane Unit of Management in 1973. It provides accommodation for 19 children, aged between the ages of 5 years and 18 years, with an increasing tendency to concentrate on children in the adolescent age group. It is intended to be a long-stay residential resource for those children who require this form of care in the Londonderry, Limavady and Strabane Unit of Management. Staff aim to work with a child on aims identified in the care plan progressing towards either:

- (a) a planned return of a child to the care of the parents;
- (b) preparation for a fostering placement;
- (c) preparation of a young person for living independently in the community when he/she leaves care.

To meet this final objective, four flats are provided at the rear of Fort James.

Fort James will also meet the need for emergency places when a place is available and only when other resources at Harberton House or in emergency foster homes are unavailable.

From April 1989 - March 1990 there were 12 out of 15 children/young people admitted directly from the community. This is a significant change from the previous year and reflects the overall increase in the number of admissions to care in the Unit of Management and the lack of available alternative placements.

Because of this changing demand, Fort James was unable to meet its main objectives as a long-stay unit for adolescents preparing to leave care. There is some concern that this level of demand might be sustained and this could have implications for the current role and function of Fort James. This situation is being monitored carefully on an on-going basis.

## 2. ADEQUACY OF PHYSICAL ACCOMMODATION

Fort James is situated at Tullyally, about two miles from the centre of Londonderry. It stands in its own wooded grounds between two Housing Executive estates, Tullyally and Currynierin. At the rear of the building is an enclosed yard and stables which have been partially converted to provide four flats for independence training, two offices, a conference room and an indoor recreation area. The latter is currently used by a Board Playgroup four mornings each week. Adjacent to the main building is an unoccupied staff bungalow which is utilised for family access. Although not currently used to its full potential, an increasing use is being made of it by the Playgroup to extend its facilities to include mothers' groups. It is also hoped to use the bungalow as a base for after care group work.

The main building provides accommodation in general circumstances for 15 children within its 3 storeys with an additional bed retained for a young person who is having difficulty in the semi-independent flats. The accommodation available is as follows:-

- (i) Ground Floor: 2 sitting rooms  
1 visitors' sitting room  
1 dining room  
1 kitchen  
1 laundry area  
2 toilets
- (ii) First Floor: 4 single bedrooms  
3 2-bedded rooms  
1 staff sleeping-in room  
4 bathrooms
- (iii) Second Floor: 3 2-bedded rooms  
1 staff sleeping-in room  
1 toilet

The unit is furnished throughout with normal domestic furniture chosen both for its appearance and sturdiness.

Continuing efforts have been made to maintain the physical environment in the unit to an acceptable standard. A programme of redecoration and maintenance has now provided a warm and homely environment for the children and staff are trying to maintain this high standard. Extensive replacement furniture has been provided under the capital equipment allocation in addition to that provided in the previous monitoring period. It is recognised that a continuing programme of refurbishment/replacement is required to maintain the physical environment at an acceptable standard. Given the nature of the building and the type of resident provided for by the unit, a significant level of wear and tear is to be expected. This situation can be compounded by an increasing number of short-term emergency admissions of young people with little or no commitment to the facility. In addition there have been a significant number of incidents where the property has been vandalised by young people from the neighbouring estates. This is a difficulty which managers are attempting to address mainly through a partnership project with Extern which will hopefully enable us to engage local youths constructively in a Youth Support Programme. To this end, a wing of the outbuildings is being refurbished to provide accommodation for the Eastbank Project.

As a final comment, Fort James is not a purpose built Childrens Home. Its physical layout as an old rambling house presents difficulties in terms of supervision of the resident group. This has tended to be a bigger issue in this monitoring period because of the level of short-term admissions.

3. ADEQUACY OF STAFFING LEVELS

At the end of March 1990 there was a staffing establishment of 15 care staff employed in Fort James i.e, 9 Houseparents, 4 Senior Houseparents, Deputy Officer-in-Charge and Officer-in-Charge. The Deputy Officer-in-Charge post is currently vacant. Based on Castle Priory guidelines, using staff:child ratio of 1:4, it is our opinion that Fort James requires a staffing establishment of 18.53. This indicates a shortfall of 3.53 care staff (19.05%).

Table A below shows the current situation in relation to trained staff within the unit.

GRADE	C.Q.S.W.	C.S.S.	C.R.C.C.Y.P.	Adv. C.S.W.	UNIV. DEGREE
O.I.C.	✓			✓	
D.O.I.C.		V A C A N T			
Sen. H.P. 1	✓			current	
2	✓				✓
3		✓			
4		✓			
H'parent 1	✓				✓
2	✓				
3					
4					✓
5			✓		
6					
7					✓
8					✓
9					

All senior staff (i.e. Senior Houseparents and above) are professionally qualified. It is intended that the replacement for the Deputy Officer-in-Charge will also hold a professional qualification. The Officer-in-Charge has also completed the Certificate in Advanced Social Work while a Senior Houseparent is currently undertaking this course.

Of total staff (15), professional qualifications are held by 7 staff with arrangements being made for two staff to be seconded to professional training in the next monitoring period. In relation to other residential units, I feel that this indicates a higher than average proportion of qualified staff. The Board, in its response to the Hughes Enquiry Report, is attempting to address the long-standing difficulty of recruiting and retaining qualified staff because of the existing differential between residential and fieldwork salary levels.

The rotas are constructed in such a way as to have the maximum numbers of staff on duty when children/young people are in the unit. It is the policy of the Unit of Management to have one senior member of staff available on duty at all times. This responsibility is shared by Senior Houseparents, Deputy Officer-in-Charge and Officer-in-Charge. There are two members of staff on sleeping duty every night between

12.00 midnight and 7.00 am with no waking night staff. One of the sleeping-in staff is always of, at least, Senior Houseparent level.

The rota provides for staff to be available between 1.00 pm and 3.00 pm every Wednesday for staff meetings and staff development.

**4. ADEQUACY OF TRAINING ARRANGEMENTS**

The Unit of Management is committed to providing opportunities for unqualified residential staff to participate in professional training. Budgets are identified for the secondment of staff to CQSW training. Priority is given to residential child care staff in awarding secondments. It is hoped that continuing opportunities for professional training will be made to residential staff.

In-service training is becoming increasingly available to meet the identified needs of individual members of staff. The Training Unit has devised a number of short courses in response to identified training requirements and this is an on-going process which facilitates planning and take-up of relevant courses. A breakdown of courses attended by staff is included below:-

- (a) "The Unintegrated Child in Northern Ireland" -  
(Barnardos)
- (b) "Direct Work with Children"
- (c) "Family Therapy"
- (d) "Child Sexual Abuse - Validation"
- (e) "Child Sexual Abuse - Disclosure and After"
- (f) "The Law and Children"
- (g) "Oral Presentation Skills" - Management Development  
Course
- (h) "Working Systematically with Families"

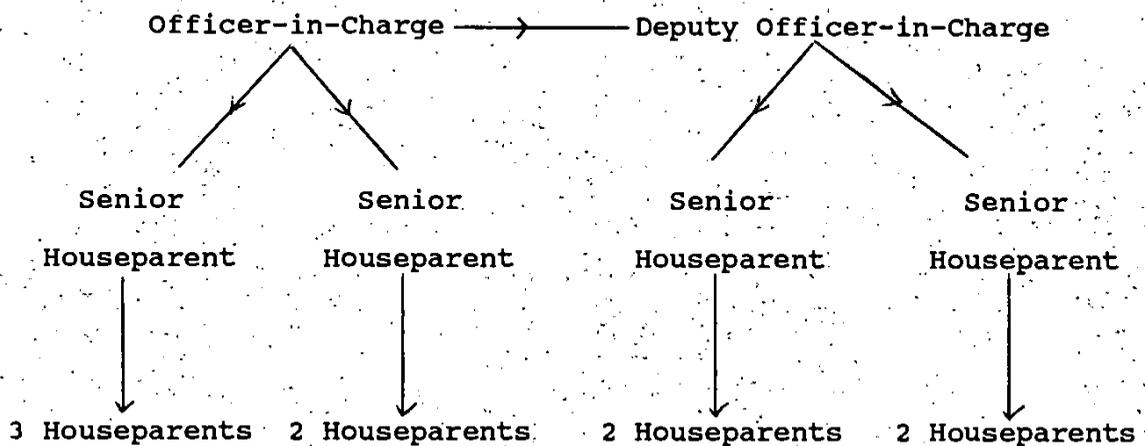
- (i) "Residential Work with the Sexually Abused"
- (j) "Changing Patterns of Care in the 1990's" (NIITA)
- (k) "Practice Teaching"
- (l) "Decision Taking and the Management of Risk"
- (m) "Play and Movement with Children"
- (n) "Art Therapy"

In addition to these, three staff participated in the Open University Course "Caring for Children and Young People" while a further two staff undertook the Open University Course "Introduction to Child Abuse and Neglect". Both these courses were organised by the Unit of Management in conjunction with the Training Unit.

The Officer-in-Charge remains heavily committed to an in-house staff development programme with development meetings held every three weeks.

5. ADEQUACY OF STAFF SUPERVISION AND SUPPORT

A formal system of individual supervision is operated in Fort James as below:



Efforts are made to ensure that formal individual supervision takes place at least once every month. The content of supervision sessions is recorded for each member of staff. The Officer-in-Charge is formally supervised on a monthly basis by the Assistant Principal Social Worker (Child Care). In addition, there is a significant amount of contact operationally with the unit.

In addition to formal supervision, informal supervision and support is available through staff meetings and in-house development work. The Officer-in-Charge ascribes a very high importance to supervision and support within the unit.

Since the restructuring of Social Services into Programmes of Care the Officer-in-Charge also attends the Child Care Programme Managers meeting which is held on a two monthly basis.

6. NUMBERS AND TYPES OF ADMISSIONS AND DISCHARGES - FORT JAMES

TOTAL NUMBER OF ADMISSIONS - APRIL 1989 - MARCH 1990 15

(a) Legal Status (on admission)

Section 103	7
Section 99	4
Fit Person Order	4
Parental Rights Order	-
Wardship	-

(b) Age of Child

0 - 4 years	-
5 - 9 years	3
10 - 14 years	4
15 - 17 years	8
Over 17 years	0

(c) Reason for Admission

A. Beyond the control of parent/ guardian	7
B. Suspected/actual physical abuse	2
C. Suspected/actual sexual abuse	1

D. Hospitalisation of parent	1
E. Transfer from another Residential Unit	3
F. Respite Care	1

NB 12/15 were emergency admissions direct from the community.

Of these - 2 transferred to Harberton House when beds became available

- 1 transferred to foster care

- 4 returned to the care of relatives

TOTAL NUMBER OF DISCHARGES - APRIL 1989 - MARCH 1990 12

(a) Location on Discharge

To parents/relatives	4
To foster care	1
To other Residential Unit	2
To Training School	2*
To independent living in the community	3

- \* The two girls transferred to Training School for assessment with a view to returning to the care of their parents without Training School Orders being made.

(b) Length of Stay of Those Discharged

0 - 3 months	8
4 - 6 months	-
7 - 9 months	1
10 - 12 months	-
13 - 24 months	2
Over 24 months	1

- (i) The three young people who transferred to independent living in the community were those who had been resident in the unit for more than twelve months.

- (ii) Eight out of the twelve children/young people discharged were in Fort James for less than three months.

**7. RESIDENTIAL REVIEWS**

Residential reviews are carried out in accordance with Board policy, i.e. at least every 6 months. In addition to the Chairman (Assistant Principal Social Worker [Child Care]) and a member of Fort James management staff, reviews include:

- (a) child's Primary Worker;
- (b) child's field Social Worker;
- (c) Team Leader (where appropriate)
- (d) child (dependent on age and appropriateness)
- (e) other persons as appropriate, e.g. Health Visitor, Teacher, Police, Psychologist, etc.

At times due to particular complexities the Principal Social Worker (Child Care) and other senior Social Services Officers may be involved. There have been a number of reviews at which parents have attended. It is the practice of the unit to invite parents to attend where this is feasible and where it is in accordance with the wishes of the young person being reviewed.

The following documentation is provided for reviews:

- (a) review form completed by field Social Worker;
- (b) residential review form from Primary Worker;
- (c) other reports as appropriate, e.g. school report, Psychologist's report;

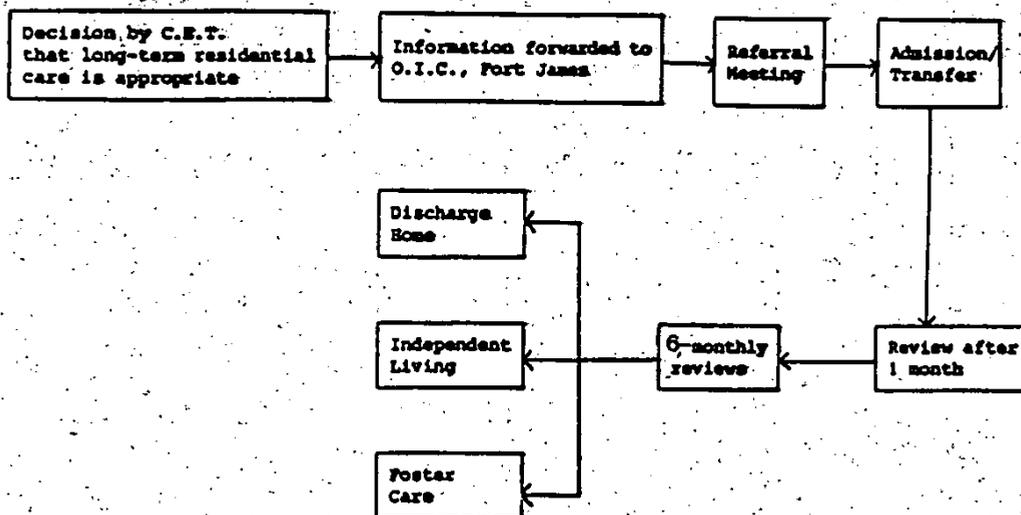
- (d) a written report from the child. If the child/young person is not attending the review, their contribution may be presented in written form or represented by the Primary Worker.

The review is intended to consider the child/young person's progress, the appropriateness of the placement and to set long-term and short-term objectives for the individual care plan. The minutes of the review record the content and decision of the review. These minutes are circulated to the Assistant Director (Group) and Assistant Director (Child Care).

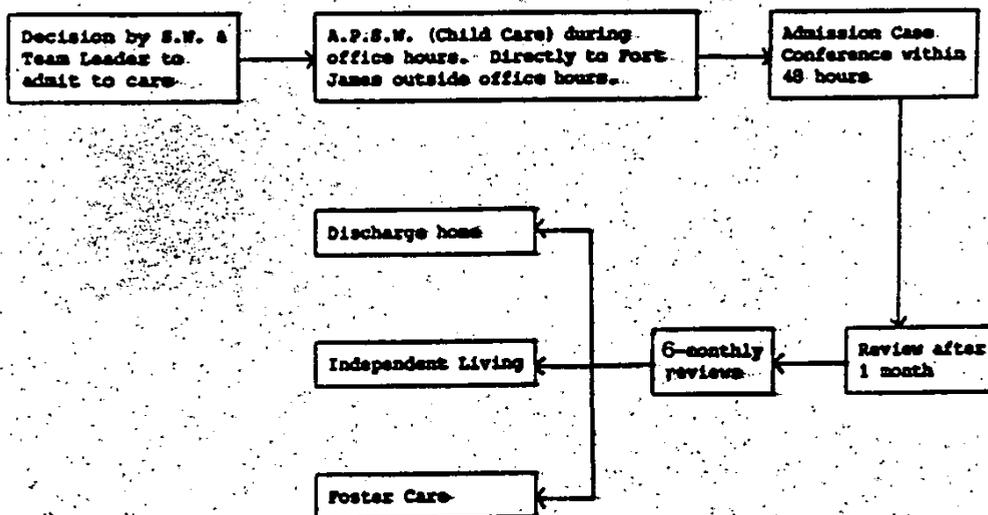
ADEQUACY OF ARRANGEMENTS FOR ADMISSIONS, REVIEWS AND DISCHARGES

A. Arrangements for Admission, Review and Discharge

1. Planned Admissions/Transfers from Harberton House



2. Emergency Admissions (Only When Resources in Harberton House or Foster Care are not Available)



8. EXTENT TO WHICH STATUTORY VISITING WAS CARRIED OUT AS  
REQUIRED BY PARAGRAPHS 3(2) AND 3(3) OF THE CONDUCT OF  
CHILDREN'S HOMES DIRECTION (NI) 1975

(a) Community Care Committee Member

FJ 39 has carried out his visits regularly  
on the following dates:

09.03.89\*

25.07.89

18.01.90

28.05.90\*

On each occasion a report was prepared for the Community  
Care Committee and a copy is enclosed in Appendix I.

The two visits marked \* fall outside the monitoring  
period. However, there were four visits carried out  
within fourteen months.

(b) Visiting Social Worker

The designated visiting Social Worker is TL 4  
Assistant Principal Social Worker (Child Care). As part  
of his management role, he visits the facility more

often than required to meet reporting requirements. A monthly report is provided by him covering such areas as:

- (i) statistical information;
- (ii) maintenance of statutory records;
- (iii) physical environment;
- (iv) primary care;
- (v) social/emotional care;
- (vi) reviews;
- (vii) contact with fieldwork staff;
- (viii) general comments on the running of the unit.

This report is forwarded through the Principal Social Worker (Child Care) and Assistant Director of Social Services (Group) to the Director of Social Services. During the period, the monthly reports were presented as required.

9. EXTENT OF VISITING BY FIELDWORK STAFF TO INDIVIDUAL CHILDREN

During the period, contact by field Social Workers with individual children was of a satisfactory frequency, i.e. not less than once a month. It is noted that generally contact is more frequent than this, dependent on the care plan for the individual child. It is accepted that this frequency of contact (monthly) is the minimum requirement for the field Social Worker seeing the child alone.

10. EXTENT TO WHICH STATUTORY REQUIREMENTS FOR RECORD KEEPING WERE OBSERVED AS REQUIRED BY PARAGRAPHS 15(2) AND 15(3) OF THE CONDUCT OF CHILDREN'S HOMES DIRECTION (NI) 1975

(a) Medical Records - Paragraph 15(2)

Medical records on all children resident in Fort James are compiled by Dr I Palin, Medical Officer, and maintained in the individual case files. The maintenance of these records is monitored by the Board visitor, the Visiting Social Worker and the Principal Social Worker in the course of his management audits and are satisfactory.

(b) Admission and Discharge Register - Paragraph 15(3)(a)

A new admission/discharge register has been used since 1 April 1988. It records the necessary information in a manner which makes information easily available for statistical purposes. The register is signed by the Community Care Committee member, the Visiting Social Worker and the Principal Social worker in the course of his management audits and is maintained in a satisfactory manner.

(c) Record of Events of Importance - Paragraph 15(3)(b)

Events of importance are recorded in day books reserved for this purpose. A daily record is made in respect of each child and on a quarterly basis, these are transferred to the individual files. A separate management log book is maintained to provide a daily record of other significant events.

(d) Record of Fire Drills - Paragraph 15(3)(c)

A record of fire drills is maintained in a properly bound book. It contains the information required in a manner which enables monitoring of the frequency and content of fire drills. It is signed as required by the Board Visitor, the Visiting Social Worker and the Principal Social Worker in the course of his management audits.

(e) Menu Book - Paragraph 15(3)(d)

A daily record is maintained with details of the meals actually served to the children. It is signed by the Board Visitor and Visiting Social Worker during their monitoring visits. Sample menus are also examined by the Principal Social Worker in the course of his management audits.

**11. ADEQUACY OF METHODS OF CONTROL AND DISCIPLINE**

Control and discipline are exercised by staff in Fort James in keeping with the Unit of Management's policy, i.e. corporal punishment is strictly forbidden and the only approved sanctions are forfeiture of rewards or privileges or temporary loss of recreation. House rules exist which provide a model of reasonable standards of behaviour and children are encouraged, mainly through their relationship with Primary Workers, to adhere to House rules. It is considered that the positive reinforcement of acceptable behaviour is more effective than sanctioning for unacceptable behaviour. Sanctions, when applied, are relative to the degree of misbehaviour.

It must be stated that although the methods of control and discipline available to staff are generally adequate, there are a number of children admitted whose behaviour patterns are so well established. It is often quite difficult to modify this behaviour and a continuation of it may result in removal to Training School. This ultimate sanction is only used in the final analysis when:

- (a) the child's behaviour places himself at risk or
- (b) the child's behaviour places others at risk.

During the period, two children were transferred to Training School for the above reasons although with a view to assessing the possibility of a rehabilitation with home.

It should be noted that the staff in Fort James attempt to work with children and young people whose behaviour patterns are quite extreme and are exposed to a high level of verbal and physical aggression.

In addition to the normal difficulties of control, Fort James, with its independence training unit has to recognise a level of risk in respect of the behaviours of young people making use of it. Individual contracts are made with young people in the Independence Training Unit about work to be undertaken and the parameters of their behaviour. During this monitoring period, it was apparent that a large number of direct admissions presented more complex social and personal problems which had a direct impact on the behaviour with which staff had to cope. Despite this, the level of commitment and skill of staff is such that they coped effectively and sought to develop new methods of addressing behavioural problems e.g. the use of art therapy to address young peoples feelings of frustration and anger which are sometimes vented through difficult behaviour.

12. INCIDENCE AND NATURE OF UNTOWARD EVENTS

Untoward events are reported in accordance with Board policy and if the situation warrants it, a case conference is convened to discuss the implications of any incident.

68 untoward events were recorded during the period and include:-

Theft from staff member's car	1
Absconding (less than 1 night)	9
Absconding (at least overnight)	4
Absconding (more than one night)	2
Overdose/self injury	5
Bomb Hoax	1
Alcohol consumption by residents	6
Solvent abuse by residents	8
Sexual activity between residents	6
Violence to staff by residents	2
Assault by residents on local youth	1
Assault by residents on other residents	3
Resident interviewed by the Police in respect of offences	2
Damage to Board property by residents	3
Damage to Board property by non-residents	11
Abusive behaviour to staff by non-residents	4

There was a significant increase in the number of untoward events reported during the monitoring period, an increase which is due in no small way to an increase in incidents attributed to non-residents. This is becoming an increasingly worrying concern. However, there have been increases in other areas:-

- (i) solvent abuse which was attributable to one resident who had a particular problem in this respect.
- (ii) self-injury increased from 2 to 5 incidents. There is some feeling from staff that incidents of self-injury by a number of young people were "copy cat" incidents of an attention seeking behaviour. Although the incidents were generally minor in nature, staff nevertheless take them extremely seriously.
- (iii) the reported incidents of consumption of alcohol by young people in Fort James increased from 2 to 6 during this period. There are few effective sanctions to deal with this and each incident is used as a focus for counselling and education on the effects of alcohol and alcohol abuse. Staff appreciate that under-age alcohol consumption is a common problem in the community and not one unique to children in care.

(iv) the increase in the reported incidents of sexual activity between residents (from 2 to 6) is generally attributable to two residents. This is indicative of the increasing problems faced by residential staff in coping with children/young people whose behaviour has become sexualised due to experiences of sexual abuse prior to coming into care.

**13. NUMBERS AND TYPES OF COMPLAINTS RECEIVED**

To date, the Complaints Procedure as set out in Departmental Circular HSS (CC)2/85 has not been implemented because of continuing negotiations at Social Work Staffs Joint Council. However, complaints are recorded and dealt with in accordance with existing procedures, mindful of the spirit of the above Circular.

During the period of this report there were 6 separate complaints reported as follows:-

- (i) Complaint from a resident of a neighbouring estate indicating that residents of Fort James had been throwing stones at her window during the night and phoning her house. After investigation, two adolescent girls admitted the above, stating that they were trying to awaken the lady's son, boyfriend of one of the girls.
- (ii) Complaint from a lady who alleged that one of the unit's residents had assaulted her 12 year old son on the bus. After investigation, it was found that the allegation was correct.
- (iii) 14 year old resident complained that he had been attacked by a 17 year old resident. Complaint was found to be true.

- (iv) 15 year old resident complained of assault by other residents. Investigated and found to be true.
- (v) Complaint by local resident that damage had been caused to his property by residents of Fort James. Investigated but not substantiated.
- (vi) Complaint by 9 year old resident that he had been hit by a 14 year old resident. Investigated and upheld.

14. ADEQUACY OF ARRANGEMENTS FOR:

(a) Fire Drills/Fire Precautions

The responsibility for advising and monitoring fire precautions in Fort James rests with the Unit of Management's Fire Prevention Officer, [REDACTED]. Either [REDACTED] or his deputy visits Fort James approximately twice weekly to check that the fire equipment and alarm system are operating.

At the request of the Child Care Branch at DHSS, the Health and Safety Inspectorate carried out an inspection on 4 September 1987. Recommendations were made which require substantial expenditure but which have not yet been carried out until funding is identified.

The day-to-day responsibility for fire prevention lies with the staff in the unit. All new staff are made aware of their responsibilities and the existing arrangements on their first day of employment. The Unit of Management's Fire Prevention Officer regularly provides training for staff including the use of fire equipment.

Fire drills are held regularly by either the Unit of Management's Fire Prevention Officer or by senior staff within Fort James.

In this period, 3 fire drills were held and in addition there were four occasions when evacuation took place due to the alarm being activated either from vandalism, fault in the smoke detector and a minor incident. This means that the house has been evacuated on 7 occasions and is felt to be adequate.

(b) Medical Care, Dental Care, Psychiatric and Psychological Advice and Treatment

It is the policy of the Western Health and Social Services Board that each child should receive medical/dental treatment as required. A Medical Officer, Dr Ian Palin, has been appointed to carry out the duties outlined in Paragraph 5 of the Conduct of Children's Homes Direction (NI) 1975.

When children are admitted, they are medically examined by Dr Palin and thereafter as required. It is noted that children over the age of 16 years have a right to make their own decisions about medical treatment and whether they avail of the services of the Medical Officer or their own General Practitioner. Regular

medical examinations, i.e. six monthly for children under 5 years and annually for children over 5 years, are now being provided.

On admission, all children have a dental check up and thereafter as required although not less frequently than six monthly.

Psychiatric and Psychological advice and treatment is sought for any child who is considered to require it. Psychiatric advice is generally sought from the Child Psychiatric Department at the Royal Victoria Hospital, Belfast. It would, of course, be more convenient and responsive if adequate child/adolescent psychiatric services were available locally. Psychological advice is sought either from Educational Psychologists employed by the Western Education and Library Board or from the Unit of Management's only Clinical Psychologist based at Gransha Hospital. While their help and support is recognised, it remains limited due to demands of their own workloads. It is hoped that the appointment of an Area Clinical Psychologist with plans to develop a service for children and adolescents will help alleviate the situation.

(c) Catering, Laundry, Transport and Domestic Services

Ancillary services are adequate within Fort James.

Ancillary staff are regarded as an integral part of the staff group and have a valuable contribution to make to the care of the children resident in Fort James.

This monitoring period saw a significant change in the catering services which were taken over by a private contractor, Gardner Merchant. After initial teething problems the service provided is now adequate, recognising that some of the more "homely" touches of the previous service have been lost.

There is no laundry worker employed in Fort James.

Large items of domestic laundry are serviced by the Central Laundry at Altnagelvin Hospital. Residents, depending on their age and ability are encouraged to launder their own clothing.

Domestic services are currently being put out to tender and a full specification of the needs of the unit have been included in the tendering process.

Fort James has an estate car which provides for the main transporting requirements. It is judiciously used and children are encouraged to use public transport when appropriate.

(d) Maintenance Services

The response to maintenance requests has been generally satisfactory during this monitoring period.

(e) Pocket Money

All children unless over 16 years and in receipt of Training Allowance, are provided with pocket money on a weekly basis in accordance with the current rates under the Boarding-Out Model Scheme. Staff encourage children to budget their pocket money, to use it sensibly and to save regularly in their personal savings account.

(f) Clothing

Each child is provided with an adequate and suitable wardrobe of clothing. Staff encourage children to participate in the purchase of their own clothing appropriate to their age and development and purchases are made using cash from the Clothing Budget held in the unit.

(g) Holidays and Outings

Outings by children individually or in groups are a recognised part of the daily life in the unit.

Children are encouraged to use community leisure facilities, e.g. youth clubs, recreation centres.

Staff are encouraged to involve themselves in some of these activities as they provide a means of developing appropriate relationships with children.

Holidays are arranged during the summer as appropriate for individual children. Some children will holiday with relatives, while others avail of community holidays such as those organised by Holiday Projects West or Extern. There are also holidays organised by the unit itself for small groups of children, generally in Donegal. An allowance was made available to finance these.

During last summer, individual holidays included holidays in Holland and Germany.

(h) Religious Observance

All children are positively encouraged to attend church services as are appropriate to their religious

persuasion. Where necessary, the child is accompanied by a member of staff. It is regarded as important that the unit maintains a close link with local clergy and encourages visits from them to the children.

During the period six out of eleven admissions were emergency admissions direct from the community. This reflects a continuation of the trend identified in the last few monitoring reports of Fort James not meeting its core role as a long-stay unit being used for children moving from Harberton House.

In practice Fort James has tended to be used predominantly as an emergency reception centre rather than as a long stay unit for adolescents preparing to leave care.

The regrading of residential child care staff as outlined in Circular HSS(TC6) 2/91 (SW194) of May 1991 has provided an opportunity to review the operation of the unit. It is anticipated that, with a reduction in capacity from April 1992, the facility will provide social work teams covering:-

- a) an adolescent residential unit providing for initially 12 young people both in terms of reception and on-going care;
- b) a leaving care/after care service with provision for 4 young people initially in the semi-independent living unit.

During the period six out of eleven admissions were emergency admissions direct from the community. This reflects a continuation of the trend identified in the last few monitoring reports of Fort James not meeting its core role as a long-stay unit being used for children moving from Harberton House.

In practice Fort James has tended to be used predominantly as an emergency reception centre rather than as a long stay unit for adolescents preparing to leave care.

The regrading of residential child care staff as outlined in Circular HSS(TC6) 2/91 (SW194) of May 1991 has provided an opportunity to review the operation of the unit. It is anticipated that, with a reduction in capacity from April 1992, the facility will provide social work teams covering:-

- a) an adolescent residential unit providing for initially 12 young people both in terms of reception and on-going care;
- b) a leaving care/after care service with provision for 4 young people initially in the semi-independent living unit.

## 2. SETTING THE SCENE - THE HOME AND ITS CARE POPULATION

2.1 To give context to the report the following section will be structured into 4 parts:

- i. the physical environment;
- ii. the aims and objectives of the home;
- iii. the home's usage in the past year.
- iv. plans regarding the home's future.

### i. The Physical Environment

- 2.2 The home is a large detached house situated in wooded grounds about 3 miles from the centre of Londonderry. It has 2 neighbouring housing estates, Tullyally and Currynerin. A full description of the home's internal layout is available in Section 3 of the 1991 Inspection Report.
- 2.3 The layout of the home makes the supervision of children, particularly in the bathroom and bedroom areas difficult. A fact acknowledged by the WHSSB in recent Annual Monitoring Reports made in respect of Fort James.
- 2.4 The living-rooms and dining-room of the home are domestically furnished and are well-maintained areas of the home. This contrasts with the bedroom areas which in general are quite spartan and untidy. Standards of tidiness vary across the bedrooms as young people are responsible for the care of their own room. Some young people have used posters and prints to personalise their rooms. The standard of furnishings within bedrooms also varies; some rooms have recently had new furniture while others have wardrobes and chest of drawers which show signs of wear, tear and damage.
- 2.5 The home is a cold building and the inspector noted that young people use hot water bottles at night.
- 2.6 The exterior of the building and the window frames require maintenance. Throughout 1993 the Monthly Monitoring Reports referred to the need to paint the exterior of the building.

### ii. The Aims and Objectives of the Home

2.7 The home is divided into 2 units each with its separate statement of aims:

#### i. Adolescent Resource Team

This team provides 12 residential places for young people aged 13 years and over. It aims to provide "a care service from reception to long-stay which would address the assessed needs of residents."

ii. **Leaving and After Care Team**

This team has access to 3 flats providing 4 places on the Fort James site for young people undergoing preparation for leaving care. It also provides a supportive/crisis intervention service for those who have left care.

- 2.8 In the past year there were 31 admissions to the Adolescent Resource Team. Eight (26%) of these admission episodes involved children aged under 13. The home, therefore, was unable to meet its aim of caring for young people in the 13 and older age group.
- 2.9 The Adolescent Resource Team has no specialist remit as it caters for young people requiring care on a short-term through to long-term basis. The 1991 inspection report states that: "it (Fort James) did not meet its principal objective as a long-stay unit for adolescents preparing to leave care. There was concern that this level of demand might be sustained and would have implications for the future role and function of Fort James". To cope with the level of demand, the remit of the home has been extended to cover the full range of care needs experienced by adolescents. The absence from the statement of aims of any objectives to advance the attainment of this aim has meant that the home has coped with a group of young people with very different needs. The throughput of children in the year preceding the census date (31 admissions, 37 discharges) has created considerable disruption to the environment of young people who require long-term care.
- 2.10 The practice of caring for short-term and long-stay adolescents within one residential team, particularly given the group size (12) and the level of throughput, raises questions about how the "assessed needs of residents" can realistically be addressed by residential social workers. A proposal was made by the Team Leader to use the bungalow on the site as a reception unit to separate both groups given their different needs. Unfortunately this plan was not progressed because of the cost implications.
- 2.11 It is recommended that the aims of the Adolescent Resource Team are reviewed as these are not being met. From this review a statement of aims and objectives should be established. This work could form part of Foyle Community Unit's current review of its child care services.
- 2.12 Currently the Leaving and After-Care Project is functioning within its stated aims and objectives. There is, however, considerable demand for the after-care component of this work and the potential to advance beyond that which existing staffing resources can realistically cover. It is, therefore, recommended that criteria are established regarding those young people who are eligible for referral to this project. While some staff view this project as potentially a team working with adolescents in the community, to further develop this project would require additional resources if the current standard of practice is to be maintained

- much of the responses to behavioural difficulties are sanctions based. The inspector felt it might be helpful to complement this approach with further development of the positive responses also in use within the home. The aim should be to devise a system which would encourage self control and emphasise the benefits of acting responsibly by praising and rewarding appropriate behaviour;
- in discussion a number of young people described Training School as a sanction. In the Board's Annual Monitoring Statement (1992/93) Training School is described as the "ultimate sanction". The inspector accepts that at times young people's behaviour places themselves, or others, at such risk that a more secure placement in one of the Training Schools' care beds is required. It is the inspector's view, however, that it is inappropriate for the Training School option to be presented as, or perceived by young people as, a threat;
- the most effective way of influencing young people's behaviour is through positive relationships. The young people resident in the home during the inspection spoke fondly of the staff team in general, stating that they were "listened to" and "helped". The young people seemed to appreciate the individual time which staff afforded to them;
- in discussion with staff and young people it was clear that there were major control problems in the home during most of 1993 which made life difficult for everyone. One possible explanation for this unsettled and volatile situation was the number of admissions and discharges and the resulting disruption which such a throughput of young people had on the residential group. Under such circumstances it is not possible for staff to build up relationships with young people which will be an influence on their behaviour nor can the peer pressure of a settled group of residents be used to guide the behaviour of newly admitted young people;
- in conjunction with Extern West a diversionary programme was devised to assist with structuring young people's time in an effort to control behaviour. Some staff reported that initially this programme ran without their involvement and served to emphasise their care and control role. More recently staff have also become involved, although there are indications that interest in the programme is beginning to wane.

### 8.3 CONCLUSION

During 1993 there have been major difficulties surrounding the management of young people in Fort James. Since the middle of the year efforts have been made to limit the number of admissions and this does appear to have positively improved the situation in general and the incidence of untoward incidents in particular. The throughput of young people, the range of

ii. **Leaving and After Care Team**

This team has access to 3 flats providing 4 places on the Fort James site for young people undergoing preparation for leaving care. It also provides a supportive/crisis intervention service for those who have left care.

- 2.8 In the past year there were 31 admissions to the Adolescent Resource Team. Eight (26%) of these admission episodes involved children aged under 13. The home, therefore, was unable to meet its aim of caring for young people in the 13 and older age group.
- 2.9 The Adolescent Resource Team has no specialist remit as it caters for young people requiring care on a short-term through to long-term basis. The 1991 inspection report states that: "it (Fort James) did not meet its principal objective as a long-stay unit for adolescents preparing to leave care. There was concern that this level of demand might be sustained and would have implications for the future role and function of Fort James". To cope with the level of demand, the remit of the home has been extended to cover the full range of care needs experienced by adolescents. The absence from the statement of aims of any objectives to advance the attainment of this aim has meant that the home has coped with a group of young people with very different needs. The throughput of children in the year preceding the census date (31 admissions, 37 discharges) has created considerable disruption to the environment of young people who require long-term care.
- 2.10 The practice of caring for short-term and long-stay adolescents within one residential team, particularly given the group size (12) and the level of throughput, raises questions about how the "assessed needs of residents" can realistically be addressed by residential social workers. A proposal was made by the Team Leader to use the bungalow on the site as a reception unit to separate both groups given their different needs. Unfortunately this plan was not progressed because of the cost implications.
- 2.11 It is recommended that the aims of the Adolescent Resource Team are reviewed as these are not being met. From this review a statement of aims and objectives should be established. This work could form part of Foyle Community Unit's current review of its child care services.
- 2.12 Currently the Leaving and After-Care Project is functioning within its stated aims and objectives. There is, however, considerable demand for the after-care component of this work and the potential to advance beyond that which existing staffing resources can realistically cover. It is, therefore, recommended that criteria are established regarding those young people who are eligible for referral to this project. While some staff view this project as potentially a team working with adolescents in the community, to further develop this project would require additional resources if the current standard of practice is to be maintained

**13. RECOMMENDATIONS**

1. The aims of Fort James should be reviewed and a statement of aims and objectives established which should inform decisions relating to admission and the admission process. (Paras 2.11, 3.3, 8.3, 9.3 and 11.3).
2. Criteria should be established to determine which young people may be referred to the Leaving and After-Care Project. Staffing levels should be kept under review to ensure they are commensurate with the workload. (Paras 2.1 and 10.3).
3. Plans regarding the future of Fort James should involve ongoing discussion with staff and young people. The plans to close should be based upon:-
  - a comprehensive child care strategy;
  - a detailed preventative strategy;
  - a review of the number of beds required to support the Board's overall child care strategy;
  - the development of a range of alternative placement options;
  - an assessment of the likely impact of closure on the remaining homes within the Board's area. (Paras 2.21, 2.22, and 11.3).
4. The use of homeless accommodation for young people in the Board's care should be sanctioned by a Senior Manager. (Para 3.3).
5. The Board's policy on dealing with sexual acts between children as complaints should be operationalised. (Para 4.3).
6. Strategies should be in place to deal with bullying and incidents of peer abuse. (Paras 4.3, and 9.3).
7. Young people should have private access to a telephone when making and receiving calls. Staff should also ensure that they know how to make a complaint. Complaints made by contact card should be dealt with by a Senior Manager of the Board. (Para 4.3).
8. The WHSSB should liaise with the Western Education and Library Board and Extern West to develop appropriate responses to school exclusion and school refusal. (Para 5.3).
9. A medical record card should be held on each case file setting out current and previous medical history and relevant family history. All medicines should also be administered as per instruction. (Para 6.3).

**13. RECOMMENDATIONS**

1. The aims of Fort James should be reviewed and a statement of aims and objectives established which should inform decisions relating to admission and the admission process. (Paras 2.11, 3.3, 8.3, 9.3 and 11.3).
2. Criteria should be established to determine which young people may be referred to the Leaving and After-Care Project. Staffing levels should be kept under review to ensure they are commensurate with the workload. (Paras 2.1 and 10.3).
3. Plans regarding the future of Fort James should involve ongoing discussion with staff and young people. The plans to close should be based upon:-
  - a comprehensive child care strategy;
  - a detailed preventative strategy;
  - a review of the number of beds required to support the Board's overall child care strategy;
  - the development of a range of alternative placement options;
  - an assessment of the likely impact of closure on the remaining homes within the Board's area. (Paras 2.21, 2.22, and 11.3).
4. The use of homeless accommodation for young people in the Board's care should be sanctioned by a Senior Manager. (Para 3.3).
5. The Board's policy on dealing with sexual acts between children as complaints should be operationalised. (Para 4.3).
6. Strategies should be in place to deal with bullying and incidents of peer abuse. (Paras 4.3, and 9.3).
7. Young people should have private access to a telephone when making and receiving calls. Staff should also ensure that they know how to make a complaint. Complaints made by contact card should be dealt with by a Senior Manager of the Board. (Para 4.3).
8. The WHSSB should liaise with the Western Education and Library Board and Extern West to develop appropriate responses to school exclusion and school refusal. (Para 5.3).
9. A medical record card should be held on each case file setting out current and previous medical history and relevant family history. All medicines should also be administered as per instruction. (Para 6.3).

OFFICIAL-SENSITIVE-PERSONAL

Marion Reynolds

cc C F Stewart

: 6 April 1995

SND 509

ACI

**TRIENNIAL INSPECTION OF CHILDREN'S HOMES 1993/94 - FORT JAMES**

1. On receipt of the WHSSB's response to the Fort James I wrote to Mr D Burke (Director of Social Care) asking for confirmation that the closure would not have a negative impact on the operation of Harberton House and Nazareth House Children's Homes, nor the ability of the former home to reduce, the short-term, the occupancy level to 16 as recommended by the Case Review into the death of **HH 47**
2. Attached please find a copy of Mr Burke's response dated the 4 April 1995. You will note that the capacity of Harberton House is in the short-term being increased to 28. This policy obviously has serious implications for:-
  - the management of Harberton House;
  - the ability of the WHSSB to comply with the recommendation of the Case Review Team;
  - the structure of residential services within the Foyle Unit of Management.
3. I would value your comments on Mr Burke's correspondence and guidance on formulating a reply. I should comment that in the past when the bungalow on the Harberton House site was brought into commission there were serious incidents of peer sexual abuse within the home. At that time a case Management Review recommended that the occupancy level of the home should be permanently reduced.



MARION REYNOLDS

OFFICIAL-SENSITIVE-PERSONAL

PRIVATE

---

21. I was admitted to Fort James from Harberton House on 3<sup>rd</sup> November 1980 when I was 11 years old. I was discharged from Fort James on 1<sup>st</sup> December 1980 into my parent's care.
22. The home was badly run and there was a very aggressive, noisy atmosphere.
23. I was given pocket money in a small brown envelope. The key workers from Fort James brought us to the shops and we were allowed to spend our money. When I was there about week we were walking back to the home from the shops when we met Father [SND 67]. He was walking towards us. I froze with fear. He put his hand on my head and gave it a shake. The key worker told me that Father [SND 67] had been asking about me and that he was a lovely man. I was very upset and angry as I thought the worker had told him where I was. I threw my sweets away. When we got to the home she reported my bad behaviour.
24. About four or five days later Father [SND 67] arrived at Fort James. I was told I had a visitor. I was lead down into a small meeting room and Father [SND 67] was sitting in the room. I don't think the door was locked. It was a room on a corridor of rooms. He didn't abuse me on this occasion. Everyone really loved Father [SND 67]. He was always given tea when he visited and he prayed with the adults. He was very placid and softly spoken. He held people by the hand and knew everyone's name.
25. Father [SND 67] visited Fort James on a number of occasions. I had nowhere to run. He would be waiting for me in the front office when I arrived home from school. When I arrived back a member of staff would call me and tell me that Father [SND 67] had arrived. I kicked up a fuss a couple of times and a male staff member called [FJ 1] who was in his mid thirties, grabbed me by the arms and put me in the quiet room. I think their view was that this lovely priest was coming to see me and I was being disrespectful. I knew I had to see him so it was either kick up a fuss with [FJ 1] twisting my arms and putting me in the quiet room or go and see Father [SND 67]. Eventually I agreed to see him. He would always see me in the same room. He inserted his fingers into my anus

1 three or four floors, but it was like a big, big, big,  
2 house, not a -- you know, like not -- you know, like  
3 Termonbacca place. It was like a row of houses, if you  
4 know what I mean. I know it probably doesn't make  
5 sense, but that's the type of place I mean, but when you  
6 went in, it was small children and older children to the  
7 age of probably maybe 17 or 18 all going absolutely  
8 crazy. They were like -- it wasn't -- it was -- there  
9 was TVs on in a couple of different rooms. The  
10 furniture was all broke. Children was all -- gosh!  
11 I can still hear the roaring and shouting in my ear. It  
12 was just one of them chaotic -- well, chaotic -- it was  
13 just an explosion of kids and people standing about  
14 probably looking going, "What under God am I meant to do  
15 with this?" It is just -- the aggressive part was  
16 because there was a lot of older boys and they were  
17 fighting and rolling about, and it was just something  
18 that I had never seen before. It was something out of  
19 my comfort zone probably. That's what I mean.

20 Q. You go on in paragraph 23 to describe some of your  
21 experiences there and you say that you were given pocket  
22 money in a small brown envelope.

23 A. Uh-huh.

24 Q. You were taken to the shops by key workers where you  
25 were allowed to spend this money.

PRIVATE

---

and groped my vagina. He ejaculated over my legs and into my face. He placed his penis in my mouth.

26. Father **SND 67** abused me two to three times a week while I was in Fort James. On one occasion I bled from the anus and he told me that the blood was the demons leaving my body.
27. I told my key worker **SND 501** who was based in Harberton, that the priest came to see me and she said to me that it was nice of the priest to call and see if I was okay. I nodded when she was speaking as if to agree with her because the welfare didn't understand or care and I didn't tell her what he was doing to me.
28. I was discharged from Fort James on 1<sup>st</sup> December 1980 and I went home.
29. When I was released from care I saw Father **SND 67** a few times in Strabane but I was never abused by him again.

#### Outside institutions

30. Social services were involved when I left Fort James and social workers visited my home at least once a week. I think it was around 1981 when a social worker called **SND 68** was introduced to our family. I think he was between 35 and 40 years old. He was slightly overweight with dark hair. He looked untidy. He acted as a counsellor to my family. We had to sit in the living room and discuss how we felt about each other, our parents and school and things like that.
31. **SND 68** arrived on several occasions when my parents were drunk. I thought he would have put us into care but he didn't. He continued with the therapy. After this he arrived with a half bottle of Bushmills Whiskey which he gave to my mother and father. My parents looked forward to him coming. We all liked him.

- the Applicant was not required after all, rather an assessment would be by way of family therapy “with HIA 108 herself gradually returning home. Evidence before the Inquiry confirms that Harberton was planned as a short stay assessment unit which would provide a period of assessment for children whose needs could not be assessed in the community.
9. The Place of Safety Order which the Applicant was initially placed under was allowed to lapse and a subsequent consent was signed by her parent.
  10. At paragraph 22, the Applicant states that the “home [Fort James] was badly run...”. No detail has been given as to why the Applicant makes such an assertion. It is noted that before the Admission to Fort James, the Applicant and her parents were invited to Fort James to have a look around and that a coordinated plan was discussed and put in place in preparation for her move to Fort James. It is clear from the records that the Applicants stay in Fort James was to be on a short term basis with emphasis on family group work.
  11. At paragraphs 24-26, the Applicant describes a number of further incidents which took place involving SND 67 during the short period of time she was resident in Fort James. It is further noted that she told her Key worker SND 501 who was based in Harberton, about the priest visiting but states that she didn’t tell her what was happening “because the welfare didn’t understand or care”. Given that the Applicant herself states she did not inform her key worker about the incidents, and the absence of any other document in the possession of the HSCB to confirm otherwise, the position of the HSCB is that it is most likely the key worker did not have any knowledge of the events as described by the Applicant.
  12. Upon her Discharge the Applicant was taken to Dr Munro for her discharge medical .
  13. It is noted that SND 67 was some time later interviewed by the Police in relation to the incidents set out by the Applicant. When asked about his visits to Fort James, SND 67 states he had not visited.
  14. At paragraph 28 the Applicant states that she was discharged from Fort James on the 1<sup>st</sup> December 1980 and she went home. The discharge records

HIA REF: [ ]

NAME: [ ]

DATE: [ ]

**THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995****Witness Statement of Fr. SND 67**

10. I have already stated I have no recollection of visiting Fort James or that there would be any reason for me to go there when I had recently been appointed Curate in Strabane parish. This was a very busy parish and I would have had plenty of pastoral and spiritual duties to keep me occupied and I did not travel to Fort James in the Drumahoe area either to go for a walk or visit HIA 108 as many as 8-12 occasions in one month.

HIA 108 as stated after she was released from care at Fort James on 1<sup>st</sup> December 1980 she saw me a few times in Strabane. I would not challenge this. Whilst I have no recollection of her, it could well be the case that she saw me from time to time in Strabane. I would also have visited the homes of parishioners in Strabane as part of my pastoral duties and it is not possible for me to recall the names of all the parishioners I visited. I just have no recollection of visiting HIA 108 or her family.

11. In her statement when she describes an incident in the parochial house in Strabane during the summer of 1980, she claims she met me in the kitchen of the parochial house and that the parish priest, SND 536 was in the kitchen alongside me. Apart from the fact, as I have already stated, my appointment to Strabane parish took effect in September 1980 and not beforehand, I can also confirm the parish priest in Strabane then was SND 537. The other Curate in the parish was SND 334. I replaced a Curate called SND 334. I do not believe there was any priest known as SND 334 in Strabane parish at that time. I enclose an extract from a published book, by Daly and Devlin, entitled "The Clergy of the Diocese of Derry: An Index" which refers to the appointments of a number of priests, including myself. This also confirms SND 537 was a Curate in Strabane Parish between 1977 and 1982. A copy is attached to my statement (Appendix 2).

12. I totally reject the allegations made by HIA 108 against me. I did not abuse her and I am certain each and every one of these allegations is without any justification whatsoever.

**Statement of Truth**

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

Signed:

SND 67Dated: 20 January, 2014.

1 there and we know that she was there in November 1980.

2 Now this would have been at the time when you were  
3 doing your CSS course. So in that month for two weeks  
4 of that month you would not have been in the home.

5 **A. That's correct, yes.**

6 Q. But you in the statement that you provided to the  
7 Inquiry certainly said -- sorry. The page references  
8 are, in fact, changed on this. Sorry. It's at 40903  
9 and it's 3rd -- yes, 3rd April statement. 40903. Yes.  
10 Can I just -- that's the statement, FJ7, that you gave  
11 to the Inquiry in April 2014. Is that right?

12 **A. Yes.**

13 Q. As I was saying there -- just if we can scroll down  
14 through it -- you talk about people who visited the  
15 unit. You were specifically asked -- if we can scroll  
16 right down, please -- what your recollection was of any  
17 priests calling at the unit. First of all, at  
18 paragraph 2 you said in the early days that recording  
19 was done in the large day-to-day diary and any visitors  
20 or untoward incidents were logged there by management  
21 and key workers.

22 I was saying that while we do have documentation  
23 post-1980, it is likely that anything prior to that has  
24 been destroyed, and we certainly have seen no documents  
25 in relation to Fort James of an earlier date than the

1 early '80s. So we don't have any documentation. We  
2 don't have the day-to-day diary or the untoward  
3 incidents or visitors' records from that time, but you  
4 yourself have no recollection of any priests calling at  
5 the unit, although you remember that when young Catholic  
6 children were making their first communion and  
7 confirmation, that was done through the school.

8 **A. Yes.**

9 Q. You remember young Protestant children making their  
10 confirmation and that being done through their church  
11 and Sunday School, and that key workers would have been  
12 involved in dealing with those members of clergy in  
13 respect of that.

14 **A. Uh-huh.**

15 Q. When we were talking earlier, you did say that you had  
16 a vague notion of a local priest visiting when one girl  
17 was making her confirmation. Is that correct?

18 **A. Yes.**

19 Q. We talked about the name of that child and it certainly  
20 wasn't the person who had spoken to the Inquiry about  
21 a priest visiting her, and you thought the priest, who  
22 was the local priest at that time, was a Father [REDACTED].

23 **A. Yes.**

24 Q. He is the only person you ever remember seeing in Fort  
25 James?

1 report RUC officers to the RUC."

2 A. Yes.

3 Q. Now in the 49-page document that you have provided --  
4 you know the document I am talking about?

5 A. Yes.

6 Q. We had a look at earlier. You date this event around  
7 March 1981.

8 A. Yes.

9 Q. So it's coming towards the end of your time in Fort  
10 James, and I'll just give the Panel a reference for  
11 that. It is on internal page 30 of the document. It is  
12 at 40849, where it is March 1981. Can you remember why  
13 you -- is there something that lets you place it around  
14 that time?

15 A. I just remember it was like springtime.

16 Q. Springtime?

17 A. Yes.

18 Q. But towards the end of --

19 A. Yes.

20 Q. -- your --

21 A. Well, yes.

22 Q. That would be your only spring, as it were --

23 A. Yes.

24 Q. -- in Fort James. So that's what has you saying around  
25 that?

1 staff or colleagues of his took place, I was asking at  
2 that stage, "Would you have expected to know about it?"  
3 Now we are talking about in or around March, spring of  
4 1981. I know you were still at that stage engaged in  
5 the CSS course. So you weren't full time in the unit,  
6 but would you have expected to hear about such  
7 an incident?

8 **A. Well, I would have -- yes, because I would have always**  
9 **read the log books whenever I came back to catch up.**

10 Q. And you would have expected to see something like that  
11 --

12 **A. Yes.**

13 Q. -- recorded there?

14 **A. Yes.**

15 Q. I am going to move on to talk about a matter that the  
16 Inquiry has been looking at, FJ7. I know that this was  
17 a difficult matter for you to discuss when we were  
18 discussing it earlier. So I will do a lot of the  
19 talking and try to make it a little bit easier for you.

20 In your third statement you address this. That's  
21 the statement which is at -- I will just check the  
22 page reference number. That's 813. That's the issue of  
23 a former officer in charge -- sorry. It is changed  
24 I think. This is now -- yes. I think I have maybe  
25 given the wrong page reference. The third statement is



FJ 31	Senior Houseparent	21/9/83	Leading a team of Houseparents.
FJ 32	Senior Houseparent	1/2/82	Leading a team of Houseparents.
FJ 35	Senior Houseparent	12/3/84	Leading a team of Houseparents.
FJ 12	Houseparent	11/4/79	
FJ 34	Houseparent	1/9/81	
FJ 42	Houseparent	1/4/79	
FJ 43	Houseparent	11/4/79	
FJ 44	Houseparent	1/11/83	
FJ 40	Houseparent (Temporary)	28/11/83	
FJ 23	Houseparent	9/11/83	
FJ 45	Houseparent	15/7/79	
FJ 46	Cook	5/4/76	
FJ 47	Assistant Cook (Part-time)	29/4/83	
FJ 48	Domestic Assistant (Part-time)	1/4/83	
FJ 49	Domestic Assistant	17/12/82	

not get the proper care, in so far as they required more personal attention than they actually got.

In relation to the accusation made against [REDACTED] FJ 36 she was shocked when she heard it. She still believes that he did not do it.

When asked what action she would take if she came across some serious misbehaviour involving an Officer-in-Charge in the Home, she would first talk it over with her supervisor [REDACTED] FJ 32 the Deputy Officer-in-Charge, [REDACTED] FJ 7 and if necessary, she would approach [REDACTED] TL 4

In relation to management support for the Home from outside, she said that she was not too clear about the functions of Senior Management Staff. When asked what improvements could be made in the management of the Home to prevent any serious incidents from happening in the future, she said that it would be helpful if staff could go somewhere for counselling and that it may be helpful for staff to have someone to contact from outside the Home. An external supervisor or training sessions outside the Home may meet this need.

In relation to visitations to the Home, she recognised that social workers called on a very frequent basis. In addition, parents of children also called frequently. She thought it would be helpful if some of these visits were pre-arranged.

[REDACTED] FJ 40 [REDACTED] FJ 36 explained to her the objectives of the review. She told the group that she started at Fort James in October 1979 as a nursery nurse on a temporary basis, as [REDACTED] FJ 7 was on the CSS Course. In May 1980 she became temporary house parent until April 1982. From April 1982 to January 1983 she was unemployed. From January 1983 to November 1983 she worked in Harberton House as a house parent on a temporary basis. On 13th November 1983 she was appointed as temporary house parent in Fort James to replace [REDACTED] FJ 45 who was on the CQSW Course. Prior to this she worked as a nanny in Dungiven for four years.

Staffing - In relation to staffing she said that between 1979 and 1982 the staffing rate was very low in the Home and that sometimes there was only one member of care staff and one member of management staff on duty. She felt that staff were under a lot of pressure.

13. Records in possession of the Board indicate it was accepted that placing the Applicant in Fort James was 'quite unsuitable' for someone in the Applicant's circumstances. However, it is noted that the Applicant was given his own room and was told he would have freedom to come and go as pleased within the limits imposed by consideration of the other children in the Home, see Exhibit 11.
14. The records also confirm that efforts were made to source alternative suitable community placements. This is evidenced by the case records for the period October/November 1980, a Case Review dated 6<sup>th</sup> November 1980 and further, by confirmation of replies to an advertisement placed in the local journal, see Exhibit 12.
15. At paragraphs 22 and 23 of his statement, the Applicant refers to an incident involving a staff member by the name of [REDACTED] SND 541 and her husband [REDACTED] SND 542 which left him with minor cuts and bruises." There are no entries in HIA 60's social work case records file confirming the incident described by the Applicant, or any injuries to the Applicant. The HSCB has also made enquiries of former employees of Fort James, namely [REDACTED] FU 33 [REDACTED] HH5 and [REDACTED] FU 7 none whom have any memory of a staff member by the name of [REDACTED] SND 541 and, to date, the Human Resources Department in the Western Health and Social Care Trust and, has not identified any records relating to the name [REDACTED] SND 541. There was however a recollection by some of the former employees of a [REDACTED] SND 449. Searches are currently being undertaken by the Western Health and Social Care Trusts' Human Resource Department to ascertain whether this could relate to the staff member referred to by the Applicant.
16. We note that reference is made by the Applicant to another member of staff by the name of [REDACTED] FU 44 in relation the above incident. Whilst the HCSB have been unable at present to confirm that such a member of staff was employed in the home at that time, it is noted in a document referenced at FJH 5338 that in 1983, subsequent to the time the Applicant

1 **A. Yes.**

2 Q. So if that changes, that's something we will be able to  
3 look at.

4 **A. One of the things about that incident was that that was**  
5 **1981. I left Derry in 1984, but from 1981 to 1984 I was**  
6 **constantly stopped and harassed by police. I am in no**  
7 **doubt that was because of -- it started in that time.**

8 Q. Again at the moment it has not been possible for the as  
9 yet Health & Social Care Board to trace the lady who you  
10 refer to as her husband coming to your assistance, and  
11 if we are able at some stage to take that further  
12 forward, then that's what we'll do.

13 You say in your own statement that you didn't report  
14 the matter at the time and you have expressed your  
15 reason for that, that you didn't feel it was going to  
16 help to report the police to the police.

17 **A. Well, this was 1981, and however things may have**  
18 **improved in Northern Ireland, in 1981 it was**  
19 **a completely different time, different place. Derry was**  
20 **very different, and at 17 years of age no-one ever asked**  
21 **me did I ever want to make a complaint, did I ever have**  
22 **any concerns, and I certainly wouldn't have gone to**  
23 **SJM 56** **because you told me here on 3rd March last**  
24 **year that he knew my mother for a full two years before**  
25 **he met me. So my impression of that man was that he had**

1           **always -- he had made up his mind before he had even met**  
2           **me. If he knew my mother for two years before I even**  
3           **met him, then, you know, that confirmed it.**

4    Q. You have set out in the document you have provided your  
5    views about that. As I said to you then and I will say  
6    it again now, when you read the suite of the material,  
7    he does on a number of occasions express the view that  
8    he wasn't taking your mum's side in being of the view  
9    that you were the difficult one. I'm trying to put that  
10   in a -- he certainly expresses the view that she was  
11   making life very difficult for you. So in fairness to  
12   ██████████ **SJM 56** ██████████ who is not here to answer for himself,  
13   the records suggest he was not taking the view that your  
14   mum was blameless in the difficulties that were arising  
15   between you.

16   **A. Yes.**

17   Q. But you mentioned -- you have taken me on, HIA60, to the  
18   question I was going to ask you, which was you didn't  
19   feel able to report it to the police. The 2003  
20   statement doesn't report it to the police, because it is  
21   dealing with the other matter connected to Termonbacca,  
22   but all I can do then is look at the March 1981 case  
23   record, if we just look at 50039, because if what I am  
24   understanding is correct, you are not saying for certain  
25   it was definitely March. It could have been February.

*reached with considerable aggression, blaming that he had been victimized by members of staff, [REDACTED] FJ 36 [REDACTED] in particular."*

The relevant documents as set out in above examples (i) - (v) are contained in Exhibit 13.

18. In paragraph 24 of his statement, the Applicant refers to another incident whereby he was accused of stealing, was taken to an RUC station and threatened with a training school order. The Applicant further states that when he reviewed the daily contact reports belonging to [REDACTED] SND 466 [REDACTED] sometime later, he found out that an application had been made to the court for a Training and Detention Order but this had been declined by the Judge. There is an entry in [REDACTED] SND 466 [REDACTED] case records dated 24<sup>th</sup> February 1981 which indicates that consideration was given to a Training School Order. However, social services decided this was not a viable proposition, see Exhibit 14. There is, however, nothing in the records to suggest that an application was made to Court for a Training School Order in relation to the Applicant. Rather, it appears that the Applicant was told that the police would be involved in the event of further serious misconduct.
19. At paragraph 25 the Applicant states that he remained in Fort James beyond his 18<sup>th</sup> Birthday on the basis there was nowhere for him to go. Records in possession of the Board confirm that on the 1<sup>st</sup> May 1981 an application for emergency housing was made on behalf of the Applicant, see Exhibit 15. On the 21<sup>st</sup> May 1981, it is recorded that a Bungalow at [REDACTED] had been offered to the Applicant and this was accepted by him. It is noted that essential repairs were required to be carried out and that by the [REDACTED] [REDACTED] days after his 18<sup>th</sup> birthday, he was housed in the bungalow, see Exhibit 16
20. The Applicant states, at paragraph 25, that he was informed of his discharge from Fort James by [REDACTED] FJ 7 [REDACTED] "through a locked office window" and that his belongings were found in two bin liners. There is no record of the events surrounding the Applicants discharge from Fort James other than an entry in the case notes dated 20<sup>th</sup> July 1981 stating that "[the Applicant] discharged from Fort James" and an entry in the Discharge book on the 21<sup>st</sup>

*reached with considerable aggression, blaming that he had been victimized by members of staff, [REDACTED] FJ 36 [REDACTED] in particular."*

The relevant documents as set out in above examples (i) - (v) are contained in Exhibit 13.

18. In paragraph 24 of his statement, the Applicant refers to another incident whereby he was accused of stealing, was taken to an RUC station and threatened with a training school order. The Applicant further states that when he reviewed the daily contact reports belonging to [REDACTED] SND 466 [REDACTED] sometime later, he found out that an application had been made to the court for a Training and Detention Order but this had been declined by the Judge. There is an entry in [REDACTED] SND 466 [REDACTED] case records dated 24<sup>th</sup> February 1981 which indicates that consideration was given to a Training School Order. However, social services decided this was not a viable proposition, see Exhibit 14. There is, however, nothing in the records to suggest that an application was made to Court for a Training School Order in relation to the Applicant. Rather, it appears that the Applicant was told that the police would be involved in the event of further serious misconduct.
19. At paragraph 25 the Applicant states that he remained in Fort James beyond his 18<sup>th</sup> Birthday on the basis there was nowhere for him to go. Records in possession of the Board confirm that on the 1<sup>st</sup> May 1981 an application for emergency housing was made on behalf of the Applicant, see Exhibit 15. On the 21<sup>st</sup> May 1981, it is recorded that a Bungalow at [REDACTED] had been offered to the Applicant and this was accepted by him. It is noted that essential repairs were required to be carried out and that by the [REDACTED] [REDACTED] days after his 18<sup>th</sup> birthday, he was housed in the bungalow, see Exhibit 16
20. The Applicant states, at paragraph 25, that he was informed of his discharge from Fort James by [REDACTED] FJ7 [REDACTED] "through a locked office window" and that his belongings were found in two bin liners. There is no record of the events surrounding the Applicants discharge from Fort James other than an entry in the case notes dated 20<sup>th</sup> July 1981 stating that "[the Applicant] discharged from Fort James" and an entry in the Discharge book on the 21<sup>st</sup>

PRIVATE

and bruises. I was unable to report this matter as I could hardly report RUC officers to the RUC.

24. When I was in Fort James there was a child called [REDACTED] who I took to the park along with two other boys called [REDACTED] and [REDACTED]. [REDACTED] handed me 20p and I assumed that he had been given money by his father whom he had seen that day. It turned out that [REDACTED] had taken a bag of coins out of a visitor's car. I was accused of stealing the money. I was taken to the RUC station by [REDACTED] FJ 35 a part-time RUC officer and residential social worker at Harberton House and Fort James Children's Homes. I was questioned and threatened with being sent to St Patrick's Training School. I found out years later from [REDACTED] SJM 56 [REDACTED] SJM 56 daily contact reports that he had made an application to the court for a Training and Detention Order but the Judge had denied it.

25. I remained in Fort James beyond my eighteenth birthday because I had nowhere to be discharged to. The Housing Executive eventually offered me accommodation in [REDACTED]. I was never shown inside this property before I was told that I was going to live there. I was told by neighbours after I had moved in that eight or nine people had seen the property before me and refused to live there. It had been previously occupied by an alcoholic who had vomited and defecated everywhere and had died in the property. [REDACTED] SND 132 and I spent about two months cleaning the place before it was habitable. When I collected the keys I went back to Fort James to collect my belongings. A member of staff called [REDACTED] told me through the locked office window that they had received a message from [REDACTED] SND 466 my social worker, that as I had accommodation to go to I had been discharged from Fort James with immediate effect. I found all my personal belongings in two bin liners outside the front door as if they were rubbish. I was not even afforded the dignity of packing my own belongings. I received no help, support or guidance after I left Fort James and no preparation for life after care.

July 1981 which states that the Applicant had been discharged to a flat at [REDACTED] see Exhibit 17. It is accepted by the HSCB that the practice of putting young people's belongings into large plastic bags was not unusual at that time when young people were moving into to their own accommodation and were transported with all of their belongings. At that time residential homes did not have access to petty cash. This subsequently changed and, when the Homes had access to cash, a holdall bag was provided to young people leaving the home, if required.

21. In paragraph 25 of his statement, the Applicant says he received no help, support or guidance after he left Fort James .Records in possession of the HSCB indicate that [REDACTED] SND 466 explained the grant procedure to the Applicant, made an appointment for him in Crown Buildings, that the Applicant received a provisional household and had enough basic furniture to live in the house. The case records also show that [REDACTED] SND 466 called to the Applicant's home to see him four times in July 1981 but got no reply and that when he visited him in September 1981, he appeared to have 'settled well in his house' and 'managing quite adequately'. In November 1981, the case was closed and it was noted that the Applicant was managing well on his own and *"is capable of making contact if required"* See Exhibit 18.

Statement of Truth

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

Signed: [REDACTED]

Dated: 1<sup>st</sup> June 2015

STATEMENT OF WITNESS

STATEMENT OF: [redacted] TL 9

AGE OF WITNESS [if over 21 enter "over 21"]: Over 21

OCCUPATION OF WITNESS: Social Worker

ADDRESS: Health Centre, Scroggy Road, Limavady, Co Londonderry

TO BE COMPLETED WHEN THE STATEMENT HAS BEEN WRITTEN

I declare that this statement consisting of 2 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 12th day of January 1974. [redacted] TL 9

SIGNATURE of MEMBER by whom statement was recorded or received.

SIGNATURE of WITNESS

On 7 October 1983 as had been previously arranged I visited [redacted] FJ 30 in his home. Almost immediately after I arrived, he said that he had been feeling quite depressed. When I asked him why, he said, "Have I ever told you that [redacted] FJ 36 would leave his mark when he left, well he has." I asked him what he meant and he informed me that he thought he had venereal disease. There was a long silence. I then asked him was he saying that he and Mr [redacted] FJ 36 had had a homosexual relationship and he replied, "Yes." I asked him when this relationship had taken place and he informed me it commenced shortly after he left school. Before continuing the discussion I pointed out to [redacted] FJ 30 the seriousness of the allegations he was making and the implications in him making it. [redacted] FJ 30 said he was fully aware of this, but felt that it was important for someone to be informed as [redacted] FJ 36 is still employed in the child care profession. I asked [redacted] FJ 30 where in fact the sexual relationship between himself and [redacted] FJ 36 had taken place. He informed me that it had first started while on holidays with [redacted] FJ 36 in Wales but had continued following their return to Fort James Children's

SIGNATURE OF WITNESS: [redacted] TL 9

## STATEMENT CONTINUATION PAGE

STATEMENT OF:                     TL 9                     CONTINUATION PAGE NO:           2          

Home. FJ 30 said he was quite embarrassed at telling me and although he wanted to go into greater detail he felt too embarrassed to do so. I explained to FJ 30 that because of the seriousness of the allegations he was making, I would have to inform TL 11 Assistant Principal Social Worker, for Limavady, who would have to tell his direct line Manager, SND 425 Acting Principal Social Worker. Also we would have to inform TL 20 Principal Social Worker for Residential and Day Care. Following this I said that it would probably be necessary for FJ 30 to be interviewed by senior members of staff and more likely the police. FJ 30 accepted this. When I asked FJ 30 why he had waited so long before telling someone, he said that although the sexual relationship had ended some time ago (approx one year) he still felt confused and angry about it. On occasions while he was still in care he had felt he would like to tell someone, but each time changed his mind for fear of the outcome. However, recently he had seen a film on venereal diseases in the Government Training Centre and he believed that he had contracted this disease. Recognising that he must seek medical advice if this in fact was the case, he decided he must tell someone of the sexual relationship that had existed between himself and FJ 36 I asked him if he had been to see a doctor and he said, "No." He asked if I would arrange for this. I agreed to do so and for FJ 30 to contact me on Monday, 10 October 1983 to find out the time of his appointment

SIGNATURE OF STATEMENT MAKER:

TL 9

3.

She informed [redacted] TL 11 when she came to work on Monday morning, who in turn made contact with [redacted] SND 425. The matter was then related to [redacted] TL 20 [redacted] FJ 36 [redacted] TL 17 and eventually the Director.

[redacted] FJ 30 was advised to go to a General Practitioner who referred him to the Special Clinic at Altnagelvin Hospital on Wednesday 12th October. However, [redacted] FJ 30 decided to go on Tuesday 11th October. He did not tell the doctor there all the details and hence a thorough medical was not carried out. A further appointment was made for Tuesday 25th October.

It was felt appropriate for [redacted] TL 20 [redacted] TL 11 and [redacted] TL 9 to visit to ascertain more specific facts. A meeting was arranged for Wednesday 12th October at [redacted] FJ 30 at.

Before embarking on the subject the seriousness of what we felt [redacted] FJ 30 was saying was explained to him. He recognised this but decided to share his experiences.

He told of a close relationship that had built up between himself and [redacted] FJ 36 one which was noticed by other staff and children at the Home. This, [redacted] FJ 30 felt, resulted in him being ostracised by the others.

He stated that the children implied [redacted] FJ 36 was queer or gay and that they called him "fanny". [redacted] FJ 30 himself was referred to as gay by some of the other children, although at the time he believes nobody else knew that a homosexual relationship was being carried on. He thinks their statement related more to the closeness of contact as demonstrated openly in the Home.

For example [redacted] FJ 36 involved [redacted] FJ 30 a lot in decision making and gave him a key to the staff bungalow. Also he took a keen interest in his hobbies in a way that was not experienced to the same extent by other children.

Around the time [redacted] FJ 30 was 16 years old, he was not sure of the exact date, an offer was made for him to accompany [redacted] FJ 36 to his house in Wales. [redacted] FJ 30 found this an unusual request and so he suggested other boys should go. This

7.

1. The matter to be referred to the Police on Wednesday 19th October 1983  
by [REDACTED] FJ 36
2. The key staff at Fort James Childrens Home to be informed of the procedure.
3. Martin to be informed as soon as possible of the decision to contact Police.
4. Further steps in relation to others to be contacted and method adopted to be considered on advice from Police.

[REDACTED] TL 11

[REDACTED] TL 11 .....

Assistant Principal Social Worker  
19th October 1983

WRITTEN STATEMENT AFTER CAUTION

JB1

STATEMENT OF: FJ 36

ADDRESS: \_\_\_\_\_

OCCUPATION: CHILD CARE OFFICER AGE: \_\_\_\_\_

TAKEN BY: D S BENNISON AT: DENBIGH POLICE STATION,

ON: 2nd NOV 1983 IN PRESENCE OF: D O THOMSON

I, FJ 36, wish to make a statement.  
 I want someone to write down what I say. I have been told that I need not say anything unless I wish to do so and that whatever I say may be given in evidence.

FJ 36  
 \_\_\_\_\_  
 SIGNATURE OF STATEMENT MAKER

I first met FJ 30 when I went to work at Fort James. It soon became apparent from my knowledge of his background before he was admitted to Fort James, and from my knowledge of the history of his stay at Fort James before I arrived that he had suffered a great deal. It was generally felt that because of his experiences within the family over 15 years that he lacked confidence, social skills and warmth. His anxiety was such that he was unable to leave the premises unescorted, was unable to mix with his peers and suffered from many fears. The manifestation of these was inhibiting his development and consequently he was unable to progress. He harboured considerable anger and bitterness towards the perpetrators of his misery at home. I was to discover this within the first 48 hours of my arrival, when he deliberately found the opportunity to approach me concerning some of these matters. I was fortunate enough to be able to deal swiftly with some of these concerns by arranging that FJ 30 should go to Belfast Airport to see his brother away from the home setting on his return journey to the College for the blind. During the first few months of my time at Fort James FJ 30 was living amongst a very aggressive and threatening group of teenagers. Mostly older and bigger than himself. This situation did not help FJ 30 to integrate or to feel at home and he tended therefore to

\_\_\_\_\_  
 SIGNATURE OF STATEMENT MAKER

Doc. B38283 350M 9/81 TFC 5408 Gp. 173

STATEMENT CONTINUATION PAGE

FJ 36

STATEMENT OF

CONTINUATION PAGE NO: 5.

becoming exhausted and over important in his life. He came to see me as a constant figure and could be morose and difficult during the periods of my absence. My attempts to divert him into other areas of activity such as youth club discos and at one stage evening classes which he professed to be interested in were of no avail. This increased contact with FJ 30 became a considerable burden, however at the time I saw no way of abating it and indeed it was agreed generally that he was making progress. His reliance on me went to the extent that whenever his key worker was not available he would insist on asking me to accompany him to the shops. I was not totally aware of all the implications of this, total dependence and felt that despite the difficulties caused I should not reject his persistent advances. The alleged offences I believe occurred during the peak of this period of my excessive amount of overtime which consisted of twenty four hours a day, seven days a week. The offences FJ 30 alleges occurred on three or four occasions. They involved mutual masturbation on one occasion, on the other occasions I masturbated FJ 30 I did not insert my penis into his anus although his inserted mine on two occasions. These offences occurred in his bedroom at Fort James. I regret deeply these incidents and have made every attempt to do what was in FJ 30 best interests before and since. He has not always agreed totally with action taken by myself and my former colleagues and indeed at times because of his affection for me has tended to regard most of the short falls in his life and his expectations as being totally solvable by despite his considerable progress he has not always been able to cope with reality. After what he considered to be a very unhappy experience in Belfast when placed with his agreement in a C.S.V. project and in lodgings he was full expecting accommodation to his high standards would be provided. He hoped that this would be his utopia. When the flat was finally allocated and the reality did not meet the expectation, he regarded my involvement in its furnishings,

SIGNATURE OF STATEMENT MAKER: FJ 36

Form 38/36(a)  
(Plain)  
10/82

STATEMENT CONTINUATION PAGE

FJ 36

STATEMENT OF

CONTINUATION PAGE NO: 5.

becoming exhausted and over important in his life. He came to see me as a constant figure and could be morose and difficult during the periods of my absence. My attempts to divert him into other areas of activity such as youth club discos and at one stage evening classes which he professed to be interested in were of no avail. This increased contact with FJ 30 became a considerable burden, however at the time I saw no way of abating it and indeed it was agreed generally that he was making progress. His reliance on me went to the extent that whenever his key worker was not available he would insist on asking me to accompany him to the shops. I was not totally aware of all the implications of this, total dependence and felt that despite the difficulties caused I should not reject his persistent advances. The alleged offences I believe occurred during the peak of this period of my excessive amount of overtime which consisted of twenty four hours a day, seven days a week. The offences FJ 30 alleges occurred on three or four occasions. They involved mutual masturbation on one occasion, on the other occasions I masturbated FJ 30 I did not insert my penis into his anus although his inserted mine on two occasions. These offences occurred in his bedroom at Fort James. I regret deeply these incidents and have made every attempt to do what was in FJ 30 best interests before and since. He has not always agreed totally with action taken by myself and my former colleagues and indeed at times because of his affection for me has tended to regard most of the short falls in his life and his expectations as being totally solvable by despite his considerable progress he has not always been able to cope with reality. After what he considered to be a very unhappy experience in Belfast when placed with his agreement in a C.S.V. project and in lodgings he was full expecting accommodation to his high standards would be provided. He hoped that this would be his utopia. When the flat was finally allocated and the reality did not meet the expectation, he regarded my involvement in its furnishings,

SIGNATURE OF STATEMENT MAKER: FJ 36

Form 38/36(a)  
(Plain)  
10/82



STATEMENT CONTINUATION PAGE

FJ 30

STATEMENT OF

CONTINUATION PAGE NO: 2.

to turn over on my tummy and take my pyjama top off. He started to rub my back, on the spine and moved down to the top of my backside. Nothing else happened that night but the following night he did the same thing again but moved his hands lower down on my backside. On the third night he again rubbed my back, my backside and the back of my legs. Each night he rubbed a bit more of my body until a week after he started this he started rubbing my penis and I became hard. He pulled my hand over to his penis and I started rubbing his. He kept rubbing me until I came and I did the same to him. Each night he had been rubbing my body before this he had always worn a dressing gown with nothing underneath or a sheet which he told me was from Thailand he called a "Pakama". It looked like a table cloth. The night he started to rub my penis he wore just a dressing gown. The following night he came to my room and showed me some new books he had either bought or obtained for the younger children. One was called 'Mr Men or Mr Noisy'. He started to read from these books and started to rub my back. He lay on the bed by the side of me and pretended to go to sleep, but after a while got under the bed clothes and started to stroke my penis, I turned away from him but he still stroked me, then I felt his penis which was hard pushing up into my backside. I moved away but he put his legs in between mine and turned me onto my tummy, he then pushed his penis right up my backside until it was right in and moved it back and forwards. I think he came but I'm not sure. He pulled out of me and lay on his back, then after a short while he left. I pretended to be asleep. He said nothing to me either that night or the following day. He still was close to me during the day and was very friendly. The next night he again came to my room, I pretended to be asleep and then I let on he woke me. He sat on the side of the bed and rubbed my back and I let on again I had fallen asleep. He rubbed my legs and moved round to my privates and put my hand on his penis. This night

SIGNATURE OF STATEMENT MAKER: ..... FJ 30

Form 38/36(a)  
(Plain)  
10/82

## STATEMENT CONTINUATION PAGE

STATEMENT OF: FJ 30 CONTINUATION PAGE NO: 3.

I think he was wearing that Thai thing. He became hard and so did I then I rolled over and he put his penis into my backside and pushed it in and out until he came then he turned round on the bed and pulled my penis towards his backside and indicated he wanted me to put my penis into him. I did it and I came inside him. Both times that he did this to me it caused me a lot of pain and even when I did it to him it seemed to cause him pain, when I pulled out of him there was blood on my penis. He said nothing to me and just got up and left the room. I enjoyed it at the time and did not object but I knew it was wrong. I just didn't know how to stop it because he was in charge. That last time I think was on a Sunday night and the following Monday morning, he asked me if I would go to Swindon in England with him. I said I would think about it and that night he asked me if I had made up my mind. I told him I had not really thought about it, and he said that if I decided to go he would have the tickets as he had already bought them. Nothing happened after that and the following Wednesday I think, he ordered a taxi and he and I went down to Aldergrove Airport and caught a shuttle flight to Heathrow, London. He gave me the ticket which was one way. I kept that ticket which I gave you (Item MHL1). We left I remember early that morning and when we landed in London FJ 36 hired a car at the airport. It was a Volvo, then we drove to                      we went to an address at Swindon but I can't remember anything other than it was called                      house occupied by a married couple called                      and                     . They were friends of FJ 36 When we arrived at the house we were given a room by his friends and in this room was a double bed and a single bed. When we went to bed that night, the same thing happened, FJ 36 first hold my penis then he put his penis into my back side and came, then he got me to do the same thing with him, which I did until I came. He did not say

SIGNATURE OF STATEMENT MAKER: FJ 30

STATEMENT CONTINUATION PAGE

FJ 30

STATEMENT OF:

CONTINUATION PAGE NO: 4.

anything at all during the time we were doing this or afterwards. The people who owned the house did not know what was happening but I do know he was also in Child care in [redacted]. We stayed in that house for three days. During the day we visited places, just David and I, and saw Buckingham Palace, a Zoo and places like that using the Volvo he hired. Each night we shared a room and intercourse took place between us. He would just have intercourse with me then he would turn around and I would place my penis in his backside. This happened for the three nights, then on the fourth day we drove to Denbigh in North Wales, and went to the home of a [redacted]. This lady was a friend of [redacted] FJ 36 and gave us a room in the house. We stayed for two or three days and each night I slept upstairs in a bedroom and [redacted] FJ 36 spent the night on a bed settee in the lounge. Nothing of a sexual nature took place during these days. We drove back to London after leaving [redacted] and took a flight back to Aldergrove. [redacted] FJ 36 had bought a ticket for me at Swindon at a travel agent because I was with him. I kept this ticket (Item HML2). On arrival at Aldergrove we took a taxi to Fort James. When we got back to Fort James that night [redacted] FJ 36 and I had a row about suitcases so for a few days he did not come to my room, but about 3 days later when I was in bed he came to my room to read a story. He just did that and no more, that night he did not touch me. In fact nothing happened for a week, then he started coming into my room after I went to bed and intercourse took place between him and I about twice a week. On each occasion he would first have intercourse and then he would expect me to enter him which I always did. That lasted for two months which brought us into June of 1981. [redacted] FJ 36 and I went to London because I had an interview with the Community Service for Volunteers Office as I wanted to have a job with them. The visit lasted for three days. Both of us stayed

SIGNATURE OF STATEMENT MAKER: [redacted] FJ 30

Form 38/36[a]  
(Plain)  
10/82

STATEMENT CONTINUATION PAGE

FJ 30

STATEMENT OF

CONTINUATION PAGE NO: 5.

in a house in London as a guest of a [redacted] [redacted] another friend of [redacted] FJ 36. On that trip the first night we drove to Swindon and stayed at [redacted] Home again. Nothing happened that evening or the subsequent two evenings at the home of [redacted], FJ 36 stayed in the same room as myself in Swindon but in London I had a room of my own. FJ 36 did not interfere or touch me. I kept the ticket used on that trip (Item EHL3). During the rest of June and July nothing happened between FJ 36 and myself. I went on a trip with him at the beginning of July 1981 and another boy came along, that was [redacted]. We had been invited by FJ 36 and we drove from Londonderry in a car that David either hired or borrowed used the Larne - Stranraer Ferry and drove down to London and stayed with [redacted] at his home. At no time did FJ 36 interfere with me or [redacted], we were away from the Fort Jason for about one week. We returned to Londonderry and when we got back into a routine FJ 36 started again to have regular intercourse with me the same as before. The only nights he did not do this was when he was off duty. I remember at this time I was moved into the flat which is an equipped set of rooms designed to help people in the home get used to living outside, FJ 36 visited me there and had intercourse on a regular basis. I wanted to move from the flat after three weeks and go back to my room but FJ 36 did not want me to. We had a terrible row about it but I went back to my room and because of this row he did not go near me for almost two months. After this gap of time he again visited me in my room and it started up on a regular basis almost every night he was not on duty. This always took the form of intercourse using the rear passage but on two occasions I remember FJ 36 performed oral sex on me. He sucked me until I came and he tried to get me to do the same to him but I did not and could not do it. In March of 1982 FJ 36 asked me to go to Wales with him again on my own.

SIGNATURE OF STATEMENT MAKER: ..

FJ 30

Form 38/36(a)  
(Plain)  
10/82

5.

## STATEMENT CONTINUATION PAGE

STATEMENT OF: FJ 30 CONTINUATION PAGE NO: 6.

He had already bought a ticket for me and on the 14th March 1982 we flew over to London (Heathrow) and picked up a Morris Traveller motor car he had bought some time earlier on one of his trips to England without me. We drove from Heathrow to Swindon and stayed with [REDACTED] and [REDACTED] at Orchard House and nothing of a sexual nature happened. The following day we drove to Denbigh and went straight to a cottage [FJ 36] had bought next to [REDACTED] Cottage. His address was [REDACTED]. That night he accused me of having sexual intercourse with a girl from Fort James called [REDACTED]. She was a 17 year old girl that was living in the flat. He was referring to an incident where she let a group of three boys have sex with her all together and [FJ 36] thought I was one of the boys. We had a row about this and so nothing happened that night. The following week I spent in the cottage with [FJ 36]. We each had our own rooms and I can only remember one occasion when we had intercourse but I cannot remember which day it was. That in fact was the last time we had any sort of physical sexual relationship. That occasion he bled inside his back passage and covered me in blood when I had intercourse with him. From then on my relationship with him was bad. I did not want to do anything with him although he kept trying. Because of this he became violent towards me and he hit me on several occasions. When we returned to Fort James we fought continually for 3 or 4 months and things were very bad. I had no physical relationship with him from that time in Wales. He invited me back to Wales in March of 1983 but I did not go although I went as far as purchasing a ticket. I have told you the complete truth perhaps I might have forgotten some occasions when sexual things happened but what I have said did happen. I fully understand what is meant by a physical homosexual relationship and what sexual intercourse by the back passage is and that is

SIGNATURE OF STATEMENT MAKER: FJ 30

[Redacted]

STATEMENT CONTINUATION PAGE

STATEMENT OF FJ 30 CONTINUATION PAGE NO: 7.

what occurred between myself and FJ 36 At the time these events took place I was fifteen and sixteen years of age. I did these things at the time, not through any homosexual desire myself but purely because FJ 36 wanted me to. I have no homosexual desires and have normal feelings towards females. What I have said I am willing to state in Court and also to undergo any medical examination required. I did not report this at the time because I did not know how to and have reported it now because I began to worry about the possibility of venereal disease obtained, and also I do not want any other child to be treated like I was.

[Redacted]

certified a true copy of the original

SIGNATURE OF STATEMENT MAKER: ... FJ 30 .....

Form 38/36(a)  
(Plain)  
10/82

NOTES

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY LIMAVADY AND STRABANE DISTRICT

Notes on Review into the Management of Fort James (Internal/External) During the Period that [REDACTED] FJ 36 was Officer-in-Charge To examine the Details of [REDACTED] FJ 30 Period in Care.

Membership of Review Group:-

Mr. T. Haverty, District Social Services Officer  
 Londonderry Limavady and Strabane District

Mr. [REDACTED] TL 17 Assistant Director of Social Services,  
 Child Care

Mr. [REDACTED] Assistant Chief Administrative Officer  
 for Personnel and Management Services.

7TH DECEMBER 1983 - Interview with [REDACTED] FJ 7 Acting Officer-in-Charge.

At the beginning of the interview [REDACTED] FJ 36 explained to [REDACTED] FJ 7 that this review into the management of Fort James during [REDACTED] FJ 36 period as Officer-in-Charge, was being set up following his recent appearance in Court as a result of an allegation made against him by a boy who is now discharged from care.

[REDACTED] FJ 36 explained that the review was concerned with management issues, in order to identify any weaknesses that may exist, so that these could be put right and that lessons may be learned during this exercise, which may be of help in the management of other Children's Homes throughout the area.

He further explained that whilst the group would examine details relating to [REDACTED] FJ 30 period in care, they were not investigating the accusation made against [REDACTED] FJ 36 as this was in the hands of the Police and the Legal System.

The group first discussed with [REDACTED] FJ 7 the nature of records kept in the Home. She explained that a staff rota book was maintained which records staff on duty, staff on leave and sick leave and staff on courses. She also explained that a repeat rota system existed for staff, whereby they could <sup>produce</sup> protect periods that they were on and off duty. The rotas were normally made out by the Deputy Officer-in-Charge, [REDACTED] FJ 7 but if any problems arose in relation to this, she normally shared them with the Officer-in-Charge.

NOTES

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY LIMAVADY AND STRABANE DISTRICT

Notes on Review into the Management of Fort James (Internal/External) During the Period that [REDACTED] FJ 36 was Officer-in-Charge To examine the Details of [REDACTED] FJ 30 Period in Care.

Membership of Review Group:-

Mr. T. Haverty, District Social Services Officer  
 Londonderry Limavady and Strabane District

Mr. [REDACTED] TL 17 Assistant Director of Social Services,  
 Child Care

Mr. [REDACTED] Assistant Chief Administrative Officer  
 for Personnel and Management Services.

7TH DECEMBER 1983 - Interview with [REDACTED] FJ 7 Acting Officer-in-Charge.

At the beginning of the interview [REDACTED] FJ 36 explained to [REDACTED] FJ 7 that this review into the management of Fort James during [REDACTED] FJ 36 period as Officer-in-Charge, was being set up following his recent appearance in Court as a result of an allegation made against him by a boy who is now discharged from care.

[REDACTED] FJ 36 explained that the review was concerned with management issues, in order to identify any weaknesses that may exist, so that these could be put right and that lessons may be learned during this exercise, which may be of help in the management of other Children's Homes throughout the area.

He further explained that whilst the group would examine details relating to [REDACTED] FJ 30 period in care, they were not investigating the accusation made against [REDACTED] FJ 36 as this was in the hands of the Police and the Legal System.

The group first discussed with [REDACTED] the nature of records kept in the Home. She explained that a staff rota book was maintained which records staff on duty, staff on leave and sick leave and staff on courses. She also explained that a repeat rota system existed for staff, whereby they could <sup>produce</sup> protect periods that they were on and off duty. The rotas were normally made out by the Deputy Officer-in-Charge, [REDACTED] FJ 7 but if any problems arose in relation to this, she normally shared them with the Officer-in-Charge.

She informed the group that staff rota books were available from 1981 to March 1982, but unfortunately the book from March 1982 was missing. In relation to management staff on duty, she explained that she herself was on the CSS Course for 1½ years during the period that [FJ 36] was Officer-in-Charge i.e., from September 1980 to February 1982. This meant she was on the CSS Course when [FJ 36] took up post. In February 1981, [FJ 32] was appointed as Senior House Parent and she joined the management rota. She completed the CSS Course in February 1982, so prior to that, it was only [FJ 36] and [FJ 32] who were on the management staff rota, with [FJ 7] helping out during periods that she was not on the CSS Course. She explained that the staffing establishment for the Home prior to the recent increases was:-

- The Officer-in-Charge
- Deputy Officer-in-Charge
- Senior House Parent and
- 6 House Parents.

In terms of staff cover for the Home she pointed out that from 2.00 p.m. until 10.00 p.m. there was normally two House Parents and one member of management staff on duty. At night i.e., from 10.00 p.m. there was normally one House Parent and one member of management staff on duty. As far as she can recall, a situation never arose whereby there was only one member of staff on duty at night, although there may be the odd occasion when only one House Parent would be on duty in the afternoon and evening.

She recognised that the Home was under-staffed and that staff were under a lot of pressure as a result. As regards management staff during the period that she was on CSS., communication between management staff suffered to some extent, as there were no hand-over periods. She pointed out that [FJ 36] was very tired and on a couple of occasions he fainted whilst in the Home. Overall, she felt there was still a good level of communication which was facilitated by Staff Meetings and more informal contact between staff.

During this period she was anxious to point out that considerable developments took place in the Home with the introduction of the key worker

WA  
Covered

involvement in fostering, visitation by staff to potential foster parents, development of greater contact with social workers etc., etc. Overall she felt that during [FJ 36] periods there was a very considerable development in the level of child care practice at Fort James. She referred to the new system introduced by [FJ 36] for getting children to bed and providing them with a certain amount of attention during this period, such as reading to them, provision of hot water bottles and staff generally making some time available to give some personal attention to the children in order to enable them to settle down. When discussing this further she admitted that no discussion took place with the Senior Social Worker, [SND 119] as this was seen as an internal change in the Home. In any case, [SND 119] at the time, was new to the job and there was a gap before [TL 4] was appointed.

In relation to additional staff recently made available, she said "this would mean shorter duty periods for management staff and less work directly with children." She also said that the Home felt isolated and that other people did not understand their problems. She referred to the fact that [SND 119] had no residential experience and that this applied also to other more senior management staff. In relation to management support to the Home, she said that [TL 4] now visits the Home every Monday, Wednesday and Friday, but when he took up the post first, he normally visited every Wednesday. She said that management staff had the feeling it was difficult to get things done for the Home through their Line Management and that in order to get things done quickly, [FJ 36] by-passed the recognised organisational structure and went directly to Supplies for various pieces of equipment, as he felt this was a more effective approach. She said that [TL 20] was normally in the Home four or five times a year and that he was always available by phone and that it was easy to get an answer to problems brought to his attention.

In relation to other management staff visiting the Home, when questioned she said that her impression was that [TL 17] visited the Home mainly to deal with development and planning issues and that she would see him at the Area Child Care Training Groups.

The District Social Services Officer mainly visited at Christmas before he went on holiday and the Director of Social Services visited to carry out an inspection or wanted to drop a child at the Home.

She indicated that she felt [redacted] TL 4 role was in no-man's land as his authority was nil and that both he and [redacted] SND 119 pick up management problems and feed them back to [redacted] TL 20

The other records kept were the log book, which is a daily record pertaining to all activities in the Home. This was usually written up by the management staff. In addition, a diary card system was introduced by [redacted] FJ 31 as part of her CSS Course, during 1982. Entries were made in these cards both by the child involved and the key worker. These cards were returned to the child after about every three months. This system was introduced internally and was not shared at the time with the Senior Social Worker, Child Care, or other management staff from District. A Fire Drill book was also kept.

She pointed out that she had a lot of respect for [redacted] FJ 36 and that he was a capable and very professional worker. She had no suspicion that anything may have been going on between [redacted] FJ 36 and [redacted] FJ 30. Indeed she found it very hard to accept that there may have been.

[redacted] FJ 32 - In relation to records she was aware that a sickness report book, a log book and a child file was kept. The child file contained reviews, review reports, assessment reports, medical reports etc. Staff generally did not write up summaries of the child's progress in his/her file, but this did sometimes take place. She further explained that the diary cards were introduced during the period that [redacted] FJ 31 was on the CSS Course and that these were also used in reviews and returned to the child every three months. When a child leaves care his file is returned to the field worker.

In relation to entries in the log book, she said that she was aware that permission for children leaving the jurisdiction should be obtained from the District Social Services Officer and that the field worker had the responsibility to obtain this permission following discussions with the key worker. This decision should be entered in the log book.

She said that she was aware that the social worker should be involved along with residential staff in approving overnight absences of any

She informed the group that staff rota books were available from 1981 to March 1982, but unfortunately the book from March 1982 was missing. In relation to management staff on duty, she explained that she herself was on the CSS Course for 1½ years during the period that [FJ 36] was Officer-in-Charge i.e., from September 1980 to February 1982. This meant she was on the CSS Course when [FJ 36] took up post. In February 1981, [FJ 32] was appointed as Senior House Parent and she joined the management rota. She completed the CSS Course in February 1982, so prior to that, it was only [FJ 36] and [FJ 32] who were on the management staff rota, with [FJ 7] helping out during periods that she was not on the CSS Course. She explained that the staffing establishment for the Home prior to the recent increases was:-

The Officer-in-Charge  
 Deputy Officer-in-Charge  
 Senior House Parent and  
 6 House Parents.

In terms of staff cover for the Home she pointed out that from 2.00 p.m. until 10.00 p.m. there was normally two House Parents and one member of management staff on duty. At night i.e., from 10.00 p.m. there was normally one House Parent and one member of management staff on duty. As far as she can recall, a situation never arose whereby there was only one member of staff on duty at night, although there may be the odd occasion when only one House Parent would be on duty in the afternoon and evening.

She recognised that the Home was under-staffed and that staff were under a lot of pressure as a result. As regards management staff during the period that she was on CSS., communication between management staff suffered to some extent, as there were no hand-over periods. She pointed out that [FJ 36] was very tired and on a couple of occasions he fainted whilst in the Home. Overall, she felt there was still a good level of communication which was facilitated by Staff Meetings and more informal contact between staff.

During this period she was anxious to point out that considerable developments took place in the Home with the introduction of the key worker

child from the Home, which included their return home for week-ends. She felt that a problem existed in obtaining approval for on the spot requests by children to visit a friend from school, perhaps to attend a birthday party.

In relation to staffing she said that the staffing situation was chronic when she started in February 1982 and that she expected there to be more than one Senior and that more staff were required at all levels. She felt that her role at that time was not very clear and it took her some time to adjust. She became a third member of management staff and was acting-up as Deputy quite a lot. She became a third member of the management team. All three would only meet at staff meetings.

She recalled that **SND 40** the Relief Deputy Officer-in-Charge, came in to relieve management staff for holiday periods and that sometimes there was no replacement. She said that there was always one member of care staff and one member of management staff on duty at night i.e., from 10.00 p.m. until 7.00 a.m. From 7.00 a.m. until 1.30 p.m. there was still only one member of care staff and one member of management staff on duty. From 1.30 p.m. there was normally two members of care staff and one member of management staff on duty. She felt that **FJ 36** was exhausted at times and at times he was also sick.

In relation to support from outside the Home, she was aware that the Senior Social Worker visited weekly and that **TL 20** visited much less. She said that she would contact **TL 4** in relation to a range of management and child care issues in the first instance, such as Untoward Incidents, staff shortages, trouble in the Home, fire, problems with children, but felt overall that she was not clear on **TL 4** role.

She would also like to see the role of the Board Visiting Officer clarified, she was once contacted at short notice by the Board Member who visited on a Saturday and took his wife with him. As it was a Saturday she had to contact **HH 5** to clarify his role.

If a crisis arose in the Home whilst she was in charge, or if she was worried about the behaviour of her Officer-in-Charge, she would freely

contact [redacted] TL 4 or [redacted] TL 20 She would expect to have access to [redacted] TL 20, she was never denied it and she was quite happy with the degree of access she has to him. She did not see it really, as all that important for him to visit the Home on a very frequent basis, once the access and contact are there.

When she became aware of the visit of inspection of the Home that the Social Work Advisory Group were to carry out, her first thought was that they would look at the staffing numbers in the Home, the way reviews were carried out and look at some practical issues.

In relation to reviews, she said that these were carried out regularly and that absences from the Home and holidays for children may be raised at these.

She said that [redacted] FJ 30 absences from the Home as far as she knew, were recorded in the book and she would have assumed that permission was obtained for him to go on holiday.

She saw no weakness in the system that would prevent an incident like this from happening. She thought the Home was well managed. She would like to see the Board Member meeting staff and children when he visits on 9th December 1983.

[redacted] FJ 44, HOUSE PARENT. - Mr. Haverty explained the purpose of the review to [redacted]. She worked as a temporary house parent at Harberton House from February to September 1982. From September 1982 until November 1983, she has been employed as a temporary assistant house parent at Fort James. From November 1983 she has been employed as a permanent house parent. Prior to that she was 2½ years at St. Joseph's Children's Home, Termonbacca, as a house parent. She does not have any formal/professional training in child care.

In November or December 1982 she became key worker to [redacted] SND 150. Since September 1982 [redacted] has been her Supervisor and they meet at least once a week.

In relation to staffing, in September 1982 when she came to work at Fort James she felt that there was a lack of staff in the Home and that staff suffered as a result. She also felt that the children did

not get the proper care, in so far as they required more personal attention than they actually got.

In relation to the accusation made against [REDACTED] FJ 36 she was shocked when she heard it. She still believes that he did not do it.

When asked what action she would take if she came across some serious misbehaviour involving an Officer-in-Charge in the Home, she would first talk it over with her supervisor [REDACTED] FJ 32 the Deputy Officer-in-Charge, [REDACTED] FJ 7 and if necessary, she would approach [REDACTED] TL 4

In relation to management support for the Home from outside, she said that she was not too clear about the functions of Senior Management Staff. When asked what improvements could be made in the management of the Home to prevent any serious incidents from happening in the future, she said that it would be helpful if staff could go somewhere for counselling and that it may be helpful for staff to have someone to contact from outside the Home. An external supervisor or training sessions outside the Home may meet this need.

In relation to visitations to the Home, she recognised that social workers called on a very frequent basis. In addition, parents of children also called frequently. She thought it would be helpful if some of these visits were pre-arranged.

[REDACTED] FJ 40 - [REDACTED] explained to her the objectives of the review. She told the group that she started at Fort James in October 1979 as a nursery nurse on a temporary basis, as [REDACTED] FJ 7 was on the CSS Course. In May 1980 she became temporary house parent until April 1982. From April 1982 to January 1983 she was unemployed. From January 1983 to November 1983 she worked in Harberton House as a house parent on a temporary basis. On 13th November 1983 she was appointed as temporary house parent in Fort James to replace [REDACTED] who was on the CQSW Course. Prior to this she worked as a nanny in Dungiven for four years.

Staffing - In relation to staffing she said that between 1979 and 1982 the staffing rate was very low in the Home and that sometimes there was only one member of care staff and one member of management staff on duty. She felt that staff were under a lot of pressure.

In relation to [FJ 5] she felt that he did a lot of overtime, but that he was always very caring towards the children. She became a key worker to [FJ 30] from *early 1980 to April 1982* and she felt that she had good support and supervision from [FJ 36]. She was able to discuss any problems she experienced in helping [FJ 30] with [FJ 36]. In relation to [FJ 36] she felt he was a very deprived boy. She believed that he had no bed at home and that his mother used to ask him to call her [redacted]. She felt that he was rejected by his family.

In relation to [FJ 36] absences from the Home, she believed that he went on holiday accompanied by [FJ 36] in March 1981 and that they may have stayed in [redacted] house in Wales. She was a friend of [FJ 36]. Prior to this trip, [FJ 36] shared a room with [redacted] but following the trip, [redacted] moved out of the bedroom and left Martin on his own. She believed this was done for professional reasons. At this time, [FJ 30] continued to be very deprived, demanded a lot of attention and required staff to read to him in bed.

In July 1981 a group of five children went on holidays to Wales with [FJ 36] [FJ 36]. [FJ 36] felt initially that [FJ 30] could not go on this trip because he was not behaving himself. He did eventually go, as his behaviour improved. She said that these two trips were discussed with the social worker, [TL 9] and that meetings took place in the Home to make the necessary arrangements.

In relation to permission for children leaving the Home, she said that she was aware that social workers should be involved about these trips and that she also felt that [FJ 36] was aware of this.

In May 1981 [FJ 36] took [FJ 30] on a trip to London for an interview at the Community Service Volunteers' Office. She said that the Social Worker was heavily involved in arranging this trip and that they both decided that [FJ 36] should accompany [FJ 30] because he was more familiar with the situation than the social worker. They were away for a few days and she believes that they went to Wales for a couple of days.

She believes that the trips to Wales would have been mentioned at reviews and recorded in the log book. In February 1982 [FJ 36] went to

Thailand on holiday and then spent some time in Wales before returning to work. Before leaving he promised [FJ 30] that he could visit him in Wales. Apparently [FJ 36] made the suggestion as [redacted] was upset at the idea of [FJ 36] leaving the Home for so long. As regards the purchase of tickets for this trip, she said that she was aware that [FJ 30] had the tickets before he left the Home. In fact, she saw them. She also said that she was aware that [FJ 30] took money out of his savings book to buy these tickets. She is convinced that [FJ 30] did go to Wales on this occasion. She spoke to him on his return and he said that he was helping [FJ 5] to paint some sheds attached to his bungalow in Wales. On his return [FJ 30] was in bad form and quiet. He showed her some trousers with paint marks on them, which indicated that [FJ 30] did in fact help with this painting of the sheds. When discussing this particular mood of [FJ 30] she concluded that this was largely in response to the personal situation which she was going through. Her son had sometime previously been resident at Harberton House. [FJ 30] said that he was disappointed that she did not share this with him. She indicated that she found it difficult to talk to him about it, but as he raised it, she did so. Apparently [FJ 30] responded more positively after that. She also mentioned to [FJ 36] that [FJ 30] was in bad form after returning from his holiday in Wales. His response was "Well, [FJ 30] had to work on the holiday painting sheds."

In February 1982 [FJ 30] was aware that she would be leaving and his behaviour became more difficult as a result of this. After she left, [FJ 30] came out to her house on a couple of occasions accompanied by two other boys. [FJ 30] also wrote to her.

In July 1982 she thought that a trip was arranged, but [FJ 30] did not go on this particular one.

In May 1983 she came to his birthday party. She also visited him in his flat during the period that she was at Harberton House and that [FJ 36] used to also visit him in the flat.

She heard on occasions from [FJ 30]. She phoned [FJ 30] in Foyle, where he was working, three weeks before the accusation was made to the Social Worker. She also met him around this time when [FJ 30] talked about sexual matters

NOTES. PART. ;

REVIEW INTO THE MANAGEMENT OF FORT JAMES CHILDREN'S HOME DURING  
 THE PERIOD THAT [REDACTED] FJ 36 [REDACTED] AS OFFICER-IN-CHARGE

FOLLOW-UP ACTION TO BE TAKEN

1. Under-staffing in the Home especially lack of management of staff during this period. Although the staffing situation has improved recently, it is still necessary to review the staffing levels, especially in the light of the Independent Living Units coming into operation.
 

*expand →  
management staff  
O/T hrs*
2. Decision-making within the Home by Management Staff. - Changes in the systems for management of the Home and changes in the routine in respect of the care of the children were not shared with District Management, one example being the changes in the bed routine introduced by the Officer-in-Charge and reading to children in bed. It is important for Middle Management at District level to be kept informed of change in practices in the Home.
3. [REDACTED] FJ7 in particular, said that Management Staff in the Home felt isolated. In particular she referred to the fact that Middle and Senior Management did not have any residential care experience and this in some ways added to this sense of isolation. This raises the degree and quality of support offered to Management Staff in the Home. Currently [REDACTED] TL 4 visits Fort James regularly, about three times a week, but it is necessary for more frequent visits to be carried out by [REDACTED] TL 20 and we should carefully monitor practices and standards of care in the Home. In addition, it would be helpful if at least an annual review on Children's Homes was carried out by T. Haverty, [REDACTED] TL 17 and [REDACTED] TL 20.
 

*Proffl  
supervisor  
to be  
provided by  
managers.*
4. Staff in the Home, in particular [REDACTED] FJ7 felt that [REDACTED] TL 4 role was not clear. Action needs to be taken to clarify his role and ensure that it is seen as a management one.
 

[REDACTED]
5. Practice of returning Diary Cards to children thereby depriving the Home and Management Staff of on-going records on the children. Action has been taken to rectify this.
6. Reappraisal of recording system kept in the Home. Action has already been taken in respect of this. It is now necessary to review the effectiveness of the new system that has been set up.
7. Staff should write frequent progress reports in the child's file. This now takes place.
8. [REDACTED] FJ32 indicated that her role in particular, was not clear when she first started. District Management Staff should ensure that new members of staff appointed to Children's Homes should be clear on their responsibilities and authority. A period of induction training is essential.

Contd./

[REDACTED]

9. Communication between Management Staff - During the period in question, communication was very limited owing to the staffing problem. This has now improved, but steps should be taken to ensure that a system is set up whereby Management Staff have an opportunity to meet on a regular basis, at least once a week, to examine care practices in the Home and to identify and modify strategies for the care of the children in the Home.
10. [redacted] FJ 32 in particular, felt it was necessary to clarify the role of Board Members. For example, one Board Member visited the Home on a Saturday morning and she found this visit stressful.
11. Support/Training for Staff outside the Home. At least one member of Junior Staff in the Home felt it would be a good idea for counselling opportunities to exist from outside the Home. This could possibly best be done by training sessions away from the Home where Junior Staff would have the opportunity to meet with their counterparts in other Homes. In addition to this and in our discussion with [redacted] it was recognised that it was important for all new staff entering Residential Homes to have <sup>a recognised</sup> adequate period of induction training, whereby their role and responsibilities would be clarified with them and whereby the responsibility of the Board towards children in their care, would be clearly understood. We should consider producing a Procedural Manual or an Instructional Booklet for staff in our Homes.
12. Permission for Children leaving the Home. - Although action has already been taken on this particular issue, we should review how effective it is and whether greater authority should be delegated to the Officer-in-Charge.
13. Reviews - Although reviews are regularly carried out, it would seem that absences of children from the Home are not normally considered, this should now take place. *Names of those attending*
14. Action has now been taken for [redacted] TL 4 to examine records in the Home on a regular basis and sign log books. There is an urgent need for secretarial support at Fort James.
15. It was evident during our review that staff were not receiving the level of supervision they required. With the improved staffing establishment this should now take place. It is however necessary to monitor on a regular basis, the level of and effectiveness of this supervision.

*Who should seek approval*

*All older should have a keycard at all times*

9. Communication between Management Staff - During the period in question, communication was very limited owing to the staffing problem. This has now improved, but steps should be taken to ensure that a system is set up whereby Management Staff have an opportunity to meet on a regular basis, at least once a week, to examine care practices in the Home and to identify and modify strategies for the care of the children in the Home.
10. **FJ 32** In particular, felt it was necessary to clarify the role of Board Members. For example, one Board Member visited the Home on a Saturday morning and she found this visit stressful.
11. Support/Training for Staff outside the Home. At least one member of Junior Staff in the Home felt it would be a good idea for counselling opportunities to exist from outside the Home. This could possibly best be done by training sessions away from the Home where Junior Staff would have the opportunity to meet with their counterparts in other Homes. In addition to this and in our discussion with **[REDACTED]** it was recognised that it was important for all new staff entering Residential Homes to have <sup>a recognised</sup> adequate period of induction training, whereby their role and responsibilities would be clarified with them and whereby the responsibility of the Board towards children in their care, would be clearly understood. We should consider producing a Procedural Manual or an Instructional Booklet for staff in our Homes.
12. Permission for Children leaving the Home. - Although action has already been taken on this particular issue, we should review how effective it is and whether greater authority should be delegated to the Officer-in-Charge.
13. Reviews - Although reviews are regularly carried out, it would seem that absences of children from the Home are not normally considered, this should now take place. *Names of those attending*
14. Action has now been taken for **TL 4** to examine records in the Home on a regular basis and sign log books. There is an urgent need for secretarial support at Fort James.
15. It was evident during our review that staff were not receiving the level of supervision they required. With the improved staffing establishment this should now take place. It is however necessary to monitor on a regular basis, the level of and effectiveness of this supervision.

*Who should seek approval*

*All older should have a keycard at all times*

T Haverty  
27th April 1984.

STRICTLY CONFIDENTIALMEMORANDUM

From..... R.E. CARROLL, D.S.S. ....

To..... MR. T. HAVERTY, A.D.S.S. (GROUP) .....

Ref.: REC/jm Date: 17 April 1984

Ref.:

Thank you for the note that you prepared subsequent to the management review at Fort James Children's Home.

A number of points struck me from your note and I would like to raise them with you.

1 FJ 36 Illness

On more than one occasion, members of staff indicate that FJ 36 was very tired and that he was unwell and that, indeed, he fainted whilst in the Home. I wonder if there is any other evidence to support this, whether or not FJ 36 was referred to the doctor for medical check-up at the time and was this feature known to the management of the Home, that is to say, the Principal Social Worker at the time that it occurred.

2 The Diary Card System

I note that the Diary Card System was introduced internally but was not shared at the time with the Senior Social Worker or other management staff from the District. I find this to be unacceptable. Obviously, the introduction of a system of this kind is going to directly affect the children who are in residence at the Home and quite clearly should have been shared with more senior management as a feature of the life of the Home. Is there any indication why this was not shared and quite clearly it would be sensible to ensure that in future any internal systems of this kind that have been introduced, in any facility, should be shared with the more senior managers who should be aware that developments are taking place when they are taking place and not after the event?

3 FJ 40

Your notes indicate that FJ 40 had had her son in care at Harberton House at some stage. I wonder were management aware of this at the time that she was appointed and if so, was it a feature that was taken seriously into consideration since, quite clearly, it could have implications for her ability to care for other children. I note further that in May 1983, she was working in Harberton House and I cannot help but wonder at the wisdom of this since she had had a child who was resident at Harberton House some time previously. Later on in your notes concerning FJ 40 she states quite clearly that she knew to whom she should report any suspicions that she might have and yet she was clearly suspicious since she telephoned FJ 30 in Wales to check if he was alright. This 'phone call had apparently been made in response to the fact that other children in the Home were calling FJ 36 a "Big Queer". I wonder why then FJ 40 did not report it to more senior management. If she shared it with FJ 7 what action did FJ 7 take at the time?

4 With Regard to FJ 34 Statement:

I am very concerned that she apparently heard that FJ 36 had thrown FJ 30 radio out of the window in retaliation for his throwing things

1 for legal reasons they wouldn't have been told, you  
2 know, but I thought they might have known some more  
3 detail about it. I actually didn't find out about it  
4 myself until just a few weeks ago. I actually saw the  
5 statement for the first time.

6 Q. You say that the staff were left wondering whether this  
7 had happened or not effectively.

8 A. Yes. The staff -- the impression I got when I arrived,  
9 you know, that FJ5 had made a big impression on the  
10 place, you know, that he was very professional in his  
11 approach. I think he was the first professional --  
12 professionally qualified staff member there, and I think  
13 the staff looked up to him, you know.

14 So from that point of view I suppose they found it  
15 difficult to know what to believe, and then when the  
16 case collapsed, you know, there were -- it still hadn't  
17 been resolved one way or another. So I think there was  
18 mixed loyalties about what to believe, you know.

19 Q. Certainly there was no feedback from the interviews that  
20 the staff had had with the management to inform them of  
21 any views of management about the matter that you're  
22 aware of?

23 A. Not aware of, no. It may have happened before  
24 I~arrived, you know, but ...

25 Q. But presumably when you arrived and this was the sense

②

approach to fostering is desperately needed. I feel that the Director seemed to miss several other issues involved here. Firstly, the very high number of admissions which are of an emergency status. One wonders why this is. I venture to suggest that it may be partly to do with a reluctance on the part of the fieldwork teams to plan admissions to care and to consider this a positive move which can form an essential part of their long term approach to the family. It is always a poor way to admit a child when they and their families know that it is the last resort. I think that time will tell us that the planned admissions tend to lead to shorter stays in care and to better cooperation between all the parties involved. The experience of being in care and the motivation to work towards understanding is considerably improved if one is not starting from a point of failure and despair. Secondly the issue of staffing was carefully avoided. This has been discussed in other forums but I would like to stress again that the staff are the most important resource. Fort James is severely understaffed. The type of therapeutic approach we are attempting to take could be a futile exercise; lack of staff time may sabotage the very great efforts made by the team.

Finally I would have no argument at all with the Directors feelings about pre-school children coming into ~~XXXXX~~ residential care. However, it is still happening.

c. The question of order books for purchasing childrens clothing is an issue which concerns the very roots of institutionalisation in childrens homes. I was more than delighted to see that the Director immediately understood the implications. These go far beyond what is good for the children and involve the question of economy. The Director was obviously well aware of all these issues.

Since the report was written a new system has been instituted. This system appears to me to be entirely unworkable. The major problems are transport and time. To have to make two journeys to Gransha for each shopping trip seems to be extremely extravagant. The arrangements now operating facilitate the needs of the finance department but in no way meet the needs of Fort James. It will considerably increase the time spent on administration when what we really need is to decrease this aspect of the management.

d. I was excited about the idea of using Fort James as a resource centre for foster parents as a part of the developing foster care programme. The Director did not specify at all what for he felt this might take. I'm sure it is realised that the staff have had considerable success in preparing children for fostering as a ~~part~~ part of the team including the fostering officer and field workers. This expertise could be utilised and expanded considerably.

e. With regard to the physical appearance of Fort James and its standard of decor I agree totally with what was written. Since this visit I have had visits from various members of the board who ~~are~~ are responsible for maintainance and units administration. Each officer has made a similar comment but to date ~~no~~ no work has been carried out by the Board. The staff and children have redecorated the office and both childrens sitting rooms. This has made big difference to their

3.

She informed [redacted] TL 11 when she came to work on Monday morning, who in turn made contact with [redacted] SIND 425. The matter was then related to [redacted] TL 20 and eventually the Director.

[redacted] FJ 30 was advised to go to a General Practitioner who referred him to the Special Clinic at Altnagelvin Hospital on Wednesday 12th October. However, [redacted] FJ 30 decided to go on Tuesday 11th October. He did not tell the doctor there all the details and hence a thorough medical was not carried out. A further appointment was made for Tuesday 25th October.

It was felt appropriate for [redacted] TL 11 and [redacted] TL 9 to visit to ascertain more specific facts. A meeting was arranged for Wednesday 12th October at [redacted] FJ 30.

Before embarking on the subject the seriousness of what we felt [redacted] FJ 30 was saying was explained to him. He recognised this but decided to share his experiences.

He told of a close relationship that had built up between himself and [redacted] FJ 36 one which was noticed by other staff and children at the Home. This, [redacted] FJ 30 felt, resulted in him being ostracised by the others.

He stated that the children implied [redacted] FJ 36 was queer or gay and that they called him "fanny". [redacted] FJ 30 himself was referred to as gay by some of the other children, although at the time he believes nobody else knew that a homosexual relationship was being carried on. He thinks their statement related more to the closeness of contact as demonstrated openly in the Home.

For example [redacted] FJ 36 involved [redacted] FJ 30 a lot in decision making and gave him a key to the staff bungalow. Also he took a keen interest in his hobbies in a way that was not experienced to the same extent by other children.

Around the time [redacted] FJ 30 was 16 years old, he was not sure of the exact date, an offer was made for him to accompany [redacted] FJ 36 to his house in Wales. [redacted] FJ 30 found this an unusual request and so he suggested other boys should go. This

3.

She informed [redacted] TL 11 when she came to work on Monday morning, who in turn made contact with [redacted] SND 425. The matter was then related to [redacted] TL 20 [redacted] TL 17 and eventually the Director.

[redacted] FJ 30 was advised to go to a General Practitioner who referred him to the Special Clinic at Altnagelvin Hospital on Wednesday 12th October. However, [redacted] FJ 30 decided to go on Tuesday 11th October. He did not tell the doctor there all the details and hence a thorough medical was not carried out. A further appointment was made for Tuesday 25th October.

It was felt appropriate for [redacted] TL 20 [redacted] TL 11 and [redacted] TL 9 to visit to ascertain more specific facts. A meeting was arranged for Wednesday 12th October at [redacted] FJ 30.

Before embarking on the subject the seriousness of what we felt [redacted] FJ 30 was saying was explained to him. He recognised this but decided to share his experiences.

He told of a close relationship that had built up between himself and [redacted] FJ 36 one which was noticed by other staff and children at the Home. This [redacted] FJ 30 felt resulted in him being ostracised by the others.

He stated that the children implied [redacted] FJ 36 was queer or gay and that they called him "fanny". [redacted] FJ 30 himself was referred to as gay by some of the other children, although at the time he believes nobody else knew that a homosexual relationship was being carried on. He thinks their statement related more to the closeness of contact as demonstrated openly in the Home.

For example [redacted] FJ 36 involved [redacted] FJ 30 a lot in decision making and gave him a key to the staff bungalow. Also he took a keen interest in his hobbies in a way that was not experienced to the same extent by other children.

Around the time [redacted] FJ 30 was 16 years old, he was not sure of the exact date, an offer was made for him to accompany [redacted] FJ 36 to his house in Wales. [redacted] FJ 30 found this an unusual request and so he suggested other boys should go. This

**(i) WHSSB Homes**

5. In 1994 the WHSSB's homes provided residential care for children in three large children's homes; two of which were located in Londonderry and the other in Omagh. It also had access to voluntary children's home places in Nazareth House (Londonderry) and Nazareth Lodge (Belfast). Children whose behaviour was not able to be managed within a children's home setting were transferred to training schools located in either Belfast or Bangor and accessed according to the child's religion.
6. Unlike voluntary children's home the Department has no regulatory requirement in respect of Board's statutory children's homes, as they were required to provide homes for children in their care. (Section 92 of the Children and Young Persons Act (NI) 1950, re-enacted by the Children and Young Persons Act (NI) 1968). Day to day responsibility for the management of these statutory homes lay with an Assistant Principal Social Worker located within Foyle's Family and Child Care Programme of Care who reported to the Programme Manager.

**(ii) Fort James Inspection 1994**

7. Fort James children's home was structured into two units:
  - an Adolescent Resource Team providing 12 residential places for young people aged over 13 years. Its aim was to provide "a care service from reception to long stay which would address the assessed needs of residents." and
  - a Leaving and Aftercare Team which had access to three flats providing four places for young people preparing to leave care. An aftercare support/crisis intervention service was also provided for young people who had left care.
8. The 1994 inspection of Fort James took place between the 17<sup>th</sup> and 21<sup>st</sup> January 1994. A total of 52.5 hours were assigned to completing the inspection fieldwork. At that time the future of the home was uncertain as the Board had

clear that the present staffing establishment is far from adequate, in view of the dual function of the Unit, the large number of emergency admissions, and the demands of meeting the needs of such a wide range of children. Therefore, it is not unrealistic to expect increased staffing support in the Unit, if it is to continue to perform as a reception centre in addition to its assessment role, and it is recommended that the staffing level be reviewed as a matter of priority.

#### PLANNED ASSESSMENT

To refer, again, to the table on page 1, it is seen that during the period under discussion, a total of 20 children were referred for assessment, 10 of these were by planned referral and 10 remained in the Unit for assessment following an emergency admission. The average length of stay in the Unit following the six week assessment period was two weeks for the planned admissions, compared to a much higher average for the emergency admissions. This would seem to indicate that in cases where the admission is planned and where there has been adequate preparation by the Social Worker for admission. The placement is more effective, and the period of time that the child is held until an alternative placement is arranged, is reduced.

As regards placements following assessment in Harberton House, 8 children returned home, 5 were transferred to children's homes, 3 were placed in a more structured environment and 1 was placed in a hostel for adolescents. At the time of writing, the remaining 3 children are still in the Unit. It was felt in the case of the 3 children who returned home, that the ideal programme of support for them would have involved some form of Intermediate Treatment.

#### Core Evaluation Team

The Core Evaluation Team meets on a weekly basis to consider applications for assessment, to discuss any relevant matters pertaining to children in the Unit, to consider the Unit's assessment reports and to plan the future of children. The Core Evaluation Team consists of the Chairman, [redacted] HH 49 S.S.W. (residential child-care), [redacted] HH 5 Officer-in-charge, [redacted] HH 22 Deputy Officer-in-charge, a representative from the fieldwork management (Mr. Burke, P.S.W. or [redacted] TL 11 A.P.S.W.), Dr. Munro, Medical Officer and an Educational Psychologist. The Educational Psychologists operate a 3-monthly rota for membership of the Team. Dr. Munro, Medical Officer, attends some meetings for a short period to present reports on the medical condition of a number of the children in the Unit. [redacted] TL 17 A.D.S.S., also attends the weekly meetings of the Core Evaluation Team. The question of whether it would be appropriate for [redacted] TL 20 P.S.W., to attend the Core Evaluation Team meetings as a representative of the residential/day care management is to be looked at by the Team in the near future.

In order to ensure a flow of children through a short-stay Unit like Harberton House, it is necessary to include in the Core Evaluation Team, members who have managerial authority. The Team is generally seen as a fairly authoritative body, because of the status of its members, and in general the social work staff are co-operative with it. Although weekly attendance at the Core Evaluation Team meetings is time-consuming, nevertheless it is important that the fieldwork management continues to be represented by a senior member of staff, such as the

Continued/...

REPORT ON THE FUNCTIONING OF HARBERTON HOUSE

(SEPTEMBER, 1980 - FEBRUARY, 1981)

This report is a review of the functioning of Harberton House Short Stay Accommodation for Children in the first six months since its opening, i.e. from September, 1980 until the end of February, 1981.

In addition to examining the operation of the Unit itself, this review has provided some information of the general trends of residential child-care and has identified some of the main problems with and short-falls in the present situation.

Harberton House is a purpose-built, short-stay residential unit with a capacity for 25 children. It has been designed to cater for children who are in the care of the Board and for whom it was felt that a period of planned assessment was appropriate, in order to enable plans with regard to their future to be made. In addition to assessment, the Unit also provides emergency placements. Although the Unit is based in and managed by the Londonderry, Limavady and Strabane District, its facilities are available for use by the whole area.

Harberton House was opened on 8th September, 1980 and the first admissions took place on 19th September, 1980. From that date until 28th February, 1981, 62 children were admitted to the Unit. Of these, 10 were admitted for assessment on a planned basis following approval of the application by the Core Evaluation Team, and 52 were admitted to the Unit on an emergency basis, without referral to the Core Evaluation Team. The term "emergency" is used to describe any admission to the Unit, which was not considered beforehand by the Core Evaluation Team, and includes admissions by the Social Worker on standby duty outside office hours, admissions resulting from an unexpected crisis, of which no previous notice was given and which required immediate action, and thirdly admissions of which previous notification had been given, but for which no alternative placements were available. Of these 52 emergency admissions, 10 remained in the Unit for assessment, while 42 were held without being assessed until alternative placements were obtained for them.

The table below shows the breakdown of the figures according to Districts:

TYPE OF ADMISSION	L.L. & S. DISTRICT	OMAGH DISTRICT	FERMANAGH DISTRICT	OTHER	TOTAL
EMERGENCY - no assessment required	42	-	-	-	42
PLANNED ASSESSMENT	4	3	3	-	10
EMERGENCY - remaining for assessment	8	1	-	1*	10
TOTAL NUMBER OF CHILDREN FOR ASSESSMENT	(12)	(4)	(3)	(1)	(20)
TOTAL NUMBER OF ADMISSIONS	54	4	3	1	62

\*Northern Board

-Continued/...

An analysis of the figures shows, that all of the 42 "pure" emergencies were from the Londonderry, Limavady and Strabane District. Since the opening of Harberton House it has been the policy of the District that all emergency admissions to residential care be placed initially in the Unit. However, the figures do not represent the total number of children from the District admitted to care during this period, as a number of children were admitted to other residential facilities. No "pure" emergencies came from the other two Districts, possibly because of the distances involved and because they were able to meet the need within their own facilities.

As regards planned admissions, a similar number was referred by each District, although the Londonderry, Limavady and Strabane District has a much larger population. The "total number of children for assessment" reflects District size more accurately, since the local District had a total of 12 children assessed, compared to 4 from Omagh and 3 from Fermanagh.

This is explained by the fact that two-thirds of the children from the Londonderry, Limavady and Strabane District, who were assessed, were initially admitted to the Unit on an emergency basis. After admission it was decided in consultation with the staff at Harberton House, that they should remain for a period of assessment. Some of the possible reasons for this phenomenon may be lack of consciousness on the part of fieldwork staff of the facilities offered by Harberton House, inability to recognise the need for more detailed assessment, reluctance of fieldwork staff to use the Unit except as a last resort when an admission to care is unavoidable, or the occurrence of a crisis with regard to a child, whom the Social Worker intended to admit for planned assessment, and which necessitated an immediate admission.

#### EMERGENCY ADMISSIONS

Before concentrating on the functioning of Harberton House as an Assessment Centre, it is necessary to recognise that in practice it has a dual function. It is a reception unit as well as an assessment unit, and in fact it is clear from the figures that in practical terms its primary function of assessment has been dwarfed by its role as a reception unit over this six month period.

As regards the 42 children admitted on an emergency basis, the average length of stay in the Unit was 3½ weeks, even though the procedures were designed to limit the length of stay to 1 week in the case of an emergency admission. The length of stay ranged from 1 day to 12½ weeks, the children ranged from young babies to adolescents and usually the three cots for young babies were all occupied during the six-month period.

The number and the range of pure emergencies may be attributed to the fact that during the period, the child-care field was (and still is) in a transitional phase and several developments were taking place in other facilities. For example, St. Joseph's Voluntary Home closed their nursery and were unable to provide care for any children under the age of two years - they also restated their reluctance to accommodate adolescents; Fort James attempted to change its function from a children's home to a medium to long stay treatment unit for adolescents; the large number of young children being received into care could not be accommodated by the already limited foster-care provision. Because of the short-fall in appropriate resources to meet the need, the burden of accommodating the bulk of the admissions fell on Harberton House. In particular it was

Continued/...

discovered that there was a gap in the present provision for three categories, i.e. young babies, adolescents and children who because of their religious denomination could not be placed in Voluntary Homes.

As the Board has a statutory responsibility to provide care for children in need, the three resources available in the District, that is, Harberton House, Fort James and foster-care must be geared to meet this need. With regard to the limited provision of foster-care, it would appear that there is need for a co-ordinated effort to recruit, train, approve and support a pool of foster parents, who could provide placements for children on an emergency, a short-term and a long-term basis. A prerequisite would be the appointment, within the Londonderry, Limavady and Strabane District, of a full-time fostering officer, to initiate this effort. As the Board only has two residential units within the District, it is not possible for either of these to specialise fully, as they have to be geared to meet the actual demand. One or both of the units will have to adapt, and if Harberton House is to continue as a short-stay assessment unit, it might be more appropriate for Fort James to be re-structured so as to provide two units, with different functions, that is, a children's home and an adolescent treatment unit.

#### Effect Of Emergency Admissions On Harberton House

Until such developments take place, Harberton House will have to continue to act as a reception centre, a function for which it is ill-equipped at present, and this has implications for both children and staff. Children admitted to the Unit on an emergency basis, are transferred to other facilities as soon as possible, with the result that the children undergo a second disruption shortly after the initial disruption caused by their admission to care. In order to minimise this problem, it is the practice to place children directly from the community into other units without an initial period of reception in Harberton House. However, it is Board Policy, at present, that all emergency admissions be placed initially in Harberton House, and it is suggested that the Policy should be altered to reflect the current practice. Thus where possible children being received into care should be placed in other facilities, and Harberton House should only be used in the case of a genuine emergency, in which there is no indication of the probable length of stay in care.

A further problem regarding children is the detrimental effect on a child, who has to remain in the Unit for a lengthy period of time in the absence of a suitable alternative placement. Since the ethos of the Unit is short-stay, during a lengthy placement for one child, there would be a considerable number of other children passing through the Unit.

As regards the staff, considerable problems have arisen because of the large number and the wide age range of the children admitted on an emergency basis. A particular problem is the fact that the Unit invariably has a large number of infants and pre-school children - the primary care of these children is extremely demanding on staff time, and the staff have not been trained to look after them. It is not clear how the staffing level of Harberton House was decided, and it is felt that the staff ratio was simply based on the number of beds in the Unit, without any reference to the specialised function of the Unit. At present there are 14 child-care staff employed in the Unit, and as these work on a rota basis, at any one time there is only a small number of child-care staff on duty to look after 25 children, who range from babies to adolescents. It is

Continued/...

clear that the present staffing establishment is far from adequate, in view of the dual function of the Unit, the large number of emergency admissions, and the demands of meeting the needs of such a wide range of children. Therefore, it is not unrealistic to expect increased staffing support in the Unit, if it is to continue to perform as a reception centre in addition to its assessment role, and it is recommended that the staffing level be reviewed as a matter of priority.

#### PLANNED ASSESSMENT

To refer, again, to the table on page 1, it is seen that during the period under discussion, a total of 20 children were referred for assessment, 10 of these were by planned referral and 10 remained in the Unit for assessment following an emergency admission. The average length of stay in the Unit following the six week assessment period was two weeks for the planned admissions, compared to a much higher average for the emergency admissions. This would seem to indicate that in cases where the admission is planned and where there has been adequate preparation by the Social Worker for admission. The placement is more effective, and the period of time that the child is held until an alternative placement is arranged, is reduced.

As regards placements following assessment in Harberton House, 8 children returned home, 5 were transferred to children's homes, 3 were placed in a more structured environment and 1 was placed in a hostel for adolescents. At the time of writing, the remaining 3 children are still in the Unit. It was felt in the case of the 3 children who returned home, that the ideal programme of support for them would have involved some form of Intermediate Treatment.

#### Core Evaluation Team

The Core Evaluation Team meets on a weekly basis to consider applications for assessment, to discuss any relevant matters pertaining to children in the Unit, to consider the Unit's assessment reports and to plan the future of children. The Core Evaluation Team consists of the Chairman, HH 49 S.S.W. (residential child-care), FJ 33 Officer-in-charge, HH 22 Deputy Officer-in-charge, a representative from the fieldwork management (Mr. Burke, P.S.W. or TL 11 A.P.S.W.), Dr. Munro, Medical Officer and an Educational Psychologist. The Educational Psychologists operate a 3-monthly rota for membership of the Team. Dr. Munro, Medical Officer, attends some meetings for a short period to present reports on the medical condition of a number of the children in the Unit. TL 11 A.D.S.S., also attends the weekly meetings of the Core Evaluation Team. The question of whether it would be appropriate for TL 20 P.S.W., to attend the Core Evaluation Team meetings as a representative of the residential/day care management is to be looked at by the Team in the near future.

In order to ensure a flow of children through a short-stay Unit like Harberton House, it is necessary to include in the Core Evaluation Team, members who have managerial authority. The Team is generally seen as a fairly authoritative body, because of the status of its members, and in general the social work staff are co-operative with it. Although weekly attendance at the Core Evaluation Team meetings is time-consuming, nevertheless it is important that the fieldwork management continues to be represented by a senior member of staff, such as the

Continued/...

- 5 -

Principal Social Worker or the Assistant Principal Social Worker. As Mr. TL 11 is the A.P.S.W. in the District with the most experience in child-care, it would be desirable if he continued to deputise for Mr. Burke, P.S.W., in the latter's absence.

HH 49 role as Chairman of the Core Evaluation Team is hampered by the fact that in the absence of any clerical support for Harberton House he keeps the minutes of the weekly meetings.

### Procedures

As Harberton House is a short-stay assessment unit, the procedures it employs are geared towards making the fullest use of the period of time spent by a child in the Unit, in order to obtain as complete an assessment as possible. If the assessment is to be full and accurate, it is important that (1) the child's family is involved and that (2) the child settles quickly into the Unit.

Involvement of Family: Naturally a child cannot be assessed in a vacuum. Any assessment which is carried out on a child, without reference to his environment, will be distorted, and for this reason it is essential that the child's immediate family are involved in the assessment process. In practical terms, this means that in the case of a child from the Londonderry, Limavady and Strabane District, his parents agree to attend weekly family meetings in Harberton House for the short period in which a child is in the Unit. It is also important that the Social Worker involved with the family also comes to the Unit on a weekly basis to participate in the family meetings and also to visit the child, as it is the Social Worker who will continue to work with the child and his family following his discharge from the Unit and who will be involved in implementing the recommendations of the Unit in respect of the child. In the case of a child from another District, regular family meetings involving the Social Worker are arranged in accordance with the needs of a particular case. In practical terms, a Social Worker from Fermanagh would usually be asked to visit every other week, while a Social Worker from Omagh may be asked to visit every week, if it is felt to be necessary.

If a child has been resident in a children's home for a lengthy period of time prior to his admission to Harberton House and has little or no family contact, it is important that the Houseparent who has particular responsibility for him in the Home, should be involved in the assessment process, especially since the Houseparent will continue to work with the child when he returns to the Children's Home following his discharge from Harberton House, and since he/she will be involved in implementing the recommendations of the Unit.

In the case of children who have been staying on a long-term basis in Coleshill or Conneywarren, it is desirable if the Houseparent is able to visit with the Social Worker, but naturally this may not be convenient for the staff in the Children's Home.

Continued/...

Settling Into the Unit: In order to use the full period of his stay in the Unit to obtain an accurate assessment, it is important to minimise the upsetting effect on a child on his admission to Harberton House and to help him to settle quickly into the Unit. This is facilitated by appointing a Houseparent as the "key-worker" for each child, so that he has one particular person with whom he can identify from the time that he is being prepared for admission to Harberton House until the time he is discharged from the Unit following assessment. The family, the Social Worker and other agencies involved also have one member of staff in Harberton House, with whom they can relate with regard to an individual child.

Role of Key-Worker: The concept of the "key-worker" was agreed during discussions to plan the functioning and staffing of Harberton House.

In addition to sharing the overall care of all the children in the Unit, with the other members of staff on duty, the key-worker is responsible for the primary and secondary care of her particular child, while he is resident in the Unit. She participates in all of the weekly family meetings and in any case conference on the child, and is responsible for keeping records, for liaising with other agencies (e.g. school) or making any arrangements with regard to the child (e.g. dental appointment, family visit etc.). The key-worker works in close liaison with the Social Worker in maintaining contact with the child's family and in involving them in the assessment process. During this process the Social Worker and the key-worker have shared responsibility. In certain circumstances it is desirable that in the interests of the child this should continue for a period after discharge from the Unit. It is the key-worker who has most involvement with a particular child, and who is responsible for compiling the assessment report on the child and presenting it for discussion by the Core Evaluation Team. Each child is also appointed a second Houseparent, called a back-up worker, who is responsible for the child when the key-worker is not on duty.

Referrals and Admissions Procedures:

Whenever a child is referred for admission to Harberton House, the Social Worker presents his referral report to the Core Evaluation Team - it is important that the Social Worker, who is involved with the child, attends the Core Evaluation Team meeting in person, to discuss the case fully, to elaborate on any points and to answer any questions with regard to the child.

As soon as a child is approved by the Core Evaluation Team for admission, a Houseparent is appointed to act as key-worker in respect of that child. She visits the child and his family at home, in order to begin to build a relationship with the child and the family and to give them detailed information about Harberton House and to answer any of their queries

- 7 -

about the Unit - the Social Worker would be unable to do this. If the child is already placed in a Children's Home, the key-worker would visit the Home.

The child then visits Harberton House accompanied by his family, or in the case of a child already in care, by his Houseparent from the Children's Home. There is nothing laid down in the Unit's admission procedures which stipulates that a Houseparent from the Children's Home should visit with the child on his initial visit to Harberton House. If it is convenient for the staff in the Children's Home, the Houseparent is asked, but not expected, to visit the child while he is in the Unit. Fort James and Conneywarren have been using the key-worker concept for some time and Coleshill is also beginning to employ the idea.

#### Relationship With Fieldwork Staff

Much criticism has been directed at Harberton House by some of the fieldwork staff, who tend to question the effectiveness of some of the procedures, such as the number of meetings which they were required to attend, and the involvement of Harberton House staff in follow-up visits following a child's discharge. It is felt that the attitude of the social work staff results from the level of anxiety that exists because Harberton House involves a different approach to child care. This new approach has raised expectations and put pressure on staff with the result that there has been some confusion and anxiety about certain matters, e.g. the role of the fieldworker during the period of assessment in Harberton House and the amount of the fieldworker's time which is involved during the assessment process. The attitude on the part of the fieldwork staff has highlighted the necessity for meetings between them and the Harberton House management. It is intended that the latter will visit all the social work teams in the near future, to discuss the role and the functioning of Harberton House more fully and to attempt to clarify any misunderstandings and to resolve any of the problems that might exist.

#### Proposed Changes

Strong feelings exist among members of the fieldwork staff and the Core Evaluation Team with regard to the way that Harberton House accommodates children for a period of six weeks for assessment. Doubts have been expressed about the validity and the effectiveness of the assessment process - there was some feeling that "assessment" was a highly artificial concept and that it was unrealistic to assess children without effecting some change. Thus it was felt that Harberton House should view itself as a treatment resource as well as an assessment centre. There is a general consensus of opinion that the Unit does carry out some very effective treatment, but this is in spite of the procedures rather than because of them. The procedures had been designed before the Unit came into operation, and these were dictating the type and the quality of treatment, rather than the treatment determining the procedures. In particular it was felt that the existence of a set period of assessment (i.e. six weeks) was restrictive, and did not allow work to be tailored to the needs of individual children.

Continued/...

which hinders the functioning of the Unit. In addition to the normal secretarial work which is involved in any residential child-care facility, the operation of Harberton House generates a considerable quantity of additional administration and a Clerk/Typist would be needed to handle the correspondence and record-keeping; to prepare minutes on the large number of daily meetings and case conferences held with regard to each child; to minute the Core Evaluation Team meetings; to prepare the assessment reports and generally to deal with the clerical work of the Unit. Since the opening of Harberton House, [redacted] wife of the Officer-in-charge, has been doing all the typing for the Unit in a voluntary capacity. A request for a Clerk/Typist for Harberton House was made shortly after the opening of the Unit, but as yet there has been no decision made with regard to this matter.

It is felt that a Clerk/Typist and also a photocopier should be provided for the Unit.

#### Transport

A major problem is caused by the absence of any transport provision for the Unit. There is no vehicle provided by the Board available for use by the staff at Harberton House, nor is any member of staff designated as an "essential car user", which in effect prevents them from obtaining a loan from the Board to purchase a car and from claiming essential user mileage allowance. The large number of children passing through the Unit, results in a considerable amount of daily travelling for both staff and children. For example, the children have to be transported to and from a wide range of schools throughout the City every day.

It is felt that the question of the provision of transport for the Unit, should be examined as a matter of priority.

#### Conclusion

It would not be feasible to evaluate the assessment/treatment work of Harberton House at this stage, since the Unit has not had an opportunity to function as originally intended. The majority of children are admitted on an emergency basis, and they are simply held in the Unit without any planned work being carried out, until alternative placements become available. Consequently most of the staff resources are used to look after these children, rather than being directed towards planned work with the children who have been referred specifically to Harberton House for the type of help which it is designed to provide. Staff do not have sufficient time to carry out work with their particular children, nor do they have the opportunity to develop their professional skills, in view of the pressure created by the number of emergency admissions, and also the lack of planned admissions, which in turn limits the opportunity for planned involvement.

A further problem resulting from the provision for emergency admissions, is that there is no balance between the number of children with conduct disorders and those with emotional disorders, who are in the Unit at any one time. At the time of referral, no consideration is given to the question of how a particular child will fit into the group of residents already in the Unit, since Harberton House has to receive most of the emergency admissions to care in the Londonderry, Limavady and Strabane District, irrespective of the reason for reception into care. As regards those children who have been referred for assessment to date, there has been a preponderance of behavioural disorders and some problems have resulted, since the liberal ethos which exists at Harberton House, is unsuitable for dealing with such disorders. It is intended in the near future to hold a review of the professional aspects of the work being carried out in the Unit.

Summary Of Recommendations

The main recommendations which have been included in the report, are as follows:

1. It is felt that consideration should be given to the appointment of a full-time fostering officer within the Londonderry, Limavady and Strabane District. This person could initiate a co-ordinated effort to recruit, train, approve and support a pool of foster-parents, who could provide placements for children on an emergency, a short-term and a long-term basis.
2. Consideration could also be given to the adaptation of Fort James into a facility which could provide two units, i.e. a children's home and an adolescent treatment unit.
3. It is felt that it would be appropriate to alter the Board policy to state that where possible children being received into care are placed in the appropriate facilities available and that Harberton House should only be used in the case of genuine emergencies.
4. A review of the present staffing level and the provision of increased staffing support for the Unit.
5. The appointment of a higher ratio of male staff.
6. The provision of clerical support, i.e. a Clerk/Typist and a photocopier.
7. The continuing attendance at the Core Evaluation Team of a senior member of the fieldwork management, i.e. Mr. Burke, P.S.W. or [REDACTED] TL 11, A.P.S.W.
8. Contact by the Unit's management with all the fieldwork teams to discuss Harberton House and to resolve any misunderstandings.
9. That Harberton House views itself as a treatment resource as well as an assessment centre.
10. A changeover to a more flexible review procedure as opposed to a set period of assessment.
11. The distribution of the final assessment report to members of the Core Evaluation Team prior to the review meeting.
12. Consideration of the question of the provision of transport for the Unit.
13. A review of the professional aspects of the work being carried out in Harberton House.

HH 49

SENIOR SOCIAL WORKER  
CHAIRMAN, CORE EVALUATION TEAM

An analysis of the figures shows, that all of the 42 "pure" emergencies were from the Londonderry, Limavady and Strabane District. Since the opening of Harberton House it has been the policy of the District that all emergency admissions to residential care be placed initially in the Unit. However, the figures do not represent the total number of children from the District admitted to care during this period, as a number of children were admitted to other residential facilities. No "pure" emergencies came from the other two Districts, possibly because of the distances involved and because they were able to meet the need within their own facilities.

As regards planned admissions, a similar number was referred by each District, although the Londonderry, Limavady and Strabane District has a much larger population. The "total number of children for assessment" reflects District size more accurately, since the local District had a total of 12 children assessed, compared to 4 from Omagh and 3 from Fermanagh.

This is explained by the fact that two-thirds of the children from the Londonderry, Limavady and Strabane District, who were assessed, were initially admitted to the Unit on an emergency basis. After admission it was decided in consultation with the staff at Harberton House, that they should remain for a period of assessment. Some of the possible reasons for this phenomenon may be lack of consciousness on the part of fieldwork staff of the facilities offered by Harberton House, inability to recognise the need for more detailed assessment, reluctance of fieldwork staff to use the Unit except as a last resort when an admission to care is unavoidable, or the occurrence of a crisis with regard to a child, whom the Social Worker intended to admit for planned assessment, and which necessitated an immediate admission.

#### EMERGENCY ADMISSIONS

Before concentrating on the functioning of Harberton House as an Assessment Centre, it is necessary to recognise that in practice it has a dual function. It is a reception unit as well as an assessment unit, and in fact it is clear from the figures that in practical terms its primary function of assessment has been dwarfed by its role as a reception unit over this six month period.

As regards the 42 children admitted on an emergency basis, the average length of stay in the Unit was 3½ weeks, even though the procedures were designed to limit the length of stay to 1 week in the case of an emergency admission. The length of stay ranged from 1 day to 12½ weeks, the children ranged from young babies to adolescents and usually the three cots for young babies were all occupied during the six-month period.

The number and the range of pure emergencies may be attributed to the fact that during the period, the child-care field was (and still is) in a transitional phase and several developments were taking place in other facilities. For example, St. Joseph's Voluntary Home closed their nursery and were unable to provide care for any children under the age of two years - they also restated their reluctance to accommodate adolescents; Fort James attempted to change its function from a children's home to a medium to long stay treatment unit for adolescents; the large number of young children being received into care could not be accommodated by the already limited foster-care provision. Because of the short-fall in appropriate resources to meet the need, the burden of accommodating the bulk of the admissions fell on Harberton House. In particular it was

Continued/...

An analysis of the figures shows, that all of the 42 "pure" emergencies were from the Londonderry, Limavady and Strabane District. Since the opening of Harberton House it has been the policy of the District that all emergency admissions to residential care be placed initially in the Unit. However, the figures do not represent the total number of children from the District admitted to care during this period, as a number of children were admitted to other residential facilities. No "pure" emergencies came from the other two Districts, possibly because of the distances involved and because they were able to meet the need within their own facilities.

As regards planned admissions, a similar number was referred by each District, although the Londonderry, Limavady and Strabane District has a much larger population. The "total number of children for assessment" reflects District size more accurately, since the local District had a total of 12 children assessed, compared to 4 from Omagh and 3 from Fermanagh.

This is explained by the fact that two-thirds of the children from the Londonderry, Limavady and Strabane District, who were assessed, were initially admitted to the Unit on an emergency basis. After admission it was decided in consultation with the staff at Harberton House, that they should remain for a period of assessment. Some of the possible reasons for this phenomenon may be lack of consciousness on the part of fieldwork staff of the facilities offered by Harberton House, inability to recognise the need for more detailed assessment, reluctance of fieldwork staff to use the Unit except as a last resort when an admission to care is unavoidable, or the occurrence of a crisis with regard to a child, whom the Social Worker intended to admit for planned assessment, and which necessitated an immediate admission.

#### EMERGENCY ADMISSIONS

Before concentrating on the functioning of Harberton House as an Assessment Centre, it is necessary to recognise that in practice it has a dual function. It is a reception unit as well as an assessment unit, and in fact it is clear from the figures that in practical terms its primary function of assessment has been dwarfed by its role as a reception unit over this six month period.

As regards the 42 children admitted on an emergency basis, the average length of stay in the Unit was 3½ weeks, even though the procedures were designed to limit the length of stay to 1 week in the case of an emergency admission. The length of stay ranged from 1 day to 12½ weeks, the children ranged from young babies to adolescents and usually the three cots for young babies were all occupied during the six-month period.

The number and the range of pure emergencies may be attributed to the fact that during the period, the child-care field was (and still is) in a transitional phase and several developments were taking place in other facilities. For example, St. Joseph's Voluntary Home closed their nursery and were unable to provide care for any children under the age of two years - they also restated their reluctance to accommodate adolescents; Fort James attempted to change its function from a children's home to a medium to long stay treatment unit for adolescents; the large number of young children being received into care could not be accommodated by the already limited foster-care provision. Because of the short-fall in appropriate resources to meet the need, the burden of accommodating the bulk of the admissions fell on Harberton House. In particular it was

Continued/...

which hinders the functioning of the Unit. In addition to the normal secretarial work which is involved in any residential child-care facility, the operation of Harberton House generates a considerable quantity of additional administration and a Clerk/Typist would be needed to handle the correspondence and record-keeping; to prepare minutes on the large number of daily meetings and case conferences held with regard to each child; to minute the Core Evaluation Team meetings; to prepare the assessment reports and generally to deal with the clerical work of the Unit. Since the opening of Harberton House, [redacted] wife of the Officer-in-charge, has been doing all the typing for the Unit in a voluntary capacity. A request for a Clerk/Typist for Harberton House was made shortly after the opening of the Unit, but as yet there has been no decision made with regard to this matter.

It is felt that a Clerk/Typist and also a photocopier should be provided for the Unit.

#### Transport

A major problem is caused by the absence of any transport provision for the Unit. There is no vehicle provided by the Board available for use by the staff at Harberton House, nor is any member of staff designated as an "essential car user", which in effect prevents them from obtaining a loan from the Board to purchase a car and from claiming essential user mileage allowance. The large number of children passing through the Unit, results in a considerable amount of daily travelling for both staff and children. For example, the children have to be transported to and from a wide range of schools throughout the City every day.

It is felt that the question of the provision of transport for the Unit, should be examined as a matter of priority.

#### Conclusion

It would not be feasible to evaluate the assessment/treatment work of Harberton House at this stage, since the Unit has not had an opportunity to function as originally intended. The majority of children are admitted on an emergency basis, and they are simply held in the Unit without any planned work being carried out, until alternative placements become available. Consequently most of the staff resources are used to look after these children, rather than being directed towards planned work with the children who have been referred specifically to Harberton House for the type of help which it is designed to provide. Staff do not have sufficient time to carry out work with their particular children, nor do they have the opportunity to develop their professional skills, in view of the pressure created by the number of emergency admissions, and also the lack of planned admissions, which in turn limits the opportunity for planned involvement.

A further problem resulting from the provision for emergency admissions, is that there is no balance between the number of children with conduct disorders and those with emotional disorders, who are in the Unit at any one time. At the time of referral, no consideration is given to the question of how a particular child will fit into the group of residents already in the Unit, since Harberton House has to receive most of the emergency admissions to care in the Londonderry, Limavady and Strabane District, irrespective of the reason for reception into care. As regards those children who have been referred for assessment to date, there has been a preponderance of behavioural disorders and some problems have resulted, since the liberal ethos which exists at Harberton House, is unsuitable for dealing with such disorders. It is intended in the near future to hold a review of the professional aspects of the work being carried out in the Unit.

- 7 -

about the Unit - the Social Worker would be unable to do this. If the child is already placed in a Children's Home, the key-worker would visit the Home.

The child then visits Harberton House accompanied by his family, or in the case of a child already in care, by his Houseparent from the Children's Home. There is nothing laid down in the Unit's admission procedures which stipulates that a Houseparent from the Children's Home should visit with the child on his initial visit to Harberton House. If it is convenient for the staff in the Children's Home, the Houseparent is asked, but not expected, to visit the child while he is in the Unit. Fort James and Conneywarren have been using the key-worker concept for some time and Coleshill is also beginning to employ the idea.

#### Relationship With Fieldwork Staff

Much criticism has been directed at Harberton House by some of the fieldwork staff, who tend to question the effectiveness of some of the procedures, such as the number of meetings which they were required to attend, and the involvement of Harberton House staff in follow-up visits following a child's discharge. It is felt that the attitude of the social work staff results from the level of anxiety that exists because Harberton House involves a different approach to child care. This new approach has raised expectations and put pressure on staff with the result that there has been some confusion and anxiety about certain matters, e.g. the role of the fieldworker during the period of assessment in Harberton House and the amount of the fieldworker's time which is involved during the assessment process. The attitude on the part of the fieldwork staff has highlighted the necessity for meetings between them and the Harberton House management. It is intended that the latter will visit all the social work teams in the near future, to discuss the role and the functioning of Harberton House more fully and to attempt to clarify any misunderstandings and to resolve any of the problems that might exist.

#### Proposed Changes

Strong feelings exist among members of the fieldwork staff and the Core Evaluation Team with regard to the way that Harberton House accommodates children for a period of six weeks for assessment. Doubts have been expressed about the validity and the effectiveness of the assessment process - there was some feeling that "assessment" was a highly artificial concept and that it was unrealistic to assess children without effecting some change. Thus it was felt that Harberton House should view itself as a treatment resource as well as an assessment centre. There is a general consensus of opinion that the Unit does carry out some very effective treatment, but this is in spite of the procedures rather than because of them. The procedures had been designed before the Unit came into operation, and these were dictating the type and the quality of treatment, rather than the treatment determining the procedures. In particular it was felt that the existence of a set period of assessment (i.e. six weeks) was restrictive, and did not allow work to be tailored to the needs of individual children.

Continued/...

21 MAR 1986

SWAG/16/86

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

LONDONDERRY, LIMA VADY AND STRABANE UNIT OF MANAGEMENT

## INSPECTION OF:-

Harberton House

106 Irish Street

Waterside

Londonderry

Telephone (0504) 48490

## TYPE/FUNCTION OF HOME:-

Harberton House is a purpose built facility which can accommodate 25 children of either sex. Its functions are the reception/admission to care of children from the Londonderry, Limavady and Strabane Unit of Management and to provide assessment/medium stay residential care for children who come mainly from the area covered by the Western Board.

## RESIDENT CHILDREN BY AGE AND SEX (6.1.86)

	BOYS	GIRLS
UNDER 7	2	2
8-11	4	3
12-15	4	4
16-18	1	0
	—	—
+ TOTAL	11	9

DATES OF INSPECTION:-

7/8 January 1986

10 January 1986 (CET meeting)

TIMES OF ARRIVAL/DEPARTURE:-

Tuesday 7 January 0900-2015

Wednesday 8 January 0900-1400

Friday 10 January 0945-1400

SOCIAL WORK ADVISER:-

D P O'BRIEN

## 1.0 PURPOSE OF THE HOME

- 1.1 Harberton House opened in September 1980 as a purpose-built short stay residential unit which would accommodate 25 children. It was intended to have a dual role ie ✓
- (a) to provide an assessment of children coming into care from the area covered by the Western Board before onward placement; and ✓
  - (b) to function as the primary reception centre for children admitted to care from Londonderry, Limavady and Strabane Unit of Management. ✓
- 1.2 At the outset the short stay nature of the facility was emphasised and procedures were developed to assist a throughput of children from the unit to the most suitable placement available. However during the early years of the operation staff found that there was a need for some flexibility in their approach to the assessment of children. The time taken depended on the needs of the child referred and to an extent to the level of involvement of the child's family. Frequently it was found necessary to extend the period of assessment with the child remaining in Harberton. ✓

1.3 There was also a tendency for children who were admitted to care and placed in Harberton initially to stay there longer than was envisaged. One reason was the difficulty in finding placements elsewhere. ✓ Some children stayed on Harberton because the staff there said that they had developed particular skills for working with them. Others who were suitable for fostering also remained there while a family placement was identified and avoided the disruption of moving to a holding placement in another children's home. ✓

*incorrect*

1.4 Early in 1984, following the issue of the SWAG Inspection Report, a working group was established with the following terms of reference:- ✓

- 3
- (i) to review the functioning of Harberton House;
  - (ii) to examine the most appropriate structure to carry out this revised function according to changing need;
  - (iii) to devise an appropriate operational plan for this structure.

In its Report published in December 1984 the working group proposed "that formal recognition should be given to the evolutionary changes which have occurred in order to meet ✓

the needs of children being admitted to Harberton House ie that the unit should be formally divided into:-

- (a) a reception/assessment unit with 13 beds; and ✓
- (b) a medium stay unit with 12 beds." ✓

1.5 The proposals have been accepted by the Board but the full implementation cannot be given effect until additional revenue becomes available. Nevertheless it is accepted that at the present time Haberton House has the dual purpose of:-

- (i) reception/assessment function - short stay residential care; and
- (ii) a medium stay function for children remaining in residential care for up to 12 months. ✓

## 2.0 THE CHILDREN AND YOUNG PEOPLE RESIDENT

2.1 There were 20 residents in Harberton, 11 boys and 9 girls, and their ages ranged between 5 years 2 months and 16 years 11 months. Three children were in voluntary care under Section 103 of the Children and Young Persons Act, one was the subject of a Parential Rights Order and the 16 remaining were in the care of the Western Board under Fit Person Orders. All had home addresses within the Londonderry, Limavady and Strabane Unit of Management of the Western Health and Social Services Board.

## PRIOR SITUATION/PERIOD OF RESIDENCE

2.2 Fifteen of the residents were admitted to Harberton from their own homes, 4 from foster homes and one from residential care in a voluntary children's home. A group of 4 siblings had been in Harberton for just over one year and a boy and a girl were resident for 3 weeks and 2 weeks respectively. The other children had spent periods of between 2 and 8 months in the assessment unit.

## PRESENT/FUTURE PLANS

2.3 The assessment of 3 of the children was ongoing at the time of the inspection. Fostering placements were being sought for 11 others and 2 sisters were to make a phased return to the care of a parent. The oldest boy was being prepared to

leave residential care to live independently in the community. It was planned to refer another 15 year old boy, who had been fostered for some years, to a residential placement. A 10 year old girl was "holding" in Harberton while a police investigation was preceding and the future of one teenage girl was undecided as she had just returned to the assessment unit following a 13 week placement in a training school. Another adolescent girl, whose name was on the Harberton admission register, had been transferred to training school for "assessment" on a Place of Safety Order in December 1985 and she was still there.

#### CHILDREN'S FILES

2.4 There is a file for each child in the unit and these are held in a filing cabinet in the office where staff have access to them. A data card (Appendix "A") which holds essential information about the child is attached to the outside of his/her file. On the inside there is a contents checklist (Appendix "B") of documentation which each file should contain and a summary of the casenotes. The files were divided into the following sections:-

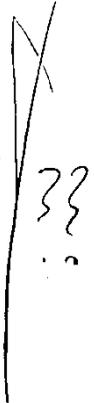
- |                              |                         |
|------------------------------|-------------------------|
| (a) Referral Forms;          | (f) Correspondence;     |
| (b) Admission to Care Forms; | (g) Untoward Incidents; |
| (c) Care Order;              | (h) Assessment;         |
| (d) Medical Forms;           | (i) Case Notes.         |
| (e) Case Conferences;        |                         |

- 2.5 The files on 5 children were selected for examination. Generally they were well documented but the volume of information held on some files made assimilation difficult. An improvement could be made if casenote summaries were synthesised every 2/3 months and type-written. //

## REVIEWS

- 2.6 A Core Executive Team (CET) meets weekly to discuss applications for admission, to consider assessment reports and to review children in Harberton and to make plans for their future. The CET is chaired by [REDACTED] TL 4 senior social worker (residential and day care), and the other regular members are [REDACTED] assistant principal social worker (fieldwork), [REDACTED] HH 5 officer-in-charge and [REDACTED] HH 22 deputy officer-in-charge. For reviews they are joined by the fieldworker with responsibility for a particular case, by a residential worker who is the child's key worker and by representatives of other organisations with an interest in the child's future well-being. ✓
- 2.7 Generally the reviews on children in Harberton are held in accordance with Western Board policy, ie within one month ✓ of admission to residential care and thereafter not less than once in every 3 months. However, in the case of one

girl who had been removed to a training school for approximately 3 months the date set for her review had passed while she was there and it was not held until she returned to Harberton. 

2.8 A boy who was admitted to the assessment unit from Strabane was reviewed by the CET on 23 July 1985 and 4 October 1985 with another review planned for 10 January 1986. The same boy was reviewed together with his siblings in the fieldwork office on 1 August 1985 and 28 November 1985. This suggests that there is a need for better co-ordination between Harberton and some fieldwork teams in relation to reviews. 

2.9 Following the initial referral and the completion of an assessment, children remaining in Harberton continue to be reviewed by the CET each quarter. There was a brief extract from the minutes of these meetings on most of the files examined but there were no copies of review reports prepared either by the residential staff or by fieldworkers. It is the Western Board's policy that staff involved in reviewing children "must have available detailed reports on all aspects of their work with the child and his/her family". None of the files held completed forms WC10/10 which should be tabled at each review. It is recommended that reports should be prepared for reviews in accordance with Board policy and that the 

plans and recommendations should be properly documented on the pro forma provided.

- 2.10 Reviews conducted by the CET are formal and well attended. The participation of some children in part of the review meeting is a welcome development. The Social Work Adviser attended a case conference where a teenage boy brought into the meeting presented and supported a statement of his views concerning his preferred options for a future placement. At the last review it had been planned to find a family placement for him but there was no response to an advertisement for foster parents. The boy was aware of the difficulty in recruiting foster parents for someone of his age and articulated his second preference which was for placement in Coneywarren Children's Home. He pointed out that he did not like living in Londonderry, that he had relatives in Omagh and that he liked Coneywarren when he had spent some time there previously. After he left the meeting the CET decided to pursue fostering again while the boy remained in Harberton for another 3 months. If young persons are to make a serious contribution to their reviews then full account should be taken of the views they express.

*Full account  
was taken*

- 2.11 It was apparent from the case files and from the review meetings that in many cases only general plans are made for the children. Indeed, the four reviews held at the CET meeting attended by the Social Work Adviser had the same

general outcome, eg that the children would remain in Harberton for a further period of 3 months. To an extent finding long-term placements for some children is dependent on the outcome of an application for a placement elsewhere or on the recruitment of foster parents. However the CET has executive authority and when plans are made it should ensure that tasks are allocated to all of the workers involved and set a specific period of time for their completion.

#### VIEWS OF THE CHILDREN

2.12 During the inspection the Social Work Adviser had a conversation over an evening meal with 3 girls and 2 boys residing in Harberton. Some of them had previous experience of foster care and of living in other children's homes. They drew favourable comparisons between their former placements and Harberton. Those who had been in the assessment unit for some time were conversant with the plans which had been made for their future. They had no complaints to make about their care in Harberton.

#### AREAS OF PARTICULAR DIFFICULTY

2.13 In the 12 months ending 31 December 1985 there were 82 admissions and 76 discharges from Harberton. With such a high turnover of residents, many of whom are coming into care for the first time, unsettled behaviour by some of

them is not unexpected. Problems experienced have been absconding or leaving the unit without permission, precocious sexual behaviour, fighting, self-injury and assaults on staff. As a consequence 5 young persons were removed to training schools on Place of Safety Orders and two of them were subsequently committed on a Training School Order. Staff changes over the period and the absence of the Officer-in-Charge during secondment to the Certificate in Advanced Social Work (Child Care) Course at Queens University, Belfast may have inadvertently affected the children's behaviour. However the mixing of short and long-term children is a major factor. The formal division of Harberton into two units has been agreed by the Board and it is recommended that this work should proceed without undue delay.

### 3.0 THE STAFF

- 3.1 There are 18 residential child care staff working in Harberton and 6 of them are men. At the time of the inspection one of the staff was on secondment to a professional training course and 2 staff were on maternity/sick leave. Three temporary appointments had been made to cover in their absence. None of the staff are resident.
- 3.2 Five staff have qualifications which are recognised by the Central Council for Education and Training in Social Work. The officer-in-charge completed the Certificate in Advanced Social Work (Child Care) at Queens University, Belfast in September 1985. Two houseparents hold the Certificate of Qualification in Social Work and the deputy officer-in-charge and an acting senior houseparent have the Certificate in Residential Care of Children and Young Persons. Of the remaining staff, 3 have done a preliminary course in child/social care, one has youth leadership training and 3 others are university graduates.
- 3.3 From the foregoing it would appear that 12 of the staff have no professional qualifications in social work/child care. One of the senior houseparents has applied for the Certificate in Social Service training beginning in 1986 but if she is offered a place on the course there is no guarantee that she will be seconded by the Board. This is

because the Londonderry, Limavady and Strabane Unit of Management has only a limited amount of funding available for this purpose. With regards to Certificate of Qualification in Social Work training the present policy of the Western Board is to second only 3 staff annually to this course and priority is given to persons with seniority and long service. Therefore there is little prospect of building up the professional expertise of the staff in Harberton in the short term through full-time training.

3.4 Aside from induction training for new recruits, 11 of the staff have not been on training courses over the 2 year period prior to the inspection. Of the others 4 attended courses on staff supervision and 3 had been to the seminar on child care legislation. One houseparent had been to family therapy training and another attended a 2-day course dealing with incest. A full list of staff in-service training from 1984 to 1986 can be found at Appendix A.

3.5 The lack of opportunity for secondment of the Harberton staff to professional training and the infrequency of their attendance at in-service courses is a matter for concern. It is recommended that this is reviewed by the Board with a view to finding a remedy which will increase the number of qualified staff in the short term and through in-service training expand the knowledge base and develop the expertise of all staff in child care matters.

## STAFF REQUIREMENT

3.6 The Castle Priory Report (1969) recommends a ratio of one staff to 4 or 5 children during the waking day for "observation and reception units provided for children aged mainly between 5 and 17 years". In addition it suggests an officer-in-charge and a deputy officer-in-charge for larger units and the engagement of specialist staff on a sessional basis. When this formula is applied to Harberton (25 places) the number of full-time child care staff required is between 21.22 and 17.38 depending on which child/staff ratio is used. With 18 staff in post Harberton is just above the minimum standard required. ~~///~~

3.7 The report of the working party on Harberton House referred to in paragraph 1.4 above recommended dividing the facility into a 13-place assessment unit and a 12-place medium stay unit. The working party advised that the staffing establishment would have to be increased by at least 2 houseparents in order to implement its proposals. Using the Castle Priory formula the ratio of staff to children in the assessment unit would be unchanged. However, a ratio of one staff to 5 or 6 children would apply to the medium stay unit. Allowing for an officer-in-charge and a deputy officer-in-charge when the figures for both units are combined, the number of full-time staff required would be reduced to between 14.14 and 17.37 depending on which ratio is used. From these figures it would appear that there are

sufficient staff to allow the division of Harberton into two separate units to take place.

#### STAFFING STRUCTURE

- 3.8 The present senior staffing structure is officer-in-charge, a deputy officer-in-charge and 4 senior houseparents. The officer-in-charge and the deputy officer-in-charge work mainly between 9 am and 5 pm, Monday to Friday and the senior houseparents work on a two shift system. It is Unit of Management policy to always have one of the senior staff on duty in the home.

#### THE STAFF DUTY ROTA

- 3.9 A two shift system is operated by the houseparents and this is worked out over a 12-week period. Some of them are on duty from 7 am to 3 pm and others work from 8 am to 4 pm on the morning shift. In the evenings the shift times are from 2 pm to 10 pm and from 4 pm to 12 pm with the staff finishing at midnight sleeping on the premises. The aim of the rota is to provide a minimum cover of 4 staff per shift but frequently 5 or 6 staff are rostered for duty. The staggered starting time for the evening shift means that staff are concentrated during the hours when most of the children are awake. The majority of the staff are able to attend the "handover meeting" on weekdays between 2 pm and 3 pm.

3.10 Following a recommendation made in the 1983 Social Work Advisory Group Inspection Report on Harberton a review of night staffing was undertaken by management with a view to increasing cover. The present arrangement is for 3 staff, one senior and two houseparents to sleep in overnight. The senior rota includes the officer-in-charge and deputy officer-in-charge and the senior houseparents. However the officer-in-charge and the deputy officer-in-charge are "on call" and may not be on the premises during the nights which they cover. It is recommended that this arrangement is revised so that one of the senior staff is on the premises at all times in accordance with Unit of Management policy.

#### STAFF SUPERVISION

3.11 Supervision is planned on a fortnightly basis for all Harberton staff including the officer-in-charge who is supervised by the senior social worker (residential and day care). The officer-in-charge supervises the deputy officer-in-charge and two senior houseparents and the other two senior houseparents are supervised by the deputy officer-in-charge. The senior houseparents each supervise 3 houseparents. Several of the staff have attended an in-service training course designed to improve their supervisory skills. The principal social worker (residential and day care) noted in his 1984 monitoring report "a difficulty in maintaining a consistent level of

formal supervision as considered appropriate in the face of more immediate operational demands". The Social Work Adviser was unable to verify the frequency of staff supervision in Harberton because records are not kept. Without them it is impossible for Western Board staff involved in monitoring or Social Work Advisers making inspections on behalf of the Department to measure the effectiveness of the supervision system. It is recommended that the dates of staff supervision are recorded and that a brief record of the process is also maintained.

#### STAFF MEETINGS

- 3.12 When meetings are held staff on the 8 am to 4 pm shift come in at 10 am and finish at 6 pm so that they can attend. Generally staff meetings are held monthly except at the peak of the Summer holiday season. During the 12 months prior to the inspection Mr Haverty, Assistant Director (Unit of Management) and TL 20 Principal Social Worker, each attended a staff meeting. The agenda for the meetings is wide-ranging covering everything from housekeeping matters to policy changes. Time is also spent on staff development/in-house training and practice issues are also considered in this forum.

#### MANAGEMENT ARRANGEMENTS

- 3.13 A senior social worker (residential and day care) reports

to the principal social worker (residential and day care) who is responsible to the assistant director (Group) for the management of the home. The senior social worker is designated as the "visiting social worker" as required under paragraph 3(3) of the Conduct of Children's Home Direction (Northern Ireland) 1975.

#### 4.0 COMPLIANCE WITH REGULATIONS/DIRECTION

##### VISITS BY MEMBERS OF THE PERSONAL SOCIAL SERVICES COMMITTEE

- 4.1 Paragraph 3(2) of the Conduct of Children's Homes Direction requires the Board to arrange for a member of its Personal Social Services Committee to visit Harberton "at least once in every quarter". The visiting member should satisfy himself that the home is being conducted in the interests of the children, sign and date the records held in the home and report to the committee.
- 4.2 In order to assist Personal Social Services Committee Members, Western Board staff have prepared notes of guidance (Appendix "C") for the statutory visits. The notes draw attention to particular areas which members should cover during their visits and these are grouped under 3 headings, ie (a) Inspection of Records, (b) Quality of Physical Care and (c) Quality of Social/Emotional Care. A pro forma (Appendix "D") was also devised for the use of Board members and space is provided for their observations, impressions and conclusions on the operation of the home. This system of reporting was introduced and accepted by the Personal Social Services Committee at its meeting on 7 September 1984.
- 4.3 Reports were made available of visits made on 13 July and 2 November 1985 by a member of the Personal Social Services

Committee to Harberton. These provide factual information about the staff on duty and the number of boys and girls in residence at the time of the visit and indicate that the statutory records held in the home were "in order".

However it was disappointing to find that there were no relevant comments made in sections dealing with the quality of physical, social and emotional care of the children.

Some observations were made about outstanding maintenance work and both reports concluded that the home was found to be "clean and tidy".

- 4.4 Although 4 visits should be made annually by members of the Personal Social Services Committee only 2 were made to Harberton in the 12 months preceding the inspection. The Direction also requires members to sign and date the records "to be kept in the home" and this was not done. It is recommended that members of the Personal Social Services Committee undertaking visits to Harberton are reminded of their duties under the Conduct of Children's Homes Direction with regard to the frequency of their visits, the inspection/signing of statutory records and reporting.

#### VISITS BY THE VISITING SOCIAL WORKER

- 4.5 TL 4 senior social worker (residential and day care), is a designated visiting social worker to the Home. As stated above he is chairman of the CET which has a key role in the admission of children to Harberton and in

their subsequent reviews. [REDACTED] TL 4 provides professional supervision and support for the officer-in-charge and is his line manager. He recorded 122 visits to Harberton between 1 October 1984 and 31 November 1985.

4.6 [REDACTED] TL 4 makes monthly reports on Harberton through [REDACTED] TL 20 principal social worker (residential and day care) to Mr T Haverty, assistant director (Group) and ultimately to the Director of Social Services. A pro forma (Appedix "E") is used for this purpose and the following general areas are covered:-

- (i) statistical information;
- (ii) records;
- (iii) physical environment;
- (iv) primary care;
- (v) social/emotional care;
- (vi) contact with fieldwork staff;
- (vii) conclusion.

4.7 Eleven monthly reports were made available to the Social Work Adviser and generally these were found to contain useful factual information, but in parts they were short of ~~detail~~. This applied particularly to the sections dealing with primary care, social/emotional care and contact with fieldwork staff. However, the level of visiting by [REDACTED] TL 4 and his monthly reports satisfied the requirements of the Conduct of Children's Homes Direction

in respect of the visiting social worker's duties.

#### MEDICAL OFFICER

4.8 The Medical Officer, Dr Munroe, visits weekly to see children newly admitted to the home and any of the others who require medical advice or attention. Dr Munroe provides a medical assessment when it is required and may also refer some children to a specialist eg, a psychiatrist. In October 1985 Dr Munroe gave the officer-in-charge a note suggested that the carpet in the dining area of Harberton should be replaced as he felt the existing floor covering was "dirty and unsightly" and could "constitute a health hazard". Management are satisfied that Dr Munroe carries out his duties for which he has responsibility under Section 5 of the Conduct of Childrens Homes Direction.

#### FIRE PRECAUTION ARRANGEMENTS

4.9 [REDACTED] TL 4 wrote to the Health and Safety Inspectorate of the Department of Economic Development on 16 April 1985 requesting an inspection of Harberton. In a reply dated 8 May 1985 the Principal Health and Safety Inspector said that by its letter of 3 October 1980 the Inspectorate "was satisfied that the fire safety standards at Harberton as specified were reasonably assured". However, he went on to say that while his staff will also check at intervals on the adequacy of general fire precautions "they do not offer

23.

a regular inspection service in this matter". The Principal Health and Safety Inspector expressed the view that "self regulation" was the basic concept behind the Health and Safety at Work (NI) Order 1978 and suggested that the Board's fire prevention officers should make the regular checks. The Department of Health and Social Services has taken up the question of responsibility for periodic inspections of children's homes by the Fire Authority in correspondence with the Health and Safety Inspectorate.

- 4.10 The Board's deputy fire prevention officer calls twice weekly at Harberton to check on fire extinguishers and hoses, to see that the means of escape are clear and in working order and to test the fire alarm system. If he finds any faults these are reported for maintenance or repair and he takes away used fire extinguishers for refilling. Periodic fire drills are carried out by the staff of the home.

#### CONTROL/DISCIPLINE

- 4.11 Staff aim to retain control in the unit by influencing the children through using the key worker system and by providing a basic routine to which they must adhere but which can be used flexibly. For example, bedtimes are set for all children according to their ages but in exceptional circumstances these can be extended eg to watch a TV

programme or when on holiday. Also older boys and girls are allowed to stay out late on two evenings each week ie to 10 pm or if in the city centre to return on the last bus. When permission is given to attend a disco the deadline is extended to midnight and the children are collected by staff in the home's estate car.

- 4.12 When children break the ground rules some sanction may be used. This will usually entail the loss of a privilege eg being sent to bed early or deprived of a late night out, and for serious misbehaviour "grounding" is used ie confinement to the premises for a period. Where damage to property is involve the young person responsible is generally expected to make restitution.

## 5.0 EXAMINATION OF STATUTORY RECORDS

## ADMISSION/DISCHARGE REGISTERS

5.1 Two hardbacked index books held by the officer-in-charge serve as separate admission and discharge "registers". Each has pages ruled into columns and all entries are individually numbered. The admissions book has sections for the date of admission, the name (of the child), date of birth, religion, social worker (name) and (type of) care order and comments. The discharges book has columns for the date (of discharge), name and address, location on discharge and CET recommendations. The records show that there has been 482 admissions and 461 discharges from Harberton since the unit opened in September 1980. During

*Registers in Harberton  
in written Board* 1985 there were 82 admissions and 76 discharges. The recording of admissions and discharges would be improved if a ~~proper~~ Register was provided and if there was a written instruction from management on appropriate entries.

## MENUS

5.2 A typed specimen menu which operates on a 4-week cycle is held in the home. As far as possible the kitchen staff adhere to it but minor variations occur. For example, the Board's catering section is currently experimenting with "cook freeze" meals and Harberton is a participating facility. Therefore it is recommended that a daily record

is kept of the meals provided for the children and that these are dated and held for inspection.

#### RECORD OF EVENTS OF IMPORTANCE

5.3 A day book is written up by the staff on duty. The names of the residents are set out in the margin and significant events are recorded against the boys and girls concerned. Recent admissions and discharges and the total number of children in Harberton are logged twice daily at 8 am and 4 pm and a night report is also included.

#### MEDICAL RECORDS

5.4 A completed medical assessment form (Appendix "F") is held on each of the children's files.

#### SIGNING OF STATUTORY RECORDS BY THE VISITING SOCIAL WORKER

5.5 The visiting social worker signed the admission/discharge "registers" on the following dates:-

4 February 1985;	15 July 1985;
28 February 1985;	7 October 1985;
3 April 1985	5 December 1985; and
13 May 1985;	7 January 1986.
17 June 1985;	

The "day book" and the inside of the folder holding the menus were also signed regularly by [REDACTED] TL 4 [REDACTED]. He explained that the records were unsigned during periods when he was off work due to illness and when he was on annual leave. It is recommended that in future, records are signed by the social work manager covering in [REDACTED] TL 4 [REDACTED] absence.

## 6.0 MONITORING ARRANGEMENTS

6.1 In response to Departmental Circular HSS(CC) 6/63 "Monitoring of Residential Child Care Services", the Western Board submitted an outline of its monitoring arrangements in January 1984. It put forward the view that monitoring "is an essential part of, and inseparable from management" and then set out in tabular form the main elements to be monitored and the officers who would take responsibility for each of them. The method to be used was unclear as was the frequency of the monitoring activities and the reporting arrangements. However representatives of the Department are soon to meet with Board officers to discuss the arrangements for monitoring and the Board's monitoring statement for 1984.

6.2 The monitoring report for 1984 covers both Harberton and Fort James, both of which are managed by the Londonderry, Limavady and Strabane Unit of Management. The report which is dated 20 May 1984 was prepared by [REDACTED] TL 20 principal social worker and comments by [REDACTED] SND 502 assistant director (Area) were appended. All of the "elements to be monitored" were set out in the report with comments underneath. The report lacked an assessment of how the home was functioning but there was an indication that one element - the relationship between fieldwork and residential staff - was being currently examined by Mr Haverty, assistant director (Group) and his staff with

## 7.0 COMPLAINTS PROCEDURES

7.1 A "Complaints Procedure for Children in Residential Care and Their Parents" as set out in Departmental Circular HSS(CC) 2/85 had not been implemented in Harberton at the time of the inspection. It was due to come into operation by 13 July 1985. The officer-in-charge explained that he had seen a copy of the Western Board's booklet for children and their parents in which the grounds for complaint are listed and the procedure for a making a complaint, including a "contact card" method are set out. However, the booklets had not been distributed within Harberton because the staff's trade unions have placed an embargo on the operation of the Complaints Procedure until agreement is reached on a system for investigating complaints. However the Western Board has a procedure for dealing with general complaints in all of its facilities and this applies to Harberton.

7.2 The officer-in-charge had received one complaint during 1975. This was from the mother of a 13 year old girl who had sustained a dislocated elbow in Harberton while fighting with another resident. The girl was kept in Altnagelvin Hospital for 2 nights while her injuries were being treated there. Her mother has instructed solicitors to seek compensation from the Western Board for loss and damage ~~"by reason of your negligence in failing to provide supervision"-at-the-time-of-the-incident.~~

## 8.0 THE PREMISES

8.1 Harberton is located about one mile from the centre of Londonderry just off the main Belfast Road on the opposite side to Altnagelvin Hospital. The single-storey building was constructed on a H-configuration with bedrooms and bathrooms at the wings and living, play, dining kitchen and office space provided in the centre. There are twelve single, 5 double and one triple bedroom for the children and 4 staff bed-sitting rooms are situated close to them. In addition two self-contained flats are provided for staff at the extremities of the wings to the building. A three bedroomed bungalow adjacent to the unit is provided for the officer-in-charge with garage, boiler house and emergency generator to the rear.

8.2 The design of the building would make its division into two or more units for children relatively simple. This has been recommended by the working party on Harberton who have suggested that an unused bathroom provided for physically handicapped children could be converted into staff/office accommodation. They have also recommended that a serving hatch is provided to give access to the second dining room from the central kitchen.

8.3 The officer-in-charge's bungalow and the two self-contained flats are unoccupied as all of the Harberton staff are non-resident. The report of the working party has suggested two possible uses for the self-contained

flats and these are:-

- (a) independent living preparation, or
- (b) use for family work.

In either case the main advantage would be the facility to undertake specialist work away from the main children's accommodation.

8.4 The children's sitting rooms at the centre of the building had recently been painted and wallpapered by the Harberton staff and these were clean, warm, comfortable and adequately furnished. However they contrasted sharply with the children's bedrooms with their stark painted walls and basic furniture some of which bore obvious signs of wear and tear. Some of the rooms were untidy, many lacked the "personal touch" and the general effect given was of ~~institutional~~ accommodation. In addition there were signs of vandalism, eg to the the payphone, a broken stair panel, missing wall tiles etc.

8.5 The general condition of Harberton has not been assisted by a backlog of maintenance work. The officer-in-charge told the social work adviser that although a firm commitment had been made to paint the exterior of the home during the 1984/85 financial year, this had not been done. The visiting social worker's report records frequently the need for internal decoration of "high use areas" and this  
33.  
situation would have been more acute had it not been for

the DIY efforts of the staff. It is recommended that a scheme of interior decoration suitable for a children's home is undertaken by the Board.

- 8.6 Urgent attention should be given to requisitions for replacement items ~~some~~ of furnishing some of which are outstanding. The "flo-tex" carpeting mentioned earlier was extremely dirty and should have been replaced. Also a request made some 2 years ago for the replacement of "unstable" dining room tables, which are considered to be dangerous for the children to use, had not been given attention.

## 9.0 COMMENTS AND RECOMMENDATIONS

+D

9.1 During 1985 30 untoward incident, ~~reports~~, some of which were quite serious, were reported from Harberton. While these have to be set in the context of a high level of admissions to the Unit, many of them children coming into residential care for the first time, they are an indicator of unsettled behaviour by the residents. The predominance of adolescents in the group, a combination of short and 'long' stay children, staff changes and absenteeism are identifiable contributory factors. Management can assist by moving forward quickly with the implementation of the plan to divide Harberton, by enabling more staff to go on professional training courses and through providing in service courses which are appropriate to their needs.

9.2 The removal of 5 residents from Harberton to training schools in the same period for an "assessment" may have given temporary relief for hard pressed staff but the outcome for the children can be less satisfactory. Two children, one of whom was a 12 year old boy, were subsequently committed on a Training School Order. At the time of the inspection a 5 week Place of Safety Order was about to expire on a teenage girl placed in a training school and Harberton staff were arranging to have her stay there extended even though training school personnel felt that she was not material for their provision. It would appear also that quarterly reviews might not be held if the subject is in a training school on the due date (Para 2.7). Therefore it is recommended that the initial decision

to remove a child to training school and subsequent plans to extend his stay there should be taken by senior management after considering the deliberations of a review.

9.3 The following are recommendations arising from the report:-

1. It is recommended that reports should be prepared for reviews in accordance with Western Board policy and that the plans and recommendations should be properly documented on the pro forma provided (Para 2.9).
2. When future plans are made for children at reviews held in Harberton the CET should ensure that tasks are allocated to the workers involved and that a specific period of time is set for their completion (Para 2.10).
3. + CAPS. "The formal division of <sup>or</sup> Harberton into two units has been agreed by the board and it is recommended that this work should proceed without undue delay" (Para 2.13).
4. The Board should seek to increase the number of professionally qualified staff in Harberton in the short term and to develop the expertise of all staff in child care matters through their attendance at in-service training courses (Para 3.5 .

- + 5. It is recommended that one of the senior <sup>staff</sup> is on the Harberton premises at all times in accordance with Unit of Management Policy (Para 3.10).
6. Staff supervision sessions should be recorded and dated (Para 3.11).
7. Members of the Personal Social Services Committee undertaking visits to Harberton should be reminded of their duties under the Conduct of Children's Homes Direction with regards to the frequency of their visits, the inspection/signing of records and reporting (Para 4.4).
8. A proper Register should be provided for admissions and discharges and management should give a written instruction of appropriate entries (Para 5.1).
9. A record should be kept of the meals provided for children each day and it should be dated (Para 5.2).
10. The statutory records held in Harberton should be signed in TL 4 absence by the social work manager covering for him (Para 5.5).
11. It is recommended that a scheme of interior decoration suitable for a children's home is undertaken by the Board (Para 8.5).

12. Urgent attention should be given to requisitions for replacement items of furnishing (Para 8.6).
  
13. The initial decision to remove a child to training school and subsequent plans to extend his stay these should be taken by senior management after considering the deliberations of a review (Para 9.2).

1.3 There was also a tendency for children who were admitted to care and placed in Harberton initially to stay there longer than was envisaged. One reason was the difficulty in finding placements elsewhere. ✓ Some children stayed on Harberton because the staff there said that they had developed particular skills for working with them. Others who were suitable for fostering also remained there while a family placement was identified and avoided the disruption of moving to a holding placement in another children's home. ✓

*incorrect*

1.4 Early in 1984, following the issue of the SWAG Inspection Report, a working group was established with the following terms of reference:- ✓

- 3
- (i) to review the functioning of Harberton House;
  - (ii) to examine the most appropriate structure to carry out this revised function according to changing need;
  - (iii) to devise an appropriate operational plan for this structure.

In its Report published in December 1984 the working group proposed "that formal recognition should be given to the evolutionary changes which have occurred in order to meet ✓

the needs of children being admitted to Harberton House ie that the unit should be formally divided into:-

- (a) a reception/assessment unit with 13 beds; and ✓
- (b) a medium stay unit with 12 beds." ✓

1.5 The proposals have been accepted by the Board but the full implementation cannot be given effect until additional revenue becomes available. Nevertheless it is accepted that at the present time Haberton House has the dual purpose of:-

- (i) reception/assessment function - short stay residential care; and
- (ii) a medium stay function for children remaining in residential care for up to 12 months. ✓

of Children's Homes Direction (Northern Ireland) Order 1975. He visited monthly, providing a written report. See, for example, FJH 17740.

50. Management Audit Visits were also undertaken to the Home by the Principal Social Worker. A detailed report was undertaken following such visits, which were undertaken at a level of in or around 6-monthly. (see for example, FJH 15623, 12 September 1989; FJH 15612, 21 August 1990; FJH 15628, 17 December 1990) These reports were forwarded through the line of management, i.e. to Principal Social Worker (Residential and Day Care), Assistant Director of Social Services (Group) to the Director of Social Services.

51. Records also show that the Assistant Director and Director visited the home from time to time, as he would with all facilities within the Board area (see for example FJH 15399 following a visit on 24 October 1989)

**Q13: Did the Board identify any problems, and if so how were they dealt with?**

52. The Inquiry will be aware that a particular problem was identified in relation to peer abuse within Harberton House. Separate statements are being filed with the Inquiry in relation to same. It is noted that this first came to attention of staff on 15 March 1990. By 23 April 1990 the issue had already been discussed at the Area Executive Team (19 April 1990) and a "task force" had been proposed to achieve a more comprehensive analysis of this difficult issue as outlined in a memo from Mr Frawley to HH 34 on 23 April 1990 at FJH 10199. By July 1990 the issue had been discussed with the Department (FJH 10492). A Review Report was available in November 1990 and presented at the Community Care Committee and to the Board. The Review Report was also provided to the Department. On 13 February 1991 Mr Frawley wrote to the Department enquiring "if the Department would consider a separate allocation to address this very worrying problem". He also highlighted the financial position of the Western Board. See FJH 10979.

53. Problems were also identified with ensuring the property was properly maintained, both in relation to the interior and exterior. By 1986 the cycle for

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 16th December, 1988.

ATTENDED BY: [REDACTED] SND 425

[REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] HH 5 O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] [REDACTED].W.

Date of Admission: 21st November, 1988

Legal Status: F.P.O.

Residential Worker: [REDACTED] Houseparent/[REDACTED]

A case conference was held on Wednesday 14th December, 1988 at Coneywarren House and Harberton House Staff were involved. Review forms of [REDACTED] and [REDACTED] were presented by [REDACTED] FJ 18 Senior Houseparent Coneywarren. After a lengthy discussion it was decided to return [REDACTED] to her mother's care and transfer [REDACTED] to Harberton House to join her sister and brother. Both moves are to occur on Friday 16th December, 1988.

Review date on 6th January, 1989

(b) [REDACTED] D.O.B: [REDACTED] - [REDACTED] S.W.

Date of Admission: 22nd November, 1988

Legal Status: Sec. 99

Residential Worker: [REDACTED] HH 6

Assessment continues.

Review will be held on 13th January, 1989.

5. ASSESSMENT REVIEWS

None.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 9th December, 1988.

ATTENDED BY: [REDACTED] SND 425 P.S.W.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 22 D.O.I.C.  
 [REDACTED] P.S.W.  
 [REDACTED] S.W.  
 [REDACTED] Houseparent  
 [REDACTED] Houseparent

APOLOGIES: [REDACTED] TL 4 A.P.S.W.

1. ADMINISTRATIVE MATTERS

Interviews for Personal Secretary took place on Monday.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 21st November, 1988

Legal Status: F.P.O.

Residential Worker: [REDACTED] Houseparent [REDACTED]

Residential Worker: [REDACTED] Houseparent [REDACTED]

It has been agreed that Referrals would be completed by [REDACTED] in the near future. A Case Conference will be held in Coneywarren on Wednesday 14th December 1988 involving Harberton House Staff.

Review will be held on 6th January, 1989.

(b) [REDACTED] - ~~HH~~ [REDACTED] S.W.

Date of Admission: 22nd November, 1988

Legal Status: Sec 99

Residential Worker: [REDACTED] HH 6

Assessment continuing. Several incidents last weekend when he was involved in a glue sniffing incident with 2 other adolescents. Also was in the company of an adolescent girl when she stole items from a local store. [REDACTED] is due in court on 20.12.88 re F.P.O. Review 13.1.88.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

None.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 2nd December, 1988.

ATTENDED BY: TL 4 A.P.S.W.  
 SND 466 , A.P.S.W.  
 HH 5 O.I.C.  
 HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Personal Secretary

Interviews will be held on 5th December, 1988 for the vacant Personal Secretary post.

2. DISCHARGES

## (a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 22nd January, 1987  
 Residential Worker: [REDACTED]

[REDACTED] was transferred to her foster placement on 25th November, 1988.

3. ADMISSIONS(a) [REDACTED] D.O.B: [REDACTED] [REDACTED], S.W., N.S.P.C.C.  
 [REDACTED] D.O.B: [REDACTED]

Date of Admission: 1st December, 1988  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] Houseparent

[REDACTED] and [REDACTED] were admitted on 1st December, 1988, from a rostering placement while efforts are made to return them home over the next six weeks.

4. CHILDREN BEING ASSESSED

## (a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 22nd November, 1988  
 Legal Status: Sec. 99  
 Residential Worker: [REDACTED] HH 6

Assessment continues. The Assessment Review will be held on 6th January, 19889.

## (b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 21st November, 1988  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] Houseparent/ [REDACTED]

Assessment continues. The Assessment Review will be held on 6th January, 1989.

Continued/...

*Letter to Harberton House*WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 25th November, 1988.

ATTENDED BY: [REDACTED] TL 4, A.P.S.W.  
[REDACTED] SND 466, A.P.S.W.  
[REDACTED] Senior Houseparent

APOLOGIES: [REDACTED] HH 22 D.O.I.C.  
[REDACTED] HH 5 O.I.C.

1. ADMINISTRATIVE MATTERS(a) Pastoral Visit

[REDACTED] SND 537 visited on 22nd November, 1988 as part of his pastoral visit to the local parish.

2. DISCHARGES

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 19th August, 1988

Legal Status: F.P.O.

Residential Worker: [REDACTED] SND 21

[REDACTED] has been discharged to her parents on 18th November, 1988 under the existing Fit Person Order. If the situation breaks down, a Training School Order will be sought.

(b) [REDACTED] - [REDACTED], S.W.

Date of Admission: 28th September, 1988

Legal Status: Section 103

The children were discharged home on 18th November, 1988 as agreed by the Core Evaluation Team meeting of that date.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House  
Assessment Unit on Friday, 18th November, 1988.

ATTENDED BY: TL 4 A.P.S.W.  
SNJ 466 A.P.S.W.  
HH 5 O.I.C.  
✓ HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Personal Secretary

A temporary Clerk/Typist has started to cover until a permanent appointment is made.

2. DISCHARGES

## (a) [REDACTED] S.W.

Date of Admission: 3rd November, 1988  
Legal Status: Section 103

[REDACTED] as withdrawn on 11th November, 1988 before the completion of the assessment period. It is recognised that the situation at home is deteriorating and is being carefully monitored.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

None.

5. ASSESSMENT REVIEWS

## (a) [REDACTED] TL 11 A.P.S.W.

Date of Admission: 13th September, 1988  
Legal Status: Section 103  
Residential Worker: [REDACTED] houseparent

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 11th November, 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 5 D.O.I.C.  
[REDACTED] Sen. HP.

APOLOGIES: [REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Personal Secretary

A temporary Personal Secretary is due to start on 14th November, 1988.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] TL 11 A.P.S.W.

Date of Admission: 13th September, 1988  
Legal Status: Section 103  
Residential Worker: [REDACTED] Houseparent

Assessment continues. The Assessment Review will be held on 18th November, 1988.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 3rd November, 1988  
Legal Status: Section 103

The Assessment process has now commenced. [REDACTED] has threatened this week to withdraw [REDACTED] from the Unit but has not yet done so. The Assessment Review will be held on 16th December, 1988.

5. ASSESSMENT REVIEWS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 15th August, 1988  
Legal Status: F.P.O.  
Residential Worker: [REDACTED]

ATTENDED BY: [REDACTED] S.W.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 4th November, 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 22, D.O.I.C. ✓

1. ADMINISTRATIVE MATTERS(a) Management Audit

[REDACTED] SND 502 Acting Director of Social Services and Mr. T. Haverty, Assistant Director of Social Services (Unit of Management) carried out a Management Audit of Harberton House on 1st November, 1988.

2. DISCHARGES

None.

3. ADMISSIONS

(a) [REDACTED] [REDACTED], S.W.

[REDACTED] was admitted for assessment on 3rd November, 1988 under Section 103.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 15th August, 1988  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] Senior Houseparent

Assessment continues. Assessment review will be held on 11th November, 1988.

(b) [REDACTED] - [REDACTED] TL 11 A.P.S.W.

Date of Admission: 13th September, 1988  
 Legal Status: Section 103  
 Residential Worker: [REDACTED] Houseparent

Assessment continues. The Assessment Review will be held on 18th November, 1988.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 28th October, 1988.

ATTENDED BY: TL 4 A.P.S.W.  
 SND 466 A.P.S.W.  
 HH 5 O.I.C.  
 HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Personal Secretary

Attempts are being made through advertising to find a replacement Personal Secretary.

2. DISCHARGES

## (a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 27th May, 1988  
 Legal Status: F.P.O.  
 Residential Worker: HH 9 Houseparent

[REDACTED] was formally transferred to the care of her father on 21st October, 1988 as agreed by the Core Evaluation Team.

## (b) [REDACTED] [REDACTED] S.W.

Date of Admission: 26th July, 1988  
 Legal Status: Section 103  
 Residential Worker: [REDACTED] Houseparent

[REDACTED] was transferred to the care of his grandparents on 21st October, 1988 as agreed by the Core Evaluation Team.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

## (a) [REDACTED] [REDACTED] S.W.

Date of Admission: 15th August, 1988  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] Senior Houseparent

Assessment continues. The Assessment Review will be held on 11th November, 1988.

Continued/...

S. Blair

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 21st October, 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] Senior Houseparent

APOLOGIES: [REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Personal Secretary

The successful applicant from the recent interview has now withdrawn. Therefore, the post will be re-advertised.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W., N.S.P.C.C.  
[REDACTED] S.S.W.

Date of Admission: 5th February, 1988  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent

[REDACTED] was made subject of a Training School Order at the Londonderry Juvenile Court on 18th October, 1988.

(b) [REDACTED] - [REDACTED] S.W.

[REDACTED] was transferred back to Middletown on 20th October, 1988.

3. ADMISSIONS

(a) [REDACTED] D.O.B: [REDACTED] - [REDACTED], S.W.

[REDACTED] was admitted on 18th October, 1988 because she was homeless. She is currently on licence in St. Joseph's Training School, Middletown and was provided with accommodation to enable Training School staff to make alternative arrangements.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 15th August, 1988  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Senior Houseparent

Assessment continues. Assessment Review will be held on 11th November, 1988.

Continued/

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the Core Evaluation Team meeting held at Harberton House Assessment Unit on Friday, 14th October, 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 466 , A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C. ✓

1. ADMINISTRATIVE MATTERS(a) Personal Secretary

Interviews were held on 12th October, 1988. Subject to a medical, the successful applicant will be appointed and take up post in about four weeks time.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 27th September, 1988  
Legal Status: Section 103

[REDACTED] was withdrawn from care by her mother on 7th October, 1988.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] SND 465 S.W.

Legal Status: F.P.O.

Attended by: [REDACTED] SND 465 S.W.  
[REDACTED] Teacher, [REDACTED] P.S.

[REDACTED] and [REDACTED] were re-admitted to Harberton House on 11th October, 1988 under existing Fit Person Orders. They had previously been in Harberton House from 25th September, 1987 until 5th February, 1988 because of their mother's abuse of alcohol and tranquilisers. Recently, mother's drinking has worsened and the children have been witness to bouts of drunken aggression and indecent behaviour from her. The situation has been exacerbated by the co-habitee, [REDACTED] leaving the home as he feels that his presence prevents [REDACTED] facing up to her difficulties and responsibilities.

Conclusions:

1. The children will remain in care while efforts are made to encourage [REDACTED] to address her serious alcohol/drug abuse.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of Core Evaluation Team Meeting held at Harberton House Assessment Unit on Friday, 7th October, 1988.

ATTENDED BY: TL 4 A.P.S.W.  
SND 466 A.P.S.W.  
HH 5 O.I.C.  
HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Personal Secretary

Interviews for the Personal Secretary post will be held on 12th October, 1988.

2. DISCHARGES

## (a) [REDACTED], S.W.

Date of Admission: 15th July, 1988  
Legal Status: Section 103  
Residential Worker: [REDACTED] Houseparent

[REDACTED] was discharged to the care of her mother on 3rd October, 1988 as agreed at the last Core Evaluation Team meeting.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

## (a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 31st August, 1988  
Legal Status: F.P.O.  
Residential Worker: [REDACTED]

Assessment continues. The Assessment Review will be held on 14th October, 1988.

## (b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 15th August, 1988  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] HH 8 Senior Houseparent

Assessment continues. A referral has been forwarded to the Consultant Paediatrician seeking a review of his medical condition. The Assessment Review will be held on 28th October, 1988.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARDHARBERTON HOUSE ASSESSMENT UNIT

Minutes of the meeting of the Core Evaluation Team held at Harberton House on Friday, 30th September, 1988.

ATTENDED BY: TL 4 A.P.S.W. - Chairman)  
SND 466 A.P.S.W.  
HH 5 O.I.C.

APOLOGIES: HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W.

[REDACTED] was discharged on 27th September, 1988 to his mother's care.

(b) [REDACTED] - SND 383 S.W.

Date of Admission: 8th December, 1987  
Legal Status: P.R.O.  
Residential Worker: [REDACTED] Senior Houseparent

[REDACTED] was transferred to his foster placement in [REDACTED] from today, 30th September, 1988 as agreed at the Core Evaluation Meeting of 23rd September, 1988.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED], S.W.

[REDACTED] was admitted on 24th September, 1988 under Place of Safety Order by the R.U.C. It had been agreed at the last Core Evaluation Team meeting that [REDACTED] would be admitted for weekend accommodation from Greystone Hall. [REDACTED] was missing over the weekend and the agreement to accommodate him in Harberton House was found to be unworkable.

(b) [REDACTED] - [REDACTED] S.W.

[REDACTED] was admitted on 27th September, 1988 under Section 103 because of problems of control at home. An admission case conference will be held early next week.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of Core Evaluation Team held at Harberton House Assessment Unit  
on Friday, 23rd September, 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W. (Chairman)  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Houseparent Recruitment

Interviews have taken place and a waiting list for vacancies  
has been established.

2. DISCHARGES

## (a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 21st September, 1987  
Legal Status: Ward of Court  
Residential Worker: [REDACTED]

[REDACTED] was discharged to the care of her father on 14th September,  
1988 following a Wardship review on 12th September, 1988.

## (b) [REDACTED] - [REDACTED] HH 49 S.W.

Date of Admission: 3rd June, 1988 [REDACTED]  
28th June, 1988 [REDACTED]  
Legal Status: Section 103  
Residential Worker: [REDACTED]

[REDACTED] and [REDACTED] were discharged to the care of their  
mother on 13th September, 1988 as agreed at the last Core  
Evaluation Team meeting.

3. ADMISSIONS

## (a) [REDACTED] - [REDACTED] TL 11 A.P.S.W.

Date of Admission: 13th September, 1988  
Legal Status: Section 103  
Residential Worker: [REDACTED]

[REDACTED] was admitted on 13th September, 1988 under Section 103  
following a prior discussion at the Core Evaluation Team on  
2nd September, 1988. An admission case conference was held

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARDHARBERTON HOUSE ASSESSMENT UNIT

Minutes of the meeting of the Core Evaluation Team held at Harberton House on Friday, 9th September, 1988

ATTENDED BY: [REDACTED] TL 4 A.P.S.W. (Chairman)  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.  
[REDACTED] Creggan Family Day Centre, attended as observer

1. ADMINISTRATIVE MATTERS

(a) Community Care Committee Member

[REDACTED], Board Visitor, carried out her quarterly visit on 2nd September, 1988.

(b) Houseparent Recruitment

Interviews will be held during the next week to draw up a waiting list for vacancies.

2. DISCHARGES

None.

3. ADMISSIONS SINCE LAST MEETING

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 26th July, 1988  
Legal Status: Section 103  
Residential Worker: [REDACTED], Houseparent

Assessment continues. [REDACTED] was involved in an incident during this week when he absconded to Strabane with [REDACTED]. The Assessment Review will be held on 23rd September, 1988.

Continued/...

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 26th August 1988.

ATTENDED BY:

[REDACTED]	A.P.S.W. (Chairman)
SND 466	A.P.S.W.
HH 5	Officer in Charge
HH 22	Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

*from CET minutes of 26/8/88*

a. [REDACTED] S.W.

Date of Admission: 19th August 1988  
 Legal Status: F.P.O.  
 Key Worker: [REDACTED] SND 21 Houseparent

ATTENDED BY: [REDACTED] S.S.W.  
 [REDACTED] S.W.  
 FJ 33 Officer in Charge, Fort James

The meeting was arranged to cover the admission of [REDACTED] to Harberton House and the admission of [REDACTED] to Fort James. A Case Discussion on the family is being held on Thursday 1st September 1988. Both girls were transferred from Rathgael Training School.

At the moment it looks as though both girls will be in care for a long term as the situation at home is very bad at the moment. It was felt that both girls function better when they are apart, although [REDACTED] has told them that this is only a temporary measure because of places. It was agreed that the girls need to be told that they will be apart but let them have a period of stability first.

DONNA: Harberton House staff report that they see a real change in [REDACTED] since her return. She looks better and her socialisation skills are better than they were.

DEBORAH: FJ 33 reported that [REDACTED] is quite relaxed and has settled well in Fort James. She is co-operating well with staff at the moment but there is always the feeling that she could change at any time. [REDACTED] is smoking behind the scenes and FJ 33 feels that she is dependent on them. He finds it hard to accept that she is so young.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 26th August 1988.

## ATTENDED BY:

TL 4 A.P.S.W. (Chairman)  
 SND 466 A.P.S.W.  
 HH 22 Officer in Charge  
 Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

## a. [REDACTED] S.W.

Date of Admission: 19th August 1988  
 Legal Status: F.P.O.  
 Key Worker: SND 21 Houseparent

ATTENDED BY: [REDACTED] S.S.W.  
 [REDACTED] S.W.  
 FJ 33 Officer in Charge, Fort James

The meeting was arranged to cover the admission of [REDACTED] to Harberton House and the admission of [REDACTED] to Fort James. A Case Discussion on the family is being held on Thursday 1st September 1988. Both girls were transferred from Rathgael Training School.

At the moment it looks as though both girls will be in care for a long term as the situation at home is very bad at the moment. It was felt that both girls function better when they are apart, although [REDACTED] has told them that this is only a temporary measure because of places. It was agreed that the girls need to be told that they will be apart but let them have a period of stability first.

[REDACTED] Harberton House staff report that they see a real change in [REDACTED] since her return. She looks better and her socialisation skills are better than they were.

[REDACTED] FJ 33 reported that [REDACTED] is quite relaxed and has settled well in Fort James. She is co-operating well with staff at the moment but there is always the feeling that she could change at any time. [REDACTED] is smoking behind the scenes and FJ 33 feels that she is dependent on them. He finds it hard to accept that she is so young.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 19th August 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W. (Chairman)  
Mr. G. Carey, P.S.W.  
[REDACTED] HH 5 Officer in Charge  
[REDACTED] HH 22 Deputy Officer in Charge

1. Administrative Matters

a. Fostering Representative at the CET

Following last week's discussion at the CET regarding the possibility of someone from the Fostering Unit attending the meeting once a month, it was agreed that [REDACTED] TL 4 A.P.S.W. will discuss this possibility with [REDACTED] S.S.W.

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] SND 465 S.W.

Date of Admission: 1st October 1987  
Legal Status: E.P.Os.  
Key Worker: [REDACTED] SND 21 [REDACTED] Houseparents

The boys transferred to Fort James Childrens Home on Monday 15th August 1988 as agreed.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 6th May 1988  
Legal Status: Interim Detention Order  
Key Worker: [REDACTED] Houseparent

A Training School Order in respect of [REDACTED] was granted at Londonderry Juvenile Court on Tuesday 16th August 1988, and [REDACTED] formally transferred to St Patricks Training School.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House on Friday 12th August 1988.

ATTENDED BY: [REDACTED] HH 22 Deputy Officer in Charge (Chairperson)  
Mr. C. Carey, P.S.W.  
[REDACTED] SJM 56 A.P.S.W.

1. Administrative Matters

a. Fostering Representative at CET

In light of the current fostering situation it was considered that it would be of benefit if [REDACTED] SND 498 S.S.W., Fostering Unit could attend the CET once a month to give an update.

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

None

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 27th May 1988  
Legal Status: F.P.O.  
Key Worker: [REDACTED] HH 9 Houseparent

During a day out with her Social Worker this week [REDACTED] alleged to her that herself and another resident, [REDACTED] had been kicked by a member of staff during horseplay. When the incident was investigated by [REDACTED] HH 22 it was discovered that [REDACTED] had put [REDACTED] up to telling her Social Worker in order that the member of staff 'would get into trouble' because she didn't like him. After a full investigation it was discovered that there was no truth in the allegations.

The Assessment is continuing and the Review will be held on 26th August 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House  
on Friday 5th August 1988.

ATTENDED BY: [REDACTED] HH 22 Deputy Officer in Charge (Chairperson)  
[REDACTED] SJM 56 A.P.S.W.

APOLOGIES: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] HH 5 Officer in Charge  
Mr. G. Carey, P.S.W.

1. Administrative Matters

a. Police Child Abuse Team

Today sees the launch of the RUC's Child Abuse Team at Strand Road RUC Station.

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

None

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 27th May 1988  
Legal Status: F.P.O.  
Key worker: [REDACTED] HH 9 Houseparent

[REDACTED] assessment is continuing. The Assessment Review will be held on 26th August 1988.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 25th May 1988  
Date of Discharge: 22nd July 1988  
Legal Status: Sec.103  
Key Worker: [REDACTED] HH 15 Houseparent

[REDACTED] assessment review was to have been heard today but due to the Social Worker being on sick leave it has been postponed until next week, 12th August 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 29th July 1988.

ATTENDED BY:

TL 4

A.P.S.W. (Chairman)

A.P.S.W.

HH 22

Deputy Officer in Charge

Student S.W.

1. Administrative Matters

None

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] SND 465, S.W.

Date of Admission: 25th May 1988  
 Legal Status: Sec. 103  
 Key Worker: [REDACTED] HH 15 Houseparent

[REDACTED] was withdrawn by his grandmother on 22nd July 1988. The intention is that the Assessment Review will go ahead on 5th August 1988.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 21st June 1988  
 Legal Status: Ward of Court  
 Key Worker: [REDACTED] Senior Houseparent

[REDACTED] was transferred to the care of her grandmother on 26th July 1988 under the conditions of the Wardship. This was agreed at a Case Conference on Monday 25th July 1988.

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 26th July 1988  
 Legal Status: Sec. 103  
 Key Worker: [REDACTED] Houseparent

[REDACTED] was admitted on 26th July 1988 for a period of assessment as agreed.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 22nd July 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W. (Chairman)  
 [REDACTED] TL 11 A.P.S.W.  
 [REDACTED] HH 5 Officer in Charge  
 [REDACTED] HH 22 Deputy Officer in Charge

1. Administrative Matters

a. Holiday Arrangements for CET

As [REDACTED] TL 4 and [REDACTED] HH 5 will be on leave on Friday 12th August 1988 and there is no one available to chair the CET it was agreed that the meeting will be cancelled for that week.

b. [REDACTED] TL 11

Today sees the end of [REDACTED] TL 11's term as the Field Work representative on the Core Evaluation Team. The other members of the team extended sincere thanks and appreciation to [REDACTED] TL 11 for his support and valuable contribution to the meetings.

c. Shortlisting for Senior Houseparent

Shortlisting took place yesterday for the post of Senior Houseparent. The vacancy occurred as a result of the resignation of [REDACTED]

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 28th April 1988  
 Legal Status: Supervision Order  
 Key Worker: [REDACTED] Houseparent

[REDACTED] was discharged home to the care of her parents on 15th July 1988 under a Supervision Order which was granted at Strabane Juvenile Court on that date.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 31st December 1987  
 Legal Status: Fit Person Order  
 Key Worker: [REDACTED] Senior Houseparent

[REDACTED] was discharged home to the care of her parents on Wednesday, 20th July 1988 as agreed.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 15th July 1988.

## ATTENDED BY:

TL 4 [REDACTED] A.P.S.W. (Chairman)  
 TL 11 [REDACTED] A.P.S.W.  
 HH 5 [REDACTED] Officer in Charge  
 HH 22 [REDACTED], Deputy Officer in Charge

1. Administrative Mattersa. Holidays

A number of children from the Unit are on holidays this week.

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

None

4. Children Being Assessed

## a. [REDACTED] - [REDACTED] S.W., Linavady

Date of Admission: 27th May 1988  
 Legal Status: F.P.O.  
 HH 9 [REDACTED] Key Worker/Houseparent

[REDACTED] assessment continues. It was noted that last week [REDACTED] with [REDACTED] had been discovered to have shoplifted from a number of shops at Lisnagelvin. The articles stolen were recovered and returned to the shops involved. The shops involved are deciding on whether to involve the police. On 11th July 1988 [REDACTED] with [REDACTED] and [REDACTED] absconded from the Unit and went to Linavady.

## b. [REDACTED] - [REDACTED] SND 465 S.W., Riverview

Date of Admission: 25th May 1988  
 Legal Status: Sec. 103  
 HH 15 [REDACTED] Key Worker/Houseparent

[REDACTED] assessment is continuing. [REDACTED] is spending this weekend at home with his grandmother. The Assessment Review will be held on 29th July 1988.

Sandra

WESTERN HEALTH & SOCIAL SERVICES BOARD

MINUTES of the Meeting of the Core Evaluation Team held at Harbeton House on Friday 8th July 1988.

ATTENDED BY:

TL 4 [REDACTED] A.P.S.W. (Chairman)  
 HH 5 [REDACTED] Officer in Charge  
 TL 11 [REDACTED] A.P.S.W.  
 [REDACTED] Senior Houseparent

1. Administrative Matters

Approval for Parental Rights Order Application

The contents of Mr Carey's memo following minutes of 3rd June in respect of [REDACTED] were noted in relation to the authority for deciding on applications for Parental Rights Orders resting with the Principal Social Worker (Child-Care). However, it was noted that no decision had been taken to initiate proceedings rather that advice should be sought from CSA regarding the possibility of a Parental Rights Order application or alternative action.

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

None

4. Children Being Assessed

(a) [REDACTED] - [REDACTED] S.W., Limavady

Assessment continues. The Assessment Review will be held on 19th August 1988.

(b) [REDACTED] - [REDACTED] SND 465 SW

Assessment continues. The Assessment Review will be held on 22nd July 1988.

5. Assessment Reviews

[REDACTED] Attended by [REDACTED] SW

[REDACTED] W

[REDACTED] Senior Houseparent

The Assessment report was prepared by [REDACTED] Senior Houseparent.

[REDACTED] admitted initially due to allegations of sexual abuse eg her father and brother. This was subsequently retracted. Fainting fits (5-13 per day) in early 2 weeks. Staff felt this was attention-seeking

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 1st July 1988.

ATTENDED BY: [REDACTED] HH 5 Officer in Charge (Chairman)  
 [REDACTED] TL 11 [REDACTED] A.P.S.W.  
 [REDACTED] Senior Houseparent

APOLOGIES: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] HH 22 Deputy Officer in Charge

1. Administrative Matters

a. Number of Residents

Concern was expressed by the CET that there are now 27 children listed as resident in Harberton House. This situation would be much more serious but for the fact that a number of children are on extended holiday at the moment.

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] HH 49 S.W.

Date of Admission: 28th June 1988  
 [REDACTED] Key Worker/Houseparent

[REDACTED] as admitted from a foster home where he had been placed on 3rd June 1988. He had been presenting some difficult behaviour. That along with the admission of the foster mother to hospital for surgery, led to his transfer to Harberton. It is intended to apply for a period of Assessment and a Referral is being completed by [REDACTED] HH 49 S.W.

4. Children Being Assessed

a. [REDACTED] - [REDACTED] Limavady

Date of Admission: 27th May 1988  
 [REDACTED] HH 9 Key Worker/Houseparent

[REDACTED] assessment continues. An Fit Person Order was granted at Limavady Juvenile Court on 28th June 1988. The Assessment Review will be heard on 19th August 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 17th June 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W. (Chairman)  
 [REDACTED] TL 11 A.P.S.W.  
 [REDACTED] HH 5 Officer in Charge  
 [REDACTED] HH 22 Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED], S.W.

Date of Admission: 13th June 1988

The boys were discharged to the care of their mother on 16th June 1988.

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 13th June 1988

ATTENDED BY: [REDACTED] SND 119 A.P.S.W.  
 [REDACTED] TL 4 S.S.W.

The boys were admitted under Section 103 on 13th June 1988 by [REDACTED] HH 40 APSW and [REDACTED] SND 383 S.W. Two younger siblings were taken to a foster family. The admission followed [REDACTED] admission to hospital after being assaulted by her brother-in-law. [REDACTED] reported that [REDACTED] had been quite badly beaten and when Social Services arrived the neighbours were caring for the children. The immediate family were not interested in caring for the children. There have been ongoing rows between [REDACTED] and his wife and no one is in any doubt that [REDACTED] finds the going tough. The case is known to Social Services but there has never been any doubt that [REDACTED] has cared for her children and the standards have been very good.

The boys settled in well into Harberton House and they would all seem 'streetwise'. The eldest boy is epileptic and ESN and attends Belmont House School.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 10th June 1988.

ATTENDED BY:

TL 4

A.P.S.W. (Chairman)

TL 11

A.P.S.W.

HH 5

Officer in Charge

HH 22

Deputy Officer in Charge.

1. Administrative Matters.

None

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

a. [REDACTED] SND 119 S.W.

Date of Admission 3rd June 1988

[REDACTED] was admitted on 3rd June under Section 103. There are six children in the family and [REDACTED] is on her own and was feeling increasingly under pressure. A Case Conference was held on 6th June 1988. [REDACTED] would seem to have clinical depression and there has been a lot of input from Social Services. It was agreed that [REDACTED] will be encouraged to seek medical advice. It was noted that [REDACTED] being the eldest always seemed to take on the responsibility for the younger children.

Harberton House will be used to accommodate access visits with the rest of the children who are in foster care.

A Review will be held on 1st July 1988.

4. Children Being Assessed

a. [REDACTED] S.W.

Date of Admission: 22nd April 1988  
[REDACTED] Key Worker/Houseparent

[REDACTED] absconded from the Unit last night and was picked up and returned to the unit by [REDACTED], S.W.

It has come to light this week that [REDACTED] has been admitted to hospital with a suspected heart attack and police have been unable to interview him regarding the allegations [REDACTED] has made against him.

The Assessment Review will be held on 24th June 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 3rd June 1988.

ATTENDED BY:

TL 4  
TL 11  
S.W. (Chairman)  
A.P.S.W.  
HH 5  
HH 22  
Officer in Charge  
Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 18th January 1988  
HH 9 Key Worker/Houseparent

[REDACTED] was discharged to her parents care on 27th May 1988.

3. Admissions Since Last Meeting

a. [REDACTED] [REDACTED] S.W.

Date of Admission: 27th May 1988  
HH 9 Key Worker/Houseparent

[REDACTED] was admitted on 27th May 1988 under an Interim Fit Person Order. At a Case Conference held on Wednesday 1st June it was agreed that a Referral for Assessment would be presented at the CET on 10th June 1988.

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 22nd April 1988  
[REDACTED] Key Worker/Houseparent

[REDACTED] was in court on 1st June 1988 for non-school attendance. Wardship was granted at the High Court yesterday, 2nd June 1988. A medical examination was carried out which discovered indications of anal intercourse. The Assessment Review will be held on 17th June 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 27th May 1988.

## ATTENDED BY:

TL 4

A.P.S.W. (Chairman)

SJM 56

A.P.S.W.

HH 5

Officer in Charge

HH 22

Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 16th February 1988  
[REDACTED] Key Worker/Houseparent

[REDACTED] was discharged home on 20th May 1988 as agreed.

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] SND 465 S.W.

Date of Admission: 25th May 1988  
[REDACTED] HH 15 Key Worker/Houseparent

## ATTENDED BY:

TL 4

S.S.W.

SND 465

S.W.

[REDACTED], Teacher, Holy Child

[REDACTED] was admitted as an emergency 103 on 25th May 1988. [REDACTED] has been reared by his grandmother in [REDACTED], [REDACTED] who is a widow aged 65. [REDACTED] also cares for [REDACTED] cousin [REDACTED] who is 18 but has the mentality of a child of 12. [REDACTED] is the son of [REDACTED] who has never been married and for the past 2 years has been co-habiting with [REDACTED] whose children are in care. [REDACTED] has never cared for [REDACTED] because of her drinking and general lifestyle i.e. frequenting Foyle Street. Social Services have been involved with the family since 1974. From time to time [REDACTED] abuses alcohol and there is usually a row either within the family or with neighbours. Last week [REDACTED] ran away to his mother's home in Bloomfield and hid in the hot press another night. [REDACTED] claims his granny hit him with a poker but [REDACTED] denies this. When [REDACTED] TL 4 S.S.W. visited [REDACTED] home she smelt of drink and her speech was slurred. She demanded that [REDACTED] be taken away as he was breaking her heart and had stolen £10 from her and was giving trouble at school. [REDACTED] SND 465 S.W. stated that [REDACTED] loves [REDACTED] and is confused and sad at his coming into care but feels she does not know what to do for the best.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 20th May 1988.

ATTENDED BY: [REDACTED] HH 5 Officer in Charge (Chairman)  
[REDACTED] TL 11 A.P.S.W.  
[REDACTED] HH 22, Deputy Officer in Charge

APOLOGIES: [REDACTED] TL 4 A.P.S.W.

1. Administrative Matters

None

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 22nd September 1986  
[REDACTED] HH 31 Key Worker/Houseparent

[REDACTED] transferred to Nazareth House on 13th May 1988 as agreed.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 1st December 1987  
[REDACTED] Key Worker/Houseparent

[REDACTED] transferred to Nazareth House on 18th May 1988 as agreed.

3. Admissions Since Last Meeting

None

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 14th April 1988  
[REDACTED] Key Worker/Senior Houseparent

[REDACTED] assessment is continuing. The Assessment Review will be held on 3rd June 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 13th May 1988.

## ATTENDED BY:

Mr. G. Carey, P.S.W. (Chairman)

[REDACTED] A.P.S.W.

HH 5  
HH 22

Officer in Charge

Deputy Officer in Charge

## APOLOGIES:

TL 4

[REDACTED] A.P.S.W.

TL 11

[REDACTED], A.P.S.W.

1. Administrative Matters

None

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

a. [REDACTED]

Date of Admission:

6th May 1988

[REDACTED] Key Worker/Houseparent

Stephen had been due to return to Fort James Childrens Home for weekends from St Patricks Training School. However due to an allegation made by another resident in Fort James it was felt that pending the investigation of the incident by the police [REDACTED] would come to Harberton instead.

4. Children Being Assessed

a. [REDACTED] HH 18 - [REDACTED] S.W., NSPCC

[REDACTED] S.W., Shantallow

Date of Admission:

5th February 1988

[REDACTED] Key Worker/Houseparent

[REDACTED] remains in St Patrick's Training School.

An Assessment Review will be held on 13th May 1988.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission:

14th April 1988

[REDACTED] Key Worker/Senior Houseparent

[REDACTED] Assessment continues. The Assessment Review has been postponed for one week until 3rd June 1988.

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 29 April 1988.

Present TL 4 APSW (Chairman)  
 TL 11 APSW  
 HH 5 Officer-in-Charge  
 HH 22 Deputy Officer-in-Charge

## 1. ADMINISTRATIVE MATTERS

None

## 2. DISCHARGES SINCE LAST MEETING

None

## 3. ADMISSIONS SINCE LAST MEETING

3.1 [REDACTED] 4 - [REDACTED] Social Worker, Strabane

Date of Admission: 22.4.88

[REDACTED] was admitted on 22.4.88 for assessment under Section 103 as agreed at the last C.E.T. meeting.

3.2 [REDACTED] - [REDACTED] Social Worker, Strabane

Date of Admission: 28.4.88

[REDACTED] was admitted on 28.4.88 on a Place of Safety Order, after allegations of sexual abuse at home. The case was discussed today at the C.E.T. by [REDACTED] Senior Social Worker, Strabane and Christine Lyttle, Social Worker, Strabane.

[REDACTED] had been admitted to hospital because of fainting episodes. After observation, medical opinion was that there was no organic reason for this and that the problems could be hysterical. During [REDACTED] stay in hospital, she confided to a Ward Nurse that she had been sexually interfered with by her father. This was then outlined in detail to both [REDACTED] Acting Senior Social Worker, Altnagelvin and [REDACTED] Social Worker, Strabane. A Case Conference was held on 27 April 1988 in Altnagelvin Hospital and it was agreed that a Fit Person Order would be sought to protect [REDACTED]. A police investigation is now to proceed. After discussion at the C.E.T., it was further agreed that [REDACTED] would have access to her mother only on a supervised basis once a week. A referral form for assessment is being forwarded for discussion

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 6th May 1988.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W. (Chairman)  
 [REDACTED] TL 11 A.P.S.W.  
 [REDACTED] HH 5 Officer in Charge  
 [REDACTED] HH 22 Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

- a. [REDACTED] - [REDACTED] Probation Officer  
 [REDACTED] S.S.W., Waterside

Date of Admission: 11th January 1988  
 [REDACTED] Key Worker/Student S.W.

[REDACTED] was discharged to the care of his parents on 5th May 1988 as agreed at the C.E.T.

3. Admissions Since Last Meeting

None

4. Children Being Assessed

- a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 16th February 1988  
 [REDACTED] Key Worker/Houseparent

[REDACTED] continues to attend Greystone Hall regularly. The Review will be held on 13th May 1988.

- b. [REDACTED] HH 18 [REDACTED] - [REDACTED] S.W., NSPCC  
 [REDACTED] S.W., Shantallow

Date of Admission: 5th February 1988  
 [REDACTED] Key Worker/Houseparent

[REDACTED] remains in St Patrick's Training School.  
 An Assessment Review on [REDACTED] HH 18 will be heard on 13th May 1988.

- c. [REDACTED] - [REDACTED] S.W.

Date of Admission: 14th April 1988  
 [REDACTED] Key Worker/Senior Houseparent

[REDACTED] assessment continues. The Review will be held on 27th May 1988.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 22nd April, 1988.

ATTENDED BY: [REDACTED] TL 4, A.P.S.W. (Chairman)  
 [REDACTED] TL 11, A.P.S.W.  
 [REDACTED] HH 5, Officer-in-charge  
 [REDACTED] HH 22, Deputy Officer-in-charge

1. Administrative Matters

None.

2. Discharges Since Last Meeting

None.

3. Admissions Since Last Meeting

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 18th April, 1988  
 [REDACTED] Keyworker/Houseparent

[REDACTED] was admitted on 18th April, 1988 under an existing Fit Person Order after difficulties in the foster home. An Admission Case Conference was held on 21st April, 1988. It was agreed that the period in Harberton House should be regarded as respite with the intention of salvaging the placement. The situation will be reviewed again on 20th May, 1988.

4. Children Being Assessed

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 16th February, 1988  
 [REDACTED] Keyworker/Houseparent

[REDACTED] is due to start attendance at Greystone Hall on 25th April, 1988. A review will be held on 13th May, 1988.

(b) [REDACTED] D.O.B: [REDACTED], S.W., N.S.P.C.C.  
 [REDACTED] HH 18 D.O.B: [REDACTED], W., Shantallow

Date of Admission: 5th February, 1988  
 [REDACTED] Keyworker/Houseparent

An Interim Order was granted on [REDACTED] at the Juvenile Court on 19th April, 1988. [REDACTED] remains in St. Patrick's Training School Belfast and a case conference to review his situation will be held on 27th April, 1988. The assessment review will be held on 13th May, 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 15th April 1988.

ATTENDED BY: [REDACTED] HH 5, Officer in Charge (Chairman)  
 [REDACTED] SIM 56, A.P.S.W.  
 [REDACTED] HH 22, Deputy Officer in Charge

APOLOGIES: [REDACTED] TL 4, A.P.S.W.  
 [REDACTED] TL 11, A.P.S.W.

1. Administrative Matters

None

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 14th April 1988  
 [REDACTED] Key Worker/Senior Houseparent

[REDACTED] was admitted on 14th April 1988 by [REDACTED] S.W. for a period of assessment as agreed.

The Assessment Review will be held on 27th May 1988.

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 16th February 1988  
 [REDACTED] Key Worker/Houseparent

No school has yet been arranged for [REDACTED] A Review will be held on 29th April 1988.

b. [REDACTED] - [REDACTED] S.W., NSPCC  
 [REDACTED], Board S.W., Shantallow

Date of Admission: 5th February 1988  
 [REDACTED] Key Worker/Houseparent

An admission Case Conference is to be arranged in Training School. An Interim Order will be sought at the Juvenile Court on 19th April 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 8th April 1988.

ATTENDED BY:

TL 4 A.P.S.W. (Chairman)  
 TL 11 A.P.S.W.  
 HH 22 Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 1st April 1988  
 [REDACTED] Key Worker/Houseparent

[REDACTED] was admitted on 1st April 1988, following the admission of her younger [REDACTED] on 31st April. A Case Conference was held on 1st April 1988 and it was agreed that the case be reviewed on 22nd April 1988.

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 16th February 1988  
 [REDACTED] Key Worker/Houseparent

Following on from last week's discussion at the CET it was agreed to review the case on 29th April 1988.

b. [REDACTED] DOB [REDACTED] - [REDACTED] S.W., NSPCC  
 HH 18 DOB [REDACTED] Board S.W., Shantallow

Date of Admission: 5th February 1988  
 [REDACTED] Key Worker/Houseparent

[REDACTED] attended the Child Psychiatry Department in the Royal Victoria Hospital on Tuesday 5th April 1988.

An admission Case Conference is yet to be arranged in Training School.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 1st April 1988.

ATTENDED BY:

TI 4  
TL 11  
HH 5

P.S.W. (Chairman)  
, A.P.S.W.  
Officer in Charge

1. Administrative Matters

a. Easter Holiday Weekend

Approval has been granted for a number of children from the Assessment Unit to go on a camping weekend to Clonmany in County Donegal.

2. Discharges Since Last Meeting

a. [REDACTED] Approx 2 years old - [REDACTED], S.W.

Date of Admission: 30th March 1988

[REDACTED] as transferred to the care of foster parents on 30th March 1988.

3. Admissions Since Last Meeting

a. [REDACTED] Approx 2 years old - [REDACTED] S.W.

Date of Admission: 30th March 1988

[REDACTED] was admitted by Gabriel Carey, P.S.W. on 30th March 1988 under Section 99 of the CYPA when her parents were found drunk and incapable.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 31st March 1988

[REDACTED] was admitted under a Fit Person Order when her parents were found drunk and incapable on 31st March 1988.

An admission Case Conference will be held this afternoon.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 25th March 1988.

ATTENDED BY:

TL 4 A.P.S.W. (Chairman)  
 TL 11 A.P.S.W.  
 HH 5 Officer in Charge

1. Administrative Matters

a. Decoration

The internal re-decoration has now commenced throughout the Unit.

b. Admission/Discharge Register

The new Admission/Discharge Register will be operational from 1st April 1988.

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 22nd January 1988 [REDACTED]

Date of Admission: 3rd February 1988 [REDACTED]

Key Worker/Senior Houseparent [REDACTED]

Key Worker/Houseparent [REDACTED]

ATTENDED BY:

[REDACTED], S.S.W.

[REDACTED] S.W.

[REDACTED] and [REDACTED] were discharged home to their parents on 18th March 1988. On that day a Fit Person Order was granted on [REDACTED] at Strabane court and it was arranged with the parents that they would be returned home. Although it was accepted that no change had taken place at home, fear for the childrens safety was felt because of their continual absconding and residential staff felt that they could no longer offer the children a safe environment. On 19th April [REDACTED] presented himself at Strabane police station asking to be returned to Harberton House. The police were informed to return [REDACTED] home to Plumbridge. On 21st April [REDACTED] and [REDACTED] turned up at Omagh Social Services asking to be returned to Harberton House, they had their younger brother [REDACTED] 10 years, with them. The children were claiming that their mother was being physically and verbally abusive towards them. After discussion with Strabane Social Services [REDACTED] and [REDACTED] eventually agreed to return home but [REDACTED] became very aggressive, refusing to return home. It was therefore agreed that an admission to Training School be arranged. [REDACTED] had to be physically removed from the house with her father's help. [REDACTED] denied everything the children had said about them.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 11th March 1988.

## ATTENDED BY:

TL 4

A.P.S.W. (Chairman)

TL 11

A.P.S.W.

HH 22

Deputy Officer in Charge

Student Psychiatric Nurse

1. Administrative Mattersa. Community Care Committee

Ms Imelda McGowan a member of the Community Care Committee visited the Unit last Friday afternoon.

b. Internal Work in Unit

Doors and partitions are being replaced this week with ones which comply with the fire regulations. When this work has been completed the internal painting and decoration will commence.

c. CET

As next Thursday is St. Patrick's Day a few members of the CET will also be on leave on Friday and it was therefore agreed to cancel next week's meeting.

2. Discharges Since Last Meeting

## a. [REDACTED] S.W., Enniskillen

Date of Admission: 4th September 1987

[REDACTED] Key Worker/Senior Houseparent

[REDACTED] transferred to Coneywarren House on 10th March 1988 as agreed.

3. Admissions Since Last Meeting

None

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 4th March 1988.

ATTENDED BY:

TL 4 [REDACTED] A.P.S.W. (Chairman)  
 TL 11 [REDACTED] A.P.S.W.  
 HH 5 [REDACTED] Officer in Charge  
 HH 22 [REDACTED] Deputy Officer in Charge

1. Administrative Matters

a. Community Care Committee Member

Ms Imelda McGowan a member of the Community Care Committee is visiting the Unit this afternoon.

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

None

4. Children Being Assessed

a. [REDACTED] - [REDACTED] Probation Officer  
 [REDACTED] S.W., Waterside

Date of Admission: 11th January 1988  
 [REDACTED] Key Worker/Student, S.W.

[REDACTED] was caught shoplifting in Stewarts Supermarket at the weekend with another boy resident in the Unit. The supermarket management did not involve the police.

The Assessment Review will be held on 11th March 1988.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 18th January 1988  
 [REDACTED] HH 9 Key Worker/Houseparent

[REDACTED] assessment is continuing. The Assessment Review will be held on 18th March 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 26th February 1988.

ATTENDED BY:

TL 4 [REDACTED] A.P.S.W. (Chairman)  
 TL 11 [REDACTED] A.P.S.W.  
 HH 5 [REDACTED] Officer in Charge  
 HH 22 [REDACTED] Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED], S.W.

Date of Admission: 15th February 1988

It was agreed that [REDACTED] be discharged to the care of her parents on 23rd February 1988, at their request.

3. Admissions Since Last Meeting

None

4. Children Being Assessed

a. [REDACTED] [REDACTED] [REDACTED] S.W.

Date of Admission: 8th December 1987  
 HH 15 [REDACTED] Key Worker/Houseparent

[REDACTED] assessment is continuing. The Assessment Review will be held on 4th March 1988.

b. [REDACTED] - [REDACTED] Probation Officer  
 [REDACTED] S.W., Waterside

Date of Admission: 11th January 1988  
 [REDACTED] Key Worker/Student S.W.

Following [REDACTED] court appearance on 16th February 1988 it has now come to light that a further appearance at court on 15th March 1988 will be necessary to answer two further outstanding charges of burglary and theft.

The Assessment Review will be held on 11th March 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 12th February 1988.

ATTENDED BY:

TL 4

TL 11

HH 5

.W. (Chairman)

A.P.S.W.

Officer in Charge

Senior Houseparent

1. Administrative Matters

a. Directors Visit

Mr Haverty and Mr Carroll visited the Unit last Friday as arranged.

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] SND 465 S.W.

Date of Admission: 25th September 1987  
[REDACTED] Key Worker/Houseparent

[REDACTED] and [REDACTED] were transferred home to the care of their mother on 5th February 1988.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 21st October 1987  
[REDACTED] Key Worker/Houseparent

[REDACTED] was discharged home to the care of her parents on 6th February 1988.

c. [REDACTED] - [REDACTED], S.W.

Date of Admission: 9th November 1987  
[REDACTED] Key Worker/Senior Houseparent

[REDACTED] was transferred home at her parents request on 10th February 1988 before the period of Assessment was completed.

3. Admissions Since Last Meeting

a. [REDACTED] HH 18 - [REDACTED] S.W., NSPCC

Date of Admission: 5th February 1988

The boys were admitted under a Place of Safety Order on 5th February 1988 because their mother was drunk in charge of them. At a Case Conference held on 9th February it was agreed that a Referral would be presented for a period of Assessment at the CET on Friday 26th February 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 5th February 1988.

ATTENDED BY: [REDACTED] TL 4 S.S.W. (Chairman)  
 [REDACTED] TL 11, A.P.S.W.  
 [REDACTED] HH 5 Officer in Charge  
 [REDACTED] HH 22 Deputy Officer in Charge

1. Administrative Matters

a. Directors Visit

The Director, Mr Carroll, accompanied by Mr Haverty, A.D.S.S. are due to visit the Unit today at 12.30 pm.

2. Discharges Since Last Meeting

a. [REDACTED]

Date of Admission: 9th November 1987  
 [REDACTED] Key Worker/Houseparent

[REDACTED] was discharged home on 3rd February 1988. She will spend weekdays in the care of an aunt and uncle the [REDACTED] and return to her parents home at weekends.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 18th July 1985  
 [REDACTED] Key Worker/Houseparent

[REDACTED] was transferred to Coneywarren House, Omagh on 4th February 1988 as agreed.

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 3rd February 1988

[REDACTED] was admitted on 3rd February 1988 under an existing Fit Person Order. [REDACTED] had made an allegation of indecent touching by an uncle and there also appears to be lack of parental control. Her brother [REDACTED] was admitted to Harberton House on 22nd January 1988. Referrals on both will be presented to the CET next Friday, 12th February.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 29th January 1988.

ATTENDED BY:

TL 4 [REDACTED] S.W. (Chairman)  
 TL 11 [REDACTED] A.P.S.W.  
 HH 5 [REDACTED] Officer in Charge  
 HH 22 [REDACTED] Deputy Officer in Charge

1. Administrative Matters

a. Re-Decoration

Approval has now been received for full internal redecoration.

b. Directors Visit

The Director, Mr Carroll, accompanied by Mr Haverty, A.D.S.S. will visit the Unit on Friday 5th February 1988.

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.  
 [REDACTED] S.W., NSPCC

Date of Admission: 11th May 1987  
 [REDACTED] Key Worker/Houseparent [REDACTED]  
 [REDACTED] Key Worker/Senior Houseparent [REDACTED]

[REDACTED] and [REDACTED] transferred to Nazareth House on Friday 22nd January 1988 as agreed.

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED], Linavady

Date of Admission: 22nd January 1988  
 [REDACTED] Key Worker/Houseparent [REDACTED]  
 [REDACTED] Key Worker/Houseparent [REDACTED]

[REDACTED] and [REDACTED] transferred from Nazareth House on 22nd January 1988 as agreed. A review will be held on 26th February 1988.

b. [REDACTED] HIA 22 [REDACTED] D.O.B. 17.12.72 - [REDACTED], S.S.W.

Date of Admission: 22nd January 1988  
 [REDACTED] Key Worker/Senior Houseparent

[REDACTED] HIA 22 was admitted to Harberton House on 22nd January 1988 by [REDACTED] S.S.W. after continually running away from home. He is the subject of a Fit Person Order. At a Case Conference held on Monday 25th January 1988 it was agreed to present a Referral for a period of Assessment.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 15th January 1988.

ATTENDED BY:

TL 4 [REDACTED] S.S.W. (Chairman)  
 TL 11 [REDACTED] A.P.S.W.  
 HH 5 [REDACTED] Officer in Charge  
 [REDACTED], A/Senior Houseparent

1. Administrative Matters

a. Interviews

Interviews were held this week for Houseparent posts.

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

- a. [REDACTED] - [REDACTED], Probation Officer  
 [REDACTED] S.S.W., Waterside

Date of Admission: 11th January 1988  
 [REDACTED] Student S.W.

[REDACTED] was admitted on 11th January 1988 by [REDACTED] S.S.W. under Section 103, for a period of assessment as agreed.

4. Children Being Assessed

- a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 9th November 1987  
 [REDACTED] Key Worker/Senior Houseparent

A Training School Order will not be pursued at court on 19th January and it is anticipated that [REDACTED] will return to Harberton House on that date.

- b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 9th November 1987  
 [REDACTED] Key Worker/Houseparent

[REDACTED] assessment is continuing. The Assessment Review will be held on 29th January 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 22nd January 1988.

ATTENDED BY:

HH 5 [REDACTED] S.W. (Chairman)  
 HIA 22 [REDACTED] Officer in Charge  
 [REDACTED], Deputy Officer in Charge

1. Administrative Matters

None

2. Discharges Since Last Meeting

None

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 18th January 1988  
 HH 9 [REDACTED] Key Worker/Houseparent

[REDACTED] was admitted on 18th January 1988 under Section 103 by [REDACTED] S.W. for a period of Assessment as agreed.

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 9th November 1987  
 [REDACTED] Key Worker/Senior Houseparent

[REDACTED] returned to Harberton House from Training School under section 103 after the court on Tuesday. The Assessment is now ongoing, and the Review will be held on 4th March 1988.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 9th November 1987  
 [REDACTED] Key Worker/Houseparent

[REDACTED] assessment is continuing. The Assessment Review will be held on 29th January 1988.

c. [REDACTED] - [REDACTED] S.W.

Date of Admission: 8th December 1987  
 HH 15 [REDACTED] Key Worker/Houseparent

[REDACTED] assessment is continuing. The Assessment Review will be held on 19th February 1988.

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 8th January 1987.

## ATTENDED BY:

HH 5

S.S.W. (Chairman)

TL 11

A.P.S.W.

HH 5

Officer in Charge

HH 22

Deputy Officer in Charge

1. Administrative Mattersa. P.S.S.C. Report

A copy of the P.S.S.C. Report has been received and it was agreed that it was a very positive report.

It was noted that the name of the Committee has now been changed to Community Care Committee.

2. Discharges Since Last Meeting

## a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 29th September 1987  
[REDACTED] Key Worker/Senior Houseparent

[REDACTED] was discharged to the care of his mother as agreed on 18th December 1987.  
A Fit Person Order was granted at court on 18th December 1987.

## b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 5th June 1987 [REDACTED]  
Date of Admission: 11th June 1987 [REDACTED]  
Date of Admission: 8th July 1987 [REDACTED]  
[REDACTED] Key Worker/Senior Houseparent [REDACTED]  
[REDACTED] Key Worker/Senior Houseparent [REDACTED]

The girls were transferred on 22nd December 1987 to the care of their parents as agreed at the Wardship hearing.

3. Admissions Since Last Meeting

None

S

WESTERN HEALTH & SOCIAL SERVICES BOARD

Minutes of the Meeting of the Core Evaluation Team held at Harberton House on Friday 18th December 1987.

ATTENDED BY:

TL 4 S.S.W. (Chairman)  
 TL 11 A.P.S.W.  
 HH 5 Officer in Charge  
 HH 22 Deputy Officer in Charge

1. Administrative Matters

a. P.S.S.C. Member

Imelda McGowan, P.S.S.C. member visited the Unit on 16th December 1987.

2. Discharges Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 11th November 1985  
 [REDACTED] Key Worker/Houseparent

[REDACTED] was transferred to Nazareth House last Friday, 11th December as agreed.

3. Admissions Since Last Meeting

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 11th December 1987  
 [REDACTED] Key Worker/Houseparent

[REDACTED] was transferred from Nazareth House on 11th December 1987 as agreed. A meeting will be held at the CET on 8th January to discuss the transfer of the other two children in Nazareth House.

4. Children Being Assessed

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 9th November 1987  
 [REDACTED] Key Worker/Senior Houseparent

An Interim Detention Order was granted at court on Tuesday 15th December 1987.

b. [REDACTED] - [REDACTED] S.W.

Date of Admission: 9th November 1987  
 [REDACTED] Key Worker/Houseparent

It has been agreed that [REDACTED] will be spending Christmas with her family. The Assessment Review will be held on 15th January 1987.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 27th October 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 119 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

- (a) [REDACTED] HH 5 O.I.C., informed the C.E.T. that three members of staff had successfully completed the Open University Course for Children and Young People.
- (b) The Board will launch its new 'Child Abuse Procedural Guide' at a seminar on Friday, 10th November 1989. Therefore the C.E.T. will not meet on that particular date.

2. DISCHARGES

- (a) [REDACTED] [REDACTED] S.W.  
Date of Admission: 7. 4. 89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] HH 9 Houseparent.  
[REDACTED] was transferred to her foster home on Friday, 20th October 1989 as agreed.
- (b) [REDACTED] - [REDACTED] S.W.  
Date of Admission: 23.5.89  
Legal Status: 103  
Residential Worker: [REDACTED] HH 15 Houseparent.  
[REDACTED] was discharged to the care of his mother on the 23rd October 1989.
- (c) [REDACTED] - [REDACTED] S.W.  
Date of Admission: 31. 3. 88  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.  
On the 24th October 1989, a Training School Order was granted in respect of [REDACTED] at the Limavady Juvenile Court.
- (d) [REDACTED] - [REDACTED] S.W.  
Date of Admission: 25. 5. 89  
Legal Status: 103 C.Y.P.A.  
Residential Worker: [REDACTED] Houseparent.  
[REDACTED] was withdrawn from Harberton House on the 24th October 1989 by her mother who felt that things had improved.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 20th October 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 119 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

3. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

[REDACTED] DOB: [REDACTED] [REDACTED] S.W.

Date of Admission: 18. 9. 89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.

Assessment continues.

Review will be held on the 24th November 1989.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 27. 4. 89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] HH 31 Sen. Houseparent.

In attendance: [REDACTED] S.W.  
[REDACTED] D.O.I.C. Shantallow D.C.  
[REDACTED] H.P.

Apologies: [REDACTED] S.S.W.

Review forms were presented by [REDACTED] Social Worker  
and [REDACTED] HH 31, Senior Houseparent.

The investigations regarding Lucille's allegations of sexual abuse by her father are still ongoing.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 13th October 1989.

ATTENDED BY: [redacted] SND 119 A.P.S.W.  
 [redacted] HH 5 O.I.C.  
 [redacted] HH 22 D.O.I.C.

APOLOGIES: [redacted] TL 4 A.P.S.W.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

[redacted] - [redacted] S.W.

Date of Admission: 21.6.89  
 Legal Status: 103  
 Residential Worker: [redacted] Houseparent.

[redacted] was discharged to the care of her sister in Newry on the 6th October 1989 as planned.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

None.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

[redacted] - [redacted] S.W.

Date of Admission: 25. 5.89  
 Legal Status: 103 C.V.P.A.  
 Residential Worker: [redacted] Houseparent.

Attended by: [redacted] SND 383 Social Worker  
 [redacted] SND 119 A.P.S.W. (for [redacted] S.S.W.)  
 [redacted] Houseparent  
 [redacted] Subject.

Reports were presented by [redacted] SND 383 and [redacted]

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harborton House Assessment Unit on Friday, 6th October 1989.

ATTENDED BY. [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 119 A.P.S.W..  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

(a) [REDACTED] S.W.

Date of Admission: 14. 8.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Sen. Houseparent.

[REDACTED] was discharged to the care of her father as agreed on Thursday, 5th October 1989.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

None.

5. ASSESSMENT REVIEWS

(a) [REDACTED] S.W.

Date of Admission: 21. 7.89  
Legal Status: 103  
Residential Worker: [REDACTED] Houseparent.

Attended by: [REDACTED] A.P.S.W.  
[REDACTED] Houseparent

Apologies: [REDACTED] Social Worker.

An Assessment Report was presented by [REDACTED] Houseparent.

[REDACTED] was admitted to Harborton House on the 21st July 1989 and a formal assessment was then accepted on the 11th August 1989.

[REDACTED] has a long history of alcohol abuse and her relationship with [REDACTED] father had been, at times, violent. They are now divorced and [REDACTED] father is now co-habiting with a woman in England.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 15th September 1989.

ATTENDED BY: [REDACTED] TL 4 .P.S.W.  
[REDACTED] SND 119 A.P.S.W.  
[REDACTED] HH 5 O.I.C.

APOLOGIES: [REDACTED] HIA 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

Mr. Carey, P.S.W. visited on Tuesday, 12th September 1989 to carry out his monitoring visit.

2. DISCHARGES

[REDACTED] [REDACTED] Social Worker

Date of Admission: 29.8.89  
Legal Status: Section 103  
Residential Worker: [REDACTED] Houseparent.

[REDACTED] was withdrawn by his father on 9th September 1989.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] Social Worker

Date of Admission: 29. 8.89  
Legal Status: Section 103  
Residential Worker: [REDACTED] Houseparent.

[REDACTED] was withdrawn by his parents before the assessment period was completed.

(b) [REDACTED] - [REDACTED] Social Worker

Date of Admission: 21. 7.89  
Legal Status: 103  
Residential Worker: [REDACTED] Houseparent.

Assessment continues.

[REDACTED] had a difficult visit on Sunday, 10th September 1989. He has gone on his Sunday access visit to his Grandmother's. The Unit received a telephone call from [REDACTED] mum, to say that she was taking [REDACTED] out to a hotel for lunch. [REDACTED] and [REDACTED] her co-habitee, arrived back at the Unit with [REDACTED] at approximately 5.00 p.m.; both adults were very intoxicated. Lee went to go to his

...2

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 8th September 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 119 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] S.H.P.

APOLOGIES: [REDACTED] HH 22, D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

[REDACTED] - [REDACTED], Social Worker

Date of Admission: 29.8.89  
Legal Status: Section 103  
Residential Worker: [REDACTED] Houseparent.

Assessment continues.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

[REDACTED] - [REDACTED], Social Worker

Date of Admission: 14. 8.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Sen. Houseparent.

Attended by: [REDACTED] .S.W.  
[REDACTED] , S.W.  
[REDACTED] .H.P.

[REDACTED] had been a resident in Coneywarren Childrens' Home. In March 1989 [REDACTED] went home on trial. Readmission to care was in response to her father demanding that she be taken into care again. She was admitted to Harberton House Assessment Unit on the 14th August 1989.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 25th August 1989.

ATTENDED BY: [REDACTED] TL 4, A.P.S.W.  
 [REDACTED] SND 466, A.P.S.W.  
 [REDACTED] HH 5, O.I.C.  
 [REDACTED] HH 22, D.O.I.C.  
 [REDACTED] SND 40 (STUDENT, NAZARETH HOUSE)

1. ADMINISTRATIVE MATTERS

Children from the Assessment Unit are on holiday at Westport (19th - 26th August 1989).

The Unit received a visit from Board visitor, Mrs. Imelda McGowan, on Tuesday, 22nd August 1989.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

None.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 14.4.88  
 Legal Status: Ward of Court  
 Residential Worker: [REDACTED]

In Attendance: [REDACTED] SND 119, A.P.S.W.  
 [REDACTED] S.W.  
 [REDACTED] Houseparent.

Review forms were presented by [REDACTED] S.W. and [REDACTED] Houseparent.

CHANGES IN SOCIAL WORK AND RESIDENTIAL WORK SINCE LAST REVIEW

1. The Wardship has been reviewed and a date for a full hearing has been set for the week commencing the 16th October 1989.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 18th August 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] SND 466 A.P.S.W.

1. ADMINISTRATIVE MATTERS

Most of the children in the Medium Stay Unit are on holiday this week in Westport.

2. DISCHARGES

None.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 14. 8.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Sen. Houseparent.

[REDACTED] had been home on trial with her father following her discharge from Coneywarren Childrens' Home. On the day of her admission [REDACTED] had received a telephone call from [REDACTED] saying that he could no longer take care of [REDACTED] that she was beyond his control and that he wanted her taken into care. Sean had spent some time talking to [REDACTED] about the situation, but he remained adamant that [REDACTED] should be taken into care. [REDACTED] had asked [REDACTED] to hold on for a short time while he went off to check things out, when he returned he found [REDACTED] on her own, saying that her father had left.

There was a Case Conference on the 15th August 1989 at which it was agreed that [REDACTED] would remain in Harberton House for the immediate future. She had been in Coneywarren prior to this and had expressed an interest in returning there; that is to be explored with Coneywarren, although at the moment there are no beds available in that unit. Given [REDACTED] history of disturbed behaviour, it was felt appropriate that a referral should be made to the Department of Child Psychiatry at the Royal.

Further access between [REDACTED] and her father should be on an agreed and planned basis.

This case is to be reviewed on the 8th September 1989.

...2

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 11th August 1989.

ATTENDED BY: MR. G. CAREY, P.S.W.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HIA 22 D.O.I.C.

APOLOGIES: [REDACTED] TL 4 A.P.S.W.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 9.8.89  
 Legal Status: F.P.O. [REDACTED]  
 Section 99 [REDACTED]

Both children were discharged to foster parents on the 10th August 1989.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 9.8.89  
 Legal Status: F.P.O. [REDACTED]  
 Section 99 [REDACTED]

Both children were admitted by Mr. G. Carey, P.S.W. The children had been left in the care of [REDACTED] co-habitee while she had gone off. When she did not return, the co-habitee took the children and found [REDACTED] in a bar. He left the children with her. [REDACTED] who was drunk at the time, left the children in the bar, and at that time the Police and Social Services became involved. The children were admitted to Harberton House overnight, pending placement in foster care.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 4th August 1989.

ATTENDED BY: [REDACTED] SND 466, A.P.S.W.  
[REDACTED] HH 22, O.I.C.  
[REDACTED] HH 8, SENIOR HOUSEPARENT

APOLOGIES: [REDACTED] TL 4, A.P.S.W.  
[REDACTED] HH 5, O.I.C.  
MR. G. CAREY, P.S.W.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 21.6.89  
Legal Status: 103  
Residential Worker: [REDACTED] Houseparent.

[REDACTED] is spending a week with her sister in Newry. [REDACTED] father has not been available; he missed the arranged meeting with [REDACTED] and her keyworker.

Review will be held on the 11th August 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 23.5.89  
Legal Status: 103  
Residential Worker: [REDACTED] HH 15 Houseparent.

Assessment continues. There was a family meeting this week with [REDACTED] and [REDACTED]. [REDACTED] has now commented that he does not want to go home. There has been movement with regards housing for [REDACTED]

A Review date has been set for the 18th August 1989.

5. ASSESSMENT REVIEWS

None.

WESTERN HEALTH AND SOCIAL SERVICES

Minutes of the meeting of the Core Evaluation Team held at Harborton House Assessment Unit on Friday, 21st July 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] HH 22 D.O.I.C.  
[REDACTED] SND 466 D.O.I.C.

APOLOGIES: [REDACTED] HH 5 O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

[REDACTED] - [REDACTED] S.W.

Date of Admission: 1. 4.88  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.

[REDACTED] was discharged to the care of her parents on the 14th July 1989. She had left the unit on the 7th July 1989 for one week home on trial.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 21.6.89  
Legal Status: 103  
Residential Worker: [REDACTED] Houseparent.

Assessment continues. Review will be held on the 11th August 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 23.5.89  
Legal Status: 103  
Residential Worker: [REDACTED] HH 15 Houseparent.

Assessment continues. Review date has been set for the 11th August 1989.

5. - ASSESSMENT REVIEWS

None.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 7th July 1989.

ATTENDED BY: [REDACTED] TL 4, A.P.S.W.  
[REDACTED] HH 5, O.I.C.  
[REDACTED] HH 22, D.O.I.C.

APOLOGIES: MR. C. CAREY, D.S.W.  
[REDACTED] SND 466, A.P.S.W.

1. ADMINISTRATIVE MATTERS

- (a) Congratulations were extended to [REDACTED] Houseparent who received his Diploma in Social Work with commendation at the University of Ulster this week.
- (b) Congratulations were also extended to [REDACTED] TL 4 who also received his diploma in Management Studies at the University of Ulster this week.

2. DISCHARGES

None

3. ADMISSIONS

- (a) [REDACTED] - [REDACTED] SND 465 S.W.  
*Date of Admission:*  
Date of Admission: 1. 7.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.

[REDACTED] transferred back from Nazareth House on the 1st July 1989 as agreed.

4. CHILDREN BEING ASSESSED

- (a) [REDACTED] - [REDACTED], S.W.  
Date of Admission: 21. 6.89  
Legal Status: 103  
Residential Worker: [REDACTED] HH 32 Houseparent.

Assessment continues.

The Review date is the 4th August 1989.

- (b) [REDACTED] - [REDACTED] S.W.  
Date of Admission: 23. 5.89  
Legal Status: 103  
Residential Worker: [REDACTED] HH 15 Houseparent.

Assessment continues.

A Review date has been set for the 4th August 1989.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 30th June 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 MR. G. CAREY, P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] SND 466 A.P.S.W.

1. ADMINISTRATIVE MATTERS(a) Secretarial Support for C.E.T.

It was agreed to make use of the dictaphone at the C.E.T. meetings each Friday to free the secretary for other duties.

(b) Tendering for Domestic Services

The numbering of doors within the unit (for the tendering for Domestic Services) was strongly objected to. It was suggested that the numbering of the floor plan would provide the same information for the relevant people.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

## (a) [REDACTED] - [REDACTED], S.W.

Date of Admission: 25. 5.89  
 Legal Status: 103 C.Y.P.A.  
 Residential Worker: [REDACTED] Houseparent.

Assessment continues. Family work is now underway.

Assessment Review will be held on the 14th July 1989.

## (b) [REDACTED] S.W.

Date of Admission: 21. 6.89  
 Legal Status: 103  
 Residential Worker: [REDACTED] HH 32 Houseparent.

Assessment continues. [REDACTED] is into Heavy Metal and, superficially, the Occult. While this was seen as a "passing phase", she will be spoken to regarding some of the items in her room as these have offended both staff and children. This was seen as a learning process for [REDACTED] in that, when she is living with others in the Unit, it is important to respect their wishes.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 23rd June 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 MR. G. CAREY P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] SND 466 A.P.S.W.

1. ADMINISTRATIVE MATTERS

Notification to be made to the A.D.S.S. of children remaining in the unit for more than one year.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W.

The [REDACTED] children were discharged home on the 20th June 1989 as agreed.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 23. 5.89  
 Legal Status: Section 103  
 Residential Worker: [REDACTED] Sen. Houseparent.

[REDACTED] was withdrawn on the 20th June 1989 by her parents before the end of her assessment period.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 21. 6.89  
 Legal Status: 103  
 Residential Worker: [REDACTED] HH 32, Houseparent.

[REDACTED] was transferred from Fort James for assessment on the 21st June 1989.

A Review date has been set for the 4th August 1989.

(b) [REDACTED] - [REDACTED] S.W., N.S.P.C.C.

Date of Admission: 22. 6.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] HH 26 Houseparent.

There is a long history of Social Services involvement with this family and the children are subject of F.P.O. orders. There has been a long history of violence and neglect. An admission Case Conference has been arranged for the 28th June 1989.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 16th June 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] SEN. H.P.

APOLOGIES: [REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 10.6.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] HH 8 Sen. H.P.

[REDACTED] was admitted on the 10th June 1989 from her fostering placement as agreed previously.

The situation will be reviewed at the C.E.T. on the 30th June 1989.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 10. 5.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED], Houseparent.

Assessment continues.

The Assessment Review will be held on the 30th June 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 27. 4.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] Houseparent.

Assessment continues. The problem behaviour continues at school with the strong possibility that [REDACTED] will be removed from this school.

Assessment Review will be held on the 23rd June 1989.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 9th June 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HIA 22 D.O.I.C.

APOLOGIES: [REDACTED] HH 5 O.I.C.

1. ADMINISTRATIVE MATTERS(a) Occupation level

It was noted that the residential sector is currently at saturation point.

2. DISCHARGES

None

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 10. 5.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.

Assessment continues.

Assessment Review will be held on the 23rd June 1989.

(b) [REDACTED] - [REDACTED], S.W.

Date of Admission: 27. 4.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.

Assessment continues. [REDACTED] behaviour was reasonably settled this week. However, it was recognised that she was working towards getting away on her Sunday School trip on Saturday.

The [REDACTED] contact has been confirmed and she has agreed to give [REDACTED] three appointments, starting from July into August.

Staff from Harberton House met with staff from Limavady Social Services on Monday to discuss last week's problematic behaviour. Staff also met with the school on Tuesday when it was agreed that she

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 2nd June 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 5 O.I.C.

APOLOGIES: [REDACTED] HIA 22

1. ADMINISTRATIVE MATTERS(a) Board Visit

Ms. Imelda McGowan carried out her quarterly monitoring visit on the 31st May 1989.

2. DISCHARGES

None.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 26. 5.89  
Legal Status: 103 C.V.P.A.  
Residential Worker: [REDACTED] Houseparent.

[REDACTED] was admitted on the 26th May 1989 under Section 103 for assessment.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 10. 5.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.

Assessment continues.

Assessment Review will be held on the 23rd June 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 27. 4.89  
Legal Status: F.P.O.  
Residential Worker: [REDACTED] Houseparent.

Assessment continues. [REDACTED] presents an ongoing management problem with staff injured in confrontations with her.

The Assessment Review has been postponed until the 23rd June 1989.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 26th May 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 8 SEN. H.P.  
 APOLOGIES: [REDACTED] HIA 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] SND 465 S.W.

Date of Admission: 10.2.87  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] HH 27 Acting Sen. Houseparent.  
 Date of Discharge: 25.5.89

[REDACTED] transferred to Nazareth House Childrens' Home on Thursday, 25th May 1989 as agreed.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 23.5.89  
 Legal Status: Section 103  
 Residential Worker: [REDACTED] Sen. Houseparent.

[REDACTED] was readmitted to Harberton House on the 23rd May 1989. Following her mother's withdrawal of her last week from the unit, there was a Case Conference on Tuesday, 23rd May chaired by Mr. Carey because of concern of the grave risk of suicide in her case. [REDACTED] wanted to come back into Harberton and was readmitted under Section 193 with the mother now agreeable to picking up on the work already covered with her.

A review date had been set for the 2nd June, but under the circumstances it was postponed until the 16th June 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 23.5.89  
 Legal Status: Section 103  
 Residential Worker: [REDACTED] HH 15 Houseparent.

[REDACTED] mother and her children had been living in the Women's Aid Centre, Pump Street. There had been a lot of marital violence between the parents. [REDACTED] father has now been sentenced to four years imprisonment

...2

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 12th May 1989.

ATTENDED BY: MR. G. CAREY, P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 466 A.P.S.W.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 10. 5.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED], Houseparent.

[REDACTED] admitted for a period of assessment as agreed at the C.E.T.

23-6-89.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 16. 2.89  
 Legal Status: 103  
 Residential Worker: [REDACTED] Houseparent.

Assessment continues. Assessment review had been set for the 19th May 1989. Extension agreed until 26th May 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 24. 2.89  
 Legal Status: Sect. 99  
 Residential Worker: [REDACTED], Houseparent.

Assessment Review to be held on the 19th May 1989. The F.P.O. is to be appealed in the County Court. No date has yet been given.

...2

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 28th April 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

(a) [REDACTED] RG 88 - [REDACTED] S.W.

Date of Admission: 27. 4.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] Houseparent.

[REDACTED] was admitted to Harberton House on the 27th April 1989 for assessment as agreed at the C.E.T. on the 14th March 1989.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] SND 383 S.W.

Date of Admission: 16. 2.89  
 Legal Status: 103  
 Residential Worker: [REDACTED] Houseparent.

Assessment Review to be held on the 19th May 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 24. 2.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] Houseparent.

Assessment Review to be held on the 19th May 1989.

(c) [REDACTED] - [REDACTED] S.W.

Date of Admission: 4. 3.89  
 Legal Status: 103 C.Y.P.A.  
 Residential Worker: [REDACTED] HH 9 Houseparent.

Assessment continues. Assessment Review to be held on the 19th May 1989.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 21st April 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) Principal Social Worker (Child Care)

Mr. G. Carey, P.S.W., carried out a three monthly visit to the unit on the 19th April 1989.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 16. 2.89  
Legal Status: 103  
Residential Worker: [REDACTED] Houseparent.

Assessment continues. The Assessment Review will be held on the 5th May 1989. → 19-5-89.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admission: 24. 2.89  
Legal Status: Sect. 99  
Residential Worker: [REDACTED], Houseparent.

Assessment continues. A Fit Persons Order was granted at Londonderry Juvenile Court, sitting at Limavady on the 18th April 1989.

The Assessment Review will be held on the 19th May 1989.

(c) [REDACTED] - [REDACTED] S.W.

Date of Admission: 4. 3.89  
Legal Status: 103 C.Y.P.A.  
Residential Worker: [REDACTED] HH 9, Houseparent.

Assessment continues. It was noted that there have been difficulties with [REDACTED] behaviour in school (Limavady High School).

The Assessment Review will be held on the 19th May 1989.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 14th April 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W.  
 [REDACTED] SND 438

Date of Admission: 25. 1.89  
 Legal Status: 103  
 Residential Worker: [REDACTED] Sen. Houseparent.  
 Date of Discharge: 7.4.89

[REDACTED] and [REDACTED] SND were discharged to the care of their mother on Friday, 7th April 1989 following discussion at the C.E.T.

3. ADMISSIONS

(a) [REDACTED] [REDACTED] S.W., N.S.P.C.C

Date of Admission: 7. 4.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] HH9, Houseparent

The children were admitted to Harberton House on the 7th April 1989. An admission Case Conference was held on Tuesday, 11th April.

[REDACTED] the childrens' mother, had not been sticking to the contract as agreed when they were discharged. She did not co-operate with [REDACTED] Social Worker and did not go back to see [REDACTED] Clinical Psychologist, as agreed. [REDACTED] had taken the children to their father's house and had drink taken.

[REDACTED] had paid a visit to the childrens' last foster mother, making allegations that she had abused the child. She had also made allegations that [REDACTED] was sexually abused while at Harberton House during her previous stay here. It was agreed at the Case Conference that this would be followed up by the N.S.P.C.C. and they are arranging a number of sessions with the children regarding these allegations.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 7th April 1989.

ATTENDED BY: [redacted] HH 5  
[redacted] HH 27 ACTING SENIOR HOUSEPARENT

APOLOGIES: [redacted] TL 4 A.P.S.W.  
[redacted] SND 466 A.P.S.W.  
[redacted] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

[redacted] - [redacted] W.

Date of Admission: [redacted] 22. 1.88  
[redacted] 11.12.87  
Legal Status: F.P.O.  
Residential Worker: [redacted] Houseparent.  
Date of Discharge: 24. 3.89

[redacted] and [redacted] were discharged to the care of foster parents, [redacted] as agreed.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [redacted] - [redacted], S.W.

Date of Admission: 16. 2.89  
Legal Status: 103  
Residential Worker: [redacted] Houseparent.

Assessment continues. Assessment Review will be held on the 14th April 1989. 5-5-89

(b) [redacted] - [redacted] S.W.

Date of Admission: 24. 2.89  
Legal Status: Sect. 99  
Residential Worker: [redacted] Houseparent.

Assessment continues. Assessment Review date has been set for the 5th May 1989.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 31st March 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] HH 5 D.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 16. 2.89  
Legal Status: 103  
Residential Worker: [REDACTED] Houseparent.

Assessment continues. Assessment Review will be held on the 14th April 1989.

(b) [REDACTED] - [REDACTED] S.W.

Date of Admisson: 24. 2.89  
Legal Status: Sect 99  
Residential Worker: [REDACTED] Houseparent.

Assessment has now started. Assessment Review to be held on the 5th May 1989.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

None.

7. REFERRALS

None.

...2

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 24th March 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] SND 466 A.P.S.W.

APOLOGIES: [REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

[REDACTED] - [REDACTED] S.W.

Date of Admission: 19. 8.88  
Legal Status: F.P.O.  
Date of Discharge: 21. 3.89

[REDACTED] as discharged from Harberton House on the 21.3.89 to her mother's care following a withdrawal of an application for Training School Order at the Juvenile Court on that day.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

[REDACTED] - [REDACTED] S.W.

Date of Admission: 16. 2.89  
Legal Status: 103  
Residential Worker: [REDACTED], Houseparent.

Assessment continues. Assessment Review will be held on the 14th April 1989.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: [REDACTED] 22. 1.88  
[REDACTED] 11.12.87  
Legal Status: F.P.O.  
Residential Worker: [REDACTED], Houseparent.

Attended by: [REDACTED] S.W., Limavady  
[REDACTED] Houseparent, H.H.

...Contd/ over.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 10th March 1989.

ATTENDED BY: [REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] TL 4 A.P.S.W.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES3. ADMISSIONS

[REDACTED] - [REDACTED] S.W.

Date of Admission: 4.3.89  
Legal Status: Section 103  
Residential Worker: [REDACTED] HH 9

[REDACTED] was admitted to Harberton House on the 4.3.89 by [REDACTED] TL 11, Limavady Social Services. [REDACTED] and a younger brother had been missing from home for four or five days and they were picked up by police. An admission case conference took place on Monday, 6.3.89 and [REDACTED] will be referred for assessment on the 24.3.89.

4. CHILDREN BEING ASSESSED

[REDACTED] - [REDACTED] S.W.

Date of Admission: 12. 2.89  
Legal Status: 103  
Residential Worker: [REDACTED] Houseparent.

Assessment continues. The Assessment Review has been postponed until the 14.4.89.

5. ASSESSMENT REVIEWS

[REDACTED] - [REDACTED] S.W.

Date of Admission: 10. 1.89  
Legal Status: Section 103  
Date of Discharge: 8. 2.89

Attended by: [REDACTED] Student (Harberton Hs).  
[REDACTED] Limavady Social Services  
[REDACTED] " " "  
[REDACTED] E.W.O., Limavady.

A discussion took place on [REDACTED] case -

Comment from Harberton House - It was felt that [REDACTED] was fast getting out of control. He has never accepted responsibility for his actions and will always blame someone else.

...2

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 3rd March 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 466 , A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 13. 2.89  
 Legal Status: P.R.O.  
 Date of Discharge: 24. 2.89

After completing her work experience at Lisnagelvin Leisure Centre, [REDACTED] was discharged home to her sister in Fermanagh on the 24.2.89.

(b) [REDACTED] HIA 86 - [REDACTED] S.W.

Date of Admission: 23. 1.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] HH 9  
 Date of Discharge: 24.2.89

As agreed [REDACTED] HIA 86 was transferred to the Nazareth House, Childrens Home on the 24.2.89.

(c) [REDACTED] HH 18 DOB: [REDACTED] [REDACTED] W.  
 [REDACTED] S.W.

Date of Admission: 5. 2.89  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] HH 27  
 Date of Discharge: 24. 2.89

[REDACTED] HH 18 was discharged home on trial on the 24.2.89 as agreed.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 24. 2.89  
 Legal Status: Section 99  
 Residential Worker: [REDACTED]

[REDACTED] was admitted to Harberton House on the 24.2.89 on a P.O.S. Order because of allegations of incest/sexual abuse. The R.U.C. are involved and a medical examination has taken place. An admission case conference is to be held today at Harberton House.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 24th February 1989.

ATTENDED BY: [REDACTED] TL 4, A.P.S.W.  
 [REDACTED] SND 466, A.P.S.W.  
 [REDACTED] HH 5, O.I.C.  
 [REDACTED] HH 22, D.O.I.C.  
 [REDACTED] HH 26, (ASST. HOUSEPARENT) H.H.  
 [REDACTED] (STUDENT S.W.) FORT JAMES

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

[REDACTED] - [REDACTED], S.W.

Date of Admission: 16. 2.89  
 Legal Status: IO3  
 Residential Worker: [REDACTED] Houseparent.

It was noted that [REDACTED] had settled into the Unit O'K. Assessment continues. The Assessment Review will be held on the 31.3.89.

5. ASSESSMENT REVIEWS

None.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 17th February 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 466 A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 8 SENIOR HOUSEPARENT

APOLOGIES: [REDACTED] HH 22, D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

[REDACTED] - [REDACTED] SND 383 S.W.

Date of Admission: 9. 2.89  
 Legal Status: F.P.O.  
 Date of Discharge: 13. 2.89

A placement had been found in Coneywarren for [REDACTED]. However, before his transference on the 10.2.89 he absconded and is now at home. Efforts are being made to admit him to Coneywarren.

3. ADMISSIONS

a. [REDACTED] - [REDACTED] S.W.

Date of Admission: 13. 2.89  
 Legal Status: P.R.O.

Admitted from Fermanagh to enable her to participate in work experience at Lisnagelvin Leisure Centre. It was recognised by the C.E.T. that this was an inappropriate use of the facility in Harberton House.

b. [REDACTED] - [REDACTED] SND 383 S.W.

Date of Admission: 16. 2.89  
 Legal Status: IO3  
 Residential Worker: [REDACTED] Houseparent.

Admitted for formal assessment - difficulties in family relationships.

4. CHILDREN BEING ASSESSED

[REDACTED] (details as above)

Assessment review on the 31.3.89.

...2

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harborton House Assessment Unit on Friday, 10th February 1989.

ATTENDED BY: [REDACTED] TL4 [REDACTED] .P.S.W.  
 [REDACTED] [REDACTED] , A.P.S.W.  
 [REDACTED] HH5 [REDACTED] O.I.C.  
 [REDACTED] HH22 [REDACTED] D.O.I.C.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 10. 1.89  
 Legal Status: Section 103  
 Date of Discharge: 8. 2.89

Withdrawn on the 8.2.89 by parents after absconding from Harborton House. Assessment has not been completed. A review will be held as planned on the 24.2.89 to discuss the period of time in Harborton House.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] SND 383 , S.W.

Date of Admission: 9. 2.89  
 Legal Status: F.P.O.  
 Residential Worker:

Admitted 9.2.89 under existing F.P.O. in an emergency situation. An alternative placement was arranged for Coneywarren Childrens' Home. However, [REDACTED] absconded from Harborton House on the 10.2.89 and his discharge date is recorded as 13.2.89.

4. CHILDREN BEING ASSESSED

[REDACTED] - [REDACTED] S.W.

Date of Admission: 21.II.88 [REDACTED]  
 16.I2.88 [REDACTED]  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED] / [REDACTED]

Assessment Continues. Review date put back to 17.2.89.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 3rd February 1989.

ATTENDED BY: Mr. G. Carey, P.S.W.  
 HH 5 I.C.  
 SND 466 A.P.S.W.  
 HH 22, D.O.I.C.

APOLOGIES: TL 4, A.P.S.W.

1. ADMINISTRATIVE MATTERS

None.

2. DISCHARGES

None.

3. ADMISSIONS

None.

4. CHILDREN BEING ASSESSED

(a)

[REDACTED] - [REDACTED] S.W.

Date of Admission: 21.11.88

16.12.88

Legal Status: E.P.O.

Residential Worker: [REDACTED]

Assessment Continues. Review date put back to 17.2.89

It has come to light that [REDACTED] has been involved in some sexualised play with a nine year old boy around the time of the [REDACTED] incident in January '89. This is being followed up at the moment.

(b)

[REDACTED] - [REDACTED] S.W.

Date of Admission: 10.1.89

Legal Status: Section 103

[REDACTED] was suspended from school for three days for breaches of school discipline.

5. ASSESSMENT REVIEWS

None.

6. RESIDENTIAL REVIEWS

None.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House  
Assessment Unit on Friday, 27th January, 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
[REDACTED] SND 466 A.P.S.W.  
[REDACTED] HH 5 O.I.C.  
[REDACTED] HH 22 D.O.I.C.

1. ADMINISTRATIVE MATTERS(a) General Manager's Visit

The General Manager, Mr. Frawley, visited the Unit on 25th January, 1989.

2. DISCHARGES

None.

3. ADMISSIONS

(a) [REDACTED] - [REDACTED] S.W.

Legal Status: F.P.O.

[REDACTED] was admitted from his foster placement on 23rd January, 1989 after continuing difficulties. He absconded on 24th January, 1989 and is still missing although known to be with his mother. Efforts are being made to return him.

(b) [REDACTED] SND 438 - [REDACTED] SND 465 S.W.

Both children were admitted on 25th January, 1989 under Section 103 for respite care. Both are on the 'At Risk' register and the respite period is part of on-going work with the family.

(c) [REDACTED] - [REDACTED] S.W.

Admitted on 25th January, 1989 under existing Fit Person Orders due to father's inability to cope.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of the meeting of the Core Evaluation Team held at Harberton House Assessment Unit on Friday, 20th January, 1989.

ATTENDED BY:

TL 4  
SND 466  
HH 5  
HH 22

1. ADMINISTRATIVE MATTERS

(a) Management Audit

Mr. Carey, P.S.W., carried out a management audit of the Unit on 18th January, 1989.

2. DISCHARGES

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: 31st August, 1988  
Legal Status: Fit Person Order  
Residential Worker: [REDACTED], Houseparent

[REDACTED] was transferred to the fostering placement on 13th January, 1989 as agreed at the Core Evaluation Team meeting.

(b) [REDACTED] - [REDACTED], S.W., N.S.P.C.C.

Date of Admission: 1st December, 1988  
Legal Status: Fit Person Order

[REDACTED] and [REDACTED] transferred to their mother on a home-on-trial basis on 14th January, 1989 as agreed by the Core Evaluation Team.

(c) [REDACTED] - [REDACTED] TL 11 S.W.

Date of Admission: 13th September, 1988  
Legal Status: Section 103  
Residential Worker: [REDACTED] HH 15, Houseparent

[REDACTED] was withdrawn from care by his father on 18th January, 1989. Because of concerns, it was agreed to reconvene a case conference to discuss this issue, in the light of [REDACTED] report of 11th January, 1989.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of Core Evaluation Team meeting held at Harberton House Assessment Unit on Friday, 13th January, 1989.

ATTENDED BY: TL 4 A.P.S.W.  
 SND 466 A.P.S.W.  
 HH 5 O.I.C.  
 HH 22 D.O.I.C.

1. Administrative Matters

None.

2. Discharges

None.

3. Admissions

(a) [REDACTED] - [REDACTED], S.W., Limavady

[REDACTED] as admitted on 10th January, 1989 under Section 103 for assessment as agreed by the Core Evaluation Team on 9th December, 1988.

4. Children Being Assessed

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: [REDACTED] - 21.11.88  
 [REDACTED] - 16.12.88

Legal Status: Fit Person Order

Residential Workers: [REDACTED]

Assessment continues. The Assessment Review will be held on 3rd February, 1989.

(b) [REDACTED] - [REDACTED], S.W., Limavady

Date of Admission: 10th January, 1989

The Assessment Review will be held on 24th February, 1989.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of Core Evaluation Team meeting held at Harberton House Assessment Unit on Friday, 6th January, 1989.

ATTENDED BY: TL 4 A.P.S.W.  
SND 491 A.P.S.W.  
HH 22 O.I.C. ✓

APOLOGIES: HH 5 O.I.C.

1. Administrative Matters

None.

2. Discharges

(a) [REDACTED] - SND 465 S.W.

Date of Admission: 16th March, 1987  
Legal Status: F.P.O.  
Residential Worker: [REDACTED]

[REDACTED] has been discharged from the Unit on 5th January, 1989 to his flat. He will have continued support from staff for a period of time.

3. Admissions

(a) [REDACTED] - [REDACTED], S.W.

[REDACTED] transferred from Coneywarren on 16th December, 1988 for assessment.

(b) [REDACTED] - [REDACTED], S.W.

[REDACTED] was admitted on 21st December, 1988 under existing Fit Person Order because of family difficulties which left father unable to provide for her care. The situation will be reviewed on 13th January, 1989.

4. Children Being Assessed

(a) [REDACTED] - [REDACTED] S.W.

Date of Admission: [REDACTED] - 21.11.88  
[REDACTED] - 16.12.88  
Legal Status: Fit Person Order  
Residential Workers: [REDACTED] [REDACTED]

Assessment continues. The Assessment Review will be held on 3rd February, 1989.

Continued/...

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of Core Evaluation Team meeting held at Harberton House Assessment Unit on Friday, 6th January, 1989.

ATTENDED BY: [REDACTED] TL 4 A.P.S.W.  
 [REDACTED] SND 491 A.P.S.W.  
 [REDACTED] HH 22 D.O.I.C.

APOLOGIES: [REDACTED] HH 5 O.I.C.

1. Administrative Matters

None.

2. Discharges

(a) [REDACTED] - [REDACTED] SND 465 S.W.

Date of Admission: 16th March, 1987  
 Legal Status: F.P.O.  
 Residential Worker: [REDACTED]

[REDACTED] has been discharged from the Unit on 5th January, 1989 to his flat. He will have continued support from staff for a period of time.

3. Admissions

(a) [REDACTED] - [REDACTED] S.W.

[REDACTED] transferred from Coneywarren on 16th December, 1988 for assessment.

(b) [REDACTED] - [REDACTED] S.W.

[REDACTED] was admitted on 21st December, 1988 under existing Fit Person Order because of family difficulties which left father unable to provide for her care. The situation will be reviewed on 13th January, 1989.

4. Children Being Assessed

(a) [REDACTED] [REDACTED], S.W.

Date of Admission: [REDACTED] - 21.11.88  
 [REDACTED] - 16.12.88  
 Legal Status: Fit Person Order  
 Residential Workers: [REDACTED] [REDACTED]

Assessment continues. The Assessment Review will be held on 3rd February, 1989.

Continued/...

OFFICIAL-SENSITIVE-PERSONAL

movement, not least to enable staff to concentrate on work they should be doing with children. Prolonged admissions quite often create difficulty when children become somewhat frustrated about the lack of placement opportunities for them and perhaps a sense of hopelessness about their situation sets in. This inevitably results in behavioural and disciplinary problems. To give some indication of the way that throughput has slowed down, HH 5 informed me that in 1981 there were 121 admissions whereas for 1988 this figure was reduced to 49. It is hoped that the launching of the initiative on integrated child care will create an atmosphere in which the dependence on residential admissions is not as great as is currently the case. However, in the interim the CET and staff will have to liaise with fieldwork staff to examine the need for children remaining in care and to explore other options which may offer a feasible alternative.

#### STAFF SICKNESS

HH 5 indicated that there were no particular problems since my last audit.

#### CARE PLANS

The situation is very much as I described in my January report. However, I understand there has been an improvement in the Educational Psychologists service since the beginning of the year. However, there is still a high level of dependence on the specialist service for which it is necessary to go to Belfast. This obviously places a significant strain on staff time and can also delay the assessment process because of the time required to arrange an appointment in Belfast.

#### RECORDING

The recording system was described on my last visit and I am aware that the open access policy may now apply to residential facilities in addition to fieldwork files and for that reason TL 4 APSW, is liaising with SND 466 APSW, about the implications for this. However, Harberton use a recording system which is compatible and which can quickly be adapted to the requirements of the open access policy.

#### UNTOWARD INCIDENTS/ACCIDENT BOOK

Untoward incidents and accidents appear in monthly returns and are seen and signed by TL 4 on a monthly basis. Untoward incidents are stored in an envelope file and the standard WC/10/20 form is used for reporting accidents.

OFFICIAL-SENSITIVE-PERSONAL

OFFICIAL-SENSITIVE-PERSONAL

movement, not least to enable staff to concentrate on work they should be doing with children. Prolonged admissions quite often create difficulty when children become somewhat frustrated about the lack of placement opportunities for them and perhaps a sense of hopelessness about their situation sets in. This inevitably results in behavioural and disciplinary problems. To give some indication of the way that throughput has slowed down, [REDACTED] HH 5 informed me that in 1981 there were 121 admissions whereas for 1988 this figure was reduced to 49. It is hoped that the launching of the initiative on integrated child care will create an atmosphere in which the dependence on residential admissions is not as great as is currently the case. However, in the interim the CET and staff will have to liaise with fieldwork staff to examine the need for children remaining in care and to explore other options which may offer a feasible alternative.

#### STAFF SICKNESS

[REDACTED] HH 5 indicated that there were no particular problems since my last audit.

#### CARE PLANS

The situation is very much as I described in my January report. However, I understand there has been an improvement in the Educational Psychologists service since the beginning of the year. However, there is still a high level of dependence on the specialist service for which it is necessary to go to Belfast. This obviously places a significant strain on staff time and can also delay the assessment process because of the time required to arrange an appointment in Belfast.

#### RECORDING

The recording system was described on my last visit and I am aware that the open access policy may now apply to residential facilities in addition to fieldwork files and for that reason [REDACTED] TL 4 APSW, is liaising with [REDACTED] SND 465 APSW, about the implications for this. However, Harberton use a recording system which is compatible and which can quickly be adapted to the requirements of the open access policy.

#### UNTOWARD INCIDENTS/ACCIDENT BOOK

Untoward incidents and accidents appear in monthly returns and are seen and signed by [REDACTED] TL 4 on a monthly basis. Untoward incidents are stored in an envelope file and the standard WC/10/20 form is used for reporting accidents.

OFFICIAL-SENSITIVE-PERSONAL

Quality of Social/Emotional Care

The good weather made things easier for staff during the school holidays.

Holidays for small groups were arranged in the West of Ireland.

Other Observations

Staff are anxious to develop their family work and move towards use of the Unit for other than residential care. However, shortage of foster parents and places in longer stay Units mean that children who are ready to move on cannot do so. Therefore staff are tied up with the day to day caring role.

General Impression of the Operation of the Home and Conclusions

Subject to the limitations mentioned above - satisfactory. This is no reflection on the Officer in Charge who is doing his best within the constraint of present resources. He hopes to be seconded for C.Q.S.W. training in January 1990.

Signed *Imelda H. Gowan* Board Member  
Date 14.9.89

*Rec - per*  
*2.10.89*  
[Redacted] TL 4

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

*Rec - T M*  
[Redacted] TL 4 MEMORANDUM  
9/10/89

TO: Mr. G. Carey, P.S.W.  
FROM: Mr. T. Haverty, A.D.S.S. (Group)  
DATE: 27th September 1989  
SUBJECT:

Please find the enclosed report by Mrs. Amelda McGowan, Board Member, dated 14/9/89 on her visit to Harberton House Assessment Centre. I would draw to your attention her comments on the recruitment of additional foster parents. I appreciate that we have ongoing campaigns to recruit foster parents, but I should be grateful if you would take another look at this with relevant staff and discuss the up-to-date position with me.

*TH*  
THOMAS HAVERTY  
ASSISTANT DIRECTOR OF SOCIAL SERVICES (GROUP)

c.c. [Redacted] TL 4 A.P.S.W.  
[Redacted] HH 5 O.I.C., Harberton House  
S.S.W.

enc.

white Copy

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

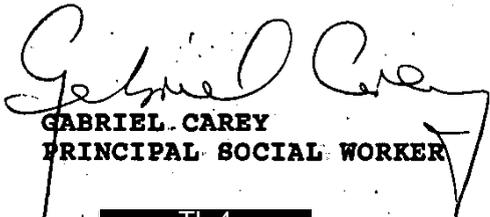
MEMORANDUM

TO: Mr T Haverty, ADSS(G)  
 FROM: Mr G Carey, PSW  
 DATE: 11 October 1989  
 SUBJECT: REPORT BY MRS AMELDA MCGOWAN, BOARD MEMBER,  
 DATED 14 SEPTEMBER 1989

I refer to your memo dated 27 September 1989.

I have discussed this matter with both [redacted] TL 4 APSW, and [redacted] SND 498 SSW, and we jointly acknowledge the need to recruit as many foster parents as possible. At the present time we have the largest group of foster parents that we have ever had but, as you may be aware, and as [redacted] SND 498 pointed out during our meeting with the voluntary organisations, at any given time there are about 30 children awaiting foster placements. These are often children who are more difficult to place and I know that [redacted] HH 5 and myself have had a number of discussions about the lack of movement that this creates in Harberton House whilst children wait long periods for suitable foster parents. However, I can assure you that everything possible is being done and would remind you that there is £59,000 held at Area Board for specialist fostering. I understand that the present position is that the Board are awaiting the report on the sub-group on fostering to decide on the way forward in relation to this money. In addition, you will be aware that I have requested an additional Social Worker (Home Finder) for the Fostering Unit as part of the child care bid on development monies.

I hope this information is of assistance to you.

  
 GABRIEL CAREY  
 PRINCIPAL SOCIAL WORKER

cc. [redacted] TL 4 APSW  
 [redacted] SSW  
 [redacted] OIC, Harberton House

x

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

MEMORANDUM

TO: Mr T Haverty, ADSS(G)  
FROM: Mr G Carey, PSW  
DATE: 15 February 1990  
SUBJECT: CHILDREN REQUIRING CARE

As you will be aware there has been a substantial increase in children requiring to be admitted to care in recent times. Since 19 January 1990 there have been twenty-eight children admitted to care. With the exception of one who was taken on a Place of Safety to Training School the remainder were found places in either residential or foster care. As of 14 February 1990 there are ten children awaiting admission to care, at least one of which is a fairly concerning physical abuse case which has had to be deferred as a result of the requirement to obtain places for other children. In addition, I understand from [REDACTED] SND 498 [REDACTED] SW, that there is a foster placement about to breakdown so that we will have to obtain an alternative placement for that child also. I would stress, however, that the majority of children who were admitted to care came to our attention because of neglect/physical abuse and the inability of parents to provide proper care and not because of sexual abuse. However, that is not to say that in some of the disorganised families children have been admitted to care that disclosures of sexual abuse will not become an issue at a later stage.

Because of the difficulty this situation has created for residential staff in particular, and fieldwork staff, I met on Wednesday 14 February 1990 with various Managers to assess the situation and to look at options available to cope with the demand for residential and fostering places. Those attending the meeting included [REDACTED] TL 4 [REDACTED] APSW, [REDACTED] FJ 33 [REDACTED] Officer-in-Charge Fort James, [REDACTED] HH 22 [REDACTED] Acting Officer-in-Charge Harberton House and [REDACTED] SND 498 [REDACTED] SSW, and [REDACTED] SND 491 [REDACTED] PSW, and myself. [REDACTED] SND 491 [REDACTED] attended the meeting in his capacity as the fieldwork representative on the CET and also to bring a fieldwork perspective to the discussion.

The situation at present is as follows:-

Harberton House - bed capacity 27.

There are twenty seven beds taken up in Harberton House at the present time though one of those young persons is currently in Training School and the Court case is to be heard on

x

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

MEMORANDUM

TO: Mr T Haverty, ADSS(G)  
FROM: Mr G Carey, PSW  
DATE: 15 February 1990  
SUBJECT: CHILDREN REQUIRING CARE

As you will be aware there has been a substantial increase in children requiring to be admitted to care in recent times. Since 19 January 1990 there have been twenty-eight children admitted to care. With the exception of one who was taken on a Place of Safety to Training School the remainder were found places in either residential or foster care. As of 14 February 1990 there are ten children awaiting admission to care, at least one of which is a fairly concerning physical abuse case which has had to be deferred as a result of the requirement to obtain places for other children. In addition, I understand from [REDACTED] SND 498 SW, that there is a foster placement about to breakdown so that we will have to obtain an alternative placement for that child also. I would stress, however, that the majority of children who were admitted to care came to our attention because of neglect/physical abuse and the inability of parents to provide proper care and not because of sexual abuse. However, that is not to say that in some of the disorganised families children have been admitted to care that disclosures of sexual abuse will not become an issue at a later stage.

Because of the difficulty this situation has created for residential staff in particular, and fieldwork staff, I met on Wednesday 14 February 1990 with various Managers to assess the situation and to look at options available to cope with the demand for residential and fostering places. Those attending the meeting included [REDACTED] TL 4 APSW, [REDACTED] FJ 33 Officer-in-Charge Fort James, [REDACTED] HH 22 Acting Officer-in-Charge Harberton House and [REDACTED] SND 498 SSW, and [REDACTED] SND 491 PSW, and myself. [REDACTED] SND 491 attended the meeting in his capacity as the fieldwork representative on the CET and also to bring a fieldwork perspective to the discussion.

The situation at present is as follows:-

Harberton House - bed capacity 27.

There are twenty seven beds taken up in Harberton House at the present time though one of those young persons is currently in Training School and the Court case is to be heard on

Sp.

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
 Londonderry, Limavady and Strabane Unit of Management

MEMORANDUM

TO: Mr. G. Carey, P.S.W.  
 TL 4 A.P.S.W.

FROM: SND 498 S.S.W. (Foster Care)

DATE: 7th March, 1990

SUBJECT: CRISIS SITUATION IN FOSTER CARE, L.L.S.

On account of the increasing critical situation, HH 38  
 HH 38 Social Worker and I have today made a close  
 examination of referred demand to the Fostering Unit. The  
 position is as follows:

(a) Children in foster care	162 (highest number ever)
(b) Children awaiting long term placements:	
(i) Children in short term foster care	19
(ii) Nazareth House	17
(iii) Harberton House	11
(iv) Fort James	8
(v) Coneywarren	3
(vi) At Home	1
	—
TOTAL SHORTFALL	59 foster families
	—

As we know you appreciate there is an unrelenting pressure on and from Children's Homes to place children, some of whom are very disturbed/abused. Also there is the pressure from a large group of our short term foster parents who are holding onto children who should no longer be with them - in fact in some instances

WESTERN HEALTH AND SOCIAL SERVICES BOARDLondonderry, Limavady, Strabane Unit of Management

Meeting held at Riverview on 8th March, 1990 regarding current demand on places in care.

ATTENDED BY: G. Carey, P.S.W.  
 [REDACTED] SND 491 A.P.S.W.  
 [REDACTED] TL 4 A.P.S.W. ✓  
 [REDACTED] SND 498, S.S.W. Fostering Unit  
 [REDACTED] FJ 33 O.I.C., Fort James  
 [REDACTED] HH 22 Acting O.I.C., Harberton House

A. Immediate Demand

- 3 children aged 6, 4 and 1 1/2 years from Strabane requiring placements from tomorrow.
- 1 child aged 1 1/2 years in fostering placement which must be terminated tomorrow due to foster mother's ill-health.

Possible Resolution - Options:-

1. Fostering placements in Fermanagh. Feedback to requests awaited tomorrow morning.
2. Opening of bungalow at Harberton House for 4 children under 6 years.

ACTION NEEDED

- (a) [REDACTED] HH 22 to draw up rota for the weekend, if needed.
- (b) [REDACTED] FJ 33 to check with Jobmarket via Personnel Department to identify potential staff for waiting list.
- (c) [REDACTED] FJ 33 to check with [REDACTED] S.S.W. (Mentally Handicapped Programme) about staff used in last years Respite Project at Harberton House.
- (d) [REDACTED] TL 4 to check with [REDACTED] about available childminders and with [REDACTED] regarding playgroup places.
- (e) [REDACTED] FJ 33 to consider the requirements for opening the bungalow at Fort James.

Documentation re HH and FJ 4 6 15

and it is envisaged that this would occur when the CET has considered applications for admission for assessment but believe that whilst admission may not be indicated the family could benefit from the family meeting type approach that has been developed in Harberton. In addition, I believe that the Board's proposals that emanated from Hughes Recommendation Number 6 have boosted the moral of staff and indeed many of the trained staff seem more than willing to take on the additional work elements outlined in these proposals. In the long-term this will of course mean that management will have to look more closely at proposals for training staff and so facilitate the transition to parity of pay and the proposed extension of the residential role and the associated extension of the residential role.

The one possible cautionary note that was sounded in the inspection visit was the need to develop other placement options to cater for the needs of children and young people either after assessment or when their period of stay in the Medium Stay Unit has expired. In addition to looking at the home finding element, this would also entail looking at existing resources and developing services to prevent admission of children into care or to speed up their discharge from care. All these are factors which merit attention and which hopefully can be brought to the Child Care Programme Managers group when it commences to function. However, overall whilst I am satisfied with the standards of care at the present time, I believe that the quality of care provided will be severely tested because of the increasing number of children with very complex personal and family problems that are being admitted to care. This could obviously have an impact on the operational role of Harberton House and will need to be monitored closely. In addition, it will be necessary to look at provision/development of fieldwork and other specialist services to facilitate the work being undertaken in the unit.



**GABRIEL CAREY**  
**PRINCIPAL SOCIAL WORKER**

31 AUGUST 1989

Londondeby, Inuvady &amp; Strabane District

Our Ref. CJH/mah

Your Ref.

CONFIDENTIAL

## INCIDENT REPORT

On Friday, June 25, 1982, while talking to a fifteen-year-old boy resident within the Unit about his general behaviour, he spoke of several specific incidents which had occurred between himself and two younger boys aged 9 and 11 years. Apparently, he had involved the boys in what appeared to be a group masturbation session. All three had exposed themselves and touched each other with their hands on the genital area. This had occurred in various locations in the Unit.

Following this discussion, I interviewed the two younger boys individually in the presence of [REDACTED] Senior Houseparent, and they confirmed what the fifteen-year-old had said. As far as we were able to ascertain, this was the extent of the contact. All incidents had occurred over the past number of weeks, usually after dinner ended, at approximately 5:15 P.M., and at a time when the Unit was usually at its busiest.

On the Monday morning following my discussions, June 28, 1982, I contacted [REDACTED] TL4, Senior Social Worker, and informed the relevant field and residential staff, at which time it was agreed to formally meet to discuss the incidents. This case conference was arranged for June 29, 1982. A record was also entered in the Daily Report Book.

There had been indications from the older boy's previous placement at St. Joseph's, Termonbacca, that they were worried about the boy and, in fact, had insisted that he be moved. However, there was never any clear evidence presented that this type of activity had actually occurred. Since his admission to the Unit, this boy has been closely supervised, more so than anyone within his age group. It would be virtually impossible to provide any greater degree of supervision without actually changing the total philosophy of child care practice within the facility.

Staff have been reminded of the need to be aware of where children are at any time. In relation to sexual curiosity, the children should be educated to develop a healthy and normal attitude to their own sexual development.

HH 5

Officer-In-Charge

July 2, 1982

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Minutes of a case conference held at Harberton House on 2nd December, 1982.

SUBJECT: [REDACTED] SND 33  
 D.O.B: [REDACTED]  
 C/O Harberton House

PRESENT: [REDACTED] TL 4 S.S.W. - Chairman  
 [REDACTED] A.P.S.W.  
 [REDACTED] HH 5 O.I.C.  
 [REDACTED] HH 11 Acting D.O.I.C.  
 [REDACTED] S.W.  
 [REDACTED] Houseparent  
 [REDACTED] Houseparent

- - - - -

The conference was called as a result of concern expressed by residential staff in Harberton House at a continuation of problem behaviour by [REDACTED] SND 33. Since [REDACTED] SND 33 transfer from Termonbacca, there have been a series of incidents, well-documented, previously of a self-injury nature and more recently becoming more of a sexual nature. Staff have been aware of [REDACTED] SND 33 psycho-sexual problems, i.e. [REDACTED] SND 33 homosexual inclinations with a preference for boys under 12 years old, and subsequently have been involved in an intensive level of supervision, beyond that normally in operation. A continuing programme of counselling has been carried out. Referral was made recently to Dr. Siddiqui, Psychiatrist at Gransha Hospital and the response from him indicated that the problem was one which [REDACTED] SND 33 would develop out of with time. This proved less than helpful. On 18th November, 1982, a referral was made to Dr. Gorman, at the Psycho-sexual Clinic at Belfast City Hospital. An appointment is awaited.

Discussion then took place on the risk presented by [REDACTED] SND 33 within the Unit. Feeling from residential staff was that they had a commitment to working with [REDACTED] SND 33 but needed specialised help and guidance to lessen a situation of risk to other children. Management of the case had to be at two levels:

- (1) Control of [REDACTED] SND 33 and protection of other children - As stated, the level of supervision is so great that [REDACTED] SND 33 is feeling "smothered" and this adds to his pressure and obviously inhibits any development.
- (2) [REDACTED] SND 33 personal growth and development - There is a need to help [REDACTED] SND 33 cope with these problems which are preventing his development.

It was agreed that an urgent referral would be made to Dr. Jones, Consultant Psychiatrist, Gransha Hospital. In the short term, the suggestion was made that drug therapy might provide for control and protection aspects of the case. In the long term, more skilled and experienced help might be provided for [REDACTED] SND 33.

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref: SC/WS

Your Ref:

Date 22nd July 1988

HARBERTON HOUSE  
ASSESSMENT CENTRE  
106 IRISH STREET  
LONDONDERRY  
BT 47 1JB N. IRELAND  
TEL 48490

UNIDWARD INCIDENT REPORT

Thursday 21st July 1988

4 AUG 1988

RE: [redacted] AGED 13  
[redacted] AGED 13  
[redacted] AGED 13

On Thursday 21st July 1988 at approximately 10.45 pm a male resident [redacted] aged 13 years requested to speak to a member of staff. [redacted] then related that on Tuesday evening 19th July himself and three other residents, [redacted] and [redacted] involved themselves in kissing games. [redacted] stated that this was an innocent activity, however when [redacted] left their company, [redacted] alleged that himself, [redacted] and [redacted] engaged in activities of a sexual nature. This involved [redacted] lying on the bed and inviting [redacted] to lie on top of her while both parties had removed their pants. [redacted] witnessed this incident and stated that [redacted] then invited [redacted] to remove his pants and lie on top of her while [redacted] looked on.

He stated that sexual intercourse did not occur but both boys were permitted to feel [redacted] breasts and vagina. [redacted] reason for informing staff of the above was that he did not want to engage in any further activity of this nature and he felt under pressure as he alleged that following the above incident [redacted] has been requesting if either [redacted] or [redacted] had wanted "a blow job".

All four teenagers were spoken to concerning the above allegations. This is not the first incident of a sexual nature involving [redacted] and [redacted] in recent months.

[redacted]

Houseparent

MEMORANDUM

From..... [redacted] TL 4

To..... Mr. T. Haverty, A.D.S.S.

Ref.: GC/DP Date: 15th August, 1988

Ref.: [redacted] Copying [redacted]

LPC 5 85 048

*Need to display*

[redacted]

- C/O HARBERTON HOUSE

*Jb 17/8/88*

I enclose, for your information, an untoward incident report related to an incident involving the above named on 19th July, 1988. The report is self-explanatory but highlights a continuation of sexualised behaviour involving these children.

[redacted] is currently in the process of being reintegrated with his mother [redacted], you will recall, was the victim of on-going homosexual assault while at home. It would be the opinion of residential staff that his involvement in this activity is an attempt to prove his "normal" sexuality to his peers. [redacted] has been a concern since her admission to Harberton following the breakdown of a fostering placement (she had previously been in Fort James for a number of years). Since her admission, she has been involved in serious shoplifting activities and general disruptive behaviour in addition to her sexual activities. She is being monitored closely by the Core Evaluation Team on a regular basis. Residential staff are being particularly vigilant about her activities and are attempting to identify the source of this sexualised behaviour.

[redacted] TL 4

Assistant Principal Social Worker

C.C: G. Carey, P.S.W.

Enc.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Our Ref: HEL/JT

Your Ref:

DATE: 27th June 1988

15 GRANSHA PARK  
CLOONEY ROAD  
LONDONDERRY BT47 1TG  
NORTHERN IRELAND  
PHONE: CAMPSIE 860088 (11 lines)

Mr. D. O'Brien,  
Social Services Inspectorate,  
Department of Health and Social Services,  
Dundonald House,  
Upper Newtownards Road,  
BELFAST  
BT4 3SF

Dear Mr. O'Brien,

RE: HH 48 D.O.B. [REDACTED]

I wish to advise you that the above named young boy who was in Court on the 1st June 1988 for non-school attendance and for whom a Wardship was granted in the High Court on the 2nd June is a resident of Harberton House. He has been sexually abused within recent days i.e. 9th June HH 48 absconded from Harberton and returned to his home area in Strabane. It came to light that [REDACTED] had allegedly previously sexually abused HH 48 and assaulted him again. We have just learned that the police have arrested [REDACTED] who had been admitted to hospital with a suspected heart attack and for a few days therefore the police had been unable to interview him regarding the allegations which HH 48 has made against him. He has since admitted the allegations and is now arrested.

I shall keep you informed of the progress in this case.

Yours sincerely,

SND 502

ASSISTANT DIRECTOR OF SOCIAL SERVICES (GROUP)



SND 502  
[Redacted]

Western Health & Social Services  
Board  
15 Gransha Park  
Clooney Road  
LONDONDERRY BT47 1TG

28 September 1988

Dear [Redacted] SND 502

**UNTOWARD INCIDENT - HARBERTON HOUSE**

You wrote to me on 25 August enclosing reports of an untoward incident involving three residents of Harberton House. I note that the Harberton staff are intensifying their work with the children and that the situation is being closely monitored by the Core Evaluation Team.

Yours sincerely

**D P O'BRIEN**  
Social Services Inspector

FJH:50732  
Please ask the Board for an urgent written report  
Reference ...  
11/15

HH 41  
[Redacted] 11/15

Many thanks - the line in the minute was agreed with Dr. McLoghlin before issue. Pl. follow up urgently with Weston Board.  
[Redacted]

CHILD SEXUAL ABUSE IN THE STRABANE AREA

I have already mentioned to you the case of child sexual abuse involving a boy resident of Harborton House whose home is in the Strabane area. More facts about the case have been emerging during the day.

I attach for your consideration a draft note for information to the Minister. In the note I have covered the allegations against [Redacted] his (unofficial) admission of guilt and his death in [Redacted] House. I have also mentioned that the boy has named two other alleged abusers. I also mentioned to you that the Board feared that police investigations would lead to the uncovering of a homosexual vice ring involving other children. Mr. O'Brien tells me that these fears are based on gut feelings among Board staff and have no basis in known facts. In the circumstances I do not think we should include any of this in the submission.

I think we should cover the untoward incident at Harborton involving the boy & 2 other children. Such incidents are hardly a rarity but given the boy's background this particular one might attract media attention.

Lastly in the "line to take" I think the point needs to be

CONFIDENTIAL

PS/Minister

## CHILD SEXUAL ABUSE IN THE STRABANE AREA

## Purpose of Submission

1. This minute is for Minister's urgent information. It alerts him to a case of child sexual abuse in the Strabane area, developments in which many will attract media attention. It was notified to us today.

## Background

2. The case involves [redacted] HH 48 [redacted] date of birth, [redacted] who is a resident in Harberton House, Londonderry, a children's home run by the Western Board. [redacted] HH 48 [redacted] appeared in court on 1 June 1988 for non-attendance at school and was made a ward of court on 2 June 1988. On 9 June he absconded from Harberton House and returned to his home in the Strabane area. On return to Harberton he alleged that while he was away he had been sexually abused by [redacted] who was also alleged to have abused him previously.
3. [redacted] was interviewed by the Police and admitted the allegations. He was remanded in custody in Crumlin Road on charges of buggery and gross indecency and it was understood that his intention was to plead guilty. However, on 20 October 1988 [redacted] was found hanged in his room in Dismas House, Ormeau Road, Belfast, a voluntary home for ex-prisoners and their families, where he had gone on release pending his appearance in court.
4. The Western Health and Social Services Board has told us that [redacted] HH 48 [redacted] has named two other men who he alleged had been involved with him sexually in the past. These allegations are being investigated urgently by the Police. The Board has also told us that he was involved earlier in an incident of a sexual nature with another boy and girl, both around the same age, and both also Harberton residents. The Board is dealing with this aspect of the case.
5. If any approach is made by the media for comment on the case, the line to take should be that it is being investigated by the Police, and that the Department has asked the Western Health and Social Services Board for a full report.
6. I shall keep Minister informed of any significant developments.

[redacted]  
HH 41[redacted]  
HH 41Child Care & Social Policy Division  
21 October 1988cc: Secretary  
[redacted]CONFIDENTIAL  
OFFICIAL-SENSITIVE-PERSONAL

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref: PT/AMcC

Your Ref:

Date 15th March 1990

HARBERTON HOUSE  
ASSESSMENT CENTRE  
108 IRISH STREET  
LONDONDERRY  
BT 47 1JB N. IRELAND  
TEL: 46400

UNTOWARD INCIDENT REPORT

SUBJECTS:

[REDACTED]	DOB:	[REDACTED]

At the tea table on Tuesday, 13th March 1990, [REDACTED] began to talk to [REDACTED] HH 31 about when he would be moving to the other end of the unit. [REDACTED] HH 31 replied that she wasn't sure. [REDACTED] then said that moving would mean that all the "crack" would stop. [REDACTED] HH 31 asked [REDACTED] what he meant by "crack". [REDACTED] replied, "The screwing and that". [REDACTED] HH 31 asked him to elaborate and was told by [REDACTED] that, early in the mornings or changing after school, that "they" stick their "choo choo" up the girls tunnels. When asked to explain this further, [REDACTED] stated it is when he sticks his willie into a fanny. [REDACTED] HH 31 stated that she would speak to [REDACTED] later. [REDACTED] another nine year old resident, said that [REDACTED] was telling the truth. [REDACTED] was very 'high' and began to name the others involved - [REDACTED], aged nine years, [REDACTED], aged twelve years, [REDACTED], aged nine years, [REDACTED], aged nine years., [REDACTED], aged thirteen years and [REDACTED], aged nine years.

[REDACTED], aged nine years

After tea, [REDACTED] was collected from gymnastics; instead of going to visit her sister she was returned to the unit. She was spoken to by [REDACTED] HH 31 and [REDACTED] confirmed that [REDACTED], aged twelve years, had come into her bedroom on a number of occasions and lain on top of her on the bed.

...2

██████████ had also woken the group of children, named above, excluding ██████████ up early in the mornings and taken them up to the sitting room, where ██████████ had lain on top of her with his clothes on; she had no pants on during this time. ██████████ also stated that ██████████ had tied her up with string, binding her legs and hands to the front of her. When asked to explain what happened during these times, ██████████ stated that they "rided". She went on to add that both ██████████ and ██████████ had done this to her. ██████████ reflected back to the alleged abuse carried out by her former foster father; she stated that it used to hurt her 'private parts'. When asked about the incidents with ██████████ and ██████████, ██████████ stated that her private parts used to be sore but she did not say to staff in case she would get "battered". ██████████ also confirmed that incidents took place early in the mornings, especially Saturday and during the time when uniforms were being changed. When asked how this could take place, ██████████ stated that they would take off their school clothes and go into wardrobes or under beds. ██████████ went on to state that, on occasions she was present in the visitors room prior to Christmas, ██████████ and ██████████ were there. ██████████ and ██████████ would show each other their private parts. During a particular incident, about two days before Christmas, ██████████ told ██████████ that she was in Harberton because they thought she was having a baby. ██████████ asked if she was, ██████████ replied, "No". ██████████ then asked if she would like one. ██████████ said "Yes" and then proceeded to take down her pants. ██████████ took down his pants and ██████████ lay on the floor; ██████████ lay on top of her. When asked what they were doing, ██████████ replied, "Riding". When asked to explain she said ██████████ put his willie into ██████████ and referred to her former foster father again. ██████████ stated that she left the room when this happened. ██████████ stated that she was glad it was out in the open as she had become frightened.

██████████, aged thirteen years  
██████████ was brought into the office where she was informed about ██████████ information and she agreed without much emotion that the events with ██████████ had occurred. ██████████ was asked why she had agreed to become involved with ██████████ ██████████ replied, "Because he asked me".

I asked [REDACTED] if this had happened before within the unit and she replied, "No". I asked her if it has occurred with any of the other boys, she replied "No".

[REDACTED], aged nine years  
[REDACTED] was implicated by the other children as having played an active role in taking off her clothes and being "screwed" by [REDACTED] and [REDACTED]. She was also, along with the group, who was awakened early in the morning by [REDACTED]. [REDACTED] was spoken to by [REDACTED] HH 31 but has denied any involvement whatsoever.

[REDACTED], aged twelve years  
[REDACTED] was taken into the office on the afternoon of the 14th March 1990. He denied touching either [REDACTED] or [REDACTED] - he stated that he only kissed them. He said that [REDACTED] was never involved in any of the activities. [REDACTED] kept asking if kissing would put a person in Training School, and he also stated that [REDACTED] had asked them to 'ride her', not to touch her but to do more. [REDACTED] stated that [REDACTED] was too young to "ride" but it was O'Kay to kiss her. [REDACTED] deflected every question to blame other children rather than himself.

[REDACTED], aged nine years  
[REDACTED] was brought into the office along with [REDACTED], [REDACTED] and [REDACTED]. He was very high and tried to make light of what had been occurring. He agreed that all the events talked about did take place. [REDACTED] stated that [REDACTED] woke them up very early in the morning and brought them to the sitting room to 'ride' [REDACTED]. He went on to state that [REDACTED] asks "everybody" to screw her, and comes to their rooms with either, 'no knickers' or no clothes on. [REDACTED] stated that if [REDACTED] asks him to screw her, then he does. He also confirmed that the incidents took place in the playroom, [REDACTED] room (in the wardrobe), or the sitting room early in the mornings or after school. Later [REDACTED] HH 31 spoke to [REDACTED] on his own about his tying up of [REDACTED]. [REDACTED] agreed that he did do this, but stated that if someone resists you, the thing to do is to tie them up. When asked where he had seen this being done, [REDACTED] replied at home, but quickly altered this to "on the T.V." Later [REDACTED] stated that his

father used to tie him up and have anal intercourse with him (he drew out a picture of the 'anal intercourse' for HH 31). [REDACTED] also stated that an uncle (name to be confirmed) also abused him in this manner.

[REDACTED] was also present when the uncle rubbed chocolate on his penis and had a group of girls lick it off. When they had done this the uncle would lick around their faces.

[REDACTED] stated that he wanted to tie up [REDACTED], aged nine years in the same way as [REDACTED] and "screw" her. He stated that [REDACTED] was involved in the incidents of showing private parts, and lying on top of each other. "French Kissing" was also said to have taken place between all the group involved.

[REDACTED] aged nine years.

[REDACTED], [REDACTED], [REDACTED], and [REDACTED] all stated that [REDACTED] had been "riding" [REDACTED] aged seven years. A statement taken from [REDACTED] (sister of [REDACTED] and [REDACTED] is as follows:-

They told [REDACTED] Houseparent, that last Monday out at the Palm Trees at the rear of the unit.

[REDACTED] and [REDACTED] were involved in what [REDACTED] and [REDACTED] called "riding each other". [REDACTED] asked them if it was sexual intercourse, and [REDACTED] replied "Yes". [REDACTED] appeared to be baffled, asking "What's that" and then asked [REDACTED] "How do you know?"

[REDACTED] was spoken to on the way to her school. She said that [REDACTED] and [REDACTED] had been 'screwing'. [REDACTED] (A) Senior Houseparent, asked her to describe this, and she said that [REDACTED] underclothes had been taken down and that [REDACTED] had been lying on her - she gave no further details.

[REDACTED] and [REDACTED] also stated that [REDACTED], [REDACTED] and [REDACTED] were involved in tying [REDACTED] to one of the trees. At a later stage,

[REDACTED], six years, was involved to act as a look out. [REDACTED] was spoken to by HH 31 and HH 32, Houseparent; he denied everything, but said he had been only kissing [REDACTED] and nothing else.

[REDACTED] aged nine years  
 [REDACTED] according to the rest of the children, played a very minor role in all of the incidents. It was said that he lay down on [REDACTED] when both had their clothes on. He was "french kissing" with the girls, but appears to have been an onlooker to incidents. He also stated that it was [REDACTED] who got them all up early in the morning to go to the sittingroom.

[REDACTED] aged 7 years  
 [REDACTED] was spoken to by staff regarding the incident with [REDACTED]. She vehemently denied that anything untoward had taken place and stated that "I don't want to talk about it".

THE FOLLOWING INDIVIDUALS WERE INFORMED:

[REDACTED] Social Worker,  
 Riverview Social Services  
 SND 491 A.P.S.W. - [REDACTED], aged 13 yrs.

[REDACTED] Social Worker,  
 Shantallow Social Services. - [REDACTED], aged 9 yrs.

[REDACTED] (A) A.P.S.W.,  
 Limavady Social Services - [REDACTED] aged 9 years.

[REDACTED] Social Worker,  
 Waterside Social Services - [REDACTED] aged 12 yrs.

[REDACTED] Social Worker,  
 Waterside Social Services - [REDACTED], aged 9 years.

[REDACTED], Social worker,  
 N.S.P.C.C. - [REDACTED] aged 9 yrs.

[REDACTED] Social Worker,  
 Strabane Social Services - [REDACTED] aged 9 years.

[REDACTED] Social Worker,  
 Shantallow Social Services - [REDACTED] aged 7 years

INFORMATION PERTAINING TO RELEVANT DETAILS ABOUT THE  
CHILDREN INVOLVED:

[REDACTED], aged 12

- has been abused by his grand-father and possibly his step-father. He has been involved in numerous incidents of a violent and aggressive nature which have put himself, other residents and staff at great risk.

[REDACTED], aged 13

- [REDACTED] as been involved in sexual relationships with a number of boys prior to entry into care. She has a chronic history of absconding from school and shoplifting. The latter has resulted in her appearance at Juvenile Court.

[REDACTED] aged 9

- [REDACTED] has disclosed that he was abused by his father and an uncle. Recent disclosures involved details of his father tying him up and having anal intercourse with him. He also alleges abuse in a similar manner by his 'uncle'. [REDACTED] has a history of extremely disturbed behaviour which has put both himself, other residents and staff at great risk. [REDACTED] is at present attending [REDACTED] Clinical Psychologist, Gransha Hospital.

██████████ aged 9 years

██████████ is in care due to being beyond his mother's control. There is no history of sexual abuse but concern was expressed about the level of emotional and physical abuse ██████████ has experienced.

██████████, aged 9 years

██████████ has been sexually abused by his father over a period of years. He has been involved in some incidents of difficult behaviour which has always involved other children and not staff.

██████████ aged 9 years

██████████ is alleged to have been abused by her former foster father; her present foster placement broke down and at present there is a lot of work around trying to rebuild this. ██████████ at times presents very difficult and aggressive behaviour towards both staff and children.

██████████ aged 9 years

██████████ as admitted to Harberton House due to suspected sexual abuse by her father and an uncle. ██████████ has disclosed the abuse was carried out by her uncle. ██████████ has been a very withdrawn and sullen child during her short period in Harberton House.

██████████ aged 7 years

██████████ is in care due to her father's inability to cope. There are concerns about her mum's lesbian relationship and the possibility that the child would have witnessed inappropriate sexual acts.

[REDACTED], contd/...

[REDACTED] has projected very overtly sexualised behaviour within the unit on numerous occasions.

HH 32  
HOUSEPARENT

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref: PT/AMcC

Your Ref:

Date 15th March 1990

HARBERTON HOUSE  
ASSESSMENT CENTRE  
108 BISHOP STREET  
LONDONDERRY  
BT 47 1UB N. IRELAND  
TEL: 48400

UNTOWARD INCIDENT REPORT

SUBJECTS:

[REDACTED]	DOB:	[REDACTED]

At the tea table on Tuesday, 13th March 1990, [REDACTED] began to talk to [REDACTED] <sup>HH 31</sup> (Senior Houseparent) about when he would be moving to the other end of the unit. [REDACTED] <sup>HH 31</sup> replied that she wasn't sure. [REDACTED] then said that moving would mean that all the "crack" would stop. [REDACTED] <sup>HH 31</sup> asked [REDACTED] what he meant by "crack". [REDACTED] replied, "The screwing and that". [REDACTED] <sup>HH 31</sup> asked him to elaborate and was told by [REDACTED] that, early in the mornings or changing after school, that "they" stick their "choo choo" up the girls tunnels. When asked to explain this further, [REDACTED] stated it is when he sticks his willie into a fanny. [REDACTED] <sup>HH 31</sup> stated that she would speak to [REDACTED] <sup>HH 31</sup> later. [REDACTED], another nine year old resident, said that [REDACTED] was telling the truth. [REDACTED] was very 'high' and began to name the others involved - [REDACTED], aged nine years, [REDACTED], aged twelve years, [REDACTED], aged nine years, [REDACTED], aged nine years., [REDACTED], aged thirteen years and [REDACTED], aged nine years.

[REDACTED], aged nine years

After tea, [REDACTED] was collected from gymnastics; instead of going to visit her sister she was returned to the unit. She was spoken to by [REDACTED] <sup>HH 31</sup> and [REDACTED] confirmed that [REDACTED], aged twelve years, had come into her bedroom on a number of occasions and lain on top of her on the bed.

...?

5. PROFILES OF THE CHILDREN, THEIR CARE PROGRAMMES AND NATURE AND EXTENT OF ABUSE

5.1 Initially, eight children were identified as having been involved in abuse, either as abusers or victims but following further allegations we increased this number to nine. In every case the abuse came within the Western Board's general definition of child sexual abuse. However, it must be borne in mind that sexual abuse of children may involve physical abuse and usually involves emotional abuse, in that often children are threatened about the dire consequences of disclosure and made to feel guilty.

5.2 The profiles of the children outlined in Section 5.4, inter alia, catalogue the nature and extent of the abuse and whether they were abusers or victims. However, it needs to be stressed that the abusers, with one exception, had themselves suffered sexual abuse by adults prior to admission to care and consequently were victims before becoming perpetrators. While not all victims become perpetrators, it is now acknowledged as a possibility particularly in the case of adolescents and staff need to be alert to this.

In addition, the children who were victims had all been either sexually abused or had witnessed sexual activity prior to admission to care. It is now known that children who have been sexualised in this way are more susceptible to involvement in sexual activities and may in fact make sexual approaches to other children or adults.

5.3 Nine other children, all adolescents, were implicated in the sexual activities and abuse by two boys who played a major part in the abuse within the Home.

An adolescent girl, initial 'H' in relation to the personal profiles, was alleged by these boys to be the person who planned the activities. She was interviewed by the Police and although admitting that she organised disruptive situations denied any knowledge of sexual activities. The Police decided not to interview the other eight young people. However, they were interviewed by staff and all denied involvement in any sexual activities.

The boys had no reason to implicate the older adolescents and did so independently, which on face value amounts to corroboration.

The Team is of the opinion that these older adolescents were involved in sexual activities, though to what extent remains unclear. We are also of the opinion that the older adolescent girl, referred to above, played a lead role in this despite her denials and consequently have included her in the list of children who were reviewed in detail.

We considered reviewing the other eight young people and looked at their records but as the Police decided not to interview them, we have not included these young people.

5.4 Profiles of the Nine Children and their Care Programmes

Blue Copy

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

MEMORANDUM

TO: Mr T Haverty, ADSS(G)  
FROM: Mr G Carey, PSW  
DATE: 26 March 1990  
SUBJECT: INCIDENTS IN HARBERTON HOUSE

---

I refer to the recent incidents in Harberton House involving sexual activity on the part of a number of young people which I have investigated with staff. It would seem that the incidents took place

1. Early in the morning between 3.00 am and 6.00 am.
2. After school - between 2.50 pm and 4.15 pm approximately.
3. In the grounds of the Unit during the course of the day.

The most serious incidents appear to have taken place in the early hours of the morning when one of the boys, who appears to be the main perpetrator in this situation, would have gotten up out of bed and roused other children. This particular boy's behaviour has been causing concern and it would appear that he was capable of manipulating and intimidating other children in the Unit. However, the fact that this young person could indulge in this sort of activity during the night raises a problem that needs to be addressed.

As far as we know at this stage, the activity engaged in after school seems mostly to have been kissing and cuddling and occurred at a time when a number of staff are out collecting the children from school. There are about four runs to ten different schools that has to be undertaken and even though taxis are used in addition to the unit estate car, I understand the taxi drivers insist on escorts for insurance purposes so that a member of staff always has to accompany them. The children return to the Unit at various times between 3.00 pm and 4.15 pm and are encouraged to change out of their school uniforms straight away. The corridors in which the childrens bedrooms are situated are not segregated by sex and this increases the risk of something happening during this time. I did in fact examine the possibility of segregating the corridors to make supervision easier but this would be difficult in view of the fact that at any one time there may be more boys than girls in the Unit or vice versa. The only satisfactory way around this problem would be to explore the possibility of using volunteers to provide the escorts to and from school so that sufficient staff are on the floor of the Unit to provide supervision. In the interim it is

hoped that we may be able to use the Domestic staff to help out though clearly this could only be a short term measure.

A number of the incidents apparently took place in the grounds of the Unit. As you know there are quite extensive grounds at the rear of Harberton House and it would seem that "look-outs" were used to ensure that staff did not discover what was going on. Having looked at a number of possibilities to provide better supervision the two most feasible options that were suggested were that

- a. Staff step up their vigilance by increasing the number of times which they check on children in the grounds of the Unit.
- b. That they focus their attention particularly on supervising those children known to pose a risk to others and those who are known to be vulnerable.

#### CORRECTIVE ACTION

In terms of the overall corrective action needed to be taken to prevent the recurrence of these incidents, you will be aware that you gave approval for the employment of a waking night worker. During the time that this lady was employed, there were no incidents and I suspect that this is largely due to the fact that the main perpetrator was removed to Training School. Indeed another young person who was also allegedly involved in these incidents was removed to Training School in recent days. His behaviour had also been giving grave cause for concern in recent months and I would hope that access to psychiatric and psychological services in Rathgael Training School will greatly help us to plan the future for this young man.

I had hoped to extend the employment of the waking night worker but I understand that she received an offer of other employment. As an alternative I have suggested to staff that one of the sleeping-in staff get up at 5.00 am in the morning and are paid for the two hours between 5.00 am and 7.00 am when they would normally be getting up. In this way I would hope to provide additional supervision in the Unit. However, in the long-term I feel that we need to install an alarm system similar to that which is installed in Coneywarren Childrens Home in Omagh. This system entails the installation of an electrical device in the door of each of the bedrooms and when the door is opened and the electrical circuit broken, an alarm sounds in the sleeping-in room. Therefore, if any children leave their bedrooms during the course of the night sleeping-in staff will be aroused.

One further measure which we clarified with [REDACTED] Group Fire Prevention Officer, was that the doors giving access to the mid section of the Unit should be locked at night. This

will ensure that children do not have access to parts of the building where it is less likely they may be detected. It would seem that since there are sufficient fire exits off the sleeping quarters that [REDACTED] does not consider that this poses any fire risk.

I would hope to discuss this whole situation with [REDACTED] TL 4, APSW, on his return to work to ensure that the corrective measures that have been initiated, are monitored and reviewed as appropriate. In addition, since the Police investigation into the incidents is on-going, it may well be that further information might emerge which will require further action to be taken. Obviously I have highlighted to staff the need to be vigilant and to learn from this experience and I will also expect that [REDACTED] TL 4 will reinforce this message. Given the fact that these incidents arose, however, I think it is also important that we consider how we could apply the lessons learnt here to Fort James where there are also a number of vulnerable young people who have been initiated into sexual behaviour. I believe that it may be necessary to consider the installation of an alarm system in Fort James similar to that which I am suggesting should be installed in Harberton and I would intend to ask the Works Department to obtain an estimate for this work for Fort James.

Should there be any additional information which emerges from this situation, I will of course keep you appraised.

*Gabriel Carey*  
GABRIEL CAREY  
PRINCIPAL SOCIAL WORKER

c. c. [REDACTED]  
TL 4

Quality of Social/Emotional Care

For the most of March there were 31 children in residence. A bungalow was opened and 6 temporary staff recruited. During this time a serious incident come to light which involved eight children in the home in sexual abuse. The 2 'abusing' boys being 9½ and 12 years old. Both are now in Training School. Both have been victims of sexual abuse in their own homes. The remaining children need intensive therapeutic help. This is not possible with ten temporary inexperienced staff to be supported by the OIC. [redacted] who is Acting OIC now has 29 staff to supervise. This combination of unfortunate events has caused morale to fall and therefore the quality of social and emotional care of the children.

Other Observations

With 28 children in Residence (on split sites) and the possibility of three more admissions on the day of my visit, there is obviously a serious resource problem in this Unit of Management. As the incident above shows we are failing in our duty to protect children. Providing a bed, shelter and food is not enough. Foster home finding is seriously under-resourced, with one SSW and one SW 'supporting' 170 placements. It should be noted that three of the children are under 5 years which is against Board Policy.

General Impression of the Operation of the Home and Conclusions

I hope it is clear that I am not blaming the Home staff in any way for this situation. It seems to me that there is an issue about child care resources generally in WHSSB. Fort James and Coneywarren are similarly stretched and home finding is not keeping pace. Derry children have been placed as far away as Belfast. This makes a nonsense of maintaining family and community links. I would ask that this whole issue be urgently reviewed.

Signed *Maelda M. Egan* Board Member

Date 11 APRIL 1990



Southern Health and Social Services Board

Your Ref

*Handwritten notes and scribbles in the top right area.*

11 April 1990

Mr T Haverty  
ADSS  
WHSSB  
District Office  
Gransha Park  
DERRY

*Handwritten initials*  
[Redacted] HH 34

Dear Tom

*Ln. 13/4/90.*

I am sending you direct a copy of my report on a recent visit to Harberron. This is because of my concern and the urgency of the situation.

Because of the new management structure, I would venture to suggest that [HH 34] should be given a copy as soon as possible.

Through the normal route ie via the Board, it may not be distributed until the next Community Care Meeting in June.

Yours sincerely

*Imelda M. McGowan*

Imelda McGowan  
Principal Social Worker (Training)

cc [Redacted] SND 502  
[Redacted] HH 22

Enc

21-08-1990 14:37

W.H. &amp; S.S.B. RIVERVIEW HSE

0504 260006 P.06

TH/mb

18th May 1990

Mrs I. McGowan  
Principal Social Worker (Training)  
Southern Health & Social Services Board  
20 Seagoe Industrial Estate  
Portadown  
Craigavon BT63 5QD

Dear Mrs McGowan,

Thank you for your letter of 11th March 1990 and attached report following your visit to Harberton House on the 11th April 1990. I thought I would take the opportunity of advising you of the up to date position. During the first 4 months of this year we have been dealing with a particularly difficult child care situation as a result of the unprecedented number of admissions which was exacerbated because many of the children were members of large sibling groups. Between January and March of this year there were 58 children admitted to care from this Unit of Management, a demand which has exceeded our previous experience. A significant number of these children were suspected of being abused. The situation has been monitored very closely by Management staff concerned with the Child Care Service and discussed at the Foyle Community Executive Team and the Area Executive Team.

This high level of demand for places required us to take particular action which included the opening of the bungalow at Harberton House, placing 3 children in Nazereth Lodge in Belfast and placing some children with foster parents in Fermanagh and the Northern Board. In addition we had the highest number of children ever placed with foster parents within our own Unit of Management.

The present position is as follows: The bungalow at Harberton House has now been closed and 3 of the children there returned to their mother who was discharged from hospital, 1 other child was placed with foster parents. The number of residents at Harberton House has now been reduced to 25. 2 of the children placed with foster parents in the Northern Board have now been placed with foster parents in this Unit of Management. We have at this point in time 180 children placed with foster parents which is the

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
FOYLE COMMUNITY UNIT

MEMORANDUM

TO: Mr T Haverty, A/UGM  
FROM: Mr G Carey, PSW  
DATE: 25 June 1990  
SUBJECT: UNTOWARD INCIDENTS - HARBERTON HOUSE

---

I refer to the incidents which occurred in Harberton House involving a number of residents which were detailed in the untoward incident report of 15 March 1990 (attached). I also [redacted] an interview between the Police and [redacted] whom it emerges was probably the prime mover in this situation. [redacted] apparently refused to make a statement.

The contents of this report arose out of a meeting I had with [redacted] from the Care Unit on 19 May 1990 outlining the progress of the Police investigation. At that point in time the Police investigation was not complete but you will recall we were anxious to ascertain what they had discovered and to determine whether we needed to take further management action to prevent any recurrence of such incidents.

You will appreciate that the investigation was quite complex with accusations and counter accusations and to give this report some coherence I have followed the same approach as the Care Unit who deal particularly with the victims of crime. This means I will outline the statements made by the three girls to the Police.

1. [redacted]

For the most part [redacted] would appear to have participated willingly according to the Police and though on occasions her involvement was under threat it seems that she would have seen William Ireland as her boyfriend. In terms of the allegations she stated that before Christmas 1989 [redacted] and [redacted] started to play a game called "screwing" and it seems that in the course of this game [redacted] and [redacted] lay on top of her. [redacted] indicated that this happened more than once. She also stated that [redacted] rubbed his private parts against her private parts and though [redacted] admitted to this he said it was [redacted] idea. He agreed that he rubbed his private parts against hers but denied there was any penetration. [redacted] admitted to these

incidents and said it happened on approximately five occasions (see attached interview notes).

██████████ also mentioned two incidents which happened in her bedroom when ██████████ and ██████████ came in and played this "screwing" game and tied her up with her hands behind her back.

██████████ spoke about an incident when the four of them (██████████ and ██████████) and ██████████ another of the alleged perpetrators, witnessed ██████████ tying ██████████ up as described above. ██████████ agreed that one such incident occurred.

In her statement ██████████ implicated ██████████ and ██████████ two other residents of Harberton House, at the time of these incidents. ██████████ said that she walked into the room and they were lying on top of one another. She stated that they had "their tops on but no pants". When this allegation was raised with ██████████ she admitted that ██████████ would lie on top of her but denied that they had their clothes off. You will be aware that ██████████ came from a household where there was quite gross sexual abuse though we are unsure as yet how far ██████████ was involved in these events.

Most of these incidents appear to have happened early in the morning (5.00 am - 7.00 am) and out in the back of Harberton House after school.

As far as ██████████ is concerned there is a history of sexual abuse which leaves her very vulnerable. Obviously staff have been working by means of education and discussion about inappropriate sexual behaviour. ██████████ is very sensuous in her approach and would be quickly targeted by any would be perpetrator. This has been a cause of concern to us even before the recent incidents arose and staff are anxious to provide as much security for ██████████ as possible whilst at the same time helping her work through her experiences and establish a clear sense of appropriate and inappropriate behaviour with boys. This is a long-term treatment plan and in the interim ██████████ will remain vulnerable.

2.

██████████ made an allegation of full sexual intercourse with ██████████ and indicated that this incident took place early in the morning (between 5.00 am and 7.00 am) in the playroom. Again this incident allegedly took place prior to Christmas 1989. ██████████ totally denied that this incident occurred.

██████████ was extremely sexually active before her admission to care and indeed it was this behaviour which

precipitated her admission. There were allegations of her being abused by quite a number of boys in the derelict flats around Rossville Street and the medical evidence would support the fact that she was not intact before coming into care. [REDACTED] has since been moved to Training School because of a number of shop-lifting offences she was involved in before coming into care and I understand that the Training School Authorities have been made fully aware of our concerns. It would appear that she was a willing participant and certainly we would have information that leads us to believe that she was fairly extensively abused by teenage boys before coming into care.

3. [REDACTED]

In her statement [REDACTED] indicates that [REDACTED] was part of the "screwing". [REDACTED] states that she seen [REDACTED] being tied up by [REDACTED] and admitted that [REDACTED] tied her up also. This seems to be the same incident to which [REDACTED] referred.

[REDACTED] stated that [REDACTED] and herself had no clothes on during these incidents. She also stated that [REDACTED] did penetrate her and that it was sore. She also alleged that [REDACTED] and [REDACTED] were doing the same thing e.g. "riding".

For his part [REDACTED] denied that he had ever had sexual intercourse with [REDACTED] and [REDACTED] similarly denied that he had ever done anything with her. However, [REDACTED] did state that [REDACTED] and [REDACTED] had sexual intercourse with [REDACTED] though at the point of my meeting [REDACTED] and [REDACTED] still had to be interviewed about the allegations being made. [REDACTED] apparently did not go into detail about how often this might have happened.

[REDACTED] had been medically examined before admission to care by a Paediatrician and Forensic Medical Officer and there was nothing found to indicate sexual penetration. However, she refused to be medically examined in relation to these incidents and because of her history it was decided not to compel her to undergo an examination.

As you know [REDACTED] is in care because of allegations of sexual abuse which are currently being investigated. Her father was implicated by another girl but as indicated above the medical carried out on [REDACTED] did not substantiate the allegation and until recently her father has co-operated with us in the investigation. She has indicated that there may have been abuse by an uncle and also mentions some other people in the neighbourhood, including [REDACTED] the father of the [REDACTED] children, who may have abused her. However, she remains very reticent and it is difficult to assess the extent of her sexual behaviour. Indeed it is not

possible to state in any categorical way how much abuse she may have experienced during the recent incidents. Obviously we will continue to provide whatever advice and guidance necessary and as the investigation and disclosure work is still on-going with [REDACTED] it may be that more information will emerge not only in relation to her domestic situation but also concerning the recent incidents.

4. [REDACTED]

[REDACTED] was only peripherally mentioned in the untoward incident report of 15 March 1990 at which stage she strongly denied that anything untoward had taken place. However, she was subsequently interviewed by the Police and talks about events beginning before Christmas 1989. She states that [REDACTED] was her boyfriend and that she would wait outside in the grounds of Harberton at the palm tree for him. She would lie down on the ground and he lay on top of her. Both apparently had their clothes on. When she was questioned as to what occurred she said that they were "riding" but could not explain what this entailed. She said that this occurred on about six occasions but that it never hurt her in any way.

She also referred to the incident where [REDACTED] tied her to the palm tree referred to above. [REDACTED] apparently pulled down her pants to her knees, tied her hands and feet and stuck plasticine to her vagina. [REDACTED] was with him at this stage and he helped [REDACTED] to hold her down. In her statement she also alleged that [REDACTED] put his "dick into my vagina" and that he tied her to the tree and shot arrows at her [REDACTED]

[REDACTED] was medically examined following the incident and found to be intact.

[REDACTED] stated that he played the "screwing" game twice with [REDACTED] in her bedroom and stated that he did penetrate her. He also admitted that he tied her to the tree and put plasticine on her private parts. He indicated that he used arrows and put plasticine on top and "stuck them up her bum".

[REDACTED] response to these allegations seems to be that we are exaggerating the importance of it all and because of her confusion about the rights and wrongs of the activity in which she was engaged, we believe she needs a lot of protection. We are still attempting to unravel the dynamics of the domestic situation before her admission to care but at this point in time have not established that [REDACTED] was the subject of untoward sexual behaviour before admission.

As I mentioned above, at the time of my meeting with the Police their investigation was not complete and some

individuals had yet to be interviewed. It was their intention to complete the file and forward it to the Director of Public Prosecutions. At the time of my meeting [REDACTED] did not believe that there would be any recommendation for prosecution because of the age of the children involved and I have since learnt that apparently the CID do not want to pursue this matter. However, as yet I have not received any substantiation of this from the Police.

### CONCLUSION

Clearly the allegations that have been made are very serious and I know from my conversations with staff in Harberton House that they had a devastating impact upon them. The behaviour in which these young people engaged was extremely inappropriate and from what we know is a reflection of what they experienced before coming into care. There is quite a tangled web of allegations. I know penetration was alleged by [REDACTED] and by [REDACTED]. In respect of [REDACTED] there is no confirmation that this took place. However, I think it would be prudent to acknowledge the strong possibility that these allegations are correct.

Obviously the immediate action we took was to remove the two main perpetrators. [REDACTED] was made the subject of a Training School Order on 15 May 1990 though it should be stressed that our application was prompted by the fact that these incidents were the culmination of a long series of aggressive and threatening behaviour to both residents and staff within the Home. [REDACTED] was removed on an Interim Order to Rathgael and his case is to be heard finally on 19 June 1990. It seems likely that Rathgael will be recommending that he is not Training School material and that [REDACTED] will return to us.

Also within the Unit we took other management action to try and improve the level of supervision by taking note of the times and places at which the incidents occurred. In addition to having a waking worker patrol the Unit for a while we also took action to ensure that children could not move about the Unit so readily at night though obviously one has to achieve a balance in doing this.

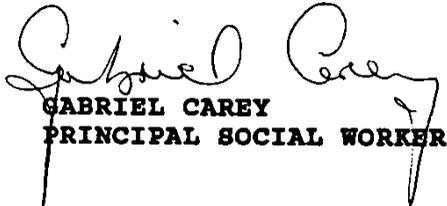
In the longer term in addition to learning the lessons from what happened I have asked the Group Engineer to cost a door alarm system. This could have implications for the ethos of the Unit but we may have no choice but to consider moving in this direction. It is important to consider the incidents which occurred in context. Harberton House has a significant number of children who have been sexually abused and research evidence would seem to indicate that in the first instance children who have been initiated to sexual behaviour will carry on being involved in some sort of sexual activity. Secondly, that those who have been abused often become abusers. As the proportion of

sexually abused children in the Unit increases obviously this is going to have significant ramifications for the management and philosophy within the Home. Indeed since the incidents the children in the Unit have indicated that both [redacted] and [redacted] set things up so that staff were not present. In addition they intimidated children in the Unit and I am informed that the children were very relieved when both of them were removed from the Unit because of their threatening and domineering behaviour. [redacted] behaviour seems to have been very much pre-determined and planned and I understand there is considerable trepidation about the prospect of his return. The Acting Officer-in-Charge has told me that in recent days at least one of the girls who was involved in the incidents with [redacted] has been having nightmares and sleepless nights.

It is because of the very circumstances described above that we are anxious to extend the provision in our Fostering Unit so that we can find more homes for children who can be fostered and to train and support foster parents who may be dealing with more problematic children. In this way hopefully we will be able to reduce the risk in our residential units.

Another point to be borne in mind is that the incidents arose at a time when the Unit was going through a crisis when there were children placed there over and above the stated occupancy level. At one stage there were thirty two children in a Unit meant to accommodate twenty five and this entailed opening the staff bungalow and employing six additional members of staff. These were unqualified and inexperienced staff who required a lot of support from the regular staff. Moreover, because of the numbers the focus was on meeting childrens primary needs and the therapeutic work which normally is the feature of work in Harberton House took second place. The combination of these factors probably meant that the incidents occurring were not picked up as soon as they might have been had this crisis not been going on. Nevertheless, this has led to staff engaging in regular reviews of the situation in an attempt to ensure that such an occurrence does not arise again. Finally, I would re-emphasise the point that a lot of therapeutic work in Harberton House is on-going and as staff have worked with quite difficult cases in spite of the activity in which the children have engaged. For instance, [redacted] who was mentioned in these incidents is a young person with whom therapeutic work is currently being done and within whose family there is a history of gross sexual abuse. I make this point to illustrate the fact that [redacted] and [redacted] in particular are two exceptionally difficult young people who present peculiar problems which require additional resources if we are to cope effectively with this type of situation. As a measure of the overall problem it is interesting to note that in the last five years we have only experienced ten untoward events of a sexual nature in the Home and given the number of children in the Unit who have been sexually abused I believe that this does reflect the vigilance of staff.

I would be grateful if we had an opportunity to talk about this incident so that we can discuss whether further action should be taken on this matter.

  
GABRIEL CAREY  
PRINCIPAL SOCIAL WORKER

Encs

4571;

CONFIDENTIAL

16/17

FROM: J G HUNTER  
DATE: 9 JULY 1990

Copy to [redacted]

.cc: Dr McCoy  
CMO  
Mr Kearney  
McElfattrick  
O'Brien

16/17

Dr Harbison

RESIDENTIAL CHILD CARE SERVICES - WESTERN BOARD

1. The papers circulated by Dr McCoy on 29 June make worrying reading, not least in respect of the Western Board's apparently inadequate reactions to the incidents in Harberton House. The report, promised by [redacted] SND 502 on the investigation by the local Unit of Management may indicate that in addition to the preventive measures referred to by Mr O'Brien in his minute of 21 June, remedial action has been taken to provide care and treatment for the children in question and support for the staff.
2. Meanwhile, it would be useful if we could meet with copy recipients as soon as possible to review the action taken by the Board to date and the need for any further action. Our agenda could include the concerns identified by Dr McCoy in his minute and your suggestion of a sharing of expenses among senior professional staff in Boards.
3. I should also like to consider whether some form of formal investigation of the Board's actions should be undertaken. Such an investigation could explore generally the care of sexually abused children in a children's home, while focusing specifically on the lessons to be learnt from Harberton House. It could be commissioned either by the Western Board or by the Department. This presumes that no guidelines clearly exist in the most difficult area. If they do, then the actions of the Board should be set against the guidelines. The person to undertake such an investigation would have to be chosen carefully from outside the Western Board and have relevant experience.
4. In passing, I should note my own concern that staff in Harberton House apparently set aside programmes of care and therapeutic work with individual children in order to supervise the training of new staff to cope with the sudden influx of disturbed children.

experience?

JGH

[redacted]

J G HUNTER

You may be interested to see Mr Hunter's reply to Dr Harbison. It returns to me as I am holding the papers to refer.

[redacted]

7/7

21.3.90 Mr Carey discussed situation with Mr Haverty  
AUGM

Mr Carey PSW spoke to [REDACTED] Acting  
Deputy OIC re action taken and that required  
to safeguard children in the Unit.

22.3.90 Mr Carey PSW contacted [REDACTED]  
Child Care Branch, DHSS

23.3.90 CET Minutes noted that 'precautions are being  
taken to prevent the recent untoward incident  
from happening again.'

18.5.90 Mr Carey PSW met with [REDACTED]  
CARE Unit re incidents in Harberton House

24.5.90 Presentation to Area Executive Team by  
Mr Carey PSW and [REDACTED] TL 4 APSW

1. current demand
2. Incidents in Harberton House

1.6.90 Presentation to Community Care Committee  
by Mr Carey PSW and [REDACTED] TL 4 APSW  
(as presented to AET)

8.6.90 Discussion at CET re [REDACTED]

12.6.90 Case Conference at Rathgael iro [REDACTED]

19.6.90 Mr Carey PSW, [REDACTED] TL 4 and  
[REDACTED] HH 22 Acting OIC met to discuss the  
implications of [REDACTED] return

26.6.90 Dr McCoy visited Harberton House

26.6.90 Placement meetings resumed

9.7.90 Placement meeting

16.7.90 Placement meeting

# WESTERN HEALTH AND SOCIAL SERVICES BOARD

Our Ref: HEL/roh

Your Ref:

DATE: 8 May 1990

15 GRANSHA PARK  
CLOONEY ROAD  
LONDONDERRY BT47 1TG  
NORTHERN IRELAND  
PHONE: CAMPSIE 860086 (14 line)  
FAX. No. (0504) 860311

## STRICTLY CONFIDENTIAL

Mr Denis O'Brien  
Social Services Inspector  
Social Work Inspectorate  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF

Dear Mr O'Brien *DOB 16/5*

I wish to formally advise you of our child care difficulties in LLS Unit of Management, (now known as Foyle Community) since the beginning of January, and indeed we continue to have the problem of a virtual epidemic of children requiring care. We had thought initially around February that this was a phase but it would now appear that it is an established upward trend in the referral rate and our residential resources have been over-stretched in the extreme. I have enclosed internal memos dated 15 February from Mr Haverty and one from Mr Gabriel Carey to Mr Haverty highlighting the problems in February.

As a result of the admission of many physically abused children and indeed since February a considerable number of sexually abused children we discovered in mid-March that some children were sexually abusing each other in Harberton House. This is currently being investigated by the RUC at our request. The report dated the 15 March makes horrific reading and has given us considerable cause for concern. I have brought the matter of high admission rate abuse and the abuse among the children to the attention of the General Manager and our Area Executive Team and have received a most sympathetic understanding response which has resulted in the monies being released for 2 additional full-time social workers in the fostering unit and 4 additional social workers for Foyle Community. I believe this will do much to free up the situation in the residential homes.

I think the untoward incident report highlights for me again how difficult it is to keep a residential home "safe" and naturally this gives me much cause for concern.

*Yes*  
LH9

*Copy for Gabriel Casey*

[Redacted]

*Re: Harberton House*

*Mr. & Mrs. A0111 to Mr & Mrs. please*

*25/6/90*

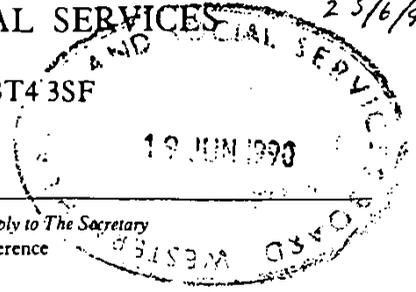


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650111 ext



**SND 502**

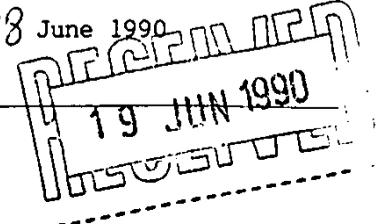
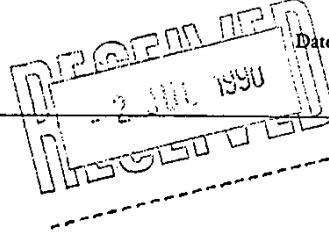
Acting Director of Social Services  
Western Health and Social Services  
Board  
15 Gransha Park  
Clooney Road  
LONDONDERRY BT47 1TG

Please reply to The Secretary  
Your reference

Our reference

Date

18 June 1990



Dear **SND 502**

I refer to your letter of 8 May and enclosures further highlighting the problems which have arisen in the Foyle Community Unit of Management due to an increase in admissions of children to care. This may have indirectly contributed to the situation in Harberton House where very young children were found to be sexually abusing each other. I was pleased to hear about the sympathetic response to the situation made by the General Manager and the Area Executive Team and that the Board has made available sufficient additional resources to allow for the recruitment of 6 social workers. I agree that in the longer term their support for children in the community and their work with foster parents will help to relieve the situation in the children's homes.

I have kept Dr McCoy and [Redacted] informed about the problems and they have asked me to monitor the situation for the Department. We have agreed to meet at 2.00 pm on 20 June when I hope to get an update on the information which you have provided.

Yours sincerely

*D.P.O'Brien*

D P O'BRIEN  
Social Services Inspector

*Copy -*

**HH 34**

*S. Carey - ✓*

*for information*

*Mr Carey file*

*S. Duncan*

*S. 2/7*

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

## MEMORANDUM

TO: [REDACTED] SND 502 A.D.S.S. (Area)  
FROM: Mr T. Haverty, A.D.S.S. (Group)  
DATE: 15th February 1990  
SUBJECT:

I wish to keep you up to date on the difficulties we are currently experiencing in Child Care particularly Residential Care. You will be aware that a large number of children were admitted to care during the past three weeks with the result that we are now over our numbers in both Fort James and Harberton House. As you would expect this is creating additional stresses and strains for the staff and not helping the staff morale. You may also be aware that a number of our children are placed in Coney Warren Children's Home in Omagh and I understand that that home is also above its agreed numbers.

A total of 27 children were admitted to care between 19.1.1990 and 14.2.1990 and an additional child was placed under Section 99 in one of the Training Schools. In addition 11 children are currently awaiting to be admitted to care, some more urgent than others. This includes 5 children from the [REDACTED] family. This is the case of suspected sexual abuse that we discussed recently following a detailed report made by another child [REDACTED]. The case conference on Tuesday 13th February 1990 agreed that these children should be admitted to care for assessment although it is fair to record that the Legal Advisor, [REDACTED] of the CSA was not exactly happy with this approach. The intention is that the children should be admitted to care under Section 103 but if this is not possible it would be necessary to initiate more formal proceedings.

The position of today is that the parents appear willing for [REDACTED] and [REDACTED] to be admitted on a voluntary basis for assessment and this will involve putting up additional beds at Harberton House. In the meantime the position of the other three children at home who are not presenting the same degree of difficulty will be closely monitored.

4571;

CONFIDENTIAL

16/17

FROM: J G HUNTER  
DATE: 9 JULY 1990

Copy to [redacted]

.cc: Dr McCoy  
CMO  
Mr Kearney  
Mr McElfratrick  
Mr O'Brien

*JG* 16/17

Dr Harbison

RESIDENTIAL CHILD CARE SERVICES - WESTERN BOARD

1. The papers circulated by Dr McCoy on 29 June make worrying reading, not least in respect of the Western Board's apparently inadequate reactions to the incidents in Harberton House. The report, promised by [redacted] on the investigation by the local Unit of Management may indicate that in addition to the preventive measures referred to by Mr O'Brien in his minute of 21 June, remedial action has been taken to provide care and treatment for the children in question and support for the staff.
2. Meanwhile, it would be useful if we could meet with copy recipients as soon as possible to review the action taken by the Board to date and the need for any further action. Our agenda could include the concerns identified by Dr McCoy in his minute and your suggestion of a sharing of expenses among senior professional staff in Boards.
3. I should also like to consider whether some form of formal investigation of the Board's actions should be undertaken. Such an investigation could explore generally the care of sexually abused children in a children's home, while focusing specifically on the lessons to be learnt from Harberton House. It could be commissioned either by the Western Board or by the Department. This presumes that no guidelines clearly exist in the most difficult area. If they do, then the actions of the Board should be set against the guidelines. The person to undertake such an investigation would have to be chosen carefully from outside the Western Board and have relevant experience.
4. In passing, I should note my own concern that staff in Harberton House apparently set aside programmes of care and therapeutic work with individual children in order to supervise the training of new staff to cope with the sudden influx of disturbed children.

experience?

*JG*

[redacted]

J G HUNTER

You may be interested to see Mr Hunter's reply to Dr Harbison. It returns to me as I am holding the papers to refer.

[redacted] 17.

procedures in relation to children who are already in our care. However, no doubt she will be in contact with you about this matter in the near future.

3. Apparently Kevin McCoy wants a report on the overall circumstances of the case that could be disseminated broadly to the Association of Directors to alert other Boards to the problem and so that they can learn from our experience. Apparently it would also be used to appraise the Department of the problems we are facing in child care with a view to making them more amenable to requests for resources to cope with these problems. [REDACTED] indicated that she would be completing this report herself but would need the information that I have supplied to you. [REDACTED] may well speak to you personally about these issues but I felt that I should notify you should she make contact with you whilst I am on leave.

**GABRIEL CAREY**  
**PRINCIPAL SOCIAL WORKER**

HEL/roh

23 July 1990

**STRICTLY CONFIDENTIAL**

Dr K McCoy  
Chief Social Services Inspector  
Department of Health & Social Services  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF

Dear Dr McCoy

**Re: INCREASE OF CHILD ABUSE REFERRALS AND IMPLICATIONS OF THIS INCREASE  
FOR OUR BOARD AS A CHILD PROTECTION AGENCY**

I refer to my correspondence of 8 May addressed to Mr Denis O'Brien, Social Services Inspector and for ease of reference have included a copy of this letter in Appendix I. Appendix II provides statistical information in relation to admissions to care from January to April 1990. You will appreciate that these statistics alone do not provide a complete picture of the child abuse situation within Foyle Unit of Management. One must also consider the number of children placed on the Child Protection Register and even more importantly the nature of abuse which children are being subjected to. To secure a total sense of the overall child care situation we require to look at the preventive and normal child care day-to-day work which by necessity receives lower priority when staff have to divert their energies towards the more horrific forms of abuse. I know you fully appreciate that such action can result in sustained child abuse going undetected.

I have included in Appendix III a typical Child Protection Case which is on our Child Protection Register and may I add that I simply selected this case at random. I think it encapsulates for me the level of high risk taking carried by our Department as a Child Protection Agency. I believe this to be an intolerable level.

Our Child Care Services are subjected to a strain I haven't previously experienced and I know that the traditional response such as the provision of additional residential places is not the solution. We require to offer an ever increasingly more flexible service with a greater range of options as outlined in the paper in Appendix IV which is known as our integrated approach to Child Care.

In the short-term there is an urgent necessity for;

- A) additional field workers,
- B) an extension of the role and function of many of our existing pre-school playgroups,
- C) further development of fostering.

this barrier and seeking the assistance of our community in not only referring child abuse to us but equally importantly providing them with information which will heighten their own consciousness regarding the care of their children. We have a responsibility to enable our communities to live more wholesome fulfilled lives whether they be children or adults. I believe that such a campaign focusing on Family and Child Care should be as important to us issues such as smoking or heart disease because if the quality of life of our community continues to deteriorate I do fear for the next generation and in the here and now I fear for the ability of our Community Services to fulfil their responsibilities.

You are aware that our family networks are beginning to breakdown which is something we never thought would happen in Northern Ireland and there is an ever-increasing number of people who need social work counselling and support.

I am aware in recent DHSS Guidelines entitled "Co-operating to Protect Children" that it is incumbent upon me when an allegation is made concerning the abuse of a child in the care of our Board, that the Board must assess whether to invoke the Child Abuse Procedures. I believe the fact that children were abusing each other within our Board cannot reflect back on staff in this particular instance as the reasons for not detecting the abuse which was of some weeks duration possibly having commenced in December 1989 was due to a combination of factors which can be summarised as below.

1. Due to a shortage of residential and fostering places we had children in care far exceeding <sup>our</sup> ~~the~~ bed complement in our children's homes and had to appoint on a temporary basis unqualified, inexperienced staff.
2. Staff time was spent in coping with the sheer numbers of children and as a result of this the children did not have the individualised time and indeed physical and "personal" space they would have had ~~formally~~ *formally*.
3. There were no staff on waking-night duty which has been practise in our Board for many years and as you are aware many of the untoward incidents occurred in the early hours of the morning.
4. Residential staff were consumed with concern and guilt regarding the untoward incidents and on occasions were feeling that Senior Management, particularly myself, did not understand their impossible situation.

For all these reasons I believed and still do believe an investigation into the untoward incidents led by me would have done nothing to improve staff morale and enhance the care of our children. My Senior Management colleagues at Unit level were satisfied that the above analysis of the situation was correct.

Finally, in recent days we have had evidence emerging of considerable sex abuse within the Creggan area here in the City of Derry and I have enclosed a report in Appendix XIII which highlights again my concerns regarding the increase in child abuse locally.

As you are aware from previous correspondence the General Manager and Senior Management, members of all professions including Board members, have listened with sensitivity and understanding to the problems we are currently facing and indeed responded with additional manpower some weeks ago to address the day-to-day child abuse difficulties.

I have to acknowledge that there are other equally acute demands placed on this Board in addition to child abuse and for this reason I feel that the ever increasing child care difficulties should be looked at immediately with a view to the DHSS offering additional revenue. I would suggest that if we could secure additional social work practitioners we could proceed with the setting up of child care teams, child protection teams and teams working with children in care. I believe that this way forward seems to be the "right model" for our Board. I know of course that any extension of social work staffing in the whole area of child abuse has implications for our medical colleagues, RUC care unit, psychologists, health visitors etc. I reckon that an additional 8 qualified social workers would do much to address the situation within our Board and would enable us to move down the road of our integrated child care plan. Should you require any further information you know of course I shall be more than happy to provide same.

Yours sincerely

SND 502

Acting Director of Social Services

Encs

K201/7

FROM: J G HUNTER  
DATE: 26 JULY 1990

cc: [REDACTED]

copy to [REDACTED] per K201/7.  
Mhu 27/7

Dr Harbison  
Dr Sloan  
~~Mr Kearney~~ Mhu 27/7  
Dr McCoy  
Mr O'Brien  
Mr McElfatrick

## RESIDENTIAL CHILD CARE SERVICES : WESTERN BOARD

1. At our meeting on 26 July we reviewed the Western Board's response to the incidents in Harberton House, which came to light in the middle of March.
2. It was noted that an increasing number of extremely vulnerable children, who had been sexually abused, were entering childrens homes. The management of such children posed considerable problems both in respect of the protective and therapeutic responsibilities of Boards. The emerging problem of the child abuser had been recognised nationally but an understanding of the phenomenon, and how best to handle it, had not generally percolated down to the day-to-day management of childrens homes.
3. Concern was expressed that the incidents had continued for a long period without detection by the Board and that the Board's response did not appear to address the multi-disciplinary treatment possibilities. Moreover, the Board did not appear to have explored the lessons to be learned from the incidents and their training implications.
4. We agreed that the Board would be asked to initiate an investigation which would:
  - . review the background to the incidents and, in particular, why the incidents were not detected earlier;
  - . explore the lessons to be learned for the Province as a whole;
  - . examine the roles of individual staff including key workers and supervisors;
  - . review the training implications;
  - . explore the multi-disciplinary nature of the care and treatment requirements of the children involved.
5. It was agreed that a senior social services officer with relevant management experience of residential childrens homes should be asked to conduct the inquiry which should be of short duration. The officer concerned would be drawn from one of the Boards or the Department's SSI. The findings would be shared with all four Boards and discussed by the Directors.

FROM: J G HUNTER  
DATE: 27 JULY 1990

*copy* [redacted] cc: Dr Harbison  
Mr Browne  
Mr Kearney  
Dr Sloane  
Mr McElfattrick  
Mr O'Brien

*1/208  
1/30/7*

*Mr. 27h*

Dr McCoy ..

CHILD CARE SERVICES - WESTERN BOARD

1. This morning I spoke to Mr Frawley.
2. He agreed that it was desirable that we should explore the learning opportunities of the situation in Harberton House. He appreciated the need for an assessment of the training implications for social services staff and other professionals in the Province.
3. He undertook to discuss an investigation with [redacted] **SND 502** who would liaise with you over who might undertake the investigation.
4. He readily agreed that the Western Board would initiate the investigation and to do so in such a way as to avoid the appearance of a witch hunt and recriminations.

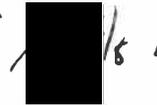
*JG*

J G HUNTER

[redacted]

*You will be interested to see the latest papers re the incidents in Harberton House.*

[redacted]

*Al 2/8**4/8**Copy to**To see & return to me pl.**John '18*

SND 502

Acting Director of Social Services  
 Western Health & Social Services Board  
 15 Gransha Park  
 Clooney Road  
 LONDONDERRY BT47 1TG

31 July 1990

## HARBERTON HOUSE

During your visit to Dundonald House on Tuesday 31 July we took the opportunity to consider the terms of reference for the Board's enquiry into the activities between children in this home during 1989/90. I have discussed these with Mr McElfratrick and we would offer the following draft terms.

- to review the background to the incidents of sexual activity between children in Harberton House during the period December 1989 to March 1990 and, in particular, why the incidents were not detected earlier;
- to examine the roles and professional activities of individual staff, including key workers and management staff with responsibility for supervision, during this period;
- to explore the lessons to be learned for residential care of children;
- to examine the training and experience of the staff group in the home and review the training implications for residential care;
- to explore the multi-disciplinary nature of the care and treatment requirements of the children involved.

You may wish to amend these in discussion with your general manager and colleagues and I would be grateful if you would let me have a note of the agreed terms of reference, the composition of the enquiry team and the likely timescale for the completion of the exercise.

**CONFIDENTIAL****W E S T E R N****HEALTH AND SOCIAL SERVICES BOARD****AREA BOARD HEADQUARTERS**

Please use this reference in your reply

Our Ref: HEL/roh

Your Ref:

Date

6 August 1990

Dr K McCoy  
Chief Social Services Inspector  
Department of Health & Social Services  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF

Dear Dr McCoy

I thank you for your letter dated 31 July received on 2 August re Harberton House. I am now forwarding you the brief given to the Review Team which has been approved by Mr T J Frawley, General Manager, AET and Community Care Committee, including, the Chairman of our Board.

With every good wish.

Yours sincerely

SND 502

SND 502

Acting Director of Social Services

15 Gransha Park, Clooney Road, Londonderry, N. Ireland BT47 1TG  
Telephone L'Derry (0504) 860086 (14 Lines)  
Fax. No. (0504) 860311

---

to avoid drawing attention specifically to Harberton House as she fears that presenting the terms of reference to the Social Services Committee in such a specific way would have, in effect, drawn media attention to the home and made the enquiry more difficult.

5. The nett effect of all of this is to widen the terms of reference to the extent that the issues of supervision and management in Harberton House will not get the scrutiny they deserve. Paragraph 4 of the Boards terms of reference sets out the values which underlie the Review but these are overshadowed by the final paragraph on methods which on two occasions refers to "available resources". Given that the sixth term of reference is "to examine the resource implications" this could be construed as guiding the Review in a particular direction.
6. The presentation of the Review by the General Manager to the meeting of the Community Care Committee on 3 August would appear to confirm that the Board will use the review to emphasise their inadequate revenue base. The attached copy minute indicates that the General Manager identifies "significant resource implications" arising from the Review.
7. **SND 502** has invited Mr R Bunting (Assistant Director of Social Services, Family & Child Care), Eastern Health and Social Services Board to chair the enquiry team. He will be supported by **SND 493** Senior Social Services Manager (Omagh & Fermanagh) and **SND 493** Principal Social Worker (Training & Staff Development), both of whom are Western Board staff.
8. The enquiry team has been asked to report to the Acting Director of Social Services, **SND 502** by Monday, 24 September 1990.
9. I feel we have failed to convey to the General Manager our real concerns on this issue and you may wish to consider taking some action on this before the work of the Review Team really gets underway on Mr Bunting's return from leave on 28 August 1990.
10. I would be happy to discuss.

*K.F.M. Co.*

K F McCOY  
Chief Inspector  
Social Services Inspectorate

K132/8

T J Frawley Esq BA  
 General Manager  
 WHSSB  
 15 Gransha Park  
 Clooney Road  
 LONDONDERRY BT47 1TG

30 August 1990

Dear

My attention has been drawn to the minutes of the Board's Community Care Committee held on 3 August at which you reported to the Committee the establishment of a Review Team "to examine the increase in the numbers of child abuse referrals that were being experienced by the Child Care Services of the Board".

The minutes record that you, quite properly, emphasised the importance of supporting the staff involved in dealing with these "very sensitive and complex issues." You also indicated that a key aspect of the exercise was "to assess the significant resource implications that this major new development would present to the Board." While I appreciate the need to include this resource question in the examination the Review Team, I would be concerned if the Team concentrated on this issue to the detriment of other factors surrounding the care of severely abused children.

My concern is heightened by the broad nature of the brief given to the Review Team and the apparent desire of its members to limit their judgements to an analysis of the written record. If we are to learn from the horrifying series of incidents in Harberton House, it is essential that the Review Team gets to the heart of the matter using their professional skills to make informed judgements, even if this means putting the staff in question under some pressure.

I trust that the Review Team will approach their task in a spirit of genuine enquiry which will draw out the lessons to be learned from the incidents at Harberton House, notwithstanding the sensitivities of the staff.

Yours sincerely

JOHN HUNTER

Hidden cc: Dr McCoy  
 Dr Harbison  
~~Mr McElpatrick~~  
 Mr McElpatrick

Copy



phase.

John 3/9

John 3/9

- there was an absence of any response by the Board to provide psychiatric and psychological care and treatment for children or support for staff in the face of a most unusual incident;
  - the prospect that this was a new phenomenon which might possibly occur elsewhere given the characteristics of children now being received into care;
- d) By minute dated 9 July 1990, Mr Hunter requested a meeting with Dr Harbison and other senior officials to consider *inter alia* whether some form of formal investigation of the Board's actions should be undertaken. This was agreed.
- e) **At the Department's instigation**, a Review Team which included 2 senior officers from the Board was established in August 1990. The team, led by Mr R Bunting, the Eastern Board's Assistant Director of Family and Child Care, reported in December 1990;
- f) It is clear that the Board had taken no action to address the incidents of peer abuse in Harberton House and had not indicated that the problem was more widespread i.e. occurring in other homes.
5. It was because we only had information about the extensive peer abuse in Harberton house that the Department proposed terms of reference which were developed before the Western Board altered the Terms of Reference which were applicable to Harberton House only. The Board decided to widen the scope of the Review and in my view this would only lead to a dilution and not address the events in Harberton House. I would also wish to point out that the emphasis on resources available to the Board generally was being used to attempt to extract more resources from the Department. It was opportunistic. This is borne out by the General Managers presentation of the Review to a Board Committee (FJH10991) in which he is recorded as stating that a key aspect of the exercise was to assess the significant resource implications that this new major development would present to the Board.
6. My concerns about the revised terms of reference were that the failure to focus in on events in Harberton House would mean that the Review Team would not address fully what happened, why it happened and how did it go on for so long without being detected. It was clear that the Board had not discharged its duty of care to the children who had been abused while being placed in the care of the Board and placed in Harberton House.

## 2. FAMILY AND CHILD CARE SERVICES AND NEEDS

### 2.1 Programme of Care Structure

- (i) The Unit is organised on a Programme of Care basis and one of these Programmes is for the Family and Child Care Services. However, the management structure is a hybrid, in that it does not have Assistant Principal Social Workers (Family and Child Care Services) managing all these services.

There is a fieldwork Family and Child Care Team in each of the five Sub-Units but the Senior Social Worker (Team Leader) reports to a generic Assistant Principal Social Worker.

- (ii) There is one Assistant Principal Social Worker (Family and Child Care) who has a Unit wide remit and carries managerial oversight of two residential facilities, one Fostering Unit, one Family Centre and the playgroups and childminders. This is a questionable management span of control and workload for one person to carry.
- (iii) There is one Principal Social Worker (Family and Child Care) who carries managerial oversight of all the Family and Child Care Services in the Unit.
- (iv) There is an Assistant Unit General Manager who has responsibility for all the Family and Child Care and Community Care Services in the Unit. psw

### 2.2 Fieldwork Staffing

- (i) There are 5 Senior Social Workers (Team Leaders) and 28.5 Social Workers. In addition, there is a Senior Social Worker who heads the Fostering Unit and he has a team of 3 Social Workers. There are also 1.5 Social Workers who comprise the staff of the Adoption Unit. These staffing levels include the 6 additional Social Worker posts which have been added to the Family and Child Care Programme within the last year.
- (ii) The NSPCC operates a fieldwork Child Protection Team within the Unit and this Team is comprised of a Team Leader and 4 Social Workers.
- (iii) The Unit closest in population size to Foyle is North & West Belfast. The latter also has an NSPCC Child Protection Team in operation but unlike Foyle it is an entirely urban area. However, there are many similar demographic characteristics when the two Units are compared.

North & West Belfast has a staffing establishment of 15 Senior Social Workers and 53 Social Workers in the Family and Child Care Programme. When compared with Foyle, it has 9 more Senior Social Workers and 20 more Social Workers.

### 2.3 Needs

- (i) The Principal Social Worker in a report dated 2nd May 1990 clearly outlined the increase in identified needs in the Unit when making the case for additional staffing.

We do not intend to reiterate what is in that report. Suffice to say that we consider that the situation outlined indicates a high level of risk for children and staff in the Unit. It would also appear from the information available that this situation was developing during 1988 and particularly 1989.

- (ii) During the early part of 1990, all the management staff in the Family and Child Care Programme were expressing concern about the pressure of work for staff and that they were having to keep children at home in risk situations when they would have preferred them to be in care.

The residential staff, because of the disruptive behaviour and number of children they had to care for, expressed concern that they were unable to carry out any therapeutic treatment and were merely providing basic care. This led to the staff from one residential facility writing to the Principal Social Worker to put their concern on the record.

- (iii) The pressure of work is reflected in the caseloads being carried by the Social Workers. These average around 30 families per worker and cannot be regarded as manageable workloads for staff providing a child protection service. For comparison purposes, the caseloads for the NSPCC Social Workers are 8-10 families.

### 2.4 Range and Level of Services

- (i) There is a network of services provided on a continuum of care basis from prevention through to after care. There is also a mixed economy of care and it would appear a partnership approach with some of the voluntary organisations.

However, it would seem that the range could be extended to advantage, both in terms of efficiency and cost effectiveness. For example, fee earning foster parents, Kidscape, Homestart Family Supports (Aides). This would increase the packages of services which could be put together to meet the needs of children and parents and hopefully would make it possible to maintain more children with their families.

Six inexperienced staff had to be recruited to cope with the increase and this must have considerably increased the pressure on staff at a time when they were having great difficulty coping with a group of highly disruptive children.

- (b) If 25 was considered to be a manageable size for a Home, then the total number of children in the Home was not excessive until March 1990. However, we believe that this size of Home is too large for the type of children requiring residential care and that a few extra difficult children are consequently enough to make the situation unmanageable.
  - (c) The balance in the sexes shifted from a minority of boys (8) in October 1989 to a majority (16) in March 1990. This again was likely to increase the management difficulties.
  - (d) There were a high number of admissions during November 1989 (8) and 4 of the group of 9 children we have reviewed were admitted during this month. The other 5 of the group of 9 had already been admitted, the earliest in January 1989. By the end of November 1989, there was therefore in the Reception/Assessment Unit a substantial group of children who had considerable problems, were disruptive in their behaviour and all remained in the Unit up until March 1990 when the sexual abuse was disclosed.
- (iii) Although most of the staff whom we interviewed stressed that the additional numbers in the Home, the disruptive nature of some of the children and inexperienced staff were the main causes of the difficulties, our analysis of the admissions and discharges would not give equal weighting to these three factors. The main problem was the constant pressure of dealing with a highly disruptive and sexualised group of children. Even if the Home had remained within its maximum number of 25, we believe that the situation would have continued almost unmanageable, given the number of staff on duty to deal with the total group and the difficulty of the children's behaviour.

5. PROFILES OF THE CHILDREN, THEIR CARE PROGRAMMES AND NATURE AND EXTENT OF ABUSE

5.1 Initially, eight children were identified as having been involved in abuse, either as abusers or victims but following further allegations we increased this number to nine. In every case the abuse came within the Western Board's general definition of child sexual abuse. However, it must be borne in mind that sexual abuse of children may involve physical abuse and usually involves emotional abuse, in that often children are threatened about the dire consequences of disclosure and made to feel guilty.

5.2 The profiles of the children outlined in Section 5.4, inter alia, catalogue the nature and extent of the abuse and whether they were abusers or victims. However, it needs to be stressed that the abusers, with one exception, had themselves suffered sexual abuse by adults prior to admission to care and consequently were victims before becoming perpetrators. While not all victims become perpetrators, it is now acknowledged as a possibility particularly in the case of adolescents and staff need to be alert to this.

In addition, the children who were victims had all been either sexually abused or had witnessed sexual activity prior to admission to care. It is now known that children who have been sexualised in this way are more susceptible to involvement in sexual activities and may in fact make sexual approaches to other children or adults.

5.3 Nine other children, all adolescents, were implicated in the sexual activities and abuse by two boys who played a major part in the abuse within the Home.

An adolescent girl, initial 'H' in relation to the personal profiles, was alleged by these boys to be the person who planned the activities. She was interviewed by the Police and although admitting that she organised disruptive situations denied any knowledge of sexual activities. The Police decided not to interview the other eight young people. However, they were interviewed by staff and all denied involvement in any sexual activities.

The boys had no reason to implicate the older adolescents and did so independently, which on face value amounts to corroboration.

The Team is of the opinion that these older adolescents were involved in sexual activities, though to what extent remains unclear. We are also of the opinion that the older adolescent girl, referred to above, played a lead role in this despite her denials and consequently have included her in the list of children who were reviewed in detail.

We considered reviewing the other eight young people and looked at their records but as the Police decided not to interview them, we have not included these young people.

5.4 Profiles of the Nine Children and their Care Programmes

9. ANALYSIS OF THE MAIN ISSUES9.1 (i) Staff Awareness of the Sexual Abuse the Children had Suffered Prior to Admission to Care; (ii) Their Knowledge about the Care of Sexually Abused Children and (iii) The Programmes of Care Provided Including the Level and Nature of the Supervision of the Children

- (i) It is clear from the records; the interviews of senior staff and the written responses obtained from the Primary Workers that only one child, a girl, was thought to have been sexually abused prior to admission to care. Another girl was known to have had sexual intercourse with a number of adolescent boys in the community.

All of the remaining seven children were admitted to care or transferred to the Home because of behaviour problems or relationship difficulties with parents or foster parents.

A few of the children began to disclose past sexual abuse to the residential staff and prior to the sexual abuse within the Home being disclosed in March all but two of the nine children were thought to have been sexually abused; have witnessed sexual activity or been involved in sexual activity with other children prior to admission to care.

- (ii) Of the 20 permanent staff, 16 had over 2 years experience in residential care at the time the abuse was disclosed and are knowledgeable about the care of sexually abused children. In fact, some have undertaken valuable disclosure work with children. The 4 permanent staff who are not as experienced have more limited knowledge and the temporary member of staff who was employed from 4th December 1989 is not knowledgeable in this aspect of care.

The experienced staff were aware that sexually abused children are likely to act out overt sexual behaviour and were alert to the implications of this for other children and indeed staff.

- (iii) Programmes of care were planned for each child and there is evidence that staff had gone to considerable lengths in some cases to devise constructive programmes including the use of reward systems to achieve behavioural changes. However, in the main individual programmes were not implemented fully.

The arrangements for the care and supervision of the children incorporated both a primary worker system and group supervision. In the former, a member of staff was designated for specific children and in the latter, the staff on duty rota were responsible for the total group of children.

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady &amp; Strabane Unit of Management

Please use this reference in your reply

Our Ref: SB/AMcC

Your Ref:

Date 1st November 1990

- 2 NOV 1990

HARBERTON HOUSE  
ASSESSMENT CENTRE  
106 IRISH STREET  
LONDONDERRY  
BT47 1JB N. IRELAND  
TEL: 48490

FOR THE ATTENTION OF MR. GABRIEL CAREY, P.S.W.

Following recent team meetings, concerns are again being expressed over the continued lack of change in the situation at Harberton House.

Excessive admissions continue, as high as six on occasions over our occupancy. This in turn has led to an increase in temporary staffing levels and often those employed are inexperienced and unqualified. We find ourselves in a similar situation with the same concerns as outlined in our letter to you dated 14th February 1990.

Obviously our concerns have been heightened by the current review of incidents occurring within Harberton House approximately eleven months ago. The comparison in our present situation and the afore mentioned are frighteningly similar.

It is the feeling of the staff group that this present situation mitigates against fulfilling the Board's statutory responsibility to provide care, protection and control for children who require it.

Also we feel that despite voicing ongoing concerns about the situation, due to the obvious lack of change, we cannot help feeling that our concerns are not being recognised.

We would appreciate a written response to this letter with particular reference to paragraph 4.

HH 22

O.I.C. AND ALL STAFF  
HARBERTON HOUSE ASSESSMENT UNIT

c.c. Mr. Bob Bunting, Chairman, Review Team,  
M.D.E.C., Altnagelvin Hospital, Londonderry

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady &amp; Strabane Unit of Management

Please use this reference in your reply

Our Ref: SB/AMcC

Your Ref:

Date 1st November 1990

- 2 NOV 1990

HARBERTON HOUSE  
ASSESSMENT CENTRE  
106 IRISH STREET  
LONDONDERRY  
BT47 1JB N. IRELAND  
TEL: 48490

FOR THE ATTENTION OF MR. GABRIEL CAREY, P.S.W.

Following recent team meetings, concerns are again being expressed over the continued lack of change in the situation at Harberton House.

Excessive admissions continue, as high as six on occasions over our occupancy. This in turn has led to an increase in temporary staffing levels and often those employed are inexperienced and unqualified. We find ourselves in a similar situation with the same concerns as outlined in our letter to you dated 14th February 1990.

Obviously our concerns have been heightened by the current review of incidents occurring within Harberton House approximately eleven months ago. The comparison in our present situation and the afore mentioned are frighteningly similar.

It is the feeling of the staff group that this present situation mitigates against fulfilling the Board's statutory responsibility to provide care, protection and control for children who require it.

Also we feel that despite voicing ongoing concerns about the situation, due to the obvious lack of change, we cannot help feeling that our concerns are not being recognised.

We would appreciate a written response to this letter with particular reference to paragraph 4.

HH 22

O.I.C. AND ALL STAFF  
HARBERTON HOUSE ASSESSMENT UNIT

c.c. Mr. Bob Bunting, Chairman, Review Team,  
M.D.E.C., Altnagelvin Hospital, Londonderry

White Copy

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
FOYLE COMMUNITY UNIT

MEMORANDUM

TO: [REDACTED] HH 22 Acting Officer-in-Charge,  
Harberton House

FROM: Mr G Carey, PSW

DATE: 16 November 1990

---

I refer to the memo from you and staff dated 1 November 1990.

As I indicated to you in the course of our meeting on 8 November 1990 I welcome staff drawing to my attention concerns they have about their work situation and indeed any constructive proposals they may wish me to consider to address such concerns. I am however surprised by the tone and content of your memorandum.

I would remind you that the concern expressed by staff in Harberton House about the level of admissions to care is equally shared by all levels of management. You will be aware that during all the time the crisis has existed, various steps have been taken to address the situation and indeed you have been involved in this process. In addition, I have kept you informed about the discussions I have had with senior management. I assume that all this information has been shared with your staff. As you know these difficulties have arisen within the context of the particular difficulties experienced in child care generally as a result of the substantial increase in work demands faced by all child care staff.

In relation to the specific difficulties experienced in Harberton House, management have adopted a number of measures in which you have been involved. Firstly, an additional staff member was appointed to Harberton House in November 1989 and indeed in February 1990 a further member of staff was recruited specifically to specialise one of the children who was most disruptive. At one stage we had employed six additional staff and the bungalow at Harberton House was opened to accommodate the additional children who were admitted to care. Indeed as a direct result of concerns raised with me by staff we employed two additional people as waking night staff and this situation continues to the present.

In conjunction with the above there was close monitoring and review of all the children in the unit, especially those presenting particular difficulties with the intention of responding appropriately to the problems they presented and also

1 Q. Okay. Thanks very much.

2 A. Okay. Thank you.

3 MR LANE: Just to follow up with that, who actually decided  
4 on admissions? Was it for a social worker to ring you  
5 up and say, "Can I have a place?" or was it one of the  
6 Principal Social Workers or whatever?

7 A. It usually was through the Principal -- it wasn't just  
8 ringing up, unless it was out of hours, unless there was  
9 something going on out of hours, but no, it was usually  
10 through Principal -- you know, Senior Social Workers.  
11 It wasn't directly to us. We would have told by our own  
12 either Assistant Principal or Principal that kids needed  
13 to come into care.

14 Q. So they actually controlled the admissions in effect  
15 really?

16 A. Well, yes, up to a point. We had no real say, you know.  
17 We would -- we would have liked to and we clearly on  
18 paper wanted to, and we wanted to be very clear on who  
19 we believed we could care for and who we couldn't, and  
20 also the numbers were important as well, but if a child  
21 needed to be cared for and there was nowhere else for  
22 that child to go, then it was possible to create ...

23 Q. To go back to the building, the central part of the H  
24 was administration and things like this, wasn't it?

25 A. Well, yes, kitchen -- a kitchen, and in the early days

6.2 The Home's Management Staff and the Senior Social Workers (Team Leaders)

- (i) The role of these staff is to provide leadership and their function is to manage, efficiently and effectively, the total resources which the teams represent. This involves providing structured supervision and support for practitioner staff, and promoting staff development to ensure satisfactory standards and agency accountability.
- (ii) The information which we obtained indicates that the performance of these staff was adequate. They were aware of the pressures that practitioners were working under and conveyed these to middle and senior managers. In addition, despite the pressures they too were under, they were supportive of the practitioner staff.

However, within the Home, particularly when there was a substantial group of very disruptive children, consideration should have been given by the Home's management staff to increasing the number of staff on duty to care for the total group.

6.3 Middle and Senior Management Staff

- (i) The main role of these staff is to provide effective leadership. This leadership must create the conditions which will facilitate practitioner staff to meet the needs of damaged children and their families and ensure that the Board discharges it's statutory responsibilities for the care and protection of children.
- (ii) The main functions of middle and senior management staff are to ensure that needs are assessed; that there are sufficient resources to meet the needs and that the resources are used efficiently and effectively to achieve high quality care and intended outcomes.
- (iii) The information which we obtained indicates that the performance of these staff was adequate.

However, senior managers were made aware that due to increasing identified need a high risk situation was developing in the Unit and while they responded, the response was somewhat later than desirable and only partly met the concerns being expressed.

Unfortunately, this created a feeling that senior management were not really listening or taking proper account of the pressures staff were under.

In relation to the disruptive situation in the Home, consideration should have been given by middle and senior management staff to increasing the number of staff on duty to care for the total group of children.

- 10.30 Considerable efforts were made by middle and senior management staff at Unit and Headquarters to meet increased demands from January 1990. Particularly praiseworthy is the performance of the Foster Care Unit. However, a situation of inadequate resources existed prior to January 1990 and if resources had been acquired earlier the crisis which arose during January-March 1990 might have been prevented or its impact lessened.
- 10.31 The workloads of the field Social Workers cannot be considered manageable in the context of providing a child protection service of satisfactory quality.
- 10.32 The management span of control of the Senior Social Workers (Team Leaders) means that they are constantly under pressure if they are to provide the supervision and support which practitioners require in a child protection service of satisfactory quality.
- 10.33 The management span of control and workload of the Assistant Principal Social Worker (Family and Child Care) is such that it is an unrealistic expectation that it can be carried by one person.
- 10.34 The Unit of Management is under-resourced in relation to the amount, range, complexity and stressful nature of the Family and Child Care work which has to be undertaken. This remains the case, though the 6 additional Social Worker posts have reduced some of the pressures.

There are clear indications that the present situation represents a high level of risk for both children and staff in the Unit of Management.

acknowledged in the Report. He also referred to the difficulty of securing suitable accommodation for young children with behavioural problems.

HH 34 [redacted] commenting on several issues spoke of the importance to maintain the integrity and morale of the staff involved and to acknowledge their achievements in maintaining a state of equilibrium despite the trauma and difficulties faced by them.

The Chairman stated that the views expressed by HH 34 [redacted] were most important. However he said that in his opinion the main concern must be for the children involved. He reminded members that the Review had been carried out to try to identify the nature and extent of the problem and more importantly what steps should be taken to effectively address it.

Concluding this part of the discussion the Chairman invited Mr Bunting to comment on the recommendations of the review Team.

Mr Bunting explained that during the course of the Review the team were aware that there were certain initiatives already underway in the Board to improve child care services and these had been incorporated into their recommendations.

Continuing Mr Bunting then took members through the Review Team's recommendations as detailed in the report and elaborated on the main issues.

The General Manager stated that the recommendations outlined in the Report were wide ranging and could pose very serious resource implications for the Board and its services. He said the recommendations would have to be examined in detail and it was essential to give management in Foyle Community unit an opportunity to study the report in detail and to put forward their views. He stated that it was important to indicate to staff that a response would be made to this agenda. However in his view it would be wrong to convey a sense that the recommendations as described in the report could be secured within an immediate timescale.

Mrs McGowan referred to a statement in the Report that "children and staff were still at risk". She said that in view of this, serious consideration would have to be given to minimise the risk factor as a matter of urgency.

[redacted] stated that whilst he shared Mrs McGowan's views he nevertheless felt that it was essential to have the views of the Unit of Management on the way forward.

acknowledged in the Report. He also referred to the difficulty of securing suitable accommodation for young children with behavioural problems.

HH 34 commenting on several issues spoke of the importance to maintain the integrity and morale of the staff involved and to acknowledge their achievements in maintaining a state of equilibrium despite the trauma and difficulties faced by them.

The Chairman stated that the views expressed by HH 34 were most important. However he said that in his opinion the main concern must be for the children involved. He reminded members that the Review had been carried out to try to identify the nature and extent of the problem and more importantly what steps should be taken to effectively address it.

Concluding this part of the discussion the Chairman invited Mr Bunting to comment on the recommendations of the review Team.

Mr Bunting explained that during the course of the Review the team were aware that there were certain initiatives already underway in the Board to improve child care services and these had been incorporated into their recommendations.

Continuing Mr Bunting then took members through the Review Team's recommendations as detailed in the report and elaborated on the main issues.

The General Manager stated that the recommendations outlined in the Report were wide ranging and could pose very serious resource implications for the Board and its services. He said the recommendations would have to be examined in detail and it was essential to give management in Foyle Community unit an opportunity to study the report in detail and to put forward their views. He stated that it was important to indicate to staff that a response would be made to this agenda. However in his view it would be wrong to convey a sense that the recommendations as described in the report could be secured within an immediate timescale.

Mrs McGowan referred to a statement in the Report that "children and staff were still at risk". She said that in view of this, serious consideration would have to be given to minimise the risk factor as a matter of urgency.

stated that whilst he shared Mrs McGowan's views he nevertheless felt that it was essential to have the views of the Unit of Management on the way forward.

implemented. He advised members that it was important to acknowledge that because of the constant review taking place in child protection, many of the recommendations in the Report were already on the agenda of the relevant Management Teams and indeed work had been ongoing or was in the process of being developed in relation to many of the recommendations.

The Chairman stated that having studied the Review Team's Report he had certain concerns, particularly in relation to resources and the important issue of staff morale and he had conveyed these in writing to the General Manager. He said it would be useful to have Management's views on how those issues will be addressed.

The General Manager, commenting on the question of morale said there was a major issue over which the Foyle Community Unit has no control and that was in respect of the debate around the implementation of recommendations in the Hughes Report. He said this was impacting, not just on the morale of people at the Board's child care facilities but was in fact a Province wide problem. He stated that members would recall that the Hughe's Report had stressed the need to attract and improve the level of trained staff in residential homes and to that end it was about equalising terms and conditions for field work staff and residential staff. The view expressed was that because Field Workers were perceived to have advantages over residential staff it was very difficult to retain staff in residential care on completion of their training. He indicated there had been several attempts at Joint Council level to secure agreement between Staff and Management in an endeavour to resolve these problem areas and he went on to elaborate on the main issues involved. He advised that the Department had made money available some time ago to help solve these problems but the parties involved had been unable to reach an agreeable solution. Mr Frawley reminded members that in such situations the Department within its remit can direct agreement, however, he said in circumstances where there is a morale problem present the potential for direction may actually produce an industrial relations difficulty.

HH 34 commenting on the matter informed the Committee that some months ago Management had set up a strategic group to take an overview of probable or possible trends in child care. This initiative was taken in order to be in a position to proactively address the changes occurring in child care practice but also in acknowledgement of the profundity of damage to children that was now being better understood and finally a recognition of the increase in the actual number of children which the Board was having to cope with. She stated that there was an aspiration within professional child care that ideally and where possible children should be cared for in a normal home environment. As a result there was now a major shift towards increasing the provision of foster care and specialised foster care.

adolescents and to that end two Health Visitors have already commenced training specifically to deal with problems associated with adolescents. Continuing [REDACTED] HH 34 went on to elaborate on measures taken by management and staff to address difficult aspects of caring for children.

The General Manager reported that management were assessing and monitoring indicators of pressure and introducing a framework of services in a creative and flexible way to make the best choices for the long term interests of the children. Management were also looking at other parallel developments such as adolescent psychiatry and child psychiatry which were considered to be important support frameworks for the overall child care programme.

[REDACTED] stated that in his view it was important to have interim, medium and long term strategies as he believed this would be the best approach to deal with the issues involved.

[REDACTED] indicated that the Board should convey to the Department the concerns expressed by the Committee in relation to the need for additional funds.

In response to a comment from Mrs McGowan concerning the availability of funds Mr Burke advised that he would be meeting with Dr McCoy Chief Social Work Inspector of the Department to discuss a range of issues arising from the Report and to consider financial and other implications.

The General Manager responding to [REDACTED] comment said he would write to the Department indicating the problems that this years allocation of funds present to the Board. It could be that the Department would have the view that the problem was not unique to the Western Board, but was a national issue. However, he said he would put forward the case again for the Board's uniquely underfunded situation and ask the Department to consider the matter in the knowledge of the analysis they have sight of and to consider making some exceptional arrangement for the Board.

The Chairman stated that the point had been well made and understood that the problems were simply not one of resources. He said he would be sympathetic to the view that additional staff should not be appointed until management know exactly where and how to best utilise those staff. He indicated that the Committee and the Board have a responsibility to deal with issues identified in the Report but the Department, being a party to the Report have also a responsibility towards solving the problems. Referring to allocation of funds for the incoming year he said the Committee would support the General Manager's views on the PARR situation.

adolescents and to that end two Health Visitors have already commenced training specifically to deal with problems associated with adolescents. Continuing [REDACTED] HH 34 went on to elaborate on measures taken by management and staff to address difficult aspects of caring for children.

The General Manager reported that management were assessing and monitoring indicators of pressure and introducing a framework of services in a creative and flexible way to make the best choices for the long term interests of the children. Management were also looking at other parallel developments such as adolescent psychiatry and child psychiatry which were considered to be important support frameworks for the overall child care programme.

[REDACTED] stated that in his view it was important to have interim, medium and long term strategies as he believed this would be the best approach to deal with the issues involved.

[REDACTED] indicated that the Board should convey to the Department the concerns expressed by the Committee in relation to the need for additional funds.

In response to a comment from Mrs McGowan concerning the availability of funds Mr Burke advised that he would be meeting with Dr McCoy Chief Social Work Inspector of the Department to discuss a range of issues arising from the Report and to consider financial and other implications.

The General Manager responding to [REDACTED] comment said he would write to the Department indicating the problems that this years allocation of funds present to the Board. It could be that the Department would have the view that the problem was not unique to the Western Board, but was a national issue. However, he said he would put forward the case again for the Board's uniquely underfunded situation and ask the Department to consider the matter in the knowledge of the analysis they have sight of and to consider making some exceptional arrangement for the Board.

The Chairman stated that the point had been well made and understood that the problems were simply not one of resources. He said he would be sympathetic to the view that additional staff should not be appointed until management know exactly where and how to best utilise those staff. He indicated that the Committee and the Board have a responsibility to deal with issues identified in the Report but the Department, being a party to the Report have also a responsibility towards solving the problems. Referring to allocation of funds for the incoming year he said the Committee would support the General Manager's views on the PARR situation.



AREA BOARD HEADQUARTERS

*1/8/91*

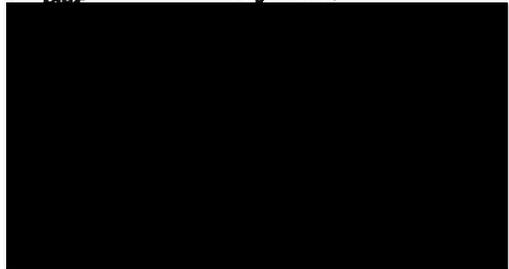
Please use this reference in your reply

Our Ref: B/TJF/g1

Your Ref:

Date 13 February 1991

Mr J Hunter  
 Chief Executive  
 Department of Health & Social Services  
 Dundonald House  
 Upper Newtownards Road  
 BELFAST  
 BT4 3SF



Dear ~~Mr~~ Hunter

*Please arrange meeting.*

Review of Child Care Services



You will by now have had time to study the report on Child Care Services, particularly at Harberton House. The report as I have indicated has been the subject of detailed discussion at 2 recent meetings of the Board and relevant Committees.

The reason I write relates to the discussion at the Community Care Committee meeting in February when members felt that because of the sort of investments that are now becoming necessary and also in relation to the level of funding available to the Western Board compared to other Boards, particularly the Eastern Board, I should write asking if the Department would consider a separate allocation to address this very worrying problem. The Board appreciates the very difficult financial scenario, particularly in the coming year but feels that an issue of this complexity and public concern does need urgent attention.

In our recent discussion, I indicated that I would wish to meet with you to have a detailed exchange on our financial position, particularly as it relates to PARR and equalisation of funding. Maybe within this framework we could have an early meeting.

Yours sincerely



*T J Frawley*  
 T J FRAWLEY  
 AREA GENERAL MANAGER

*To see & return to me please.  
 I am holding the other papers  
 to refer.*



15 Gransha Park, Clooney Road, Londonderry, N.Ireland BT47 1TG  
 Telephone L'Derry (0504) 860086 (14 Lines)  
 Fax. No. (0504) 860311

e. 21/12/91



FG/38/2/91

FROM: F GREEN  
DATE: 27 FEBRUARY 1991

cc: Mr Hunter  
Mr Simpson

Mr McGrath

REVIEW OF CHILD CARE SERVICES

- \* No!  
I wrote, I  
gave this  
to you  
yesterday  
f.
1. I attended a meeting this morning with Mr Frawley and Mr Burke of the Western Board to discuss the attached letter\* from Mr Frawley to Mr Hunter. Dr McCoy and Mr Kearney were also present. Mr Hunter attended for a short time but had to leave early for another engagement.
  2. Although the letter refers to the report on Harberton House, it was clear that Mr Frawley's real concern lies in the Board's overall funding position. He is concerned that his Board Chairman remains extremely unhappy about the Board's PARR deficit and considers that the Department has not done enough to address this in next year's allocations. Mr Frawley feels that the matter is likely to come to a head at the Policy and Resources Committee meeting on 13 March when the need for additional resources for the development of Child Care Services will be on the agenda and the disparities in staffing levels and other resources between the Western and Eastern Boards will be highlighted.
  3. I explained to Mr Frawley that:
    - the adjustments to the PARR calculations were made solely to correct clear inaccuracies in the statistical and financial data and assured him (again) that there was no question of collusion between the Department and the Eastern Board;
    - we had provided all four Boards with full details of the changes and dealt as fully as we are able with the subsequent enquiries;
    - the revised targets were well within any limits of confidence (as expressed in the PARR Review Group report);
    - the allocations for 1991/92 had been discussed fully with General Managers, Chairmen and the Advisory Board and could not be unstitched;
    - there was no reserve held by the Department to increase the Western Board's share;
    - in spite of the limited room to manoeuvre we had already skewed a further £300,000 to the Western Board.
  4. I also explained to Mr Frawley that we remained fully committed to moving towards a full capitation based funding position within the timescale set out in our Working Paper.

5. In spite of my explanations and assurances Mr Frawley has asked for a further urgent discussion with Mr Hunter. I have advised Mr Hunter of this and he will make the arrangements.
6. I have also suggested that an internal meeting is essential to agree our line.



F GREEN

e. 21/12/91



FG/38/2/91

FROM: F GREEN  
DATE: 27 FEBRUARY 1991

cc: Mr Hunter  
Mr Simpson

Mr McGrath

REVIEW OF CHILD CARE SERVICES

- \* No!  
I wrote, I  
gave this  
to you  
yesterday  
f.
1. I attended a meeting this morning with Mr Frawley and Mr Burke of the Western Board to discuss the attached letter\* from Mr Frawley to Mr Hunter. Dr McCoy and Mr Kearney were also present. Mr Hunter attended for a short time but had to leave early for another engagement.
  2. Although the letter refers to the report on Harberton House, it was clear that Mr Frawley's real concern lies in the Board's overall funding position. He is concerned that his Board Chairman remains extremely unhappy about the Board's PARR deficit and considers that the Department has not done enough to address this in next year's allocations. Mr Frawley feels that the matter is likely to come to a head at the Policy and Resources Committee meeting on 13 March when the need for additional resources for the development of Child Care Services will be on the agenda and the disparities in staffing levels and other resources between the Western and Eastern Boards will be highlighted.
  3. I explained to Mr Frawley that:
    - the adjustments to the PARR calculations were made solely to correct clear inaccuracies in the statistical and financial data and assured him (again) that there was no question of collusion between the Department and the Eastern Board;
    - we had provided all four Boards with full details of the changes and dealt as fully as we are able with the subsequent enquiries;
    - the revised targets were well within any limits of confidence (as expressed in the PARR Review Group report);
    - the allocations for 1991/92 had been discussed fully with General Managers, Chairmen and the Advisory Board and could not be unstitched;
    - there was no reserve held by the Department to increase the Western Board's share;
    - in spite of the limited room to manoeuvre we had already skewed a further £300,000 to the Western Board.
  4. I also explained to Mr Frawley that we remained fully committed to moving towards a full capitation based funding position within the timescale set out in our Working Paper.

MS 6/3



AREA BOARD HEADQUARTERS



Please use this reference in your reply

Our Ref: B/R.P/TJF/g1

Your Ref:

Date 20 March 1991

Mr J Hunter  
Chief Executive  
Department of Health & Social Services  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF



*John Green*  
*Draft reply please*  
*Johns*

Dear Mr Hunter

At the Resource Allocation Committee of the Board held on 13th March 1991 there was extended debate on what is now perceived to be a positive discrimination by the Department against this Board in properly addressing the issue of equity in resource allocation. In a way the nature of the discussion was deeply affected by what was perceived to be [redacted] and more recently Lord Skelmersdale's commitment to continuing to narrow the gap between the Western Board position and that of other Boards, particularly the Eastern Board.

As I have said in recent meetings with you, the sense of grievance that has now built up is becoming very difficult to contain and in many ways was brought to a head by the recent report on Child Care Services in the Board.

As you will be aware that report highlighted the major difference in staffing levels for child care services that existed between the Western Board and the Eastern Board. Thus, during the discussion around operational planning when it became clear that there was no potential for skewing additional money, Board Members felt that their position and that of the Board in relation to both staff and children was becoming untenable.

I am conscious that we spent some time on this issue in our recent discussion on the Board's financial position but I am afraid when I offered a view to the Committee that I believed our position might be addressed and would not be deferred until the full implementation of capitation funding, I secured little change in the Members attitude; their view being of course "we have heard all this before every year at the Spring we are told next year will be different" only to find that no progress has been made. I have to say as you will appreciate from our recent exchanges that I have some real sympathy with this view and really write to emphasise that in terms of stewardship, the current Board intends to ensure that the new Board is fully appraised of the history of funding in the Region and will seek as its legacy a commitment from the new Board that the PARR issue as it relates to capitation funding will be both sponsored and pursued aggressively.

15 Gransha Park, Clooney Road, Londonderry, N. Ireland BT47 1TG  
Telephone L'Derry (0504) 860086 (14 Lines)  
Fax. No. (0504) 860311

MS 6/3



AREA BOARD HEADQUARTERS

Please use this reference in your reply

Our Ref: B/R.P/TJF/g1

Your Ref:

Date 20 March 1991

Mr J Hunter  
Chief Executive  
Department of Health & Social Services  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF



*John Green*  
*Draft reply please*  
*John*

Dear Mr Hunter

At the Resource Allocation Committee of the Board held on 13th March 1991 there was extended debate on what is now perceived to be a positive discrimination by the Department against this Board in properly addressing the issue of equity in resource allocation. In a way the nature of the discussion was deeply affected by what was perceived to be [redacted] and more recently Lord Skelmersdale's commitment to continuing to narrow the gap between the Western Board position and that of other Boards, particularly the Eastern Board.

As I have said in recent meetings with you, the sense of grievance that has now built up is becoming very difficult to contain and in many ways was brought to a head by the recent report on Child Care Services in the Board.

As you will be aware that report highlighted the major difference in staffing levels for child care services that existed between the Western Board and the Eastern Board. Thus, during the discussion around operational planning when it became clear that there was no potential for skewing additional money, Board Members felt that their position and that of the Board in relation to both staff and children was becoming untenable.

I am conscious that we spent some time on this issue in our recent discussion on the Board's financial position but I am afraid when I offered a view to the Committee that I believed our position might be addressed and would not be deferred until the full implementation of capitation funding, I secured little change in the Members attitude; their view being of course "we have heard all this before every year at the Spring we are told next year will be different" only to find that no progress has been made. I have to say as you will appreciate from our recent exchanges that I have some real sympathy with this view and really write to emphasise that in terms of stewardship, the current Board intends to ensure that the new Board is fully appraised of the history of funding in the Region and will seek as its legacy a commitment from the new Board that the PARR issue as it relates to capitation funding will be both sponsored and pursued aggressively.

15 Gransha Park, Clooney Road, Londonderry, N. Ireland BT47 1TG  
Telephone L'Derry (0504) 860086 (14 Lines)  
Fax. No. (0504) 860311

together with the capacity of Boards themselves to redeploy resources through efficiency savings etc. The formula also included a factor for the cost of regional services, provided in the main by the Eastern Health and Social Services Board in Belfast Teaching Hospitals. The formula was based on equivalent formulae in England, Scotland and Wales for hospital and community health services.

4. As I understand the process of developing the PARR formula, it required substantial statistical input. I also understand the working group involved included representatives from the four Boards. The four Boards received copies of the report of the working group and I am unaware of any criticism of its conclusions at the time. It was only later that I became aware of the Western Board's concerns, which, as I recall them, reflected a belief that the formula did not adequately take account of higher levels of social disadvantage in the Western area, which resulted in higher levels of morbidity and social need. I cannot recall how or when those concerns were communicated, but eventually they resulted in a review of the formula.
5. All Boards regularly complained about underfunding for service provision (a perennial problem affecting the HPSS in NI and elsewhere), but I believe initially only the Western Board argued the case for **relative** underfunding. In particular the Eastern Board felt it was under resourced in regard to its provision of most regional medical services and the provider of hospital services of last resort to the population of NI as a whole (when a local hospital could not provide the care required). As far as I can recall, the Western Board never argued through its area and operational planning process that it was underfunded for a particular service. Had the Board done so, I am confident the Department would have expected the Board to reallocate resources from within, given its responsibility for allocating its budget to best meet the needs of its local population. Had the Department intervened with additional money it would have undermined the Board's responsibility for service delivery and assumed a regional responsibility for service provision and management. That would have been contrary to the principle of subsidiarity on which the respective roles of the Department and Boards were based.
6. I do not recall the events leading up to the review of the formula, including any meeting I may have had with Mr Frawley. Nor can I recall any objective evidence produced by the Board to justify its allegation of **relative** underfunding – beyond a belief on the Board's part that the formula was unfair on the Western Board, given the extent of social disadvantage in its area and population movements across Northern Ireland. I am not aware of any agreement on the Department's part that the Western Board in particular was underfunded as all Boards could claim they were underfunded to the extent that they each had to prioritise their

concern about the under resourcing of Harberton and the need for urgent action to be taken. Mr Frawley, A.G.M., wrote to Mrs McGowan identifying the action taken and the additional resources provided, thus far. To date, an additional £35,000 has been spent in meeting the increased staffing needs at Harberton House and £39,000 extra in Boarded-out payments. You will recall from the discussion on 26 February 1991 between the Area General Manager, myself, yourself and representatives from Management Executive, we are addressing the recommendation of the Review Team and attempting to redress the under resourcing issues in the Operational Plans. However, we recognised at that meeting that these efforts because of other competing demands fail to meet the requirements as we explained additional resources will be required to meet this shortfall. I will of course be sharing with you the outcome of current discussions on the operational plans as soon as possible.

7. Foyle Community Unit of Management have proceeded to consider the recommendations in the report and I have been provided with a copy of their responses and proposed action in respect of them. I am currently considering these with Mr Haverty, the varying time-scales, and the resources necessary to implement them. These too I will share with you.
  
8. Training - [REDACTED] with [REDACTED] have had a series of talks and hope in 91/92 to organise the Queens University, Belfast Post Qualifying Course in Sexual abuse. [REDACTED] and [REDACTED] have already facilitated a 2-day workshop. Relate has also been involved in training initiatives as

well as [REDACTED] I am hopeful that staff will also soon attend, a development course concerning 'Adolescent Abusers'.

As you will appreciate every effort, within our resources, has been made to meet the needs identified in the report, However, I feel additional resources to help us develop an assessment and treatment unit within the Board, located in Harberton, would be a recognition of this Board's difficulties and of our joint efforts in redressing the resource problems. I spoke to Mr D O'Brien and indicated this could be developed at the cost of £130,000. I hope you could support this application, and can advise me at an early date of the outcome. We are still experiencing sustained pressure within our Child Care Services. In Foyle Unit, Harberton continues to be full and the Bungalow remains open inspite off increased fostering provision.

I hope this letter clarifies our position and the action which is currently underway. I would be happy to discuss this matter with you when we next meet.

Yours sincerely

  
DOMINIC BURKE

Director Social Care

Encs

687/3

KC/11/3/91

From: K F McCOY, CHIEF INSPECTOR, SSI

cc: Mr Green  
Mr Kearney

Date: 12 MARCH 1991

Mr V McElpatrick  
Mr O'Brien

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE WHICH OCCURRED WITHIN RESIDENTIAL CARE

Attached is a copy of a letter from Mr Burke setting out the action the Board is taking to respond to the conclusions and recommendations contained in this report. I would welcome an opportunity to discuss what further action we in the Management Executive/Department need to take and the proposal for an Assessment and Treatment Unit referred to in the penultimate paragraph of the letter.

Mr Green and Mr Kearney may also care to comment on further action needed and to indicate if they would like to join in discussions.

*K F McCoy*  
K F McCOY

*Mr. Forde*

*20.391*

From: J R KEARNEY  
Child Care and Social Policy Division

cc. Mr Robinson

Date: 15 March 1991

Dr McCoy

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE WHICH OCCURRED WITHIN RESIDENTIAL CARE

1. Thank you for copying to me your minute of 12 March to Mr McElpatrick and Mr O'Brien covering Mr Burke's letter of 27 February.
2. I have only three comments to offer at this stage:-
  - a. we should not lose sight of the need to share the events at Harberton with other Boards - we had mentioned this at an early stage in our discussions;
  - b. I have no money to offer towards the suggested Assessment and Treatment Unit. I have, as you know, put forward a PES bid for child sexual abuse covering prevention, protection and treatment (for victim and abuser). Even if this succeeds, resources would not be available under it until 1992;
  - c. as Director of Operations, Mr Simpson will be interested in this, and I presume Mr Green will pass the papers to him.
3. I shall be glad to join in discussions.



*J R KEARNEY*

- e. £99,000 to develop an area wide Child and Adolescent Psychiatry service.
- are proposing to hold a seminar to enable the lessons from Harberton House to be shared with other residential child care staff. The General Manager and the Chief Executive of the Management Executive are considering the way ahead on this.

3. It was agreed that:

- a. No direct action was required by the Management Executive/Department at this stage.
- b. SSI (Mr McElfatrick) would monitor staffing levels in homes throughout the 4 Boards by scrutiny of the annual monitoring reports and reports on individual homes produced by Boards.
- c. SSI (Mr McElfatrick) would continue discussion with Board staff on the extent of the peer abuse among children.
- d. SSI (Mr O'Brien) would monitor the implementation of the Boards operational plan as outlined in paragraph 2 above.
- e. Mr Kearney would ask Dr Kilgore to monitor the establishment of the Child and Adolescent Psychiatry Service.
- f. I agreed to ascertain from Mr Hunter how far arrangements had progressed for the seminar referred to at 2.c. above.



- *RF* K F McCOY

e. 21/12/91



FG/38/2/91

FROM: F GREEN  
DATE: 27 FEBRUARY 1991

cc: Mr Hunter  
Mr Simpson

Mr McGrath

REVIEW OF CHILD CARE SERVICES

- \* No!  
I wrote, I  
gave this  
to you  
yesterday  
f.
1. I attended a meeting this morning with Mr Frawley and Mr Burke of the Western Board to discuss the attached letter\* from Mr Frawley to Mr Hunter. Dr McCoy and Mr Kearney were also present. Mr Hunter attended for a short time but had to leave early for another engagement.
  2. Although the letter refers to the report on Harberton House, it was clear that Mr Frawley's real concern lies in the Board's overall funding position. He is concerned that his Board Chairman remains extremely unhappy about the Board's PARR deficit and considers that the Department has not done enough to address this in next year's allocations. Mr Frawley feels that the matter is likely to come to a head at the Policy and Resources Committee meeting on 13 March when the need for additional resources for the development of Child Care Services will be on the agenda and the disparities in staffing levels and other resources between the Western and Eastern Boards will be highlighted.
  3. I explained to Mr Frawley that:
    - the adjustments to the PARR calculations were made solely to correct clear inaccuracies in the statistical and financial data and assured him (again) that there was no question of collusion between the Department and the Eastern Board;
    - we had provided all four Boards with full details of the changes and dealt as fully as we are able with the subsequent enquiries;
    - the revised targets were well within any limits of confidence (as expressed in the PARR Review Group report);
    - the allocations for 1991/92 had been discussed fully with General Managers, Chairmen and the Advisory Board and could not be unstitched;
    - there was no reserve held by the Department to increase the Western Board's share;
    - in spite of the limited room to manoeuvre we had already skewed a further £300,000 to the Western Board.
  4. I also explained to Mr Frawley that we remained fully committed to moving towards a full capitation based funding position within the timescale set out in our Working Paper.

5. In spite of my explanations and assurances Mr Frawley has asked for a further urgent discussion with Mr Hunter. I have advised Mr Hunter of this and he will make the arrangements.
6. I have also suggested that an internal meeting is essential to agree our line.



F GREEN

*Katherine for file no  
A91390  
M*

*McKearney  
PE file 11.4.91  
cc M. Robinson*

From: J R KEARNEY  
Child Care and Social Policy Division

Date: 8 April 1991

Dr Kilgore

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE WHICH OCCURRED WITHIN RESIDENTIAL CARE

1. I attach, with apologies for the delay, a copy of Dr McCoy's minute of 28 March recording the outcome of an internal meeting with Mr Simpson about the Western Board's response to this report and any further action to be taken by the Management Executive/Department.
2. You will note that para 3(e) records that I would ask you "to monitor the establishment of the Child and Adolescent Psychiatry service". The background to this was that the minutes of the Board's Resource Allocation Committee meeting on 13 March had identified the need under Development Proposals for 1991/92 for Services for Mentally Ill people for a sum of £99,000 to develop a child and adolescent psychiatry service on an area-wide basis. The minutes record that it was anticipated that the team led by a child psychiatrist would play a major role in education, prevention, assessment and therapeutic interventions for this client group and that, in addition, a consultant/liaison service to paediatric and other child care services would be provided. The General Manager emphasised that the introduction of this service was particularly important given the sharp increase in the incidents of child sexual abuse.
3. The Director of Social Care had raised with Dr McCoy the possibility of an allocation from the Department to allow the Board to develop an assessment and treatment unit within the Board, located at Harberton House. We have no money for this, and we must await the outcome of our PES bid for child sexual abuse which, if successful, would provide resources for treatment issues among others in 1992. However, it did seem to me that given the intention to develop a child and adolescent psychiatry service, it should be possible for the Board to start to develop therapeutic programmes with sexually abused children if this aspect was recognised as a priority by the new consultant child and adolescent psychiatrist. It was in this context that I said that it would be helpful if, in the course of your contacts with the consultant, you could highlight the importance of this work. I had not in mind any special monitoring exercise, but rather that we should keep in touch with developments in establishing the service and ensure that maximum use is made of it for child protection purposes.
4. I shall be glad to discuss if you wish.

*J R Kearney*  
J R KEARNEY

16582190



Department of Health and Social Services

INSPECTION OF  
HARBERTON HOUSE  
LONDONDERRY  
FEBRUARY 1991

## CONTENTS

	PAGE
1. Introduction	1
2. Aims and Objectives	3
3. The Premises	4
4. Management and Staff	7
5. The Children and Young Persons	10
6. The Social Work Task	13
7. Compliance with the Conduct of Children's Homes Direction (NI) 1975	17
8. Statutory Records	20
9. Monitoring Procedure	21
10. Complaints Procedure	22
11. Conclusion	23
12. Recommendations	24

## 2. AIMS AND OBJECTIVES

- 2.1 Harberton House opened in 1980 as a purpose built short stay home with places for 25 children. It is presently divided into 2 separate units:-
- a. a reception/assessment unit with 12 places. This unit provides a reception facility primarily for the Foyle Unit of Management and an assessment service for children coming into the Western Board's care;
  - b. a medium stay unit with 13 places for children from the Foyle Unit of Management who require residential care for up to 12 months.

The main objective of Harberton House is to discharge children to the care of their parents within 12 months of admission or, alternatively, make recommendations as to the most appropriate form of long term care.

- 2.2 It was apparent from an examination of information provided by the Board that the number of children living in Harberton House had exceeded the places provided in the home for some months and this situation was pertaining at the time of the inspection. Indeed the Board had opened a vacated bungalow within the home's grounds to accommodate the excess. Even then the demand for places continued to such an extent that several children had to be diverted to other statutory and voluntary children's homes. Clearly in the circumstances Harberton was incapable of providing a reception/assessment service for all children coming into the Western Boards care.

- 2.3 On the other hand it was reasonably successful in discharging children within 12 months of placement thereby retaining the short/medium term nature of the facility. Only 5 of the 25 children residing in Harberton on the 1 November 1990, and 7 of the 35 who left the home in the 12 months prior to that date, have lived there for more than one year. Of those discharged 15 returned to the care of their parents and 7 were boarded out with foster parents. The 13 remaining went to other residential placements including 3 who were transferred to training schools. The inspector concluded that the home's main aim could have been attained if there had not been such a surge of admissions to the facility in the months preceding the inspection.

## 2. AIMS AND OBJECTIVES

- 2.1 Harberton House opened in 1980 as a purpose built short stay home with places for 25 children. It is presently divided into 2 separate units:-
- a. a reception/assessment unit with 12 places. This unit provides a reception facility primarily for the Foyle Unit of Management and an assessment service for children coming into the Western Board's care;
  - b. a medium stay unit with 13 places for children from the Foyle Unit of Management who require residential care for up to 12 months.

The main objective of Harberton House is to discharge children to the care of their parents within 12 months of admission or, alternatively, make recommendations as to the most appropriate form of long term care.

- 2.2 It was apparent from an examination of information provided by the Board that the number of children living in Harberton House had exceeded the places provided in the home for some months and this situation was pertaining at the time of the inspection. Indeed the Board had opened a vacated bungalow within the home's grounds to accommodate the excess. Even then the demand for places continued to such an extent that several children had to be diverted to other statutory and voluntary children's homes. Clearly in the circumstances Harberton was incapable of providing a reception/assessment service for all children coming into the Western Boards care.

- 2.3 On the other hand it was reasonably successful in discharging children within 12 months of placement thereby retaining the short/medium term nature of the facility. Only 5 of the 25 children residing in Harberton on the 1 November 1990, and 7 of the 35 who left the home in the 12 months prior to that date, have lived there for more than one year. Of those discharged 15 returned to the care of their parents and 7 were boarded out with foster parents. The 13 remaining went to other residential placements including 3 who were transferred to training schools. The inspector concluded that the home's main aim could have been attained if there had not been such a surge of admissions to the facility in the months preceding the inspection.

#### 4.6 STAFF DUTY ROTAS

The senior houseparents and houseparents are rostered to work on an early/late shift system. The afternoon shift operates between 2.00 pm and 10.00 pm but one staff in each unit works from 4.00 pm to midnight and is on call overnight. The sleeping-in staff start at 7.00 am and finish their shift at 3.00 pm the next day. However, the regular morning shift is worked between 8.00 am and 4.00 pm. When the inspection took place the staff were also rostered so that one of them was on waking night duty. In summary there would have been 5 or 6 staff on each shift covering both units during the day with 2 staff on call and one on duty overnight.

4.7 A further 6 staff were rostered to supervise the children allocated to the bungalow. The same shift pattern prevailed there but 2 staff slept in the unit overnight. Apparently management agreed to this because staff had reservations about being on their own with the children through the night. Given that there was one staff on waking night duty and 2 others sleeping in the main units adjacent to the bungalow this appears to be wasteful of staff resources.

4.8 The inspector examined the duty rosters for the period 11 to 24 February 1991. It was found that the present working pattern provides that, during the school year, staff undertake direct work with the children for less than 50% of their time. It is acknowledged that staff have other duties eg record keeping, report writing, attending case discussions, etc when the children are at school. But the present rostering arrangements could not allow sufficient time for primary worker duties and group care of the children which can only be undertaken after school hours. In view of this it is recommended that the staff duty rotas should be reviewed.

4.9 In its analysis of why incidents of peer sexual abuse had continued undetected at Harberton for at least a 3 month period, the Review Team identified a number of possible reasons including "the inadequate staff-children ratios provided for by the staff rota arrangements .....". As can be seen from paragraph 4.8 above, staff rostering was still found to be unsatisfactory by the inspector. This was in spite of the fact that the Review Team's report was accepted by the Boards Area Executive Team in November 1990.

#### 4.10 STAFF SUPERVISION

A formal system which allows for individual staff supervision each fortnight, and not less than once in each month, was described to the Inspector. There is provision for a brief record of the frequency and content to be kept in a ledger provided for this purpose. However, when this

## 4. MANAGEMENT AND STAFF

- 4.1 With the restructuring of Health and Social Services within the Province, the Fovle Community Unit of Management was created and [REDACTED] HH 34 [REDACTED] was appointed Unit General Manager. When the inspection of Harberton was undertaken Mr T Haverty was Assistant Unit General Manager accountable for the delivery of the Personal Social Services. Mr G Carey, Principal Social Worker, was responsible for the family and child care programme and [REDACTED] TL 4 [REDACTED] Assistant Principal Social Worker, was the line manager for the 2 children's homes operated within the Unit one of which is Harberton House.
- 4.2 The home has a staffing establishment of 20 including an officer-in-charge, deputy officer-in-charge, 4 senior houseparents and 14 houseparents. However, information was provided on 28 staff including 7 temporary assistant houseparents who were working in Harberton during November 1990. Three of these were covering the absence of 4 staff seconded to training courses ie 2 CQSW and 2 CSS. The others were recruited to help cope with the accommodation within the home of children in excess of its agreed capacity.
- 4.3 The returns indicated that the staff comprised 7 men and 21 women aged between 25 and 44 years with a mean age of 30 years. When the temporary appointments are eliminated they present as an experienced group of staff ie 2/3 of them have more than 5 years service in residential child care. Four of them hold CQSW, another has completed CSS training and one has CRCCYP, a qualification for residential child care which is recognised by CCETSW.
- 4.4 However, it would appear that less than half of the staff have been to short training courses on appropriate topics. This was disappointing though, in circumstances where the home was over full and going through a difficult period, understandable. Two staff had completed the Open University Course Caring for Children and Young People and the officer-in-charge and his deputy had undertaken post qualifying training in child care at Queen's University, Belfast.
- 4.5 The regular staffing structure allows for 2 senior houseparents and 7 houseparents in each of the units with the officer-in-charge and his deputy straddling both of them. Management has decreed that one of the senior staff is available in the home at all times. This responsibility is shared by the 6 senior staff. Three staff sleep in the home between midnight and 7.00 am and one of these is of at least senior houseparent level.

was examined it was found that at best staff were supervised formally once every 2 months. It is accepted that there is a good deal of informal supervision provided by the senior staff and that staff are supported by colleagues working in the same unit. However, this is a poor substitute for being held accountable for professional work by a superior officer at a formal meeting. The senior staffing arrangements in Harberton should enable formal staff supervision to be carried out efficiently and this is recommended.

- 4.11 It was noted also that, in their report, the Review Team emphasised "the importance of structured supervision and support ....." and the beneficial "effect it can have on improving the quality of services ....." . The Review Team recommended that "priority should be given to structured supervision with a view to developing a staff profiling system to facilitate staff development". From paragraph 4.9 above it will be apparent that the inspector was not made aware of any emphasis being placed on "structured supervision" or "staff profiling" on foot of the Review Team's recommendation.

#### STAFF MEETINGS

- 4.12 A full staff meeting is held twice annually providing that there are enough topics of general interest to make a full agenda. However, staff in each unit meet monthly and there is also a daily handover meeting between 2.00 and 3.00 pm. According to the officer-in-charge staff development and support meetings have been taking place in the home at 10.30 am on Wednesdays since October 1990. He describes the content as team building exercises and/or training sessions which addressed topics such as, compiling life story books, family therapy, dealing with sexual abuse, the community as a resource, etc. The Assistant Principal Social Worker (family and child care) advised that although it was Board policy to encourage staff meetings this was on the clear understanding that sufficient staff would be available to supervise any children who were on the premises while the meetings were taking place.

experience in, the residential care of children. The terms of their employment ie one or 2 month contracts, would not provide with any certainty for the continuity which the primary worker's role demands. In the circumstances their role should be confined to assisting with the day to day care of the children. Therefore it is recommended that only full time staff should carry primary worker responsibilities.

- 6.8 However, it was observed that staff had developed appropriate relationships with the children and undertook their work with commitment. They were striving to implement programmes of care though the time taken had become protracted in some cases because of the number of children involved. Outreach work with the children's families and with young people who had left the home had been curtailed for the same reason. Nevertheless individual work with specific children was continuing in both units as was case recording and the preparation of reports for reviews.

6.9 CHILDREN'S FILES

The children's files are held in a secure filing cabinet in the general office where staff can have access to them. Although the Western Board has introduced a policy of access to their own files for children aged 14 and over, this had not been implemented within Harberton. It was explained by the officer-in-charge that an assistant principal social worker, who has been charged with putting the Board's policy into effect, was to visit the home to advise staff on restructuring the files and about the methods to be used to record information. The Board's policy on planned access to files is effective from 1 April 1990 and is not retrospective.

- 6.10 Five of the children's files held in Harberton were selected for scrutiny. All were structured in a similar manner. Each had a data card attached to the front cover providing essential information on the subject. The files were sub-divided under the following headings:-

1. case notes;
2. admission to care forms/legal orders;
3. reports, referrals, assessments, case conferences;
4. medical records;
5. education/employment details;
6. untoward incidents/birth certificates/transfer reports.

5.5 Although several of these children had left the home before February 1991 when the inspection took place, the officer in charge told the Inspector that the home was still catering for a considerable number of children who had sexual experience inappropriate to their chronological ages. This had not been identified before admission in every case and was masked by presenting problems such as "being beyond parental control".

5.6 However, as the following vignettes illustrate, once in Harberton the identified needs of the children were many and varied and their behaviour/ability to cope in a residential setting was problematic eg

"██████████ would tend to be overweight for his height and, although he has a healthy appetite, would often indulge in "comfort eating". He continues to gravitate towards the younger residents in the unit finding their company far less threatening than his peers. He is a child who is not particularly forthcoming with his thoughts or feelings but appears to be extremely concerned and confused about his future and there has been a noticeable deterioration in his overall demeanour."

"██████████ has become more isolated in the unit since his last review. He makes no effort to involve himself in any relationships other than that with his mother. ██████████ finds groups living difficult and taxing. He will only interact with staff when seeking material things and will avoid discussion on family contact and his feelings. ██████████ himself, feels that he has no relationship with any other children resident in Harberton. He dislikes the teenage girls as they bully him, and the younger children make demands on his time much to ██████████ annoyance."

"There were several violent outbursts from ██████████ on 31 January 1991, one lasting 1½ hours. She also left the unit for a time and was picked up by staff. There is real concern about the violence to staff involved in handling these incidents."

"██████████ was sexually abused by a neighbour who has pleaded guilty to the offence and is remanded in custody. Her father blames her for getting his neighbour put in prison. The DPP's office wants a psychiatric assessment of ██████████ in case the perpetrator changes his plea in court. ██████████ exhibits behaviour which suggests that she has been traumatised by the experience and for this reason her involvement as a witness will have to be considered carefully."

5.7 Fifty children and young persons had been admitted and 22 were discharged from Harberton in the 12 months prior to the 1 November 1990. Another 13 children, who had been admitted some time previously, also left the home giving a total of 35 discharges. This is a considerable turnover

7. COMPLIANCE WITH THE CONDUCT OF CHILDREN'S HOMES DIRECTION (NI) 1975

7.1 VISITS BY MEMBERS OF THE PERSONAL SOCIAL SERVICES COMMITTEE

Paragraph 3(2) of the Direction requires Boards to arrange for a member of their Personal Social Services Committee to visit each children's home at least once in every quarter and to "satisfy himself whether the home is conducted in the interests of the wellbeing of the children" and to report to the Committee. Since re-organisation of the Western Board's Committees this functions is not carried out by a member of a Community Care Committee. The Inspector was given copies of 4 reports made by the representative of the Community Care Committee covering visits to the home made between 18 December 1989 and 30 October 1990.

7.2 The reports which were made on a proforma were brief and to the point. It was clear that the Community Care Committee's representative was concerned about placing numbers of children in the home in excess of its maximum capacity. However, in a report of April 1990, which was made following the disclosure of serious incidents of peer sexual abuse within Harberton, she emphasised the need to review the adequacy of child care resources "generally" within the Western Board and particularly within the Foyle Unit of Management. In her view the Board was "failing to protect children" and placing children outwith the Board was making a "nonsense of maintaining family and community links".

7.3 The Western Board subsequently established a review team on 3 August 1990 "to examine the implications for the Family and Child Care Services of incidents of peer child abuse that have occurred within residential care". The Review Team reported in December 1990 but their findings had not been shared with the staff of Harberton when the inspection took place.

7.4 VISITS BY THE "VISITING SOCIAL WORKER"

The Assistant Principal Social Worker (family and child care) is a person designated as visiting social worker to Harberton as required by paragraph 3(3) of the Direction. He is required to visit the home each month and to file a report. Twelve reports, made between November 1989 and October 1990, were sent to the Inspector and these indicated he had made 72 visits to Harberton over the period. Each report is compiled in 7 sections under the following headings:-

## 11. CONCLUSION

- 11.1 The inspection of Harberton took place less than 12 months following the discovery that serious incidence of peer sexual abuse had been occurring in the home over some months. The circumstances of these occurrences had been investigated by a Review Team established by the Board's General Manager and the acting Director of Social Services. It reported in November 1990 but the group's findings had not been shared with the majority of the Harberton staff when the inspection was made. The Inspector observed that there was a tense atmosphere in the home and that some staff appeared to be apprehensive at the time of his visit but he was received cordially and given every co-operation.
- 11.2 It is recognised that Harberton is a valuable resource for children coming into care in the Foyle Unit of Management. Such is the demand for its services that it has been stretched beyond the limit over a period of 15 months commencing in November 1989. In an attempt to cope with excessive numbers of admissions, management took a decision to open a former staff bungalow as a temporary "unit", and to recruit staff on one or two month contracts of employment. While this raised the home's bed capacity it created organisational and supervisory problems within the home.
- 11.3 The temporary staff diluted the home's compliment of trained and experience staff so that their expertise was stretched over 3 units and their effectiveness was weakened. This was manifest in a reduction of assessment and therapeutic work undertaken in the home. Also, unless children make attachments with reliable and dependable adults, they will not settle, grow and develop. This cannot be achieved with temporary staff and they should not have been asked to take on the role of primary/backup workers.
- 11.4 The decreasing use of Harberton for assessments raises questions about the relevance of the weekly CET meetings. In this regard it was noted that the Board has in place an adequate case review procedure for all other children in its care without CET involvement.
- 11.5 The Review Team recommended that "there should be an immediate review of the size and function of the home, with a view to reducing the residential care component and concentrating this on one function". It went further and suggested that any spare accommodation could be used as an Adolescent Support Centre and as a base for a multi-disciplinary team which would assess sexually abused children. Therefore it would seem to be an appropriate time to review the procedures for admitting children to the home, to revise its overall capacity and to reconsider its management structure and staffing levels.

**WESTERN HEALTH & SOCIAL SERVICES BOARD**  
**UNTOWARD INCIDENT REPORT**

U.O.M.: Foyle Community FACILITY: Fort James Children's Home

STAFF: smg DATE & TIME: 13.01.94 @ 7.30 pm CATEGORY: A

VERBAL REPORTS TO UNITS ADMINISTRATOR: Yes/No DATE: \_\_\_\_\_

**REPORT** [Please See Notes Overleaf]

[redacted] female resident] and [redacted] - male resident] left the Unit without permission and were reported missing to the RUC. When they both returned at 10.50 pm, each refused to state where they had been or who they had been with. The RUC were informed of their return.

On 14.01.1994, [redacted] Social Worker and [redacted] Social Worker were informed of the incident.

**SIGNATURE:**

[redacted]  
FJ 38

**TEAM LEADER/R.S.W.**

WESTERN HEALTH & SOCIAL SERVICES BOARD  
UNTOWARD INCIDENT REPORT

U.O.M.: Foyle Community FACILITY: Fort James Children's Home

DATE & TIME: 14.01.94 CATEGORY: F

VERBAL REPORTS TO UNITS ADMINISTRATOR: Yes/No DATE: \_\_\_\_\_

REPORT [Please See Notes Overleaf]

On the morning of 14.01.1994, staff noticed two youths throwing stones at the side of the house. Staff made a positive identification of one of the boys - [REDACTED] The other boy's first name was unknown but his surname is [REDACTED] The RUC were given this information and requested to monitor the situation. There was no further contact from the RUC to ascertain whether or not they had investigated the matter.

SIGNATURE:

[REDACTED] FJ 38  
[REDACTED] FJ 38  
TEAM LEADER

SIGNATURE:

P.P. [REDACTED] HH 32  
[REDACTED]  
R.S.W.

**WESTERN**  
HEALTH AND SOCIAL SERVICES BOARD

**AREA BOARD HEADQUARTERS**



Please use this reference in your reply

Our Ref: TH.dm  
Your Ref: TH.dm  
Date: 27 April 1992

Dr K F McCoy  
Chief Inspector  
Social Services Inspectorate  
Department of Health and  
Social Services  
Dundonald House  
Upper Newtownards Road  
Belfast  
BT4 3SF

*J*  
*8.5.92*  
*Mr. O'Brien DOB 15/5*  
*Mr. Chambers etc.*

Dear Dr McCoy

*4. 12/5.*

*Are you contact with this? Can we have proceed to advise the Minister.*  
*Ken Coy 12/5.*

INSPECTION OF CHILDREN'S HOMES

I refer to your letter of 24 January 1992 and attached copies of the overview report on residential services for children in the Western Health and Social Services Board area. This overview report was circulated to relevant staff at Unit of Management and Board Headquarters for comment and the conclusions were discussed by the Executive Committee and Social Care Committee.

The individual report on each of the Board's homes, Fort James, Harberton House and Coneywarren was also discussed at the Executive Committee and Social Care Committee.

The Foyle Community Unit of Management and the Omagh and Fermanagh Hospital and Community Unit of Management have taken follow up action on the recommendations in respect of each of the homes. You will by now have received a response from [redacted] Unit General Manager in respect of the reports on Fort James and Harberton House and [redacted] Unit General Manager in respect of Coneywarren.

You will recall that the Social Care Committee was concerned about the tone of the reports in particular, the one on Fort James which was the subject of communication between Mr Burke, Director of Social Care and yourself and discussed at a meeting on 17 December 1991 between Mr O'Brien, Mr Chambers, [redacted] and Mr Carey.

The Board was concerned about the balance of the contents of the report, particularly its failure to recognise action that was being taken by Management.

The follow up inspection by Mr O'Brien in December 1991 indicated that the majority of recommendations had been given due consideration by Foyle Community Unit, that a number of

15 Gransha Park, Clooney Road, Londonderry, N. Ireland BT47 1TG  
Telephone L'Derry (0504) 860086 (14 Lines)  
Fax. No. (0504) 860311

*Mr. Chambers.  
ues of Burke*

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
SOCIAL CARE COMMITTEE

[REDACTED]

15/6/92

Minutes of the seventh meeting of the Social Care Committee held in the Boardroom, Area Board Headquarters, Gransha Park, Londonderry on Wednesday 8 April 1992 at 10.00 am.

PRESENT

[REDACTED] (chairperson)

Mr D Burke  
Mr T J Frawley

EX-OFFICIO

[REDACTED]

IN ATTENDANCE

Mr T Haverty

[REDACTED]

Mr J Simpson

SC13/92  
APOLOGY

[REDACTED]

SC14/92  
CHAIRMAN'S  
REMARKS

[REDACTED] welcomed everyone to the meeting and commented on the Conference entitled "F.A.C.E.ing up to Quality", which she attended on 2 and 3 April 1992. This Conference, held at the Killyhevlin Hotel, Enniskillen, was organised by the Area Mental Health Unit and [REDACTED]. [REDACTED] extended her congratulations to all concerned for organising a Seminar that was both timely and very informative.

SC15/92  
PREVIOUS  
MINUTES

THE MINUTES OF THE PREVIOUS MEETING HELD ON 5 FEBRUARY 1992 WERE APPROVED BY THE COMMITTEE AND SIGNED BY [REDACTED]

- MATTERS ARISING -

SC16/92  
DEVELOPMENT AND  
PROVISION IN  
PRIVATE AND  
VOLUNTARY  
RESIDENTIAL AND  
NURSING HOME  
CARE

Mr Burke informed the Committee that the Area General Manager had replied to [REDACTED] letter of 16 January 1992 outlining the Board's ongoing concerns about the potential for over provision in private and voluntary residential and nursing home care in the Western Area. Mr Burke reported that Mr Frawley had accepted the offer from the Minister to meet with Departmental representatives to discuss these issues in greater detail.

Mr Burke continued that the Area Council had also raised concerns regarding the size of homes and their authority to carry out visits to these facilities as part of the monitoring services being provided in the Area.

T.H



DUNDONALD HOUSE  
UPPER NEWTOWNARDS ROAD  
BELFAST  
BT4 3SF

21 JAN 1992

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

20 January 1991

Dear [REDACTED]

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE AT HARBERTON CHILDREN'S HOME

You wrote to me on 27 February 1991 outlining the Board's response to the recommendations contained in the Review Team's report. Your letter detailed funding allocations to increased staffing levels at Harberton House and foster care services. I am also aware that a sum of £45,600 was paid to Nazareth House Children's Home, by way of deficit funding and that additional staffing has been made available at Coneywarren Children's Home. Thank you for sharing with me the programme for the proposed seminar to be held on 6 February.

I understand that the proposal to establish a Child and Adolescent Psychiatry Service is under way. That is most encouraging.

In your letter of 27 February 1991 you referred to the Board's difficulty in addressing all of the recommendations made by the Review Team because of competing demands for resources. You also indicated that the Foyle Community of Management had provided you with a copy of their responses to the Review Team report and the action proposed by them. You indicated that you would share with me the outcome of discussions on both matters. As I do not appear to have received any additional information from you I wonder if you could now let me have this as soon as possible.

Finally you referred to the need for additional resources to develop an assessment and treatment unit based at Harberton House. You estimated the cost of this at £130,000 and sought my support for your application. Perhaps you would let me know what stage this proposal is at and whether the Board has been able to allocate the necessary funding.

Thanking you for your assistance in these matters. Best Wishes for 1992.

Yours sincerely

*Kern*  
K F MCCOY  
Chief Inspector

*T.S.M.,  
Please discuss. Have we discussed  
final up-date from Foyle.  
Darius  
22.1.91.*

Harberton House 1304/76

TH.dmm

7 April 1992

Dr K F McCoy  
Chief Inspector  
DHSS  
Dundonald House  
Upper Newtownards Road  
Belfast  
BT4 3SF

Dear Dr McCoy

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE AT HARBERTON CHILDREN'S HOME

Thank you for your letter of 20 January 1992. I indicated in my letter of 27 February 1991 of the steps taken to increase the staffing levels at Harberton House and the additional resources provided for foster care services and Nazareth House. The staffing level at Coneywarren Children's Home was also increased.

I would now wish to advise you that the Consultant Psychiatrist post for children and adolescents is currently advertised.

I would point out again as I did on the 27 February 1991 that the Board experienced difficulty in addressing all the recommendations made by the review group because of the competing demand for resources.

Since I wrote to you in February, staff both at Board Headquarters and Unit of Management have examined the report in detail again with view to taking follow up action on the recommendations made. The following is the position in relation to the recommendations.

Recommendation 11.1

The professionalisation of Family and Child Care Services which will ensure that all social work staff either working in a fieldwork residential or day care setting will be professionally qualified and be paid to similar salaries.

New pay scales introducing parity of pay between residential staff and fieldwork staff have been agreed and implemented within this Board. The professionally qualified residential Social Workers in all the children's homes are now paid on the salary scale for professionally trained Social Workers. Unqualified Residential Social Workers in residential homes are paid in accordance with the recommendations of the Hughes 6 agreement. At this point in time negotiations are nearing completion in relation to the management structure. In addition negotiation regarding pay parity for staff in family day centres are nearing completion and this will result in structures similar to that in the residential settings.

The Development of a Protocol with the Police for the Joint Investigation of Child Abuse where a Criminal Offence is Alleged to have been Committed

The development of a protocol for joint investigation of child abuse has now been agreed on a provincial basis between the RUC and social work staff. Training initiatives have now taken place in this Board in relation to the implementation of this protocol. The managers selected for the first round of this training initiative have completed their course and the Practitioners have just started the second phase of this training. It should be recognised however that it will take some time before all the staff that we wish to train in the use of this protocol will have completed the training. Part 2 of the protocol ie, joint investigation is now in operation in this Board.

The Board should undertake Comprehensive Assessment of Need in the Unit and agree a Strategy to meet the need including making available the resources required

The Board continues to develop its assessment of need strategies in relation to Family and Child Care. I would however point out that much work has been done on this, some of which has been reflected in the Social Care Review a copy of which you received. The recent reports prepared by the Social Services Inspectorate following their inspection of the homes are also helpful in this respect.

I would also advise you that Foyle Community Unit of Management has set up a research project on Needs Assessment. This project was funded under the Londonderry initiative monies, consist of 3 researchers, all of who are trained Social Workers with a background in child care. You will also be aware that the Board has made very good progress in developing its strategic plan, purchasing plan and business plans. All these plans necessitated an assessment of need.

Fieldwork Staffing, Fee-Earning Foster Parents and Family Aides

In the Board's Purchasing Plan for 1992/93 - 1994/95, it is planned that £263,800 will be made available to Family and Child Care programmes throughout the area under the development proposals. This proposal is to assist with the development of the integrated Child Care Service throughout the Board and consists of the following:

- A. Development of Family Centre and increase in Foster and Family Aide budget with the aim of reducing the numbers at Coneywarren Children's Home, £58,000.
- 0.5 Health Visitor, 2 specialist foster parents, family aide budget, boarded out budget £58,000.
- B. Increase in Family Aide Budget to enable response to be made to increasing demands faced in dealing with vulnerable children and families - £35,000.
- C. Three additional social work posts will be made available to the Foyle Community Unit of Management, cost £67,800. This will help deal with the high caseloads in Child Protection and to address outstanding issues such as matrimonial causes reports, domestic proceedings reports, adoption assessments and development of preventative services.
- D. Consultant in Community Paediatrics
- An additional £25,000.
- E. Development of Foster Care
- £20,000.
- F. An additional £72,700 is being made available to develop the child and adolescent psychiatric service. This will enable the appointment of a Clinical Psychologist and 2 nurses and supplements the allocation made last year.

Additional Social Worker to Foster Care Unit

The Foster Care Unit is now operating at full establishment in Foyle Community Unit. The establishment is one Senior Social Worker and 3.6 Social Workers. This represents an increase of 2.8 Social Workers since the untoward incidents at Harberton House came to light. One member of staff, the 0.6 Social Worker is assigned to the development and maintenance of specialist placements.

Fee-Earning Foster Parents should be developed  
Initially 6 foster parents should be developed to care for  
sexually abused children

At present 3 specialist fostering placements are being used within Foyle Community Unit. In addition one child is placed with professional foster parents under the Barnardos project. It is the intention to increase the number of specialist foster parents in the light of the allocations referred to above and restructuring of resources at Unit of Management level.

The range of services should be increased through the development  
of Kidscape, Home Start and Family Support, (Aides)

The Area Child Protection Committee is actively pursuing the development of Kidscape in this Board area along with the Western Education and Library Board, Family and Child Care staff and Health Promotion staff. It is the intention to introduce Kidscape on a pilot basis to nine schools very shortly. Following that it is the intention to extend this scheme on a progressive basis throughout the Board area.

In relation to Home Start, Mr Haverty met recently with [REDACTED] [REDACTED] to consider the development of Home Start schemes in this area. He has written to the community Unit General Managers asking them to consider the development of such schemes.

A working group has been set up in the Board area to consider the needs of the under 5's, assess need, and recommend on the package of services that needs to be developed.

The Board has established an extensive youth support scheme in conjunction with Extern in the Londonderry City area and Save the Children Fund in the Limavady area.

Panel of 6 Childminders for Day Care to provide for at risk  
children

This is one of a number of services being considered by the working party for the under 5's. It will be hoped to fund a pilot scheme in one of their localities within the Foyle Community Unit of Management. This Board is keen to develop childminding services. We are the only Board in the province who pays membership fees for NIACM membership and insurance for childminders. We maintain close contact with NIACM and grant aid the local development officer post.

An immediate review of the size and function of Harberton House

A review of the structure of all three residential children's homes in the Board area is being carried out in line with the implementation of the Hughes 6 recommendation. In Harberton House it is the intention to have 2 teams each led by a Team Leader. It is also the intention to reduce the numbers in the first instance from 25 to 20. Within this the management are looking at the possibility of developing a smaller unit of 4-5 places which will be designed to provide treatment for disruptive children with special needs including children who have been abused or abusers.

As part of the development of an integrated child care service, I would mention that in Fort James it is the intention to develop 2 units each under the management of a Team Leader, (a) an adolescent unit and (b) leaving care unit. In Coneywarren, there will be 3 units under the management of a Team Leader, (a) admission/reception unit, (b) medium/long stay unit, (c) special needs unit. This will also compliment the provision provided at Nazareth House voluntary Children's Home where 2 units will be established each under the management of a Team Leader.

You will be aware that it is our plan to reduce the number of residential places on a progressive basis. This however will require some additional resources but not perhaps as much as referred to earlier.

Review of staffing levels and duty rotas

The Board has reviewed the duty rota on a number of occasions. The most recent exercise has made some amendment to the rotas and this now provides for staff being in direct contact with children for 35 in any 39 hour working week and have only 4 hours to carry out record keeping, report writing, attend the case conferences - supervision, staff training, contact with external agencies etc. It should be recognised that at weekends and during school holidays, staff are in direct contact with children for most of their working hours per week.

The Mould in the ground of the home should be levelled

This is not regarded as being a high priority need.

A multi-disciplinary team should be developed to build up expertise in the assessment of sexually abused children

A range of training initiative has taken place during the year to develop residential Social Workers expertise and indeed Fieldworkers in the assessment and treatment of sexually abused children. The Board is in the process of appointing a Consultant

Child Psychiatrist and funding is being made available for a Consultant Community Paediatrician. Following the review of the role of residential facilities, one of the teams in Harberton House will work along with these Consultants in developing this area of work.

An Adolescent support centre should be developed with the emphasis placed on preventive work

As indicated it is the intention that Fort James will address this aspect of work. Harberton House will work with adolescents in accordance with the individual care plans for its residents and Coneywarren Children's Home as part of an integrated plan will develop support and preventative work from adolescents.

Training Strategy

An additional Assistant Principal Social Worker was appointed to the training team earlier this year. On-going training programmes are organised in conjunction with the training unit. It is the Board's plan to increase the level of trained staff in residential children's homes and it is the intention to second 4 staff from Child Care during the coming year. Whenever possible we intend to recruit professionally trained staff as vacancies arise.

Priorities should be given to structured supervision with a view to developing staff profiling system

The supervision arrangements within the Unit will change with the regrading of residential staff and when the new structure is implemented. The aim is to provide regular supervision, although this is interrupted during the summer holidays. It is the intention that supervision does take place for individual staff on a monthly basis. Supervision is tailored to meet the individual needs of the individual residential worker and to facilitate staff development.

Status of new system of recording to be clarified

The new system of recording to facilitate open access has now been in operation for some time. Family and Child Care programmes are now initiating a review of the system which will be chaired by one of the Locality Managers.

Examination of the Management span of control of the Assistant  
Principal Social Worker

The span of control of this worker remains the same. It is recognised that a Senior Social Worker needs to be appointed to take on some of the day care aspects of this worker's responsibility but the allocation of resources of such a post has got to be judged against other priorities.

A workload management system should be introduced

A working group has been set up to look at the introduction of a consistent workload management system within the Unit. A system of workload management has been devised and is currently being piloted in 3 localities. The outcome will be evaluated to ascertain whether it can be introduced throughout the Board area.

Yours sincerely

AD.

DOMINIC BURKE  
Director of Social Care

1 when you were talking about the review and the  
2 recommendations, and you said that you were looking for  
3 additional fund for the development of an assessment  
4 centre --

5 **A. Yes.**

6 Q. -- and were kind of hoping for his support for that.

7 **A. Uh-huh. Yes.**

8 Q. Was that support forthcoming and did you receive any  
9 explicit funding specific for ...?

10 **A. Well, regrettably I have checked before coming here,**  
11 **been trying to identify this. What we did do was you**  
12 **will be aware that Fort James eventually closed --**

13 Q. Uh-huh.

14 **A. -- and some of the children who had not been placed went**  
15 **to Harberton. Nazareth House had also closed.**  
16 **Termonbacca had closed and Nazareth House subsequently.**  
17 **We opened a series of much smaller homes around the**  
18 **city. One of those on the Waterside on the link road**  
19 **was used as an eight-bed assessment unit and emergency**  
20 **admission centre. That came out of that revised**  
21 **residential childcare structure.**

22 Q. How many years later would that have been about?

23 **A. It would have been certainly ten.**

24 Q. Okay. Presumably the length of time wasn't just about  
25 giving time for a strategy to be decided. It was

*Mr Chambers*  
*AB*

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

15 May 1992

Dear Mr Burke

**REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE  
AT HARBERTON CHILDREN'S HOME**

Thank you for your letter of 7 April 1992 detailing the steps taken by the Board to respond to matters identified in the Report of the Circumstances Surroundings Incidents of Peer Child Abuse at Harberton Children's Home (December 1990). The Board is to be commended for the comprehensive range of measures introduced following this most thorough scrutiny of its services. It is noted that it has not been possible to implement all of the recommendations made by the Review Group because of competing demands for resources.

May I identify a few matters of continuing concern, of which I am no doubt you are all too well aware:-

- a. the proportion of unqualified staff employed at Harberton Children's Home was low and at the time of the last Inspection (February 1991). I understand that the Board continues to experience difficulty in recruiting qualified staff and that it has been necessary to consider appointing unqualified staff to permanent posts;
- b. The Review Group recommended the appointment of 4 additional team leaders and 8 social workers.

Your letter seems to indicate that by 1995 only 3 additional social work posts will have been created;

- c. You indicate that the span of control of the Assistant Principal Social Worker is unchanged and that there is need to appoint a Senior Social Worker to relieve this officer of some of the day-care aspects of his post, but this allocation of resources has to be judged against other priorities.

I am sure that you will share the view that team leaders in residential care need high quality support and you may wish to consider whether the proposed re-structuring of children's homes will create increased demands for management support and professional consultation. If this is likely to be the case, perhaps greater priority should be given to reducing the span of responsibility of the APSW sooner rather than later.

I am grateful to you for providing me with this comprehensive account of progress to date.

Yours sincerely

K F McCOY  
Chief Inspector  
Social Services Inspectorate

Hidden cc: Mr Chambers

*c16815*  
*5.*



AREA BOARD HEADQUARTERS

Please use this reference in your reply

Our Ref:  
Your Ref: DB.a1  
Date

21 May 1992

Dr K McCoy  
Chief Inspector  
Social Services Inspectorate  
Dept Health & Social Services  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF

Dear Dr McCoy *Keight. 27/5.* *Mr. Chambers. (P)*

Re: Report on the Circumstances Surrounding Incidents of Peer Abuse at Harberton Children's Home

I write to acknowledge receipt of your letter of 15 May 1992 and have noted the contents. I will advise you in due course of any changes to the intentions outlined in my earlier letter of 7 April 1992.

With every good wish.

Yours sincerely

*Dominic*

DOMINIC BURKE  
Director of Social Care

*acc O. Bly. RDB*  
*Miss Reynolds.*

*— Marion*  
*I have the file on this matter. Please speak to me about it when you have time*  
*Doris*  
*2/6*

**HARBERTON HOUSE**  
**STRATEGY MEETING**

**SUBJECTS:**

[REDACTED] DOB: [REDACTED]  
[REDACTED] DOB: [REDACTED]  
[REDACTED] DOB: [REDACTED]

**DATE OF STRATEGY MEETING:** 8th May 1992

**THOSE PRESENT:**

[REDACTED] TL 4 [REDACTED] APSW (Chair)  
[REDACTED] HH 22 [REDACTED], Team Leader (Medium Stay Unit, Harberton)  
[REDACTED] HH 5 [REDACTED] O.I.C., Harberton House)  
[REDACTED] ( [REDACTED] SW, NSPCC)  
[REDACTED] RSW [REDACTED] Keyworker)  
[REDACTED] ( [REDACTED] SW, Waterside)  
[REDACTED] RSW ( [REDACTED] Keyworker)  
[REDACTED] SW [REDACTED] Keyworker)  
[REDACTED], SW (Fostering Team)

**APOLOGIES:**

[REDACTED] SW, NSPCC)

**PURPOSE:** Strategy Meeting was convened to discuss, collate information and plan for further investigation of a recent incident involving the three above children. A report was provided detailing the incident dated the 5th May 1992. At the moment there is nothing to suggest that the inappropriate sexual activity was anything more than simulated; what is clear is that there was an element of threat used by one of the boys ([REDACTED] aged eight years) against another ([REDACTED] aged seven years).

**SUMMARY OF INCIDENT REPORT** - After being approached by a teenage female resident, [REDACTED] HH 31 spoke to the above named children. At first all three boys were reluctant to say anything. Then [REDACTED] said that [REDACTED] was going to kick his head in if he didn't ride him or [REDACTED] had told [REDACTED] he had to ride [REDACTED] and he would watch. [REDACTED] became upset, saying he hated having to do it. [REDACTED] HH 31 spoke to [REDACTED] on his own afterwards as he was still upset. He said it has only happened over the past few weeks, either outside or in their rooms. He went on to say he didn't like doing these things, it made him sad and think about home. [REDACTED] HH 31 tried

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

INCIDENT REPORTU.O.M. FOYLE COMMUNITYFACILITY HARBERTON HOUSE

DATE &amp; TIME: 05.05.92 at approx. 6.00 p.m.

RE: [REDACTED] DOB: [REDACTED]  
[REDACTED] DOB: [REDACTED]  
[REDACTED] DOB: [REDACTED]

---

**Report**

At approximately 6.00 p.m. on Tuesday, 5th May 1992, one of our teenage girl residents approached me in the main kitchen. She said she had overheard a conversation about "riding" and "fannies" which the above boys were having in the sitting room.

I entered the sitting room and the three boys were talking to [REDACTED] (an eleven year old male resident). I asked the boys what was going on, and [REDACTED] said he was trying to see what was wrong. [REDACTED] he thought, was asking about "riding". I told [REDACTED] I would sort it out and asked the boys to accompany me to [REDACTED] room.

At first all three boys were reluctant to say anything. Then [REDACTED] said that "[REDACTED] was going to kick his head in if he didn't ride him or [REDACTED]". [REDACTED] had told [REDACTED] he had to ride [REDACTED] and he would watch. I asked [REDACTED] to explain "riding" and he said, "You lie on top and move in and out" (he demonstrated standing up, as did [REDACTED]).

[REDACTED] became upset, saying he hated having to do it. When I tried to speak to him, he just stood with his head down. I told all three boys that it had to stop. As for [REDACTED] telling [REDACTED] and [REDACTED] he would "kick their heads in", I assured both boys this would not happen and they had to tell staff if [REDACTED] made any suggestions or threats about "riding" again. When I asked [REDACTED] if this had happened, he replied, "Yes".

I spoke to [REDACTED] on his own afterwards as he was still upset. He said it has only happened over the past few weeks, either outside or in their rooms. He went on to say he didn't like doing these things, it made him sad and think about home. When I tried to

Quality of Social/Emotional Care

The home is now organised in two teams - a medium term unit and an assessment unit. The commitment of the staff to the children is evident.

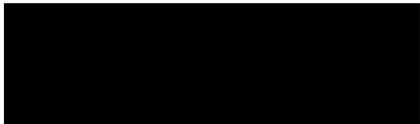
Other Observations

- Concerns expressed by staff were:
- 1) Loss of one full-time member of staff 1/4/93
  - 2) Numbers of children were regularly over the upper limit of crisis interventions and limited fostering resources
  - 3) Inability to develop specialist work with abused (& abusing children) because of general demands
  - 4) Long term future of night cover

General Impression of the Operation of the Home and Conclusions

The key issue seems to be how far resources will be available to maximise the potential of each child.

Signed



Date

31 July 1993

the social work staff made any attempt to obtain the information when nothing was forthcoming from the Police.

There were at least three sexual assaults on the ten year old female resident over a period of months. This raises a question about the level of supervision of the children by the Residential Social Workers. By all accounts the assaults took some time as all three boys are alleged by the female resident to have had sexual intercourse with her with two boys holding her down each time. This was not detected by the staff at the time. In addition after the assaults came to light SPT 81 was able to go to the Unit in which the girl was resident and intimidate her despite the plans which had been made to prevent this.

The Review Team is consequently of the opinion that there were periods when the level of supervision of the children was not adequate.

During May 1994 contact recommenced between SPT 81 who was in prison, and his children. At first SPT 81 did not want any contact but he subsequently changed his mind and visited along with his siblings on the 11th and the 24th May 1994. On one of these visits SPT 81 raised the possibility of being fostered with friends of the family. It will be recalled that these friends had decided that they could not care for SPT 81 at the time of his admission to Harberton. There is no evidence that this was pursued as a possible option by the social work staff. While the Review Team is of the opinion that this should have been investigated we take the view that as SPT 81 behaviour had not improved such an arrangement was unlikely to be successful unless these friends had the skills and knowledge to undertake special fostering.

Following his return from the Killadeas Centre on the 8th May 1994 SPT 81 expressed a wish to be dead and made reference to the Foyle as a means of achieving this. His Primary Worker spent some time counselling him. This was a worrying statement from a ten year old but it could be that he was repeating what he had heard in the past from adults. The incident was considered to be more of an attention seeking than life threatening nature and the Review Team agrees with this assessment of the incident as SPT 81 feeling of depression were episodic and appeared to be a reaction to specific circumstances.

During this period an important report was completed by the Social Worker and Primary Worker for the Residential Care Review on the 25th May 1994. This report is detailed in section 2.71 pages 34 and 35 of this Report. Most of the suggestions, including a limited time in St Patrick's Training School as part of an agreed programme of work with SPT 81 made by the Social Worker and Primary Worker were incorporated in the decisions taken at the Residential Care Review which took place on the 27th May 1994.

One important omission is the suggestion that attempts should be made to obtain a specialist long term foster care placement for SPT 81. The Review Team finds this omission surprising.

The staff at the Review were all residential social work staff with the exception of the Social Worker. attended and was fully involved in the discussion and it is recorded that she agreed with the decisions taken. SPT 81 wished to attend the Review but was unable to as he was being interviewed by the Police about his part in the sexual assault on the female resident. He did complete the standard form in which he stated that he was worried about going to St Patrick's and wanted to be fostered. SPT 81 was due to be released from

- 4.22 There is no evidence to indicate that the helpful recommendations of the Educational Psychologist were implemented.
- 4.23 Given the relationship difficulties the Review Team is of the opinion that intensive therapeutic work would have been required with SPT 81 and his mother and neither had co-operated in the arrangements made for this.
- 4.24 The Review Team, for the reasons outlined, is of the opinion that SPT 81 was beyond his mother's control at the time of his admission to care on the 26th May and that the situation was likely to deteriorate further. The Team considers that a voluntary admission to care was the best course of action.
- 4.25 The Review Team is of the opinion that a specialist foster home placement, ideally with no other children, would have been the preferred placement for SPT 81.
- A foster care placement was considered at this time as was Nazareth House Children's Home but neither was available.
- 4.26 The Review Team is of the opinion that SPT 81 should have been informed that William had been admitted to care.
- 4.27 The Review Team is of the opinion that there was too much reliance on 'time out' as a sanction during the period June - September 1993 and that by becoming habitual it lost its effectiveness.
- 4.28 The Review Team was concerned that the Primary Worker was not able to establish a therapeutic relationship with SPT 81.
- 4.29 The Review Team is satisfied that the direction, support and supervision provided by the Senior Social Worker (Residential Team Leader) to the Primary Worker was satisfactory.
- 4.30 There is no evidence in the succeeding months that the relationship between SPT 81 and his Primary Worker improved. Given its importance this is a matter which should have been resolved sooner rather than later by the Senior Social Worker (Residential Team Leader).
- 4.31 The Review Team would question whether there is sufficient contact time between staff and children at Harberton House Children's Home to undertake the individual therapeutic work which is now necessary in residential care.
- 4.32 The Review Team was concerned that the Board's 'Complaints Procedures for Children in Residential Care and their Parents' was not activated by either the Social Worker or Residential Social Worker when SPT 81 made his complaints about his Primary Worker.
- 4.33 The Social Worker in the Leaving and After Care team brought this complaint to light and the Acting Assistant Unit General Manager identified failures by the staff to convey out the Complaints Procedures and arranged for appropriate action to be taken in relation to these failures.

The Review Team has subsequently learned that two of the boys named have been interviewed as part of the Creggan Investigation.

- 4.78 The domestic staff at Harberton are to be commended for bringing a serious sexual incident between SPT 81 and another male resident to light on the 20th June 1994.
- 4.79 The Review Team is of the opinion that it is not possible on the information available to come to a conclusion as to which boy initiated the behaviour. However it displays a knowledge of homosexual activity and as such should have been reported to the Police and jointly investigated by the Social Work staff and the Police regarding the possibility in the past of the boys having been sexually abused. The incident should also have been discussed with the boys' parents as part of the joint investigation process.
- 4.80 This incident raised once again a question about the standard of the supervision of the Children at Harberton. The Review Team is of the opinion that, at the very least, the supervision was not adequate during the 20th June when this incident took place.
- 4.81 The Review Team was concerned that SPT 81 was not written to until the 21st July informing him that SPT 81 was to be admitted to St Patrick's on the 22nd July. This was again likely to lead to SPT 81 feeling excluded from decisions about SPT 81 care.
- 4.82 The Review Team could find no record of SPT 81 having been discharged from care prior to the Place of Safety Order being out or of it being discussed with the Legal Department of the Central Services Agency.
- The Review Team was concerned that in the circumstances SPT 81 retention in Training School could have been the subject of legal challenge.
- 4.83 The issue of whether SPT 81 was likely to abscond was discussed at the Care Review at St Patrick's on the 26th July 1994 and was considered to be unlikely. This is consistent with the staff's perception that it was not a high risk in SPT 81 case. The Review Team is unable to reconcile the different views expressed by [redacted] and the Primary Worker at St Patrick's regarding the concern the former had about SPT 81 absconding.
- 4.84 It would seem that staff were still hopeful that SPT 81 behaviour could be modified and that he could be returned to Harberton. In the opinion of the Review Team this was unlikely to be successful while SPT 81 continued living in a residential group setting.
- 4.85 The Review Team is of the opinion that the liaison with St Patrick's Training School was satisfactory and that the Social Work Staff and St Patrick's Staff co-operated fully in SPT 81 interests.
- 4.86 There was at least one occasion during this period when the level of supervision of SPT 81 was not adequate but given that by this stage, he was the most difficult child Harberton had to cope with the Review Team is of the opinion that generally be received satisfactory care.

(iii) The standard of the supervision of the children should be improved and rotas examined to see if more contact time can be achieved with the children.

(iv) The way sanctions are used in relation to managing the children's challenging behaviour should be examined with a view to assessing their most effective use.

5.13 The Board should undertake a review of the manner in which Foyle Community Unit is discharging the Board's statutory responsibilities in relation to children to satisfy itself that these are being met to a satisfactory standard.

OFFICIAL-SENSITIVE-PERSONAL

movement, not least to enable staff to concentrate on work they should be doing with children. Prolonged admissions quite often create difficulty when children become somewhat frustrated about the lack of placement opportunities for them and perhaps a sense of hopelessness about their situation sets in. This inevitably results in behavioural and disciplinary problems. To give some indication of the way that throughput has slowed down, [REDACTED] HH5 informed me that in 1981 there were 121 admissions whereas for 1988 this figure was reduced to 49. It is hoped that the launching of the initiative on integrated child care will create an atmosphere in which the dependence on residential admissions is not as great as is currently the case. However, in the interim the CET and staff will have to liaise with fieldwork staff to examine the need for children remaining in care and to explore other options which may offer a feasible alternative.

#### STAFF SICKNESS

[REDACTED] HH5 indicated that there were no particular problems since my last audit.

#### CARE PLANS

The situation is very much as I described in my January report. However, I understand there has been an improvement in the Educational Psychologists service since the beginning of the year. However, there is still a high level of dependence on the specialist service for which it is necessary to go to Belfast. This obviously places a significant strain on staff time and can also delay the assessment process because of the time required to arrange an appointment in Belfast.

#### RECORDING

The recording system was described on my last visit and I am aware that the open access policy may now apply to residential facilities in addition to fieldwork files and for that reason [REDACTED] TL4 APSW, is liaising with [REDACTED] SND 466 APSW, about the implications for this. However, Harberton use a recording system which is compatible and which can quickly be adapted to the requirements of the open access policy.

#### UNTOWARD INCIDENTS/ACCIDENT BOOK

Untoward incidents and accidents appear in monthly returns and are seen and signed by [REDACTED] TL4 on a monthly basis. Untoward incidents are stored in an envelope file and the standard WC/10/20 form is used for reporting accidents.

OFFICIAL-SENSITIVE-PERSONAL

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

## MEMORANDUM

From: Mr. R. E. Carroll, D.S.S.

To: Mr. T. Heaverty, D.S.S.O.

Ref.: RREC/JC Date: 1st April, 1981

Ref.:

Re: Fort James Children's Home

I write with regard to my recent visit of inspection to the above facility. The purpose of my visit was to examine the professional functioning within the Home, with particular regard to the keeping of personal records, standards of cleanliness and hygiene and staff attitudes.

During the course of the visit it was identified that two students from the Home are taking part in the CSS Training Programme. It has been my clear understanding to date that such an arrangement contravenes the policy that operates around CSS training, that is to say, it is inappropriate that two students should be taken from a single facility. It may be that this is a matter you would wish to raise at the Senior Management Group for further discussion but clearly I have reservations about such a practice and would ask you to ensure that it does not occur in other facilities in future.

Problems that were identified with regard to the functioning of Fort James included the wide variation of ages and of length of stay, both of which affect the programmes of care that can be planned and put into operation in the Home. The need identified was for a medium term location, that is to say, a situation that would offer care for less than six months. It was made clear that the staff at Fort James would like to concentrate on offering care for a period ranging from six months to three years and for older age groups than they currently cater for. To achieve such a goal there would be a need to determine emergency fostering plans, to increase the number of short stay foster home places and equally the number of long term foster places. The resolution of these problems are policy issues which will have to be discussed and determined in due course but equally they are likely to be hampered as long as the present financial climate persists. However, I would ask you to undertake a review of your current foster parent resources with a view to ascertaining how many foster parents would be willing to change to short term placements and to take emergency placements, in particular with the pre-school age child. A determined movement in this direction would ultimately facilitate the winding down of the nursery units in Children's Homes. It is certainly my considered opinion that the pre-school age child should not be in Residential Care.

A further problem that was identified was the use of the Order Book for purchasing clothing, etc. for children. The use of an Order Book is quite clearly a questionable practice when one is hopefully preparing children for return to the community and normal living. I would ask you to investigate the possibilities of establishing a cash availability to the staff in charge of Children's Homes in order that they can take children shopping in a normal way without an Order Book. I am sure sufficient safeguards can be built into any scheme to ensure that funds are not misappropriated.

I was glad to know that there are meetings between staff and children each week and that staff meetings occur on a weekly or a fortnightly basis and are minuted. It was clear in looking at the records that are maintained in the Home that there is a considerable Social Work involvement and that links between Residential and Field staff are good.

We discussed the viability of the Residential Home becoming a Resource Centre for foster parents in the development of a foster parent programme. All staff who took part in the discussion seemed to consider the idea to have merit. The sensible way forward would perhaps be to discuss the whole matter with the Senior Management Group in due course.

1 would have considered them, but looking at their -- the  
2 feasibility of the design of the unit in terms of  
3 supervision of children, where the unit was located, you  
4 know, the planned -- whether or not there were planned  
5 bedrooms, etc, all the sort of issues that would impact  
6 on the professional practice. So we would have  
7 commented in detail on those.

8 That -- a series of questions -- having -- after the  
9 Department had looked at the plans a series of questions  
10 then would have gone back and forward between the  
11 Department and Boards, and eventually the Boards would  
12 have come up with a planning bid that the Department  
13 could approve. That then went as part of I gather the  
14 public expenditure survey bids, and the Department then  
15 bid for that -- those monies in addition to the --

16 Q. Their own budget?

17 A. -- the normal -- yes, and in addition to the normal  
18 revenue monies allocated to the Board, and mostly  
19 I gather they were successful in obtaining the money.  
20 So that would have gone -- those -- the capital for the  
21 building of the home would probably have gone as part of  
22 the Departmental funding to the Board, not as a discrete  
23 amount to be used in a particular way. Having said  
24 that, I wouldn't like to stand by everything I said.  
25 This is just my understanding --

1 have been in it and so forth.

2 I know that you can't say definitively what happened  
3 in 19... -- probably late '70s, before Harberton opened  
4 in 1980 --

5 **A. Uh-huh.**

6 Q. -- but one question I wondered -- and I think you have  
7 probably answered this -- is that: would it have been  
8 possible for the Department to attach conditions to the  
9 set-up of a particular home, first of all?

10 **A. Yes. It would have been possible to set conditions, but**  
11 **it is unlikely, given the kind of degree of**  
12 **communication between the Department and the Board,**  
13 **that -- it is unlikely that the Department would have**  
14 **had to set conditions, because the final bid would have**  
15 **had all of the elements that the Department wished the**  
16 **home to address and consider, and therefore there**  
17 **wouldn't have been a need to set additional conditions.**

18 Q. So there would have been a degree of negotiation saying,  
19 "Look, we think you need to look at this aspect of it.  
20 You know, it is too big a size or where you are locating  
21 it" --

22 **A. Exactly.**

23 Q. -- "is not a good idea. So therefore we won't approve  
24 this bid unless you change this", and that would have  
25 been then resulting --

Services (Northern Ireland) Order 1972 (the 1972 Order) and were responsible for the delivery of children's social care services under the Children and Young Persons (NI) Act 1968.

- 1.5 According to the DHSS evidence to the Hughes Inquiry<sup>3</sup>, proposals for the development of children's homes during this period were considered within the planning systems operating for health and personal social services as a whole. A Board was required to submit an assessment of need and an operational policy to the DHSS for each facility proposed. The submission was required to cover the level of existing provision, the extent of the need identified, the type of service to be provided in the facility, the physical provision required and the proposed staffing level and structure. The Eastern Health and Social Services Board's proposal to establish Willowfield Children's Home was submitted by the DHSS to the Hughes Inquiry as an example of such an assessment of need and operational policy<sup>4</sup>.
- 1.6 A case put forward by the Board was considered by the DHSS's administrators and professional advisors. If the need was agreed and the outline of the proposed development was considered appropriate, approval in principle was given. The scheme was then costed in detail in capital and revenue terms and again considered by the DHSS's administrators, including those of Finance Division, and professional advisors. The priority to be attached to the scheme was considered in the light of competing demands in respect of developments for other client groups or services. If awarded the necessary priority, the scheme was admitted to the DHSS's Capital Development Programme.
- 1.7 The Department has conducted a search of Departmental records and has been unable to locate any information relating to the Western Health and Social Services Board's (WHSSB) assessment of need and operational policy in relation to Harberton House Children's Home. We have no reason to believe, however, that the DHSS procedures outlined above were not followed in this case.

## **2. What information was gathered to indicate how these homes would fit with and complement the other child care services provided by the Western Health and Social Services Board?**

- 2.1 As noted above, MoHA's and DHSS's professional advisors were closely involved in the scrutiny of applications from welfare authorities and Boards to establish new children's homes. MoHA Children's Inspectors and the DHSS

---

<sup>3</sup> RUB-40487

<sup>4</sup> Annex A

Social Work Advisory Group (SWAG) commented on the specifics of submissions in terms of standards of accommodation, numbers of children and staffing arrangements etc. They also had an overview of existing statutory and voluntary children's home provision within the region and their views on the need for new provision would, of necessity, have had to take account of existing and projected numeric provision, as well as qualitative inadequacies or gaps in services and how the proposed home might address these or complement other necessary developments in child care services.

- 2.2 The Department does not currently have access to any documentation relating to the WHSSB's rationale for the establishment of Fort James and Harberton House Children's Homes, nor that of the MoHA's and DHSS's decisions to approve the homes. We believe, however, that the information in the specimen assessment of need and operational policy referred to above, does not reflect the degree of discussion and engagement with the statutory authorities that is likely to have taken place before these departments could endorse and commit to such capital expenditure. For example, in the case of Harberton House, which was to include a short term assessment function, 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.

**3. What was the process for approving funding to the Boards and was any funding ring-fenced for the provision of social services?**

- 3.1 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.
- 3.2 Boards were established in 1973 and the Department is seeking to determine how revenue resources were allocated prior to 1980, when the formula known as the 'PARR' formula was adopted to determine the allocation of health and social services revenue funding to each of the Boards. The following paragraphs explain briefly how revenue funds were allocated and capital monies were provided to Boards from 1980 when the 'PARR' funding formula was introduced, until 1996, when it was replaced by the formula currently in

Social Work Advisory Group (SWAG) commented on the specifics of submissions in terms of standards of accommodation, numbers of children and staffing arrangements etc. They also had an overview of existing statutory and voluntary children's home provision within the region and their views on the need for new provision would, of necessity, have had to take account of existing and projected numeric provision, as well as qualitative inadequacies or gaps in services and how the proposed home might address these or complement other necessary developments in child care services.

- 2.2 The Department does not currently have access to any documentation relating to the WHSSB's rationale for the establishment of Fort James and Harberton House Children's Homes, nor that of the MoHA's and DHSS's decisions to approve the homes. We believe, however, that the information in the specimen assessment of need and operational policy referred to above, does not reflect the degree of discussion and engagement with the statutory authorities that is likely to have taken place before these departments could endorse and commit to such capital expenditure. For example, in the case of Harberton House, which was to include a short term assessment function, 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.

**3. What was the process for approving funding to the Boards and was any funding ring-fenced for the provision of social services?**

- 3.1 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.
- 3.2 Boards were established in 1973 and the Department is seeking to determine how revenue resources were allocated prior to 1980, when the formula known as the 'PARR' formula was adopted to determine the allocation of health and social services revenue funding to each of the Boards. The following paragraphs explain briefly how revenue funds were allocated and capital monies were provided to Boards from 1980 when the 'PARR' funding formula was introduced, until 1996, when it was replaced by the formula currently in

STRATEGIC PLAN 1992-1997 - CHILD CARE SERVICES
---

INTRODUCTIONProgramme of Care

1. The Board's child care programme is designed to ensure that each child is enabled to achieve his or her maximum potential in terms of psychological, emotional, social and physical well-being.
2. The primary function of child care services is child protection with the welfare of the child being paramount. Each child must therefore be treated as a unique individual with specific needs and the main objective is to ensure that those needs are assessed and appropriate services provided. It is also vital to be open and communicative with parents and, where possible, involve them in all major decisions concerning their child, thereby reinforcing and supporting their role.

Policy

3. It is the Board's policy to provide assistance and support where necessary to enable a child's various needs to be met within the family where at all possible. Families must be able to look to the wider community for support to avoid the need for children to come into care or remain in care. When, however, it is necessary for a child to be taken into care, the objective is to ensure a stable and secure environment which will provide every opportunity for normal development of the child's personality, character and abilities.

Overall Aims

4. The Board's overall aims to meet the identified needs of this programme are to:-
  - develop preventive measures;
  - improve procedures and practices and the training and development of staff; and
  - develop collaborative working arrangements with education, probation and voluntary bodies and the range of organisations concerned with child protection.

CRITICAL ISSUESStrategic Framework

5. The Strategic Framework identifies three critical issues in respect of child care services:-

- research has indicated that boards can expect to have to deal with a substantial increase in new cases of child sexual abuse;
- heavy demands will be placed on both residential and foster care services; and
- young people require adequate preparation for leaving care, and social support when they move to the community.

BOARD ISSUES

6. Other critical issues which have been identified by the Board are:-

- the need to ensure that residential provision is available for those for whom this is the most appropriate type of care;
- implications of the forthcoming 'Children Order' in terms of work-loads, resources and staffing (the Order is expected to put emphasis on prevention, parental responsibility and the development of day care for children);
- the resource implications arising from the increase in the number of children on the child protection register; and
- the need to meet all appropriate legal requirements such as the Adoption Order and Matrimonial Causes Order etc.

OBJECTIVES AND TARGETSPriorities

7. The Strategic Framework sets ten objectives overall and suggests that the first three, prevention programmes, management of child abuse, and services to deal with sexual abuse, should be given priority.

8. The main elements covered are:-

- child protection;
- residential care;
- foster care; and

- leaving care.

## CHILD PROTECTION

### Background

9. The most recent guidance on child abuse was issued by the Department in December 1989 in the form of a detailed booklet: "Co-operating to Protect Children - a Guide for Health and Social Services Boards on the Management of Child Abuse". This guidance made the point that children are vulnerable to abuse in a number of ways, physically, emotionally and sexually. Primary responsibility for protecting them rests in the first instance with their parents or guardian, and a range of statutory and voluntary services is available to help them. However, some parents or guardians do not or cannot fulfil this responsibility and, in these circumstances, it may be necessary for Boards to intervene in the discharge of their statutory duties to ensure that children are adequately protected and to provide them with security and an alternative pattern of living.

### Prevention

10. Against this background the Strategic Framework urges that, for every child of primary school age, there should be a prevention programme such as 'Kidscape' which aims at promoting education in terms of risks and personal safety. The framework goes on to suggest that, when 'Kidscape' has been fully put in place, the programme should be extended to secondary schools through 'Teenscape'.
11. This issue is currently being addressed and the Western Education and Library Board and local maintained schools have drawn up plans to implement 'Kidscape' and 'Teenscape'. It is intended that the programme should be implemented in conjunction with the Board's Health Education Department supported by Social Services.
12. The Board intends to ensure that these schemes are extended to all the Board's own facilities for children. The Board will therefore ensure that this is included in its service specifications for family and child care services and ensure that providers are aware of the importance of such preventive measures. The Board will also continue to support the Western Education and Library Board in the development of such preventive programmes.

### Protection

13. In terms of protection the objective is to continue to improve procedures for the management of cases of child abuse, and to ensure that the stress which children may experience as a consequence of the investigative procedure is reduced to a minimum. This will require full implementation of the Department's guidance on the 'Management of Child Abuse'.

14. This guidance is currently being addressed through the Board's Area Child Protection Committee and an agenda for action has been drawn up. Staff working in this field require training on the implementation of the guidance. There is also a need for staff (particularly social services staff working in residential care) to have further training in working with abused and abusing children. Little progress has been made in working with perpetrators.
15. It is imperative that providers are fully committed to implementing the document 'Management of Child Abuse' and the complementary guidance issued by the Area Child Protection Committee. It will also be necessary to purchase a broad spectrum of services providing treatment and care for abused and abusing children, their parents/guardians and perpetrators. This will include a mixture of specialist foster parents and residential and day care facilities.

#### Response to Sexual Abuse

16. Arrangements and services are required for the assessment, investigation and treatment of sexually abused children and, where appropriate, family members. This should ensure access to evaluated treatment and services designed to promote an integrated response to the problems associated with child sexual abuse.
17. A joint protocol for investigation by police and social workers has already been developed for Northern Ireland. A further protocol has also been developed to ensure that, whenever possible, a child need only be subjected to one medical examination in cases of suspected sexual abuse. A limited amount of treatment is available at Harberton House, Londonderry and at Coneywarren in Omagh. This is an element which needs to be further developed.
18. Among developments which need to take place in response to sexual abuse are:-
  - training in the implementation of the joint protocol for investigation;
  - methodologies for evaluating treatment;
  - integration of the child psychiatric service into the overall treatment framework for sexually abused children and parents;
  - identifications of staffing implications;
  - provision of small treatment units in the Board's homes;
  - development of treatment work with perpetrators;

- provision of accessible family day care and treatment facilities throughout the Area; and
  - development of specialist foster services.
19. The requirements identified in paragraph 18 will be developed in service specifications and providers invited to respond. The Area Child Protection Committee will have a major role to play in issuing guidance, drawing up standards and monitoring progress.

#### Identification of Families Under Stress/Children at Risk

20. There is a need to encourage earlier recognition of families under stress, or children, through such means as the child health surveillance programme. The range of preventive and support services should be strengthened accordingly.
21. While some publicity on this topic has already been undertaken it is clear that a major campaign is required to ensure that identification and reporting arrangements are fully understood and made use of. Education should be aimed at those working closely with children or who have regular contact with them. This would include particularly playgroup staff, health visitors, general practitioners, community medical officers, school nurses and teachers.
22. Stress within families can be caused by a variety of factors and it will be necessary to work with other agencies covering issues such as housing, family planning, income support, education, etc to try to identify stress factors and see how these might be reduced.
23. The Board itself will look at such measures as:-
- extension of mother and toddler groups, after school groups, family aides and respite schemes;
  - ensuring accessibility for under 5's provision and summer play schemes; and
  - encourage other organisations involved in the provision of youth support.
24. These issues will also need to be addressed by providers as part of the overall response to the guidance on 'Management of Child Abuse'.

#### Area Child Protection Committee - Liaison Arrangements for Treatment of Abusers

25. In view of the need for an integrated and co-ordinated response to the treatment of abusers it is important to establish liaison arrangements, through the Area Child Protection Committee, with appropriate criminal justice

agencies. This will help to ensure that the best possible use is made of resources, knowledge and skills.

26. It is only possible to offer a limited service for abusers at the moment although discussions are currently taking place with the probation service and there is on-going liaison with the RUC. In addition, the Area Child Protection Committee now includes a magistrate and representation from the probation service and the RUC.
27. It will be necessary to take action on a number of fronts in relation to abusers including:-
  - formulation of treatment programmes;
  - early identification of potential abusers;
  - use of sensitive publicity designed to encourage users to come forward;
  - treatment for abusers in prison;
  - clarification of roles and responsibilities; and
  - identification of resources.
28. Providers will be required to :-
  - establish and develop arrangements for the follow-up of abusers;
  - identify treatment and support plans;
  - develop systems to monitor potential contact of abusers with children;
  - develop working with treatment agencies for recognised abusers including probation and psychiatric services;
  - development of working arrangements with RUC.

#### Treatment of Child and Adolescent Abusers

29. A longer term objective is to have in place a treatment programme, with in-built evaluation for child and adolescent abusers aimed at containing and if possible reducing or eradicating abusive behaviour.
30. Research has established that most adolescents who abuse children have themselves been the victim of abuse. It is therefore doubly important that abused children are identified and treated as early as possible.
31. When abusers have been identified the most important requirements in the initial stages are:-

- full and comprehensive assessment on a multi-disciplinary basis including psychology and psychiatry inputs; and
- comprehensive family assessment to determine, among various issues, if other siblings are abusers.

It is also important that education and reporting arrangements are established for schools and residential facilities.

32. Most treatment is carried out in residential homes at present although the provision of smaller specialist residential units is under consideration. Where possible treatment should involve the whole family and it could be valuable to provide this in family centres.
33. Providers will be required to:-
- develop identification procedures for child and adolescent abusers;
  - provide a comprehensive assessment to include the family where appropriate;
  - look at the possibility of developing small specialist residential units; and
  - examine the scope for providing treatment in family centres.

## RESIDENTIAL CARE

### Background

34. Residential care is increasingly regarded as generally inappropriate for young children, and appropriate for older children only if a non-residential placement is neither possible nor practicable, although circumstances can and do arise in which residential care can best meet individual needs.

### Residential Places

35. The objective for residential care is to move to a position where no more than 15% of the children in the Board's care are in residential facilities by 1997.
36. At September 1991 the Board had 91 (approximately 18%) of the 506 children in its care accommodated in residential facilities. The aim is to reduce this number to a maximum of 58 places over the planning period so that the capacity of the Board's three homes will decrease as follows:-

	Present Places	Planned Places
- Harberton House, Londonderry	25	20
- Fort James, Londonderry	19	15
- Coneywarren, Omagh	30	23

37. As a corollary to the reduction in residential places the Board will look to providers to:-

- expand fostering provision, especially for hard to place children, through the recruitment of specialist foster parents;
- improve training for foster parents;
- improve their capacity to facilitate early intervention with families under stress;
- extend family centre and under 5's provision;
- improve follow-up arrangements with families following discharge of children from care or home on trial; and
- develop domiciliary family support for parents eg aides.

#### Specialist Residential Facilities

38. While fewer children are now admitted to residential care, those who are tend to be older and are often among the most disadvantaged. There is an increasing tendency for children's homes to be used for children and young people with particular problems and needs: the severely disturbed, aggressive adolescents, those who have been psychologically damaged by abuse, or those who have experienced breakdown in fostering.
39. Many of the children and young people now in care need specialised, individual work, which cannot easily be undertaken in multi-purpose units. There is also a need to give a clearer and more specific focus to the preparation of young people for leaving care which can be difficult to achieve in existing homes with a mix of ages. It is important therefore that a range of residential provision is available geared to specialist tasks such as undertaking therapeutic social work to secure changes in unacceptable behaviour or preparation for independent living.
40. The possibility of converting the present homes to provide smaller separate units each with approximately 10 places is being looked at. These could be managed on a specialised basis according to assessed need eg

assessment, medium and long stay, training for independent living, physical/sexual abuse etc.

41. Providers will be required to :-
- carry out an analysis of existing residential places and needs;
  - develop programmes to manage the changes;
  - undertake staff preparation;
  - move to new system; and
  - review effects.

## FOSTER CARE

### Background

42. Foster care is aimed at providing a stable environment in which children can mature and, with the decreasing dependency on residential facilities, the need for good fostering services is becoming increasingly important. Fostering is increasingly recognised as a skilled task needing training and support and foster parents have an important role in the professional team concerned with the child's care.

### Experience of Family Life

43. The objective should be to ensure that each child in care should have an opportunity to experience family life. This will require the further development of foster care, including greater specialisation in home finding, to widen the scale and nature of services in order to cater better for the needs of children.
44. At present over 300 (around 60%) of the children in the Board's care are boarded out in keeping with the Board's policy of providing a foster placement where this is assessed to be the most suitable form of care. However, there are difficulties in finding foster parents for some children such as those with handicap or behavioural problems. Some training is available for foster parents and a small specialist foster care scheme has been developed.
45. In view of the urgent need to develop foster care, providers will be required to make arrangements for the recruitment, training and support of foster parents. In particular they will be asked to:-
- examine existing foster care provision, determine what changes are necessary and define a strategy for a professional service;
  - establish a home-finding team and provide

appropriate training where necessary; and

- identify, recruit and train foster parents.

## LEAVING CARE

### Background

46. The needs of young people leaving care differ widely and may include advice and information, counselling, assistance in cash or kind, education and training and accommodation. This means that a range of agencies will be involved in ensuring that a range of support is available for young people in the community when they leave care. The development of such support is an integral element of an overall preventive strategy designed to forestall or reduce future social problems and demands on services.

### Preparation for Independent Living

47. As part of their care placement all young people should have adequate preparation for independent living and access to an after-care programme which includes both an after-care plan and a designated after-care worker.
48. The Board's homes at Fort James, Londonderry and Coneywarren, Omagh have separate flats where young people can be prepared for leaving care. Care plans for these young people include preparations for leaving care and some support is provided when they move to independent living. For the future it is intended to develop independent living teams at Fort James and Coneywarren.
49. Providers will be asked to develop arrangements to prepare young people for leaving care and for after-care services. These should be developed in consultation with other relevant agencies and voluntary organisations. The arrangements should provide for young persons to have an after-care plan and a designated after-care worker. In particular, providers will need to:-
- develop independent living and support units at residential facilities and provide staff for each unit;
  - develop social and personal skills; and
  - endeavour to secure employment and education opportunities;

## CONCLUSION

### Strategic Shifts

50. Implementation of the Board's strategy will result in major shifts within this programme:-

- Child Protection will be greatly improved through implementation of the Department's guidance and other measures;
- Residential Care will become more specialised with smaller units, more intensive working, and an overall decrease in the number of residential places;
- Foster Care will expand and become more specialised and professional with greater support being provided; and
- Preparation for Leaving Care will be improved and expanded with greater levels of support being provided.

- full and comprehensive assessment on a multi-disciplinary basis including psychology and psychiatry inputs; and
- comprehensive family assessment to determine, among various issues, if other siblings are abusers.

It is also important that education and reporting arrangements are established for schools and residential facilities.

32. Most treatment is carried out in residential homes at present although the provision of smaller specialist residential units is under consideration. Where possible treatment should involve the whole family and it could be valuable to provide this in family centres.
33. Providers will be required to:-
- develop identification procedures for child and adolescent abusers;
  - provide a comprehensive assessment to include the family where appropriate;
  - look at the possibility of developing small specialist residential units; and
  - examine the scope for providing treatment in family centres.

## RESIDENTIAL CARE

### Background

34. Residential care is increasingly regarded as generally inappropriate for young children, and appropriate for older children only if a non-residential placement is neither possible nor practicable, although circumstances can and do arise in which residential care can best meet individual needs.

### Residential Places

35. The objective for residential care is to move to a position where no more than 15% of the children in the Board's care are in residential facilities by 1997.
36. At September 1991 the Board had 91 (approximately 18%) of the 506 children in its care accommodated in residential facilities. The aim is to reduce this number to a maximum of 58 places over the planning period so that the capacity of the Board's three homes will decrease as follows:-

and the expansion of family day care centre provision and on fostering as an alternative to residential care. Boards have also identified the need for and extent of additional resources to combat child abuse. In all their proposals Boards have stressed the role of the voluntary organisations and the need for close collaboration between the voluntary and statutory sectors.

### OBJECTIVES

5. There is a clear need to pursue alternatives to long-term residential care and this will be the primary objective for the programme of care over the next five years. The specific themes which should be mentioned are:
  - (i) **preventive services** – Boards will be expected to strengthen preventive services with increased levels of day care and improved social work staffing; continuous child health surveillance should be developed, particularly multidisciplinary developmental screening to improve the early detection and treatment of physical and mental handicap; the re-orientation of the school health services will be required in the light of changing needs to deal with disturbed children and those suffering as a result of alcohol and drug abuse; an important priority for all disciplines will be the development of services to counter child abuse, and particularly child sexual abuse;
  - (ii) **foster care** – Boards will be expected to develop strategies to promote foster care;
  - (iii) **residential care** – Boards should seek to reduce the need for residential care and, with the development of preventive and foster care services as alternatives to residential care, to reduce the stock of residential provision; Boards should also seek to improve the quality of staffing in the remaining residential child care provision;
  - (iv) **independence training** – Boards will be expected to ensure that there are adequate arrangements to prepare young people for leaving care;
  - (v) **after care** – to complement this independence training Boards will be expected also to provide support to young people who have left care; and
  - (vi) **health services** – Boards will be expected to co-ordinate their child care programmes with their child health services in order that sufficient support is available from the child health sector, including the child psychiatry and psychological services.
6. The success of this child care strategy depends fundamentally on increasing still further the availability of alternatives to long-term residential care and on an effective preventive service. This will require not only additional staffing but also changes in practice and closer co-operation between the various health and personal social services functions involved in the care of children as well as with other statutory and voluntary agencies.

### KEY FACTORS

## *child care*

with appropriate criminal justice agencies in order to secure an integrated and co-ordinated response to the treatment of abusers.

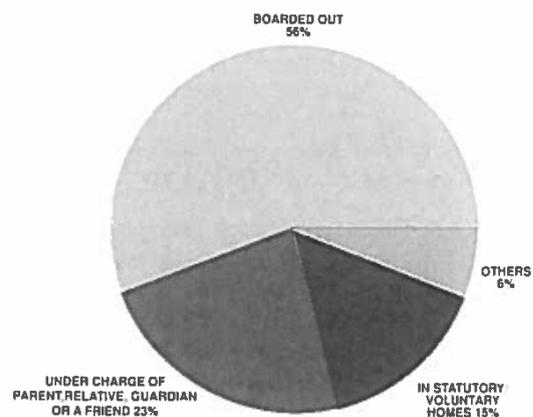
6. Boards should start work to secure, in the longer term, access to evaluated treatment programmes for child and adolescent abusers aimed at containing and if possible reducing such behaviour.

7. Boards should have access to an appropriate range of small residential facilities, which should be geared to specialist tasks in order to meet clearly identified needs.

8. Boards should aim to give each child in care an opportunity to experience family life and should have in place arrangements for the recruitment, training and support of foster parents. Nevertheless, residential care may be a positive and desirable way of providing stability and care for some children, which they may themselves prefer to other kinds of placement. The forthcoming legislation will mean that placing children "home on trial" while they remain in the care of a Board will happen much less frequently. By 1997 each Board should aim to have at least 75% of the children in its care, excluding any who are home on trial, in a family placement.

9. Boards should ensure that, from the outset, as part of their care placement all young people have adequate preparation for independent living and that they have access to an after-care programme, to include an after-care plan and a designated after-care worker.

**CHILDREN IN CARE IN NORTHERN IRELAND  
AT 31 MARCH 1990**



Source: DHSS

	Present Places	Planned Places
- Harberton House, Londonderry	25	20
- Fort James, Londonderry	19	15
- Coneywarren, Omagh	30	23

37. As a corollary to the reduction in residential places the Board will look to providers to:-

- expand fostering provision, especially for hard to place children, through the recruitment of specialist foster parents;
- improve training for foster parents;
- improve their capacity to facilitate early intervention with families under stress;
- extend family centre and under 5's provision;
- improve follow-up arrangements with families following discharge of children from care or home on trial; and
- develop domiciliary family support for parents eg aides.

#### Specialist Residential Facilities

38. While fewer children are now admitted to residential care, those who are tend to be older and are often among the most disadvantaged. There is an increasing tendency for children's homes to be used for children and young people with particular problems and needs: the severely disturbed, aggressive adolescents, those who have been psychologically damaged by abuse, or those who have experienced breakdown in fostering.

39. Many of the children and young people now in care need specialised, individual work, which cannot easily be undertaken in multi-purpose units. There is also a need to give a clearer and more specific focus to the preparation of young people for leaving care which can be difficult to achieve in existing homes with a mix of ages. It is important therefore that a range of residential provision is available geared to specialist tasks such as undertaking therapeutic social work to secure changes in unacceptable behaviour or preparation for independent living.

40. The possibility of converting the present homes to provide smaller separate units each with approximately 10 places is being looked at. These could be managed on a specialised basis according to assessed need eg

OFFICIAL-SENSITIVE-PERSONAL

**W E S T E R N**  
HEALTH AND SOCIAL SERVICES BOARD



AREA BOARD HEADQUARTERS

Please use this reference in your reply

Our Ref: DB.al  
Your Ref:  
Date 4 April 1995

Miss Marion Reynolds  
Inspector  
Social Services Inspectorate  
Dept Health Social Services  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF

*Marion, 5/4*  
Dear Miss Réynolds

**Re: Triennial Inspection of Children's Homes 1993/94 - Fort James**

Thank you for your letter of 8 March 1995 concerning the above. I note your concern about the impact of the closure of Fort James on the operation of Harberton House.

The proposals for the closure of Fort James always anticipated that there would be a phased reduction of children in residential care. Therefore for an initial period there will be some additional capacity at Harberton House.

Arrangements have been made to utilise the flat and bungalow at Harberton to provide 8 additional places in the short-term. Both these Units are separately staffed from the main House and have an Acting Team Leader to oversee and supervise the operation. In this way it is hoped to minimise the impact on Harberton.

As the Leaving and After Care Team and the Family Support Team begin to impact on services, we would expect to reduce the numbers admitted to residential care. Similarly the development of Family Support Services, resulting from the Children Order, will assist in this strategy.

The plan in respect of Harberton House is to reduce numbers first of all to 16 and ultimately to 14. It is not our intention to increase the places we purchase at Nazareth House.

I am today visiting Harberton House with Mr Carey, Unit Director of Social Care, Foyle Community Unit, and will be keeping abreast of developments.

15 Gransha Park, Clooney Road, Londonderry, N. Ireland. BT47 1TG  
Telephone: L'Derry (0504) 860086 (14 Lines)  
Fax. No. (0504) 860311

OFFICIAL-SENSITIVE-PERSONAL

OFFICIAL-SENSITIVE-PERSONAL

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650444 ext 24367  
520500

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

Please reply to The Secretary  
 Your reference

Our reference

Date 20 April 1995

Dear Mr Burke

**HARBERTON HOUSE CHILDREN'S HOME**

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

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

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

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

Yours sincerely

N J CHAMBERS  
 Assistant Chief Inspector (SSI)

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

OFFICIAL-SENSITIVE-PERSONAL

**SOCIAL WORK STAFFING LEVELS**  
**CHILD CARE**

From the analysis of the fieldwork staffing levels contained within the Strategic Plan 1987/92 it was identified that this Unit of Management was 15.5 Social Workers under-staffed or the equivalent of approximately three fieldwork teams. However, it must be borne in mind that the figures referred to in the Strategic Plan are based on the Departments guidelines of one Social Worker per 5,000 population. I would certainly concur with the Strategic Plan that for this Unit of Management analysis of the staffing complement should be based on one Social Worker per 4,000 of the population. This is based on the fact that the Londonderry and Strabane areas in particular suffer from high levels of social deprivation and as in north and west Belfast, the staffing ratio should be reduced to reflect a socially deprived area. From Figure 1 (below) it will be seen that the Social Workers per 1,000 of the population within the Western Board on a comparative basis with both the other three Boards and indeed England is seriously disadvantaged. This situation also pertains to trained Social Workers per 1,000 of the population. When one collates this type of information and combines it with the very serious trends in the numbers of extremely complex and difficult child care cases presented to social work staff, it is clear that appropriate action will need to be undertaken if we are to maintain the quality and range of protection and preventative services in the child care field.

**FIGURE 1**

<b>COMMUNITY SERVICES IN ENGLAND &amp; N IRELAND</b>	<b>ENGLAND</b>	<b>NI</b>	<b>EASTERN BOARD</b>	<b>NORTHERN BOARD</b>	<b>SOUTHERN BOARD</b>	<b>WESTERN BOARD</b>
<b>Social Workers per 1,000 population</b>	0.81	0.81	0.98	0.71	0.66	0.66
<b>Trained Social Workers per 1,000 (Aged 1 - 15)</b>	1.97	1.64	2.41	1.43	0.94	1.12

There are certain key underlying trends which reflect the increasing demands that have been placed on child care Social Workers in recent years. These increasing demands are not purely in terms of additional numbers of cases but also because of the very complex nature of child protection work which often necessitates that more than one Social Worker be assigned to an individual case. As I hope to illustrate below this trend is in evidence in many aspects of the child care work undertaken by Social Workers.

#### CHILD PROTECTION REGISTER

One measure of the increasing demands on child care staff is the number of children on our Child Protection Register. Figure 2 demonstrates the increase in the rate of registration between 1982 and 1989.

FIGURE 2

<b>WESTERN BOARD (LLS)</b>	<b>NO. OF CHILDREN/ FAMILIES</b>
At 31.12.82	6 families (12 children)
At 31.12.84	24 families (66 children)
At 31.12.85	26 families (68 children)
At 31.12.86	36 families (87 children)
At 31.12.87	49 families (121 children)
At 31.12.88	40 families (106 children)
At 31.12.89	41 families (130 children)

An analysis of these figures shows that the numbers of children placed on the register increased from 1982 until the end of 1989 by more than 983%. After a slight decrease between 1987 and 1988 this trend is continuing upwards at a steady rate and clearly is somewhat disturbing in terms of our present ability to meet this

need. It should be pointed out that the slight reduction in children registered following the peak in 1987 is believed to be accounted for by the devolving and delegation of decision making down the line.

The types of cases placed on the Child Protection Register are broadly broken into two main categories - those involving children who have been physically/emotionally abused and those who have been subjected to sexual abuse. Whilst statistical information regarding the input of social work time is not easily ascertained, the implications of dealing with an increased level of physical abuse cases in terms of both social work time, stress levels and high levels of professional practice can have significant ramifications on staff who have to deal with these cases and on their Managers who have to ensure that Social Services respond to cases of child abuse. This may mean that important but less urgent work is not undertaken until child abuse investigations are completed.

#### SEXUAL ABUSE REFERRALS

Another measure which would indicate the increasing levels of work is the rate of sexual abuse referrals. Figure 3 indicates that there has been a substantial increase in the numbers of sexual abuse referrals over the period 1985 until 1989. Indeed the overall rate of increase over the period is 355% and between 1988 and 1989 the rate of increase is 100%. This is no doubt a reflection of the very high profile that sexual abuse has been given by the media and other professional bodies over the past year and all the indications are that this trend is continuing.

FIGURE 3

	<b>Waterside Office</b>	<b>Riverview Office</b>	<b>Shantallow Office</b>	<b>Linavady Office</b>	<b>Strabane Office</b>	<b>Total</b>
1.7.85 to 1.7.86	4	7	5	4	2	22
1.7.86 to 1.7.87	11	15	9	7	11	53
1.7.87 to 1.7.88	14	13	7	9	6	49
1.7.88 to May 1989	30	25	21	5	19	100

This development has had a number of effects. Firstly due to the complexity of this type of case, the expertise, time, commitment and levels of stress for workers have significantly increased. Secondly, due to the level of risk there is an increased likelihood that the children are admitted to care or at the very least placed on the Child Protection Register. Thirdly, the nature of sexual abuse disclosures has meant that this Department increasingly uses wardship as a means of protection for children.

As I will outline below wardship proceedings are complex and time consuming. The overall effect is that the nature and role of the job has changed very considerably for Social Workers making much greater demands on time, commitment and the expertise of Social Workers. Indeed, working on such cases often has to be done at the expense of other work which may have to be left unattended until child sexual abuse referrals are properly investigated.

#### COURT WORK

Another indicator worth considering is that the continual use of compulsory orders within social work practice has undoubtedly effected the number of court appearances for social work to the juvenile court. This is not only to seek orders but often to defend revocation applications where parents initiate proceedings. To illustrate the latter point, in one situation the Social Worker was in court in connection with one case on nine occasions out of a possible thirteen monthly court sittings. If one assumes that each court appearance required approximately three hours input in terms of preparation of reports, waiting in the court for the case to be heard and the actual court proceedings themselves, one can see that this represents a colossal input of social work time. Overall there has been a 146% increase in social work court appearances during the period 1982 to 1988 in the Londonderry Juvenile Court. These figures do not take account of appearances at the Strabane and Limavady Juvenile Courts which I suspect have witnessed an increase of a similar order. In general terms court appearances for Social Workers are extremely demanding in terms of time and commitment and can quite often mean anything from one hour to four hours depending on the workload of the courts.

#### WARDSHIPS

As I indicated above, another aspect of social work which is increasing in frequency is the use of wardship proceedings. In the Board in general, wardship applications have steadily increased. In general terms a very high proportion (75% in some years) of wardship applications have been completed in the Londonderry, Limavady and Strabane Unit of Management and as Figure 4 indicates there has been a very significant increase (over 500%) in the number of wardships held in what is now Foyle Community Unit of Management over the period 1984 - 1989. This increase can partly be explained by the higher levels of

separations that we are experiencing in marital situations but also in addition it has been greatly influenced by the increased use of wardship in relation to sexual abuse cases where judicial evidence is not sufficient to ensure the protection of the child. The implications are considerable in terms of the intensity and degree of involvement in relation to the professional practice and time because of the on-going nature of wardship applications. Moreover, because wardship applications are listed in the High Court in Belfast the legal preparation tends to be more complex and the amount of travel time involved means that Social Workers may not be available to undertake other child care duties because they are required to attend court.

**FIGURE 4**

WARDSHIP ORDERS	
YEAR	LLS
1984	12
1989	76

**MATRIMONIAL CAUSES (NI) ORDER 1987 REPORTS**

In addition to the above factors, the amount of work that has been generated as a result of the Matrimonial Causes Order has been quite significant. From Figure 5 it can be seen that there was a major increase in matrimonial causes work from 1979 - 1980 following the introduction of the Order. Since that time there has been a steady increase in the work to the extent that from 1980 - 1988 the increase was 125%. This work, like wardship, has been increasing unabated and there appears no likelihood of change in the situation particularly since these statistics would indicate that marriage breakdown has significantly increased. Moreover, this matter is further complicated in that over the past number of years in particular, couples are able to have Decree Absolutes following a twelve month separation period. Thus many marital situations are still relatively new with many associated difficulties, particularly in relation to the arrangements in respect of the children which is the Social Workers main remit for being involved. Couples may not be reconciled totally to the dissolution of their marriage and naturally situations remain quite complex and therefore demanding of social work time. There was not an increase in manpower resources to off-set the increase in work associated with the introduction of the Matrimonial Causes Order.

**FIGURE 5**

<b>MATRIMONIAL CAUSES</b>								
<b>Unit of Management</b>	<b>1979</b>	<b>1980</b>	<b>1981</b>	<b>1983</b>	<b>1984</b>	<b>1986</b>	<b>1987</b>	<b>1988</b>
<b>LLS</b>	<b>7</b>	<b>64</b>	<b>51</b>	<b>69</b>	<b>90</b>	<b>67</b>	<b>88</b>	<b>144</b>

**ADOPTION ORDER (NI) 1987**

It should also be stressed that the introduction of the new adoption legislation brought with it considerable areas of new work. Though we received 1.5 Social Workers to help off-set this, these workers were specifically ear-marked to deal with the obligation to provide counselling for adopted persons seeking their birth record. Though we have attempted to extend the range of adoption work in which they are involved, it should be noted that under the 1987 Adoption Order that children become "protected children" when a Notice of Intention or Originating Summons is served. This imposes a duty on the Board to supervise the placement until the Adoption Order is made. In addition, the Social Worker has to complete an extensive agency report which is quite long and involved and this is a new requirement which is in addition to the provision of a Guardian-ad-Litem report. As I have indicated above, the rate of marriage breakdown has increased and illegitimacy does not carry the stigma that it did at one time. For this reason there are more couples marrying who have children by a previous relationship and who seek to have these children adopted. This has meant an increase in the number of non-agency placements (previously family adoptions) and in 1989 there were 24. The new adoption legislation requires the Board to be much more meticulous in its approach to adoption practice and procedure and having worked on the Adoption Working Party, charged with devising a practice/procedural manual, I have no doubt that this will make increased demands on Social Workers time. Bearing this in mind I do not believe that the staff provided to take account of the obligation to provide counselling will be sufficient to cope with all the demands placed upon us by the Adoption Order.

**CHILDREN IN CARE**

The report has tended to highlight the massive increases in the workloads in various areas of child care such as child protection, wardship, matrimonial causes, adoption, and so on. However, it is important not to lose sight of the additional commitments that workers have to children already in the care of the Board. At the present time in Foyle Community there are some 86 children in residential care, 171 children in foster care (our highest ever number) and some 61 children home-on-trial making a total approaching 318. Social Workers within child care teams are responsible for these children and the provision of a professional service to them which amounts to a considerable workload in itself. For example, of the children in residential care some 39 are awaiting long-term foster placements. In addition there are 19 other children in short-term foster care who will have to be moved on to long-term fostering placements as soon as possible. In other words all these children have been identified as being unable to return home in the immediate term and thus are ready for a long-term placement and are presently inappropriately placed within the residential unit. This fact in itself creates a tremendous amount of work for the Social Worker which hopefully will be partly off-set by the provision of two additional workers for the Fostering Unit. However, even with this increase in staff for the Unit, Social Workers in child care teams will still have to be involved in home finding in the immediate future in order to adequately address the numbers of children in care awaiting foster placements.

**CONCLUSION**

In conclusion I would hope that the factors and evidence outlined above, reflect the urgent need for additional child care staff in order to cope effectively with the current work demands. I would stress that this does not take account of any future demands and I have not looked at any population trends which I suspect would indicate a projected increase in the under fifteen years population in the future and an increase in the numbers of females of child bearing age. Clearly these and other social factors will also have an impact on our work. The thrust of the report is primarily focused upon attempting to secure additional staff so that the standard and quality of service can be maintained in the light of the many statutory child care demands that are placed upon us. For instance, in a number of offices there is a backlog of matrimonial causes reports because of the fact that there is other work which has a higher priority. The provision of matrimonial causes reports is a statutory requirement and failure to make court dates does impact adversely upon our "public image". While staff have been very professional in their approach to dealing with the considerable difficulties we have experienced in recent years because of staff shortfalls it is increasingly the case that emergency work is being carried out at the expense of other on-going planned work. No matter how sophisticated or refined a caseload management system one

utilises, such systems cannot adequately respond to a situation where the volume of work is greater than the staff available to take it on. To illustrate this point, one of my Child Care Team Leaders recently explained that at an allocation meeting it took one and a half hours discussion in order to get an urgent child care referral allocated. This length of time was needed, not because of the Social Workers reluctance to take on the case, but due to having to prioritise work and help the Team organise their commitments for the week so that a member of staff could be freed-up to take on this referral.

The impact on staff morale in these situations is something that causes me concern particularly when one examines the findings of enquiries into child deaths in England which point for a need to all first line managers to maintain a team environment within which the professional qualities of alertness, objectivity, creativity and commitment are maintained. Control of the work-flow is essential to this process and where individual Social Workers are stretched beyond a reasonable limit, the sustained demand on their competence and performance could erode those very qualities which Social Workers require to operate effectively and safely in the field of child protection in particular. Thankfully our staff have seemed to work through the most recent crisis in the system with great commitment, resilience, and professionalism. Indeed it is important to stress that in spite of the crisis there is still very good preventative social work being carried out. However, I do not believe that I can ask them to work under current pressures indefinitely without increasing the potential for error of judgement. The central problem is that of insufficient staff to meet the workload demand. We are working below DHSs recommended targets with a child care staffing complement which has only been increased by one worker in recent years (excluding the 2.6 workers for the Fostering Unit who are as yet not in post). As I have attempted to point out all the significant trends in acute child care work in this Unit of Management have shown clear and sustained increases in recent years and on that basis I would argue that there is a strong case for an increase in the staffing level.

  
GABRIEL CAREY  
PRINCIPAL SOCIAL WORKER

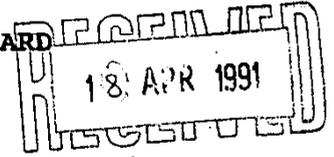
2 May 1990

Amended

file Harborton Review -

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

Foyle Community Unit

MEMORANDUM

TO: Mr. T. Haverty, Chief Social Work Adviser

FROM: [REDACTED] T.4 [REDACTED] A.P.S.W.

DATE: 4th April, 1991

SUBJECT: HARBERTON HOUSE REVIEW TEAM REPORT - TRAINING

At our meeting on 25th March, 1991, you requested a report from [REDACTED] HH5 and myself on the issue of training for residential staff. I would indicate that there has been a high level of training provided and would hope to outline this in this paper. As the report itself indicates, it was not that staff did not receive a high level of training. Indeed, it was because of the high occupancy at the time, that staff were unable to use these skills to their full potential.

The report outlines a series of principles which must be taken into consideration in providing appropriate training for any facility. This process should include individual profiling of training needs and through these, the identification and prioritisation of training needs of staff in general. The next step in this process would be to negotiate with the local training unit to provide courses to meet these needs. Within Harborton, over the past number of years, a system of identifying training needs has been developed through the system of formal supervision. Identified training needs are passed through the management line and become part of the negotiation with the local Training Unit in an effort to plan the training programmes to be offered. This process is an on-going one and my only suggestion might be that the individual training needs profiles could be recorded on a pro-forma and regularly up-dated in view of training received and additional needs identified. I would recognise as well that there has been a problem of sustaining the regularity of formal supervision which we expect and this matter is being addressed by the Officer-in-charge.

A review of the training programme offered by the Training Unit to meet identified training needs during the year 1990/91 indicates a broad range of courses used by staff from Harborton House. These include:

1. Introduction to Art Therapy.
2. Working With Sexualised Young People.

usefully be repeated if their evaluation proves to be positive and this will enable us to extend the input to a wider number of staff. One key area for training that has been identified, is the development of skills in therapeutic work with victims of abuse. It would not seem that this type of training input should be restricted simply to residential staff but has a wider focus in terms of being useful for staff in the child care programme including fieldwork staff, day care staff, residential staff and Health Visitors. Obviously we are anxious to ensure that as many staff as possible have access to training dependent on their individual training needs but the provision of training must also be balanced with the need to ensure that sufficient staff are on duty at any time to provide adequate care and supervision.

In terms of professional training, there has been a priority given by the Unit of Management to seconding residential child care staff to both C.Q.S.W. and C.S.S. courses. Over the past few years, there have been at least two staff from Harberton House seconded each year to professional training. As stated elsewhere, the disparity between salaries of qualified residential staff and fieldwork staff provided a disincentive for qualified staff to remain in residential care. It is expected that there will soon be a resolution of this through the implementation of Recommendation No. 6 of the Hughes Report.

I hope this outlines the heavy commitment which we have to training staff and to ensuring that the programme of training offered to them is appropriate to the needs of the service in which they work.

TL 4

Assistant Principal Social Worker

Harberton House 1304/76

TH.dmm

7 April 1992

Dr K F McCoy  
Chief Inspector  
DHSS  
Dundonald House  
Upper Newtownards Road  
Belfast  
BT4 3SF

Dear Dr McCoy

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD  
ABUSE AT HARBERTON CHILDREN'S HOME

Thank you for your letter of 20 January 1992. I indicated in my letter of 27 February 1991 of the steps taken to increase the staffing levels at Harberton House and the additional resources provided for foster care services and Nazareth House. The staffing level at Coneywarren Children's Home was also increased.

I would now wish to advise you that the Consultant Psychiatrist post for children and adolescents is currently advertised.

I would point out again as I did on the 27 February 1991 that the Board experienced difficulty in addressing all the recommendations made by the review group because of the competing demand for resources.

Since I wrote to you in February, staff both at Board Headquarters and Unit of Management have examined the report in detail again with view to taking follow up action on the recommendations made. The following is the position in relation to the recommendations.

Recommendation 11.1

The professionalisation of Family and Child Care Services which will ensure that all social work staff either working in a fieldwork residential or day care setting will be professionally qualified and be paid to similar salaries.

New pay scales introducing parity of pay between residential staff and fieldwork staff have been agreed and implemented within this Board. The professionally qualified residential Social Workers in all the children's homes are now paid on the salary scale for professionally trained Social Workers. Unqualified Residential Social Workers in residential homes are paid in accordance with the recommendations of the Hughes 6 agreement. At this point in time negotiations are nearing completion in relation to the management structure. In addition negotiation regarding pay parity for staff in family day centres are nearing completion and this will result in structures similar to that in the residential settings.

The Development of a Protocol with the Police for the Joint Investigation of Child Abuse where a Criminal Offence is Alleged to have been Committed

The development of a protocol for joint investigation of child abuse has now been agreed on a provincial basis between the RUC and social work staff. Training initiatives have now taken place in this Board in relation to the implementation of this protocol. The managers selected for the first round of this training initiative have completed their course and the Practitioners have just started the second phase of this training. It should be recognised however that it will take some time before all the staff that we wish to train in the use of this protocol will have completed the training. Part 2 of the protocol ie, joint investigation is now in operation in this Board.

The Board should undertake Comprehensive Assessment of Need in the Unit and agree a Strategy to meet the need including making available the resources required

The Board continues to develop its assessment of need strategies in relation to Family and Child Care. I would however point out that much work has been done on this, some of which has been reflected in the Social Care Review a copy of which you received. The recent reports prepared by the Social Services Inspectorate following their inspection of the homes are also helpful in this respect.

I would also advise you that Foyle Community Unit of Management has set up a research project on Needs Assessment. This project was funded under the Londonderry initiative monies, consist of 3 researchers, all of who are trained Social Workers with a background in child care. You will also be aware that the Board has made very good progress in developing its strategic plan, purchasing plan and business plans. All these plans necessitated an assessment of need.

Fieldwork Staffing, Fee-Earning Foster Parents and Family Aides

In the Board's Purchasing Plan for 1992/93 - 1994/95, it is planned that £263,800 will be made available to Family and Child Care programmes throughout the area under the development proposals. This proposal is to assist with the development of the integrated Child Care Service throughout the Board and consists of the following:

- A. Development of Family Centre and increase in Foster and Family Aide budget with the aim of reducing the numbers at Coneywarren Children's Home, £58,000.  
0.5 Health Visitor, 2 specialist foster parents, family aide budget, boarded out budget £58,000.
- B. Increase in Family Aide Budget to enable response to be made to increasing demands faced in dealing with vulnerable children and families - £35,000.
- C. Three additional social work posts will be made available to the Foyle Community Unit of Management, cost £67,800. This will help deal with the high caseloads in Child Protection and to address outstanding issues such as matrimonial causes reports, domestic proceedings reports, adoption assessments and development of preventative services.
- D. Consultant in Community Paediatrics  
An additional £25,000.
- E. Development of Foster Care  
£20,000.
- F. An additional £72,700 is being made available to develop the child and adolescent psychiatric service. This will enable the appointment of a Clinical Psychologist and 2 nurses and supplements the allocation made last year.

Additional Social Worker to Foster Care Unit

The Foster Care Unit is now operating at full establishment in Foyle Community Unit. The establishment is one Senior Social Worker and 3.6 Social Workers. This represents an increase of 2.8 Social Workers since the untoward incidents at Harberton House came to light. One member of staff, the 0.6 Social Worker is assigned to the development and maintenance of specialist placements.

Fee-Earning Foster Parents should be developed  
Initially 6 foster parents should be developed to care for  
sexually abused children

At present 3 specialist fostering placements are being used within Foyle Community Unit. In addition one child is placed with professional foster parents under the Barnardos project. It is the intention to increase the number of specialist foster parents in the light of the allocations referred to above and restructuring of resources at Unit of Management level.

The range of services should be increased through the development  
of Kidscape, Home Start and Family Support, (Aides)

The Area Child Protection Committee is actively pursuing the development of Kidscape in this Board area along with the Western Education and Library Board, Family and Child Care staff and Health Promotion staff. It is the intention to introduce Kidscape on a pilot basis to nine schools very shortly. Following that it is the intention to extend this scheme on a progressive basis throughout the Board area.

In relation to Home Start, Mr Haverty met recently with [REDACTED] [REDACTED] to consider the development of Home Start schemes in this area. He has written to the community Unit General Managers asking them to consider the development of such schemes.

A working group has been set up in the Board area to consider the needs of the under 5's, assess need, and recommend on the package of services that needs to be developed.

The Board has established an extensive youth support scheme in conjunction with Extern in the Londonderry City area and Save the Children Fund in the Limavady area.

Panel of 6 Childminders for Day Care to provide for at risk  
children

This is one of a number of services being considered by the working party for the under 5's. It will be hoped to fund a pilot scheme in one of their localities within the Foyle Community Unit of Management. This Board is keen to develop childminding services. We are the only Board in the province who pays membership fees for NIACM membership and insurance for childminders. We maintain close contact with NIACM and grant aid the local development officer post.

An immediate review of the size and function of Harberton House

A review of the structure of all three residential children's homes in the Board area is being carried out in line with the implementation of the Hughes 6 recommendation. In Harberton House it is the intention to have 2 teams each led by a Team Leader. It is also the intention to reduce the numbers in the first instance from 25 to 20. Within this the management are looking at the possibility of developing a smaller unit of 4-5 places which will be designed to provide treatment for disruptive children with special needs including children who have been abused or abusers.

As part of the development of an integrated child care service, I would mention that in Fort James it is the intention to develop 2 units each under the management of a Team Leader, (a) an adolescent unit and (b) leaving care unit. In Coneywarren, there will be 3 units under the management of a Team Leader, (a) admission/reception unit, (b) medium/long stay unit, (c) special needs unit. This will also compliment the provision provided at Nazareth House voluntary Children's Home where 2 units will be established each under the management of a Team Leader.

You will be aware that it is our plan to reduce the number of residential places on a progressive basis. This however will require some additional resources but not perhaps as much as referred to earlier.

Review of staffing levels and duty rotas

The Board has reviewed the duty rota on a number of occasions. The most recent exercise has made some amendment to the rotas and this now provides for staff being in direct contact with children for 35 in any 39 hour working week and have only 4 hours to carry out record keeping, report writing, attend the case conferences - supervision, staff training, contact with external agencies etc. It should be recognised that at weekends and during school holidays, staff are in direct contact with children for most of their working hours per week.

The Mould in the ground of the home should be levelled

This is not regarded as being a high priority need.

A multi-disciplinary team should be developed to build up expertise in the assessment of sexually abused children

A range of training initiative has taken place during the year to develop residential Social Workers expertise and indeed Fieldworkers in the assessment and treatment of sexually abused children. The Board is in the process of appointing a Consultant

Child Psychiatrist and funding is being made available for a Consultant Community Paediatrician. Following the review of the role of residential facilities, one of the teams in Harberton House will work along with these Consultants in developing this area of work.

An Adolescent support centre should be developed with the emphasis placed on preventive work

As indicated it is the intention that Fort James will address this aspect of work. Harberton House will work with adolescents in accordance with the individual care plans for its residents and Coneywarren Children's Home as part of an integrated plan will develop support and preventative work from adolescents.

Training Strategy

An additional Assistant Principal Social Worker was appointed to the training team earlier this year. On-going training programmes are organised in conjunction with the training unit. It is the Board's plan to increase the level of trained staff in residential children's homes and it is the intention to second 4 staff from Child Care during the coming year. Whenever possible we intend to recruit professionally trained staff as vacancies arise.

Priorities should be given to structured supervision with a view to developing staff profiling system

The supervision arrangements within the Unit will change with the regrading of residential staff and when the new structure is implemented. The aim is to provide regular supervision, although this is interrupted during the summer holidays. It is the intention that supervision does take place for individual staff on a monthly basis. Supervision is tailored to meet the individual needs of the individual residential worker and to facilitate staff development.

Status of new system of recording to be clarified

The new system of recording to facilitate open access has now been in operation for some time. Family and Child Care programmes are now initiating a review of the system which will be chaired by one of the Locality Managers.

Examination of the Management span of control of the Assistant  
Principal Social Worker

The span of control of this worker remains the same. It is recognised that a Senior Social Worker needs to be appointed to take on some of the day care aspects of this worker's responsibility but the allocation of resources of such a post has got to be judged against other priorities.

A workload management system should be introduced

A working group has been set up to look at the introduction of a consistent workload management system within the Unit. A system of workload management has been devised and is currently being piloted in 3 localities. The outcome will be evaluated to ascertain whether it can be introduced throughout the Board area.

Yours sincerely



DOMINIC BURKE  
Director of Social Care

Harberton House 1304/76

TH.dmm

7 April 1992

Dr K F McCoy  
Chief Inspector  
DHSS  
Dundonald House  
Upper Newtownards Road  
Belfast  
BT4 3SF

Dear Dr McCoy

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE AT HARBERTON CHILDREN'S HOME

Thank you for your letter of 20 January 1992. I indicated in my letter of 27 February 1991 of the steps taken to increase the staffing levels at Harberton House and the additional resources provided for foster care services and Nazareth House. The staffing level at Coneywarren Children's Home was also increased.

I would now wish to advise you that the Consultant Psychiatrist post for children and adolescents is currently advertised.

I would point out again as I did on the 27 February 1991 that the Board experienced difficulty in addressing all the recommendations made by the review group because of the competing demand for resources.

Since I wrote to you in February, staff both at Board Headquarters and Unit of Management have examined the report in detail again with view to taking follow up action on the recommendations made. The following is the position in relation to the recommendations.

Recommendation 11.1

The professionalisation of Family and Child Care Services which will ensure that all social work staff either working in a fieldwork residential or day care setting will be professionally qualified and be paid to similar salaries.

Quality of Social/Emotional Care

For the most of March there were 31 children in residence. A bungalow was opened and 6 temporary staff recruited. During this time a serious incident come to light which involved eight children in the home in sexual abuse. The 2 'abusing' boys being 9½ and 12 years old. Both are now in Training School. Both have been victims of sexual abuse in their own homes. The remaining children need intensive therapeutic help. This is not possible with ten temporary inexperienced staff to be supported by the OIC. **HH 22** who is Acting OIC now has 29 staff to supervise. This combination of unfortunate events has caused morale to fall and therefore the quality of social and emotional care of the children.

Other Observations

With 28 children in Residence (on split sites) and the possibility of three more admissions on the day of my visit, there is obviously a serious resource problem in this Unit of Management. As the incident above shows we are failing in our duty to protect children. Providing a bed, shelter and food is not enough. Foster home finding is seriously under-resourced, with one SSW and one SW 'supporting' 170 placements. It should be noted that three of the children are under 5 years which is against Board Policy.

General Impression of the Operation of the Home and Conclusions

I hope it is clear that I am not blaming the Home staff in any way for this situation. It seems to me that there is an issue about child care resources generally in WHSSB. Fort James and Coneywarren are similarly stretched and home finding is not keeping pace. Derry children have been placed as far away as Belfast. This makes a nonsense of maintaining family and community links. I would ask that this whole issue be urgently reviewed.

Signed *Maelda M. Egan* Board Member

Date 11 APRIL 1990

acknowledged in the Report. He also referred to the difficulty of securing suitable accommodation for young children with behavioural problems.

HH 34 commenting on several issues spoke of the importance to maintain the integrity and morale of the staff involved and to acknowledge their achievements in maintaining a state of equilibrium despite the trauma and difficulties faced by them.

The Chairman stated that the views expressed by HH 34 were most important. However he said that in his opinion the main concern must be for the children involved. He reminded members that the Review had been carried out to try to identify the nature and extent of the problem and more importantly what steps should be taken to effectively address it.

Concluding this part of the discussion the Chairman invited Mr Bunting to comment on the recommendations of the review Team.

Mr Bunting explained that during the course of the Review the team were aware that there were certain initiatives already underway in the Board to improve child care services and these had been incorporated into their recommendations.

Continuing Mr Bunting then took members through the Review Team's recommendations as detailed in the report and elaborated on the main issues.

The General Manager stated that the recommendations outlined in the Report were wide ranging and could pose very serious resource implications for the Board and its services. He said the recommendations would have to be examined in detail and it was essential to give management in Foyle Community unit an opportunity to study the report in detail and to put forward their views. He stated that it was important to indicate to staff that a response would be made to this agenda. However in his view it would be wrong to convey a sense that the recommendations as described in the report could be secured within an immediate timescale.

Mrs McGowan referred to a statement in the Report that "children and staff were still at risk". She said that in view of this, serious consideration would have to be given to minimise the risk factor as a matter of urgency.

HH 34 stated that whilst he shared Mrs McGowan's views he nevertheless felt that it was essential to have the views of the Unit of Management on the way forward.

PRIVATE

would grab me by the neck and batter me. HH 5 knew HH beat me but he didn't do anything about it. My first memory of being in there was seeing him trail a young boy named HH 16 down the corridor. HH 15 lives in the Waterside. He was an ex rugby player. He also slapped and beat my younger sister HH 17. My mother and father came to the home to report it and I think HH 15 ended up taking early retirement because there were so many complaints about him.

22. I was raped by a boy in Harberton House called HH 18 when I was about thirteen years old. He was about two years older than me. One night I was going to bed in my single room when I heard music blasting from another room. HH 18 and another resident HH 19 were carrying on. I complained to HH 20 who was the social worker in charge that night about the noise. She told them to turn it off. Around 1 or 2am when I was sleeping HH 18 came in to my room and HH 19 held the door from the outside. I could hear HH 19 giggling. HH 18 raped me and held his hand over my mouth. It lasted for about ten minutes. When he left I put my bedside locker up against the door. I was distraught. His mother was a prostitute who had been murdered in the town so he had been in Harberton for a long time. I told a young girl called HH 21 HH 21 about it and she told HH 20 HH 20 then told HH 22 who was the head of the long stay unit in Harberton. She lives in Derry. HH 22 said 'are we back with these lies again HIA'. She said I was going to end up in the training school. She asked why I hadn't told her and I said I learned years ago not to tell staff, to which she replied 'are you implying we wouldn't believe you?' Two days after I was raped I telephoned my mother and told her. She sent my sister HIA 126 down to see me. I told her to tell my mother I was being sent to the training school the next day. My mother told the Derry Journal and it was the front page story two weeks later that I was moved to the training school. The headline read 'child raped in children's home and moved to training school'. Harberton wanted me to report it to the police and I wanted to but nothing happened and I was never interviewed. HH 18 still lives in Derry and I think he is a drug addict.

HIA 233

PRIVATE

8

I next became involved with DL 48 when he was admitted to Harberton House in, I think, 1982 where I was Officer in Charge. This followed a fostering placement breakdown. DL 48 remained in Harberton for a period of time before he was discharged.

I had no further contact with DL 48 for a number of years until he returned to work for a time in Residential Child Care.

DL 48 at that stage spoke to me of his time in Rubane House and stated that he had been abused by a religious brother. It is my understanding that he had made a statement to the Police about this. After DL 48's tragic death I did speak to HIA 352 about DL 48 as we had both known him over a number of years. I believe that HIA 352 was aware of DL 48's background and we spoke of this. I cannot recall giving her specific details of his allegation.

I was the manager of the assessment unit in Harberton House when HIA 233 was a residential in the medium/long stay unit. I do not remember the circumstances leading to her admission or her description of events on her admission.

I recall HIA 233 as a very damaged and challenging girl who could be extremely confrontational at times, so much so that her outburst sometimes led to physical confrontations with other residents and staff.

There were occasions when HIA 233 had to be physically restrained. I can recall that HH 15, a residential social worker, along with other staff had to use this procedure to prevent HIA 233 from harming herself or others. These incidents would have been recorded, discussed and shared with HIA 233's Field Social Worker and other social work staff as this was the procedure to be followed.

I am not clear if HIA 233's allegation about HH 15 related to any of these incidents. If HIA 233 made a complaint it should have been recorded as such and followed up at the time. I would strongly refute HIA 233's allegation that I knew HH 15 had assaulted her and that I did nothing about it.

With regard to HIA 233's allegation of a sexual assault by another resident in the medium/long stay unit in Harberton House, HIA 233 never made such an allegation to me. Again an allegation made by HIA 233 would have been recorded and followed up by residential and field social work staff.

#### Statement of Truth

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

Signed **HH 5**

Dated 10-3-2014

FOYLE  
COMMUNITY UNIT

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

Complaint made by [redacted] SPT 81 [redacted] against a member of staff, [redacted] HH 15 [redacted], 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 [redacted] 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] SPT 81 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 [redacted] He used to lift me by the collar and throw me in my room. [redacted] He did this because I was shouting at [redacted] 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."

WATERFORD COUNTY COUNCIL  
WATERFORD



From information provided by [REDACTED] Temporary social worker, she recalled visiting Harberton House on 24 June 1993 with [REDACTED] SPT 81 mother. Her case records note that she had 'received a telephone call from [REDACTED] HH 15 Residential social worker, stating that [REDACTED] SPT 81 had been very disruptive the previous night. Discussed this with [REDACTED] HH 15 who stated that HH 15 had picked on him'. Agreed to meet with [REDACTED] HH and [REDACTED] SPT 81 to discuss this."

The Residential record noted that:

[REDACTED] SPT 81 met with his Social Worker and mum this evening .... [REDACTED] SPT 81 complained to [REDACTED] that [REDACTED] HH was bullying him and had grabbed him by his collar and taken him to his room. He claimed that [REDACTED] 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 [REDACTED] HH 15 [REDACTED] and [REDACTED] SPT 81 to discuss the comments made by [REDACTED] SPT 81. This meeting did not take place as the Social Worker arrived late and both [REDACTED] HH 15 and [REDACTED] SPT 81 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 [REDACTED] HH 15 recorded or was recorded as being involved in [REDACTED] SPT 81 removal to his room.

13 June 1993

[REDACTED] SPT 81 was sent to his room"

I have found that

1. There is frequent reference in records to [SPT 81] being asked to go to his room or to [SPT 81] 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 [SPT 81] 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 [SPT 81] 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 [SPT 81] complaint.

[REDACTED]  
TL4

Assistant Principal Social Worker

## WESTERN HEALTH &amp; SOCIAL SERVICES BOARD

## FOYLE COMMUNITY UNIT

## MEMORANDUM

TO: [REDACTED] TL 4 APSW

FROM: Mr G Carey, A/AUGM

DATE: 29 October 1993

RE: Complaint Register Number: 2068

---

I refer to the report outlining your investigation against a member of staff.

Whilst I accept that it might be difficult to substantiate the allegation because there is no independent person to verify events as outlined by the resident, it appears obvious that there was a serious breakdown in procedure which I would want to remedy. This may be an issue that should be raised at the Child Care Programme Manager's Meeting since it does involve fieldwork staff as well as residential staff.

There are two issues which need to be addressed:-

1. The complaint by [REDACTED] SPT 81 on 23 June 1993 was not recorded. Clearly this would need to be taken up with the member of staff to whom the complaint was made.
2. Whilst there was a follow-up meeting arranged to discuss the allegation this was not held and was not re-arranged. The reasons for this need to be clarified.

It is imperative that these situations are recorded and followed up at the time and I would want this brought to the attention of residential managers and staff. This is protection for residents, staff members and the organisation. Unless these incidents are followed up in a timely fashion they could damage the image of the Unit and give the impression that the sort of treatment referred to in the allegation may be common practice. One only has to refer to the way that this allegation did come to our attention and it appears obvious that it was the subject of conversation amongst residents.

This incident also reinforces the need for all staff to be conversant with the Complaints Procedure. It also emphasises the need for Team Leaders in residential establishments to be conversant with incidents and the methods used when restraint is deemed necessary.

I would be grateful if you would respond to my queries as soon as possible.

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

cc [REDACTED] HH 40 v/PM

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

Foyle Community Unit of Management

## MEMORANDUM

TO: Mr G.Carey, A/AUGM  
FROM: [REDACTED] TL4 APSW  
DATE: 5 November 1993  
SUBJECT: COMPLAINT REGISTER NO: 2068

---

Further to your memo of 29 October 1993 in relation to the breakdown in the recording and investigation of this complaint when it was first made to a member of residential staff on 23 June 1993 and subsequently to a field Social Worker the following day.

I have raised this matter with the individual Social Workers concerned and their line managers, indicating that the Complaints Procedure was not followed in this instance. I have arranged to raise this matter at the next Child Care Programme Managers meeting. As you are aware, I have also arranged to run regular briefing/training sessions on the Complaints Procedure.

[REDACTED] TL4

Assistant Principal Social Worker

9 November 1993

Dear [REDACTED]

Following the complaint made by your son, [REDACTED] SPT 81 [REDACTED] that he had been mistreated by a member of staff in Harberton House.

I have carried out a full investigation, interviewing residents and staff, reading daily records in relation to [REDACTED] SPT 81 [REDACTED] and speaking to field social workers who worked with [REDACTED] SPT 81 [REDACTED] and yourself. After a full investigation, I have [REDACTED] SPT 81 [REDACTED] insisting that his complaint is accurate, a member of staff denying that [REDACTED] SPT 81 [REDACTED] had been inappropriately removed to his room and no independent person to verify the events.

There is no doubt that [REDACTED] SPT 81 [REDACTED] has been removed to his room or asked to go to his room on 46 separate recorded occasions between the end of May and the end of September. I have to conclude that there is no evidence to substantiate [REDACTED] SPT 81 [REDACTED] allegations.

If you wish to discuss this with me, or are unhappy about the outcome, please contact me within 7 days and I will be happy to meet with you.

Yours sincerely

[REDACTED] TL 4

Assistant Principal Social Worker

1 **honestly have any recollection of that.**

2 Q. Okay. We were told that there was an earlier complaint  
3 in 1989 made against this staff member, again alleging  
4 physical abuse. That was investigated by the Assistant  
5 Principal Social Worker, [REDACTED] TL4 and the Principal  
6 Social Worker. They determined that the complaint  
7 wasn't founded.

8 Now I would not expect you to remember about that,  
9 because at that time you were actually in Cork --

10 **A. That's right.**

11 Q. -- being qualified.

12 But there was another child complained that this  
13 staff member was rude to her in 1994. It is recorded  
14 that the officer in charge of Harberton found no breach  
15 of professional practice.

16 Now we were discussing this earlier, and it seems  
17 that -- well, you would have been the officer in charge  
18 in 1994 --

19 **A. Uh-huh.**

20 Q. -- although there was a time when you were acting up in  
21 [REDACTED] TL4 role during that time.

22 **A. Yes.**

23 Q. But as it was reported to the officer in charge, it is  
24 most likely you were the person who investigated this.  
25 I think the record actually showed that it was you. You

1 needed. I can say looking, you know, back now, I mean,  
2 that was an evolutionary rather than a revolutionary  
3 process. It took time, over time, but we didn't stop.

4 Q. Well, HH5, that's all I want to ask you about unless  
5 there is anything further you feel that we haven't  
6 covered that you want to tell us about your time in  
7 Harberton particularly.

8 A. Could I go back just a bit, because you were talking  
9 previously about the incident in relation to **HH 15**  
10 and some of those ones.

11 Q. Yes.

12 A. The -- not specifically speaking about **HH 15**, but  
13 in that context where you have people who end up having  
14 to confront children whose behaviour is out of control,  
15 I mean, we struggled for many years trying to look at  
16 how we could actually deal with those children.  
17 People -- we had a limited number of male staff and  
18 a greater proportion of female staff. There was  
19 a natural inclination when kids were out of control that  
20 there was almost an over-reliance on male staff to try  
21 and support female staff in dealing with it. I always  
22 believed that left them vulnerable, you know. Plus it  
23 did not do any good to the relationship between them --  
24 male staff were repeatedly coming in to try and deal  
25 with difficult situations, and that was recognised, you

1 know, by the staff.

2 We for many years tried to find a model to try and  
3 work with children who presented challenging behaviour,  
4 and that created difficulties, because any models that  
5 we looked at were all related to working with adults in  
6 psychiatric units and so forth. It was totally  
7 inappropriate for children. So rather than pick one  
8 thing and go with it, myself and managers and the  
9 training team in the Western Board spent a long time  
10 trying to find a model that would be appropriate,  
11 because prior to that time we were given some general  
12 information about how to try and diffuse a situation --  
13 "Use your relationship. Try and avoid confrontation" --  
14 you know the usual things you try and do not to heighten  
15 the situation with kids, but when the situation broke  
16 down to the point where a child needed to be held, there  
17 were no directions about how you could appropriately do  
18 that, safely do that, and that was the big gap. It  
19 wasn't until the introduction of Therapeutic Crisis  
20 Intervention as a model, which was in the mid-'90s, that  
21 staff were finally given appropriate training on how to  
22 manage and deal with very challenging behaviour. That  
23 really was about -- 90% of that programme was about how  
24 you actually de-escalate situations, how you work with  
25 children in helping them recognise the trigger points

PRIVATE

would grab me by the neck and batter me. HH 5 knew HH beat me but he didn't do anything about it. My first memory of being in there was seeing him trail a young boy named HH 16 down the corridor. HH 15 lives in the Waterside. He was an ex rugby player. He also slapped and beat my younger sister HH 17. My mother and father came to the home to report it and I think HH 15 ended up taking early retirement because there were so many complaints about him.

22. I was raped by a boy in Harberton House called HH 18 when I was about thirteen years old. He was about two years older than me. One night I was going to bed in my single room when I heard music blasting from another room. HH 18 and another resident HH 19 were carrying on. I complained to HH 20 who was the social worker in charge that night about the noise. She told them to turn it off. Around 1 or 2am when I was sleeping HH 18 came in to my room and HH 19 held the door from the outside. I could hear HH 19 giggling. HH 18 raped me and held his hand over my mouth. It lasted for about ten minutes. When he left I put my bedside locker up against the door. I was distraught. His mother was a prostitute who had been murdered in the town so he had been in Harberton for a long time. I told a young girl called HH 21 HH 21 about it and she told HH 20 HH 20 then told HH 22 who was the head of the long stay unit in Harberton. She lives in Derry. HH 22 said 'are we back with these lies again HIA'. She said I was going to end up in the training school. She asked why I hadn't told her and I said I learned years ago not to tell staff, to which she replied 'are you implying we wouldn't believe you?' Two days after I was raped I telephoned my mother and told her. She sent my sister HIA 126 down to see me. I told her to tell my mother I was being sent to the training school the next day. My mother told the Derry Journal and it was the front page story two weeks later that I was moved to the training school. The headline read 'child raped in children's home and moved to training school'. Harberton wanted me to report it to the police and I wanted to but nothing happened and I was never interviewed. HH 18 still lives in Derry and I think he is a drug addict.

HIA 233

PRIVATE

8

[REDACTED] - Harberton

CARE Unit  
Strand Road RUC  
LONDONDERRY

367337

9 December 1992

The undersigned

[REDACTED]  
C/O Harberton House  
Children's Home  
Irish Street  
LONDONDERRY.

Dear [REDACTED]

RE: ALLEGATIONS OF A SEXUAL NATURE REPORTED BY  
HIA 233 AGAINST HH 18

I wish to inform you there will be no further police  
action re the above matter.

Yours sincerely

[REDACTED]  
Constable  
CARE Unit