THE HISTORICAL INSTITUTIONAL ABUSE INQUIRY

MODULE 7

SUBMISSIONS ON BEHALF OF

THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

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1. Introduction

1.1. Whilst this seventh module has dealt with four institutions, only St Patrick's, Rathgael and Lisnevin, hereinafter referred to as the "training schools", are relevant to the Department of Health, Social Services and Public Safety, the "DHSSPS". The Social Work Advisory Group, "SWAG", which later became the Social Services Inspectorate, "SSI", did not play any role in the inspection of, or provision of advice in relation to Hydebank Young Offender's Centre.

1.2. The joint statements made by the DHSSPS and the Department of Justice, the "DOJ", set out the legislative framework. Essentially the Ministry of Home Affairs, "MoHA", exercised both statutory powers and duties in relation to industrial and reformatory schools and later training schools. In 1972, following the prorogation of the Stormont Parliament, responsibility for the training schools transferred to the Northern Ireland Office, "NIO", for whom the DOJ is a successor Department. It is worthy of note that it was the Board of Management of each training school, rather than the NIO, which had immediate responsibility for the oversight of the training school. The Training School Rules 1952 prescribed the method by which they should exercise such responsibility[1]. In particular, Rule 10 outlined the duties of the Board of Management.

1.3. This submission will deal with the relationship between the NIO/DOJ and the DHSSPS, formerly the Department of Health and Social Services (DHSS), the inspection regime in relation to training schools and in particular, the inspection regime post-1972 and the interaction of SWAG and SSI with the training schools.

[1] See SPT 16298 for a discussion of Rule 10 found within the SSI: Residential Child Care in Northern Ireland the Training Schools Report of October 1989.

2. The Relationship between the NIO and the DHSS

2.1. Mr. Nick Perry[2] of the DOJ explained the relationship between the NIO and the DHSS relevant to this module. He confirmed that in 1972:

> *"…the Northern Ireland Office (NIO) was established and assumed many of the responsibilities of the Ministry of Home Affairs, including those covering training schools. A Training School Branch was set up to provide direction and funding for training schools…An informal arrangement was made with the Department of Health and Social Services' Social Welfare[3] Advisory Group (replaced by the Social Services Inspectorate in the mid-1980s) to conduct inspections of training schools"[4].*

2.2. Dr. McCoy, who ultimately became the Chief Inspector, SSI, confirms he is not aware whether this informal arrangement was the subject of a formal written Departmental agreement[5], however the manner in which the arrangement was operated is clear from the evidence. Mr. Donnell in his statement describes being *"seconded"*[6] to the NIO to *"provide social work advice to that Department in relation to training schools and miscellaneous services in other parts of the Criminal Justice system…"*.

2.3. Essentially, the NIO established a Training Schools Branch to take responsibility for the training schools, with the role of SWAG/SSI limited to providing staff to the NIO to inspect and provide professional advice. Initially this entailed the services of at least one member of staff and Dr. McCoy confirms that a transfer of financial resources to fund the posts probably accompanied the transfer of

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[2] SPT-1592 to 1604.
[3] The correct title is the 'Social Work Advisory Group'.
[4] Paragraphs 18 to 21, SPT-1596 and 1597.
[5] Paragraph 7, SPT-2000.
[6] Paragraph 4, SPT-2000.

professional staff[7]. He suggests that at some point in the later 1980s the NIO asked SSI to take on additional responsibilities, including inspection and advice in relation to the Probation Board for Northern Ireland. This resulted in the NIO funding an additional Inspector post and part-funding an Assistant Chief Inspector post. Mr Shannon, in correspondence to Campbell Whyte in July 1998[8], confirmed Mr Donnell's suggestion of the Inspector having been 'seconded' to the NIO. Mr. Victor McElfatrick stated that regular information on the operation of the training schools was mainly provided by one dedicated Inspector, Mr Donnell, who was a regular visitor to the training schools.

2.4. Dr. Harrison confirmed in her evidence[9] that there appears to have been a quasi-contractual or secondment arrangement between the Departments. Some members of staff from SWAG and later SSI were essentially performing an inspectorial and professional advisory function for NIO in relation to the training schools.

2.5. Despite secondment to the NIO, Inspectors appear to have valued the concept of professional inspectorial independence as is evidenced in the McElfatrick memorandum[10]. The evidence suggests that SWAG and SSI sought to ensure that NIO and the training schools were appraised of and engaged in seeking to improve standards of professional practice in line with contemporary thinking. Recommendations were given in reports which had implications for both the training schools and NIO, one example being in relation to improvement of physical accommodation and in the encouragement of training for staff, as evidenced by Mr Donnell, who from the 1970s was a strong advocate of staff obtaining appropriate training and qualifications. He describes that he was "pushing on an open door" in

[7] Paragraph 15, SPT-2002.
[8] SPT 100882.
[9] Day 163 Page 65.
[10] SPT-12712.

encouraging the training schools to have staff trained and the NIO to fund the training[11]. When asked to advise on practice issues he drew not only upon his own experience but the emerging practice in Great Britain. In relation to the development of secure units, he considered the Home Office policy on youth treatment programmes, and the experiences in the Youth Treatment Centres at Brentwood and Birmingham, both positive and negative[12]. Together with the Heads of the training schools and NIO representatives, he attended the annual conference for the Heads of the then approved schools in England. He drew upon his contacts with leading practitioners in Great Britain to introduce current thinking and practice to the training schools.

[11] Paragraph 6, SPT-3005.
[12] Paragraph 10, SPT-3005 to SPT-3006.

3. Inspection Regime

3.1. The Children Act 1908 imposed a duty on MoHA to inspect reformatory and industrial schools once a year. Despite the absence of confirmatory documentation there is no reason to suppose this did not occur. The Inquiry is respectfully reminded that an absence of evidence is not the same as evidence of absence.

3.2. The Children and Young Persons Act (Northern Ireland) 1950, the "1950 Act", and its successor, the Children and Young Persons Act (Northern Ireland) 1968, the "1968 Act", provided for a power rather than a duty upon the MoHA (and subsequently, the NIO) to inspect training schools[13]. The evidence in relation to St Patrick's suggests this power was regularly exercised, at least biannually and perhaps annually[14] from 1950. There is no reason to suppose there was not a similar frequency of inspection for the other training schools. The Inquiry will by now be familiar with the names of Miss K Forrest and Dr. N Simpson which appear in the documentation associated with the St Patrick's inspections in the 1950s and 1960s. Viewed against the standards of today these inspections may not seem to have been sufficiently thorough, adhering mainly, as suggested by the reports of such inspections, to considering aspects of the Training School Rules and general impressions of the wellbeing of the children. It is submitted, however, that the inspections were consistent with the practice of the time.

3.3. With reference to the potential of the inspection regime to identify the vulnerability of children to abuse, inspectors may from the early years have been alert to the possibility of physical abuse in homes. The Training School Rules dealt specifically with unacceptable corporal

[13] See S. 136 of the 1950 Act and S. 168(2) of the 1968 Act. There was however a duty to inspect Remand Homes pursuant to Sections 104(4) of the 1950 Act and S. 132(4) of the 1968 Act.
[14] Statement of Dr Harrison Paragraph 15, SPT-1688.

punishment and the Inspectors reviewed the homes' records of corporal punishment[15]. However, during this period there is little if any evidence of knowledge in Northern Ireland in relation to the potential for sexual abuse by peers or staff working with the children, in particular systematic abuse.

3.4. The DHSSPS, in its research, identified two Home Office circulars from 1950 and 1952[16] dealing with complaints of abuse against staff and peer abuse. However, there is no evidence to suggest these were shared by the Home Office with MoHA or that MoHA were aware of them. One reason for this may be the fact the circulars applied to approved schools, which did not exist in Northern Ireland. Further, the 1952 circular was only obtained from the private papers of Mr. R Rollinson, an author contributor to the Ryan Inquiry in the Republic of Ireland. Despite a search by the UK National Archives (UKNA) in response to a formal application by the DHSSPS, UKNA failed to discover this document. This perhaps goes some way to explain Mr.Rollinson's suggestion that once circulated, it appeared to have "sunk without trace".

3.5. The DHSSPS evidence suggests the potential for systematic sexual abuse by staff was not brought to the attention of the DHSS until the Kincora scandal broke in 1981. With reference to peer abuse, this was not an issue to which the DHSS was alerted until the early 1990s. Whilst the Inquiry has heard evidence to the effect that peer abuse may have been at least discussed amongst attendees during a training course in Rupert Stanley College in the 1970s[17], SPT3 was not clear on the circumstances of the discussion and whether this was simply an isolated incident. Other evidence suggested the issue of peer abuse did not feature on training courses at this time[18].

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15 Training School rules, rules 40-45.
16 SPT-11404 and SPT-11406.
17 Evidence of SPT 3, day 144 pages 43 and 44.
18 Evidence of SPT 52, day 144 page 68.

The 1970s to the early 1980s

3.6. In 1973 the NIO took over responsibility for the training schools, setting up a Training School Branch and continuing to exercise the power to inspect pursuant to S.168(2) of the 1968 Act. Inspectors from SWAG and later SSI, who were seconded to NIO, undertook the inspections on its behalf.

3.7. The nature of the inspections that took place in the 1970s and early 1980s appear to have been heavily influenced by the thinking of the Seebohm Report[19] on local authority and allied social services in England. Seebohm suggested that a new model of inspection was required which concentrated less on regulatory functions of central Government Departments and more on advisory, consultative and supportive engagement with service providers. This model, which appears to have been promoted and implemented throughout the UK, was very much of its time[20]. It is accepted by the DHSSPS that it was not without inadequacies, some of which were identified by the Hughes Inquiry. However, the information regarding the possible influence of Seebohm on the role of SWAG does not appear to have been made available to the Hughes Inquiry[21]. Notwithstanding its inadequacies, the model adopted was intended to reflect a positive policy of engagement on the part of Government rather than a diminution of the level of scrutiny implied by a formal inspection programme.

3.8. The lead Social Work Advisor in relation to training schools during the 1970s period was Mr Wesley Donnell. There is a significant amount of oral evidence which confirms the assertion by Mr Donnell that he

[19] Report on the Committee of Local Authority and Allied Personal Social Services HMSO London 1968.
[20] DHSSPS Module 4 statement dated 22 April 2015 paragraphs 51-56 (SNB-9566 to SNB-9569).
[21] DHSSPS Module 4 statement dated 22 April 2015 paragraph 58 (SNB-9569).

visited the training schools approximately once a month and, on occasions, more frequently when required[22]. Whilst he confirms he did not carry out what now would be recognised as formal inspections, his purpose was to provide advice and assistance[23] and where appropriate comment on the need for change or improvement. BR26 confirms Mr Donnell's assertion that he visited at random unannounced times and during the evening and weekend[24]. He further confirms that these visits varied between the more formal inspection role and less formal contact visits.

3.9. By virtue of the absence of or destruction of confirmatory records which would have been available at the time, the Inquiry does not have the advantage of current access to documentation that confirmed the frequency of inspections and visits to the training schools. The Inquiry does, however, have the advantage of oral evidence to confirm Mr Donnell's assertion he was in frequent attendance.

3.10. SPT53 stated in his oral evidence that the inspectors were in St Patrick's frequently and Mr. Donnell was there so often an observer might have concluded he was a member of staff[25]. This was confirmed by BR26 who assisted the Inquiry by confirming that any perception from the absence of records that Mr Donnell was not a frequent visitor was far from the reality[26]. He describes a close relationship with Mr Donnell who was on hand to advise and assist. This relationship whilst close was always professional and it is of note that BR94[27] perceived formal inspections as taking place a couple of times a year. He further confirmed that visitors from the NIO would speak to staff and the boys when visiting the classrooms and units.

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[22] Paragraph 8, SPT-3005.
[23] Paragraph 16, SPT-3005.
[24] Day 157 Page 107.
[25] Day 145 Page 73.
[26] Day 157 Page 66.
[27] Day 147 Page 29.

3.11. BR26 recalls Mr Donnell being involved in discussing training needs with staff and encouraging management to meet these needs[28]. Later when he was aware of the absconding problems, Mr Donnell helped St Patrick's to deal with these issues[29]. At this stage it is of note that the Adolescent Psychology and Research Unit's (APRU) paper in late 1990, which dealt with the issue of absconding, pointed to a very limited amount of research into this multifactorial issue.

3.12. The DHSSPS does not recognise and deprecates any description of the relationship between SWAG/NIO and the management of the training schools as either 'cosy' or an 'old boys network'. Dr. Harrison refuted any such perception in her oral evidence and confirmed that whilst Social Work Advisors were of necessity approachable and accessible, this did not compromise their independent advisory role. Although a less than professional relationship was implied by Dr. Bill Lockhart and RG 47, neither were members of the senior management team during the relevant period. At a distance, the observation of what was undoubtedly (and properly) a more informal approach, described by RG241 as one of "journeying with the training schools"[30], led to an erroneous conclusion. It is of particular note that Dr. Lockhart confirms he had no difficulty with the approach of SWAG at the time. He goes on to accept his perception is with hindsight and he is contrasting the approach with modern regulatory standards and inspections. Again it is worthy of note the practice conducted in the 1970s would have been contemporaneously perceived as appropriate throughout the UK and in line with the ethos of the Seebohm recommendations.

[28] Day 157 Page 68.
[29] Day 157 page 76.
[30] Day 163 Page 16.

The post-Kincora era 1980s to 1990s

3.13. Wesley Donnell identifies a change of practice developing in Great Britain in the early 1980s, describing the emergence of an "inspection culture"[31]. At the same time with the disclosure of a number of allegations of child abuse at Kincora, the DHSS policy in relation to inspection shifted to a more formal regulatory inspection regime. Dr. Harrison suggests the allegations within Kincora and consequential focus on improved scrutiny by SWAG, resulted in Northern Ireland being "ahead of the curve" in relation to this change in practice[32]. A change in nomenclature from SWAG to SSI occurred in 1986 and witnesses confirm a perception that by this stage the name change reflected the change in prevailing policy to a more formal regulatory inspection[33].

3.14. Following the Sheridan report all children's residential homes were inspected, as were the training schools in 1987 and 1988. These were clearly more robust inspections. Given the SSI inspectors had been involved in inspecting the children's homes it is likely that account was taken of the *SWAG/7/86 Standard for Monitoring and Inspection of Residential Child Care*[34]. Wesley Donnell suggests that the model of formal inspection used in children's homes was accepted for use within the training school system[35]. An overview inspection report on all of the training schools was produced in 1989[36].

The 1987/88 Inspection Reports

3.15. There is no evidence to suggest that the inspections from 1987 onwards were carried out other that in accordance with the policy in

31 Paragraph 14, SPT-3006.
32 Day 163 Pages 70-71.
33 Day 161 Page 33.
34 This document was submitted to the Inquiry.
35 Paragraph 14, SPT 3007
36 SPT16222.

place at the time or that this policy was contrary to the prevailing practice in the United Kingdom. Further, the evidence suggests that the inspections were carried out in a robust professional manner.

3.16. It is important to note that the inspections of the four extant training schools, in 1987 and 1988 produced 52 recommendations in relation to St Patrick's; 74 recommendations in respect of Rathgael; and 27 recommendations were made to Lisnevin[37]. The equivalent inspection report for St Joseph's is not currently available to the DHSSPS.

3.17. The number and extent of the recommendations belies any suggestion that the inspection process was other than robust and professional. Mr. Donnell confirms that the 1988 report resulted in a "tense" meeting with the Board of Management who viewed the report as very critical[38]. BR26 confirmed a recollection of a "heated exchange" between the parties[39]. SPT26's reflection on the 1988 Inspection was that staff were made aware that things were changing "dramatically" and there was to be a particular emphasis on staff training[40].

3.18. The follow up inspection of St Patrick's in and around 1990 is not available but the correspondence surrounding it suggests that SSI were taking a robust tone in relation to failures to implement recommendations and in particular the physical conditions and practice within the school[41]. This resulted in the training school, by June 1990, taking urgent steps to remedy the most obvious physical defects in the buildings and to improve professional practice[42]. By September 1990 the *"developments are moving on satisfactorily and it is pleasing to note that the issues are being tackled with vigour by the*

[37] The recommendations commence in relation to each Training School at SPT 18429, RGL 23734 and LSN 13767 respectively.
[38] Paragraph 16, SPT 3007.
[39] Day 157 Pages 67 and 68 of the Transcript.
[40] Day 145, Pages 108 and 109.
[41] SPT 18644.
[42] SPT 18604

Management Board and the Director"[43]*.* By February 1991 Dr. McCoy was of the view that given Mr. Donnell's report of January 1991, SSI *"could not be very critical of the standards of care now applying there….the management and staff of the school were making considerable efforts…".* It is submitted, as is evidenced by the continuing engagement with and follow up reports on St Patrick's, that SSI were applying considerable attention to ensuring the recommendations of the general inspections were implemented.

3.19. Given the improvements being applied by St Patrick's Board of Management and staff during 1990 and 1991 there can be no criticism of the small number of recommendations contained in the 1992 and 1993 regulatory reports. SSI were following up the recommendations from the general inspection and the regulatory reports in any event reflected a different form of inspection which was not intended to be as comprehensive as a full inspection process.

'Follow up' reports

3.20. Whilst the reports are no longer in existence, it is clear there were a number of follow up inspections and reports to assess whether the recommendations of the inspections had been addressed. Taking St Patrick's as an example: -

(i) Correspondence confirms there was a follow up inspection 'recently' to February 1990[44].

(ii) Interim progress reports were being prepared within SSI every "two months"[45] in 1990.

[43] SPT 18598.
[44] SPT-18644.
[45] SPT-18597.

(iii) A "Follow Up Report" was provided following visits in December 1990 and January 1991[46]. It is of note that despite the change in emphasis in policy the SSI continued not only to perform a regulatory inspection role but also to support and encourage the training schools, Mr Donnell's conclusion to the report suggesting:

"…steady progress is being made in the management of change within the school. There are still areas to be addressed…as an Inspectorate we should continue to support and encourage their efforts"[47].

3.21. Evidence of follow up inspections/reports in 1989 in relation to Lisnevin can be seen at LSN 13791. At LSN 13787, a Board of Management minute of September 1991 refers to Whitefield being visited by Mr. Donnell in August 1991 as a "follow up" to the 1990 inspection. This suggests there was an inspection in 1990 of both Whitefield and Lisnevin as the minute further refers to "follow up" inspection of Lisnevin by Mr. Donnell in July 1991[48]. Whilst it is unfortunate these reports are not available, the evidence clearly shows regular inspections took place. Evidence of inspection by SSI in September 1990 is available from the Rathgael Board of Management minutes[49].

Inspections Post 1992

3.22. It is clear that NIO and SSI continued to consider and refine the inspection process. Agreement was reached in 1992 between NIO and SSI[50] that:

[46] SPT-18587.
[47] SPT-18589.
[48] LSN-13784.
[49] RGL-23590.
[50] SPT-12727.

(i) There would be an in-depth general inspection of each training school every four years.

(ii) In the intervening period the three training schools not subject to a general inspection would be the subject of regulatory inspections. A draft brief for these regulatory inspections is to be found at LSN 13854. Thematic inspections would also occur[51] which considered matters of current concern such as, for example, the inspection of secure accommodation arrangements within training schools following the report on the 'pindown' practice in Staffordshire children's homes.

(iii) SSI would periodically undertake unannounced visits to units within the training schools. This was to occur twice per year[52].

3.23. Dr. Harrison confirmed that the DHSSPS has undertaken comprehensive searches for documents and continues to do so. Whilst a number of inspection reports and documentary evidence of visits are no longer available, the DHSSPS's position is that the DHSS adhered to the agreed rigorous inspection regime. Examples of direct or indirect evidence pointing to inspections having occurred are as follows: -

Lisnevin

3.24. Evidence is available of regulatory inspections of Lisnevin in 1993[53] and 1994[54]. In 1992 there was a thematic inspection of Lisnevin following the 'Pindown Report' into children's homes in Staffordshire[55].

[51] See SPT-23799, this refers to a thematic inspection of Shamrock House in 1992, LSN-13809 refers to the 1992 Lisnevin report.
[52] LSN-13878.
[53] LSN-13859.
[54] LSN-13896.
[55] LSN-13809.

Unannounced inspections/visits of Lisnevin took place in 1993[56] and in 1994[57].

Rathgael

3.25. A thematic inspection into Rathgael following the 'Pindown Report' into children's homes in Staffordshire occurred in January 1992[58]. Correspondence at RGL 102659 suggests Rathgael was to have a General inspection in June 1992. Notes relating to "Inspector Feedback" dated the 24th June 1992 suggest that the inspection occurred.

3.26. Evidence from RGL 102726 suggests the "annual regulatory inspection" was to occur over three days in May 1995[59].

3.27. The Rathgael Board of Management minutes dated June 1994 suggest there was a report from an unannounced SSI inspection at RGL 102309. Reports are available for unannounced inspections in March and July 1993 and January and April 1994[60].

St Patrick's

3.28. Evidence from a Board of Management minute suggests that there was an SSI report on Slemish House in 1992[61]. A regulatory report was undertaken in September 1992[62] and December 1993[63]. An extract from a June 1992 log/minute suggests St Patrick's had received correspondence suggesting that the school was due to be

[56] LSN-13873.
[57] LSN-13905.
[58] SPT-23799.
[59] RGL-102726.
[60] RGL-102681, 102684, 102688, 102692.
[61] SPT-10784.
[62] SPT-19791.
[63] SPT-10411.

inspected and would soon have an unannounced random inspection[64]. The Campbell Report was published in 1995 and SSI subsequently undertook a Review of the Management Arrangements in St Patrick's.

[64] SPT-10498.

4. The SPT 81 Report

4.1. SPT 81 was tragically killed by a criminal act, rather than coming to direct harm as a result of abuse within a training school. Three issues arose during this module in relation to this SSI report into the tragic death of SPT 81, namely: a consideration of whether the issues ultimately identified within the report ought to have been identified earlier; the memoranda between NIO and SSI following the report; and the question of knowledge of the APRU research into absconding carried out in late 1991.

Earlier identification of issues

4.2. The SPT 81 Report was a review of the reasons for the transfer of SPT 81 to St Patrick's, the care and supervision he received while there and the events leading up to the absconding from the training school[65]. It can be seen that the terms of reference of necessity considered some issues other than those that would have been covered by a general inspection of the school.

4.3. The first inspection of St Patrick's after the 1992 agreement between NIO and the DHSS was to have taken place in late 1994. Had this inspection taken place it is likely it would have identified and made recommendations in relation to the deficiencies identified in the SPT 81 Report. Dr. McCoy in a contemporaneous memorandum indicates the inspection was postponed to allow for the SSI review into SPT 81's death. He notes that:

"if the inspection had gone ahead as planned many of the deficiencies would have been identified in its course. I should point out that on the basis of our knowledge of St Patrick's and the other schools we have been advocating for some time the need for the establishment of proper monitoring systems to inform management committees and the

[65] See introduction to the Campbell Report at SPT-12803.

NIO of the adequacy of the oversight and control arrangements at the schools" [66].

The SSI Memorandum

4.4. Mr. McElfatrick's memorandum of 3rd May 1995 [67] is an internal document that records his interpretation of a meeting with Mary Madden. He was concerned that SSI should be seen as professionally independent and that the report fulfilled the terms of reference [68]. There is no evidence that the discussion referred to within the memorandum affected the relationship between the NIO and SSI. It is of note that Mr McElfatrick's concerns were not such that it was felt necessary to raise these further within SSI or NIO and SSI were subsequently commissioned to report on the management arrangements within the training school.

The APRU Issue

4.5. Paragraph 5.27 of the [redacted] Report stated:

"The inspectors were concerned to be told that the lessons learnt in the exercise were not shared with the staff of St Patrick's"[69].

4.6. The Report suggested a culture of absconding had been established within St Patrick's but there is insufficient evidence before the Inquiry to conclude that this was an ongoing difficulty or a particular issue at that time as postulated by Mr. McElfatrick. Mr McElfatrick's evidence was that an inspection might identify the level of absconding at any

66 SPT-12727.
67 SPT-12712.
68 Day 148, page 73.
69 SPT-12825.

particular time but it is the regular returns to the NIO, which would have provided the global picture[70].

4.7. The Inquiry has heard evidence from BR26 that the Heads of the training schools met regularly on both a formal and informal basis[71]. He recalls a high level of co-operation between the training schools[72]. The Board of Management of Lisnevin consisted of Board members from the other training schools. The Board of Management of Rathgael was cognisant of the value of the absconding exercise and that it should be shared. In March 1992, the minutes of the Rathgael Board suggest that the absconding research findings should be shared with the Health Boards and that it might be worthwhile mounting a seminar on the subject[73].

4.8. APRU was in weekly if not daily contact with the training schools. RG173 confirmed that as RG 220 was regularly in St Patrick's, he would be surprised if the research had not been shared there[74]. A St Patrick's senior staff meeting report also confirms that as of January 1993 an APRU research officer had been appointed and had visited St Patrick's. Mr. Donnell has no independent recollection of the APRU absconding research, but suggests:

"given the close relationship between APRU and the training schools I would be very surprised if they did not alert the management of the training schools to this study"[75].

4.9. It is difficult to conceive that the Heads of the training schools were not aware of the APRU report and research and the reference to "staff" is likely to refer to the staff on the ground rather than the senior management.

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[70] Day 148 Pages 87 and 88.
[71] Day 157 Page 51.
[72] Day 157 Page 95.
[73] RGL-102119.
[74] Day 164 Page 59.
[75] Para 21 SPT-3008.

5. Interaction of SWAG/SSI and Training Schools

5.1. It is clear the relationship between SWAG/SSI and the training schools was professional and allowed for substantial engagement. This did not change significantly when the more formal regulatory inspection regime was implemented in the late 1980s. RG173 confirms the relationship with Mr. Donnell and Mr. McElfatrick was helpful and supportive, albeit SSI was more "businesslike"[76]. He confirms that as a consequence of the issue of control and restraint training being raised within Rathgael, he and Wesley Donnell journeyed to Aycliffe to view the methods used in the restraint of children and spoke to the Northern Ireland Prison Service in relation to the training which it provided.

5.2. Notwithstanding the supportive relationship that existed between SSI and the training schools, this did not prevent SSI from making appropriate recommendations where required, as can be seen from the 1988 inspection reports. Further, when allegations of abuse were made against staff, the evidence suggests that when requested for advice, SWAG/SSI did not hesitate to suggest the appropriateness of suspending staff and reporting the matter to the police.

5.3. When allegations were made against BR26, who was that stage [redacted] and a person with whom SSI would have worked closely, SSI were asked to advise. This was a voluntary school and therefore the NIO could not itself suspend the person concerned. Dr. McCoy looked to best practice in relation to the matter and referred the NIO to the 1992 report into Shamrock House and the recommendation made by SSI in relation to complaints procedures[77]. NIO records suggest he took the view that the allegations were serious and capable of belief despite their vintage[78]. He advised that

[76] Day 164 Page 30-31.
[77] SPT-12939.
[78] SPT-12932.

the Chairman of the Board of Management[79] should be informed and given advice in relation to courses of action, as the protection of the children in the school was the primary concern[80]. This rightly placed the protection of children at the pinnacle of the hierarchy of interests, despite the concerns of the police that any such approach could lead to the suspect being forewarned.

5.4. It is of note, that in contrast to the handling of the BR26 allegations, the allegations made in [redacted] against DL 137 were not reported to SWAG or the NIO. Further, they do not appear to have been reported to the Board of Management of St Patrick's. Had SSI or the NIO been informed of these at the time, the police would have been informed and an investigation undertaken. It is also likely the allegations would have been considered by the Hughes Inquiry.

[79] SPT-12930.
[80] SPT-12933.

6. Bernard Teggart

6.1. There are no DHSS documents available to indicate what response was made to the deplorable abduction and murder of Bernard Teggart. It is likely that a full investigation was undertaken. That action certainly appears to have followed the incident is evident in the construction of fencing in the aftermath to add security to the surroundings of the training school. There is no suggestion from the evidence available that the NIO or the DHSS had any knowledge indicating that such an act was likely to occur.

7. Conclusion

7.1. The Inquiry has now heard the evidence in relation to this module. The DHSSPS has not sought to directly challenge any complainant in relation to abuse. Whilst the Inquiry will undoubtedly turn a forensic eye to each allegation, the DHSSPS regrets any abuse that did occur and condemns both the perpetrators and any others who by act or omission allowed abuse to take place.

7.2. The Inquiry will not doubt be aware of the dangers of hindsight in considering systemic failings. It is respectfully reminded, however, that the appealing but misguided tendency to look back and see things as blindingly obvious, must be tempered by considering the social, policy and practice context in which the events occurred. The system of inspection and engagement with the training schools in place in the 1970s and early 1980s was in accordance with the practice and policy of the day. If viewed by the standards of today, together with the findings of the Hughes Inquiry, this policy and practice can be criticised as not being sufficiently robust or adequate. However, the practice was very much reflective of the prevailing state of knowledge and the policy was in accordance with what was considered to be appropriate, taking account of the ethos promoted by the Seebohm Report. These factors must weigh heavily in any consideration of whether proper steps were taken at any particular time.

7.3. There is no credible evidence within this module to suggest that SWAG and SSI engaged with NIO and the training schools and acted in a manner other than was appropriate in terms of contemporaneous practice and policy. Further, when the adequacy of the prevailing policy and practice was called into question, SWAG/SSI and the NIO took immediate steps to address the issue in an effective manner. SSI continued until its inspection remit for childrens institutions eventually ceased, to develop more robust forms of scrutiny, which sought to promote continuous improvement in the institutional care of children

and in the prevention, detection and disclosure of abuse within such settings.

Dated this 4th day of December 2015.

Andrew McGuinness
Bar Library