

In Confidence

REPORT
ON
FORT JAMES CHILDREN'S HOME
LONDONDERRY

Social Work Advisory Group
Department of Health and Social Services

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3. DESCRIPTION OF THE FACILITY

- 3.1 Fort James is an adapted property which opened as a children's home in 1973. Formerly it was a large private house standing in its own wooded grounds with an enclosed yard and stables to the rear of the building. A modern 2 bedroom bungalow situated in close proximity to the main building is occupied by the officer-in-charge.
- 3.2 The spacious hall and living-rooms on the ground floor of Fort James give the impression of a pleasant homely environment. They have been tastefully decorated because of the DIY enterprise of the staff and children. The large windows and open coal fire add light and warmth to the front of the building. However, this was in sharp contrast to the upstairs where we found some of the bedrooms to be in a very poor decorative state. A combination of bad lighting, poor quality furniture and water penetration made the bedrooms drab, dreary and lacking in stimulation. Repairs to the roof and chimney had commenced after a considerable delay but the condition of the sleeping accommodation as we found it was completely unacceptable for a children's home. Routine maintenance and decoration should be carried out more frequently to avoid dilapidation and to ensure that a comfortable environment is provided for the children and staff.
- 3.3 The outbuildings have deteriorated over the years to such an extent that they are in a dangerous condition and a hazard to the children. It is strongly recommended that they are made safe or else demolished.
- 3.4 At the time of the inspection there was some disruption of the ground floor living space caused by repair work being carried out.

The sitting-room had been vacated and the furniture transferred to a room across the hall which is normally used for games and recreation. The 'green room' at the front of the building has a dual function as an office during the day and as a place for the children to do homework and follow hobbies in the evenings.

3.5 The kitchen which had been modified recently was adequately equipped for cooking and baking. Breakfast, staff lunches and supper are taken informally at a table in the kitchen. There is a serving hatch between the kitchen and the dining-room. A smaller room known as the 'back kitchen' is used by the older children to wash and iron their clothing. It is adjoined by a proper wash house where the laundry is done by the staff. Toilets and wash-hand basins are located close to the back door which leads into the yard.

3.6 Two bathrooms and a toilet are situated at the top of the first flight of stairs. They are spacious and the painted walls and vinyl covered floors create a cold atmosphere. The bathrooms are beside each other and they are used by both boys and girls. Their location and proximity to one another makes it difficult for staff to supervise the children in this area at all times. The bathrooms should have been located separately and showers provided for the adolescents. The electric light switches in the bathrooms are a safety hazard and should be replaced with pull cords.

3.7 The bedroom accommodation for the majority of the children is off the first and second landings on the first floor. In 2 of the

rooms 3 children were sharing and the bed space provided falls short of the minimum recommended in the Community Homes Design Guide.

In one of them the children are quite young and there is a connecting door to the staff sleeping-in room. Two girls and 6 boys occupy double bedrooms. Between 2 of them there is a connecting door, which is kept locked. There are only 2 single bedrooms on the first floor and the general impression given was that the sleeping arrangements are cramped and do not provide sufficient privacy especially for the teenagers.

- 3.8 Further bedroom accommodation is located on the second floor at the top of the final flight of stairs. To the right of the landing is a sleeping-in room used by the senior staff when providing night cover. Another bedroom accommodates 2 boys but the low ceiling, common to all the rooms on this floor and the sparse furnishings gave it a stark appearance. A separate toilet is also provided but there is no bathroom on the third floor.

- 3.9 A small flat which is used on a rota basis by some of the older children is maintained in a part of the attic. It consists of a bed-sitting-room complete with easy chairs, TV, small tables and a wash-hand basin and a kitchen equipped with cooker, toaster, kettle, refrigerator, table and chairs. While this area was being used imaginatively its effectiveness could be improved if it had a separate independent exit.

- 3.10 The home is situated about a quarter of a mile from the main Londonderry-Dungiven Road and approximately 3 miles from the centre of Londonderry city. The site adjoins a housing executive

estate but relationships between the children living in Fort James and the neighbouring community have been uneasy. There have been a number of clashes of a sectarian nature between children from the home and youths from the estate and while their frequency has decreased isolated incidents still occur. The proportion of teenagers accommodated in Fort James has grown and they tend to come and go from the home without close supervision. A number of them are alienated from the local youths because of different religious affiliations and there is a chance of hostile encounters. As it seems unlikely that this risk to the children will abate completely the long term location of the home together with any future developments on this site should be reviewed.

Mr. Haverly

-1. MAR. 1985

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Please use this Reference in your reply

Our Ref: 2238/80A/SMA/AS/MF

Your Ref: ED/DOH

Date 25th February, 1985

15 GRANSHA PARK
 CLOONEY ROAD
 LONDONDERRY BT47 1IC
 NORTHERN IRELAND
 PHONE 0504 869026 (11 Lines)

Group Administrator,
 Londonderry, Limavady and Strabane
 Unit of Management,
 Gransha Hospital,
 LONDONDERRY. BT47 1TF

For the attention of Mrs. E.M. Downey

Dear Sir,

Fort James Children's Home - Increase of Complement of Facility

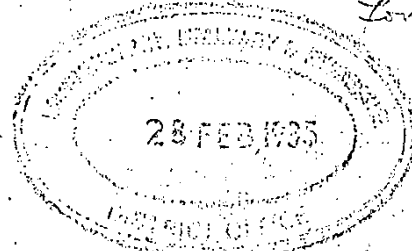
I refer to your letter dated 12th inst., requesting an increase in the number of places at Fort James Children's Home from 16 to 21.

I am to advise you that the Area Executive Team gave approval to this increase at their meeting on Friday 22nd February, 1985. The increase will become effective from this date and records have been amended accordingly.

Yours faithfully,


 CHIEF ADMINISTRATIVE OFFICER
 T.J. CAWLEY

Copy to Mr. Dunsath
Mr. Downey OIC
Let files
Sh. 1/3



in respect of children from the whole area, and to accommodate emergency admissions, mainly from the local District. A copy of the original paper describing the operation and implications of Harberton House is attached - Appendix C.

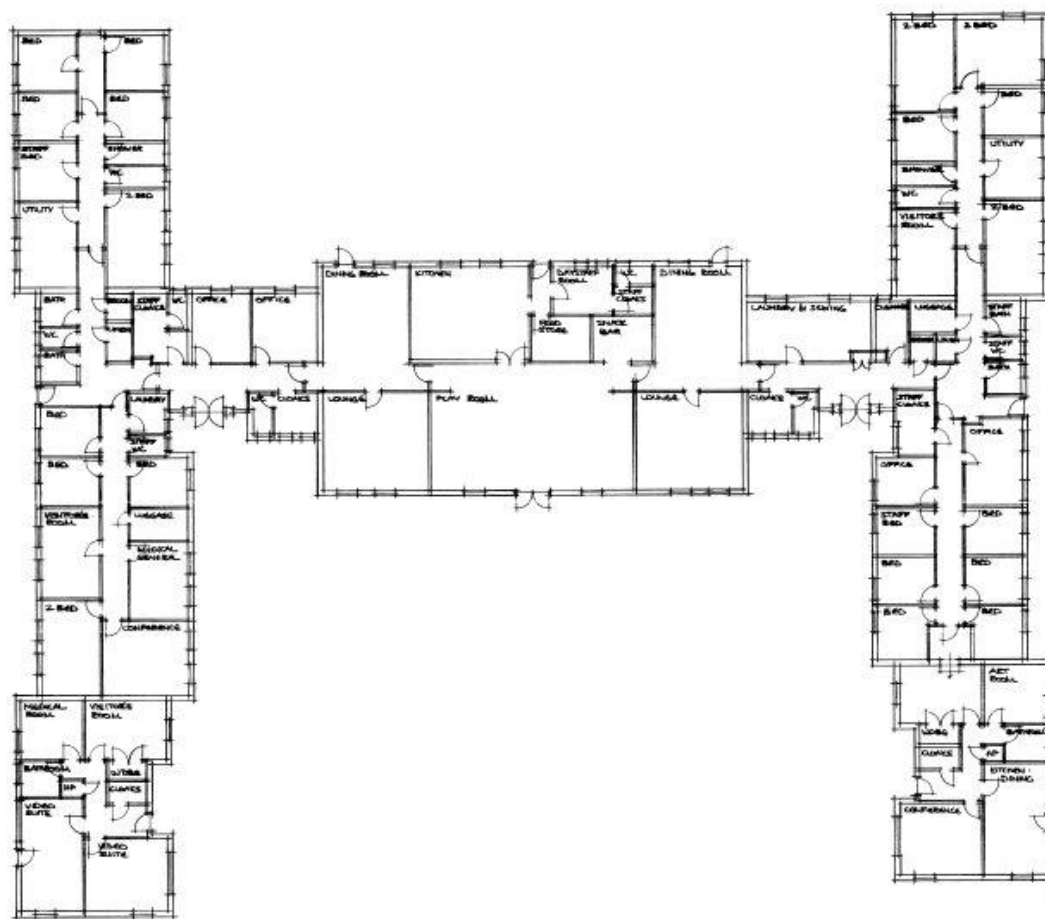
In practice, a large proportion of the admissions have been on an emergency basis, and although there has been a very high throughput, a significant number of children have stayed at Harberton House longer than anticipated. This has been partly due to a lack of suitable available places elsewhere, and partly due to the need to avoid disruption in preparing a child for a fostering placement. Equally, staff have developed skills in working with difficult children, and hence some children remained in order to benefit from this.

This has led to the formation of 2 groupings within Harberton House on a trial basis, one catering for assessments and emergency admissions and the other for children staying on a longer basis. It has also been possible to create two independent living units within the building. These developments are currently being evaluated, and a new formalised model of operation for Harberton House should emerge from these considerations.

(ii) Fort James Children's Home, Ardmore, Londonderry

At present, this home caters 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. Children are admitted for a medium or longer term period of residential care, generally within the 1-3 year range. Normally, admission to Fort James would be preceded by assessment at Harberton House where the need for a period of residential care would have been identified.

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MAIN BLOCK - GROUND FLOOR PLAN
SCALE 1:100



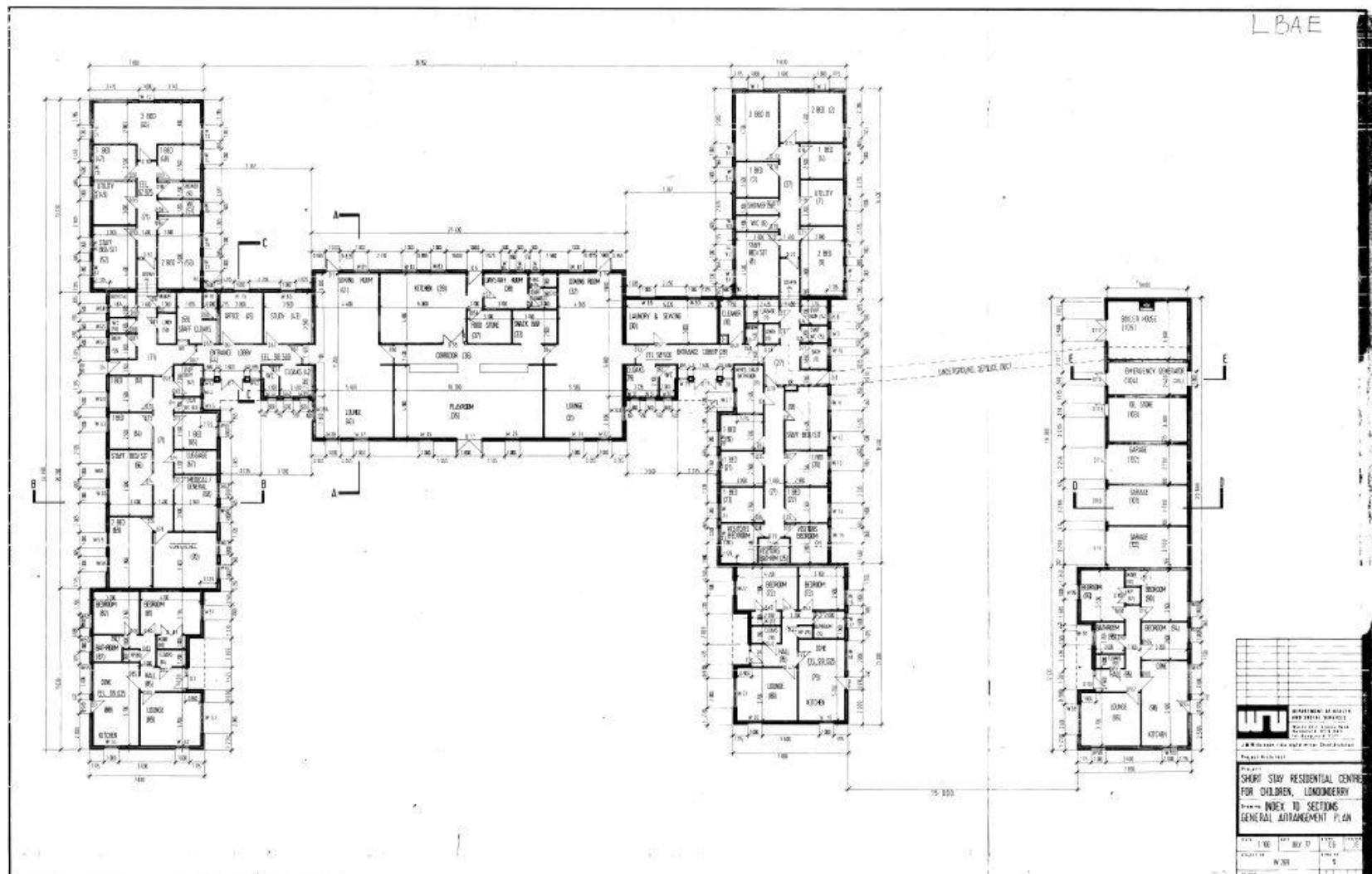
GARAGE BLOCK
SCALE 1:100

Location	
Ref	Rev
Drawing ALINAGELVIN GROUP OF HOSPITALS ESTATE SERVICES DEPARTMENT	
Project HARBESTON HOUSE CHILDREN'S HOME FINE PRESENTATION WORK (FIVE CASES)	
Date FLOOR PLANS 1 MAIN BLOCK GARAGE BLOCK	
Rev	Rev
W359	W359-001

21/10



LBAE



FJH-18966

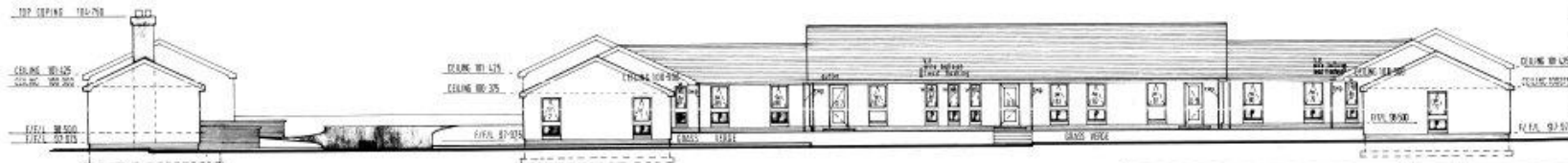
LBAG



SECTIONAL ELEVATION A



ELEVATION B



ELEVATION C



ELEVATION D

KEY PLAN

EXTERNAL FINISHES

- WALLS: MINE STONEWALL
- ROOF: BROWN SHED-ROOF
- PLUMB: BROWN
- CEILING: 10' 0" C.B. BRICK WITH MASON'S MARKS
- WINDERS: SHEDDING WITH SHEDDING WOOD PROTECTION
- DOORS: PAINTED PLANK
- WINDERS: SHEDDING WOOD PROTECTION
- WINDERS: BROWN SHEDDING WOOD PROTECTION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

SHORESBY RESIDENTIAL CENTRE FOR CHILDREN, LONDON/STAFF

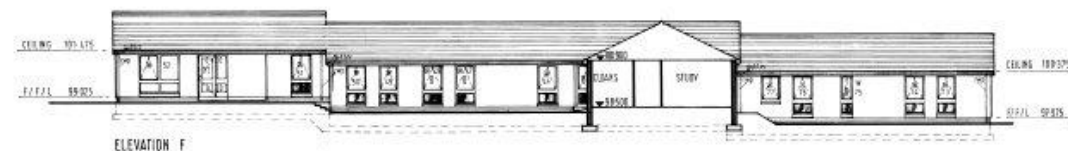
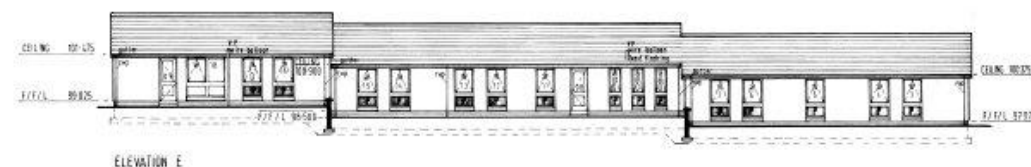
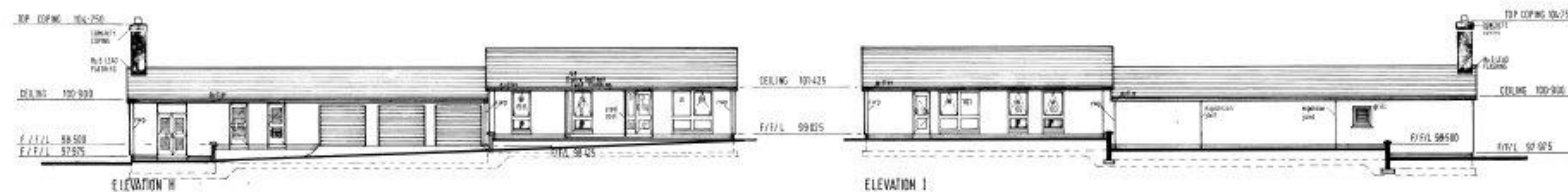
ELEVATIONS

1:100 1/8"=1'-0" 1/8"=1'-0"

W 269

7

LEAH



KEY PLAN

EXTERNAL FINISHES

ROOF	MINI STONABLE
WALLS	PERMIO RENDER - WHITE
PLUMB	BROWN - HI TEX CONC BRICK WITH BROWN PORTLAND CEMENT
WINDOWS	HARDWOOD WITH SHEDDING WOOD PROTECTION
DOORS	PAINTED PLANKWOOD
GLASS	OUTSIDE GLASS
SHEDDING	SHEDDING WOOD PROTECTION
PERMIO	PERMIO RENDER - DARK BROWN

SHORT STAY RESIDENTIAL CENTRE FOR CHILDREN, LONDON

ELEVATIONS

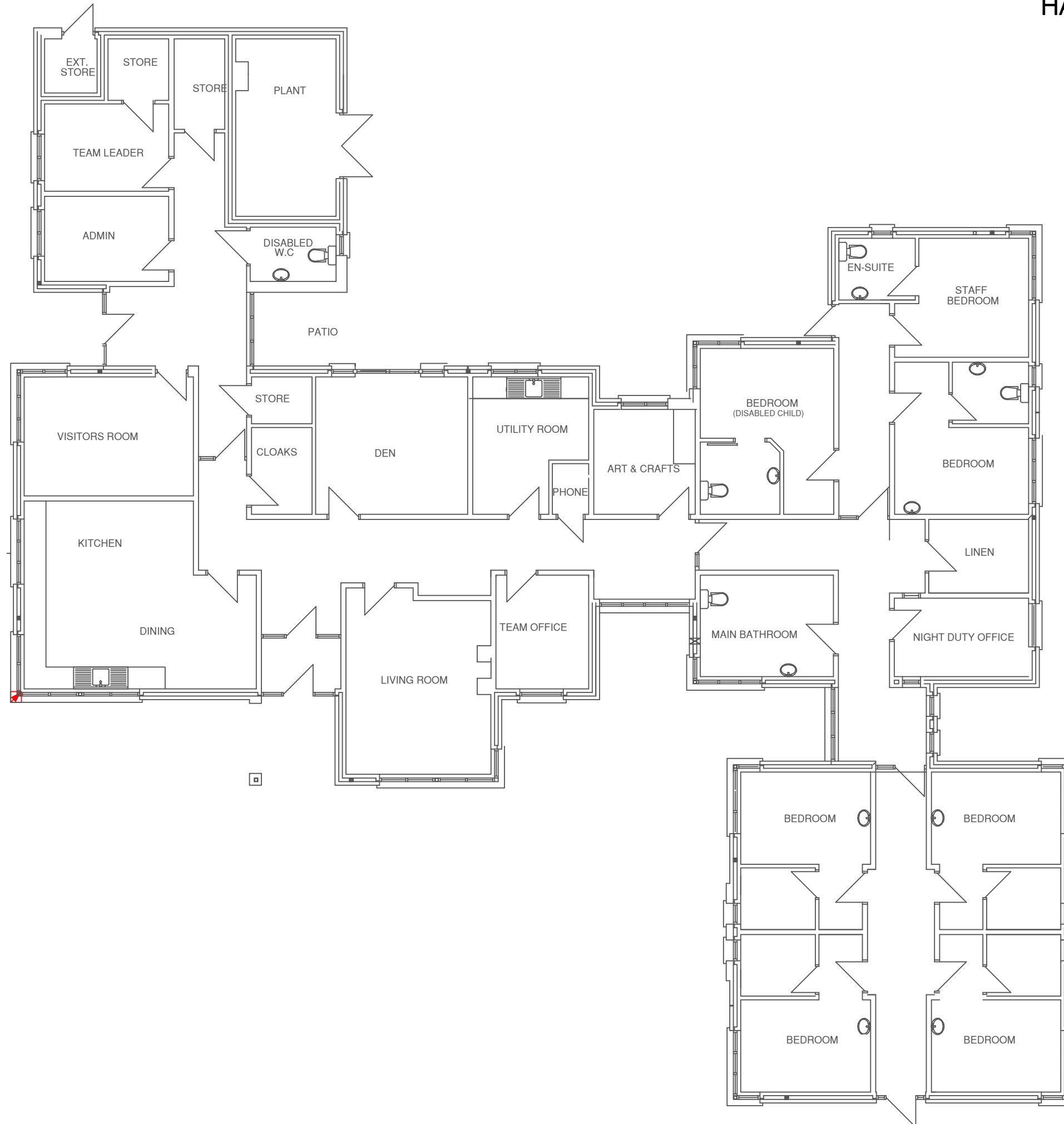
Scale: 1/100

Date: 1/8/77

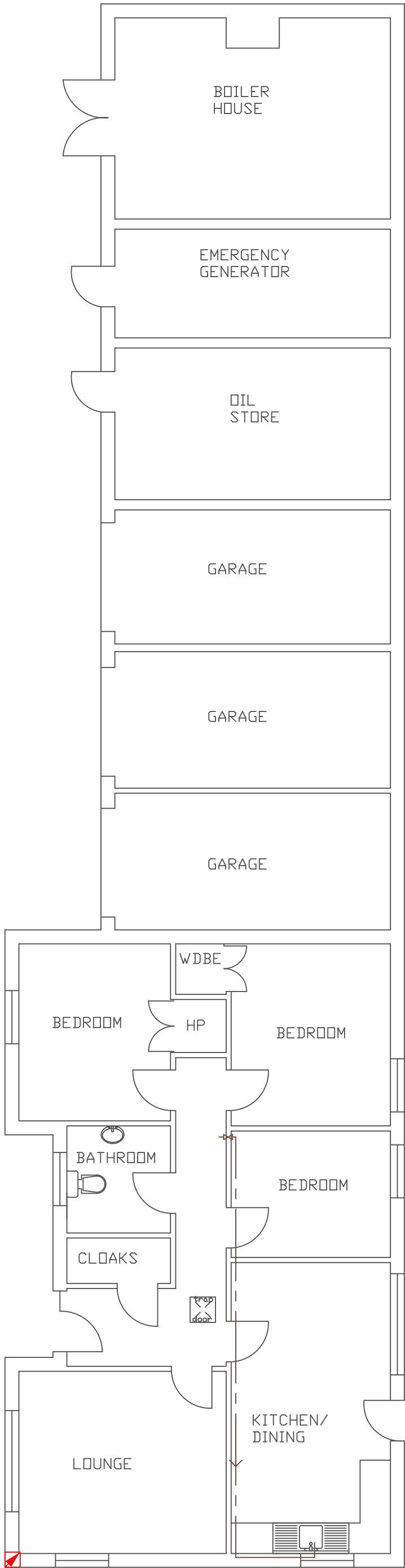
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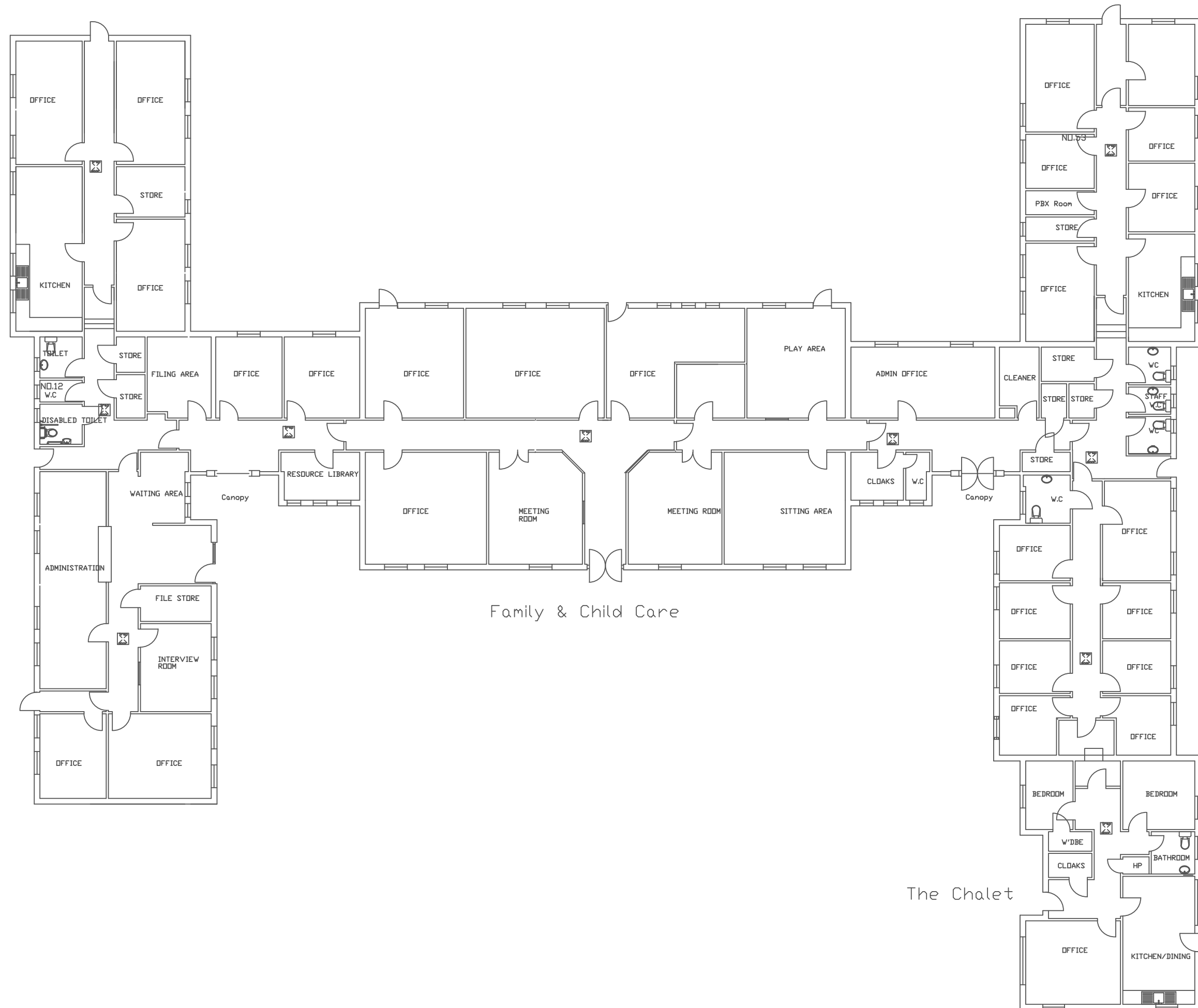
Page: 2

HARBERTON BUNGALOW



HARBERTON COTTAGE





5. DEVELOPMENTS IN RESIDENTIAL CARE FOR CHILDREN AND YOUNG PERSONS

During the years following 1973, a number of factors led to the nature of residential care starting to change. As the development of foster-care began, there was a tendency for younger children to be boarded-out with foster parents. This led to a gradual alteration in the age structure of children in residential care.

Another important factor was the increasing emphasis that began to be placed on working with the family in the community in order to maintain the family unit. This approach was aimed at diminishing the need to receive children into care or to keep them in care. Consequently, the involvement of children's homes in the long-term care of children began to reduce.

The publication of the 'Report of the Children and Young Persons Review Group' in December 1979 added to the debate on the future of residential care for children and young persons. In particular, paragraphs 4.36 to 4.38 addressed the major issues in this respect. One area of concern was the lack of assessment facilities, and in fact the Western Health and Social Services Board had already identified the necessity for a professional assessment of the needs of some children before the most appropriate form of care could be selected. This resulted in the creation of Harberton House, a 25-bed purpose-built short stay children's home in Londonderry which came into operation in September 1980. The functions of Harberton House were to provide assessment facilities for the whole area covered by the Western Health and Social Services Board, and to accommodate emergency admissions of children from the local District.

In accordance with the Department of Health and Social Services Circular HSS (P) 1/80 'Planning and Monitoring of the Health and Personal Social Services', the Western Health and Social Services Board prepared strategic plans for the

LH9

Department

~~MINISTRY~~ OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 7457C

Telephone 0232 (Belfast) 650111 ext

Please reply to The Secretary

Your reference

To the Director of each Health and
Social Services Board

Our reference A 868/74

Date 27 October 1975

Dear Sir

I am enclosing for your information copies of the Conduct of Children's Homes Direction (Northern Ireland) 1975 which will come into operation on 1 December 1975. Your comments were, of course, sought and taken into consideration in drafting the Direction.

The existing regulations governing children's homes, the Children and Young Persons (Welfare Authorities Homes) Regulations (Northern Ireland) 1952 became outmoded by the recent re-organisation of Central and Local Government and the Department decided, therefore, to revise and update them in the form of a Direction. The 1952 Regulations must, under the Northern Ireland Act 1974, be repealed at Westminster and a copy of the appropriate Order will be issued to you in due course.

In addition to the responsibilities placed on you by the Direction, I should be obliged if you would arrange to notify the Department in advance of any proposed alteration to the number of places available in each home to allow for forward planning.

An explanatory Memorandum on the Direction and a summary of the differences between the 1952 Regulations and the Direction are attached for your guidance.

Yours faithfully

LH9

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Yours faithfully



THE HEALTH AND PERSONAL SOCIAL SERVICES (NORTHERN IRELAND) ORDER 1972

THE CONDUCT OF CHILDREN'S HOMES DIRECTION (NORTHERN IRELAND) 1975

The Department of Health and Social Services in exercise of the powers conferred on it by paragraph 1(c) of Article 17 of the Health and Personal Social Services (Northern Ireland) Order 1972(a) and now vested in it (b) hereby directs as follows:-

Commencement

1. This direction shall come into operation on 1 December 1975.

Interpretation

2. In this direction -

"child" means a person under the age of eighteen.

"Department" means the Department of Health and Social Services.

"Fire Authority" means the Fire Authority for Northern Ireland.

"Health and Social Services Board" means such a Board established under the Health and Personal Social Services (Northern Ireland) Order 1972.

"Home" means a home provided under Section 116 or a hostel provided under Section 121 of the Children and Young Persons Act (Northern Ireland) 1968 (c).

General Provisions governing the conduct of homes

3. - (1) A Health and Social Services Board shall ensure that each home in its charge is conducted in such a manner and on such principles as will further the well-being of the children in the home.

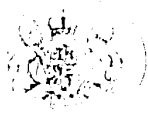
(2) A Board shall arrange for a member of its Personal Social Services Committee to visit the home at least once in every quarter. The member visiting the home shall satisfy himself whether the home is conducted in the interests of the well-being of the children and shall report to the Committee upon the visit and shall enter in the records referred to in paragraph 15 his name and the date of his visit.

(3) A Board shall arrange for a social worker to visit the home at least once in every month. The social worker visiting the home shall satisfy himself whether the home is conducted in the interests of the well-being of the children and shall report in writing, through the District Social Services Officer to the Director of Social Services, who shall bring any matters of concern or interest to the attention of the Personal Social Services Committee. The social worker shall enter in the records referred to in paragraph 15 his name and the date of his visit.

(a) S.I. 1972/1265 (N.I. 14).

(b) S.R. & O. (N.I.) 1973 No. 504 Article 5(a)(II, p.2992).

(c) 1968 c. 34 (N.I.).



Appointment of person in charge

4. - (1) Subject to sub-paragraph (2) a Health and Social Services Board shall appoint a person to be in charge of the home.

(2) Any person in charge of a home immediately before this direction comes into operation shall be deemed to have been appointed to be in charge of the home under sub-paragraph (1).

Medical Care and Hygiene

5. - (1) A Health and Social Services Board shall appoint a medical officer for each home in its charge.

(2) The duties of the medical officer shall include -

- (a) the general supervision of the health of the children (excluding dental health);
- (b) the general supervision of the hygienic condition of the premises;
- (c) attendance at the home at regular intervals with sufficient frequency to ensure that he is closely acquainted with the health of the children;
- (d) the medical inspection of the children at regular intervals;
- (e) the provision of such medical attention as may be necessary;
- (f) the giving of advice to the person in charge of the home on matters affecting the health of any of the children or the hygienic condition of the premises;
- (g) the supervision of the compilation of a medical record for each child in the home containing particulars of the medical history of the child before admission, so far as it is known, of his physical and mental condition on admission, of his medical history while accommodated in the home and of his condition on discharge from the home.

(3) Notwithstanding anything in the preceding provisions of this direction, a Board may appoint more than one medical officer and may divide the preceding duties among them as it sees fit.

Dental Care

6. A Health and Social Services Board shall make suitable arrangements for the dental care of the children in the home.

Notification of death, illness or accident

7. - (1) A Health and Social Services Board shall notify the Department forthwith -

- (a) of the death of any child in the home and of the relevant circumstances;



- (1) of any accident in the home resulting in serious injury to a child or a member of the staff;
- (c) if known to a Board of the death of any child who dies within two months of ceasing to be in the home and of the relevant circumstances so far as they can by reasonable enquiry be ascertained; and
- (d) of any outbreak among the children in the home under five years of age of infectious gastro-enteritis, and of any outbreak of infectious disease among any of the children which in the opinion of the medical officer or other medical practitioner attending the children in the home is sufficiently serious to be notified.

(2) Where a child dies in the home or contracts an illness or sustains an accident which the medical officer or other medical practitioner attending the children in the home considers to be serious, a Board shall notify the circumstances forthwith to the parent or guardian of the child and if the child was placed in the home by another Board to that Board.

Precautions against fire and accident

8. - (1) A Health and Social Services Board shall ensure that adequate precautions are taken against fire and accidents and in regard to fire they shall -

- (a) obtain the advice of the Fire Authority before opening a new home or making any structural alterations to an existing home;
- (b) consult the Fire Authority as to the precautions to be taken and arrange for periodic inspections of each home in its charge by the Fire Authority.

(2) A Board shall ensure that periodic fire drills and practice are carried out in each home in its charge, so that the staff, and so far as possible the children, are well versed in the practice for saving life in case of fire.

(3) A Board shall report to the Department forthwith any outbreak of fire in any home in its charge.

Religious observance

9. A Health and Social Services Board shall ensure that so far as is practicable each child in the home attends such religious services and receives such religious instruction as are appropriate to the religious persuasion to which he belongs.

Visits by parents and guardians

10. A Health and Social Services Board shall furnish to the Department on demand such information as the Department may require as to the facilities provided for the parents or guardians or relatives of children in the home to visit and communicate with the children, and shall comply with any directions given by the Department as to the provision of such facilities.

Control

11. - (1) The person in charge of the home shall ensure that order is maintained



as far as possible by the personal influence and understanding of the staff, and resort to corporal punishment shall be avoided as far as possible.

(2) Where correction is needed for minor acts of misbehaviour the punishment shall take the form of forfeiture of rewards or privileges or temporary loss of recreation; provided that a light tap of the hand may occasionally be applied to the hand of a child with the object of indicating urgent disapproval rather than that of inflicting pain.

(3) Other forms of corporal punishment shall be subject to the following conditions:-

- (a) It shall be inflicted only on the hands or posterior with a light, unsplit, bamboo cane and shall not exceed six strokes in the case of a child over 10 years of age, and 2 strokes in the case of a child over 8 and under 10 years of age. Immediately the decision to reprimand a child has been made the punishment shall be administered forthwith, except in the case of a child who has a physical or mental disability as mentioned in sub-paragraph (e). No child under 8 years of age shall be so punished.
- (b) It shall not be administered by any person other than the person in charge of the home or in his absence his duly authorised deputy.
- (c) A second member of the staff shall be present to witness the proceedings.
- (d) No caning shall be administered in the presence of another child.
- (e) Any child known to have a physical or mental disability shall not be subjected to corporal punishment without the sanction of the medical officer.

(4) Particulars of the administration of corporal punishment under sub-paragraph (3) of this paragraph (giving the name and age of the child concerned, the offence and the number of strokes of the cane awarded him and whether the child was physically or mentally handicapped) shall be entered in the record book referred to in paragraph 15 of this direction.

(5) At the commencement of each quarter a Health and Social Services Board shall furnish to the Department a return giving particulars of corporal punishment imposed during the preceding three months.

Directions regarding the accommodation of children

12. - (1) The Department may give directions limiting the number of children who may at any one time be accommodated in the home.

(2) The Department may direct any child to be removed from the home and to be placed in another home or in a voluntary home or to be boarded-out, or to be otherwise dealt with.

(3) The Department may require a Health and Social Services Board to furnish returns of the children in the home in such form as the Department may direct.



Further provisions as to hostels

13. A Health and Social Services Board shall apply this direction as far as possible in respect of persons who are over compulsory school age but not yet twenty-one years of age and who, although not in the care of a Board, are accommodated in a hostel.

Special circumstances

14. Where in the opinion of a Health and Social Services Board it is desirable in the special circumstances of any situation that the provisions of one or more of the foregoing paragraphs should not apply a special arrangement may be made with the prior consent of the Department.

Records to be kept

15. - (1) The person in charge of the home shall compile the records referred to in sub-paragraph (3) of this paragraph and shall keep them at all times available for inspection by any person visiting the home under paragraph 3 or by a person authorised by the Department under Section 168 of the Children and Young Persons Act (Northern Ireland) 1968

(2) The person in charge of the home shall be responsible for the custody of the medical records of each child and shall keep them at all times available to the medical officer or to any person specifically authorised by a Health and Social Services Board or to a person authorised by the Department under Section 168 of the Children and Young Persons Act (Northern Ireland) 1968.

(3) The records to be kept under the provisions of sub-paragraph (1) of this paragraph shall be contained in a book in which shall be entered -

- (a) The date of admission and the date of discharge of every child accommodated in the home;
- (b) A record of events of importance connected with the home;
- (c) A record of every fire practice or drill conducted in the home, together with records of all fire precautions agreed upon after consultation with the Fire Authority;
- (d) Menus of the meals provided for the children in the home kept in sufficient detail to enable any person inspecting them to judge whether a balanced diet was available.

Assistant Secretary

H₂
8 October 1975

WESTERN HEALTH AND SOCIAL SERVICES BOARD

FORT JAMES CHILDREN'S HOME

OBJECTIVES FOR 1984

1. Development and monitoring of independent living units.
2. Development of new staffing structure as a result of the increased establishment.
3. Induction/training of new staff.
4. Establishment of a system of formal supervision.
5. Assessment of the training needs of staff and the consequential use of in-service training/short courses.
6. Development of Fort James as a facility for student practice placements.
7. Investigation of the use of volunteers.

pp. **FJ 7**

FJ 7

Acting Officer-in-charge

C.C:

TL 4
FJ 41 Acting P.S.W.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this Reference in your reply

Our Ref

Your Ref

Date 20th May 1986

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311OBJECTIVES FOR 1986

1. Devise a set of procedural guidelines for staff and children:
 - (a) In the main Unit
 - (b) In the Independent Living Units
2. Devise a staff support system appropriate to a residential setting and incorporating elements of the traditional Field Work model of staff supervision. Structure the timetable to enable supervision to take place, on a monthly basis, at least.
3. Adopt a systematic approach to staff Training and Development by:
 - (a) Identifying the Training needs of Staff.
 - (b) Seeking appropriate Training, Courses, Seminars etc for them to participate in.
 - (c) Ensuring that all staff get an opportunity to participate in something appropriate to their needs and keeping a record of all courses attended.
 - (d) Establishing a regular staff development programme using resources within the Unit as well as inviting outside speakers.
 - (e) Having senior staff complete the First Line Management Course.
 - (f) Involving two Houseparents in the Open University Child Care Course.
4. Decide on the feasibility or non-feasibility of using volunteers.

FJ 33 _____
Officer in Charge

cc. TL 4
TL 20

- 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.

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- 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.

- 8 NOV 1990

WESTERN
HEALTH AND SOCIAL SERVICES BOARD



FOYLE COMMUNITY UNIT

Please use this reference in your reply

Our Ref:
Your Ref:
Date

2nd November 1990

Mr G Carey PSW
Group Office
Gransha Park
Clooney Road
LONDONDERRY
BT47 1TF

Dear Mr Carey

RE: Fort James Business Plan

I have read with interest your outline of the above.

It is important for me to explain that the trend in quite serious untoward incidents are a matter which cause me concern and which require to be addressed.

From my visits to Fort James and my contact with both yourself and TL 4 I am well aware of the nature of the work, the dynamics which impinge upon it and equally importantly the commitment and expertise of staff.

By requiring a 'Business Plan' I have assured myself that through the pressures of day to day work the focus on totality of care, and strategic development are maintained on the agenda.

It is reassuring to note your comment that it is difficult to separate business plans from care planning. I regard the two as a seamless interface since our business is care.

Please convey my appreciation to all concerned for the continuing commitment to care for our children and adolescents.

Yours sincerely

Mrs S Burnside
UNIT GENERAL MANAGER

Riverview House, Abercorn Road, Londonderry, N. Ireland BT48 6SB
Telephone L'Derry (0504) 266111

Drawn and Design

23 43

WESTERN HEALTH AND SOCIAL SERVICES BOARD
FOYLE COMMUNITY UNIT

MEMORANDUM

TO: Mr T Haverty, A/UGM
FROM: Mr G Carey, PSW
DATE: 21 November 1990
SUBJECT: FORT JAMES BUSINESS PLAN


Following on my report to you dated 12 October 1990 I now attach a summary of the main items to be included in any business plan.

A business plan must always take account of the essential therapeutic elements of a child or young person's development in respect of his physical, mental, social and emotional welfare. The active participation and involvement of children and young people where possible in the day to day running of the house should be encouraged in order to promote the concept of "ownership". Sanctions are and should be used within the prescribed guidelines laid down in the Residential Child Care Policy Manual. These should not only attempt to achieve the aim of encouraging residents to be responsible for their actions but should also be consistent with the social and psychological needs of the young person if they are to be effective. In practical terms this would mean:-

1. The admission case conference should be utilised to establish all the care needs of the child or young person, including any anticipated disciplinary problems and that information should be used to develop a comprehensive care plan to promote the well being of the young person and integrate him back into the family situation where possible.

This entails the clarification of specific objectives to meet this aim.

2. As part of the admission process the young people should be made aware of the house rules and the range of sanctions that could be utilised in the event of these being broken. Sanctions must be within the prescribed limits laid down in the Residential Child Care Policy.
3. Care plans should be reviewed within one month of the admission, within a further three months and thereafter as frequently as appropriate but not less frequently than every six months. The primary function of a review is to consider all aspects of the child's development - physical, mental, social, emotional etc.

- 
4. The active contribution and participation of young people and where possible parents in reviews is greatly encouraged to promote a sense of ownership and commitment to the care plan and to reduce the frustration which may accompany any attempts to impose a care plan.
 5. It is recognised that the co-operation of young people and their parents is essential if this objective is to be achieved and if there is a fundamental disagreement on the care plan for an individual young person it will be referred to the Principal Social Worker (Child Care) or the Assistant Unit General Manager (Social Services and Social Care Programmes) for a decision.
 6. Where an incident does arise the key worker - Senior Houseparent will consult their appropriate management and the relevant fieldwork staff to consider the seriousness of the incident and decide upon an appropriate sanction when this is considered consistent with the needs of the young person. Where the incident is of a serious or persistent nature a case conference will be arranged to consider the implications of the young person's actions and decide on an agreed course of action to respond to his behaviour including whether removal to Training School is warranted.
 7. No child will be removed without the expressed sanction of a case conference which will be chaired by an Assistant Principal Social Worker and which will be attended by staff directly working with the young person.
 8. In emergency situations when it is not possible to convene a case conference, no young person will be removed to Training School without the express permission of the Principal Social Worker (Child Care Programme).
 9. The basis for removal of any child to Training School either for a limited or on a permanent basis should be fully explained to the young person and his parents. In the case of a decision to remove a child following a case conference the young person and his parents should normally be in attendance.
 10. Where the behaviour involves damage to property, attempts should be made within the guidelines laid down in the Residential Child Care Policy for restitution to be made. Similarly incidents of a sexual nature or where there is abuse of alcohol or drugs should be dealt with in accordance with these guidelines.
 11. Attempts should be made to integrate the children and the Home as far as possible into the local community. This will entail developing links with local community associations and by using local facilities. Similarly efforts should be made to use organisations such as Extern to engage children in the Home in constructive pursuits and to reduce the

possibility of them becoming involved in anti-social behaviour. This will no doubt be considered as part of the individual care plan.

12. As part of the concept of promoting ownership young people should be encouraged to develop pride in their surroundings by engaging where possible in re-decoration programmes of their environment. In this way hopefully it is less likely that Board property will be damaged.
13. As part of the on-going development of staff untoward incidents should be analysed to ascertain whether situations that arose could either have been avoided or handled in a more appropriate way. Suggestions from staff on ways to improve the situation should be welcomed and given appropriate consideration.
14. Staff should be given the opportunity to avail of appropriate training programmes to develop the quality of their practice and equip them with the necessary skills to deal with the problems with which they are confronted by difficult and often disturbed group of young people.

I hope these points will help form the basis of the discussion that I will have with you on this subject and I would certainly welcome any ideas you may have to improve the proposals that I am making.


GABRIEL CAREY
PRINCIPAL SOCIAL WORKER

cc

TL 4

Here copy chd C. Manager
✓ copied 15/9/89
WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY, LIMA VADY AND STRABANE UNIT OF MANAGEMENT

MEMORANDUM

TO: Programme Managers
 A.P.S.W.

FROM: Mr. T. Haverty, A.D.S.S. (Group)

DATE: 4th September 1989

SUBJECT: OPERATIONAL PLAN 1990/91

Please find enclosed for information on a personal basis a copy of a letter of the 22nd of August 1989 from Mr. Watson to Mr. Pomeroy for the U.M.T. concerning Operational Plans for 1990/91. I am aware from discussions that you are pretty well advanced now in preparing these plans which are being co-ordinated by

I would draw to your attention, in particular, the section on consultation with the voluntary sector. I am anxious that these meetings proceed as soon as I return from leave and dates have now been set for most of the programmes.

I should also be grateful if you would as far as possible discuss with relevant staff within your programme the proposals that you are putting forward. This should, at least, involve those staff who attend your management group, social work teams and officers-in-charge where they do not attend these groups. Mrs.

who is bringing the full package together, will want to reflect the degree to which this consultation has taken place.

In particular we want to give serious thought to the 1% cash releasing requirement for this year. There is no easy answer to this and programme managers must come forward with proposals.

TH
THOMAS HAVERTY
ASSISTANT DIRECTOR OF SOCIAL SERVICES (GROUP)

enc.

*Please share & discuss
 with staff*

P. Carey
14/9/89

Mr Hawerty

UNIT

719

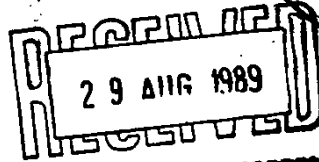
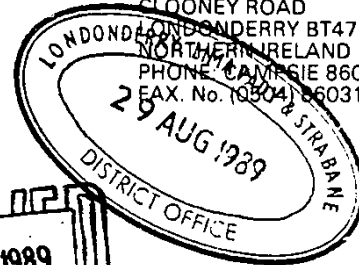
WESTERN HEALTH AND SOCIAL SERVICES BOARD

Our Ref: PEM371/89

Your Ref:

DATE: 22nd August 1989

15 GRANSHA PARK
CLOONEY ROAD
LONDONDERRY BT47 1TG
NORTHERN IRELAND
PHONE: CAMPSIE 860086 (14 lines)
FAX: No. 10304) 860311



Mr. W.D. Pomeroy,
Group Administrator,
Londonderry, Limavady & Strabane
Unit of Management,
Group Offices,
Gransha Hospital,
LONDONDERRY.

on file
copy programme manager + 16th Aug
for 1990/91 operational plan

Dear Mr. Pomeroy,

OPERATIONAL PLAN 1990/91

1. As you know, the 1990/91 Operational Plan will be the fourth plan in the current five-year strategic period.
2. The aims of this letter and the accompanying documents are to:-
 - (i) Outline the proposed timetable for next year's plan
 - (ii) Outline the consultative process with the voluntary sector
 - (iii) Give some guidance on the issues that should be addressed in 1990/91
 - (iv) Set out the Resource Scenario.

TIMETABLE

3. The Department of Health and Social Services hopes to be in a position to issue an 'initiating letter' in August 1989 to launch the 1990/91 Operational Plan. We anticipate that the timetable for preparing and submitting the plan will be similar to last year's (see Enclosure 1). Working on this assumption operational planning proposals are to be submitted by UMTs to the Board's Planning Department by Friday 27th October 1989 at the latest. Every effort has been made to give as much time as possible to the UMTs to enable them to formulate their proposals.

CONSULTATION WITH VOLUNTARY SECTOR

4. You will recall that last year, a two tiered process of consultation was introduced to seek the views of local groups and umbrella organisations working in the voluntary sector. The experience gained clearly demonstrated that it would be better if consultation with local groups took place at Unit of Management level. This would enable those facing the operational decisions to exchange views with local voluntary groups working in their locality and would help ensure that the proposals coming from the Units of Management reflect as far as possible the pressures and proposals emanating from the voluntary sector at a local

level. **SND 502** (Acting DSS) has, I understand, written to the Assistant Directors of Social Services (Group) asking them to set in motion the local consultations.

5. The intention is that consultation with umbrella bodies such as NICVA, NICD and Child Care (NI) would be organised by the Planning Department for January 1990.

GUIDANCE ON AREAS TO ADDRESS

6. As in previous years, the DHSS initiating letter will identify certain key issues which Boards should address in their Operational Plans. Notwithstanding that, as we move towards 1990/91, it seems an appropriate time to take stock of how far the Board has gone in addressing the strategic objectives it set for the period 1987-1992 and to highlight any key areas that require further attention. Enclosure No. 2 attempts to do this. The major areas that should be addressed are:-

- Reduction of waiting lists
- Transition to community care
- Further development of child care services
- Paramedical Services particularly Physiotherapy for physically disabled children
- Service imperatives (for example, residual funding for proposals launched in previous financial years)
- EMI Provision

7. The role of everyone involved in delivering health and social care should be reorientated towards ensuring that the needs of individuals are identified, packages of care are devised and services co-ordinated. In drawing up details of what is required at local level use should be made of the knowledge of those delivering care and assessments of individual need so as to identify areas of unmet need and target resources accordingly.

RESOURCE SCENARIO

8. As in previous years, UMTs should submit a package of proposals amounting to 1% of their revenue baseline. Those bids must be listed in priority order and cross-referenced (where appropriate) to the Board's Strategic Plan Review (1987-1992). Any proposals which fall outside the scope of the SPR or the issues set out in paragraphs 6 and 7 (above) must be explicitly justified, particularly in respect of any proposals within the Acute Hospital Programme.
9. UMTs should also submit a supplementary package of proposals amounting to a further 1% of their revenue baseline. These proposals must also be listed in priority order.
10. The development proposals must be accompanied by details of how the UMTs intend to secure cash-releasing measures amounting to 1% of their revenue baselines.

11. In drawing up the cash-releasing proposals cognizance should be taken of the increasing interest being shown by the DHSS's Cost Improvement Branch to ensure that any such measures are achieved without any reduction overall in the level or quality of services available to patients and clients.

FORMS

12. The DHSS intends to make some changes to the forms used last year, especially the ones dealing with cash-releasing proposals. I will forward the revised forms to you as soon as I receive them.

CONCLUSION

13. I believe that the framework paper enclosed with this letter demonstrates the enormous improvements in services which have been made in recent years . . . achievements which reflect the efforts and inputs from the Units of Management. The aim is to consolidate those achievements made and to build on them.
14. Members of the Planning Department would be happy to assist Units in any way possible in their efforts to complete the increasingly difficult task of developing their operational planning packages. In fact I would make the offer that a specific member of the Department could work with any team you might have set up to look at the task.
15. Should you have any queries regarding the letter or the accompanying material, please do not hesitate to contact me.

Yours sincerely,

E. T. Watson
 E.T. WATSON
 ASST. CHIEF ADMINISTRATIVE OFFICER
 (PLANNING/ESTATES MANAGEMENT)

ENCS.

<u>GROUP DISTRIBUTION</u>	
Date:	Initials:
U.M.T.	✓ G.C.S.S.D.
G.A.	G.Car.M.
G.D.N.S.	G.Laundry M.
A.D.S.S. (G)	G.Records O.
C.M.S.C.	G.Estates M.
C/Man G. Equip. Com.	G.Trans. M.
D.G.A.	G.F.P.O.
Units Admin.	G.Dom. S.M.
G.H.O.	S.A.A. (G.A.) ✓
G.F.O.	S.A.A. (D&AP) ✓
G.S.O.	Chaplain
S.A.A. (Supplies)	C/Man D.C.
Registry	V-C/Men G.P.
ACTION: <i>U.M.T.</i>	

WESTERN HEALTH AND SOCIAL SERVICES BOARDTIMETABLE FOR OPERATIONAL PLAN 1990/91

<u>AUGUST 1989</u>	DHSS to issue 'initiating letter'
<u>AUGUST/SEPTEMBER 1989</u>	UMTs to meet with representatives of local voluntary groups and formulate operational planning proposals
<u>27TH OCTOBER 1989</u>	Receipt of operational objectives from UMTs
<u>DECEMBER 1989</u>	Notification of earmarked sums and Boards likely allocation
<u>DECEMBER 1989</u>	(Submit development proposals to UMTs (Convene meetings with UMTs to discuss those proposals
<u>JANUARY 1990</u>	Consultation to take place with umbrella/parent bodies of voluntary organisations
<u>JANUARY 1990</u>	Consultation to take place with NICICTU; BMA; RCN; RCM.
<u>JANUARY 1990</u>	Draft Plans (incorporating where possible views of UMTs and voluntary agencies) to AET.
<u>JANUARY 1990</u>	AET to discuss Draft Operational Plan
<u>2ND FEBRUARY 1990</u>	Draft Plan to be distributed to Committee(s) of the Board.
<u>FEBRUARY 1990</u>	Draft Plan to be discussed by the Resource Allocation Committee
<u>22ND FEBRUARY 1990</u>	Draft Plan to be discussed by the Board
<u>EARLY MARCH 1990</u>	Submission of Operational Plan to DHSS
<u>APRIL 1990</u>	Final notification of allocation
<u>MAY/JUNE 1990</u>	1990 Accountability Review

WESTERN HEALTH AND SOCIAL SERVICES BOARD

FRAMEWORK FOR OPERATIONAL PLAN
1990/91

AUGUST 1989

FOREWORD

The Board is approaching the fourth year of the 1987-1992 Strategic Planning Cycle. Obviously, our response to the NHS Review will have major implications for the planning and delivery of services as well as for the monitoring and evaluation of performance. An additional consideration will be the next Strategic Plan which is pending. In the intervening period until the new structure takes effect and the new planning cycle begins, it seems an appropriate time to take stock of how far the Board has gone in addressing the strategic objectives set for the five year period 1987-1992, and to outline key issues that the Units of Management should keep to the fore when preparing their submissions for the Operational Plan 1990/91.

Section One of this paper has a twofold aim; firstly to summarise the issues that have been tackled in each of the three financial years from 1987/88 to 1989/90, and secondly to show in aggregate those areas of service where the greatest development has taken place. Section Two of the paper sets out key areas that Units of Management should pay particular attention to when formulating their proposals for next year.

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INTRODUCTIONSTRATEGIC FRAMEWORK 1987/1992

1. The ten major issues identified in the Board's current Strategic Plan are:-
 - (i) Managing the shift from institutional care to community care over a number of programmes in line with the Department's guidance.
 - (ii) Personnel implications for staffing, re-training and recruitment to meet various specialisms emerging from the reshaped service.
 - (iii) Resource shifts required to address problems caused by demographic change in programmes such as the Elderly and Child Care.
 - (iv) The increasing cost of producing management information data against the actual benefits being derived from it.
 - (v) The geographical spread of the Western Board's population and how this can militate against the philosophy of earlier discharge from hospital.
 - (vi) Bed target figures and the limited impact of closing small numbers of beds in acute hospitals in terms of actual resources freed up.
 - (vii) The quality and consumerism dimensions of our service and the mechanisms proposed for measuring these.
 - (viii) The assurance to the Voluntary Sector of their continued involvement in the planning process.
 - (ix) The definition of cost improvement programmes, to include measures which will release cash amounting to at least 1 per cent per annum.
 - (x) This Board's acknowledged underfunding position, which according to the PARR formulae amounts to almost £6.5 millions limits the scope for achieving cost improvement targets. To secure equity in the geographical distribution of resources continues to be a major issue for the Board.
2. Clearly, given the dynamic nature of health and personal social services and the environment within which they are planned and delivered, a strategic plan cannot be seen as a static thing. It must be flexible enough to embrace important issues whenever they arise, not least issues that affect the integrity of the core services which the Board provides. Notwithstanding that, the key issues listed above still, broadly speaking, point the direction in which the Board wishes to go in terms of service delivery. They, therefore, provide an important backdrop to this 'mid-term' review.

SECTION ONESUMMARY OF ACTION TAKEN1987/88 FINANCIAL YEARFINANCIAL OVERVIEW

1. Table 1 shows the proportion of the 'additional' revenue given to each Programme of Care in 1987/88.

TABLE 1 ALLOCATION OF REVENUE BY PROGRAMME OF CARE

PROGRAMME OF CARE	ACTUAL ALLOCATION	%
Acute Hospital Services	249.40	34.9
Care in the Community	121.65	17.0
Child Care Services	74.26	10.4
Health Promotion	8.00	1.2
Services for Elderly People	124.44	17.4
* Services for Mentally Handicapped People	61.83	8.7
Services for Mentally Ill People	56.42	7.9
Services for Physically Handicapped People	18.00	2.5
Other	Nil	-
TOTAL	714.00	100.0

NOTES

- * The sums quoted in Table 1 are those shown in the Operational Plan
- * The Mental Handicap sum does not include the special allocation to smooth the transition of responsibility for mentally handicapped school children from the WHSSB to the WELB.

2. The major service developments achieved were:-

PARAMEDICAL

3. Creation of additional paramedical posts. In all seven(7) additional posts were funded. Two(2) Senior Occupational Therapist posts - one for the Community programme (Limavady) and the other for the Elderly Care Programme in Fermanagh. The LLS Unit of Management was funded to appoint three further physiotherapists (one each for the Elderly Care, Physical Handicap and the Mental Handicap programmes). Omagh and Fermanagh each got an additional physiotherapist for the Elderly Care programme. Fermanagh also got a physiotherapy and an occupational therapy helper for the Elderly programme.
4. Taking into account the extra posts created through the transfer of responsibility for mentally handicapped children to the WELB, the following is a summary of the total numbers of additional paramedical posts funded in 1987/88:

Care of Mentally Ill People	) 1 Senior Care Assistant, Melrose
	) 1 Instructor, Strabane
	) 1 Social Worker
Care of Mentally Handicapped People	) Some £243,000 was allocated to appoint
	) 6.5 Instructors and 12 Care Assistants
	) to smooth the transfer of responsibility
	) for school children to WELB
	) 1 Social Work Assistant, Killadeas
	) 1 Night Attendant, Devenish
	) 1 Care Assistant, Glenbrook
Services for Elderly People	) 1 Social Worker, LLS
	) 1 Care Assistant, Fermanagh
Child Care Services	) 1 Senior Houseparent, Fort James
	) 1 Houseparent, Harberton
	) 1 Social Worker, LLS
	) Family Centre Organiser, LLS

OTHER SERVICE DEVELOPMENTS

9. Other service developments included:

- Funding of health promotion materials
- Provision of some additional clerical support
- Improved management structure of Works and Maintenance Staff through the appointment of a Works Officer (LLS) and a Sector Engineer in Omagh
- Appointment of a Cardiographer in the Erne Hospital
- Appointment of an Audiology Technician in Omagh
- Various regradings and increase in budgets such as the Boarded-Out budget

OTHER DEVELOPMENTSPARAMEDICAL

13. Funding of the following additional paramedical posts
- 2 Occupational Therapists (Sen Is) to the LLS Community Programme
 - 2 Physiotherapists (Senior Is) to the LLS Community Programme
 - 1 Occupational Therapist (Senior I) to the Omagh Community Programme
 - 1 Occupational Therapist (Sen I) to the Elderly Programme in LLS
 - 1 Physiotherapist (Sen I) to be shared equally between the Programmes of Care for Mentally Handicapped and Mentally Ill in Omagh
14. An additional Medical Laboratory Scientific Officer was appointed at Altnagelvin Hospital, and funds were allocated (£10,000) to facilitate an area-wide re-grading exercise.

MEDICAL

15. An additional Senior House Officer (O & G) was appointed to the Omagh Unit of Management.

NURSING

16. Five(5) Staff Midwives were appointed to Altnagelvin Area Hospital.
17. Four(4) Staff Nurses were appointed to Gransha Hospital.

OTHER

18. Funds were also provided to:-
- Appoint 2 Clerical Officers - one to the Acute Programme in LLS to support paramedical staff and the other to the position of Clerk/Typist (HAA coding) in Omagh.
 - Further increase the Boarded-Out budget.
 - Initiate personalised laundry in Gransha and Stradreagh Hospitals.
-

Three Staff Midwives	Acute	LLS
One Staff Nurse (Colposcopy)	Acute	LLS
Staff Nurse	Acute	Omagh
Four Staff Nurses	Acute	Fermanagh
One District Nurse	Comm.	Omagh
One Staff Nurse	H. Prom.	Omagh
One Health Visitor	H. Prom.	Omagh
Three Staff Nurses (Gransha)	M. Illness	LLS
One Community Psychiatric Nurse	M. Illness	Omagh

SOCIAL SERVICES

23. A total of nine additional social services posts have been funded, the details of which are shown below:-

- Three(3) social workers for new adoption legislation
- Two(2) social workers for mental illness programme in LLS
- A Care Assistant for Silverhill
- A Social Worker to work in the area of child abuse in Omagh
- A Social Worker for community based services for the mentally ill in Omagh
- A Houseparent for Coneywarren, Omagh

24. Funds were also allocated to:-

- Develop specialist fostering services
- Provide insurance for foster parents
- Increase capitation fee payable to Nazareth House, Londonderry
- Further develop luncheon clubs and domiciliary support for elderly people in Omagh
- Develop approved social worker training
- Launch fostering initiative/respite care for mentally handicapped people in Omagh and Fermanagh
- Fund a Field Officer post for NIAMH
- Fund Beacon House Club in Limavady
- Fund workshops for the deaf in Omagh.

OVERALL SUMMARYTHREE FINANCIAL YEARS 1987/88 TO 1989/90 (INCLUSIVE)

26. Over the three financial years in question, a global sum of about £3.4 millions (revenue) has been allocated to develop services as far as possible in line with the Board's Strategic Plan (1987-1992). The way in which this aggregate amount was allocated across programmes of care is shown in Table 5 (below).

TABLE 5 ALLOCATION OF REVENUE TO PROGRAMMES OF CARE 1987/88 TO 1989/90

PROGRAMME OF CARE	ACTUAL ALLOCATION £000's	%
Acute Hospital Services	896.30	26.3
Care in the Community	446.40	13.1
Child Care Services	380.91	11.2
Health Promotion	86.00	2.5
Services for Elderly People	384.69	11.3
Services for Mentally Handicapped People	273.33	8.0
Services for Mentally Ill People	340.72	10.0
Services for Physically Handicapped People	118.50	3.4
Other	483.00	14.2
TOTAL	3409.85	100.0

NOTE: The notes to the Tables for each year still apply.

27. The vast majority of additional resources have been targeted at creating direct care posts which has in turn enhanced the services delivered in certain key areas. Obviously, this has not been achieved without cost, most notably in the area of cash-releasing/cost improvement measures, the bulk of which have in recent years come from 'hotel' services. In summary, the major areas tackled through the application of 'growth' funds have been:

PARAMEDICAL SERVICES, particularly physiotherapy and occupational therapy. The funded establishment for occupational therapists has grown by some 30% from a base figure of 21.88 (wte) in 1983/84 to 28.53 in 1988/89. The figure will rise further when the post funded in 1989/90 formally becomes part of the funded establishment. In the case of physiotherapy, there has been an increase overall of 40% between 1983/84 and 1988/89 (ie 35.10 wte to 49.12); again an additional post has been funded in the current financial year.

NURSING STAFF In each of the three financial years a significant number of nursing posts have been funded, most notably in the acute hospital sector.

- IMPROVED STAFFING - Some improvement in nursing cover both in the hospital and community settings
- NURSING
- M. HEALTH/HANDICAP
- SHIFT TO COMMUNITY CARE - Development of a network of services to ensure that mentally ill and mentally handicapped people requiring care are placed in the setting which suits their needs best
- SOCIAL SERVICES - Continued improvement of services through strengthening staffing both in the residential and fieldwork sectors, which has benefited various programmes, particularly those for children and elderly people
- PARA-MEDICAL INPUT - Gradual increase in paramedical input to various programmes
- SERVICES FOR DEAF PEOPLE - Provision of workshops in Omagh
- NURSING SERVICES FOR ELDERLY - Some improvement in the areas of domiciliary support and day hospital services
- OTHER CHILD CARE SERVICES - Developments in the area of fostering, and adoption, and in the provision of the multi-functional Creggan Day Centre, Londonderry.

SECTION TWOISSUES TO ADDRESS IN 1990/91INTRODUCTION

27. As will be seen from Tables 1, 3 and 4 (Section One), the Acute Hospital Services Programme has gained most in terms of development monies in each of the three financial years from 1987/88 to 1989/90, whilst in 1989/90 (for example) only approximately 5% of the cash-releasing measures centred on clinical areas.
28. In aggregate some 26% of all development monies over the three years has been devoted to the Acute Hospital Programme. It is clearly recognised that over that time various actions became imperative in order to maintain the integrity of core services. In addition, it is noted that there is evidence of efforts being made to direct resources away from the Acute programme, given that the general hospital programme's share of the Board's total baseline figure in 1987/88 was 31%. Having said that, however, the DHSS has raised with the Board the issue of apportionment of development funds and more particularly the matter of sources for cash-releasing measures. Against the background of such discussions, it has become increasingly important that in future years greater effort needs to be applied to bringing on stream any remaining priority objectives in other programmes of care. This is not to say, of course, that further developments required in the Acute Sector because of the exigencies of the service are to be ruled out, but if such proposals do not sit clearly within the framework and spirit of the Strategic Plan Review, then strong justification must be given for their inclusion in future Operational Plans. Any proposals within the Acute Hospital Sector must be supported by details of target outcomes.

ISSUES THAT NEED TO BE ADDRESSED

29. There are a number of issues that need to be tackled, and UMT's should give due consideration to them when formulating their operational planning proposals for next year.
- Reduction of Waiting Lists
 - Transition to Community Care
 - Further Development of Child Care Services
 - Paramedical Services
 - UMT Imperatives
 - EMI Provision
30. These issues, which are not listed in any particular order of priority are dealt with in some detail in the remaining paragraphs.

REDUCTION OF WAITING LISTS

31. The issue of waiting lists was raised by the DHSS during the 1989 Accountability Review. The Board will be asked to examine waiting lists in any specialities where there appears to be cause for concern or grounds for criticism and to report by 30th September 1989 on causes underlying the delays in treating patients and on steps which it proposes to take to address those problems.

32. Arrangements will be made to discuss with UMTs those specialties within their control where management action might produce real benefits. Those discussions will, hopefully, draw on the work of the CREST Group which was established to report on the clinical management of lists.
33. UMTs should now begin to formulate their ideas on what action should be taken in those areas causing concern and identify any resource implications of remedial action, with a view to submitting bids for funds in 1990/91 and beyond.

TRANSITION TO COMMUNITY CARE

34. The three special groups set up to look at the shift of emphasis towards greater community care have each made progress, and have outline plans of how to bring about further developments.
35. The majority of developments to date have been financed from the time-limited bridging funds. UMTs will be aware of the need for them to build into future operational planning proposals that element of the cost of schemes which will not be met from monies freed up from the reduction in mental handicap and mental health hospitals.
36. In drawing up proposals for 1990/91 the UMTs should bear this in mind and should (in addition) consider the need to tackle existing community staffing shortfalls, particularly in the areas of community psychiatric nurses, community mental handicap nurses and social workers.
37. The position regarding each of the three special working groups is set out below.

GRANSHA HOSPITAL SPECIAL WORKING GROUP

38. Progress to date on the work of the Gransha Hospital Special Working Group is as follows:
39. Launch of a community mental health project in the Limavady sub-district. (funded by bridging finance).
40. Securement of 13 places for clients with mental health problems in two Habinteg housing developments based in Londonderry and Strabane.
41. Development of rehabilitation services at Gransha Hospital by the appointment of additional staff and the adaptations to Maple Villa (Funded out of bridging finance).
42. Commissioning of a comprehensive in-patient survey in association with the National Unit for Psychiatric Research and Development.
43. Sectorisation of the Gransha Hospital catchment area to come into effect on 1st August 1989.
44. Development of specialist mental health services are currently in planning.

MENTAL HANDICAP DEVELOPMENT GROUP (STRADREAGH HOSPITAL)

45. The major development to date has been the establishment of the Community Living Training Unit, Londonderry. This has been funded from the initial tranches of bridging finance, and the aim is to add at least one further phase to the scheme in the early part of 1990.
46. In the 1989/90 Operational Plan it is stated that the Board is committed to the development of a 12-place unit in Londonderry to cater for highly dependent mentally handicapped people. Groundwork in terms of finding a site and drawing up the operational policy is proceeding.
47. Also in 1989/90 a total of £11,000 was allocated to Omagh and Fermanagh to launch/develop fostering and community respite schemes.
48. The Group has forged links with the voluntary and private sectors and is tapping into the network of facilities that are being created by those sectors. UMTs should consider the impact of the growth of the independent sector on current services.
49. The aspects of the mental handicap programme which the UMTs should examine when preparing their submissions for 1990/91 are listed below. UMTs should liaise closely with the Mental Handicap Development Group (Stradreagh) in formulating specific proposals.
 - Employment of additional community mental handicap nurses.
 - Development of day care places
 - Review of the impact of the increasing dependency level of patients at Stradreagh Hospital and the transfer of mental handicap patients presently located in the Tyrone and Fermanagh Hospital
 - Further development of respite care schemes (for adults as well as children)
 - Development of clinical psychology services
 - Need for additional qualified social workers
 - Need for additional ATC staff
 - Need for additional paramedical staff
 - Development of fostering

TYRONE AND FERMANAGH HOSPITAL CATCHMENT AREAAchievements to Date

50. A total of 25 people have moved, or will move shortly, to the community as a direct result of the policy of shifting the balance of care. The breakdown is:-
 - 2 people to Drumahaw Old People's Home, Lisnaskea
 - 5 people to Habinteg Development, Enniskillen
 - 4 people to Ferone Drive scheme near Tyrone and Fermanagh Hospital

- 14 people to move to Chanterhill Supervised Hostel Enniskillen (to be opened later this year)
- 51. The mental health centre at Project House in Enniskillen was opened in August 1988 and serves as a focal point which makes services more accessible to consumers, their families/carers, voluntary organisations and professionals working in the field of mental health.

Possible Future Developments

- 52. In addition to the 25 patients already in, or about to move to the community, surveys have shown that a further 112 people could move from the hospital if appropriate community facilities were available.
- 53. Discussions have been held with the voluntary sector on the possibility of providing further accommodation in:-
 - (i) Omagh (supervised hostel)
 - (ii) Lisnaskea (supervised hostel)
 - (iii) Enniskillen (core/cluster places)
- 54. The Industrial Therapy Organisation is co-operating closely with the Board in detailed planning to try to provide training and employment opportunities for mentally ill clients in Fermanagh.
- 55. A need has been identified for two community mental health teams for Fermanagh. While each team would do general acute work one would take on responsibility for community rehabilitation while the other would specialise in old age psychiatry. Detailed costings for these teams are currently being worked out.

FURTHER DEVELOPMENTS IN CHILD CARE

- 56. Stimulated by the Hughes Committee's recommendation of parity between residential and fieldwork staff, the Board is currently reviewing various aspects of its child care programme, with a view to developing a Child Focused service which would be responsive to the total needs of individual children and their families/carers. The outcome of the review will be submitted to UMTs and others for their consideration in due course. In the meantime, the UMTs should give thought to bringing forward proposals on:-
 - Dealing with Child Abuse especially Child Sexual Abuse. In particular remedying staffing shortfalls and developing support networks for children and their families.
 - Caring for older children in the age group 17-21 years - ie preparation for leaving care and after care.
 - Care of handicapped children within child care networks which are both broad enough and flexible enough to meet their special needs.
 - Further expansion of fostering budgets.
 - Development of trained befrienders/family aides.
 - Remedying general shortage of trained fieldwork staff.

PARAMEDICAL SERVICES

57. Despite the significant increase in the number of paramedical posts in recent years, the Western Area still lags behind other Boards in terms of provision, most particularly in the fields of occupational therapy and physiotherapy. The relative positions in the four Boards are shown in Tables 6 and 7 below. These relative positions will not have altered significantly.

OCCUPATIONAL THERAPISTSTABLE 6

BOARD	RATIO TO POPULATION AT 30TH SEPT. 1986
EASTERN	1 : 5,400
NORTHERN	1 : 12,300
SOUTHERN	1 : 11,300
<u>WESTERN</u>	<u>1 : 16,300</u>
N. IRELAND AVERAGE	1 : 8,200

PHYSIOTHERAPISTSTABLE 7

BOARD	RATIO TO POPULATION AT 30TH SEPT. 1986
EASTERN	1 : 3,800
NORTHERN	1 : 6,300
SOUTHERN	1 : 7,100
<u>WESTERN</u>	<u>1 : 9,400</u>
N. IRELAND AVERAGE	1 : 5,000

58. A problem in the past was how to attract qualified staff to the Western Area. This issue was raised at the 1989 Accountability meetings, when it was explained that plans are in hand to try to introduce possible courses of action to overcome the problem.

59. UMTs should consider their paramedical staffing levels, especially occupational therapists and physiotherapists and (where appropriate) submit bids for more staff. Particular attention should be paid to the needs of the elderly, the physically handicapped and the mentally handicapped/ill.

UMT IMPERATIVES

60. As in previous years, the UMTs will probably have various pressures which have to be met. In putting together their proposals under this heading for 1990/91, they should examine the question of whether any schemes launched in previous years are not working to full capacity because of limitations brought about by previous funding arrangements. An example, here, might be the Maybrook Adult Training Centre, Londonderry.

EMI PROVISION

61. The Board is seriously lacking in terms of EMI provision particularly in the Omagh and Fermanagh Units of Management. Pressure for the creation of EMI places in Fermanagh has been brought to the Board's attention by social services. There is a very justifiable case for a 30 place EMI residential home to be established in that Unit of Management and the objective is already contained in the Board's Strategic Plan Review 1987-1992 (page 85 para 37). A paper prepared by has been forwarded to the Board setting out the level of need and proposed solution.
-

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From:

A.O.I.C.
Fort James

To: Mr. Gabriel Carey P.S.W.

Ref.:

Date: 24 Sept. 90

Ref.: Operational Plans.

LPC 5/85/048

In reply to your memo of 17 Sept. re: requests in relation to service development/staffing, I put forward the following:

1. Administrative Support - i.e. Secretary for the Unit.
2. One houseparent in respect of leaving/After care field.
Ideally this service requires a team of one senior and two houseparents. Currently the service operates with one full-time houseparent and one senior houseparent who helps coordinate the service alongside her main duties and responsibilities to the overall unit.

From.....

To.....

Ref.: _____ Date: _____

Date: 11/11/2011

Ref.: (continued) Flow

for more consideration:

1. Additional staff support to the existing service.
2. One additional management staff to work on housing & financial programme. Ideally this service requires a team of one senior management and two houseparents. Currently the service operates with one full-time houseparent and one senior houseparent who drops to co-ordinate the service on a limited basis. In terms of providing a structured programme of care for these vulnerable people, it requires two houseparent staff working in the ward opposite each other in order to provide sufficient support and cover.

INTRODUCTION

The following pages are intended to be a guideline for both children and staff at Fort James. They give some background to the development of the Home since it first opened in 1973, they clarify the aims and objectives of the Home and, finally, they spell out the philosophy and policy of the Home in relation to various aspects of daily living. It is hoped that these guidelines will be of benefit to all children and staff, but particularly those who have recently come to live or work here.

Fort James is a large, rambling three storey house set in its own grounds and located about three miles from the city centre. It was built originally as a private residence in 1862 and changed hands a number of times before being purchased in 1970 by the Londonderry Development Commission. When it first opened its doors as a Children's Home in 1973, under the auspices of the WHSSB, most of the residents were babies and young children up to the age of five, although there were one or two older teenagers in residence from an early stage. To cater for the large number of babies in the Home, there was a nursery on the ground floor and a number of nursing staff were on 'waking duty' at night time. As one might expect, caring for babies occupied a large proportion of staff time and in many ways the Home was organised around this task. However, over the next ten years many changes and developments took place to ~~alter~~ all this.

Increased emphasis on Foster Care and Adoption meant fewer babies were being admitted to the Home; the opening of Harberton House as an Assessment and Reception Centre and the closure of Termonbacca as a Children's Home meant that there were many more older children being referred to the Home. Many of these children had complex personal, social and emotional problems and no longer felt able to live with their own families.

In response to this situation, four self-contained flats were built adjacent to the Home with a view to helping these young people cope with living independently in the community, once they had left Care. The staffing ratio was also improved and the Home is now regarded as a Unit catering mainly for children of teenage years.

Service provided by Fort James

Although it is regarded primarily as a Home catering for teenagers in need of medium - long stay care, Fort James is obliged to respond to the needs of the Londonderry, Limavady and Strabane Unit of Management and consequently has to provide a wide-ranging service. The following is a list of some of the services it provides:

1. Short term care (1 day - 1 month)
2. Medium term care (1 month - 6 months)
3. Long-term care (6 months - 3 years +)
4. Care for 5-10 age group (for 1,2,3, above)
5. Care for 10-14 age group (for 1,2,3, above)
6. Care for 14-18 age group (for 1,2,3, above)
7. Emergency Care
8. Respite Care
9. Preparation for Foster Care
10. Preparation for Independent Living
11. Preparation for a planned return to the care of parents/family.
12. After Care
13. Care for children with a wide range of personal, social, emotional, psychological and behavioural problems.

At first sight this appears like a mammoth, almost impossible task for any one Home to undertake. Undoubtedly, having such a broad age range with so many diverse problems living under one roof creates its own problems for both staff and children. However, this is both the reality we have to accept and the challenge we must respond to.

In the following pages there is a statement of the Aims and Objectives of the Home and some guidelines about the daily routine and the philosophy and policy of the Home in relation to various aspects of daily living.

Statement of the Aims and Objectives of Fort JamesAims:

1. To provide a safe, stable environment where children can feel secure and accepted while difficulties in their personal or family lives are being resolved.
 2. To help children plan and prepare for life with another family, or, on their own in the community. To support them during the transition period and for a short time afterwards.
 3. To maintain and develop the links between children, their families and their local communities.
- Where feasible, to encourage children to become involved in the life of the community outside of Fort James.

Objectives:

1. To create a team of people who are caring, committed and sensitive to the needs of young people.
2. To develop an ethos within the Home which encourages respect, healing and growth.
3. To develop a cohesive, consistent team approach by agreeing on a common policy towards various aspects of the daily routine and by establishing a staff supervision system which meets individual and team needs.

1. Referrals

Children are normally referred to the Home by Field Social Workers in consultation with the APSW for Child Care who co-ordinates all admissions. Frequently, a child will have spent some time at Harberton House for Assessment prior to being referred to Fort James. Once the referral has been made, the OIC of Fort James convenes a Referral meeting to include the child's Social Worker and the residential worker from Harberton House. If the referral is accepted, arrangements for the transfer are made at this meeting.

2. Admissions

As soon as a referral has been accepted, a Primary Worker is identified for the young person and an introductory process is set in motion. Depending on individual circumstances, this will include the Primary Worker meeting with the child, meeting with his/her family, the child visiting Fort James and being introduced to some of the staff and residents, the child seeing the physical layout of the Home and learning something about life in the Home in relation to the long-term plans for him/her. Finally, an admission date is set and when the time comes the child is welcomed and helped settle down, by both staff and children.

3. Reviews

A Review meeting takes place once the child has been in care for one month, to look at how he/she has settled down and to formulate some plans for the future, including, if possible, length of stay. This meeting is attended by the child's social worker, primary worker, and other professional staff who may be involved. If feasible, the child and its parents may also be present. If not, the child is invited to present its views in writing to the meeting. After the initial meeting, Reviews are held regularly, at least every six months.

4. Daily Routine

During the school term children rise at 7 a.m. approximately, wash themselves, dress and tidy their rooms before coming down for breakfast. Normally, they use public transport to get to school.

After school, the children have a light snack in the dining room before settling down to do their homework. Staff make themselves available during this time to help anybody having difficulty with their work.

Staff and children have dinner together at 5.30 p.m. Afterwards, children are encouraged to attend their various clubs or take part in individual or group recreational activities. This is also a time for children to bathe, do their laundry, ironing etc., or to spend time with their Primary Worker.

From 8 p.m. on, according to their age-group, children have their supper. Insofar as possible, the children are responsible for preparing this for themselves and for tidying up afterwards.

From 9 p.m., according to their age group, children start preparing for bed. Staff on duty try and ensure that each child gets some individual staff time during this part of the day. All children should be settled in their rooms by 11 p.m.

Young people not attending school or work should be up not later than 10 a.m. for breakfast. They are expected to help with household chores for at least part of the morning. They have their lunch, along with staff on duty, at 1 p.m.

At weekends and holiday time, children may lie on until 11 a.m. at the latest.

All children are encouraged to attend their local Church on Sundays. Occasionally, Services are arranged in the Home itself. Apart from breakfast, mealtimes at weekends are unchanged. Bedtimes at weekends are extended according to the age-group. Normally, this should not be later than 1 a.m.

FJH-1052

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref:

Your Ref: .

Date

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

For The Attention Of All Staff And Children

Recently it has come to my notice that a number of young people have been misusing various solvents and household aerosols in the grounds of Fort James. As you all know, these are a serious health hazard to the people who misuse them. They also constitute a serious fire hazard for everybody living or working in the Home.

For these reasons, young people resident in the Home or in the Flats, are not allowed purchase or bring these substances into the Home. There are plenty of "safe" deodorants and hair sprays which can be used without any risk, and these are the only ones allowed into the Home. Anybody who does not adhere to this rule, will have the offending items confiscated and not replaced. Similarly, anyone who misuses toiletries money to purchase them, will in future have their toiletries purchased by staff.

FJ 33

9.11.1989

WESTERN HEALTH AND SOCIAL SERVICES BOARDGRANTING OF PERMISSION FOR ABSENCES OF CHILDREN IN CARE

The following policy applies to all children in care irrespective of placement (whether in foster-home, children's home, or in own home) and to all absences of at least one night's duration, either within or outside Northern Ireland.

1. Authority for granting permission

The basic principle is that the regular review of every child in care should set the framework within which future proposed absences (including holidays) should be considered. In setting this framework, account must be taken of any particular legal and professional risk factors in the individual situation, such as possible difficulties arising from the child leaving the jurisdiction. Additionally, this could involve the seeking of the permission of the High Court, e.g. wardship cases. Once the framework has been defined, the authority for granting permission for future absences is dependent upon the length of the absence in the following way:-

(a) From 1 night to 3 nights inclusive

Individual absences/holidays of this length must be approved by the child's social worker, and must fall within the context of the agreed framework.

(b) From 4 nights to 14 nights inclusive

Individual absences/holidays of this length must be approved by the relevant Senior Social Worker (Team Leader), and must fall within the context of the agreed framework.

(c) More than 14 nights

Individual absences/holidays of this length must be approved by the relevant Assistant Principal Social Worker (Fieldwork), and must fall within the context of the agreed framework.

One constraint on the above is that an individual can not grant permission for himself/herself to take a child on holiday. When such cases arise (e.g. a social worker taking children on holiday for 1-3 nights), the permission of the next senior line manager should be given.

2. Guidelines for approving individual absences/holidays

When considering the approval of individual absences/holidays within the agreed framework, the following questions should be taken into account:-

- (a) In whose care will the child be?
- (b) Who else is going?
- (c) Will there be appropriate care and supervision?
- (d) Are the proposed accommodation arrangements acceptable?
- (e) Is there any particular danger in the location?
- (f) Have any new risk factors emerged since the framework was set?

3. Referral to Assistant Director of Social Services (Group)

The following situations should be referred to the Assistant Director of Social Services (Group):-

- (a) Where an agreed framework has been set but difficulties arise in respect of the approval of an individual absence.
- (b) Where the agreed framework has excluded particular arrangements but an application for such an excluded absence is subsequently made.

4. Exceptional Circumstances

Circumstances may arise where it is not possible for any case review to have taken place before a particular holiday is arranged e.g. where a child has only recently been admitted to care. In such cases, absences of any length must be referred to the Assistant Principal Social Worker (Fieldwork) who has the authority to grant permission.

16th April 1985

Daily Routine for Children at Fort James

1. Children who are going to school or work throughout the week should be called early enough to ensure that they have sufficient time to awaken, wash, dress, have breakfast and get out on time for their buses.
2. Children not attending school, work, YTP, etc. should be called not later than 10.00 a.m. during the week. Breakfast is not served after 10.30 a.m. They are expected to do some work about the house each morning e.g. tidying the T.V. room.
3. Lunch is at 1 p.m. daily. Kitchen staff should be notified each morning re. the number of staff and children who need to be catered for. There should be no need for snacks until the afternoon break at 3.30 p.m.
4. The Evening meal is at ^{5.30 p.m.}~~5 p.m.~~ Again, kitchen staff should be notified about numbers. People who are going to be late and want a meal kept should notify staff beforehand. Menus are available for consultation if you wish to see what is being prepared.

After the Evening meal there should be no need for snacks until Supper time. However, a drink of milk, orange, tea, coffee etc. may be had in the Dining room any time throughout the evening. However, food or drinks are not allowed into the T.V. room or upstairs at any time. This also applies to the Visitors room except for parents or relatives.

5. The time between the evening meal and bed-time i.e. between 5.30 p.m. - 11.00 p.m. should be used as productively as possible. Apart from involvement in various recreational activities - indoor games, swimming, table-tennis, skating, Scouts, Youth Clubs, Discos, Hobbies etc. - there are many routine tasks which should be performed at this time: homework completed, beds made, rooms tidied, clothes prepared for next day, shoes polished, hair washed, baths taken, clothes washed or mended or ironed as the case may be. It is also a time for holding meetings, doing group work or just talking to Key workers about problems.
6. Weekends:

Children may have a sleep-in on Saturday mornings if they wish but they should be down by 11 a.m. if they want breakfast.

All children are encouraged to attend Church on Sundays. Those who are still attending school must go to Church unless their parents indicate otherwise.

7. Bedtimes:

Bedtimes vary according to age; children are already aware of their particular bedtime. During the week normal bedtime is 10.45. The Senior Houseparent may use her discretion to allow school-leavers watch T.V. until 12 p.m. if she so wishes.

At Weekends, teenagers may watch T.V. until 1a.m. approx.

8. Visitors:

Parents and relatives are encouraged to visit as frequently as possible, except in cases where restrictions have been imposed at a Case Review. Normally, friends are allowed to visit and have use of the Visitors room 7-9 p.m. provided prior permission has been sought from the Senior Houseparent on duty. However, this facility has been suspended following a series of recent serious incidents of conflict between visitors and residents. At present friends are not allowed visit or use the Visitors room.

9. Respect for People:

Both staff and children have the right to expect respect for themselves as people. It is up to each individual to ensure that we live up to this ideal. To enable us to do this we should never at any time:

- a) insult or make fun of other people's religion.
- b) " " " " " " " political beliefs or traditions.
- c) provoke other people by means of flags, slogans, music etc.
- d) display anything that encourages violence or hurt to other people.

Legitimate music, emblems etc of a sensitive nature should be confined to the privacy of ones bedroom, out of respect for the feelings of other people.

10. Smoking:

The practice of smoking is discouraged as being harmful to ones health. However, recognising that many young people are heavily addicted and smoke with their parents' consent or acquiescence, the practice is tolerated in the Home, within limitations. Smoking is not allowed in the kitchen at any time, or in the Dining room while people are eating. Generally it should be confined to the Teenagers T.V. room. Smoking upstairs is ~~discouraged, but in the interests of~~ ^{not allowed} safety, ashtrays are provided.

11. School:

Attendance at school is regarded as an important part of a childs' social and intellectual development. It is also required by statute. Every help, assistance and encouragement is given to children to find a suitable school, to be placed in an appropriate class, to do homework and to tackle problems which arise from time to time with regard to school attendance. However, it also requires an effort from the young person concerned. Where this is not forthcoming, and when the young person absents him/her self from school, an appropriate sanction will be imposed e.g. deduction of pocket money. Young people suspended or expelled from their school will be expected to do a few hours schoolwork within the Home, each day, until the problem has been sorted out.

12. Clothing:

All children are allocated £6 per week to their clothing accounts. As they require items of clothing, the Key-Worker arranges with them re going shopping, deciding what items to buy etc. Clothing should be taken care of and should not be swapped or sold to others. If this happens, a refund from pocket money to the clothing account will be necessary.

13. Respect for Property:

Both staff and children should at all times try and keep buildings and furnishings in a good state of repair. Wilful vandalism will not be tolerated and where possible compensation will be demanded. In the same way, waste should be eliminated, as far as possible.

School Attendance:

Keyworkers , as a matter of course, should build up a good relationship with the local schools and visit or check on pupils progress at least once per month. Form Teachers and spiritual advisors should be invited to visit the home occasionally and be made aware of childrens special needs.

Children who are suspended or expelled from school are 'grounded' and will be expected to do a programme of school work and household chores during school hours. Every effort will be made to reintegrate them to their school as soon as possible.

Children who play truant are grounded and must refund misappropriated funds.

Homework:

Keyworkers should be aware of whether homework is given or not. Staff will give every assistance and encouragement to children to do their homework. Older children may be allowed to do their homework later in the evening when this is feasible for them.

Vandalism:

The most effective way of preventing vandalism is by the staff being with the children at all times. Staff should insist on high standards of cleanliness and respect for property. Damages must be paid for and cleaned up where necessary. Staff should try and be creative in developing ways for the children to release their anger and frustration in non-destructive ways.

DISCOS

The venues normally attended by children from the Home are:

The Venue i.e. 'the pub with no beer'

Tamnaherin Youth Club

School Discoschildren of 14 years upwards may attend these.

Y.M.C.A.

All other discos may be attended as agreed by Keyworker, social worker and parents and depending on the child's needs.

Transport to and from Discos

Children in the flats undertake the responsibility to get to and from their venue as long as they keep staff informed.

Young people aged 14 -16 can get their own way to the disco so long as we approve of their transport arrangements; the same would apply to their return journey but if the House car has to be used or a taxi, then there will be a 50p charge.

Visitors

At present, except for family, visiting is 7 - 9 p.m. every evening.

Other visitors outside 7-9 p.m. should be agreed by keyworker and social worker, for instance if it is in the interest of a young person maintaining contact with their peer group.

Children who invite friends to the home are responsible for their behaviour and for any damage they might cause while on the premises.

Holidays

The Home has an annual budget for the provision of holidays for children.

During the summer months, each child will be encouraged by his/her keyworker to plan a holiday either individually or as part of a group. In addition, there may be shorter weekend breaks arranged throughout the year, depending on what the Home can afford. School trips, also, must be paid out of our budget and will not be approved unless we can afford to pay the cost.

Complaints (cont.)

3. Complaints made by parents should be immediately brought to the attention of the OIC or DOIC for investigation. This applies to generalised complaints, complaints against members of staff or complaints against other children in the Home. These are recorded in the Complaints book, along with an account of the investigation and action taken to resolve them.

Holidays (cont.)

The following points should be borne in mind:

1. The keyworker is responsible for seeking approval and making any other arrangements.
 2. The various consent forms should be filled in as soon as possible i.e. parental, social worker's, medical etc.
 3. Passports should be applied for at a very early stage. This application needs to be authorised by the Principal Social Worker.
 4. Staff should refer to the Board policy on taking children on holidays.
 5. Evaluation of the holiday should be done by the keyworker with the child.
- Any follow-up activities should be encouraged by the keyworker e.g. correspondence, on-going activities and weekends.

Complaints

Until the new complaints procedure is implemented, all complaints will continue to be handled in the normal way:

1. Where one child complains against another child within the Home, an attempt should first be made to resolve the matter between the children concerned, particularly where something of a minor nature is concerned. Where the complainant is still not happy and insists on making a formal complaint, then this should be recorded in the Complaints book and brought to the attention of the OIC. Serious complaints should be immediately brought to the attention of the OIC or the DOIC.
2. Where a child makes a complaint of a minor nature against a member of staff, this should be brought to the attention of the member of staff who should then try and resolve the matter with the child. If the child is still not happy and insists on making a formal complaint, then this should be recorded in the Complaints book and brought to the attention of the OIC. Complaints of a more serious nature should be immediately brought to the attention of the OIC or DOIC.

Relationships:

The young people in the Home are encouraged to develop friendships with other young people their own age. The older teenagers will naturally begin to develop more serious relationships with the opposite sex and will need much advice and counselling re. how to handle these. Staff need to be conscious both of the vulnerability of the young people in their care, and their need to grow and develop in this area, if they are to survive when they leave the Home.

The following points should be borne in mind:

1. Staff should encourage young people to develop relationships appropriate to their age and stage of development. i.e. what's appropriate for a 13 year old is not the same as what's appropriate for a 17 year old.
2. Staff should be aware of who the residents are keeping company with, particularly where more serious relationships are involved. Young people should be encouraged to bring their boy/girl friends to visit the Home occasionally so that staff have an opportunity to meet them.
3. Normally, the Visitors room or Dining room should be used for entertaining friends.
4. Young people are discouraged from having boyfriend/girlfriend relationships with fellow residents.

Birthdays

All children's birthdays are celebrated as important occasions for them.

Normally a birthday cake is provided and shared with the whole group at tea time.

In addition, children up to and including 13 years may have a party to which they may invite up to 6 friends from outside the Home, apart from members of their family.

Older children may celebrate with some special treat organised by their Key Worker e.g. going out for a meal, going to a disco or the pictures.

Dinner Monies-

These monies are given to children to purchase their lunches at school. Children who abuse this money and use it for other purposes will in future have to bring a packed lunch to school with them instead. They will also have to prepare this packed lunch each evening.

Smoking

The practice of smoking is discouraged as being harmful to ones health.

However, recognising that many young people are heavily addicted and smoke with their parent's consent or acquiescence, the practice is tolerated in the Home within limitations. Smoking is permitted in the Dining room after meals, in the Teenagers sitting room and in the Visitors room. Smoking elsewhere in the House is forbidden. This rule applies to staff and children alike.

Children under 16 are not allowed to smoke at any time except in special circumstances and with the permission of the Officer in Charge.

Because smoking is both a health hazard and a fire hazard to everybody living and working within the Home, infringements of this rule will be treated very seriously.

Stealing

Every young person in the Home has a right to privacy and staff have a duty to protect this privacy. This applies especially to respect for bedroom privacy and personal possessions. Children sharing bedrooms should respect the other persons space and possessions. Before entering another persons room, children should have the permission of the occupants and the staff on duty. Without this they will be held responsible for damage or loss to personal possessions and will have to replace these. Children are not allowed put locks on wardrobes, lockers etc. without permission of staff. When new locks are put on cupboards, a spare

key must be kept in the Office at all times. This will not be used to open the cupboard or press except for a serious reason and in the presence of the occupant of the room.

Children are encouraged to keep their money or valuables in the safe insofar as possible. While it is very difficult to recover stolen property, every effort will be made to investigate thefts and to ensure that restitution is made. Thefts of property belonging to the Home will be treated very seriously too and full restitution will be demanded. If necessary, the police will be involved.

Hygiene & Tidiness

Morning: Staff should insist on children washing their hands and face each morning & also combing their hair.

Beds should be made daily and rooms kept in a tidy condition.

Night:- Teeth should be cleaned before going to bed

Weekly: Children should have a bath or shower at least twice a week. All children are encouraged to do their own laundry, with the assistance of staff.

Staff on duty need to be aware of the importance of these routines for children and to ensure that they are adhered to consistently.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this Reference in your reply

Our Ref

Your Ref.

Date

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

20.I.I988

FIRE PRECAUTIONS

Everybody living and working within the Home has a responsibility for fire prevention. It is important, therefore, that everybody knows what is expected of him or her. The following points, in particular, should be noted:

- I. Any obvious fire hazards should be dealt with immediately and brought to the attention of management staff.
2. Damage to fire doors, fire equipment, replacement of equipment etc. should be reported to the Works Dept. immediately for attention.
3. Fire Drills are held at least every 3 months. All staff and children should be familiar with the correct procedure. New staff and new children should be instructed in these matters as soon as possible after their arrival.
4. In the interests of safety:
 - a) No smoking is allowed upstairs at any time.
 - b) All Fire Exits and secondary Fire Exits must be capable of being readily opened at all times. The passageway must always be kept clear.
 - c) The keyboxes should be checked on a daily basis after the Handover.
 - d) In case of power failure, a torch should be kept in each sleeping-in room at all times.
5. In the event of an outbreak of fire, the procedure is as follows:
 - a) Sound the alarm
 - b) Evacuate the building
 - c) Ring for the Fire Brigade
 - d) If its safe to do so, extinguish the fire.
 - e) CONTACT Units Administration.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this Reference in your reply

Our Ref: TH/eb

Your Ref:

Date 29 July 1986

GROUP OFFICES
GRANSHA HOSPITAL
CLOONEY ROAD
LONDONDERRY N.Ireland.
Tel:860-651

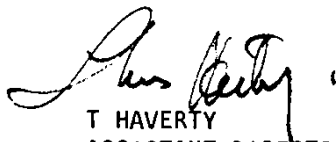
FROM: Mr T Haverty, ADSS (Group)

TO: Members of the Unit of Management Team
Members of the Social Services Management Group
Officers in Charge (Childrens Homes) ✓ FJ 33

RE: HUGHES ENQUIRY

Please find enclosed a copy of the Board's response to the Committee of Enquiry (Hughes Report).

I think it would be helpful to discuss this at one of our meetings in the autumn.



T HAVERTY
ASSISTANT DIRECTOR OF SOCIAL SERVICES (GROUP)

Enc

Hughes Inquiry Report

FJH-1082
SND 502

for Information

17 JUL 1986

ND/CO:W

17 July 1986

The Secretary
Department of Health & Social Services
Chief Clerk Branch
Room 112A
Dunad Hill House
Upper Larkmeadows Road
BELFAST BT4 3SF

Dear Sir:

COMMITTEE OF ENQUIRY INTO CHILDRENS HOMES AND HOSTELS - THE HUGHES REPORT


I refer to your letter of 30 April 1986 seeking the Board's comments on the recommendations of the Hughes Report, and on the extent to which action has been taken to implement those recommendations listed in appendix B.

Due to the number of Board (and Committee) Members whose term of office expires on 30 June, the Board will not be in a position to appoint/re-appoint to its Committees until its meeting in July. Consequently the recommendations will be unable to go before the Personal Social Services Committee until its next scheduled meeting on 5 September.

However, in order to meet your request for responses by 13 July, I enclose comments prepared by Board Officers which will be presented to the Personal Social Services Committee in September. If the Committee, or the Board itself, decide to introduce any changes to the enclosed comments I will advise you at the earliest opportunity.

As indicated in our response you will appreciate that the implementations of the Hughes Inquiry will have major financial and training implications for the Board.

Yours faithfully


FOR T J STANLEY
GENERAL MANAGER

(N Dykes)

Enc

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management



Please use this Reference in your reply

Our Ref

Your Ref

Date 24th August 1987

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

INCIDENT REPORT

SUBJECT:

HIA 92

At approximately 6 pm on the evening of the 24th August 1987 HIA 92 was involved in an incident where he took **FJ 4** bike and would not get off it at her request. She complained to staff about this and he got off when challenged. He became very abusive towards **FJ 4** who had got on the bicycle. HIA 92 proceeded to lean against her preventing her from moving. At this stage the bike moved and the peddles clipped him on the ankle. HIA 92 in turn kicked **FJ 4** on the buttocks quite severely. She jumped off the bike and ran into the house in a very distressed state. I followed her into the house and calmed her down.

After speaking to **FJ 4** I asked HIA 92 to come into the office. I told him it was unacceptable to kick an eleven year old girl regardless of his reasons for doing so. HIA 92 appeared quite dismissive feeling he was justified in kicking her. I again reinforced the unacceptability of his actions and informed him that it could be to his detriment if he continued to abuse younger children.

Later on in the evening at around 8 pm I was walking with seven of the children along the banks of the River Faughan. HIA 92 and **SND 309** waded into the water while the younger children threw stones into the river. HIA 92 began threatening **FJ 27** and then threw a stone at him which bounced off the fence hitting him on the lower lip. **FJ 27** became quite hysterical and ran off into the fields. I followed him and calmed him down.

On route back to Fort James HIA 92 caught up with us. He alleged that **FJ 27** had busted his own lip and had been throwing stones at him. The other boys in **FJ 27** company disproved this. HIA 92 tried to justify himself again in a forceful and aggressive manner. I again reiterated what I said previously and told him I would discourse with him at home.

Cont'd.

NIGHT DUTY

Log Book

Continued 15 January '93

Indexed Book

DATE 15.1.93

TIME 1.30am NUMBERS PRESENT 11. ONE REPORTED MISSING
SHEARIN.

WAS AT THE TOILET AT 2.30am.

IS BROUGHT HOME

AT 4.00am BY A WOMAN IN A WHITE CAR.

WAS OK & THEN WENT

TO THE HOSPITAL @ 4.25am WITH

A MICHAEL GOT BACK FROM

THE HOSPITAL @ 5.05am

WAS O.K.

Night Report

Friday 15th JAN

No of CHILDREN IN MAIN HOUSE AT HANDOVER - 11

CHILDREN MISSING - 1

GENERAL COMMENTS + ANY SPECIFIC INCIDENTS

A good quiet night no problems. Came home at 4.00am, went to the hospital at 4.25 Came back at 5.05 and was o.k. ALSO SEEMED TO BE UNDER THE INFLUENCE OF ALCOHOL. PAID A VISIT TO THE TOILET AT 2.30.

NIGHT REPORT

Saturday 16th JAN

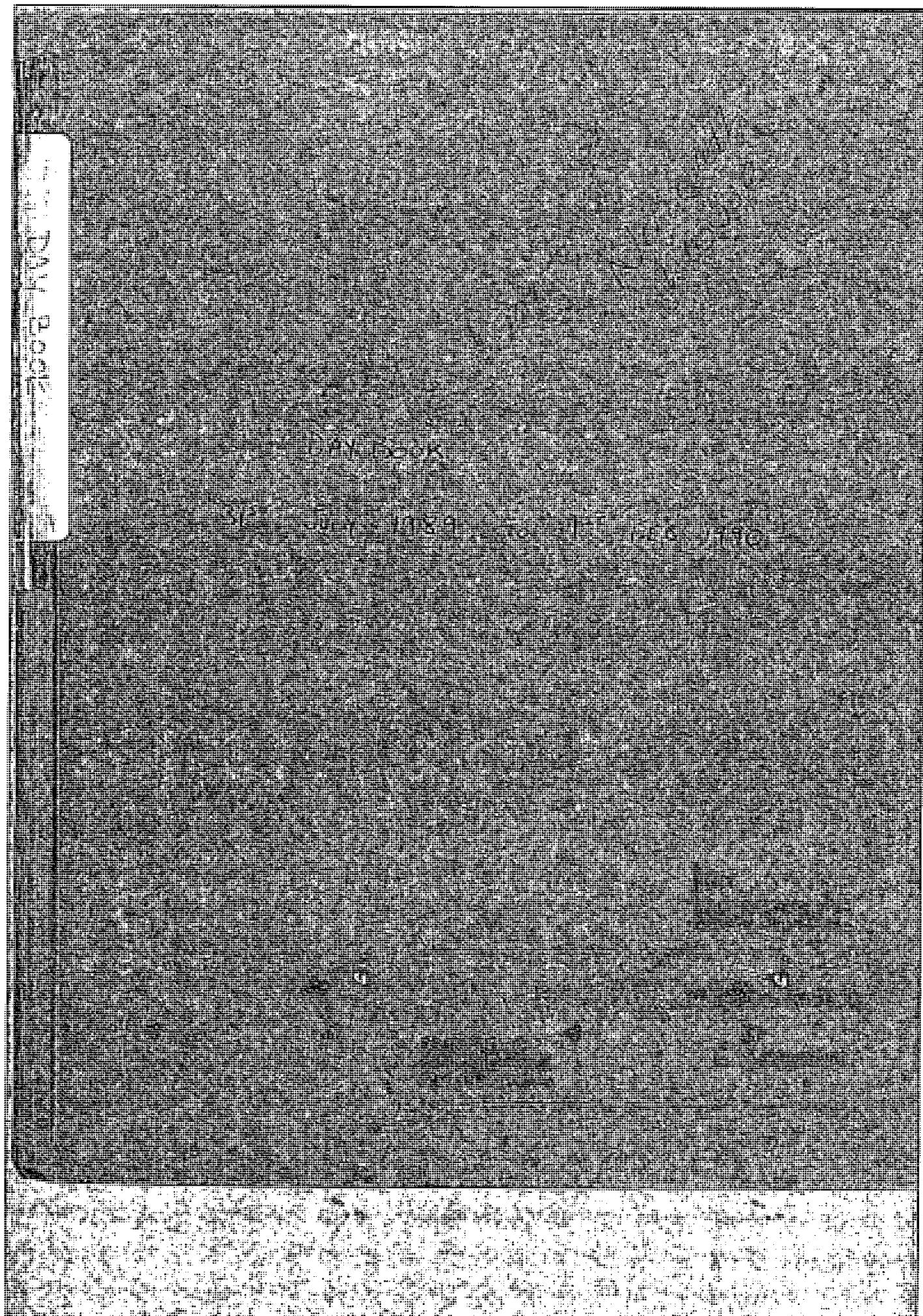
No OF CHILDREN IN MAIN HOUSE AT HANDOVER - 11

CHILDREN MISSING - NONE - 0

GENERAL COMMENTS + ANY SPECIFIC INCIDENTS

Very unsettled - see management book.
awake at 3.40am still awake at 4.55am

Tonight was a very good learning experience for me.



WESTERN HEALTH AND SOCIAL SERVICES BOARD

15 GRANSHA PARK, CLOONEY ROAD,
LONDONDERRY, BT47 1TG
Tel. No. 850086

DISTRIBUTION LIST: A.D.F.G3.G9.M.P.

FILE NO.: 585/73

DATE: 4th July, 1980

Dear Sir/Madam;

NOTIFICATION OF UNTOWARD EVENTS/UNUSUAL OCCURRENCES

TO BOARD HEADQUARTERS

This Circular defines the procedure to be adopted when an incident occurs. It covers the following categories:-

1. UNTOWARD EVENTS RELATING TO THE MENTALLY HANDICAPPED AND MENTALLY ILL IN THE CARE OF THE BOARD.
2. UNTOWARD EVENTS AND UNUSUAL OCCURRENCES IN BOARD FACILITIES OR IN RESPECT OF OFFICERS ON BOARD BUSINESS.

PLEASE NOTE: Legal Proceedings are dealt with in Circular PM 15/77.

SECTION I

NOTIFICATION OF UNTOWARD EVENTS RELATING TO THE MENTALLY HANDICAPPED AND MENTALLY ILL IN THE CARE OF THE BOARD

An untoward event is defined as:

- a) Unauthorised or unpredicted absence by Patient/Resident.
- b) Accidents caused to or by Patients/Residents incurring injury.
- c) Sudden, unexpected or unnatural death of Patient/Resident.
- d) A contravention, or possible contravention of the Mental Health Act (N.I.) 1961.

PROCEDURE

- 1) The District Administrative Officer shall contact the Chief Administrative Officer or his Nominee by telephone as soon after the event as possible providing the following information:-

- a) The nature of the incident;
- b) Brief summary of the circumstances;

/o) Name, Date of Birth

- 2 -

- c) Name, Date of Birth, Status and home address of Patient/Resident;
- d) Name of Hospital/Home or, if other, the place where the incident occurred;
- e) Date and time of incident;
- f) Whether person had homicidal or suicidal tendencies;
- g) Whether the relatives and R.U.C. were informed.

This contact will normally be made during working hours only unless the incident is of a serious nature demanding immediate action or may result in undue publicity.

The Chief Administrative Officer or his Nominee will notify the Department of Health and Social Services and the Chief Officer/Officers concerned.

- 2) The Verbal Report will be followed by a written confirmation according to the nature of the incident:

- a) Death or serious injury

Where the event results in death or serious injury the District Administrative Officer after consultation with the appropriate District Management staff will provide the Chief Administrative Officer with a DETAILED INCIDENT REPORT for the information of the Area Executive Team and the Board and for despatch to the Legal Department of the Central Services Agency.

In the case of a death it will be a requirement of the Board to decide whether, in the event of an inquest, legal representation is required and to notify the Chief Legal Adviser accordingly. The District Administrative Officer is required to notify the date of the inquest as soon as it is known to the Chief Administrative Officer, who will ensure that the Board is legally represented and provide appropriate briefing.

Inquest reports, when received, will be sent to the Department of Health and Social Services and District concerned.

- b) Absconding Patients

Written notification is provided on the Standard Form "Notification of patient going absent without leave". A copy of this form is submitted to the Management Services Department, Board Headquarters. The return of a patient and notification of next of kin should be telephoned to the Nominated Officer or his Deputy.

- c) Accidents

Written notification is completed on the standard "Notification of Accident" form. A copy of which is submitted to the Board's Personnel Department. If the accident is considered to be of a serious nature a more detailed report is to be provided in accordance with Section 2 of this Circular.

- 3 -

SECTION 2UNTOWARD EVENTS AND UNUSUAL OCCURRENCES IN BOARD FACILITIES OR IN RESPECT OF
OFFICERS ON BOARD BUSINESS

This Category covers a wide range of incidents which include the following headings:-

- 1) Civil Disturbances;
- 2) Injury to Staff/Patients/Visitors;
- 3) Damage to Board Property;
- 4) Damage to Staff Property;
- 5) Criminal Acts; - (See also Appendix II)
- 6) Accidents;
- 7) Any incident which may create concern for the health, safety or welfare of patients, residents, staff or the general public.

PROCEDURE1) MINOR INCIDENTSa) Accidents

Reports are provided on standard "Notification of Accident" form - copies of which are submitted to the Board Personnel Department.

b) Fires

Reports are submitted on standard "Report on outbreak of Fire" form to the Board Management Services Department.

c) Traffic Accidents

Reports are submitted on standard "Vehicle Accident Report" form to the Board Transport Department.

These cases may evolve into claims which will be subject to Legal Proceedings in which case follow up data will be subject to the process defined under Circular PM 15/77.

2) MAJOR INCIDENTS

Incidents would be considered major if they involve:-

- a) Death or serious injury:-
- b) Significant Damage to Property;

/ c) A depletion

- 4 -

- c) A depletion in the running of the service;
- d) The Police or Security Forces;
- e) Publicity.

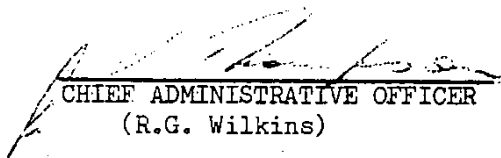
The District Administrative Officer should notify the Chief Administrative Officer or his Nominee by telephone as soon as possible after the event. He will alert the relevant Senior Board Officers and the Department of Health and Social Services.

Initial information shall include as relevant:-

- a) Nature of the incident;
- b) A brief summary of the circumstances;
- c) The location;
- d) Names and designations of persons directly involved;
- e) Extent of Damage;
- f) Other agencies - persons involved;
- g) Action taken to date;
- h) Assessment of implications;
- i) Any other relevant information.

The Verbal Report shall be followed by a Written Report to the Chief Administrative Officer for the information of the Area Executive Team, the Board and if applicable the Department of Health and Social Services and Central Services Agency.

THIS CIRCULAR SUPERCEDES BOARD CIRCULAR PM7/76 DATED 24TH JUNE, 1976


CHIEF ADMINISTRATIVE OFFICER
(R.G. Wilkins)

APPENDICES ATTACHED: I CONTACT INFORMATION FOR DISTRICT AND BOARD OFFICERS
II GUIDELINES IN RESPECT OF CRIMINAL ACTS

/ APPENDIX I

NAME OF CHILD:

D.O.A.:

21.10.1992

[illegible]

NAME OF CHILD:

D.O.A.:

[illegible]

NAME OF CHILD: _____

D.O.A.: _____

11/01/91

DATE	CLOTHING PURCHASED	CREDIT	DEBIT	BALANCE
11/1/91	231-00	231-00		231-00
20/3/91	Travel bag, tracksuit		88-85	142-15
	Socks		2-99	139-16
	Underwear		6-49	132-67
	Sleeping bag		20-00	112-67
31/5/91	Jeans		41-50	71-17
20/7/91	Shoes		24-99	46-18
26/7/91	Jacket & top		33-99	12-19
11/8/1991	Underwear x 20	11-00		23-19
30/8/1991	Underwear x 27-50	20-00		53-19
14/9/91	Jeans		37-99	15-20
20/9/1991	Underwear x 27-50	20-00		37-70
12/10/91	Underwear x 27-50	20-00		60-20
25/10/91	Jeans, jacket, jumper		49-89	10-31
8/11/91	Tights (school) £3-99			10-31
				32-81
14.11.91	P.E. GEAR £25.54			7-27
				37-27
14/11/91	P.E. GEAR	25-54		62-81
23.12.91	Jeans (Levi 501)	42-50	42-50	20-30
23.12.91	Sweatshirt	19-99	19-99	0-31
				37-81
	GAT.			67-81
1/2/92	GAT	19-99	19-99 ✓	
1/2/92	Reve bottoms	14-99	14-99 ✓	
1/2/92	T-shirt		1-29 ✓	
1/2/92	legging Body Suit		9-99 ✓	
1/2/92	Handbag		8-99	
1/2/92	legging		13-99 ✓	
1/2/92				3-67
				33-67
6/3/92	Dressing Gown / Nightie / Slippers			
	School Jumper / School shoes / Coat			
	T-shirt, Underwear / Socks			
25-99	Total 100-63			- 66-96 DR
				- 36-96 DR

TL 20

FJ 5

HH 5

WESTERN HEALTH AND SOCIAL SERVICES BOARD

30 JUL 1981

MEMORANDUM*all is inspected*

From: W. McDowell, Esq., D.F.O.

To: T. Haverty, Esq., D.S.S.O.

Ref.: WMCD/MH.

Date: 30th July, 1981.

Ref.:

Purchase of Clothing - Children in Care

As discussed, I enclose a copy of the procedure which it is proposed to implement to meet the requirements of Harborton and Fort James.

In this connection, requests for funds should be made to :-

Mr. R. Mitchell - Invoice Department
or
Mrs. O. Torrens - Finance Department

I feel that this arrangement should work satisfactorily, but if there are any problems please don't hesitate to let me know.

As I know you understand, approval to this new procedure is given on the understanding that expenditure levels on clothing will in no way be affected.

DISTRICT FINANCE OFFICER

(W. McDowell)

c.c. T. J. Frawley, Esq., D.A.O.
E. T. Watson, Esq., A.D.A.O.
J. Doherty, Esq., P.A.A.
J. A. O'Kane, Esq., S.A.O.
Mrs. O. Torrens, G.A.O.

c.c. R. Mitchell, Esq., G.A.O.
J. G. Lusby, Esq., G.A.O.

	Breakfast	Breakfast Dinner	Dessert	Tea	Lunch
Monday	Cereal Eggs Tea & Toast	Bacon & Sausages Beans Creamed Potatoes	Swiss Roll		* Quiche Lorraine & Salad Tea Bread & Butter
Tuesday	Cereal Eggs Tea & Toast	* Pork Casserole Onions & Carrots Boiled Potatoes	Jelly Fruit Ice Cream		* Sausage Rolls Beans Chips / Tea Bread & Butter
Wednesday	Cereal Eggs Tea & Toast	Fish Cakes Peas Creamed Potatoes White Sauce	Rice Pudding & Fruit		Cold Meat Salad Tea Bread & Butter
Thursday	Cereal Eggs Tea & Toast	* Roast Chicken Onion Rings Roast Potatoes	* Apple Tart & Custard		Farmhouse Grill Mushrooms / Chips Tea bread & butter
Friday	Cereal Eggs Tea & Toast	* Scotch Eggs Beans Boiled Potatoes	* Bakewell Tart		Bacon & egg Tomato Tea Bread & Butter
Saturday	Cereal Eggs Tea & Toast	* Cottage Pie Mixed Vegetables Creamed Potatoes	Doughnut & Custard		Fish & Chips Peas Tea Bread & Butter
Sunday	Cereal Eggs Tea & Toast	* Roast Lamb & Mint Sauce Cauliflower & Carrots Roast & Creamed Potatoes	Fruit Salad & Cream		* Chicken Curry Rice & Chips Tea Bread & Butter

Key * = Cook Freeze Product
= Frozen Product to be used

②

F/Sausages

FORT JAMES CHILDRENS HOME

	Breakfast	Lunch <i>Dinner</i>	Dessert	Tea	Supper <i>Lunch</i>
Monday	Cereal Eggs Tea & Toast	* Braised Steak Onions & Carrots Boiled Potatoes	* Chocolate Sponge & Custard		* Lasagne & Chips Tea Bread & Butter
Tuesday	Cereal Eggs Tea & Toast	Bacon & Sausage Cabbage Creamed Potatoes	Jelly Fruit Ice Cream		Scrambled Eggs Mushrooms & Toast
Wednesday	Cereal Eggs Tea & Toast	* Beef Curry & Rice Chips	* Apple Crumble & Custard		Sandwiches
Thursday	Cereal Eggs Tea & Toast	* Irish Stew	* Ginger Pear Sponge Custard		Baked Potatoes & Salad Tea Bread & Butter
Friday	Cereal Eggs Tea & Toast	* Minced Pie peas & carrots Boiled Potatoes	Fruit Flan & Cream		Egg & Tomato Chips Tea Bread & Butter
Saturday	Cereal Eggs Tea & Toast	* Chicken Parcels Mixed Vegetables Creamed Potatoes	Semolina & Fruit		Soup & Rolls
Sunday	Cereal Eggs Tea & Toast	* Roast Stuffed Chicken Carrots & Peas Roast & Creamed Potatoes	Pavlova		* Scotch Eggs & Salad

Key * = Cook Freeze Product
 # = Frozen Product to be used

(3)

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From..... FJ 33	To..... Kitchen Staff
Ref.:	Ref.:
Date: 29.11.1984	

Vegetarians:

To cater for some of the young people who do not eat meat (e.g. please
try and have some alternative dish available. The following are some of the things
which he does like:

Peas, Carrots, potatoes, chips.

Fried, Scrambled, Poached eggs.

Egg & onion omlettes

Vegetable Compy

Tomato Soup

Fort James Children's Home HOME

MENU - WEEK COMMENCING Week One

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>Choose from:</u> Cereal Eggs Bacon Tea/Toast	"	"	"	"	"	"
DINNER	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	DINNER
Soup Roast Chicken Carrots, Peas, Roast Potatoes - Trifle	Fried Eggs Chips Tea/Scones	Beefburgers Tea/Scones	Sausage Rolls Tea/Scones	Home-made Soup Rolls	Bacon Rolls	Beefburgers Onions Mashed Potatoes - Mixed Fruit
TEA	DINNER	DINNER	DINNER	DINNER	DINNER	TEA
Toasted Sandwiches - Cake	Gammon and Pineapple Cauliflower Cheesesauce. - Rice and Fruit	Stuffed Bacon Rolls Cabbage Fried Potatoes - Apple Tart	Braised Steak Onions, Peas Roast Potatoes - Jelly Sponge	Fish Pie Green Peas Creamed Potatoes. - Angel Delight	Lamb Caserole Mushrooms Boiled Potatoes Carrots - Semolina	Toasted Beef Sandwiches Cake.

TL 4

Signed:

FJ 33

TL 4

C.I.F.
(Notron)

Date:

20th October 1984

Lt James E. HOME

MENU - WEEK COMMENCING

Week 2.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>Breakfast</u>	Cereal. eggs. Tea-Toast- Preserves.						
<u>Mid-Morning Snack</u>							
<u>Dinner</u>	Roast Leg of Lamb. Buttered Carrots sweet Corn R. Potatoes apple & mince Sart. & Cream	Roast Chicken. Brussel. Sprouts Roast. and Baked Potatoes.	minced Steak onions. mixed Veg. Mashed Potatoes.	Grilled Sausage. Peas. mushroom. sweet corn + Peas. C. Potatoes.	Filleted Haddock Lemon sauce Creamed Potatoes	mixed Grill mushroom. sweet/corn. battered Potato yoghurt.	Irish Stew yogurt
<u>Afternoon Snack</u>							
<u>Tea</u>							
<u>Night Snack</u>							

Signed:

FJ 7

(Matron)

Date:

10/3/82

WESTERN HEALTH AND SOCIAL SERVICES BOARDIN CONTRACT WITHGARDNER MERCHANT LIMITEDSTAFF DINING ROOM PRICE LISTINTRODUCED FEBRUARY 1st 1991

<u>Item:</u>	<u>Selling Price:</u>
Tea per cup incl. milk portion	0.12
Tea per mug incl. milk portion	0.15
Coffee per cup incl. milk portion	0.15
Coffee per mug incl. milk portion	0.20
Milk per glass	0.17
Milk per carton - 1 pt.	0.30
Milk per carton - ½ pt.	0.16
Squeeze Apple	R.R.P.
Squeeze Orange	R.R.P.
Tet. Pk Amigo - Blackcurrant	R.R.P.
- Orange	R.R.P.
- Tropical	R.R.P.
Premix Coke etc. 7 oz	R.R.P.
Premix Coke etc. 12 oz	R.R.P.
Five Alive - carton	R.R.P.
Ribena - carton	R.R.P.
Minerals - per carton	R.R.P.
Lucozade	R.R.P.
Ballygowan Water	R.R.P.
Ballygowan - Flavoured	R.R.P.
Pure Orange 7 oz	0.30
Pure Orange 4 oz	0.18
Soup - pkt. per bowl 7 oz	0.15
Soup - Homemade per bowl 7 oz	0.15
<u>BREAKFAST:</u>	
Cereals excluding milk and Sugar	0.20
Weetabix (2)	0.20
Alpen	0.20
Special K	0.20
Cornflakes	0.20

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management



Please use this reference in your reply

Our Ref:

Your Ref:

Date:

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone: (0504) 741311

No. of Children in Residence

30.6.1989 - 20

31.7.1989 - 20

31.8.1989 - 18

30.9.1989 - 17

31.10.1989 - 17

30.11.1989 - 18

31.12.1989 - 18

31.1.1990 - 20

28.2.1990 - 20

31.3.1990 - 21

30.4.1990 - 21

31.5.1990 - 21

30.6.90 - 18

31.7.90 - 19

31.8.90 - 18

30.9.90 -

31.9.90 - 19

30.10.90 - 19

See Weekly
Occupancy
Levels for Statistics
10.90 onwards



Supp
HMS

DISCHARGE Book

MK

18.1

2001
ind

S.O. Book 616

Indexed at front 256 pages

FORT JAMES

JAN 1980

Feb. , 1991

1st
2nd
3rd
4th
5th
6th
7th
8th
9th
10th
11th
12th
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21st
22nd
23rd
24th
25th
26th
27th
28th
29th
30th
31st

TOTALS

WEEKLY LIST OF RESIDENTS

WEEK BEGINNING: 4 February 1991

FORT JAMES CHILDRENS HOME

NAME	D.O.A.	D.O.B.	LEGAL STATUS	PLACEMENT
	10.08.90		Section 103	Fort James
	28.01.89		F.P.O.	Fort James - Home on trial i/c Mum in Limerick as of 1.2.91
	15.08.88		F.P.O.	Fort James
	15.08.88		F.P.O.	Fort James
	10.03.86		F.P.O.	Fort James
	28.03.86		F.P.O.	Fort James
	28.03.86		F.P.O.	Fort James
	09.05.87		F.P.O.	Fort James
	29.08.87		F.P.O.	Fort James
	29.08.87		F.P.O.	Fort James
	23.07.87		F.P.O.	Temp transfer to Middletown T.S. as of 4 Jan 91
	24.06.89		F.P.O.	Fort James
	17.03.90		Wardship	A.W.O.L. as of 14 Feb 91
	12.20.90		Section 103	Fort James
	26.10.90		Section 103	Fort James
	11.01.91		F.P.O.	Fort James
	12.11.90		F.P.O.	Fort James
	23.06.90		F.P.O.	Transferred to Rathgael T.S. on P.O.S. as of 3 Dec 90
			F.P.O.	Transferred to St Pat's T.S. on P.O.S. as of 10.1.91

TOTAL NUMBER OF RESIDENTS: 19

ANY SPECIAL NOTES:

No. 31

Subject:

WHSSB - CORRESPONDENCE & SUBMISSION

[SEE SECURITY HANDBOOK FOR RULES FOR THE TRANSMISSION OF CLASSIFIED DOCUMENTS]

[illegible]

Form EF 219

CONFIDENTIAL

No. 31

SUBMISSION TO:

COMMITTEE OF INQUIRY

INTO

CHILDREN'S HOMES AND HOSTELS

C O N T E N T S

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Appendices - see overleaf for details

APPENDICES

- A. Conduct of Children's Homes Direction (Northern Ireland) 1975
- B. Western Health and Social Services Board Strategic Plan 1982-87:
Child Care Services
- C. Harberton House - Information for Staff
- D. Coneywarren House - Operational Policy
- E. Circular HSS (TC6) 7/79: Supervisory Staff of Residential Accommodation
and Children's Homes
- F. General Guidelines and Procedures
- G. Monitoring of Residential Child Care Services
- H. Complaints Procedure for Children in Residential Care and Their Parents
- I. Board Circular PM 6/80: Notification of Untoward Events
- J. Selection and Appointment Procedures for Staff in the Health and Social
Services
- K. DHSS Circular HSS (Gen 1) 6/83: Services for Children and Young People in
Northern Ireland: Recruitment of Staff
- L. Sample of In-Service Training involving Residential Child Care Staff
- M. Examples of external short courses attended by residential child care staff
- N. Composition and Functions of the Personal Social Services Committee

Reference.....

Mr Kearney *John*

NOTIFICATION OF UNTOWARD EVENTS

You passed me 2 minutes recently concerning untoward events; the first was a note of a telephone call from about a road accident involving a child in foster care; the second was a minute from supporting the need for a comprehensive circular setting out the procedures to be followed by Boards in reporting untoward incidents to the Department. The 2 minutes are filed below.

I have spoken to to explain that there is no requirement for the type of incident involving the child, to be reported to the Department. While Boards are expected to inform us of children in residential care who are admitted to hospital, the only requirement in respect of foster care is if a child dies, absconds or suffers an illness or injury likely to result in death or serious disability. The case did not fall into any of these categories.

I also told that we accepted the lack of clarity in existing guidance, or lack of it, to Boards on untoward incidents, and that we were trying to work up a draft Circular which would define matters more clearly.

In passing me : minute, you asked whether we had been able to make progress on the drafting of the comprehensive Circular. We had, by last February, received responses to your minute of 21 October 1985 (original response of November had gone astray and only came to light in February). However, as you had, I think, suspected, we did not move forward, because of other pressures. I see from the file that Mrs Major will be taking the matter up again as soon as she returns from leave later this month.

15 September 1986

cc

(on return)✓

/PW

CODE 18-77

SWAG/7/86

STANDARD FOR MONITORING AND INSPECTION OF RESIDENTIAL CHILD CARE

ACTIVITY	STANDARD	LEGAL, PROFESSIONAL OR ADVISORY STANDARD	EVIDENCE
ENVIRONMENT			
Siting of Building	i. Residential area - avoiding isolation and extremes of housing standards (eg upper class residential areas or slum housing) ii. Easy access (ie walking distance or good public transport to schools, shops, employment, recreational facilities etc) iii. Avoiding areas of particular sectarian tensions which would inhibit the placement of some children iv. Inconspicuous - the building should not be sited where its institutional nature is readily apparent	By agreement between Department and Boards	By observation
Size of Building	The size and design should be such as to avoid institutional buildings and current stock should be suitably adapted so as to achieve an environment which is consistent with the needs of the residents.		
Accommodation	i. Size of rooms should at least be to the standards set in the Community Home Design Guide ie - a. Bedrooms - room that comfortably accommodates bed, wardrobe/dressing table and chair b. Living and dining rooms c. Kitchen d. Bathroom e. Administration	Community Home Design Guide	By measurement

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.

WESTERN HEALTH AND SOCIAL SERVICE BOARD
 SOCIAL SERVICES' MONITORING STATEMENTS FOR 1985

Area Overview of the Residential Child Care Service

At the outset it must be stated that the residential child care service within the Western Health and Social Services Board is perceived as one element of the total family, child care service and the overall objectives can be summarised by the placement of emphasis on each child being treated as an unique individual, with specific needs which require to be met and in addition ensuring that child protection is the primary function of the child care service never allowing this function to be clouded by other issues. These objectives are achieved through good preventive work, open communication with families, other professionals etc.

The Western Health and Social Services Board has a basic child-care philosophy and this has been translated into policy which in turn provides a framework for the development and delivery of services to children in residential care and their families.

1. The policy statement for 1985 is referred to in the Appendix A W.C/1/3.
2. The mechanisms are in existence within the Board for making sure that the residential child care policy is known to all those staff who implement it and to consumers of the service whether natural parents, children or care "takers" e.g. procedural guidelines for social workers to be followed when admitting a child to care (Reference WC1/1)
3. Through delegation staff and managers within the Western Board have their roles and tasks identified for them and these were made clear in the Western Board's monitoring statement - copy enclosed. (Appendix A).

Because of the many child care trauma in 1985 at a provincial and managerial level there was clear evidence among child care staff and in particular residential child care staff that they were afraid to use their own professional discretion when the situation warranted and the discussions regarding the complaints procedure exacerbated this problem and there was most definitely a high level of anxiety among the staff.

As a Social Services Department, the D.S.S., Senior Management and Middle Management endeavoured to sustain an environment which was construed as being caring and supportive, as staff were fearful of exercising their

professional judgement, when situations were not apparently covered by guidelines. As a Board, we perceive our child care practice, but staff must also assume professional responsibility and accountability for their decisions.

4. During 1985 there was evidence to suggest that the existing administrative procedures were workable and meaningful to staff with the exception of difficulties experienced by residential staff in their understanding of our procedures regarding untoward incidents, and accidents. Staff experienced considerable difficulty in differentiating between accidents and untoward incidents and this is a problem which is still being addressed within the Board.

In 1985 a general complaints policy was in existence and there were only 2 or 3 complaints received throughout the entire year and all were handled effectively and efficiently and fortunately staff were completely exonerated. In addition Board policy regarding grievances and disciplinary matters appeared to be well understood by all staff and the overall view seems to be that grievances and disciplinary matters are carried out in a fair manner by management. During the year there were no disciplinary actions taken against child care staff but there were 2 grievances made by temporary child care staff, both of houseparent grade, and their complaints were to do with terms and conditions of service and status of a temporary contract.

5. During 1985 the various co-ordinating mechanisms which I shall outline in detail later e.g case conferences functioned extremely well and every effort was made to ensure that professionals, children, parents, other carers knew what each other was doing and were able to express their opinions about the appropriateness of such actions. It goes without saying that this is an area which constantly requires improvement, refinement and also policies with regard to whether or not a child should attend a case conference and at what point parents should be involved. These issues were not addressed by us as a Board in 1985 but on the other hand sensitivity was in evidence when staff were communicating back to child and family the decisions made at case conferences.
6. In-service training and professional training for existing residential staff is perceived by social services management as essential to good child care practice particularly whenever there is a growing awareness of the ever increasing management problems with difficult adolescents. In 1985 in my opinion, as

Assistant Director (Child Care) we, as a Board, did not make any significant strides in meeting this objective. In-service training is taken up infrequently, the courses offered are of few and professional training has not been offered at an acceptable level during 1985. It goes without saying that the sole reason for this is basically one of lack of finance and the Western Board has been unable for yet another year to appoint any more full-time training staff. (Only two full-time training staff are currently employed).

7. In light of the comments in item 6, supervision for residential staff becomes even more important and there was evidence during 1985, due to pressure of breakdowns in duty rotas and other operational pressures in particular, in one residential facility that supervision had to take second place. This is an area of concern for senior management as supervision is essential, particularly when in-service training is inadequate. As managers, supervision within the Western Health and Social Services Board covers the six traditional facets and these can be summarised as below:-

1. Regular support; assisting staff with difficult situations; helping them to draw up, monitor care plans, assisting them in making difficult decisions.
2. Teaching; i.e. manager should know how to advise his staff or know where they can obtain knowledge in any areas identified as problematic during the supervision session.
3. Consultation; i.e. discussion regarding the child's problems and the staff members approach to these problems in the residential setting.
4. Therapeutic focus with a view to improving staff members objectivity and decision making and this is an area where staff can be extremely vulnerable particularly in a residential setting.
5. Evaluation which involves constant assessment of the supervisee as a houseparent etc. Evaluation enables the manager to confront gently the worker with criticism in a positive constructive way and to take whatever action may be required. This of course involved the identifying of the persons training needs.
6. Management - workload management, planning, planning the day, setting priorities, meeting training needs etc.

8. Systems for ensuring that effective practice is not prevented by lack of resources.

One system is yearly monitoring reports which will bring to the attention of the Board and the DHSS the effect that a lack of resources is having on the residential child care service. During 1985 there was evidence of inadequate resources, particularly in the area of maintenance as well as the shortage of staff and the lack of training opportunities offered to residential staff. Having made these criticisms the effective and efficient way in which the service operated in 1985 is indictative of good management and the major contribution and dedication from staff and their ability to work effectively as members of teams.

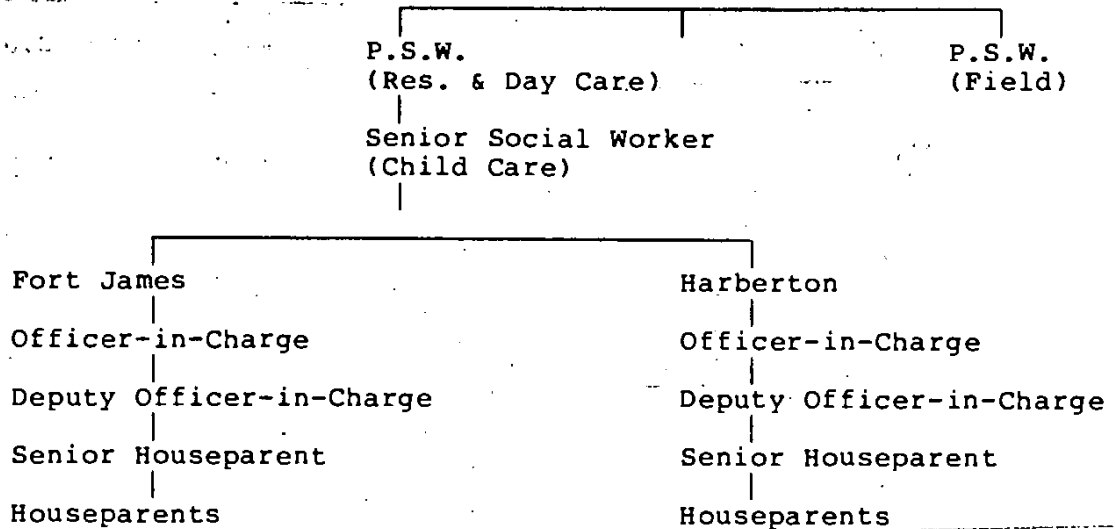
During 1985 there was evidence to suggest that within the residential child care sector every effort was being made to ensure that children would return home more quickly and that:-

1. Natural parents and relatives were encouraged to put their points of view and to enter into appropriate agreements in the interests of their children.
2. Children were not drifting into long term care.
3. Children were enabled to take part in the planning process for their future care. It was evident in all our children's homes that the staff were giving children a sense of worth and the realisation that they can influence their own lives. This was particularly shown by the development of the independent living units in Fort James Children's Home and Coneywarren Children's Home.

Within the Western Board effective management would be perceived as being flexible and this is a principle which we have endeavoured to encourage in all managers throughout the service, particularly in the residential child care sector where management and staff constantly feel they are the focus of the attention of inspectors, middle managers, senior management, and the public. This is a problem which we have been trying to address. In 1985 there was evidence that staff were feeling isolated. It is our belief that managers have the ability and the competence to deal with these feelings. I shall give a descriptive account of the management structure within our three Units of Management as it existed in 1985 which will indicate that the structure does ensure or facilitate encouragement and support of residential staff.

In Londonderry, Limavady and Strabane District the management structure is:-

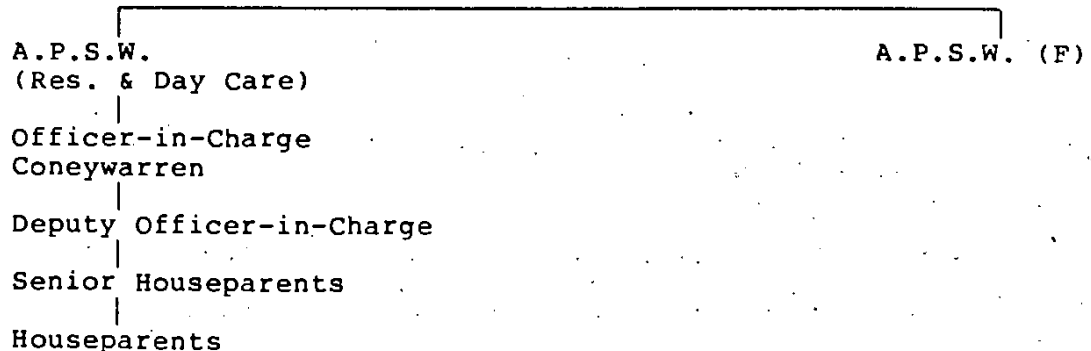
A.D.S.S. Group



It should be noted that the Senior Social Worker (Child Care) supervises the Officers-In-Charge.

In the Omagh Unit of Management where there is one children's home the line management structure is as below:-

A.D.S.S. (Group)



LH9



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650111 ext

Mr T J Frawley
Area General Manager
Western Health and Social Services Board
15 Gransha Park
Clooney Road
LONDONDERRY BT47 1TG

Please reply to The Secretary
Your reference

Our reference

Date

15th October 1990

Dear Mr Frawley

INSPECTION OF CHILDREN'S HOMES

During the 1980s the Social Services Inspectorate instituted a programme of annual inspections of all Board and voluntary children's homes. However, by 1987 it was apparent that, in the case of statutory homes, the Boards own monitoring procedures were sufficiently well developed to render such frequent visits unnecessary and the minister agreed to their replacement with a system of inspections of each Boards overall residential services for children at 3 yearly intervals.

The Social Services Inspectorate's work programme for 1990-1991 includes an inspection of the residential child care services in your Board which I shall be conducting over the next 4 months. To complete the picture I intend also to carry out an annual inspection of Nazareth House voluntary children's home during this period. I enclose for your information a copy of the letter I have sent to each Unit General Manager together with the brief for the inspection. Copies of this letter to you and that sent to the Unit General Managers are also being sent to the Assistant Director of Social Services (child care) of your Board.

I trust that the arrangements outlined are satisfactory for you.

Yours sincerely

D P O'BRIEN
Social Services Inspector

to action 22/10/90

LH9



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650111 ext

Mrs S Burnside
Unit General Manager
Foyle Community Unit
Riverview House
Abercorn Road
LONDONDERRY BT48 6SA

Please reply to The Secretary
Your reference

Our reference

Date

15 October 1990

Dear Mrs Burnside

INSPECTION OF CHILDREN'S HOMES

During the 1980s the Social Services Inspectorate instituted a programme of annual inspections of all Board and voluntary children's homes. However, by 1987 it was apparent that, in the case of statutory homes, the Boards own monitoring procedures were sufficiently well developed to render such frequent visits unnecessary and the minister agreed to their replacement with a system of inspections of each Boards overall residential services for children at 3 yearly intervals.

The Social Services Inspectorate's work programme for 1990-1991 includes an inspection of the residential child care services in the Western Health and Social Services Board which I shall be conducting over the next few months. It will include visits to the homes in your Unit of Management. Therefore, I propose to inspect Fort James Children's Home during the week beginning the 15 January 1991 and Harberton House during the week beginning the 11 February 1991.

The first stage of the inspection programme, however, will be an information gathering exercise. The enclosed forms are designed for the purpose of gathering information about all the staff and children in the above homes on a particular census date, that is the 1 November 1990, and about all the residents who were discharged from the homes during the previous 12 months. It would be helpful also if you could provide details of all other children in the care of the Board, for whom your Unit of Management has responsibility on the 1 November 1990, including information about how they are accommodated. The forms have been kept as simple as possible and I think they are largely self explanatory but if the staff involved feel it would be helpful to have a meeting to brief them prior to the census date I would be pleased to accommodate them. In any event I would be grateful if the completed forms could be returned to me by Friday 16 November 1990.

I would also be grateful if the following information on each home could be provided for me at least a fortnight before the dates of my visits:-

- a. a statement of the aims and objectives of the home;
- b. copies of all reports on the home made during the last 12 months by:
 - i. members of the Personal Social Services Committee;
 - ii. the managing Social Worker;
 - iii. the homes Medical Officer; and
 - iv. the Health and Safety Inspectorate and the Boards own fire prevention staff.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

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

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

Ref.: REC/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.

2.

With regard to the physical features of the Home, I must say that I found it to be depressing and in remarkably poor state of decorative upkeep. I appreciated the fact that its physical condition undoubtedly allowed the children to feel free enough to express themselves but from my own knowledge of child care practice I am convinced that a good standard in decorative upkeep of a Home goes a long way towards encouraging children in care to strive for improvement in their lifestyle. The Home was clean and a sufficient hygienic standard is being maintained. However, the general impression that I gained is of a Home that is being progressively kicked to death. The paint-work and the general decor is abysmal. I wonder if there is anything that can be done to improve the situation. Perhaps we could discuss the matter more fully when you have had time to discuss the implications of what I am saying with your Administrative colleagues.

In conclusion, let me say that I was impressed with the work that is being carried out in Fort James. I thought the right attitude was being adopted by the staff and I feel certain that the children are being encouraged to face the realities of life in a non-punitive way.



R. E. CARROLL
Director of Social Services

c.c. Mr. P. I. Newman. A.D.S.S.
TL 20

FJ5 Officer-in-Charge,
Fort James Children's Home.

20th. August 1981.

To: Mr. T. Haverty D.S.S.O.

re. Directors visit and report.1. Comments regarding visit.

The visit by the Director was welcomed by myself and the staff of Fort James. We felt it important that no special preparations were made since, as a team, the importance of everybody seeing Fort James exactly as it is, is acknowledged. As expressed prior to the visit I feel that the timing was not appropriate. I fully understand the value of seeing the establishment as it is in full operation, but we normally do not allow any outsiders to arrive at the time of the children's return from school. For obvious reasons this is a time of peak demand for the staff time and a crucial stage of the evening for the children who have very mixed feelings about school and about returning to Fort James. A factor which increased the intrusive nature of the visit was the number of people who accompanied the Director. It is not necessary, I'm sure, to point out that on that occasion the number of visitors outnumbered the staff by almost two to one.

The major point put to me by the staff team after the visit was that Director spent no time with the staff at all and was therefore unable to judge their feelings, motivations or opinions.

2. The Directors Report.

I shall deal with the points raised in the Directors report in the order in which they are written by him.

- a. The question of two C.S.S. students from the same facility is adequately dealt with and requires no further comment except to say that when a member of the management goes on the course it is more than futile to replace them with an inexperienced employee. In Fort James this has caused considerable difficulty and enormous stress on all the staff but particularly the Deputy and myself.
- b. The Directors comments regarding the functioning of Fort James - age groups and length of stay - were very pertinent. I would agree that a more dynamic

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 forms 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 ~~xxxxxxx~~ 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 ~~xxx~~ are responsible for maintenance 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)

appearance. The children on their own initiative have redecorated the bathrooms and these too are of a moderately high standard. This still leaves the major part of the house to be improved. I have sent in a request for this to be done. This request went in long before the Director visited and to date I have heard nothing. Unfortunately those who have the responsibility rarely have the power to implement.

Finally it goes without saying that we hope to see the Director as often as he can find the time to visit. I respectfully suggest that the next visit should be spent at a staff meeting either with or without myself present so that the staff may have the opportunity to discuss issues with the person they see as being ultimately in control of the Boards policy.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

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

To: Mr. Frawley

Ref.: REC/mk Date: 22nd June, 1982

Ref.: C.C. Mr. Haverty. Mr. Newman
FJ 5 OIC, Fort JamesRe: Fort James Children's Home

Following a recent visit to the above facility, a number of items were raised which are of mutual interest to us, and so I thought I would share them with you with a view to attempting to get a better service for the children who are in care in that home:-

1. Transport - there is a definitive need for an estate car to be placed at Fort James' disposal. The present arrangement with an estate car at Harberton House which can be used by either home is hardly likely to suffice. Fort James is presently using taxis to transport children at a cost of £10 per day. The reallocation of this money could go a long way towards the purchase of a new car.
2. Contracts for buying - staff in the home feel that they do not have any significance in decisions over which contractors are appropriate. Good contractors may not be renewed when contracts go to tender and are approved. Is there any way in which districts staff opinion can be brought to bear on this matter?
3. Redecoration of a Children's Home - the heavy wear and tear on decoration and furnishing in a children's home means that the three or five year hospital plan for redecoration is insufficient. Is there any way in which the cycle can be changed for a facility where different need has been established. Under this item there is also a need for officers-in-charge to be consulted about the standard of finish that is required.
4. Staffing - a reduction of catering and domestic staff would allow additional caring staff to be funded. This would also reduce the overtime that is currently being worked by many staff and could be facilitating to the employment of a senior houseparent which is badly needed. The increase in caring staff is also required to cater for the increase in holiday entitlement, the likely reduction in the working week for residential staff and the increased demand of In-Service Training, all of which are essential and have to be catered for. A further staffing requirement is the need for clerical support. Children's Homes have to produce many reports and keep case records and it is an in-efficient and ineffective use of professional time that staff should have to write records and reports in longhand. The half clerical officer at Harberton House has made a vast difference. To increase that half an officer to a full time officer at Harberton House would with a view to servicing both Children's Homes of the District would go a long way towards meeting this need.
5. The system for Purchasing - at present if the officer-in-charge wishes to purchase any item he must seek his own Manager's approval. The Manager then processes the request through to purchasing and eventually the District Admin. Officer has to approve the purchase. The system is long winded with ineffectual feedback and results in many delays which are both frustrating and unnecessary. Small items such as toys that need replacing and even larger items such as beds

contd/

-2-

could well be within the prerogative of the officer-in-charge. The need is for a spending limit for officers-in-charge and a budget which they must not exceed.

6. The roof on the outbuildings to the rear of the facility are dangerous in the extreme. Falling slates are a constant hazzard. Children playing in the yard at the back could well be endangered. It is necessary that something is done to repair, or at least to safeguard the situation.

In conclusion, I would be grateful if you would consider the points that I have raised above and let me have your comments in due course.



DIRECTOR OF SOCIAL SERVICES
R. E. Carroll

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

30 SEP 1982

From: Mr. P.I. Newman, A.D.S.S.

held

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

Ref.: PIN/MC

Date: 28th September, 1982

Ref.: 3 copies for meeting at
not done on FridayInspection of Fort James Children's Home

Further to our telephone conversation, I attach a copy of the letter from Mr. P.J. Armstrong, Deputy Chief Social Work Adviser. You will see that it is intended to carry out the inspection at Fort James on 18th, 19th, 20th and 21st October, 1982.

A preliminary meeting involving District Social Service Management Staff and myself with the Social Work Advisers is to be held at Fort James at 11.00 a.m. on Wednesday 13th October, 1982. This will be followed by an introductory meeting with the staff in the Home about the inspection.

In all previous similar inspections within our Area, the Department has requested information about Fort James - Points (1) - (5) in the attached letter. I would be grateful if you could make the necessary arrangements for this information to be forwarded to me as quickly as possible so that I can pass it on to the Department by Friday 8th October.

Peter Newman

PETER I. NEWMAN
Assistant Director of Social Services

Atch.

24 JAN 1983

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Copy 877-0

Don't forget

REPORT OF VISIT TO FORT JAMES CHILDRENS HOME BY MR. P.D. McALEER

ON 4th DECEMBER 1982

FJ 5

On the afternoon of Saturday 4th December, 1982 I visited Fort James Children's Home where I was met by FJ 32 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 FJ 32 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 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.

P.D. McALEER BOARD MEMBER

cc [signature]
D/L
15 JUN 1983WESTERN HEALTH AND SOCIAL SERVICES BOARDREPORT OF A VISIT TO FORT JAMES CHILDREN'S HOME, LONDONDERRYBY MR. P.D. McALEER, ON 16TH APRIL 1983

On my arrival at Fort James on 16th April, I was met by

FJ 7

At present there are only 7 girls and 5 boys in residence due to extensive renovations being made to the building. I must state that all credit should be given to the staff for their work as there is a severe staff shortage and they desperately need an additional 2 senior and 2 care staff.

It was pointed out to me that there is a need for a system for providing funds for youngsters leaving care, to enable them to find and furnish a home of their own. A twin-tub washing machine is also needed for the top flat.

P.D. McALEER

In Confidence

REPORT
ON
FORT JAMES CHILDREN'S HOME
LONDONDERRY

Social Work Advisory Group
Department of Health and Social Services

15. STAFFING

15.1 The social work staff complement of Fort James consists of the officer-in-charge, a deputy, a senior houseparent, 5 houseparents and a temporary assistant houseparent. The deputy makes out the duty roster, organises staff leave and sees that the home is adequately covered at all times. The houseparents normally work on one of 2 shifts ie 7.00 am - 2.00 pm or 1.30 pm - 10.00 pm. One of the staff on the late duty sleeps in the home overnight and is 'on call'. There is a hand over meeting each day between 1.30 pm - 2.00 pm. Every third Wednesday approximately all staff are on duty between 10.00 am and 10.00 pm. This is to allow for staff meetings and in-service training but the arrangement is suspended during the children's school holidays.

15.2 In addition to the child care staff the establishment includes the following:

1 full-time cook	40 hours per week
1 part-time assistant cook	20 hours per week
1 part-time catering assistant	20 hours per week
2 part-time domestics (1 F, 1 P.T.)	20 hours per week (each)

15.3 The present staffing falls below the level recommended in the Castle Priory Report for a home with 16 places for children. Including the 3 senior staff there is a total of 9 residential workers. One of the senior staff is required to be on duty throughout the working day and to be accessible on a 24-hour basis. Assuming that a normal day begins at 7.00 am and ends at 11.00 pm then the ^{senior} ~~child~~ care staff are required to cover 112 hours per week or 5,824 hours per year. With individual staff delivery time of 1,778 hours (max) annually this leaves a yearly deficit of 490 hours or 9.4 hours per week.

17. RECOMMENDATIONS

1. The frequent use of the home for emergency admissions should be reviewed urgently. (Para 2.4)
2. Routine maintenance and decoration should be carried out more frequently to avoid dilapidation and to ensure that a comfortable environment is provided for the children and staff. (Para 3.2)
3. The outbuildings should be made safe or demolished. (Para 3.3)
4. The long term location of the home together with any future developments on this site should be reviewed. (Para 3.10)
5. A separate record should be kept of fire drills. (Para 4.4)
6. An inspection of the premises at Fort James by the Northern Ireland Fire Authority should be arranged as soon as possible. (Para 4.5)
7. All review decisions should be fully implemented unless extenuating circumstances prevent staff from carrying them out. (Para 6.4)
8. The District should review the amount of money provided for holidays and outings at Fort James and staff should be notified of the allocation in time for advance planning. (Para 9.2)
9. The Board should take steps to introduce weekly charges, where they are relevant to the young persons living in Fort James, in accordance with Departmental circular HSS(F)12/74. (Para 12.3)
10. Priority should be given to the employment of male staff when the opportunity arises. (Para 15.4)

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 arrangement implemented by the Officer-in-Charge has now been changed to meet the demands of Circular HSS(F)12/74.
10. It has not as yet proved possible to recruit additional male staff.

- - - o - 0 - o - - -

-6. JUN. 1984

WESTERN HEALTH AND SOCIAL SERVICES BOARDVISIT TO FORT JAMES CHILDRENS' HOME ON 19TH MAY, 1984 BY MR. P.D. McALEER

I visited Fort James on 19 May 1984 and was met by the Senior House Parent,
FJ 31

At present there are 7 girls and 4 boys, although 4 new arrivals are expected.

It seems that the residents who are on a training scheme have £9 deducted from their training grant, as well as being out of pocket for bus fares and meals. This would undoubtedly leave little incentive for them to go on such schemes.

P.D. McALEERBOARD MEMBER

Copy TL 20
TL 4
FJ 33

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From.....	FJ 35	To.....	TL 4
Ref.:	Date: 13.11.1984	Ref.:	Visit of Board Member

On Saturday 10th Nov 1984 Mr. McAleer visited Port James and met

FJ 35

He completed his necessary forms by asking:

1. Number of staff and how many were on with me that afternoon. I explained to him why there was only one (sickness + a member of staff's mother being seriously ill.)
2. Number of residents.
3. Menus, Admission & Discharge books, though he did not request to see them.
4. Was shown around the completed Outbuildings, offices, conference room etc.

He commented that we would need our carpets in both T.V. rooms laid soon. He also said that we could do with having the pot holes in the back avenue filled in.

23. JAN. 1985

Copy

WESTERN HEALTH AND SOCIAL SERVICES BOARDConduct of Children's Homes Direction (N.I.) 1975Report of Visit by Member of Personal Social Services Committee

FORT JAMES

Name of Children's Home

Date of Visit ..10/11/84.....

District staff member in attendance ..1.....

Senior Staff on duty at
time of visit

Name

FJ 35

Name

Name

Grade SENIOR HOUSE PARENT

Grade

Grade

No. of other child care staff on duty at time of visit

Total number of all child care staff employed in the Home

No. of children in residence; male ..5..... female ..8..... Full Capacity of Home ..13.

Age range of children in residence9..... years to18.....years

Inspection of Records

(i) Admission and Discharge Book

UP TO DATE

(ii) Day Book

VARIED MENU

(iii) Menu Book

1 MINOR

(iv) Record of Untoward Incidents

LAST FIRE DRILL - 1.11.84 2 mins Evacuation

(v) Record of Fire Practice or Drills

Quality of Physical Care

There were only two members of the staff on duty due to sick leave. Shortage

of staff has always been a problem at this centre.

Quality of Social/Emotional Care

Outbuilding at back of Centre have been converted into flats and a recreation area. This was done to enable the older residents to learn to look after themselves - this has not yet been handed over to the centre from the builders. This will be a very good idea when it gets under way. Children are all attending school or work centres. The older children have freedom for Social life in the evenings.

Other Observations

The footpath to the right of the front door needs attendance as it gets water logged in the wet weather.

General Impression of the Operation of the Home and Conclusions

Centre clean and tidy. Some of the residents content - others very difficult to work with. They do not co-operate with the staff.

Signed P D McALEER

Board Member

Quality of Social/Emotional Care

[illegible]

Other Observations

Could it be arranged for this centre to have lectures on the dangers of fire and Solvent sniffing.

General Impression of the Operation of the Home and Conclusions

On my recent visits I have always found this place to be short-staffed due to sick leave.

Signed *P. J. [Signature]* Board Member
Date *1-4-85*

This image shows a blank sheet of white paper with horizontal ruling lines. A single vertical line runs down the center of the page, creating two equal-width columns. The horizontal lines are evenly spaced and extend across the entire width of the page. There is no handwriting or other markings on the paper.

Two of the new flats are now occupied and one skilled flat.
Two children are on Holiday and one attending a Training School.

I found the Centre clean and tidy.

The Footpath I referred to in my last report has not been repaired yet.

29th July, 1985

REGD. No.

18838

1983

Department of Health and Social Services

(Nothing should be written on this Cover except as indicated by the headings and any amendments will be carried out by REGISTRY on written request)

2008. ✓

TITLE

CHILDREN AND YOUNG PERSONS ACT (N.I.) 1968
FORT JAMES CHILDRENS HOME

Continuation File No. 17821/89FORMER FILE No. 15093/78

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REFERRED TO	DATE	REFERRED TO	DATE	REFERRED TO	DATE
CHILD CARE	4.11.83	Mr. Turner	13/3/85		
BF 10.1.84	7.11.83	Filing			
Mrs Brown	15.12.83	B/F 3/6/85			
Miss MacBrien	16.12.83	Miss Harrison	7/6/85		
Miss Brown	10.1.84	B/F 5/8/85			
Miss MacBrien	10.1.84	B/F 9/9/85			
Miss Brown	11.1.84	B/F 23/9/85			
Miss MacBrien	16.1.84	B/F 7/10/85			
BF 5.4.84	16.2.84	Miss Jackson			
BF 21.5.84	9.4.84	B/F 8.11.85	8.10.85		
Miss Brown	22.5.84	Filing	2.10.86		
Miss MacBrien	22.5.84	Reg action	3/5/87		
BF 5.6.84	23.5.84	Ch. Care			
BF 12.6.84	5.6.84	Registry PA	10.8.90		
Mr. English	12.6.84	Child Care	2.12.91		
(H. 28/6/84) Cancell.	14.6.84	D O'Brien (SSI)	16.12.91		
BF 10.9.84	24/6/84	Registry PA	28/1/94		
Mr. D O'Brien	6.7.84				
Miss MacBrien	9.7.84				
Filing	9.7.84				
BF 22/10/84	3/10/84				
Filing in Branch					
Mr. Turner	12.2.85				

Public Record Office of Northern Ireland

HSS/13/40/31

PUBLIC RECORD OFFICE
OF NORTHERN IRELAND

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YEAR OF
FIRST PAPER

83

YEAR OF
LAST PAPER

89

FIRST
REVIEW

YEAR

98

INTLS

p.m.s.k.

SECOND
REVIEW

REGD. No.

18838

1983

18838/83
A report of an inspection of Fort James Children's Home Londonderry by representatives of the Social Work Advisory Group, Department of Health and Social Services, during October 1982 had been forwarded to members. In addition, comments on the recommendations contained in the report, prepared by Board Officers had also been distributed to members.

Mr Carroll introducing the subject informed members that although the inspection had taken place in October 1982 the report had not been received by the Board until October 1983. He explained that because of management issues which had been ongoing since then it would have been inadvisable to present the report earlier.

Continuing, Mr Carroll informed members that Mr Newman and Mr Haverty had been invited to attend the meeting to assist members. During consideration of the report.

Mr Newman, elaborating on several aspects of the report stated that because of the time factor involved the report was very much an historical document at this stage and advised members that most of the recommendations had already been implemented.

Mr Haverty informed members that at the time of the inspection plans to improve the fabric of the main building at the facility had been formulated and he went on to comment on the renovations and extensions which had been carried out.

Mrs McGowan drew members attention to pages 30 and 31 of the report concerning comments on the roles and responsibilities of residential and day care management staff.

In response, Mr Haverty stated that there had been some misunderstanding but this had now been resolved.

Replying to a further question from Mrs McGowan, Mr Haverty gave members details of arrangements for the purchase of foodstuffs and clothing for residents at the facility.

Following on a question from Mr Donaghy, Mr Haverty informed members that the staff were in favour of the changes resulting from the inspection and indeed many of the changes had come about following recommendations by staff.

Mr Carroll stated that he wished to place on record his appreciation to Mr Newman, Mr Haverty and Mr L.F. Thompson, Assistant Chief Administrative Officer, Personnel Department, for their participation in dealing with the many sensitive issues during the management review at Fort James.

The Chairman concluding the discussion associated himself with Mr Carroll's comments.

Mr Carroll advised members of the outcome of a recent court hearing concerning criminal charges preferred against a former member of the Board's staff at Fort James and said the person in question had been acquitted of the charges.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Please use this Reference in your reply

Our Ref: PIN/JT

Your Ref:

Date 25th January 1985

15 GRANSHA PARK
 CLOONEY ROAD
 LONDONDERRY BT47 1TG
 NORTHERN IRELAND
 PHONE 0504 860086 (11 Lines)

CONFIDENTIAL

Mr. D.P. O'Brien,
 Social Work Adviser,
 Department of Health and Social Services,
 Dundonald House,
 Upper Newtownards Road,
 BELFAST
 BT4 3SF

Dear Mr. O'Brien,

FORT JAMES CHILDREN'S HOME, LONDONDERRY

I am writing on behalf of Mr. Carroll in response to your letter of 28th December 1984 which summarised the findings of your follow-up visit to Fort James on 9th October 1984. In connection with this, I am also attaching a copy of the comments prepared by Board Officers on the recommendations contained in the original SWAG inspection report. This was considered at the Board's Personal Social Services Committee meeting on 5th October 1984 and was the subject of subsequent correspondence between ourselves. The P.S.S. Committee meeting on 4th January 1985 gave approval for the Board response to be forwarded to the Department, and hence I am now able to enclose this document.

As agreed in the discussions following the issuing of the inspection report, the reference to "loss of control" in paragraph 2.4 of the report was clarified as referring to difficulties being experienced in managing certain children, rather than a breakdown in the overall running of the Home as could be implied. This was exacerbated by a shortage of staff at the time, and the staffing position has since been improved by increasing the establishment by 2 Senior Houseparents and 2 Houseparents. As you point out, the number of emergency admissions has diminished since the time of the inspection.

The renovations to the main building, which were planned before the inspection, have been completed. However, it must be recognised that there continues to be a backlog in general maintenance throughout the Unit of Management.

The independent living units have now been completed, and the Personal Social Services Committee meeting on 4th January 1985 gave its formal approval to the Operational Policy for the development, and a copy is attached for your information. I can confirm that there are no plans to re-locate the home, and it must be acknowledged that in view of the nature of the problems in Northern Ireland, tensions could arise wherever a children's home was placed. There has only been one such incident in the past year, and rather than re-locate the home, our policy is one of continuing to forge links with the local community.

/... The relevant

TL 20
 TL 4
 FJ 33

Copy

- For information sent
 5.2.85
 DOH
 30/1

28 SEP 1982



DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

27 September 1982

Mr R Carroll
Director of Social Services
Western Health and Social Services Board
15 Gransha Park
Clooney Road
LONDONDERRY
BT47 1TG

30 SEP 1982

Dear Mr Carroll

INSPECTION OF FORT JAMES CHILDREN'S HOME, TULLYALLY, ARDMORE ROAD, LONDONDERRY, BT47

I refer to previous discussions relating to the inspection of children's homes by members of the Social Work Advisory Group.

I can now confirm the arrangements for the inspection of Fort James Children's Home, Londonderry, by Mr D P O'Brien, Mr N J Chambers and myself. Mr O'Brien and Mr Chambers propose to spend four days at the Home on 18, 19, 20 and 21 October 1982. Prior to the commencement of the task we will require the following information:-

- (1) A brief note on the aims and objectives of the Home indicating its place within the Board's child care policy.
- (2) Staff - names, ages, sex, designation, job description, resident/non-resident, qualifications, length of service and previous experience.
- (3) Children - names, ages, home addresses, dates of admission to care and dates of admission to the Home, legal status and name of the Health and Social Services Board responsible for each child.
- (4) Procedures - admission, review, discharge, supervision and support following discharge and other relevant procedures.
- (5) The current cost per week for the accommodation of a child.

I would be grateful if you could let me have the information by Friday, 8 October 1982. As you will have to obtain much of it from the District Social Services Officer I am sending you an additional copy of my letter for convenience.

The Social Work Advisers undertaking the inspection will be mainly concerned with:-

- (a) physical environment;
- (b) approach to the residential social work task;
- (c) statutory and case records;
- (d) staff;
- (e) management/administration; and
- (f) support services

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

FJ 33

From..... Mr. P.I. Newman, A.D.S.S. (Area)

To..... Members of the Area Residential Child
Care Group

Ref.: PIN/JT

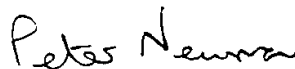
Date: 8th October 1984

Ref.:

STATUTORY QUARTERLY VISITS BY MEMBERS OF PERSONAL SOCIAL SERVICES COMMITTEE

Members of the Personal Social Services Committee will in future be provided with notes of guidance and a pro-forma for completion in respect of the quarterly visit specified in "The Conduct of Children's Homes Direction (Northern Ireland) 1975". They will also receive a copy of the Direction itself.

I attach for your information a copy of the notes of guidance and the pro-forma.



PETER I. NEWMAN
Assistant Director of Social Services (Area)

Attd.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From.....	FJ 35	To.....	TL 4
Ref.:	Date: 13.11.1984	Ref.:	Visit of Board Member

On Saturday 10th Nov 1984 Mr.McAleer visited Port James and met FJ 35

He completed his necessary forms by asking:

1. Number of staff and how many were on with me that afternoon. I explained to him why there was only one (sickness + a member of staff's mother being seriously ill.)
2. Number of residents.
3. Menus, Admission & Discharge books, though he did not request to see them.
4. Was shown around the completed Outbuildings, offices, conference room etc.

He commented that we would need our carpets in both T.V. rooms laid soon. He also said that we could do with having the pot holes in the back avenue filled in.

FJ

TL 20

FJ 33

TL 4

23. JAN. 1985

Copy

WESTERN HEALTH AND SOCIAL SERVICES BOARDConduct of Children's Homes Direction (N.I.) 1975Report of Visit by Member of Personal Social Services Committee

FORT JAMES

Name of Children's Home

Date of Visit 10/11/84

District staff member in attendance

Senior Staff on duty at
time of visit

Name

FJ 35

Name

Name

Grade SENIOR HOUSE PARENT

Grade

Grade

No. of other child care staff on duty at time of visit

Total number of all child care staff employed in the Home

No. of children in residence; male 5 female 8 Full Capacity of Home 13

Age range of children in residence 9 years to 18 years

Inspection of Records

(i) Admission and Discharge Book

UP TO DATE

(ii) Day Book

VARIED MENU

(iii) Menu Book

1 MINOR

(iv) Record of Untoward Incidents

LAST FIRE DRILL - 1.11.84 2 mins Evacuation

(v) Record of Fire Practice or Drills

Quality of Physical CareThere were only two members of the staff on duty due to sick leave. Shortage
of staff has always been a problem at this centre.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Please use this Reference in your reply

Our Ref: PIN/JT

Your Ref:

Date 25th January 1985

15 GRANSHA PARK
CLOONEY ROAD
LONDONDERRY BT47 1TG
NORTHERN IRELAND
PHONE 0504 860086 (11 Lines)

CONFIDENTIAL

Mr. D.P. O'Brien,
Social Work Adviser,
Department of Health and Social Services,
Dundonald House,
Upper Newtownards Road,
BELFAST
BT4 3SF

Dear Mr. O'Brien,

FORT JAMES CHILDREN'S HOME, LONDONDERRY

I am writing on behalf of Mr. Carroll in response to your letter of 28th December 1984 which summarised the findings of your follow-up visit to Fort James on 9th October 1984. In connection with this, I am also attaching a copy of the comments prepared by Board Officers on the recommendations contained in the original SWAG inspection report. This was considered at the Board's Personal Social Services Committee meeting on 5th October 1984 and was the subject of subsequent correspondence between ourselves. The P.S.S. Committee meeting on 4th January 1985 gave approval for the Board response to be forwarded to the Department, and hence I am now able to enclose this document.

As agreed in the discussions following the issuing of the inspection report, the reference to "loss of control" in paragraph 2.4 of the report was clarified as referring to difficulties being experienced in managing certain children, rather than a breakdown in the overall running of the Home as could be implied. This was exacerbated by a shortage of staff at the time, and the staffing position has since been improved by increasing the establishment by 2 Senior Houseparents and 2 Houseparents. As you point out, the number of emergency admissions has diminished since the time of the inspection.

The renovations to the main building, which were planned before the inspection, have been completed. However, it must be recognised that there continues to be a backlog in general maintenance throughout the Unit of Management.

The independent living units have now been completed, and the Personal Social Services Committee meeting on 4th January 1985 gave its formal approval to the Operational Policy for the development, and a copy is attached for your information. I can confirm that there are no plans to re-locate the home, and it must be acknowledged that in view of the nature of the problems in Northern Ireland, tensions could arise wherever a children's home was placed. There has only been one such incident in the past year, and rather than re-locate the home, our policy is one of continuing to forge links with the local community.

/... The relevant

TL 20
TL 4
FJ 33

Copy

- For information sent
5.2.85
DOH
30/1

Mr. D.P. O'Brien

25th January 1985

The relevant paragraph to this issue in the inspection report (para 3.10) contains a reference to the fact that the teenagers "tend to come and go from the home without close supervision". In our subsequent discussion, it was agreed that the phrase "without the need for close supervision" was a more accurate reflection of the situation.

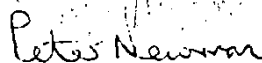
As stated in your letter, the premises were inspected by the Northern Ireland Fire Authority on 1st December 1983 and were regarded as satisfactory. However, the Fire Authority have now indicated that no further visits are necessary unless there is any substantial structural change. Equally, the Health and Safety Inspectorate only wish to receive a report from the Board's Unit Fire Prevention Officer regarding the premises whenever any change of use is envisaged. It therefore seems that no external body is prepared to undertake periodic inspections in respect of fire and accident as identified in paragraph 8 of the Conduct of Children's Homes Direction (Northern Ireland) 1975. I wonder would it be possible for this matter to be clarified on a regional basis.

As far as the comments on reviews are concerned, the particular case mentioned refers to a situation where a member of residential staff was on leave and this prevented one aspect of a review recommendation being carried out in the intended formal manner - individual counselling by the key-worker for 30 minutes each day. However, this counselling was provided on a more informal basis by another member of staff during the period of leave.

Although the four posts added to the funded establishment were all filled by women, the subsequent retirement of two other members of staff has created two vacancies to which men have recently been appointed, subject to satisfactory medicals and responses from the pre-employment consultancy service. In connection with staffing, the discussions after the issue of the inspection report confirmed that the term "child care staff" in line 7 of paragraph 15.3 of the Report should have read "senior staff".

I trust this letter clarifies the points raised as a result of the inspection and follow-up visit.

Yours sincerely,



PETER I. NEWMAN
ASSISTANT DIRECTOR OF SOCIAL SERVICES (AREA)

Attd.

WESTERN HEALTH AND SOCIAL SERVICE BOARD
 SOCIAL SERVICES' MONITORING STATEMENTS FOR 1985

Area Overview of the Residential Child Care Service

At the outset it must be stated that the residential child care service within the Western Health and Social Services Board is perceived as one element of the total family, child care service and the overall objectives can be summarised by the placement of emphasis on each child being treated as an unique individual, with specific needs which require to be met and in addition ensuring that child protection is the primary function of the child care service never allowing this function to be clouded by other issues. These objectives are achieved through good preventive work, open communication with families, other professionals etc.

The Western Health and Social Services Board has a basic child-care philosophy and this has been translated into policy which in turn provides a framework for the development and delivery of services to children in residential care and their families.

1. The policy statement for 1985 is referred to in the Appendix A W.C/1/3.
2. The mechanisms are in existence within the Board for making sure that the residential child care policy is known to all those staff who implement it and to consumers of the service whether natural parents, children or care "takers" e.g. procedural guidelines for social workers to be followed when admitting a child to care (Reference WC1/1)
3. Through delegation staff and managers within the Western Board have their roles and tasks identified for them and these were made clear in the Western Board's monitoring statement - copy enclosed. (Appendix A).

Because of the many child care trauma in 1985 at a provincial and managerial level there was clear evidence among child care staff and in particular residential child care staff that they were afraid to use their own professional discretion when the situation warranted and the discussions regarding the complaints procedure exacerbated this problem and there was most definitely a high level of anxiety among the staff.

As a Social Services Department, the D.S.S., Senior Management and Middle Management endeavoured to sustain an environment which was construed as being caring and supportive, as staff were fearful of exercising their

professional judgement, when situations were not apparently covered by guidelines. As a Board, we perceive our child care practice, but staff must also assume professional responsibility and accountability for their decisions.

4. During 1985 there was evidence to suggest that the existing administrative procedures were workable and meaningful to staff with the exception of difficulties experienced by residential staff in their understanding of our procedures regarding untoward incidents, and accidents. Staff experienced considerable difficulty in differentiating between accidents and untoward incidents and this is a problem which is still being addressed within the Board.

In 1985 a general complaints policy was in existence and there were only 2 or 3 complaints received throughout the entire year and all were handled effectively and efficiently and fortunately staff were completely exonerated. In addition Board policy regarding grievances and disciplinary matters appeared to be well understood by all staff and the overall view seems to be that grievances and disciplinary matters are carried out in a fair manner by management. During the year there were no disciplinary actions taken against child care staff but there were 2 grievances made by temporary child care staff, both of houseparent grade, and their complaints were to do with terms and conditions of service and status of a temporary contract.

5. During 1985 the various co-ordinating mechanisms which I shall outline in detail later e.g case conferences functioned extremely well and every effort was made to ensure that professionals, children, parents, other carers knew what each other was doing and were able to express their opinions about the appropriateness of such actions. It goes without saying that this is an area which constantly requires improvement, refinement and also policies with regard to whether or not a child should attend a case conference and at what point parents should be involved. These issues were not addressed by us as a Board in 1985 but on the other hand sensitivity was in evidence when staff were communicating back to child and family the decisions made at case conferences.
6. In-service training and professional training for existing residential staff is perceived by social services management as essential to good child care practice particularly whenever there is a growing awareness of the ever increasing management problems with difficult adolescents. In 1985 in my opinion, as

8. Systems for ensuring that effective practice is not prevented by lack of resources.

One system is yearly monitoring reports which will bring to the attention of the Board and the DHSS the effect that a lack of resources is having on the residential child care service. During 1985 there was evidence of inadequate resources, particularly in the area of maintenance as well as the shortage of staff and the lack of training opportunities offered to residential staff. Having made these criticisms the effective and efficient way in which the service operated in 1985 is indictative of good management and the major contribution and dedication from staff and their ability to work effectively as members of teams.

During 1985 there was evidence to suggest that within the residential child care sector every effort was being made to ensure that children would return home more quickly and that:-

1. Natural parents and relatives were encouraged to put their points of view and to enter into appropriate agreements in the interests of their children.
2. Children were not drifting into long term care.
3. Children were enabled to take part in the planning process for their future care. It was evident in all our children's homes that the staff were giving children a sense of worth and the realisation that they can influence their own lives. This was particularly shown by the development of the independent living units in Fort James Children's Home and Coneywarren Children's Home.

Within the Western Board effective management would be perceived as being flexible and this is a principle which we have endeavoured to encourage in all managers throughout the service, particularly in the residential child care sector where management and staff constantly feel they are the focus of the attention of inspectors, middle managers, senior management, and the public. This is a problem which we have been trying to address. In 1985 there was evidence that staff were feeling isolated. It is our belief that managers have the ability and the competence to deal with these feelings. I shall give a descriptive account of the management structure within our three Units of Management as it existed in 1985 which will indicate that the structure does ensure or facilitate encouragement and support of residential staff.

MONITORING STATEMENT 1986

FORT JAMES' CHILDREN'S 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 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. During 1986, there were 10 emergency admissions directly from the community out of 18 admissions because of the unavailability of places elsewhere. It is recognised that this use of the facility for emergency admissions can have a disruptive effect on the existing settled population. From September, 1986, the demand for emergency places outweighed their availability in Harberton House, necessitating a response from Fort James to meet this need.

2. ADEQUACY OF PHYSICAL ACCOMMODATION

Fort James is situated at Tullyally, about 2 miles from the centre of Londonderry. It stands in its own wooded grounds between two Housing Executive estates, Tullyally and Currynrierin. 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. Although generally unused during 1986, there is consultation about making it available to the Playgroup to extend its facilities.

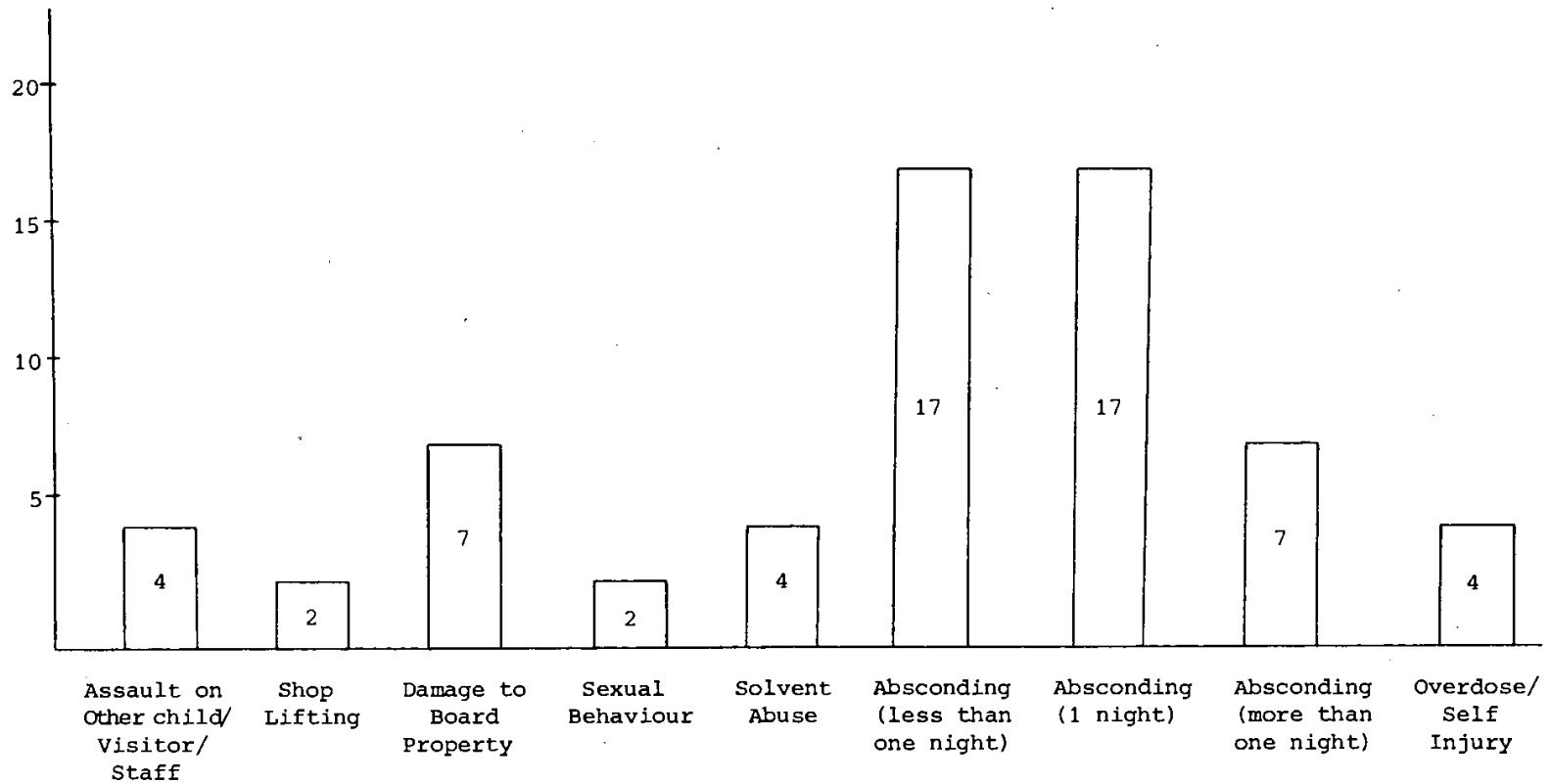
The main building provides accommodation for sixteen children within its three storeys. The accommodation available is as follows:

- (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. There is a need for a more responsive system for repairing or replacing unsatisfactory furniture. Because of the delays, there are periods of time when the standard of furniture is unacceptable. Arrangements have been made during the year to have furniture repaired or refurbished either through the Board's own workshops or by outside contract. It is our intention to have an adequate reserve of main items to enable damaged furniture to be removed for repair.

The Unit of Management has reduced the cycle for major redecoration from five years to three years. There is, however, a slow response to requests for the redecoration of high-use areas which require more frequent work.

Continued/...

12. INCIDENCE AND NATURE OF UNTOWARD EVENTS12.1 Table

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, Either or his deputy visits Fort James approximately twice weekly to check that the fire-equipment and alarm system are operating.

Periodic inspection by the Health and Safety Inspectorate or Northern Ireland Fire Authority have not been carried out. Neither agency regards this as their responsibility. The Fire Authority is willing to make periodic visits on a familiarisation basis. Despite requests to the Department of Health and Social Services, this issue has not been resolved.

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 the Officer-in-charge or his Deputy. During 1986, there were 4 fire drills, regarded as sufficient for a long-stay residential unit. One concern would be that these drills do not include the experience of evacuation during the night, mainly because of the disruption caused. It has been agreed that future drills will include times when the children are asleep.

(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, has been appointed to carry out the duties outlined in Paragraph 5 of the Conduct of Children's Homes Direction (N.I.) 1975.

When children are admitted, they are medically examined by 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

small groups of children are taken to rented accommodation, generally in Donegal. An allowance of £800.00 was made available in 1986 to finance these.

(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 resident.

12. INCIDENCE AND NATURE OF UNTOWARD EVENTS

Untoward events are reported according to Board policy and if the situation warrants it, a case conference is convened to discuss the implications of any incident. Although only one assault on staff was recorded as an untoward event, I feel that there were many others unrecorded and have instituted a recording system for this.

Of 18 reported untoward events, 8 were related to children being absent without approval, generally overnight. A further 3 were related to sexual activity (1 within the unit between residents and 2 involving sexual activity in the community). 2 involved self injury by residents while others related to assaults by residents on each other and a fire-raising incident.

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.

During the period of this report there were 8 separate complaints reported. 4 of these related to complaints made by residents about other residents' bullying behaviour towards them. 2 complaints were made by relatives about residents being bullied (1 parent complained through a solicitor). Another parent complained that his daughter has been subjected to attempted sexual assault by another resident. A final complaint was made by a 13 year old female resident that she had been sexually assaulted by a male resident and this is currently being investigated by the police. All complaints were thoroughly investigated at the appropriate level and suitable action was taken.

**WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT**

INSPECTION OF:- Fort James Children's Home
15 Ardmore Road
Tullyally
Londonderry Telephone (0504) 4311

TYPE/FUNCTION OF HOME:-

Fort James provides medium/long term residential care for up to 19 children between the ages of 5 and 18 years but with an increasing tendency towards catering for adolescents. Sixteen children can be accommodated in the main building and the other occupy flats to the rear of Fort James where they are preparing for living independently in the community.

RESIDENT CHILDREN BY AGE AND SEX (30/5/87)

	BOYS	GIRLS
Under 7	0	0
8-11	3	2
12-15	8	2
16-18	<u>0</u>	<u>2</u>
TOTAL	11	6

DATES OF INSPECTION:-

17/18 June 1987

TIMES OF ARRIVAL/DEPARTURE:-

Wednesday 17 June 1030-1600
Thursday 18 June 0930-1430

SOCIAL SERVICES INSPECTOR:-

D P O'Brien

1.0 PURPOSE OF THE HOME

- 1.1 Fort James is an adapted property which has functioned as a children's home since 1978. It caters for children between 5 and 18 years of age the majority of whom are accommodated in the main building where there are 4 single and 6 double bedrooms.
- 1.2 To the rear there are outbuildings, part of which were converted in 1984 to provide 4 flats where young people could have a degree of independence before being housed in the community. One of these is used for teaching the requisite skills to a boy or girl who normally resides in the Home. The others provide 3 additional places bringing the capacity of Fort James up to 19 places. Specimen contracts made between the tenants of the flats, the key worker and the field worker are included at Appendix 1.
- 1.3 Prior to the inspection of Fort James the following statement of aims and objectives for the Home was provided by the Londonderry, Limavady and Strabane Unit of Management:-

"Fort James caters for 19 children between the ages of 5 and 18 years with an increasing tendency to concentrate on children in the adolescent age group. It provides initially a long term residential resource in the Londonderry, Limavady and Strabane Unit of Management. It also provides a reception resource, only when other resources at Harberton House or in emergency foster homes are unavailable. Staff aim to work with children on identified aims progressing towards either -

- (a) a planned return home of the child to the care of parents;
- (b) preparing for a fostering placement;
- (c) preparation for independent living in the community. To this end, Fort James has 4 flats at the rear of the yard for use as preparation for independent living units."

2.0 THE CHILDREN AND YOUNG PEOPLE RESIDENT

- 2.1 Seventeen children and young persons, 11 boys and 6 girls, aged between 9 years and 5 months and 16 years and 11 months were living in Fort James at 9 June 1987. However one boy was a weekly boarder at the Jordanstown Schools (for children with auditory or visual handicaps) and only came to the Home at the weekends and during school holidays. When the inspection took place only one girl was occupying a flat in preparation for leaving Fort James.
- 2.2 The Londonderry, Limavady and Strabane Unit of Management of the Western Board was responsible for all of the residents. Thirteen of them were the subjects of Fit Person Orders and another 3 were in voluntary care within the meaning of Section 103 of the Children and Young Persons Act (NI) 1968. One girl, who was a recent admission to the Home, was a Ward of the High Court. Four brothers, aged between 11 years and 14 years 3 months, had been in the Home for one year and three months, but a teenage girl had been there for almost 5 years. However the 12 remaining had lived in Fort James for less than one year and 2 of this group had been there for only a few weeks.
- 2.3 Six of the children had been assessed in Harberton House prior to coming to Fort James and another 5 had previous placements in residential care. However 6 admissions had been made from the community ie 4 had come to Fort James from their own homes and 2 had experienced disruption in their foster homes.
- 2.4 It was felt that 9 of the boys and girls would remain in residential care for the foreseeable future and that another 2 of them would return to the care of parents, guardians or relatives. A foster home placement was being sought for one boy and 3 young people were likely to live on their own upon leaving care. A specialist placement was being sought for a deaf teenager and a decision on the future of one child had to be made by the High Court.

Education/employment

- 2.5 Three children were attending primary schools and 10 boys and girls were receiving secondary education in their Londonderry area. One boy who was attending a special school in Limavady was receiving special education in Londonderry. One teenage boy was a grammar school pupil. A teenage girl had a full time job in a shirt factory, another girl was on a YTP training scheme and a boy was involved in a Youthways Project.

Views of the children

- 2.6 The Inspector met a number of the residents and asked them for their views on life in the Home. Some of them had very

little to say but others were appreciative of the work done for them by the Home's staff. A girl who was in one of the independent living units compared the advantage of having a good deal of freedom with the disadvantage of having to prepare her own meals and the loneliness of her flat after 11.00 pm in the evenings. Two boys did not seem to be enamoured with having to attend their respective churches on Sundays but were content with the food, pocket money and clothing allowances. There were no complaints though several of the young people said that if they were discontented they would speak to their key workers or to the officer-in-charge.

Children's holidays

- 2.7 It is Unit of Management policy to provide an annual holiday for each child or young person residing in Fort James. However in the main this is achieved through taking advantage of holidays arranged by the children's schools or by community organisations. One boy had been to France with his school and 2 brothers had been on a school trip to Edinburgh at the time the inspection took place. Foreign holidays had been arranged for a girl and a boy through Project Children and Holiday Projects West respectively and another boy was going abroad on a Cross Cultural Exchange Programme. A teenage girl was going camping in Scotland with the Girl Guides. A number of dates had been made available to the staff and children in Fort James when they could make use of a camping site in Falcarragh, Co Donegal, organised by the West Bank Intermediate Treatment Project (Extern).

Children's Files (Residential)

- 2.8 The Officer-in-Charge has a file for each of the children which he keep in a filing cabinet in his office. Staff can have access to them through a senior member of staff. An index card is attached to the fly leaf of each file and it carries essential information about the subject including the names, addresses, telephone numbers, etc of his parents, foster parents, social worker, general practitioner and the name of the school attended. There is a contents check list for each child's file comprised of the following items:-

1. copy of legal document (FPO; POS;) etc;
2. WC/10/1 information relating to the child on its admission to care;
3. WC/10/2 record of child's medical history;
4. WC/10/3 consent to medical/dental treatment;

5. birth certificate;
6. medical card.

2.9 A Sevenfold filing system is used and the divisions are labelled as follows:-

1. social report,
2. medical,
3. legal,
4. reviews,
5. school/employment,
6. untoward incidents and
7. other.

The files of 4 children were examined in detail and these were found to be orderly and to hold relevant information. There was regular recording on all of the files made by the children's key workers and in one case these had been summarised weekly. One file contained an excellent pen picture of a child which had been drawn up by a key worker for a case conference and another held a report compiled by a teenage girl for her own review.

Fieldwork Files

2.10 Files held in the fieldwork offices referring to the same 4 children were also seen by the Inspector. There was some minor differences in organisation depending on which sub-office the files came from but generally they were well organised and comprehensive. In every case there was clear evidence that the children have been seen regularly by their fieldworkers and all such meetings had been fully recorded.

Reviews

2.11 The children's reviews had been held at intervals in accordance with Western Board policy and procedures. Fieldwork staff had completed Board Form WC/10/10 and it was noted that residential workers had used a proforma for all recent reviews. A copy of the Residential Review Form is included at Appendix 2.

3.0 THE STAFF

- 3.1 There are 16 full time residential child care staff, 4 men and 12 women, working in Fort James. Four of them hold the CQSW, 3 the CSS, one has CCRCCYP and 3 the ICSC. One of the latter group was on a CSS course at the time the inspection took place. Three others are graduates with relevant degrees and one staff member is unqualified. Several staff attended in-service training courses during the year prior to the inspection. The 5 senior staff had all been given training in some aspect of management and houseparents had been to a range of courses as diverse as "handling aggression and conflict" and "learning to communicate with deaf and dumb children". Newly appointed staff are given induction training. A perennial problem faced by management is the retention of trained social workers on the home's staff who are frequently recruited to fieldwork posts where salaries and conditions of service are advantageous.

Staff development

- 3.2 In addition to the in-service training referred to above all staff in Fort James participated in a staff development exercise at the Multi Disciplinary Unit in Altnagelvin Hospital. This was led by the officer-in-charge and based on an ESCATA training pack on "handling aggression and conflict". While the subject material was itself useful staff felt that they had gained much through the opportunity for introspection, the examination of their attitudes and beliefs and through being able to talk matters through with their colleagues. Ultimately this will have a beneficial effect on the care provided for the residents and the officer-in-charge is commended for initiating this process.

Staff Requirement

- 3.3 The staffing establishment at Fort James comfortably meets the level set by the Castle Priory Report (1969) which has been agreed between the Department and the Health and Social Services Boards as the standard for inspection and monitoring.

Staffing Structure

- 3.4 The present senior staffing structure is officer-in-charge, deputy officer-in-charge and 3 senior houseparents. The Unit of Management requires one of the senior staff group to be on duty during the working day and available throughout each 24 hour period. One of the senior houseparents was on maternity leave when the inspection took place but a houseparent has been temporarily promoted to act in her place.

Staff Duty Roster

- 3.5 The officer-in-charge and deputy officer-in-charge work between 9.00 am and 5.00 pm Monday to Friday and they cover the unplanned absence of other senior staff which involves them in evening and weekend work. The other staff are rostered from 7.00 am to midnight on weekdays and from 7.00 am to 1.30 am at weekends. Afternoon and evening cover is the most intensive with 4 staff normally on duty and 2 of them including a senior houseparent sleep-in overnight. The staffing arrangements include provision for all staff to be available between 1.00 pm and 3.00 pm on Wednesdays for staff meetings/staff development and training on alternative weeks.

Staff Supervision

- 3.6 There is a formal system of individual staff supervision operating in Fort James. The officer-in-charge supervises his deputy, a senior houseparent and a houseparent. The deputy officer-in-charge supervises 2 senior houseparents and a houseparent and the other professional staff are supervised by the senior houseparents. A record is kept of the dates when supervision was given together with a note of the topics discussed. As far as is practicable supervision is provided each month.

Management Arrangements

- 3.7 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 Homes Direction (Northern Ireland) 1975.

4.0 COMPLIANCE WITH THE CONDUCT OF CHILDREN'S HOMES DIRECTION

Visits by Board Members

4.1 Paragraph 3(3) of the Conduct of Children's Homes Direction requires a member of the Board's Personal Social Services Committee to visit Fort James "at least once in every quarter" and "to satisfy himself that the Home is conducted in the interests of the well-being of the children". The Personal Social Services Committee members should sign and date records held there and report back to the Committee upon their visit. Visits were made to Fort James by a member of the Personal Social Services Committee on 13 February 1986, 5 October 1986, 17 November 1986 and 2 April 1987.

4.2 To assist the Personal Social Services Committee, Western Board staff have prepared notes of guidance for members making 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 proforma 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 Copies of 3 reports made by the visiting Board member during 1986/87 were made available to the Inspector. A report had not been made of the visit on 5 October 1986. All 3 reports indicated that records held in the Home had been examined and the names of the staff on duty and the numbers of children residing in the Home were noted. Each referred to the need for maintenance work to be carried out in the Home and interior decoration was seen as a priority. Staffs commitment and ability was recognised as also was their dilemma in dealing with conflict between the need to develop independence in the children and to control them. One Board member felt that "local clergy should be encouraged to take a greater interest in the Home" and another recommended that fire drills should be held in the evenings when the boys and girls were in the Home.

Visits by the Visiting Social Worker

4.4 TL 4 senior social worker (residential and day care), is the visiting social worker to Fort James. He plays a key role in the admission of children to the Home and chairs their reviews. TL 4 provides professional supervision and support for the officer-in-charge and is

line manager. He made 106 visits to Fort James between 1 May 1986 and 30 April 1987.

- 4.5 **TL 4** makes monthly reports on Fort James through
 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 proforma is used for this purpose and the following general areas are covered:-

1. statistical information;
2. records;
3. physical environment;
4. primary care;
5. social/emotional care;
6. contact with fieldwork staff;
7. conclusion.

- 4.6 Copies of 12 consecutive monthly reports made during 1986/1987 were made available to the Inspector. These were found to be satisfactory and showed that the visiting social worker had attended to his visiting and reporting duties conscientiously. However they chronicled the type of behaviour problems arising in the Home from its population of volatile adolescents. The most prominent of these were being absent from Fort James without permission, absconding, self injury and assaulting other residents or staff.

Medical Officer

- 4.7 The Home is served by a medical officer who maintains contact with it on a monthly basis. He examines children following their admission to Fort James and regularly thereafter in accordance with Western Board policy. He attends to sick children on request and only medicine prescribed by the medical officer is given to the children. Arrangements for the administration and storage of medicines have been agreed by the Group Pharmaceutical Officer.

Fire Precautions Arrangements

- 4.8 The Western Board's fire prevention officer/deputy fire prevention officer calls each week to Fort James to check the fire extinguishers, to see that the means of escape are clear and to test the fire alarm system. If he finds any faults these are reported to maintenance for repair and he takes away used fire extinguishers for refilling. Spare extinguishers are kept in storage for emergency use. Periodic fire drills are carried out by the fire prevention officer and by the officer-in-charge.
- 4.9 The last complete fire inspection of Fort James was made by the Northern Ireland Fire Authority on the 1 December 1983. Responsibility for this work has since passed to the Health and Safety Inspectorate of the Department of Economic

Development who inspected the converted outbuildings on 9 May 1985. The Department of Health and Social Services has made a formal request to the Health and Safety Inspectorate to make a full inspection of the premises.

Control/Discipline

- 4.10 The following statement taken from the visiting social worker's report for April 1987 adequately describes the approved method of control and discipline used by the Home's staff:-

"A daily routine has been established in Fort James which, although applied consistently, has a degree of flexibility to meet particular circumstances. Staff attempt, through their relationships with residents, and within the framework of house rules, to set a standard of acceptable behaviour. Sanctions available to staff are limited to the withdrawal of privileges eg restriction to the Unit. Financial penalties are only imposed when there has been damage to property or when restitution has to be made for theft. Strict criteria exist for considering any child's transfer to a training school ie the child's behaviour places himself or others at risk. It is accepted that positive reinforcement for good behaviour is more effective than sanctioning for unacceptable behaviour."

5.0 EXAMINATION OF STATUTORY RECORDS

Admission/Discharge Registers

- 5.1 Two hard-backed notebooks are used to record admissions and discharges. The admissions book has lined columns for the date of admission, name of the child, date of birth, religion, type of care order/comments. Similar information is held on the second book except that the first column is for the date of discharge and the final section gives details of the residents location following discharge. In the 12 months prior to the inspection, 27 admissions to Fort James were recorded and 26 children were discharged. Nine of the admissions were planned, 13 were emergency admissions and another 5 were short term admissions. Of the latter group it was noted that one of these was specifically for respite care. It was explained that the number of admissions was exceptional and due to some extent to the reorganisation of Harberton House. The majority, 15 children and young persons, were discharged to their own homes and 4 of them to foster homes. However 4 children went to other residential homes including one who was sent to a training school. Two young people went on to live independently in Housing Executive accommodation.

Menus

- 5.2 The Fort James menu is made out in advance and rotates on a 4 weekly cycle. However a daily record of the actual meals provided is kept in a diary. This shows that the children receive breakfast, lunch and dinner on weekdays and at weekends breakfast, dinner and tea. The content and variety of the meals was found to be satisfactory.

Record of Events of Importance

- 5.3 A children's log book is written up daily by staff on both shifts. The number of residents, the number of them living in the flats, together with information about temporary discharges and missing persons are recorded. The names of children are set out in the margin and brief notes/remarks are made against each of them by the staff.

Medical Records

- 5.4 A completed medical record card is held on each of the children's files.

Fire Drills

- 5.5 A record of fire drills held is maintained and this includes the date, time of day, the names of those present, the time taken to evacuate the building and comments. Practice drills/evacuations were held on the following dates:

30.7.1986, 4.11.1986, 5.2.1987, 1.3.1987, 31.3.1987 and 16.6.1987.

The evacuation on 1 March 1987 was prompted by the "fire raising" activities of some boys living in the Home. Two drills were supervised by the fire prevention officer and the others by the officer-in-charge.

Signing of the Statutory Records by the Visiting Social Worker

- 5.6 The statutory records were signed periodically by the visiting social worker.

6.0 MONITORING ARRANGEMENTS

- 6.1 In response to Departmental Circular HSS(CC) 6/83 "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. Since 1984 the Board has been compiling annual monitoring statements and making them available to the Department.
- 6.2 The Western Board's Monitoring Statement for 1985 was discussed at a meeting between representatives of the Department and Board officers. The report contained a brief overview of the state of the Board's 3 children's homes together with individual reports on each of them. Most of the elements which make up the monitoring system were touched upon briefly in the Fort James Report but no conclusions were drawn. However concern was expressed in the overview about teenagers spending their income on alcohol and staff being unable to prevent this happening. Violence from residents was also referred to and control and discipline was one area which was identified for further examination.
- 6.3 The visiting social workers reports on Fort James indicate that a number of social services management with monitoring responsibilities visited the Home during 1986/87. The Director of Social Services visited the Home twice and the Assistant Director (Child Care) also made a visit. Three visits to the Home were logged for the assistant director (group) and the principal social worker (residential and day care) was there on 8 occasions.

7.0 COMPLAINTS PROCEDURES

- 7.1 A "Complaints Procedures for Children in Residential Care and their Parents" as set out in Departmental Circular HSS(CC) 2/85 had not been implemented in Fort James at the time of the inspection. The Western Board has prepared booklets for children and their parents in which the grounds for complaint are listed and the procedure for making a complaint including a "contact card" method are set out. Their distribution and the introduction of the complaints procedure has been delayed by protracted negotiations at Social Works Staff Joint Council about matters relating to the investigation of complaints. However the Western Board has a procedure for dealing with general complaints in all of its facilities and this applies to Fort James.
- 7.2 However during 1986 the officer-in-charge made a record of 3 complaints brought to him and of the action taken. In one case a parent had complained about the "bad language" used by a resident and in another a boy had complained that he was being bullied by an older girl. In both cases the officer-in-charge delivered a reprimand to the young people involved. There was also a complaint by a boy that he had been struck by a staff member causing his lip to bleed. Following investigation the officer-in-charge concluded that a confrontation had occurred which in his view had not been handled well by the staff member but that the injury sustained by the boy had been accidental. Later the boy agreed that this indeed was the case. The officer-in-charge instructed a senior houseparent responsible for the supervision of the staff member to advise him about other ways of handling this type of situation.

ABT

201

183

8.0 THE PREMISES

- 8.1 Fort James is located at Tullyally which is about 2 miles from the centre of Londonderry. The property, which was formerly a large private house standing in wooded grounds with an enclosed yard and stables to the rear, was adapted as a children's home in 1973. The outbuildings were partially converted during 1984 to provide 4 flats, offices, a conference room and an indoor recreation area.
- 8.2 Adjacent to the main building there is a modern bungalow once occupied by the officer-in-charge. At the time the last inspection took place concern was expressed that it was deteriorating due to vandalism by intruders. According to the officer-in-charge this has been arrested to some extent through the use of the building by the mothers of children attending a community playgroup and by some of the Fort James staff when doing development group work with some of the residents.
- 8.3 There are 2 spacious living rooms, a TV room, dining room and a kitchen on the ground floor of the main building. There is also a laundry/ironing room, toilets and wash-hand basins situated close to the back door.
- 8.4 Through a door at the top of the first flight of stairs there is access of a short corridor to 4 bathrooms and a bedroom for 2 children. On the first floor proper there are 2 double and 4 single bedrooms for children and a staff sleeping-in room. Another 3 double bedrooms for children and staff sleeping accommodation are located in attics on the top storey. A toilet is also provided on this floor. Sixteen children can be accommodated inside the house and another 3 in the flats giving the facility a total of 19 places.
- 8.5 The interior of the main building was delapidated and maintenance work was required to some of the doors, the balustrade and to one of the fire places. As far as the latter is concerned the main problem was that a heavy marble mantelpiece belonging to a fireplace in the front sitting room had become dislodged and had fallen to the floor. It was still lying there when the inspection took place making a hazard for the residents. Externally there were a number of broken roof tiles which would allow rain water to enter the building if they were not replaced. It is recommended that the premises are brought up to standard through a programme of maintenance work and that the interior of the building is decorated.

9.0 COMMENTS AND RECOMMENDATIONS

9.1 Comments has been made in previous reports about the suitability of the location of Fort James mainly because of a number of incidents involving residents and young people from a neighbouring housing estate. Steps have been taken to cultivate relationships with the local community and to improve the security of the Home. Consequently there has been no further episodes for a 9 month period and this is acknowledged.

3.2.

9.2 The staff development course taken by the officer-in-charge and the continuing support given by management to the Home's staff have made a significant contribution to assisting them in their response to difficult adolescents. However a perplexing issue has been to decide just what level of supervision is appropriate for the young persons living with a degree of independence in the flats to the rear of Fort James. It was decided to recruit the help of some former residents of the flats who are now settled in the community. The Home's staff invited 7 of them to a group meeting where they discussed the relevance of the preparation they had received in Fort James before leaving there. These proceedings were recorded on a video and reviewed afterwards by management and senior staff. As a result it has been decided to increase staff contact time for the residents of the flats. Generally the staff take a professional approach to their task and the care provided for the residents is satisfactory.

9.3 The following recommendation arises from the report:-

1. It is recommended that the premises are brought up to standard through a programme of maintenance work and that the interior of the building is decorated (para 8.5).

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. FJ 35 Senior House Parent, was acting up for FJ 7 Deputy Officer-in-Charge, who was completing her POS at Queen's University, Belfast. FJ 16 and were acting up to Senior House Parent level to provide cover.

Two staff were completing professional training. who was on CSS and was undertaking CQSW.

A final placement student, Christine McCarron, 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, 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, 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

LAUNDRY

The young people in the Unit are encouraged to do their own laundry and have days set aside for this so that each individual knows when it is his or her turn to undertake this task.

CONCLUSION

This Unit caters for an adolescent group many of whom have had difficult personal and domestic experiences and who come with problems that are often manifested in their behaviour. In spite of this situation I was pleased with the care and concern of staff to provide the best quality of care possible. The layout of the Home does not lend itself to supervision of the residents and staff have to work hard to keep in constant touch with the behaviour of the residents without being overly intrusive. This is a difficult balance to achieve especially in the independent living units and given the nature of the residents it is a situation that will have to be constantly monitored and reviewed. However, FJ 33 has introduced a good system of individual and group supervision which appears to be promoting a good team spirit amongst staff and this is of great importance given the problems with which they are confronted by the resident group. I am satisfied about the level of care though, in respect of the physical appearance of the interior of the household I would hope that the items requested in the capital equipment list will be provided since this will do much to improve the quality of decoration in the Unit which is subject to significant wear and tear.


GABRIEL CAREY
PRINCIPAL SOCIAL WORKER

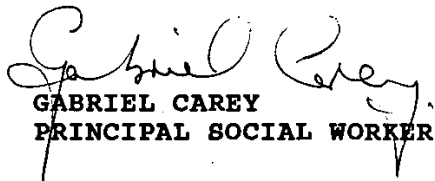
10 October 1989

WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

MEMORANDUM


TO: FJ 33 Officer-in-Charge, Fort James
FROM: Mr G Carey, PSW
DATE: 20 December 1989
SUBJECT: INSPECTION VISIT - 26 OCTOBER 1989

Please find attached a copy of my inspection visit report. I would be grateful if you could check this report for any inaccuracies and should you wish to discuss any specific points with me, please contact me.


GABRIEL CAREY
PRINCIPAL SOCIAL WORKER

cc Mr T Haverty, ADSS(G)
TL 4 APSW

prepare young people for leaving care and to provide the appropriate follow-up. The problems faced by these young people have been highlighted in the paper prepared by TL 4 APSW, and FJ 23 Senior House Parent. I would propose to address these issues as development funds become available and in the context of other competing priorities.


GABRIEL CAREY
PRINCIPAL SOCIAL WORKER

18 December 1989

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.

(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.

MANAGEMENT AUDIT -
FORT JAMES CHILDRENS HOME ON 24 AUGUST 1990

This Management Audit was postponed from June 1990 because of circumstances.

STAFFING

The Officer-in-Charge post is currently vacant due to the fact that FJ 33 has recently been appointed Assistant Principal Social Worker to the Training Unit at the Board. The Deputy Officer-in-Charge, FJ 23 is acting up. FJ 23 has a CQSW qualification.

Senior Houseparents

FJ 35	- CSS, CASW
FJ 31	- CSS
FJ 21	- CQSW
	- CQSW

FJ 23 has recently been appointed to Senior Houseparent but has acted up in this capacity for nine months to cover both FJ 35 when she was on her course at Queens and latterly FJ 23 following her recent appointment to Deputy Officer-in-Charge.

Houseparents

	QSW	
	unqualified	
	unqualified	C.S.S.
	- unqualified	
	- unqualified	
FJ 16	- unqualified	intended release
	- unqualified	
FJ 34	- CCRYP	
	- CQSW	

TRAINING

A comparatively large proportion of staff in the Home have a recognised professional qualification. In addition, two staff are being seconded this year to undertake professional training. A number of other staff have completed the Open University child care course which is run on an on-going basis to provide unqualified staff with basic knowledge and expertise in relation to the functions they carry out in Fort James.

STAFF DEVELOPMENT

In respect of supervisory arrangements, the formal structure is that TL 4, APSW, supervises the Officer-in-Charge on a monthly basis though in addition to that arrangement there is a substantial amount of informal contact which is sometimes on a daily basis. The Officer-in-Charge in turn supervises the four Senior Houseparents on a monthly basis and they in turn are responsible for providing monthly supervision for designated members of the Houseparent Team in addition to any temporaries that may be employed.

In recent months Fort James has experienced a number of changes in the management structure because managers have been appointed to other jobs and because of absences due to attendance at training courses. This has meant that at various times individuals have been acting up into management jobs and because of this the management within the Home devised additional support elements particularly by providing peer group supervision within the Senior Houseparent Team. This is also complemented by the provision of group supervision on a monthly basis for the complete staff team.

The staff group is brought together every Wednesday for two hours and areas such as staff development, group supervision, staff meetings and a review of children are considered on a rotational basis. Fort James has a good record of staff development initiatives and in recent months would have focused on such things such as art therapy and communication skills.

CHILDREN IN THE UNIT

Fort James can accommodate 19 children, 15 in the main house and 4 in the independent living flats. At the time of my visit there were 18 children in the Unit which comprised of 16 young people in the main house and 2 in the independent living flats. These young people range in age between 14 years and 17 years and there were 10 male and 8 female residents.

The problem of on-going supervision of the residents to which I referred in my last management audit is still a real issue for staff. Indeed this difficulty has been compounded in recent times because of the comparatively high number of emergency admissions to Fort James over the last year which has effected the stability of the resident group. The physical layout of the main building does not lend itself readily to supervision and staff have to be constantly vigilant to avoid both conflict within the resident group and prevent petty vandalism. This is in addition to the high level of supervision that is necessary in relation to the young people in the independent living units where a balance has to be achieved between being supportive and

helping them to prepare for leaving care and giving them sufficient space to give them some impression of what independent living entails. In the light of recent untoward incidents that have occurred involving youths from the local area, this is a difficult balance to achieve at times.

Given the problems surrounding providing adequate supervision, FJ 33 and FJ 23 referred to the difficulties around having adequate staff on duty that arose particularly during the summer period. Because of the fact that there was a directive recently that there would be no replacement for leave, this meant that existing staff had to work a higher than normal level of overtime and often led to staff being brought in at short notice on their day off to cover colleagues on sick leave etc. It is obviously essential to have sufficient people around to provide the required level of supervision and it seems to me that in these circumstances being unable to recruit temporary staff to provide cover at times when it is anticipated staff will be on leave is counter productive both in professional terms and also there may not be any significant financial saving given the overtime that staff work.

PHYSICAL ENVIRONMENT

The physical environment of Fort James continues to be maintained at an adequate level due in large measures to the on-going process of refurbishment and replacement of furniture that has taken place particularly over the last two years. Given the fact that Fort James is an old building which is in constant need of maintenance a high priority is placed on on-going redecorating programmes. In addition to the nature of the building the fact that there are so many adolescents under the one roof does mean that there will be a fairly high level of wear and tear. One of the main problems faced at the present time is the intrusion of youths from the Tullyally area on to Fort James property and with this in mind I believe it would be necessary to replace the perimeter fence and also maintain liaison with the local community in an effort to exert some authority on these youths. With this in mind a meeting has recently taken place between local public representatives, the Tenants Association and other statutory bodies and hopefully these meetings will continue on a periodic basis. It is hoped that Extern will become involved in attempting to engage these young people constructively and thereby reduce the difficulties they have been causing both in terms of the problems caused for staff and residents but also in relation to the degree of vandalism to the main house. TL 4 also floated the idea of employing a night watch-man who would alert sleeping-in staff to any particular difficulties and also provide a sense of security for both staff and residents in the Unit.

ADMINISTRATIVE SUPPORT

The fact that Fort James have no secretarial support has posed particular difficulties for the management staff in the time they need to spend on administrative duties. This is a long standing problem which has been raised on previous occasions and which requires to be addressed through our administrative colleagues.

FINANCIAL PROCEDURES

There are two safes in the Unit. One is in the main house and the other is in the offices attached to the independent living flats. For each safe there is a safe register into which is recorded any incoming money which is noted and co-signed by a witness. The same procedure is used for monies which are withdrawn which also need to be witnessed and co-signed by two members of staff. At the end of each month a copy of the transactions for the period is sent to Administration in Group Office for reconciliation. Most of this money is used for such things as purchasing clothing and other necessary requisites for the children.

CONCLUSION

In the months leading up to my inspection visit the staff in the Unit had experienced a difficult time in relation to the numbers of emergency admissions, the difficulties presented by young people in the Unit and also problems presented by youths from the Tullyally area coming on to Fort James property, being abusive to staff, drinking and committing acts of vandalism. A combination of these factors has very much taxed the ability of staff to provide the sort of environment required to do therapeutic work in addition to providing the primary care that is necessary. For instance the number of emergency admissions has made it more difficult for Fort James to concentrate on their primary aim of providing longterm care for children and to work towards devising suitable options to care on a planned basis. In spite of this situation staff have coped well with difficulties and continue to provide a good quality of care. This is all the more pleasing in that there has been a disruption of the Management Structure in recent months as the Deputy Officer-in-Charge and the Officer-in-Charge have been appointed to other jobs.

LH9



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650111 ext

Mr T J Frawley
Area General Manager
Western Health and Social Services Board
15 Gransha Park
Clooney Road
LONDONDERRY BT47 1TG

Please reply to The Secretary
Your reference

Our reference

Date

15th October 1990

Dear Mr Frawley

INSPECTION OF CHILDREN'S HOMES

During the 1980s the Social Services Inspectorate instituted a programme of annual inspections of all Board and voluntary children's homes. However, by 1987 it was apparent that, in the case of statutory homes, the Boards own monitoring procedures were sufficiently well developed to render such frequent visits unnecessary and the minister agreed to their replacement with a system of inspections of each Boards overall residential services for children at 3 yearly intervals.

The Social Services Inspectorate's work programme for 1990-1991 includes an inspection of the residential child care services in your Board which I shall be conducting over the next 4 months. To complete the picture I intend also to carry out an annual inspection of Nazareth House voluntary children's home during this period. I enclose for your information a copy of the letter I have sent to each Unit General Manager together with the brief for the inspection. Copies of this letter to you and that sent to the Unit General Managers are also being sent to the Assistant Director of Social Services (child care) of your Board.

I trust that the arrangements outlined are satisfactory for you.

Yours sincerely

D P O'BRIEN
Social Services Inspector

20. JUN 1963

27/6/88
48.5

Conduct of Children's Homes Direction (NI) 1973

MONTH May, 1988

CHILDREN'S HOME Fort James

DATES OF VISITS MADE DURING THE MONTH 6 visits

Registered no. of places	19
No. of admissions during month	2
No. of discharges during month	2
No. of children in residence at end of month	male 9
	female 9

Details of vacant staffing posts at end of month None

Levels of overtime during month 27½ hours
.....

Comments on the above information:-

PART II - RECORDS(a) Admission and Discharge Book

Has this book been inspected and signed by yourself?

.....Yes.....

Is this book being maintained satisfactorily?

.....Yes.....

Comments on any points of significance:-

(b) Day Book

Has this book been inspected and signed by yourself?

.....Yes.....

Is this book being maintained satisfactorily?

.....Yes.....

Dates of visits by other social services managers

.....

Comments on any significant or unusual events that have occurred or trends that have developed:-

(c) Mem Book

Has this book been inspected and signed by yourself? Yes

Is this book being maintained satisfactorily? Yes

Do the memos indicate that a varied and balanced diet is being made available? Yes

Comments:-

(d) Record of Untoward Incidents

Has this record been inspected and signed by yourself? Yes

Is this record being maintained satisfactorily? Yes

Comments on incidents that have occurred:-

2.5.88 - 11 year old resident assaulted the Cook .

4.5.88 - member of staff bitten by an 11 year old resident .

9.5.88 - 2 12 year olds were fighting - one required hospital treatment .

29.5.88 - the father of a resident had to be removed by the Police .

29.5.88 - 16 year old resident missing from the unit .

(e) Notification of Death, Illness or Accident

Are procedures followed for these notifications?^{Yes}.....

Give details of all such occurrences during the month:-

9.5.88 - Child injured in fight with another resident

19.5.88 - 12 year old fell off horse at local riding school

(f) Record of Fire Practice and Drills

Has this record been inspected and signed by yourself?^{Yes}.....

Is this record being maintained satisfactorily?^{Yes}.....

Date of last inspection by Health and Safety Inspectorate4.9.87.....

Date of last Fire Drill carried out in the Home17.3.88.....

How long did it take the staff and children to
evacuate the Home?30 seconds.....

Comments:-

(g) Medical Records

Are medical records on each child being maintained?^{Yes}.....

Are the duties laid down in paragraph 5 of the Conduct
of Children's Homes Direction (NI) 1975 being carried out?^{Yes}.....

Comments:-

PART III - PHYSICAL ENVIRONMENT(a) External

Is the general external condition of the Home satisfactory? Yes
 Details of any outstanding repairs/maintenance .Front.gate.and.side...
 .gates need replaced.....

(b) Internal

Is the general internal condition of the Home satisfactory? Yes...
 Details of any outstanding repairs/maintenance

 Is the standard of furnishing satisfactory? Yes
 Are the safety standards acceptable? Yes

Comments on Physical Environment:-

PART IV - PRIMARY CARE

In this section, comment on such areas as standard of clothing, arrangements for pocket money, etc., as appropriate:-

I am satisfied with the primary care offered to children resident in Fort James.

PART V - SOCIAL/EMOTIONAL CARE

In this section, comment on such areas as:-

- General arrangements for the care of the children
- Supervision of children within the Home
- Relationship between children and staff
- Method of control and discipline used and sanctions imposed
- Arrangements for religious observance
- Social and recreational activities available
- Contact with local community
- Arrangements for family contact

The arrangements for social/emotional care of the children remain satisfactory

PART VII - CONCLUSION

Describe your direct contact with the children during the month I make a point of introducing

..... myself to children when admitted and speaking with others on my visits

Is the Home being conducted in the interests of the well-being of the children? Yes

Any other concluding comments:-

Have the contents of this form been shared with the Officer-in-Charge? Yes

Signed TL 4

Designation A.P.S.W.

Date16.6.88.....

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

MONTH February, 1994

CHILDREN'S HOME Fort James

DATES OF VISITS MADE DURING THE MONTH 12 visits

PART I - STATISTICAL INFORMATION

Registered No. of places 16 (12 in main unit & 4 in semi-independent living unit)

No. of admissions during month 3

No. of discharges during month 3

No. of children in residence at end of month male 6
 (0 in S.I.L.U.)

female 4
 (2 in S.I.L.U.)

Age range of children in residence at end of month 10 years to 17 years

Details of vacant staffing posts at end of month: One in Leaving and After Care Team

No. of staff sick days during month 13 days,
i.e. 13 - Adoles. Res. Team
0 - Leav. & Aft. Care

Levels of overtime during month 70 hours claimed
i.e. 28 1/2 hours - Adol. Team
26 hours - L.A.C.T.

Comments on the above information:

PART II - RECORDS**(a) Admission and Discharge Book**

Has this book been inspected and signed by yourself? Yes
Is this book being maintained satisfactorily? Yes

Comments on any points of significance:

(b) Day Book

Has this book been inspected and signed by yourself? Yes
Is this book being maintained satisfactorily? Yes

Dates of visits by other social services managers:

Mr. J. Doherty, Programme Manager (A) :- 2.2.94; 8.2.94;
10.2.94; 15.2.94; 22.2.94

Mr. G. Carey, A/A.U.G.M. - 8.2.94; 15.2.94; 28.2.94

Comments on any significant or unusual events that have occurred or trends that have developed:

(c) Menu book

Has this book been inspected and signed by yourself? Yes

Is this book being maintained satisfactorily? Yes

Do the menus indicate that a varied and balanced diet is being made available? Yes

(subject to comments below)

Comments:

The specifications for the catering service have been reviewed in light of the current contract coming up for renewal.

(d) Record of Untoward Incidents

Has this record been inspected and signed by yourself? Yes

Is this record being maintained satisfactorily? Yes

Comments on incidents that have occurred:

- 2.2.94 - 15 year old resident missing from the Unit
- 4.2.94 - 17 year old resident missing overnight
- 8.2.94 - Sectarian graffiti written on bungalow wall
- 13.2.94 - Clothes belonging to 15 year old resident stolen.
- 14.2.94 - Stones thrown at the Unit by outsiders.
- 20.2.94 - 2 residents aged 15 years missing overnight.
- 24.2.94 - 12 year old resident abducted by father and outside the jurisdiction .

(e) Notification of Death, Illness or Accident

Are procedures followed for these notifications: Yes

Give details of all such occurrences during the month:

None.

(f) Record of Fire Practice and Drills

Has this record been inspected and signed by yourself? Yes

Is this record being maintained satisfactorily? Yes

Date of last inspection by Health and Safety Inspectorate 4.9.87

Date of last Fire Drill carried out in the Home 21.12.93

Date of last Fire Drill carried out in the Semi-Independent Living Unit 10. 1.94

How long did it take the staff and children to evacuate the Home? 4 minutes
Semi-Independent Living Unit? 1 minute

Comments:

Following the fires in November, 1992, a recommendation made by the Northern Ireland Fire Authority has been received indicating that smoke-alarms should be provided in all bedrooms. This has been passed to the Fire Officer for action. This was costed at £5,250 and passed to Estates Manager for implementation.

(g) Medical Records

Are medical records on each child being maintained? Yes

Are the duties laid down in paragraph 5 of the Conduct of Children's Homes Direction (N.I.) 1975 being carried out?

Yes

Comments:

PART III - PHYSICAL ENVIRONMENT**(a) External**

Is the general external condition of the Home satisfactory?

No

Details of any outstanding repairs/maintenance

The exterior of the building including the bungalow is in need of repainting. However, with the possibility of the Unit closing, this may not be pursued.

(b) Internal

Is the general internal condition of the Home satisfactory?

Yes

Details of any outstanding repairs/maintenance

Is the standard of furnishing satisfactory?

Yes

Are the safety standards acceptable?

Yes

Comments on physical environment:

PART IV - PRIMARY CARE

In this section, comment on such areas as standard of clothing, arrangements for pocket money, etc., as appropriate:

I am satisfied that the primary care arrangements are appropriate.

PART V - SOCIAL/EMOTIONAL CARE

In this section, comment on such areas as:

General arrangements for the care of the children
Supervision of children within the Home
Relationship between children and staff
Method of control and discipline used and sanctions imposed
Arrangements for religious observance
Social and recreational activities available
Contact with local community
Arrangements for family contact

Arrangements for the social/emotional care of residents are in keeping with Board policy.

There are increasing concerns that the structure of the Unit militates against staff having adequate supervision of the activities of residents. It is recognised that staff have been under immense pressure over the last few months in terms of control difficulties. The situation eased at the beginning of the month with 3 residents transferring to Training School on remand for offences committed while missing from the Unit.

PART VI - CONTACT WITH FIELDWORK STAFF

Names and D.O.B. of Children Resident on 28.2.94	Dates of Reviews during month
<p><u>MAIN UNIT</u></p>	<p>Transferred to St. Joseph's Training School, Middletown on 2.2.94 on remand Transferred to Rathgael Training School on 2.2.94 on remand</p> <p>22.2.94</p> <p>16.2.94 Transferred to St. Joseph's Training School, Middletown on 2.2.94 on remand</p> <p>11.2.94</p>

Comments:

Contact by fieldwork staff is generally of a satisfactory frequency.

PART VII - CONCLUSION

Describe your direct contact with the children during the month

I speak with residents both on my visits to the Unit and at reviews

Is the Home being conducted in the interests of the well-being of the children?

Yes within the constraints of the facility (see No 1 below)

Any other concluding comments:

1. There is an increasing realisation that the environment in Fort James is not appropriate for dealing with the problems presented by current residents. This is being addressed through consideration of alternative provisions and uses of existing resources.
2. The Leaving Care/After Care Team is undertaking an intensive supporting role in relation to twenty one young people living in the community. A close working relationship has been developed with Foyle Homeless Action and Advice Service to provide the level of support needed by young people preparing for discharge and those who have left residential care.
3. Three residents were involved in criminal activity in the community and were remanded in custody to Training School on 2nd February, 1994.

Have the contents of this form been shared with the Officer-in-charge?

Yes

Signed: ..

TL 4

.. Designation A.P.S.W.

Date

24th March, 1994

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Changed

* children sleeping there have to descend to the first floor to use a bathroom.

- 3.5 Most of the bedrooms on the second floor are approached from the main staircase. However one 2-bedded room is situated off a landing and adjacent to 4 bathrooms which are used by both sexes. Consequently there is quite some movement around the house when the bathrooms are in use and this is especially the case at night time. The interior of the building is difficult to supervise and the proximity of a bedroom to the bathrooms exacerbates the possibilities for disruptive behaviour. In the past a number of untoward incidents have occurred in this location.

- Attention made*
* 3.6 The inspector found that with one or 2 exceptions the children's personal effects were conspicuously absent from their bedrooms. Hasps, clasps and padlocks had been fitted to most of the children's wardrobes but a closer examination revealed that the backs had been removed from some of them presumably to purloin the contents. Staff in the home confirmed that the children's clothing and personal effects could not be left safely in their bedrooms as vandalism and pilfering were rife.

- how?*
3.7 There was evidence also that some residents were smoking in their bedrooms although this is forbidden. The free movement of the children around a rambling old house makes it difficult for staff to supervise them adequately. Staff have divided them into 2 groups each of which is allocated to one of the ground floor sitting-rooms and this may have reduced the level of vandalism in these areas. However, better supervision and tighter control of the children's movement around the interior of the building must be achieved if a satisfactory living environment is to be provided.

- Carry out 17
Context
i.e. basis of working
difficulties*
3.8 A visit to the flatlets to the rear of the main building did nothing to reassure the inspector that a satisfactory quality of life was being provided for the residents. The 2 flatlets in use were at the top of the staircase leading up from the front door. The staircase was covered in litter and dirt and did not give the appearance of having being cleaned for some time. It was found to be difficult to gain access to one flat because the occupant had placed furniture behind the door. Inside it was a complete shambles with furniture arranged haphazardly and clothing and bedding lying everywhere. The curtains were drawn even though it was day time and the remains of 3 carry-out meals were strewn around the sitting room. The second flatlet was somewhat cleaner but just as untidy.

- 3.9 The bungalow to the front of the main building was unoccupied though it is used occasionally for family access and work with small groups. It has been vandalised to such

9. MONITORING ARRANGEMENTS

9.1 The Western Board considers that monitoring in its children's homes begins at primary worker level and extends throughout the command structure to Board members. It also regards monitoring as an essential function of management. The task of those monitoring residential child care services is to satisfy themselves that the welfare of the children is given primary consideration.

9.2 In practice, monitoring activity at Fort James is carried out for the most part by the Assistant Principal Social Worker and a Board member. They provide the monthly and quarterly reports referred to in paragraphs 7.1 and 7.2 above. However, every 6 months, the Principal Social Worker also makes a management audit of each children's home within the Foyle Unit of Management. The annual monitoring report on Fort James is prepared by the Assistant Principal Social Worker for approval by the Director of Social Services. In accordance with procedures agreed between the Department and the Boards an annual monitoring statement covering all of the Western Board's children's homes is tabled at a Board meeting and then sent to the Department for information.

9.3. Occupancy Level and Cost

During the year ending 31 March 1990 Fort James had an occupancy level of 98.88% and cost £310.34 per resident week.

10. COMPLAINTS PROCEDURE

10.1 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 Fort James. It was delayed because staff interests were not content with the procedure for investigating complaints. Following protracted negotiations at regional level the way has recently been cleared for the complaints procedure to be introduced. However, during the intervening period complaints made by children residing in Fort James have been dealt with in accordance with the Western Board's general procedure for all complaints and grievances which was introduced on 23 December 1982. Complaints have been filed as untoward incident reports and investigated by the officer-in-charge with oversight from the Assistant Principal Social Worker. It is the Western Board's policy to regard all reported incidents of sexual activity involving children in care as if a complaint had been made. There were no such complaints recorded in the home since November 1990.

10.2 A complaints book held in Fort James was examined by the inspector. The current book only records complaints made since November 1990. Complaints are separated into 2 categories -

- a. complaints by residents about other residents and,
- b. complaints by residents about staff.

No complaints were recorded in the second category. There were 4 complaints made by children who felt they were being bullied by other residents. In every case the children were encouraged to make their complaint in writing. Thereafter these were investigated by the officer-in-charge or deputy officer-in-charge and any action taken on foot of the complaints was recorded.

11. CONCLUSION

- 11.1 At a very basic level a children's home should be a safe haven where the residents can receive a reasonable standard of accommodation, and food appropriate to meeting their social, psychological and physical needs should also be provided. Regarding the latter, it has been suggested above that expert advice should be sought to establish if the children's dietary requirements are being met by the present catering arrangements and that the therapeutic value of unscheduled meals appears to have been overlooked.
- 11.2 As long ago as 1986 concern was expressed by the Social Services Inspectorate about the suitability of the location of the premises. Then the facility was being vandalised by trespassers and there had been a number of incidents where children were threatened and abused, verbally and physically by youths from nearby housing estates. In the year before the 1991 inspection there was a catalogue of similar incidents though some of these were of a more serious nature. Vandalism by intruders has continued but fire raising is indicative of their increasing recklessness. They have also attacked staff who tried to expel them from the premises, seemingly with impunity. The association of boys and girls from the home with the perpetrators of the attacks on Fort James is a matter for grave concern. Over the years the Board has made a substantial capital investment on this site and further adaptation are planned. It is hoped that some of these would make the main building more secure but the isolated location of the premises leaves it vulnerable. If the Board intends to continue using Fort James as a children's home then it should consider employing a security service to patrol the grounds and check the buildings during the night, and this is recommended.
- 11.3 The children living in Fort James and their personal possessions also need protection inside the home. Bullying of the most vulnerable children has been a problem and sufficient staff need to be deployed in the evenings and at weekends to provide adequate supervision. The Board's failure to implement a recommendation made by the Health and Safety Executive exposes them to the risk of harm in the event of a fire breaking out.
- 11.4 The release of the deputy officer-in-charge and the officer-in-charge, both of whom had been in the home for some years, to take up other posts within the Board appears to have exacerbated the problems facing the home. At the time of the inspection the officer-in-charge's post had been vacant for 6 months. The Board's failure to attract a suitable replacement for him, and the temporary promotions which have ensued, appears to have given rise to further instability. This is no reflection on the incumbents who have demonstrated their commitment to the home and to the

residents. But experience has shown that young people in care will "act out" the insecurity they feel in such circumstances. The inspector concluded that the Board should take the appropriate steps to ensure the safety of those living and working in Fort James as a matter of urgency.



FOYLE COMMUNITY UNIT

Please use this reference in your reply

Our Ref: 6th Sept 1991

Your Ref:

Date

Mr Dennis O'Brien
Social Services Inspector
Department of Health and Social Services
Dundonald House
Upper Newtownards Rd
BELFAST
BT4 3SS

Dear Dennis

RE: FORT JAMES INSPECTION - DRAFT REPORT

Further to our meeting on the 23rd August 1991 I thought I would take this opportunity of highlighting some of the main points of our discussion.

Firstly, I was very disappointed about the negative tone of the report and though I did not seek to dispute some of the matters of fact I indicated to you that the report was unbalanced in that it did not take account of the action which management had initiated to address some of the very points that you had highlighted. You may recall that in the course of my meeting with you in January 1991 I discussed with you action that I and other managers had instigated and I was subsequently in correspondence with you to make you aware of the progress in respect of the Extern scheme with youths from the Tullyally area. The report, in my review, gives the impression that management were aware of some of the difficulties and that we did not take any corrective action. This is very much contrary to the actual situation.

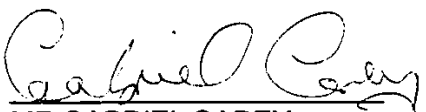
In specific terms we had initiated action to renovate the interior of the unit not only to improve the quality of the physical environment but also to address issues surrounding improving the level of supervision and the quality of life for individual residents to which you referred in your report. This programme commenced in April 1991 and I understand was brought to your attention at the time of your visit. Similarly I recall talking to you at some length about the efforts we had made in speaking to the local community, local public representatives, the police and Extern to address the issue of intrusion on Fort James property by youths from the local area. Up until the present time the action we took has had a beneficial impact in that there has been a significant reduction in this sort of incident. During my meeting with you I also referred to Paragraph 4.3 of your report which indicated that management should not have released both the Officer-in-Charge and the Deputy Officer-in-Charge to take up post elsewhere within the WH&SSB within such a brief timescale. I indicated to you that we had no control over this situation particularly

since both staff moved to other Units of Management. Equally you indicated that the Board should have considered drafting in an experienced manager from another facility to carry the burden as the result of the difficulties created by the departure of the Officer-in-Charge and the Deputy Officer-in-charge from Fort James. You will recall that at that time the only other experienced manager available to us was seconded on CQSW training and that we had an acting up arrangement in our other residential home for children. We had also contacted a variety of other managers and staff inside and outside the Unit of Management to ascertain whether they would be willing to transfer to Fort James. We cannot of course compel our own staff to transfer from their grade to Fort James and we also have to consider the impact of such transfers on the total service.

There were similar actions initiated in relation to rotas, the review of the semi-independent living flat and other matters to which your report refers which were ongoing at the time of your visit and to which I referred at the time of our meeting in January.

I would accept that difficulties were apparent in Fort James at the time of your visit but I would want these to be seen in context. The context was firstly the unprecedented demand for care places at the time when we were labouring under staffing difficulties which were outside our control. At the same time there is a high premium placed on professionalism by Fort James staff which emerges in terms of the efforts being made to provide staff support, team development and to take other relevant steps with the help of management to address the problem. At the same time management had initiated a range of measures to address many of the difficulties you identified and this is borne out by the fact that in respect of your recommendations we had addressed most of the issues and in some cases have implemented corrective measures.

I hope this information is of assistance to you.


MR GABRIEL CAREY
Assistant Unit General Manager (Acting)

cc Mr J Doherty, A/Programme Manager

TL 20

TL 4

LH9

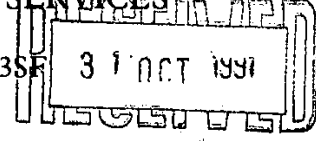


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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Mr G Carey
Assistant Unit General Manager (Acting)
Foyle Community Unit
Western Health and Social Services Board
Riverview House
Abbercorn Road
LONDONDERRY BT48 6SB

Please reply to The Secretary
Your reference

Our reference

Date 29 October 1991

Dear Gabriel

FORT JAMES CHILDREN'S HOME

You will recall that we met 23 January last after I had carried out an inspection of Fort James Children's Home. At that time I expressed concerns about the conditions I found there, the management and staffing arrangements, difficulties arising for staff and residents because of the location of the home, and, the frequency of untoward incidents arising involving local youths.

You said that you were already aware of most of the problems and felt that management was making a considered response to them. Specifically you told me that following a visit to the home by the Unit General Manager and an officer from the Board's Works Department, approximately £60,000 was to be made available for improvements to the main building and to secure the premises. You advised also that the Extern Organisation had been requested to undertake work with youths from the Tullyally area and indeed you subsequently sent me a progress report on this development (22 April 1991).

I want you to know that I was reassured by this discussion with you. Indeed I had spoken to Dr McCoy and Mr McElpatrick about my preliminary findings at Fort James and advised them that I thought urgent action was required to improve the situation. However, when I reported the content of our discussion to them they agreed that I should complete and issue the inspection report in the normal way.

I acknowledge receipt of your letter dated 6 September 1991 commenting on the draft inspection report which we discussed on 23 August. The measures which management had taken or proposed to take to address the problems identified in the report are referred to in paragraph 6.12.

Thank you for your assistance.

Yours sincerely

Dennis O'Brien

D P O'BRIEN
Social Services Inspector

WESTERN HEALTH & SOCIAL SERVICES BOARD**FOYLE COMMUNITY UNIT****MEMORANDUM**

TO: Mrs S Burnside, UGM

FROM: Mr G Carey, A/AUGM

DATE: 12 November 1991

RE: SSI Inspection Report on Fort James Children's Home - January 1991

I understand that you have now received the final copy of this inspection report. You may recall that I spoke to you some time ago about this matter when we received a copy of the draft report. At that time I was unhappy about both the tone and the content of the report and arranged to meet with Mr Denis O'Brien on 23 August 1991 to share my disappointment about the negative tone of the report and to appraise him of the action that management had initiated to address some of the very points that he had highlighted. I was especially disappointed that some of these corrective actions were not taken into account in the draft report since, in the course of my meeting with Denis O'Brien in January 1991, I had discussed with him the action that I and other managers had instigated and it is a matter of some regret that these were not taken into account in the final report. I did in fact write to Mr O'Brien on 6 September 1991 to highlight some of the main points of our discussion of 23 August 1991 and in his letter to me dated 29 October 1991 he indicated that "the measures that management had taken or proposed to take to address the problems identified in the report are referred to in paragraph 6.12". This paragraph certainly does not take adequate account of the points that I raised with him. I attach for your information a copy of my letter dated 6 September 1991.

I appreciate that this matter may be raised at Board level and with that in mind I thought it may be helpful for me to outline some of the reservations I have about the report by addressing the recommendations. This will also facilitate a critical analysis of some of the matters raised in the main body of the report.

Recommendation 1: The aims and objectives of Fort James should be reviewed by management.

There was a recognition by management that the aims and objectives of Fort James should be reviewed because of the number of emergency admissions we had been experiencing over the last two years and in fact Mr O'Brien refers to the annual monitoring statement when it was acknowledged that because of this situation, the home had not met its principal objective as a long-stay unit for adolescents and in view of this, management is to "carefully monitor the situation on an ongoing basis". In addition, we were conscious of the

implications of the Hughes Recommendation Number 6 for the aims and objectives of the Unit though because of the protracted debate on this matter, final agreement did not emerge until May 1991. Since that time we have drawn up a proposal concerning the future operation of Fort James which is now being discussed with NIPSA as part of the local negotiations on the future structure of children's homes. It is also very likely that the Children Order, which we understand will follow the same format as the English Children Act, will put requirements on the Board in relation to after care provision and these will also have to be taken into consideration. Before making any comprehensive review of the aims and objectives of Fort James, it would obviously be important to take account of these very important matters.

Recommendation 2:

Management should take whatever steps are necessary to make the interior of the home suitable for the accommodation of the children.

At the time of my meeting with Mr O'Brien I took particular exception to this recommendation since I would contend that he was aware of the action we had planned to refurbish Fort James. As I pointed out in my letter to him, this was not only to improve the quality of the physical environment in the home but also to address issues surrounding improving the level of supervision and quality of life for individual residents to which he referred in his report. You will be aware that this work commenced in April 1991. As you will see from Mr O'Brien's letter of 29 October 1991 he indicated that when he met with me on 23 January 1991 that I had stated to him that I was already aware of most of the problems that he raised with me and felt that management was making a considered response to them. He continues "specifically you told me that following a visit to the home by the Unit General Manager and an officer from the Board's Works Department, approximately £60,000 was to be made available for improvements to the main building and to secure the premises". It is therefore regrettable that having indicated this to him that they are not included in the report.

In specific terms the comments in paragraph 3.4 indicating that there is only a toilet at this level are no longer true since, as part of the renovations, a bathroom and shower have been provided on the second floor. The two bedded room referred to in paragraph 3.5 is now 2 single bedrooms.

In relation to paragraph 3.6 we have utilised capital equipment monies to provide new sturdier wardrobes for residents and because the children now have single rooms with locks fitted to the doors, the security of their personal belongings has been greatly improved and the amount of vandalism has been very significantly reduced.

In respect to paragraph 3.7 we had indicated to Mr O'Brien that supervision did present management problems because of the rambling nature of the house but that it was intended to address this partly through the renovations and also by reducing the overall number in the home over time.

I would take particular issue with paragraph 3.8 that refers to the flatlets at the rear of the building being dirty and untidy. I would contend that a certain amount of untidiness is common with teenagers and in respect of the particular issues he raised about carry out meals strewn around the sitting room, I think it should be borne in mind that the boy who was resident in the flat at that particular time was especially difficult and adamantly refused to co-operate with staff. Denis O'Brien did not refer to the fact that we were attempting to deal with this problem as part of the programme being devised to help this young man prepare for leaving care and living in a flat where he would have to cope with very little supervision. I would also make the point that this situation is not typical of the flats and in fact during my inspection visits to the home, whilst I found that the flatlets were untidy on occasion, I do not recall ever finding the flatlets in the condition to which Mr O'Brien referred. As a matter of interest, Mr Haverty, Chief Social Worker Advisor, did a spot-check on the flatlets recently after consultation with me and indicated to me that he was not concerned about the condition of the flatlets.

Recommendation 3:

The Board should implement the recommendations made in the 1987 report of the Health and Safety Inspectorate of the Department of Economic Development

I think it should be stated that the facts as outlined in paragraph 3.11 which deal with this situation are largely true. However, it should be pointed out that TL 4 APSW, was in contact with the Works Department as far back as 1988 to raise this matter with them at which time he was informed that Fort James would have to take its place in the queue for this work behind facilities such as Gransha Hospital. However, I gather that I has in recent months forwarded estimates to you in connection with fire safety precautions in the home though these may now need to be updated following the recent renovations to Fort James property.

Recommendation 4:

It is recommended that the Board reviews its policy of using contract caterers in its children's homes.

You will be aware that there have been ongoing problems with Gardner Merchant, some of which Mr O'Brien referred to in his report. We have attempted to address these at local level and also through the Contract Monitoring Group. I know that you also had some

reservations about the catering arrangements in our children's homes and I also would have concerns as to whether the current specifications address the specific needs of a residential child care facility.

Recommendation 5:

The policy of having staff "act up" fill senior staff vacancies should be reviewed.

In this context it should be stated that we had in fact advertised the Officer in Charge post on 3 separate occasions and received only 2 applications, none of which met even the very basic criteria. We therefore concluded that the salary being offered was not sufficient to attract the right calibre of person to this very responsible position and we were awaiting the outcome of the Hughes Regrading at which time we expected that the increase in salary level would be such that it would be more likely that we would attract suitable candidates. At the present time we have been unable to recruit because we are currently in negotiation with NIPSA about the structure of our children's homes and they have indicated that they would not want us to advertise this post until these negotiations have been completed.

In paragraph 4.3, Mr O'Brien comes to the unrealistic conclusions that management should not have released both the Officer in Charge and Deputy Officer in Charge to take up posts elsewhere within the Board within such a brief timescale. I indicated to Mr O'Brien that we had no control over this situation since both staff moved to other Units of Management and in fact the longest we could possibly hold on to them would have been for their period of notice. He also indicated that we should have considered drafting in an experienced manager from another facility to cover for the departure of the Officer in Charge and Deputy Officer in Charge from Fort James. I pointed out to Mr O'Brien that at that time the only other experienced manager available to us was seconded on CQSW training and that we had an acting up arrangement in our other residential home. However we had contacted a variety of other managers and staff inside and outside the Unit of Management to ascertain whether they would be willing to transfer to Fort James. None were willing to do so and we cannot compel our staff to transfer from their grade to Residential Social Worker. We also have to consider the impact of such transfers on the total service.

I would maintain that we fully recognised that the burden placed on staff in Fort James and the support offered by APSW, myself as former Programme Manager and laterally Mr John Doherty, Acting Programme Manager, has been substantial. I think it is also important to state that FJ 23 and I have made a tremendous input to the smooth running of the home during this difficult period.

Recommendation 6:

A review of duty rotas is required to ensure that there is better staff cover in the evenings and at weekends.

It think it is worth bringing to your attention that in the previous inspection some 3 years ago, the rota that we had devised was commended by the Inspectorate and I understand was in fact presented to the training school as a model of a good residential rota. However, we recognise that the type of young person being received into care does now present more difficulties and prior to the inspection we had been looking at a number of core rotas to address some of the issues raised by Mr O'Brien. We had in fact identified the gap at weekends referred to by Mr O'Brien but were unable to do anything about it until the renovations were completed thus giving us an additional room for a member of staff to sleep in. Since the renovations have been completed there are now 3 members of staff sleeping in over the weekend in recognition of the long waking day. Work on the rotas continues and there are particular difficulties because, as we have flagged up in monitoring reports in recent years, there is an identified shortfall of staff of approximately 3 care staff. However, I am reluctant to increase the level of staff in Fort James at a time when we are attempting to reduce the overall occupancy level and we are looking at a number of options for staff rotas within current resource constraints. However, it is fair to say that a core rota in residential care does not always give a good reflection of the numbers of staff on duty at any given time and we attempt to build in sufficient flexibility to bring in additional staff to meet particular demands and also to cover for staff leave and sickness. It is worth noting that there is no money in the budget to provide for cover for sickness and annual leave and this is an extra complication that has to be taken into account with devising a rota.

Recommendation 7:

The arrangements for supervision of the young people sleeping in the home during the night should be reviewed.

It is difficult to envisage how we could improve the level of supervision throughout the night without introducing waking night staff and within current resources this would not be possible. As I indicated above, we have rostered in an additional member of staff over the weekend and in the past we have also considered the introduction of alarms to let staff know when children have left their bedrooms. We decided not to pursue this course of action because we thought it overly intrusive and possibly not effective. You will recall that I did in fact discuss this proposal with you some considerable time ago. However, it is fair to say that since the renovation of the building and the introduction of single bedrooms, the problems concerning supervision to which Mr O'Brien referred have been somewhat reduced though in an ideal situation it would be impossible to guarantee 100% security even in a

purpose-built facility. Staff attempt as far as possible to take every step to ensure that supervision is adequate and meets the needs of the children in their care.

Recommendation 8: Formal staff supervision arrangements should be revised if necessary and fully implemented.

We would maintain that formal supervision has always been provided in Fort James and would acknowledge that there would appear to be a problem created by individual supervisors and supervisees keeping their own records of supervision. These were not always recorded in the central register and steps have been taken to ensure that all supervision sessions are properly recorded in the central register. We made the point to Mr O'Brien that FJ 33 the former Officer in Charge, introduced a good system both of individual supervision and staff development forums which helped greatly during the difficult period which Fort James has experienced in recent years.

Recommendation 9: The approach taken to the care and supervision of the young people in the independent units should be reviewed.

I pointed out to Mr O'Brien when I met with him on 23 September 1991 that we had in fact initiated a review of the semi-independent living flats prior to FJ 33 departure in August 1990. This was put into abeyance for some months following his departure. We have accepted for some time that we should move away from the concept of semi-independent flats to a supported living context and this idea is being incorporated into the review that is currently being carried out to meet the demands of young people prior preparing for leaving care and the provision of after care support in the light of the Hughes Recommendations. Moreover as I have indicated above, the Children Order will have some specific things to say about after care provision.

I would take exception to some of the comments he made about Fort James not providing a safe, stable environment in which children could develop and reach their full potential particularly since at the same time he pointed to the valuable work being undertaken by staff in the home. From my own contact with staff in the home during this period, I have no doubt that the problem was that, because of the particular difficulties experienced in relation to the type of resident in the home and the number of emergency admissions, they were unhappy that there was insufficient stability to undertake good quality work at the depth to which they were previously accustomed. However, much good therapeutic work with young people was going on. In addition, many of the major problems emanated from outside of

Fort James caused by the intrusion of local youths on to Fort James property. I have referred to the steps taken to address this in my letter to Mr O'Brien dated 6 September and to date the work undertaken by Extern has been very beneficial in reducing the number of incidents that were previously a significant problem. In fact to my knowledge this is not an issue at the present time.

Recommendation 10: The Board should give urgent consideration to the suitability of its present location of the home.

You may recall that some considerable time ago I shared with you a conversation I had with Mr Denis O'Brien on this subject. I have great reservations about this recommendation not only because of the many practical difficulties but also because in the future the residential component in Fort James may significantly reduce and we will need a family support type of facility in that area to service the local community.

Recommendation 11: The advise of a dietician/nutritionist should be sought on the suitability of the meals provided in the home.

I understand from TL 4 APSW, that the revised menus for the home have been drawn up after consultation with the dietician from Altnagelvin Hospital. I understand that to provide these menus requires a variation of the contract with Gardner Merchant amounting to an additional £5,500 per year.

Recommendation 12: Consideration should be given to employing a security services to patrol the grounds and to check the buildings during the night time.

This proposal was examined 18 months to 2 years ago following one of my management audit reports. We have used the Police on numerous occasions and the problem is that intruders see Police arriving on the scene, can easily hide in the grounds of Fort James and lie low until the Police leave. It is not my belief that a security service would provide any additional level of security. For that reason we considered the employment of a night watchman type of person but felt that this might only attract the attention of some of these youths and perhaps put a watchman at some personal risk.

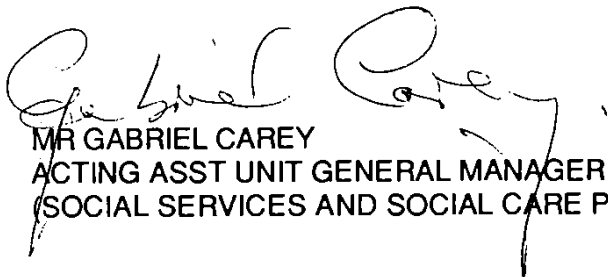
I would wish to refute the comment made by Mr O'Brien in paragraph 11.2 that "intruders... have also attacked staff who tried to expel them from the premises, seemingly with impunity". The fact is that only one assault on staff took place by outsiders and they have subsequently been convicted in the courts. Moreover, as I have indicated above, we use Extern to engage some of these young people who were

presenting such problems and the project that was initiated has been quite successful in that incidents of this nature are now virtually non-existence.

I have deliberately dealt in some detail with these recommendations because I have great reservations about the content of the report and some of the conclusions to which Mr O'Brien has come. The report does not take account of the context of the overall situation which I and TL 4

TL 4 attempted to convey to him on at our last two occasions nor does it recognise that management were aware of some of the difficulties and had initiated steps to address these issues. Mr O'Brien's does acknowledge this in his letter of 29 October 1991 and indeed indicates that he was reassured by his discussion with me. I believe that had these points been reflected in the report that it would have given a more balanced picture of Fort James. I would certainly accept that we experienced particular difficulties in Fort James but would maintain that all levels of management have taken whatever steps they could to address them.

I hope this information is of assistance to you.



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

enc

cc TL 4 APSW
Mr John Doherty, A/PM

**FOLLOW UP INSPECTION REPORT
OF
FORT JAMES CHILDREN'S HOME
DECEMBER 1991**

FOLLOW UP TO INSPECTION OF FORT JAMES CHILDREN'S HOME

INTRODUCTION

- 1.1 Fort James children's home was inspected by the Social Services Inspectorate during the week beginning 14 January 1991 and the inspection report was issued on 31 October 1991. On 23 January 1991 the inspector involved met with the Assistant Unit General Manager (acting) with responsibility for social care and advised him of his preliminary findings at Fort James. Specifically he expressed concern about the condition of the premises, the management and staffing arrangements, the frequency of untoward incidences at the home involving youths from a nearby housing estate and other difficulties arising for staff and residents because of the home's location.
- 1.2 The inspector was reassured by the response of the Assistant Unit General Manager who acknowledged most of the problems and shared his plans for tackling them. He disclosed that, following a visit to the home by the Unit General Manager, approximately £60,000 was to be made available for adaptations to the premises and that the Extern organisation had been asked to engage young people living in the immediate vicinity of the home in a programme of constructive activities. The inspector was informed about some of the developments made over the following months by correspondence and through discussion with the social services staff.
- 1.3 However, it was decided by the Social Services Inspectorate to follow up the inspection to establish what progress, if any, had been made with resolving the problems found in the home at the January inspection. This process involved a meeting on 17 December 1991 between the Unit General Manager, the Assistant Unit General Manager (acting) and 2 representatives of the Social Services Inspectorate ie an Assistant Chief Inspector and an Inspector, following which a visit was made to the home. The inspector remained there into the evening and returned the following morning to assess progress made with implementing the recommendations in the inspection report. Each of these is set out below with comments as appropriate:-
 1. The aims and objectives of Fort James should be reviewed by management.

There is an ongoing review of the future structure of children's homes provided by the Western Board following the agreement reached at Social Work Staffs Joint Council for the grading of residential child care staff (Hughes recommendation 6). This provides for team leaders "based on the model of a team of staff caring for a small group of children usually around 10". The specific structure and gradings was to be a matter for local agreements between management and staff. Consequently, in July 1991, following an examination of the admissions and discharges from Fort James in recent years, proposals were put to line

management by the home's staff. These involve the home moving ultimately in the direction of a resource centre for adolescents providing for short and long-term admissions, and a leaving/aftercare service on a residential/day care basis. These proposals have been considered by management and accepted in principle. A review of the home's aims and objectives is part of the overall package.

2. Management should take whatever steps are necessary to make the interior of the home suitable for the accommodation of children.

The inspector was advised in January 1991 that adaptations were to be made to the premises and this was recorded in the inspection report (para 11.2). Since then approximately £77,000 has been expended on renovations mainly to the interior of the main building. The ground floor living rooms have been refurbished with the painting and decorating undertaken by the residents and staff. All of the double bedrooms on the first and second floors have been adapted for single occupancy and some new furniture provided. Most rooms have locks on the doors and it is the home's policy to keep them locked when they are not in use. The young people were involved in choosing the colour schemes for their own bedrooms. As far as is practicable the boys and girls are accommodated on separate floors. The second floor toilet has been converted to a full bathroom including a cabinet shower. Aside from making a general improvement to the ambience of the home's interior, the adaptations have aided supervision of the residents and restricted their movement about the facility. Management and staff feel that there is a higher level of commitment to maintaining the home in good order with a consequential reduction in vandalism. The number of places available for residents in the main house has been reduced to 15 ie one place less.

There has been one change of use to the flatlets located to the rear of the home. The former training flatlet has now become an office space for staff working in support of the leaving care/aftercare group of young people. It also provides a common area where staff and residents can socialise or meet formally if this is desirable.

New hardwood front doors and frames have been fitted to the main building and the adjacent bungalow.

The inspector was impressed by the adaptations made to the home and noted the positive attitude taken by the current residents to their accommodation. It is suggested that locks are also provided for the doors to the 4 single bedrooms on the first floor.

3. The Board should implement the recommendations made in the 1987 report of the Health and Safety Inspectorate of the Department of Economic Development.

This recommendation was made prior to the adaptations being carried out to the home. However, the inspector was advised that the consulting architect had failed to meet the health and safety standards required by the Inspectorate for the Department of Economic Development. The Board has set aside £20,000 to put this work in hand. The Department's Child Care Branch will be writing to the Department of Economic Development to seek further information about this matter, but it would appear that fire approval documentation has not been issued in respect of Fort James.

4. It is recommended that the Board reviews its policy of using contract caterers in its children's homes.

The inspector was told that there have been some improvements in the catering service but negotiating for these has taken up a disproportionate amount of management's time. Some of the problems stem from inadequate contract specification which may be resolved when it is due for renewal in October 1992. Nevertheless, the Unit General Manager and social services staff appear to agree in principle with this recommendation but feel that this matter requires the approval of the Board and the General Manager.

5. The policy of having staff "act up" to fill senior staff vacancies should be reviewed.

As referred to above the Social Work Staffs Council promulgated new arrangements for "an effective and efficient residential child care service" on 16 May 1991. These involve both grading for salary purposes and a new organisational model for residential homes including a revised staffing structure. In effect the existing officer-in-charge grade has changed to team leader and deputies are to be phased out over a 5 year period. This structure is recommended for a 10 place home but there is provision for locally negotiated agreements about the structure for larger homes. Fort James falls into this category and representatives of the Western Board and of staff's side have met to discuss future arrangements there. While no agreement has been reached it is known that management takes the view that qualified or experienced residential social workers "who are deemed suitable" may undertake a co-ordinating role in the absence of a team leader. It would appear therefore, that the current "acting up" arrangements will be phased out once a new structure is agreed for the home.

6. A review of duty rosters is required to ensure there is better staff cover in the evenings and at weekends.

The duty roster has been changed to provide 3 staff (formerly 2) on duty until 1.30 am on Saturday and Sunday

mornings. All 3 staff sleep in overnight and are "on call".

7. The arrangements for supervision of the young people sleeping in the home during the night should be reviewed.

As stated above an extra staff member sleeps in on Friday and Saturday evenings when the young people are allowed to stay up late. However, the inspector still feels that the Board should make a full review of the arrangements for their supervision during the night for the reasons set out in paragraph 4.10 of the inspection report. The review of the flatlets, referred to under recommendation 9 below, would be an appropriate vehicle for this purpose.

8. The formal staff supervision arrangements should be revised if necessary and fully implemented.

Since the inspection the acting officer-in-charge has undertaken a 3 day training course on staff supervision. Subsequently she devised and introduced an improved system for recording staff supervision. This was introduced at a recent staff meeting where supervision was the main topic for discussion. A copy of a pro forma to be used is attached to this report.

9. The approach taken to the care and supervision of the young people in the independence training flatlets should be reviewed.

A working party on 'leaving care', chaired by the Assistant Principal Social Worker (specialist child care services) and comprised of 5 of the home's staff and a representative of the Extern organisation, has met on 5 or 6 occasions to review the use of the flatlets in the light of experience and the proposed restructuring of Fort James.

10. It is recommended that the Board gives urgent consideration to the suitability of the present location of the home.

From the records held in the home it was evident that there has been a significant reduction in serious incidents involving staff or residents and local youths. This was one of the main areas of concern highlighted in the inspection report. Senior staff believe that this is due to a large extent to the work initiated by the Extern organisation with young people living in the home's vicinity.

The unit general manager foresees dependence on larger children's homes reducing over the next 5 years. In such circumstances Fort James would not exist in its present form or size.

11. The advice of a dietician/nutritionist should be sought on the suitability of the meals provided in the home.

Specimen menus for Fort James were submitted to the Board's chief dietician for comment. She recommended fresh fruit daily for all the residents and preferred a new menu, providing 9 cook/freeze meals over a 3 week cycle, to the existing menu which provided 25 cook/freeze over the same cycle. In addition she made the following comments:-

"Apart from its nutritional value, food has a therapeutic and educational role which should not be overlooked.

Primarily the function of a children's home is to provide a homely environment for the children and to prepare them for independent living when they leave care. Because some or many of these children have not experienced home cooking it should be considered an essential part of their programme that they at least see food being prepared, and cooked, and not just lifted out of the souless, square, tinfoil box day after day. I would consider it important that the children, in turn, prepare simple meals under supervision otherwise how can they be expected to cope with housekeeping, budgeting and healthy eating when they leave care.?

The nutritional requirements of a healthy teenager at a maximum period of growth are vastly different to those of an ill patient and it is unrealistic to cost each the same."

12. Consideration should be given to employing a security service to patrol the grounds and check the buildings during the nighttime.

Management advise that consideration had been given to employing a security service in the past. However, as there had only been one reported incident within the grounds in recent months, the matter was not being addressed for the time being.

CONCLUSION

- 2.1 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.



MONITORING STATEMENT
APRIL 1991 - MARCH 1992

FORT JAMES CHILDREN'S 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 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 Foyle Community 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.

During the monitoring period there was a bed occupancy level of 94.2% (based on recognising that not all four flats were in use at all times because the young people in the unit were not ready to start preparation for independent living).

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. 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 five mornings each week. In addition, the third wing has been refurbished to provide accommodation for use primarily by Extern West who provide a range of support services for young people both in the community and in care. 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. Towards the end of the monitoring period, the bungalow was used for cooking and dining, while the main kitchen and dining-room were undergoing extensive refurbishment.

The main building provides accommodation in general circumstances for 14 children within its 3 storeys. The accommodation available at the end of the monitoring period 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: 8 single bedrooms
2 staff sleeping-in rooms
4 bathrooms
- (iii) Second Floor: 6 single bedrooms
1 staff sleeping-in room
1 bathroom

During the monitoring period extensive capital work costing approximately £77,000 was carried out to improve the sleeping accommodation for the residents. The conversion of 2-bedded rooms to single bedrooms has greatly improved the privacy available to residents. In addition, an extra staff sleeping-in room was provided to accommodate the need for an additional member of staff on sleeping-in duty at weekends. Towards the end of the monitoring period extensive refurbishment work was begun on the kitchen and dining room areas of the main unit which will improve the situation in terms of both accommodation and adherence to new food hygiene regulations.

As well as the major capital works expenditure, there is an on-going effort by staff to ensure that a programme of maintenance and re-decoration meets the needs of the unit and to replace/repair furniture and equipment, thus maintaining as homely an environment as possible.

3. ADEQUACY OF STAFFING LEVELS

Following the regrading of residential staff, Fort James now has a staffing establishment of 2 Team Leaders and 13 Residential Social Workers. On-going negotiations will determine the structure of the two teams although this is likely to be:-

- | | | |
|--------------------------------------|---|--|
| A. Team in the main residential unit | - | 1 Team Leader and
10 Residential Social Workers |
| B. Leaving Care/
After Care Team | - | 1 Team Leader and
3 Residential Social Workers |

Based on Castle Priory guidelines which are regarded as dated, and using a staff:child ratio of 1:4, the staffing establishment of Fort James should be 18.53 staff, indicating a shortfall of 3.53 care staff. A more recent residential manpower planning exercise devised by the Wagner Development Group shows a more significant shortfall of 7 staff.

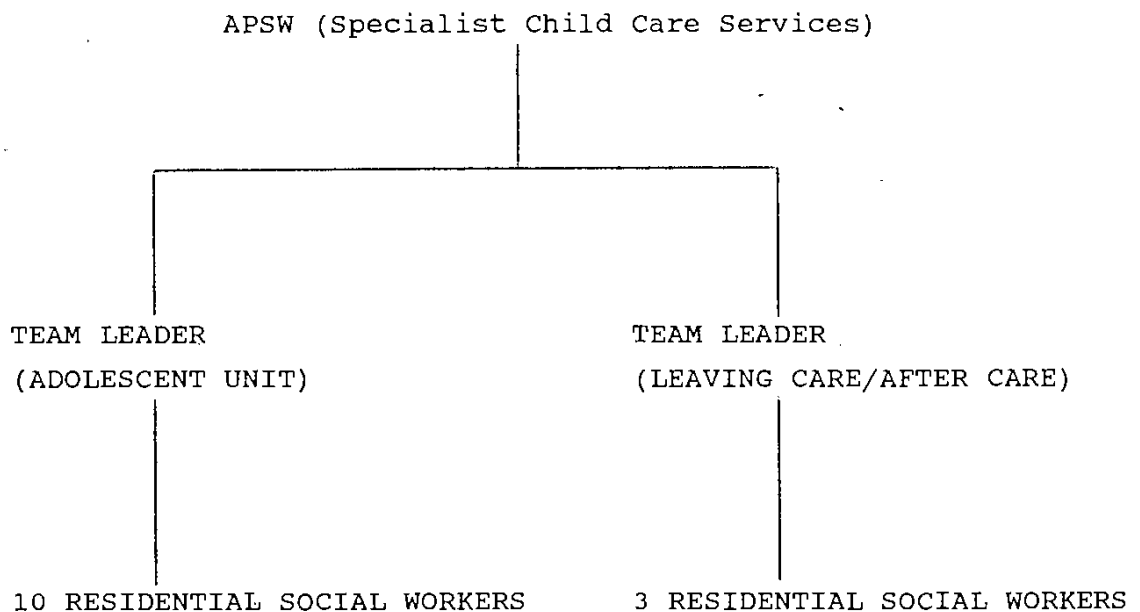
The current situation in relation to qualified staff within Fort James is as follows:-

- Team Leader - vacancy (to be filled by a qualified Social Worker)
- Team Leader - qualified
- 7 Residential Social Workers (Qualified) including 1 with CRCCYP which offers Personal-to-Holder protection
- 2 Residential Social Workers (Unqualified) currently undergoing professional training
- 4 Residential Social Workers (Unqualified)

The situation shows an improvement during the year in the number of qualified staff and will be further improved when those staff undergoing professional training return. This remains in keeping with the aims identified by the DHSS that Boards should attempt to achieve a service in which all residential social work staff are qualified.

5. ADEQUACY OF STAFF SUPERVISION AND SUPPORT

The existing structure of supervision will be replaced in the new structure following regrading as follows:-



Efforts are made to ensure that formal individual supervision takes place at a frequency determined by the needs of an individual staff member. Recognising that informal and team supervision are regular features of residential and staff support, it is expected that formal individual supervision would occur at least every two months. During this monitoring period, the Unit of Management is satisfied that this level of supervision was provided although recognising that the frequency may be reviewed if the Residential Social Worker role is enhanced to include statutory responsibility.

9. EACH CHILD HAS THE RIGHT TO BE PROTECTED

STANDARD

"Children are among the most vulnerable members of society: they are liable to abuse, exploitation and deprivation. The previous life experiences of many children in care have exposed them to increased risks of victimisation. They have the right to expect and receive protection from within the child care system".

9.1 Source of Information:

- o children's case files and daily files;
- o the untoward incident file and complaints file;
- o discussion with staff and children;
- o children's completed questionnaires.

9.2 Findings:

- the supervision of young people in Fort James is difficult given the lay out of the building. This fact is acknowledged by staff, the Board's manager and has also been noted in previous Inspection Reports.
- problems have been noted from time to time regarding young people entering other bedrooms during the night. In December staff noted that young people were using the pipes in the home to tap out messages to others;
- while some young people have been found during the night in bedrooms other than their own it would appear that often this behaviour goes undetected. For example, during December 1993 one young person was found hidden in the divan base in another's bedroom. On investigation these boys admitted being in one another's room during the night on other occasions;
- waking night staff were employed for approximately 2 months early in 1993 given the risks to which one young person was placing herself and others. The issue of re-employing waking night staff is again under consideration given the nature of the December 1993 incident;
- on admission in August 1993 one young person was noted as possibly having problems regarding his sexuality. While this information was available at the admission meeting it did not appear in the documentation for the initial review convened one month later, nor does it inform the care plan currently on file;
- in one other file the inspector noted that an adolescent claimed she was pregnant to one of the other residents. From discussion with staff

10. EACH CHILD HAS THE RIGHT TO AFTER-CARE PROVISION

STANDARD

"Young people have the right to after-care provision tailored to meet their individual needs and expectations. The transference of learning and skills from residential to community living requires a bridge of supporting services to ensure a smooth transition to independence".

10.1 Sources of Information:

- o sample of case-files of young people living in the independent unit;
- o discussion with staff and young people;
- o completed questionnaires.

10.2 Findings:

- within Fort James there is a leaving and after-care project which enables young people to move from the main unit to independent flats on site prior to moving to their own accommodation in the community. Appendix 2 sets out the Draft Policy Document for the Leaving and After-Care Project;
- at the time of the inspection two 17-year old girls were resident in the flats and 21 young people were receiving after-care support in the community. Some of the after-care young people have not been in residential care but may have been fostered or known to social services prior to referral to the after-care team. All work undertaken is planned at a referral meeting prior to the young person's admission to the project. Currently no referral format exists, the Team Leader feels this is an important way of collating information to form the basis of work with the young person and is currently devising a referral form. The leaving and after-care staff make contact with the young person prior to convening a referral meeting. At this meeting the roles of each worker are clarified, tasks are set and the beginnings of a contract of work can commence with the young person. A case co-ordinator role is established as a way of co-ordinating the work of the various agencies involved with the young person and as a communication channel;
- most of the young people worked with in the community are unemployed, although 3 are still in full-time education;
- the level of visiting is planned to meet the individual needs of each young person, although inevitably staff resources are instrumental to the amount of work which can be undertaken;

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).

10. Health and sex education programmes should be available to each young person either delivered on an individual or group basis. Care plans should also address issues of sexuality, sex education and self-protection. (Paras 6.3, and 9.3).
11. Residential staff should have access to a regular consultancy service from the Board's Adolescent Psychiatry and Psychology Services. (Paras 6.3, 9.3, and 11.3).
12. Staff should receive training on the management of solvent and/or drug abuse. A proportion of staff should also be First Aid trained. (Paras 6.3, and 9.3).
13. The menu should take account of the likes and dislikes of young people. The routineness of a 3 week rotational menu and young people's perception of 'cooked/freezeed' products should also be addressed. (Para 6.3).
14. Staff should be pro-active in their use of case records to ensure young people are kept informed of details about their life and reason for care placements. (Para 7.3).
15. The range of sanctions currently in use should be reviewed. Young people should be encouraged to discuss and negotiate the home's rules and routines and matters of concern through the operation of a system of regular house meetings. (Para 8.3).
16. Consideration should be given to fitting mechanical alarms on bedroom doors to assist with the night-time supervision of young people. (Para 9.3).
17. All incidents of restraint should be recorded and filed in a manner which makes accessing them easy. These records should be subject to managerial monitoring and evaluation. (Para 9.3).
18. Consideration should be given to providing respite care facilities for after-care young people who are experiencing difficulties coping within the community. (Para 10.3).
19. Consideration should be given to the provision of a consultancy and support service for staff experiencing difficulty coping with their duties either due to personal stresses or the threat or perceived threat they experience within the work setting. (Para 11.3).
20. The Team Leaders should receive regular, formal supervision from their line manager. (Para 11.3).
21. The practice of employing temporary staff with no experience or qualification within the residential sector at times of considerable disruption should be reviewed. (Para 11.3).
22. With regard to complying with statutory regulations the following recommendations are made:
 - (i) the monthly monitoring report should provide pertinent comment on professional and care issues (Para 12.2, 1st tiret);

- (ii) the Board should clarify for the Board Member expectations regarding his role within the monitoring arrangements for residential care (Para 12.2, 2nd tiret);
- (iii) the fire precautions and recording systems within the home should be reviewed. Recommendations made by the Health and Safety Inspectorate and Northern Ireland Fire Authority regarding smoke detectors should be complied with immediately. Young people should also receive regular fire instructions from the Board's Fire Safety Officer (Paras 9.3, 12.2 6th tiret);
- (iv) visiting facilities for family and friends should be reviewed and upgraded (Para 12.2, 8th tiret);
- (v) all statutory records should be bound and signed quarterly by the Board Member (Para 12.2, 11th tiret);
- (vi) the complaints register should be bound and subject to regular monitoring by the Visiting Social Worker and the Board Member (Para 12.2, 12th tiret);
- (vii) the home's managers should establish a system to monitor social work visits to children in care, the information from this process should be monitored by the visiting social worker and used to inform the monthly monitoring report (Para 12.2, 13th tiret).

Ministry of Home Affairs

Reg. No.

TC 336

1968

Papers from Year 1952 to 1971

1971

Former File No.

PC 332 - Training
 S. 332 - Standards of
 Accommodation

Children & Young Persons Act (NI) 1968
 STANDARDS OF
 ACCOMMODATION IN
 CHILDREN'S HOMES

REFERRED TO	DATE	REFERRED TO	DATE	REFERRED TO	DATE	REFERRED TO	DATE
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W.	19/5/71	Miss Forrest	2/10/72
PC	24/5/71	CW	2/10/72
DA	27/5/71	Mr. Williams	
PC	1/7/71	M. H. H. S.	3/6/72
PC	1/7/71	Mr. Poulter	5.8.72
PC	9/7/71	Mr. Kitchin	4/9/74
PC	9/7/71	Mr. Toller	5.9.74
PC	19/7/71	Mr. Poulter	18/10/74

CHILDREN & YOUNG PERSONS ACT
 (NI) 1968
 STANDARDS OF ACCOMMODATION IN
 CHILDREN'S HOMES

BP 336/71

PC	19.71	Miss Forrest	22.10.74
PC	2/7/71	Mr. Poulter	24/10/74
PC	7/7/71	Mr. D. Thompson	24/10/74
PC	7/7/71	B.6 Work Unit	24/10/74
PC	13/9/71	Mr. D. Thompson (B.6)	25/10/74
PC	16/9/71	Miss Forrest	12/11/74
PC	16/9/71	Mr. D. Thompson	24/11/74
PC	17/10/71	B.6 Work Unit	
PC	17/10/71	Mr. D. Thompson	16/12/74
PC	17/10/71	Work Unit	17/12/74
PC	30.11.71	Miss Forrest	22/1/75
PC	15.11.71	MR. KITCHIN	10/3/75
PC	15.11.71	Mr. K. Poulter	5.1.79
PC	30.11.71	Child Care	5.10.87
PC	30.11.71	PC	6.10.87
PC	29.11.71	Child Care	18 JAN 88
PC	10.12.71	Gen. Reg. M.	29.1.88
PC	12.12.71		

PUBLIC RECORD OFFICE
 OF NORTHERN IRELAND

OPEN
 TO
 PUBLIC

FOR CLOSURE DATE STAMP

CLOSED

YEAR OF FIRST PAPER	1952
YEAR OF LAST PAPER	1971
FIRST REVIEW	1981
SECOND REVIEW	

Public Record Office of Northern Ireland

HSS/34/16

ACCESSION

DR10/03

Files Annexed:

d. No.

336

C.W. copy for you, but you must supply
our missing glass! KSC

Home	Age range	Person Members	Personnel with S. H. generator	S. H. generator in center of living room	Plumbing	Emergency lighting	Emergency Heating	Boating	Comments
Childhaven	2-15	25	Yes		Emergency shut control	✓	Oil fired	changing to electric boiler	Some problems with generator not cutting in when power out - Water Unit advising
Altavilla	0-4	35	Yes	Being installed now	Own handymen & supplier in through	✓	Oil fired	2 electric boilers in house for steam in basement & bottled gas stove	
St. Joseph's Home	0-5	80	→	Technical, not installed yet	Will require shut control	✓	Oil fired	Exhaust stack fixed	Amy has helped out in past from cuts & proximity to Niagara Lodge means medical help available
2 Dublin	0-12	35	No	→ Yes, on way					Plumbing of information & electrical wiring. Will have night supervision of risk fire disaster hit water. Generator will provide electricity & lighting but not heating. Probably not much to tell you. Station in condition to some open drive.
Revere	9-16	80	No				Open fires in main house & hall	normally electric, some bottled gas - cookers	Vaguely considering S. H. generator of small type
Niagara Lodge	3-12	70	No				oil lamps	bottled gas fires for each group	On some campers at St. Joseph's Home, no they are off and on other some help.
Victoria Home	2-16	30	No				2 Tilley lamps & 1 kerosene	1 color-gas fire 1 open fire	There are other lampers not detailed.
Victoria Hostel	15+	15	No				will obtain long tubes	1 open fire	On some ancient as City Hospital, so have never used a pump out. Smoke but water from solid fuel fire.
Thameside (w-l in the 1 year old) + Tilley House	0-14 2-5	20+ 15	No No				lamps & candles & kerosene	2 open fire - 1 step frame	There is also a meeting unit. Because of this & the size of the complex, presence of other young ladies, interference of Tilley House - there, then Home much, strongly generator to maintain electricity & light. Last time had to take me to City Hospital, worked in hospital - very smoothly.
Johnston Road	5-17	21	No				candles; will get oil - lamp & kerosene	no alternative to oil fired heating	Old fireplace blocked. Have applied for grant for generator since my visit!
Conway Lodge (Kew Gardens)	0-18	12 + 3 boys adults	No				Tilley lamps	1 gas fire 1 open fire	Demolished HQ, N.1 has since provided. - some small gas lamp, 2 day spare candles, & 3 small 2.5 kw. gas cookers. 1 with gas (oil 2 with 2 burner 1 with 4 burner & gas)

Home	Age/Longevity	Permitted to Gems	Gems by hand	Emergency lighting	Emergency lighting	Looking
Thompson Home (4000 S. P. Home)	5-18 60	No		oil lamp for candles	no candles & oil fuel	usually tangerine; don't hold in dark
Good Shepherd Bible School + Roseville Mission & Union + Roseville Hotel	0-18 25 (But see comment)	No		candles, will get oil lamp	no candles & oil fuel	one usually tangerine; 2nd hand tangerine candles of 1 solid fuel stove
Hopkins Hotel Union Station	0-3 14	No		5 lights powered by battery charged when power is on plus candles	Normally oil fuel plus night storage batteries	don't go monthly 2: killed gas small stove
Town Lodge (Barnes)	15+ 9	No		cutting 3 large gas lamps + 3 large oil lamps	Electricity 25 lb cylinders killed gas Normally burn gas	2 x 2 burner killed gas cookers
Windsor Ave. P. Home & Union Station & Union Mission & Union				4 cylinders & lamps	3 large killed gas batteries (25 lb cylinders)	2 killed gas cookers (2 burner)
San Antonio Spring Mission	8-18 25	No	[Sullivan A.B. lost in dark gemstone]	←	usually oil fuel candles	solid fuel
Plains Home Kitchen	4+ 20	No		oil lamp for lighting in dark (10 lbs)	only 2 gas fires, one gas in in kitchen 4 in in staff kitchen	usually tangerine also solid fuel for gas
St. Joseph's Church Springfield						
Good Shepherd Mission & Union Station & Union	0-18+	No				

Would need gemstone to maintain oil fire, looking for old
people to buy.

Very few tangerine, but above some old people seem to need
small gemstone at least to keep their gas. No gas
from anywhere. Mother has not asked for advice
in gemstone. This complex contains about 150
gemstones, 50 at least quite old & many more over 60.

Most taken over gemstone, which is a fight as in dark,
2 candles, 2 batteries & night storage (batteries in air - some in
ground; day storage unit night & day) Burn for 2 times.

Barnes has been supplied with. All Barnes kitchen till to
keep 4 week supply tangerine food.

This is Barnes' most serious concern because of tangerine & the fact
that mother need supervision.

Sullivan A.B. lost this home a while gemstone - mainly because of
old people home also. This can be done again, very large, but
might be more difficult in general emergency?

Thompson Mission will approach this & by Thompson as emergency
looking after also cooking as gas - "independent"

No repairs made here, as it is almost entirely abandoned.
A few A.B. children accommodated with tangerine.

During Spring 1940, Sullivan A.B. lost a gemstone & probably
lost so 20 years although a new gemstone white and night storage
more urgent elements elsewhere. I think they are very emergency
supplies.



Government of Northern Ireland

MINISTRY OF HOME AFFAIRS

~~Stranmillis, Belfast, BT4 3SU~~

Telegrams Homaff Belfast

Telephone Belfast ~~6500000~~
650111MINISTRY OF HOME AFFAIRS, N.I.,
DUNDONALD HOUSE,
UPPER NEWTOWNARDS ROAD,
BELFAST. BT4 3SU.The Secretary of each
Voluntary OrganisationPlease reply to The Secretary
Your reference

Our reference TC/336

Date
12th November 1971

CIRCULAR No. 8/71.

Dear Sir

Attached for your information is a circular which the Ministry has issued to each Welfare Committee recommending that consideration be given to the provision of stand-by generators in Residential Nurseries and those Children's Homes which accommodate very young children.

Modern central-heating systems while usually reliable can break down either through technical trouble or because of the withdrawal of the source of supply and a strike or work to rule can disrupt supplies at short notice. The increasing frequency of industrial action and the risk of sabotage to public services in the present political climate are other factors which the Ministry considered.

Obviously the desirability of having an alternative source of supply applies equally to Voluntary Homes and in accordance with Section 152(1) of the Children and Young Persons Act the Ministry will be prepared to consider applications for grant where the provision of stand-by generators is considered advisable.

Yours faithfully

ENC

EG

Ministry of Home Affairs

Box 4

Reg. No.

1973

Year

File No.

Children & Young Persons Act

Capital Projects.

Arrangements with the Ministry of

Social Services Works Unit.

REFERRED TO	DATE	REFERRED TO	DATE	REFERRED TO	DATE	REFE
ew	5/11/73					
By L.A.	5.1.74					
Child Care	31.10.83					
General Reg.	1/11/83					
CHUDCO	16.12.84					
Gen Reg. P.P.	17.6.84					

Public Record Office of Northern Ireland

HSS/34/25

ACCESSION

DR10/03

PUBLIC RECORD OFFICE
OF NORTHERN IRELAND

2008
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TO
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C&YP ACT NI 1968
CAPITAL PROJECTS
ARRANGEMENTS WITH MINISTRY OF
HEALTH & SOCIAL SERVICES
WORKS UNIT

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VOLUNTARY ORGANISATIONS - CAPITAL SCHEMES

Rubane

Provision of playhall (70' x 54') at a cost of £72,000 plus fees (100% grant). The playhall will be of the "Clearspan" type, supplied by Munster Simms. Building work started 28 October 1974 - 4 month contract. Incorporated with the playhall - Dressing rooms, Games room, T.V. room etc. Payments to date £31,308 - 88 (including advance payment of £20,000.)

Childhaven

Provision of staff accommodation. 75% grant offered on approved tender of £50,000 plus approved fluctuations and professional fees - 9 month contract. Building work started October 1974 and should be completed by June 1975. Payments to date £9124-50.

Glendhu

Alterations to hostel, involving external and internal improvements, electrical rewiring, and the installation of new electrical heating, are in the process of being carried out. Contract to cost £46,000 plus fees (75% grant). Building work started November 1974 - 4 month contract. Payments to date £20,957-40 (including advance payment £20,000)

Good Shepherd, Londonderry

Hostel improvements scheme, involving kitchen renovations and the lowering of ceilings so making the bedrooms more homely, almost completed. 75% grant offered - Departments share £12,000 approx. Payments to date £5450-65.

Thorndale

Improvements to Mother and Baby Hostel completed in November 1974. 75% grant applies on figure of £23,000 approx. Payments to date £12,442-60.

Victoria Homes

Provision of a recreation hall (Dorphen type construction), garage and minor alterations to main house at a cost of approx £16,000 - 75% grant applies. Work started October 1974 and was completed in January 1975. Payments to date £8550.

Nazareth Lodge

Adaptations to the home, including the provision of new smaller bedrooms, fire precaution work etc., at present under way. Work started 3 December 1974 - 2/3 month contract (75% grant). Cost will be in the region of £10,000 including fees - 75% grant. Nothing paid to date.

St Joseph's Babies Home

Improvements to the home involving the partitioning of rooms, the provision of new cupboards, play area, garage etc at present under way. The contract should be completed before April 1975 - 3/4 month duration. Cost - £14,000 including fees - 75% grant applies. Nothing paid to date.

Our Mother of Mercy, Newry

A new childrens home which will cater for 25 children is to be provided at Our Mother of Mercy, Newry. The scheme has been "in the pipeline" for a couple of years - drawings have twice been revised after examination by the Departments advisers. The latest estimate of the cost is £240,000 (including £27,000 fees). Tenders have not yet been invited and no money has been spent to date.

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Miss Jordan

Development Programme - Critical Analysis 1977 onwards.

Mr McDowell's minute of 28 May and yours of 29 May refer. I sent you an interim reply indicating that while we hoped to be able to supply the information requested in paragraph 4 of Mr McDowell's minute and paragraph 2 of your minute in a matter of days, it would not be possible to supply the information requested in your paragraph 3 for some weeks.

We have consulted the Works Unit and the schemes detailed below are likely starts in 74/75 to the value stated. We have not included schemes which might start given the necessary extra attention. Mr Smith of the Works Unit has indicated that there should be no difficulty in finding money for the "might" from further slippages in the capital programme in 74/75. Two projects have been included which have not been mentioned in the capital programme to date. I will give a full explanation in a later paragraph.

Starts in 74/75

Eastern Board

Girls Hostel	£30,000	}	(purchase of a large house adaptations & furnishing) (debt)
3rd Community Home	£30,000		
Marmion Children's Home, Holywood	£30,000		(Improvement Scheme)
2 Additional Community Homes	£100,000		
Total	£190,000		

Western Board

Completion of Fort James & Clarendon St	10,000
Total	£200,000

In addition £50,000 for the acquisition of sites for several schemes (Ballee, Newtownabbey, Bocoobra, Disturbed Adolescent Centre at Whiteabbey) has been transferred from the child-care part of the capital programme to the block fund for site acquisition. Our likely spending for 74/75 will be in the order of £250,000 ie £200,00 on works and the purchase of houses and £50,000 on the purchase of sites.

The need for two additional community homes in the Eastern Board area and specifically in the Belfast part of the Area is mainly due to the continuing civil disturbances and the increasing difficulties experienced by the Board in placing children in residential accommodation (statutory or voluntary). The 3rd community home mentioned in the capital programme for 74/75 was kept in reserve ie to be purchased when the need arose. Subject to the normal checks suitable premises were inspected last week and I hope that purchase will soon be under way. In a situation where accommodation has to be provided in a hurry so that the Department and the Eastern Board can meet their statutory obligation to children in care, the only answer in the short term is to purchase houses capable of

accommodating 12 to 14 children and the necessary resident staff, carry out minimum adaptations and bring them into use as the need arises. Fortunately there is no great difficulty in purchasing these larger than normal houses in the Belfast Area and the price is generally keen. I have discussed the need for making financial provision for two more houses with Miss Forrest (SWAG) and Mr Bunting (Assistant Director, Eastern Board) and we agree need.

The revenue consequences would be in the order of £18,000 for each home for a full year but as the homes would be likely to come into operation towards the end of the 74/75 year the revenue consequences for 74/75 are minimal.

The information requested in paragraph 3 of your minute will be processed by the Works Unit and built into the Department's capital programme. This will take some time.

W. Kirkpatrick

HSS14

12/6/74

Ministry of Home Affairs
Dundonald House
Upper Newtownards Road
Belfast BT4 3SU

Mr Wild

In a recent conversation with you I made mention of the Child Care Capital programme which Home Affairs currently hold in its PESC allocation. On a county basis this reads:-

	1973/74	1974/75	1975/76	1976/77
<u>Antrim County Council</u>				
Conway, Islandmagee	1,000	54,000	54,000	-
Reception/Assessment Unit	1,000	40,000	75,000	
<u>Belfast County Borough</u>				
Bawnmore	30,000	130,000	40,000	
North Road	15,000			
Palmerston Road	4,000			
2 Community Homes	75,000	15,000		
<u>Armagh County Council</u>				
Girls' Hostel, Craigavon		10,000		
New Home, Craigavon	20,000	60,000	50,000	
<u>Down County Council</u>				
Marmion	26,000	12,000		
New Home, Downpatrick	40,000	40,000	28,000	
Girls' Hostel	5,000			
<u>Londonderry County Council</u>				
Family Group Home		4,000		
<u>Londonderry County Borough</u>				
Fort James	15,000			
Clarendon Street Hostel	1,000			
Miscellaneous Homes		60,000	60,000	

233,000 425,000 307,000

To this programme should be added the agreed programme for Voluntary Homes as follows:-

St Joseph's, Termonbacca (50)	10,000		
Mother of Mercy, Newry (75)	10,000	70,000	20,000
Rubane, De La Salle, Kircubbin (100)	5,000	40,000	
Childhaven (100)	15,000		
Miscellaneous Grants	40,000	72,000	72,000

80,000 182,000 92,000

You may find it a useful exercise to draw this programme to the attention of the Directors at their next get-together. I will certainly be at your and their disposal if needed. I would merely add that the demands imposed on us by the Kiltonga exercise have resulted in the programme falling into slight arrears. This however may prove a blessing since some re-phasing of the programme may be envisaged by the Directors.

3yrs Bond £ 965,000
Vol Homes £ 354,000

313,000 607,000 399,000

£ 1,319,000

J. M. IRVING

2, August 1973

**FORT JAMES CHILDREN'S HOME
CHILDREN'S SAVINGS - LODGEMENTS**DATE: 23 December 1991NAME OF CHILDACCOUNT NUMBERAMOUNT LODGED**NORTHERN BANK**£ 0.00£ 0.00£ 25.00£ 9.00£ 5.00£ 0.00£ 2.70£ 0.00£ 2.00£ 3.00£ 8.00£ 1.75£ 5.00£ 4.00£ 2.00£ 7.00£ 10.00£ 0.00**ALLIED IRISH BANK**£ 49.64

72480001

£ 27.00£ **T.S.B.**

06533874

£ 0.00

WITH COMPLIMENTS



Glen River

Y · M · C · A

NATIONAL CENTRE

Please find enclosed a brochure on our centre in Newcastle. Included is information on accommodation options, activity/programme options, prices etc. If you require any further help, please contact me at any time.
Regards

Bookings Administrator

143 Central Promenade, Newcastle, Co. Down BT33 0EU. Tel: (03967) 23172

Please retain this section for your reference

YMCA National Centre
143 Central Promenade, Newcastle,
Co. Down, BT33 0EU
Telephones:
Greenhill: (03967) 23172
All Bookings: (03967) 23172

Name of Group: Fort James

Dates: From 20 April to 23 April

Accommodation: Dormitories/Leisure

Total Numbers: 42 Leaders 11 M 11 F

Total Deposit Sent: £150.00

ARRIVAL TIME
Visitors are asked whenever possible to arrive after 11:00 hours on Monday for a mid-week course and after 19:00 hours on Friday for a week-end course.

CONDITIONS OF BOOKING
Phone bookings are only accepted as provisional. A provisional booking will only be held for three weeks and then automatically cancelled.
We will not contact you unless an alternative booking comes up during these three weeks.
No booking will be considered to be confirmed until a completed booking form together with the appropriate deposit has been received by the Centre.
Deposits will be one-third of the total anticipated cost and are non-refundable once places have been reserved.
Statutory bodies should obtain their deposits through requisition orders.

YOUNG MEN'S CHRISTIAN ASSOCIATION

Registered Charity No. No. 714481

Received with thanks of £26 February 1992

Fort James the sum of one hundred & fifty pounds only

for Deposit re residential on 20/23 April 92

VAT Reg. No.	Rate	Amount
		£150.00

General Secretary

WESTERN HEALTH AND SOCIAL SERVICES BOARD
FOYLE COMMUNITY UNIT

Fort James Children's Home, 15 Ardmore Road, LONDONDERRY BT47 3QP
Tel: (0504) 41311

M E M O R A N D U M

TO: Mr J Doherty, A/Programme Manager
FROM: A/Deputy Officer-In-Charge
REF: cb/kmc
DATE: 05 06 1992
SUBJECT: HOLIDAY BUDGET ALLOWANCES
APRIL 1992 - END MARCH 1993

Regarding the Holiday Programme currently being planned for the young people resident in Fort James Children's Home, I am submitting, for your consideration and approval, an approximate costing of £1,463.00 to cover payment for individual and group holidays throughout the summer period and beyond. Proposals highlighting how this money will be spent are attached.

Additionally, I would also like to seek your reassurance that the annual sum of £500.00, which has traditionally been available to fund school holidays, will also be at our disposal in the current financial year.

A/D.O.I.C.

enc.

HOLIDAY PROGRAMME 1992 / 1993

			<u>COST</u>
KILLADEAS CAMP:	July / August	10 places available to the resident group at £20.00 per head per week.	£200.00
	July / August	5 additional places available for youth support group members at £20.00 per head per week.	£100.00
HOUSE IN PORTNOU:	01st - 08th August 22nd - 29th August	Provisional booking for group holidays to accommodate 6 children and 2 members of staff. Total cost to cover accommodation and electricity.	£290.00
INDIVIDUAL HOLIDAYS:	Dates To Be Confirmed	Scripture Union Camps x One Child.	£ 61.00
		Holiday in England x Two Residents.	£300.00
GREENHILL Y.M.C.A.	Easter 1993	Proposed holiday for 8 persons at £64.00 per person to include accommodation, food, outdoor pursuits and instruction.	£512.00

FORT JAMES – FINANCIAL DOCUMENTS

The Trust has in its possession, copies of receipts relating to spending, birthday/Christmas money as detailed below:

Name:**Year**

November 1990

November 1990

November 1990

November 1990

November 1990

(xmas monies) – no date

(xmas monies) – no date

(xmas monies) – no date

December 1990

December 1990

December 1990

December 1990

December 1990

December 1990

December 1990

December 1990

(xmas monies) – no date

(xmas monies) – no date

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Remittance Advice
(Payment by cheque)

Western Health & Social Services Board

W Foyle Community Unit of Management

Date: 14/12/90

Invoice Reference	Payment Details	Voucher Number	Amount £ p
XMAS		090512	504.67
Trader Number	AA6832	Cheque No. 003917	£ 504.67

FJ 23
FORT JAMES CHILDRENS HOME
ARDMORE RD
L'DERRY

FJH-7367

PUBLICATION	COPY	
Young People Leaving Care: Policy & Practice: Models Of Approach	£ 4.00	New Version not being updated yet.
The Children Act 1989: Implications For Older Children In Care	£ 1.00	Alison Blake
Young People Leaving Care: Report On A Consultation Promoted By First Key	£ 1.00	First Key 1991
Evaluating Services For Young People Leaving Care	£ 2.00	Nick Roberts 1991
Training Issues For Organisations Working With Careleavers	£ 2.50	Nick Roberts 1991
First Key/Department Of Health Commissioned Survey Of Local Authority Provision For Young People Leaving Care	£ 3.75	Nick Roberts/ Peter Money 1992
Leaving Care - From Research Into Practice	£ 2.50	Mike Stein 1993
Information Papers Theory Of Adolescent Development	£ 0.50	Nick Roberts
TOTAL COPY:	£17.25	

PAID with Thanks

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Foyle Community Unit

MEMORANDUM

TO: Mr. Jim Guy, Acting G.A.A., Invoicing Department
FROM: TL 4 A.P.S.W.
DATE: 2nd November, 1990
SUBJECT: CHRISTMAS MONIES FOR CHILDREN'S HOMES

In order to have Christmas allowances available for the children placed in the children's homes, could you please arrange to have the following payments made available to the Officer-in-charge of the respective facilities:

(a) Harberton House

£1,853.28 (based on a median age of 11, i.e. 27 x £68.64)

(b) Fort James

£1,404.67 (based on a median age of 15, i.e. 19 x £73.93)

(c) Nazareth House

£1,372.80 (based on a median age of 11, i.e. 20 x £68.64)

Could you please arrange for the payments for Harberton and Fort James to be made available to the respective Officers-in-charge and a cheque for Nazareth House made payable to Reverend Mother Superior to be forwarded to me for conveyance to them.

It is recognised that these amounts are based on a median level of occupancy and the necessary adjustments and refunds would be made after Christmas when the actual occupancy is determined.

TL 4

Assistant Principal Social Worker

01/1/85	Endowments & Gifts Account	185	00
INITIALS & DATE	A/C. No.	RECEIVED WITH THANKS	AMOUNT

WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY LIMAVADY & STRABANE DISTRICT

For DISTRICT ADMINISTRATIVE OFFICER

133800

9/1/1986	Desmonds & Co. Drumlakee	82	00
INITIALS & DATE	A/C. No.	RECEIVED WITH THANKS	AMOUNT

WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY LIMAVADY & STRABANE DISTRICT

For DISTRICT ADMINISTRATIVE OFFICER

133664

21/5/85	Endowments & Gifts A/c	200	00
INITIALS & DATE	A/C. No.	RECEIVED WITH THANKS	AMOUNT

WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY LIMAVADY & STRABANE DISTRICT

For DISTRICT ADMINISTRATIVE OFFICER

133805

14/1/88	John F. Jones Home	500	00
Initials	Date	Received with thanks	Amount

WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY LIMAVADY & STRABANE DISTRICT
ENDOWMENTS AND GIFTS A/C.

For DISTRICT ADMINISTRATIVE OFFICER

14302

FINANCE DEPARTMENT
Londonderry Limavady and Strabane Unit of Management
Group Office
Gransha Hospital
Clooney Road
Londonderry BT47 1TF
N.IRELAND

Telephone 860651

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BOOTS THE CHEMISTS LTD

BOOTS THE CHEMISTS LTD

BOOTS THE CHEMISTS LTD

BOOTS THE CHEMISTS LTD

BOOTS THE CHEMISTS LTD

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ESTABLISHED 1885

DESMOND & SONS, LTD.

Registered Number 2301 (N.I.)
Light Clothing Manufacturers

TELEPHONE - LONDONDERRY - 44901
TELEX 74402
FAX 48447

DRUMAHOE

LONDONDERRY

BT47 3SD

*factory
managers*
Desmond & Sons Ltd
Newbuildings

AH/KMcD

23rd December, 1987.

TL 4

Harberton House,
Altnagelvin,
LONDONDERRY.

Dear TL 4

As you know each year our employees contribute, on a weekly basis, to a Company Charity Chest.

This year our Newbuildings factory would like to donate some of the money collected to ~~Harberton House~~. *For James*

Enclosed is a cheque for £500 which we hope will be of assistance in purchasing a video, which we believe is needed.

Also enclosed is a cheque for £30 being part proceeds from a charity collection at our Christmas dinner in Drumahoe.

Wishing you the seasons greetings.

*To Be Forwarded
After Christmas*

Yours sincerely,



Alan Hamilton
Personnel/Training Manager

P.S. Please forward any letter of thanks to to the staff and employees of Newbuildings factory.

Encs.

C. A. I. sent IP 2d 10-25-17-18
 WESTERN HEALTH AND SOCIAL SERVICES BOARD

21 NOV 1978

MEMORANDUM

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

To: District Social Services Officers

Date: 22nd November, 1978

Ref:

Recent events lead me to write asking that if at any time you receive suggestions for the voluntary raising of monies to facilitate particular activities for our clients, such suggestions should be discussed with me before being accepted or fund raising activities entered upon. I am sure that you will agree with me that there are a number of pertinent points which would bring into question the principle of a statutory body being involved in the voluntary raising of money through flag day collections, etc.

I would be obliged if you could advise your staff of this direction and in particular those staff who are employed in Residential and Day Care facilities.

I would further add that this direction extends to the formation of such groups as "friends" of any facility.

[Signature]
 R. E. CARROLL

C.C.C.

SND 502

JC

BUYING ORDER

Date

Requisition

Unit/Dept.

FJ 33

Harry James

PART DELIVERY

PART DELIVERY					
Quantity	P.D. Number	Balance	Date Received	Date Invoice Passed	Amount £

FOR FINANCE USE

**WESTERN HEALTH AND SOCIAL SERVICES BOARD
LONDONDERRY, LIMA VADY AND STRABANE DISTRICT**

C. T. MC CAULEY,
SPENCER ROAD,
WATERSIDE,
MERRY

PLEASE SUPPLY THE FOLLOWING ITEMS AND DELIVER TO:—

MAIN STORES,
ALTNAGELVIN HOSPITAL,
LONDONDERRY, BT47 1SB.

N. IRELAND

All goods to be delivered carriage paid to the place specified by 4 p.m. Monday to Friday. Each delivery must be accompanied by a delivery note attached to outside of Carton/Parcel showing Order Number, Suppliers' Name, Quantity and Description of Goods/Material.

QUANTITY	DESCRIPTION	PRICE £s				QUANTITY RECEIVED	CODES			
		Unit	Gross	Discount	Net.		Commodity Code	Unit	Main	Sub.	Budget
1x Only ✓	Heslita VT 86 VHS Video Recorder	@	£ 299.00	X each			251	78	20	
12x Only ✓	Blank Video Tapes	@	£ 4.00X	each						

Signed

V.A.T.	15%
--------	-----

Contract	Quot./Tender	Delivery	Sett.Discount	Capital	Date received
N/C		EX stock			

Date received

Signed

When ALL the above Goods/Services have been delivered, please certify and return the PINK copy to the Supplies Branch.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From.....

TL 20

To.....Mr. Colm McCauley...S.P.A.A.....

Ref.:

RD/dh

Date: 29th June 1988

Ref.:

RE: APPLICATION FOR A £60 WITHDRAWAL FROM THE GIFTS AND ENDOWMENTS ACCOUNT
FORT JAMES

Please find enclosed a copy of FJ 33 correspondence to me regarding the above. As we are concerned with maintaining contact with the children who moved on from Fort James to independent living, I hereby approve this payment and feel it is an appropriate use of the gifts and endowments monies.

Could you please arrange for this to be paid to FJ 33 Officer-in-Charge of Fort James.

TL 20

TL 20

PRINCIPAL SOCIAL WORKER

c.c. FJ 33 Officer-in-Charge, Fort James ✓

21 APR 1988

WESTERN HEALTH AND HOSPITAL SERVICES BOARD

GIFTS AND HOSPITALITY POLICY

Employees in all areas of public service find that they are the recipients of gifts or offers of hospitality from outside firms and suppliers. Such offers could be construed as an attempt to exert influence over staff in the performance of their normal duties.

Staff in the Health and Personal Social Services must at all times be honest, impartial and above suspicion in all their professional dealings.

They should not accept any gifts or hospitality which will put them into the debt of or under an obligation to any outside individual, firm or contractor.

Staff who occupy a caring role in the Health Service may find that patients/clients wish to offer a donation as a token of their appreciation. In cases such as this patients/clients should be advised to make their donations to the Endowment and Gift Fund through the appropriate Units Administrator.

In all cases where gifts or hospitality are offered, the general principle to be followed is that no officer should accept anything which would be thought likely to influence any professional decision he/she may make.

Additionally, no officer should at any time solicit goods or favours for carrying out their normal duties.

Staff found to be in breach of these guidelines could be subject to the normal and agreed disciplinary procedures.

FJH-7387

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref:

Your Ref:

Date

20.4.1988

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

Dear

I enclose a copy of a letter I sent to (Personnel/Training Manager) on the 13th January 1988, thanking the staff and employees of your factory for their kind donation of £600 towards the purchase of a video-recorder for the Home. Apparently, this letter never reached you. Please extend my apologies to all concerned and thank them once again for their generosity on our behalf.

With best wishes,

Yours Sincerely,

FJ 33 Officer in Charge)

FJH-7388

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref:

Your Ref:

Date

13.I.1988

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

Dear

On behalf of the children at Fort James Childrens' Home, I would like to thank the staff and employees of your Newbuildings factory for their very kind donation of £500 which we received recently. The money will enable us to purchase a video for the use of the children in the Home, both for educational and recreational purposes. Needless to say, the children are delighted with the goodness.

Once again, could I thank you all sincerely and may I take this opportunity of wishing you all every happiness and success in 1988.

Yours Sincerely,

FJ 33 (Officer in Charge)

FJH-7389

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref:

Your Ref:

Date

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

13.1.1988

To : The Staff and Employees of Desmonds (Newbuildings)

On behalf of the children at Fort James, I would like to thank you all for your very kind donation of £500 which we received recently. The money will enable us to purchase a video for the use of the children in the Home. It will be a tremendous asset to the Home, both for educational and recreational purposes. Needless to say, the children ^{are delighted with the good news} ~~are delighted with the good news~~.

Once again, could I thank you all sincerely and may I take this opportunity of wishing you all every happiness and success in 1988.

Yours Sincerely,

FJ 33

Officer-in-Charge

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From.....

FJ 33

D.I.C.

To.....

Mrs. D. Townsend, Finance Dept.

Ref.:

0 0 Kent James Cadden House.

Date:

16.1.1987

Ref.:

Endowments & Gifts etc.

Enclosed is a cheque for £34.00 which we received recently from Desmonds & Sons Ltd.

Please lodge in the Endowments & Gifts Account and return receipt to Kent James.

FJH-7391

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref:

Your Ref:

Date

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

16.1.1987

Dear

On behalf of the children
at Fort James I would like to thank
you staff for their kind donation
of £34.00 which we received recently.
The money will be a welcome bonus
for the children when we get around
to organising their holidays later in the
year.

May I take this opportunity
of wishing you all every happiness and
success in 1987.

Yours sincerely,

FJ 33

(Officer-in-Charge)

717 7397

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From....

FJ 33

To.....

Mrs. Torrance
Finance Dept.

Ref.:

Date: 29. 12. 1986

Ref.:

Enclosed is a cheque for the Computers fund
which we received recently from:

Please lodge and return receipt to Fort Limerick.

FJH-7393

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref:

Your Ref:

Date

FORT JAMES
15 ARDMORE ROAD
LONDONDERRY
BT47 3QP
Telephone (0504) 41311

16.1.1987

Dear

On behalf of the
children in the Home I would like
to thank you sincerely for your
kind donation of £5.00 which we
received over the Christmas period.

With every good
wish for 1987.

Yours Sincerely,

FJ 33

(Officer-in-Charge)

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From.....

FJ 33

D.I.C.

To..

TL 20

P.S.W.

Ref.:

Date:

15.4.1987

Ref.:

Comforts Fund

I wish to withdraw some money from the Fort James Comforts Fund to buy some fishing equipment for the use of the residents. I have checked with John O'Kane (Finance) and he has confirmed that we have £500 approx in the Fund at present. As you can see from the Requisition form, the cost comes to £94 approx.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref: JS/DP

Your Ref:

Date 10th December, 1986

SOCIAL SERVICES DEPT.
RIVERVIEW PARK
ABERCORN ROAD
LONDONDERRY BT 48 6S.B
Telephone 266111

FROM: FJ 41 Acting P.S.W.

TO: All Officers-in-charge (Day Care and Residential Care)

RE: ENDOWMENTS AND GIFTS, PROCEDURE FOR OBTAINING MONIES

See Information

There appears to have been some confusion in relation to the procedure for obtaining funds/buying items out of the endowments and gifts fund. The procedure is as follows.

The Officer-in-charge should discuss the proposed expenditure with the appropriate Senior Social Worker or myself. Agreement is then given to proceed with the application for endowments and gifts monies. The requisition for the appropriate items should accompany the application which requires to be signed by the Senior Social Worker, myself or TL 20 P.S.W. This is then forwarded to the Finance office where a check is made that there are adequate funds for the facility's expenditure within the general endowments and gifts account. In the case of facilities dealing with the mentally handicapped, the signed requisition should go to Mrs. Dunne, G.A.A. at Foyle Hospital. Assuming that there are adequate monies to cover expenditure, the requisition is then sent to Purchasing Department and the items are then ordered.

This may seem more complicated than it really is. A requisition can be completed by the Officer-in-charge and sent to the Social Work manager where it is signed. There is no question of the Finance Department vetoing expenditure provided the money is in the account. The reason for Purchasing dealing with the ordering relates to contract prices which are available to the Board, e.g. a "Parker Knoll" chair can be purchased through the Board's contract at a fraction of the cost which would be paid to a normal retailer. Clearly it is to each facility's advantage to avail of such discount as this allows for a more effective use of funds, i.e. the money will go further.

FJ 41
Acting Principal Social Worker

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From: Fort James Children's Home	To: Manchester United Supporters Club
Date: 28. 11. 1985	Ref.: C/o ANCHOR BAR.

Please convey my sincere thanks and appreciation
to all Club members for their kind donation of
£25.00. We have many Man. Utd. supporters in the Home
— we'll have even more from now on!

Wishing the team and Supporters Club every success
this season, and always.

Yours sincerely,

FJ 33

(Officer in charge).

WESTERN HEALTH AND SOCIAL SERVICES BOARD

LONDONDERRY, LIMA VADY AND STRABANE UNIT OF MANAGEMENT

TRUST FUNDS ACCOUNT - FEBRUARY, 1985

31ST JANUARY, 1985.

Current Account	-3770.96
Cash on Hand	-
Deposit Account (Capital Value)	20000.00
Special Investment	537.21
Maxi-Yield	140500.00
Income	4376.14
Deposit Receipt Interest 25.2.1985.	1252.73
	<u>£162895.12</u>

Payments 2834.73

28TH FEBRUARY, 1985.

Current Account	7023.18
Cash on Hand	-
Deposit Account (Capital Value)	12000.00
Special Investment	537.21
Maxi-Yield	140500.00
	141037.21
	<u>£162895.12</u>

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From: T Haverty DSSO

To: Officers-in-Charge, Old People's Homes

Ref.: TH/ID Date: 14th December 1982

" Children's Homes
" Day Centres

Ref.:

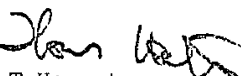
I recently attended a staff meeting in a Residential Facility when the issue of fund raising was discussed. I write to clarify the position:-

- (1) There should not be a "Friends of Home/Day Centre Committee" as such.
- (2) There is no objection to having occasional fund raising activities such as coffee mornings, sales of materials made in craft classes.
- (3) Contact with organisations who wish to donate monies to your Comforts Fund.
- (4) Staff social functions.

The Comforts Funds are available to buy for residents, those things that the District cannot provide.

If you are in doubt about any proposed fund-raising activity, please discuss it with your Line Manager.

I will also ask for this item to be discussed at your Facility Meeting.


T Haverty

cc : TL 20

FJ 41

23rd.Oct.1980.

Dear TL 20

I recieved your reply to my letter concerning the *Gifts and Endowments Account. I note that there is the sum of £43.41p. in it and that it has been there since 1975.

After some discussion with the staff and children it has been decided that the item we need most urgently is a small cooker for the flat which is used by all the older children for independence experience.

A shop in Londonderry which is holding a closing down sale has a Baby Belling which would be ideal. The price is \$69.00. What I would like to suggest is that the £43.41p. is paid directly into the Boards Account and that we buy the cooker on a buying order there by obtaining a cooker for the flat at a cost of £26.00 to the board.

I would ask you to give this speedy consideration or we shall lose the opportunity of buying this item.

Yours sincerely,

FJ 5).i.C.

190 OCT 1980

Dana

WESTERN HEALTH AND SOCIAL SERVICES BOARD

MEMORANDUM

From... TL 20 P.S.W.

To... Mr. J. Doherty, P.A.A.

Ref.: RD/DC

Date: 2nd October, 1980

Ref.:

Re: GIFTS AND ENDOWMENTS ACCOUNT - FORT JAMES CHILDREN'S HOME

Could you please let me know as soon as possible, the balance of the above account.

TL 20

p-4 TL 20
PRINCIPAL SOCIAL WORKER

There is a balance of £43.41. There has been no cash lodged to this fund since 1975.

2/3

5th. Sept. 1980.

Dear TL 20

I have heard from HH 5 that there is a small sum of money that is specifically earmarked for Fort James. I gather that it is in the region of about £50. While I'm not quite sure what the original purpose of this money was, nor the origin of the donation I think that a good use of it would be to buy odd pictures and items which can be used to personalise the sitting-room and dining-room. I have yet to discuss this matter with the staff group as the next meeting is not until Tuesday. Meantime I would be grateful if you would arrange for this money to be forwarded at the earliest possible opportunity as it's value is falling rapidly.

I look forward to your cooperation on this matter.

Yours sincerely,

FJ 5 Officer in Charge.

① From FJ 23
Team Leader

30 June

To

TL 4

A.P.S.W

Petty Cash: Re: Petty Cash Expenditure
Taxi Account ~~90/91~~ 91/92

Please find enclosed breakdown of petty cash expenditure during August and February for financial years 89/90, 90/91, and 91/92. Most of the categories ~~expa~~ denoting nature of expenditure are self-explanatory however a number of them are worthy of further clarification; this includes;

1. Toiletries - includes children's toiletries, first aid equipment and such items as nail scissors, sunscreen etc.
2. Activities - includes routine outings such as swimming, tennis, booking indoor football, youth clubs, P.H.A.B. activities.
3. Newspapers - includes daily newspapers and T.V. magazines
4. Outings - includes special day outings offered to large group of residents i.e. bowling alley, ice rink, day trips
5. Household Items - includes items such as pot plants, keys, camera film & development, clocks, picture frames, household cleaning materials, mugs, Hoover bags, washing machine hoses, repairs etc.
6. Flats Work - includes ingredients for cooking meals, supporting young people in the community, facilitating transfer to community by providing initial rent, electricity payments, and on occasions where young person has misspent money, providing basic provisions
7. Household Groceries - includes items of food bought in emergency where supplies have run out i.e. bread, milk, biscuits,
8. Work '1c families - includes occasions where families are involved in family access and young person prepares a meal for this contact; family outings and rent payment towards this i.e. family family
9. Individual Diversionary Projects - includes specific projects identified as appropriate for specific y.p. in allowing them to pursue particular interests e.g. = guitar lessons, driving lessons
Also includes special tutorials for y.p. with specific learning needs.

WESTERN HEALTH AND SOCIAL SERVICES BOARD
Foyle Community Unit

MEMORANDUM

TO: HH 5 Team Leader, Harberton House
✓ FJ 23 Team Leader, Fort James

FROM: TL 4 , A.P.S.W.

DATE: 4th June, 1992

SUBJECT: PETTY CASH EXPENDITURE

Further to the previous work which was undertaken in relation to the above, could you please provide me with the following information:

- (a) The expenditure on your taxi account form the year 1991/92.
- (b) An analysis of expenditure for the years 1989/90, 1990/91 and 1991/92. I would suggest that you take 2 months each year viz. February and August and review these. The reason for this analysis is to explain the increase in expenditure over these years which has shown an upward trend beyond the effect of inflation - is it due to increased occupancy/ changing practices?

I would appreciate if this could be carried out before 12th June, 1992.

TL 4

// Assistant Principal Social Worker