

## **HARBERTON HOUSE CHILD CARE CENTRE**

### **STATEMENT OF PRINCIPLE**

*Quality residential care is a vital resource in meeting the individual needs of children.*

*Quality residential services have an essential role within the spectrum of child care provision.*

*Quality residential living is the best option for certain children at certain stages of their lives.*

### **MISSION**

*Quality care, quality services and quality living for children in Harborton House.*

### **HARBERTON WILL:**

- *value the unique worth of each individual child;*
- *promote the physical, social, emotional and spiritual well-being of children;*
- *nurture, care for and protect children in an environment where they can feel safe and secure;*
- *enable and encourage children to grow and achieve their potential;*
- *respect the religious, cultural and ethnic origins and affiliations of children;*
- *recognise the value of parents and families and promote their involvement when responding to children's needs;*
- *create a group living environment that is stimulating and characterised by open communication;*
- *recognise the importance of both the child and the group and ensure that individual needs are appropriately met within the context of the group living;*
- *unhold the United Nations Convention on the Rights of the Child and encourage and enable children to assume their rights and responsibilities.*

### **ACHIEVE ITS MISSION BY:**

- *developing caring strategies that are responsive to identified needs in the residential environment.*
- *reviewing, monitoring and evaluating services in terms of their efficiency, effectiveness and relevance;*
- *offering a range of services that have a specific focus and are relevant and responsive to children's needs;*
- *creating assessment frameworks to inform care planning and address the needs of the 'whole' child with emphasis on the following:-*
  - \* *family and social relationships*
  - \* *emotional, behavioural, sexual and spiritual development*
  - \* *identity*
  - \* *health*
  - \* *education*
  - \* *social presentation*
  - \* *self-care skills;*

- *protecting children and enabling them to protect themselves;*
- *actively engaging children in making plans and decisions which affect their lives and the daily life of the group;*
- *promoting anti-discriminatory practice and a non-stigmatising care ethos;*
- *encouraging and enabling children's links with their families in accordance with the best interest of the child;*
- *adopting a partnership approach in involving parents and families in care planning and decision making;*
- *preparing children for positive experiences of family life where this is an agreed aim;*
- *affording opportunities for children to play and to develop their individual gifts and talents;*
- *helping children develop community based activities and interests;*
- *preparing children for establishing themselves as young adults in the community.*

### **IN SUPPORT OF ITS MISSION HARBERTON WILL:**

- *provide a clear statement of the role and function of the Centre;*
- *carry out Board policy, procedures and practice guidance covering all aspects of the care and protection of children including;*
  - \* *care and control*
  - \* *complaints*
  - \* *health and safety*
  - \* *access to personal records*
  - \* *confidentiality;*
- *provide written information for children and their families on the service provided, care practices, rights and responsibilities and how to complain;*
- *endeavour to recruit staff with the range of qualifications, skills, experience and management competencies necessary to meet the needs of both the children and the staff team;*
- *endeavour to maintain adequate staffing levels which also reflect a gender balance appropriate to the needs of the group;*
- *provide structures supervision and support to individual staff and the staff team;*
- *undertake a strategic training needs analysis for all staff and offer appropriate internal and external training opportunities;*
- *promote interagency and multi-disciplinary approach to the assessment, treatment and care of children;*
- *maintain premises in a good state of decor, furnishings and repair.*

7/6

**WESTERN HEALTH AND SOCIAL SERVICES BOARD**

**HARBERTON HOUSE ASSESSMENT UNIT**

**106 IRISH STREET**

**LONDONDERRY**

**Visitors Information**

## **INTRODUCTION**

Harberton House is one of two residential units within the Foyle Community Unit of Management which provides for children considered to be "in need of care, protection or control". One of these is provided by a non-statutory organisation.

This Unit of Management covers a geographical area with a population of approximately 160,000. At this time, there are forty-six children in residential care and one hundred and fifty-five in foster care. As can be seen from these figures a considerable number of children in care, away from home, are placed with foster parents. This represents one of the highest proportions in the United Kingdom of children in foster care.

## **HARBERTON HOUSE**

Harberton House is a purpose-built facility opened in September 1980 and accommodates twenty children. The Unit provides the following resources:-

- (a) A reception/assessment Unit with ten places.

This Unit provides for children at the time of their admission into care and one of its main purposes is to assess the needs of children admitted. As result of the assessment process, decisions can be made as to the suitability of returning a child to the family or whether the needs may be best met by placing the child with a foster family or in another residential Unit.

- (b) A medium stay Unit providing ten places for children who require residential care for up to twelve months before returning home.
- (c) Chèz Nous (a small independent unit) accommodating three young people who are involved in a programme geared to help them prepare themselves for living independently in the community.
- (d) The Cottage (a bungalow which is located in the grounds of Harberton House) and which can accommodate up to four children. At the moment this is being used as part of the transitional change which is taking place in residential child care which will enable children with an adequate support system to remain in the community.
- (e) Video suite/medical examination room. A separate Unit within Harberton House provides a resource for family work to be recorded on video or for video interviews with victims of child sexual abuse. In addition there is a medical examination room where victims of sexual abuse may be examined.

#### **BACKGROUND OF CHILDREN ADMITTED TO HARBERTON HOUSE**

Children admitted to Harberton House are those identified as being "in need of care, protection or control". This covers a range of situations:-

- (a) Children who have been subjected to abuse, either sexual, physical or emotional.

- (b) Children who have been neglected by their parents.
- (c) Children who are presenting behavioural problems which makes it difficult for their parents to manage them at home.

Children admitted to care are only a small proportion of the children and their families whose needs are met by social work staff in the community and through day care resources such as Family Day Centres and Playgroups.

In the reception/assessment Unit of Harberton House, staff attempt to assess the potential for the child to return home through work with children and their families. When a return home is possible, therapeutic work is directed towards this end. When the child cannot return home, the assessment directs itself towards identifying the most appropriate alternative form of care, either in a foster home or in another residential Unit. Therapeutic work is undertaken with the individual child addressing the problems which led to the child being admitted to care in the first place e.g. the emotional consequences of child sexual abuse. If it is deemed necessary for children to remain in care for a longer period of time then they will move to the Medium Stay Unit where identified care plans can be followed through.

All children in Harberton are reviewed regularly and these reviews are attended by all social work staff and other professionals involved in the care. The children themselves and their parents are also invited to participate. The review monitors progress and ensures that decisions are taken in the best interests of the child. It also ensures that other professions e.g. medical, nursing, psychology and education are involved in the decision making process and co-ordinates their input.

File - Foster Care

**WESTERN HEALTH AND SOCIAL SERVICES BOARD**  
**Londonderry, Limavady and Strabane Unit of Management**

**MEMORANDUM**

**TO:** Mr. G. Carey, P.S.W. /  
 [REDACTED] TL 4

**FROM:** [REDACTED] SND 498 S.S.W. (Foster Care)

**DATE:** 7th March, 1990

**SUBJECT:** CRISIS SITUATION IN FOSTER CARE, L.L.S.

On account of the increasing critical situation, [REDACTED]  
 HH 38 Social Worker and I have today made a close examination of referred demand to the Fostering Unit. The position is as follows:

(a) Children in foster care	162 (highest number ever)
(b) Children awaiting long term placements:	
(i) Children in short term foster care	19
(ii) Nazareth House	17
(iii) Harberton House	11
(iv) Fort James	8
(v) Coneywarren	3
(vi) At Home	1
	—
<b>TOTAL SHORTFALL</b>	<b>59 foster families</b>
	—

As we know you appreciate there is an unrelenting pressure on and from Children's Homes to place children, some of whom are very disturbed/abused. Also there is the pressure from a large group of our short term foster parents who are holding onto children who should no longer be with them - in fact in some instances

foster parents and children are at risk and we will also almost certainly lose some of these very committed and overburdened carers as a result.

The fostering resource is stretched to the absolute limit. Therefore we would respectfully propose that consideration be given to providing realistic staffing numbers for the Fostering Unit and in our view this would include as a minimum, the addition of two full-time workers, one to concentrate on mammoth training task and the other to aid recruitment and support.

We would be most grateful if this seriously deteriorating situation could be urgently addressed in order to alleviate the literally intolerable stress experienced within the Fostering Unit.

Thank you in anticipation of your help.

SND 498

Senior Social Worker (Foster Care)

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



THE JOINT COUNCILS FOR THE HEALTH AND PERSONAL SOCIAL SERVICES (NORTHERN IRELAND)

**SOCIAL WORK STAFFS JOINT COUNCIL**

Dundonald House, Upper Newtownards Road, Belfast BT4 3SF  
Telephone (0232) 650111 Ext. 321

*Replies should be addressed to the Management Side Secretary*

To the General Manager  
of each Health and Social  
Services Board

*Our Ref.* A1038/85(21)

*Your Ref.*

*Date* 12 January 1990

Dear Sir

**COMPLAINTS PROCEDURES FOR CHILDREN IN CARE AND THEIR PARENTS**

As you know, a Joint Working Group has been meeting for some time now to review the documentation arrangements for the Complaints Procedures with a view to their becoming operational at an early date.

At the last meeting of the group on 10 October 1989 agreement was finally reached to incorporate various amendments in the Northern Board's document on the understanding that such amendments would be applied to the Complaints Procedures operated by all 4 Boards. A copy of the revised document is enclosed and we would ask that you now arrange to bring your Board's current procedures into line with that document. A copy of the amended procedures should then be forwarded to the Staff Side Secretary.

In implementing the procedures Boards should take account of the following points:-

**Precautionary Suspension** - Staff Side have expressed strong concern that the use of precautionary suspension can be unfair to an officer particularly where a complaint proves to be unfounded or malicious. Boards should therefore consider other options available where it is deemed necessary for an officer to be relieved of his/her particular post while a complaint is being investigated.

**Training** - It is of considerable importance that all staff receive training in the procedures. Each Board should draw up a training programme on the basis of a regional package to be discussed and "fleshed out" with Staff Side. It was agreed that Boards would actively involve Staff Side nominees in the training sessions although it was also accepted that the persons selected would have to be of the right calibre and have the necessary expertise to undertake that type of specialised role. The names of the officers with whom Boards should liaise are shown on the attached sheet.

Finally we would confirm that each Board is now free to introduce the Complaints Procedures and Staff Side will be instructing their members to co-operate fully in their implementation.

Yours faithfully



## COMPLAINTS PROCEDURE FOR CHILDREN IN CARE

The undernoted paragraphs have been amended as agreed and incorporated in the Northern Board's Document. For ease of reference the amendments have been identified by double black lines in margin.

Page 4     para 9

Page 6     para 4

Page 6     para 5

Page 7     para 6

Page 7     para 8

Page 8     para 4

Page 9     para 3

Page 10    paras 3(f) & (g)

Page 10    para 1

Page 15    para J1

PROCEDURE FOR DEALING WITH COMPLAINTS ABOUT THE CARE OF CHILDREN IN  
RESIDENTIAL HOMES

INTRODUCTION

In April 1985 the Department of Health and Social Services issued a circular (HSS (CC) 2/85) - 'Provision of Information to and a Complaints Procedure for Children in Residential Care and Their Parents'. The following procedures have been written in accordance with the principles contained within this Circular as amended by the Permanent Secretary's letter dated the 31 January 1986 'Investigations of Complaints in Residential Child Care'. Staff are required to comply with them in all instances. For ease of reference the paper has been divided into the following sections:-

- A - General
- B - Complaints received in Childrens Homes
- C - Complaints received at Unit of Management or referred to Unit of Management
- D - Complaints received at Area Headquarters or referred to Area Headquarters
- E - Register of Complaints
- F - Review of Complaints in Boards Homes
- G - Complaints - Voluntary Childrens Homes
- H - Contact Cards Received by Director of Social Services from a Child in a Voluntary Childrens Home
- I - Complaints by or on Behalf of Children in Other Boards Homes
- J - Disciplinary Procedure

## Untoward Incidents

**Definition:**

"Any incident which may create concern for the Health, Safety and welfare or property of residents, staff (including Board) or the general public."

**1. Categories of Untoward Incidents.**

- a. Unauthorised or unpredicted absence of resident.
- b. Injury to staff, residents or visitors.
- c. Death of staff, residents or visitors.
- d. Criminal acts, including theft, involving staff, residents or visitors.
- e. Damage to Board property / staff and residents property.
- f. Civil disturbance leading to the involvement of RUC / Security personnel.
- g. Alcohol, solvent or chemical abuse.
- h. Inappropriate behaviour of a sexual nature.
- i. Fires.
- j. Complaints from the General Public.
- k. Any incident likely to come to the media's attention / have serious implications for the Board at a later date.

**2. Procedure:**

- a. Verbal report to Line Manager.
- b. Verbal Report to Units Administrator (where appropriate )
- c. Written report ASAP after the incident.
  - Copies to:**
    - (i) A.P.S.W.(to be forwarded to A.D.S.S.)
    - (ii) Units Administrator.
    - (iii) Social Workers concerned.
    - (iv) Child's file.
    - (v) Untoward Incident file.
- d. **Report should include:**
  - (i) Nature of the incident, date, time, location, age group.
  - (ii) Brief summary of the circumstances.
  - (iii) Names and designations of persons directly involved.  
(Initials only of residents e.g. John H.)
  - (iv) Extent of damage, injury etc.
  - (v) Other agencies / persons involved.
  - (vi) Action taken to date.
  - (vii) Assessment of implications.
  - (viii) Any other relevant information.

**3. Reports should be factual and concise.**

MONITORING STATEMENT 1986

HARBERTON HOUSE ASSESSMENT UNIT,

106 IRISH STREET,

LONDONDERRY

# 1. AIMS AND OBJECTIVES

Harberton House is a purpose-built facility opened in September, 1980 with 25 places for children. It was initially planned as a short stay unit providing a dual function:

- (a) reception facility for Londonderry, Limavady and Strabane Unit of Management and
- (b) assessment facility for the 3 Units of Management in the Western Board area.

Because of changing need, it was found necessary in 1984 to review the functioning of Harberton House. Based on the recommendations of this review, reported in December, 1984, action was taken to carry out the required minor adaptations to the building and to restructure the staffing arrangements to enable the reorganisation of the Unit to be implemented. The restructuring became operational on 1st October, 1986 and resulted in two separate units as follows:

- (a) a reception/assessment unit with 12 places. This unit provides a reception facility for Londonderry, Limavady and Strabane Unit of Management and an assessment facility for all Units of Management in the Western Board area;
- (b) a medium-stay unit providing places for 13 children from the Londonderry, Limavady and Strabane Unit of Management who require residential care for up to 12 months.

In the last quarter of 1986, Harberton House did meet the aims and objectives as established in December, 1984. In addition, with the closure of Coleshill Children's Home in Enniskillen early in 1986, Harberton House was required to offer a reception facility to Fermanagh Unit of Management as required although it was recognised that Coneywarren House in Omagh, because of its geographical situation would, in most cases, be more appropriate.

## 2. ADEQUACY OF PHYSICAL ACCOMMODATION

Harberton House is situated in a pleasant residential area about one mile from the centre of Londonderry. It is within easy reach of local schools, shopping centre, Churches and Lisnagelvin Recreation Centre. The single-storey building was constructed in a H-configuration with bedrooms and bathrooms in the wings and living, dining, play, kitchen and office accommodation located in the central spine. The accommodation available is as follows:

### (i) Reception/Assessment Unit

- 1 - 3-bedded room
- 2 - 2-bedded rooms
- 5 - single bedrooms
- 1 - staff sleeping-in room
- 1 - visitor's sitting room
- 1 - kitchenette
- 1 - medical room
- 2 - offices
- 1 - conference room
- 1 - dining room
- 1 - residents' sitting room
- 4 - bathrooms/showers

### (ii) Medium Stay Unit

- 3 - 2-bedded rooms
- 7 - single bedrooms
- 2 - staff sleeping-in rooms
- 1 - visitor's sitting room
- 1 - kitchenette
- 1 - office
- 1 - dining room
- 1 - residents' sitting room
- 1 - laundry
- 4 - bathrooms/showers

In addition, there is a shared play-room and main kitchen. At the rear of the building, there is an adequate outdoor play area with large playing field.

Continued/...

The Unit is furnished with normal domestic furniture, chosen for both its appearance and sturdiness. Because of the high turnover of population, the furniture is subjected to a degree of wear and tear which requires frequent repair or replacement. A swift response to replacing unsatisfactory furnishings is not always possible because of the existing administrative system. Efforts have been made to have furniture repaired and refurbished quickly through either the Board's own workshops or outside contract. It is our intention to have an adequate provision of furniture in reserve to enable damaged items to be removed for repair.

Residential staff have endeavoured to provide a warm environment in Harberton House. The high use made of the building again requires a high level of redecoration, particularly in areas most frequently used. I welcome the Unit of Management's cycle for redecoration being reduced from 5 years to 3 years. There is a need, however, to be more responsive to small areas of redecoration required outside of the triennial general scheme. Residential staff have, in their own time, involved themselves and the children in redecorating sitting rooms etc. in an attempt to stem the deteriorating standards. Externally the appearance of the Unit is unsatisfactorily shabby and run down. Broken guttering remained unreplaced for many months. External woodwork which requires repainting not only for appearance but also for protection, remained untouched during the year despite frequent requests and assurances that it would be completed. A continuing deterioration in the woodwork will require the eventual, more expensive replacement of window frames.

The response from the Unit's Works Department remains inadequate except in relation to electrical work. I accept that there is an overall shortage of money for maintenance and concerns about the staffing levels of maintenance workers. I have no adverse comments about the quality of work completed but refer my concerns to the delays, particularly when a number of trades are involved in particular repairs. An example of this would be when woodwork or plastering work is completed, there is a delay of months before painting is carried out. These concerns are frequently noted in the Monthly Report by the Visiting Social Worker and addressed at Unit of Management level by TL 20 Principal Social Worker.

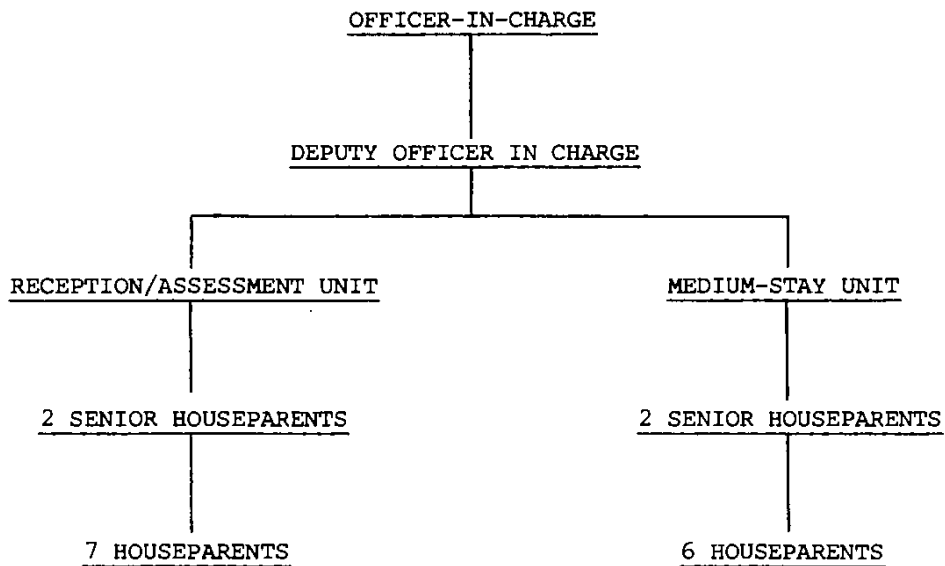


### 3. ADEQUACY OF STAFFING LEVELS

At the end of 1986, there were 19 care staff employed in Harberton House. One additional Houseparent had been introduced to the establishment in July, 1986. The operational plan for 1987-88 indicates the need for a further Houseparent post.

The rotas are constructed in such a way as to provide maximum numbers of staff to be available when children/young people are in the Unit. It is the policy of the Unit of Management to have one senior member of staff available at all times. This responsibility is shared by Senior Houseparents, Deputy Officer-in-charge and Officer-in-charge. There are 3 staff providing sleeping-in cover between 12.00 midnight and 7.00 a.m. One of these is always of at least Senior Houseparent level.

Table A: Staffing Structure



*Mr. Furla*

20.391

From: **HH 41**  
Child Care and Social Policy Division

cc. **[REDACTED]**

Date: 15 March 1991

Dr McCoy

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE WHICH  
OCCURRED WITHIN RESIDENTIAL CARE

1. Thank you for copying to me your minute of 12 March to Mr McElfattrick and Mr O'Brien covering Mr Burke's letter of 27 February.
2. I have only three comments to offer at this stage:-
  - a. we should not lose sight of the need to share the events at Harberton with other Boards - we had mentioned this at an early stage in our discussions;
  - b. I have no money to offer towards the suggested Assessment and Treatment Unit. I have, as you know, put forward a PES bid for child sexual abuse covering prevention, protection and treatment (for victim and abuser). Even if this succeeds, resources would not be available under it until 1992;
  - c. as Director of Operations, Mr Simpson will be interested in this, and I presume **[REDACTED]** will pass the papers to him.
3. I shall be glad to join in discussions.

*ff.* **HH 41**

2/180/3

KC/44/3/91

From: K F McCOY, CHIEF INSPECTOR, SSI

cc: [REDACTED]

Date: 28 MARCH 1991

Mr P Simpson

HH 41

Mr V McEneaney

Mr D O'Brien

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE WHICH  
OCCURRED WITHIN RESIDENTIAL CARE

1. We met today to consider:
  - a. the action the Board was taking to implement the recommendations contained in this report; and
  - b. any action required by the Management Executive/Department.
2. Following a review of the activities to date we noted that the Board:
  - Are continuing discussions with the Unit of Management about their response to the conclusions and recommendations contained in the report. A report of these discussions will be submitted to us in due course.
  - Are meeting today to consider the resource allocation proposals for 1991/92. These include:
    - a. £35,000 to improve child care services generally throughout the Foyle Community Unit. This money will be used to bring in teachers on a peripetetic basis to assist children with homework, study and play therapy.
    - b. £30,000 to provide greater support for existing foster parents and children in order to increase the pool of foster parents, thus enabling successful placement of more children.
    - c. £45,600 for Nazareth House Children's Home in Londonderry.
    - d. Additional resources to employ two houseparents in Coneywarren Children's Home in Omagh where there is a shortfall in staffing and these additional staff would bring the home up to Castle Priory guidelines.

e. £99,000 to develop an area wide Child and Adolescent Psychiatry service.

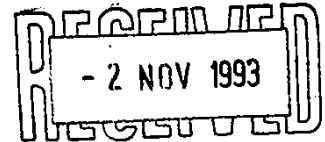
- are proposing to hold a seminar to enable the lessons from Harberton House to be shared with other residential child care staff. The General Manager and the Chief Executive of the Management Executive are considering the way ahead on this.

3. It was agreed that:

- a. No direct action was required by the Management Executive/Department at this stage.
- b. SSI (Mr McElfatrick) would monitor staffing levels in homes throughout the 4 Boards by scrutiny of the annual monitoring reports and reports on individual homes produced by Boards.
- c. SSI (Mr McElfatrick) would continue discussion with Board staff on the extent of the peer abuse among children.
- d. SSI (Mr O'Brien) would monitor the implementation of the Boards operational plan as outlined in paragraph 2 above.
- e. HH 41 would ask [REDACTED] to monitor the establishment of the Child and Adolescent Psychiatry Service.
- f. I agreed to ascertain from [REDACTED] how far arrangements had progressed for the seminar referred to at 2.c. above.

[REDACTED]

- 88 K F McCOY



## WESTERN HEALTH AND SOCIAL SERVICES BOARD-----

Foyle Community Unit

MEMORANDUM

TO: [REDACTED] HH 40 A/Programme Manager  
 FROM: [REDACTED] TL 4 A.P.S.W.  
 DATE: 26th October, 1993  
 SUBJECT: HUGHES AGREEMENT - REDUCTION IN WORKING WEEK OF TEAM LEADERS

Following the regrading arrangements under the Hughes agreement, the Officers-in-charge and Deputy Officers-in-charge were regraded as Team Leaders and transformed from terms and conditions under Part II to Part I of the Handbook. This resulted in a reduction in working week from 39 hours to 37 hours, operational from 1.4.91 but, in practice, did not occur until local agreement and the issuing of new contracts.

I understand that we will now make payment to the staff involved for the additional hours worked in the interim. I have received the information from Salaries and Wages Department and enclose the information, summarised as follows indicating the implications for both plain time and overtime rate:

	<u>Plain Time Rate</u>	<u>Overtime Rate (X 1 1/2)</u>
[REDACTED] HH 5	£1,356.23	£2,034.35
[REDACTED]	£1,254.55	£1,881.82
[REDACTED] FJ 23	£1,191.53	£1,787.28

Could you please determine the appropriate rate for payment and make arrangements.

[REDACTED] TL 4

Assistant Principal Social Worker

C.C: G. Carey, A/A.U.G.M.

*-Fort Jones.**file on*

**WESTERN HEALTH AND SOCIAL SERVICES BOARD**  
**FOYLE COMMUNITY UNIT**

**MEMORANDUM**

**TO:** [REDACTED] **HH 45**

**FROM:** [REDACTED] **HH 40** Acting Programme Manager

**DATE:** 1 March 1994

**SUBJECT:** PAYMENT OF ACCUMULATED ANNUAL LEAVE FOR RESIDENTIAL  
SOCIAL WORK STAFF

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As a result of the Hughes Agreement, Residential Social Work staff are entitled to increased annual leave. This entitlement was backdated because of a delay in concluding local negotiations. Consequently, a number of Residential Social Workers have accumulated annual leave and it would be difficult for them to take this leave within the current financial year without causing major disruption to the service. Consequently approval was sought to pay staff in lieu of their accumulated annual leave. A copy of relevant correspondence confirming this agreement is attached for your information. I also include memos prepared by relevant Residential Teams Leaders outlining details of the individual members of staff accumulated leave. I would be grateful if you could arrange payment at your earliest convenience.

Many thanks for your help in this matter.

**HH 40**

[REDACTED]

**ACTING PROGRAMME MANAGER .**  
**(FAMILY AND CHILD CARE PROGRAMME)**

Encs

37/90

BOARD MEMBERSHIP

The General Manager informed the Board that the term of office of the following Board members was due to expire on 30 June 1990:-

He explained that with the proposed changes in the composition of the membership of the Board on 1 April 1991 and following representations by the Chairman of the Board, the Minister had agreed to renew and extend the term of office of the above mentioned until 1 April 1991. He advised that letters confirming this arrangement would be forwarded to those members by the Minister in the near future.

38/90

CHAIRMAN'S CONCLUDING REMARKS

The Chairman stated that 6 years ago he took over the Chairmanship of the Western Board. He had already served 2 years as Vice Chairman and during that time he had become aware of several things - firstly the Health Service was not unlike the slogan Harrods of London use in their sales promotion "Step into a new world at Harrods ...", he had stepped into a new world at the Western Health and Social Services Board.

He said he soon realised that there was a vast difference between his previous role of representing the interests of the NI Agricultural Industry and his new one as Chairman of the Board, whose remit was - to make sure that the people of the Western Area got the best service possible from the allocation of funds available for health care in Northern Ireland. He also became aware of another difference - agriculture was founded about 6,000 years ago when God created the trees, the plants, the birds, the beasts, the seasons and man. When he told man to go forth and prosper, Mr Loane said he was sure that God had a plan, but today it was obvious that his plan had not materialised as he intended. Nevertheless in agriculture today they are still working with the trees, the plants, the birds, the beasts, the seasons and man.

Continuing the Chairman stated that on the other hand the Health Service was conceived a mere 40 years ago and its propagators were convinced that if they carefully worked out on paper what was needed for the new structure they were about to launch, it would fulfil its objectives. However he said that was not to be, the seed which was so carefully sown those 40 years ago had many times been plucked from the ground, its roots rearranged and its branches trimmed, in an attempt to find out why it was not delivering the utopia required from it. he pointed out that the Health Service had been subjected to this treatment twice in the last 8 years and stressed that it takes

up a lot of expensive management time, it is disruptive to staff and uses up a lot of paper. He said he was convinced that there is advantage to be gained from a period of stability when Boards could concentrate on a "get up and go" strategy towards a high quality cost effective system of health care and spend less time and money on designing and redesigning the method of travel to be used to get there.

Referring to achievements over the last 6 years the Chairman stated that a very considerable amount of money had been spent by the Board on much needed capital development, £15m on major building schemes already completed and a further £8m on buildings to be completed in the next 6 months. It was not the expenditure of the money which gave him satisfaction but it was the knowledge that the new developments were making it possible for the Board to offer a much improved service to the people for whom the Board was responsible. Commenting on improvements at Altnagelvin Area Hospital he said there had been considerable increases in the range of services available, additional ward accommodation had been provided and the Board was currently having discussions with the Department regarding further expansion at that site. He reminded members of developments in the provision of services for the mentally handicapped including new buildings at Glenside, Strabane and Maybrook in Londonderry and also reminded members of the recently built Creggan Day Centre, Londonderry which was now being extensively used by families in that area. He pointed out that elderly people had not been forgotten and referred to the newly built purpose designed hospital at Enniskillen and the provision of a similar type facility at the Gransha site to be opened in the coming months. He also referred to the new Renal Dialysis Unit at the Tyrone County Hospital which eliminated the long weary journey from the West of the Province to Belfast for many patients.

The Chairman went on to state that while he had been referring to new buildings and facilities, the Board has continued to refurbish many of its existing establishments both in equipment and in the fabric. He indicated that demand for services continue to grow and the Board's population of 270,000 now accounts for approximately 36,000 acute inpatient hospital admissions, 140,000 out-patient attendances and 74,000 accident and emergency attendances each year.

He stressed that another landmark worth noting was that during this period the Board had finally convinced the Department that the system used to allocate finances made available to the Province for health care was unfair to the Western Board. The result of these negotiations led to a welcome shift of finance towards the Board from 1988 onwards.



A. C. W.

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
FOYLE COMMUNITY UNIT

MEMORANDUM

TO: [REDACTED] Invoice Department, Administration Offices  
FROM: HH 40 [REDACTED] Acting Programme Manager,  
Stradreagh Hospital  
DATE: 7 May 1993  
SUBJECT: HARBERTON HOUSE

---

I wish to request the sum of £1,053.39 for the 1993 Holiday Budget for the twenty-one children currently resident in Harberton House. This money will be used to cover Extern holidays in Falcarragh, day outings and the rental of self-catering holiday accommodation during July/August 1993.

I would be grateful if a cheque for £300 could be forwarded to HH 22 [REDACTED] Team Leader, Harberton House, as an immediate allocation to cover deposits on holiday accommodation for the summer.

Thank you for your assistance.

HH 40  
[REDACTED]

ACTING PROGRAMME MANAGER  
(FAMILY AND CHILD CARE PROGRAMME OF CARE)

cc HH 22 [REDACTED] Harberton House

Conduct of Children's Homes Direction (N.I.) 1975

Report of Visit by Member of Personal Social Services Committee

### Inspection of Records

	Seen and Signed
(i) Admission and Discharge Book	..... " " "
(ii) Day Book	..... " " "
(iii) Memo Book	.....
Record of Accidents -	Last Record 6/12/90
(iv) Record of Untoward Incidents -	Last record 12/1/91.....
(v) Record of Fire Practice or Drills	Last practice - 13/12/90 at 11.45 a.m. .....

### Quality of Physical Care

Time of Visit - 1.15 - 2.45 p.m.

I didn't meet any children due to the timing of my visit.

Since my Board membership ends in March, I will at the most have only one more visit to the Home. The new Board needs to decide how, Sec 3(2) of the "Conduct of Childrens Homes Direction"(1975) will be carried out.

(Contd. overleaf)

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry, Limavady and Strabane Unit of Management

Report on Monitoring Exercise carried out at Harberton House, Assessment Centre, by Miss Lennox, Acting Director of Social Services and Mr. Haverty, Assistant Director of Social Services.

At the beginning of the exercise both **SND 502** and Mr. Haverty and **HH 5** walked around the building to study the physical environment. The condition of the home is quite good now, as it was recently decorated both externally and internally. The furnishings in the home are also quite good at present. It is recognised that the level of wear and tear in this home is considerable bearing in mind the needs of the children in this home. **HH 5** advised that he has now arranged for old suites of furniture, chairs etc., to be repaired, which is much more cost effective than purchasing new furniture.

During the walk around the building the monitoring group noticed that the desk chair used by staff in the office of the medium stay unit was damaged. The back of the chair had fallen off posing a danger to a member of staff. This chair should not be used in its present condition. The sides of the cupboards in the playroom would need to be decorated. The staff flat is now put to good use for family work and **HH 5** advised that the two way mirror, camera etc. which were provided are put to good use. Some joint work goes on between the social work practitioners and the staff in the home. **HH 5** developed expertise in family therapy work and generally acts as a supervisor in respect of this work. He felt that this method of working with families would be increased in the future. The medical couch has still not been provided for this unit and it is eventually intended that the forensic medical officers would make use of this facility for examining children, etc. The second flat in the home is used for access visits and family work. As to be expected, the children put up posters in their rooms, sometimes causing some damage to the paintwork which increases the workload on staff. Staff are conscious of limiting the damage to the paintwork in the rooms as much as possible.

Overall the grounds were in good condition. However pieces of equipment were strewn around the grounds and greater efforts should be made to store these away. One wonders if some of the older children in the home couldn't help in this respect. It is felt that a more satisfactory arrangement would exist if a handyman/gardner could be restored to facilities like Harberton House.

There is also a problem with the dustbins. It would appear that another large dustbin is required.

The monitoring group also visited **HH 5** bungalow which has been vacant now for some time. Mr. Haverty indicated that one of the options being considered for the use of this bungalow is its use as a respite unit for profoundly mentally handicapped children.

#### Staffing

There are 20 care staff in post and on duty today was the Officer-in-Charge, Deputy Officer-in-Charge, 4 houseparents and 1 senior houseparent. All the children were in the home today on holiday from school for Halloween. There were 23 children in the home. The question was posed if this level of staff is required during the day when children are at school. This is the normal rota and no additional staff were on duty today even though all the children were in the home.

### Admissions/Discharges

The level of admissions and discharges for October 1988 is reflected in the social worker's report for October on Harberton House.

### Age Range

The age range of children in the home at present is from 4 to 17 years. Approximately 60% of the children are under 12 years of age.

### Staff Sickness

The level of sickness in this home is good at present and there were only eight days of sickness during the month of October 1988. One member of staff is on maternity leave.

Nearly all the children partake in a range of activities outside the home.

### Staff Rotas

During the day there are two houseparents and a senior houseparent on duty in each unit and the Officer-in-Charge and Deputy Officer-in-Charge are normally on duty on a 9a.m. - 5 p.m. basis from Monday to Friday. There are three members of staff on duty at night, two houseparents and a senior member of staff. The Officer-in-Charge and Deputy Officer-in-Charge also partake in this senior staff rota at night. The need for the Officer-in-Charge and Deputy Officer-in-Charge to be on duty sometimes during the evenings and at weekends was discussed at some length. As it was recognised that the majority of children are in the home during these periods, therefore these are the times that much of the direct work with children takes place. This would need to be pursued by middle management.

Staff at night sleep in the assessment and medium stay unit and the question was posed whether they locked their doors at night. There is no waking staff on duty at night and this is not considered necessary at the moment.

### Care Plans

Care plans are drawn up for all children which are regularly reviewed at the C.E.T. All aspects of the child's needs are included in these care plans, including planned absences of the child from the home. This includes outings with the staff. Occasionally a child may visit a staff member's home, but permission for this is given in advance by the Officer-in-Charge, Social Worker and included in the reviews. The expenses incurred by a member of staff for these social outings are met by the Board.

### Percentage of Staff Trained

Five members of staff have the C.Q.S.W., one is on C.S.S. training and one is on C.Q.S.W. training. Six have the C.C.R.Y.P. Two members of staff have the post qualifying training qualification from Queens University and six members of staff have degrees.

### Catering

The standard of catering in the home is good and the monitoring group enjoyed a lunch. Most of the meals are cooked on the premises, although some meals are made of cook-freeze. It is felt that only limited use could be made of cook-freeze as there tended to be a lot of waste and the policy of the home therefore

is to use cook freeze on a selective basis. It has also got to be recognised that a homely atmosphere has got to be maintained in a children's home and facilities available for some children to help out in the kitchen, and this happens at Harberton House. [REDACTED]

[REDACTED] We discussed at some length the possible implications of the present competitive tendering for catering. The Officer-in-Charge advised that a menu book was maintained in the home and a record kept of actual food provided for children on a daily basis.

#### Recording

The Officer-in-Charge advised that reports were provided on all accidents and untoward events etc. The monitoring group had a chance to examine the day book which is well maintained and also the daily records kept on each child. These daily records are eventually placed in the child's file. The medical officer's reports are also contained on the file. A medical report in respect of all new admissions is included. The Officer-in-Charge advised that a medical report is prepared on each child on an annual basis over school age and every six months on children under school age.

#### Fire Drills

Fire drills are done regularly, at least every two months. A fire drill book is kept. The Officer-in-Charge is aware that it is his responsibility to see that this is done. In relation to fire drills at night, this is usually done late at night or early morning. When the fire alarm goes off late at night or early morning, the houseparent goes and collects the children and takes them to a central location. All new staff are given information on the fire procedures.

#### Complaint Procedure Booklet

This is not fully in existence at the moment in view of the difficulties at the Joint Council but is implemented in spirit. It was felt that we should now implement the procedure as laid down by this Board on a trial basis.

#### Pocket Money

Pocket money is not deducted from children for punishment, except perhaps where a child has damaged another child's property and he is then encouraged to pay for the damage done. A savings account is opened for all children and some money saved for outings etc. The Officer-in-Charge advised that the system set up for obtaining pocket money for children is working well. The system set up for the purchase of clothes for children is also working well and during the period that the monitoring group was in the home, we noticed that a teenage boy had returned from town having purchased a pair of shoes on his own, which is part of the care plan in promoting independence amongst older children.

#### Management of Drugs

No home remedies are kept in the home. The Group Pharmacist visits the home on a periodic basis and advises on the management of drugs. The Officer-in-Charge also advised us that the drug cabinet was secured to the wall.

#### Personal Laundry Facilities

Some of the older children do their own personal laundry. A laundry person is employed in the home but there are no domestic machines. It was felt that a domestic washing machine would be more suitable in encouraging the older children to do their own personal laundry and preparing for independence.

Visiting Facilities for Parents

There are good visiting facilities for parents and one of the flats referred to earlier can be used for this purpose.

Functional Managers

The Officer-in-Charge advised that the relationship with the functional managers is good at present and there has been a distinct improvement in the relationships with the maintenance staff. This situation has now improved considerably the relationship with fieldwork staff. The Officer-in-Charge advised that overall the relationship with fieldwork staff was good. In addition to fulfilling their statutory obligations, it was recognised that the social worker is the overall programme of care for each child, and the family, co-ordinator and they are involved in admission case conferences, C.E.T. meetings etc. It was also recognised that an A.P.S.W. (Fieldwork) is a member of the C.E.T. [REDACTED] **SND 502** advised that the D.H.S. shortly will be carrying out an audit on Place of Safety Orders throughout the Province. It was felt that in this Unit of Management we should carry out a similar exercise in the near future and [REDACTED] **TL 4** was asked to undertake this.

Aggression

Courses were organised recently on the management of aggression through [REDACTED] Lecturer at Queens University, Belfast. The Officers-in-Charge felt that this was a very positive approach and enabled staff to develop greater confidence in the handling of aggression. It is felt that these skills will reduce the level of aggression in the home. It was also felt by the Officer-in-Charge that the recently prepared residential care policy booklet will be of help in this respect. [REDACTED] **SND 502** also referred to the fact that the level of aggression in Muckamore had reduced following training.

Contraception/Pill

None of the children at Harberton House are on birth control at present. The need for this is integrated into the care plan and staff devote much time with teenagers in developing self-awareness, self protection etc.

Mr. Carey and [REDACTED] **TL 4** joined the monitoring group late in the afternoon for feedback.

A discussion also took place on the monitoring programme for facilities in L/L/S which is that the Assistant Director of Social Services (Area) and the Assistant Director of Social Services (Group) or his deputy will carry out a formal monitoring exercise on facilities every two years and the Programme Manager for a particular facility would carry out a formal monitoring exercise on the facility every six months.

The monitoring group found the exercise very productive and would like to thank [REDACTED] **HH 5** [REDACTED] concerned with Harberton House for the high quality of work carried out within the home.

T. HAVERTY  
A.D.S.S. (GROUP)

1/11/88

21 MAR 1986

SWAG/16/86

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

## LONDONDERRY, LIMAVADY AND STRABANE UNIT OF MANAGEMENT

## INSPECTION OF:-

Harberton House

106 Irish Street

Waterside

Londonderry

Telephone (0504) 48490

## TYPE/FUNCTION OF HOME:-

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

## RESIDENT CHILDREN BY AGE AND SEX (6.1.86)

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

1.

DATES OF INSPECTION:-

7/8 January 1986

10 January 1986 (CET meeting)

TIMES OF ARRIVAL/DEPARTURE:-

Tuesday 7 January	0900-2015
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Wednesday 8 January	0900-1400
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Friday 10 January	0945-1400
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SOCIAL WORK ADVISER:-

D P O'BRIEN



#### 4.0 COMPLIANCE WITH REGULATIONS/DIRECTION

##### VISITS BY MEMBERS OF THE PERSONAL SOCIAL SERVICES COMMITTEE

- 4.1 Paragraph 3(2) of the Conduct of Children's Homes Direction requires the Board to arrange for a member of its Personal Social Services Committee to visit Harberton "at least once in every quarter". The visiting member should satisfy himself that the home is being conducted in the interests of the children, sign and date the records held in the home and report to the committee.
- 4.2 In order to assist Personal Social Services Committee Members, Western Board staff have prepared notes of guidance (Appendix "C") for the statutory visits. The notes draw attention to particular areas which members should cover during their visits and these are grouped under 3 headings, ie (a) Inspection of Records, (b) Quality of Physical Care and (c) Quality of Social/Emotional Care. A pro forma (Appendix "D") was also devised for the use of Board members and space is provided for their observations, impressions and conclusions on the operation of the home. This system of reporting was introduced and accepted by the Personal Social Services Committee at its meeting on 7 September 1984.
- 4.3 Reports were made available of visits made on 13 July and 2 November 1985 by a member of the Personal Social Services

Committee to Harberton. These provide factual information about the staff on duty and the number of boys and girls in residence at the time of the visit and indicate that the statutory records held in the home were "in order".

However it was disappointing to find that there were no relevant comments made in sections dealing with the quality of physical, social and emotional care of the children.

Some observations were made about outstanding maintenance work and both reports concluded that the home was found to be "clean and tidy".

- 4.4 Although 4 visits should be made annually by members of the Personal Social Services Committee only 2 were made to Harberton in the 12 months preceding the inspection. The Direction also requires members to sign and date the records "to be kept in the home" and this was not done. It is recommended that members of the Personal Social Services Committee undertaking visits to Harberton are reminded of their duties under the Conduct of Children's Homes Direction with regard to the frequency of their visits, the inspection/signing of statutory records and reporting.

#### VISITS BY THE VISITING SOCIAL WORKER

- 4.5 **TL 4** senior social worker (residential and day care), is a designated visiting social worker to the Home. **[REDACTED]** which has a key role in the admission of children to Harberton and in

## 9.0 COMMENTS AND RECOMMENDATIONS

+ 8

9.1 During 1985 30 untoward incident, ~~reports~~, some of which were quite serious, were reported from Harberton. While these have to be set in the context of a high level of admissions to the Unit, many of them children coming into residential care for the first time, they are an indicator of unsettled behaviour by the residents. The predominance of adolescents in the group, a combination of short and 'long' stay children, staff changes and absenteeism are identifiable contributory factors. Management can assist by moving forward quickly with the implementation of the plan to divide Harberton, by enabling more staff to go on professional training courses and through providing in service courses which are appropriate to their needs.

9.2 The removal of 5 residents from Harberton to training schools in the same period for an "assessment" may have

N, B



given temporary relief for hard pressed staff but the

outcome for the children can be less satisfactory .

children, were

subsequently committed on a Training School Order. At the time of the inspection a 5 week Place of Safety Order was about to expire on a teenage girl placed in a training school and Harberton staff were arranging to have her stay there extended even though training school personnel felt that she was not material for their provision. It would appear also that quarterly reviews might not be held if the

35.

subject is in a training school on the due date (Para

2.7). Therefore it is recommended that the initial decision

to remove a child to training school and subsequent plans to extend his stay there should be taken by senior management after considering the deliberations of a review.

9.3 The following are recommendations arising from the report:-

1. It is recommended that reports should be prepared for reviews in accordance with Western Board policy and that the plans and recommendations should be properly documented on the pro forma provided (Para 2.9).
2. When future plans are made for children at reviews held in Harberton the CET should ensure that tasks are allocated to the workers involved and that a specific period of time is set for their completion (Para 2.10).
3. "The formal division of <sup>or</sup> Harberton into two units has been agreed by the board and it is recommended that this work should proceed without undue delay" (Para 2.13).
4. The Board should seek to increase the number of professionally qualified staff in Harberton in the short term and to develop the expertise of all staff in child care matters through their attendance at in-service training courses (Para 3.5 .

- + 5. It is recommended that one of the senior <sup>staff</sup> is on the Harberton premises at all times in accordance with Unit of Management Policy (Para 3.10).
6. Staff supervision sessions should be recorded and dated (Para 3.11).
7. Members of the Pesonal Social Services Committee undertaking visits to Harberton should be reminded of their duties under the Conduct of Children's Homes Direction with regards to the frequency of their visits, the inspection/signing of records and reporting (Para 4.4).
8. A proper Register should be provided for admissions and discharges and management should give a written instruction of appropriate entries (Para 5.1).
9. A record should be kept of the meals provided for children each day and it should be dated (Para 5.2).
10. The statutory records held in Harberton should be signed in TL 4 absence by the social work manager covering for him (Para 5.5).
11. It is recommended that a scheme of interior decoration suitable for a children's home is undertaken by the Board (Para 8.5).

12. Urgent attention should be given to requisitions for replacement items of furnishing (Para 8.6).
13. The initial decision to remove a child to training school and subsequent plans to extend his stay these should be taken by senior management after considering the deliberations of a review (Para 9.2).

MANAGEMENT AUDIT VISIT  
TO HARBERTON HOUSE ON 18 JANUARY 1989

The following staff were on duty at the time of my visit:-

HH 5

HH 22

HH 27

HH 43

HH 15

SND 21

In addition to the above, two students were on placement:

\_\_\_\_\_ a final placement student on placement from November 1988 until May 1989 and \_\_\_\_\_ a first placement student who commenced in January 1989 and who would complete his placement in May 1989.

At the time of the visit \_\_\_\_\_ HH 43 \_\_\_\_\_ and one of the students were attending a Case Conference at \_\_\_\_\_  
 \_\_\_\_\_

TRAINING

A number of the staff at the Home had professional qualifications but, it was accepted that there was still significant work to be undertaken to ensure that all staff received professional training and this task was seen as important given the recommendations made in the Hughes report in respect of training and parity of pay for residential staff. \_\_\_\_\_ HH 5 \_\_\_\_\_ indicated that staff were aware of the proposals that any parity of pay agreement would be accompanied by a review of the traditional child care residential provision and would lead to a broadening of the role of staff towards more of a childrens resource centre type of remit. The staff were excited and well motivated by this proposal though it was acknowledged that there was still considerable negotiation to be done with the Department and more consideration would need to be given to the practical detail of this development. Mr Carey emphasised that any such development would be phased in over a period of some years and that he was hopeful that in the interim attention could be devoted to the professional training of existing staff.

STAFF DEVELOPMENT

The identification of training needs was done through the process of supervision so that supervisors could identify and target particular areas. This task was being undertaken at the time of my visit for this year. Having identified the training needs these were met in two ways.

1. In-house training which provided training around identified practice areas such as writing assessments, preparing Court reports, skills development and so on and this was undertaken at team meetings.
2. Ear marking relevant short courses that were considered to be appropriate to the identified training needs.

In addition to the above mentioned **HH 5** also indicated that there was an on-going course using Open University material entitled "Caring for Children and Young People" which he co-ordinated. This course was targeted at staff who did not possess professional qualifications though he believed that it could also be beneficial for qualified staff. The course was organised on the basis of twelve sessions stretched over twenty-four weeks and **HH 5** indicated that three staff from Harberton House will be involved. He also referred to the fact that he was hopeful that a course could be organised to improve the level of skill in family therapy and this would not only be useful for residential staff who were engaged in family work but also with fieldwork staff who co-worked with residential staff. **HH 5** indicated that negotiations were on-going to organise a course using [REDACTED] from Whitefield House, Belfast.

#### CHILDREN IN THE UNIT

Harberton House has a capacity for twenty five children and at the time of my visit all the places were taken up. Fourteen young people were located in the Assessment Unit and eleven were in the Medium Stay Unit. The ages of residents ranged from three years to seventeen years and of these, ten were teenagers.

#### ADMISSIONS/DISCHARGES

**HH 5** indicated that there was more movement of late in terms of admissions and discharges than there had been for some time. However, staff had concerns that unless places could be obtained either in Fort James or in foster care the turnover could once again slow down and this could result in stagnation. Depending on the mix of children in the unit at the time this could lead to behavioural difficulties and a consequent increase in disciplinary problems. This would seem to suggest that in addition to trying to develop foster care as an alternative, more thought would also have to be given to services appropriate to preventing children being admitted to care and to placing the children home-on-trial as soon as this is reasonably feasible.



STAFF SICKNESS

HH 5 indicated that the level of staff sickness was not a problem in spite of a recent bout of flu which did not cause undue upset to the smooth running of the unit.

CARE PLANS

In addition to family and individual work carried out in relation to children, either under assessment or in the Medium Stay Unit, staff also occasionally engage in disclosure or on-going conjoint therapeutic work with fieldwork staff with children who have been the subject of sexual abuse. These children are not necessarily resident in the unit. However, obviously this can only be on an extremely limited basis and has been at the request of fieldwork staff who have recognised the expertise and skills of residential staff. The primary focus is to complete assessments on children admitted to the unit and to undertake on-going work in relation to children in the Medium Stay Unit. This entails liaison with a variety of other services both inside and outside the Board and increasingly contact is made with SND 470 in Belfast and [REDACTED] who is also located in Belfast and who would accept children for psychiatric assessment when it is considered appropriate to make referrals. HH 5 made the point that there is an increasing need for this type of service and because of the fact that there are many other demands on the time of both these professionals it is not always possible to get an appointment as soon as one would wish. This can slow down the process of assessment where the input of SND 470 or [REDACTED] is important. In addition, a significant amount of staff's time can be taken up in transporting children or young people to and from Belfast. Equally, though a good working relationship has been built up with the Educational Psychology Service of the Education and Library Board, the demand on their service has sometimes resulted in delays in obtaining their assistance. HH 5 indicated that this was in spite of the fact that referrals from Harberton often were given a high priority by the Educational Psychology Service. Obviously the need for specialist services of this type will continue given the increasing number of disturbed children being admitted to care and this is an issue which managers and the Board will have to address in due course.

RECORDING

Recording of general information is usually entered into a day book which is like a diary of the days events. In addition, a report or case record book is kept which contains a more detailed record of each individual child during the day and this is signed by TL 4 APSW, on a monthly basis. This record is transferred each month to the individual child's file and is up-dated as appropriate to include social work visits, loss of privileges as a result of disciplinary problems and so on.

In relation to the individual files kept on each child, I looked at a number of these bearing in mind the Departmental guidelines on the content outlined in the Circular "Standard for Monitoring and Inspection of Residential Child Care Documents" and it was apparent that the new filing system developed was compatible with those guidelines. The type of file used also meant that it could be readily adapted to comply with the guidelines on open access to files which I anticipate will apply to residential child care files in addition to fieldwork files. I requested [HH 5] to share the information contained in the Circular and on the question of open access with staff prior to implementation.

#### UNTOWARD INCIDENTS/ACCIDENTS BOOK

Untoward incidents and accidents appear in the montly returns and both are seen and signed by [TL 4] APSW, on a monthly basis. The standard form WC/10/20 is used for reporting accidents and the appropriate procedure in relation to both reporting untoward incidents and accidents is adhered to in the unit.

#### FIRE DRILL BOOK

The fire drill book contained details of drills and fire alarms plus equipment checks. The last test of equipment was on 17 October 1988.

#### PHYSICAL ENVIRONMENT

The physical environment both internally and externally is quite good given the wear and tear to which the building is subjected. There is some need for replacement of carpets and dressing tables some of which are showing substantial wear and tear. I reminded [HH 5] to ensure that these replacement items were included in the list submitted for capital equipment in the event of slippage money becoming available at the end of the year. Apart from the items mentioned above the unit was in good decorative order.

#### CONCLUSION

Overall I was impressed by the standard of care and organisation in the unit. The moral of staff has improved in spite of the significant difficulties with which they are faced in terms of the behavioural problems posed by children in the unit. The fact that there are increasing numbers of disturbed children being admitted to the unit, some of whom have been sexually abused with all the risks that that poses such as sexual precociousness does not appear to have adversely effected the dermination of staff to do a good job. This I think is reflected in the staff's interest in assisting fieldworkers with certain aspects of their work and consideration is also being given to out-reach programmes. This involves residential staff in conjunction with fieldwork staff offering services such as family meetings/family therapy to children and their families where this is considered appropriate

and it is envisaged that this would occur when the CET has considered applications for admission for assessment but believe that whilst admission may not be indicated the family could benefit from the family meeting type approach that has been developed in Harberton. In addition, I believe that the Board's proposals that emanated from Hughes Recommendation Number 6 have boosted the moral of staff and indeed many of the trained staff seem more than willing to take on the additional work elements outlined in these proposals. In the long-term this will of course mean that management will have to look more closely at proposals for training staff and so facilitate the transition to parity of pay and the proposed extension of the residential role and the associated extension of the residential role.

The one possible cautionary note that was sounded in the inspection visit was the need to develop other placement options to cater for the needs of children and young people either after assessment or when their period of stay in the Medium Stay Unit has expired. In addition to looking at the home finding element, this would also entail looking at existing resources and developing services to prevent admission of children into care or to speed up their discharge from care. All these are factors which merit attention and which hopefully can be brought to the Child Care Programme Managers group when it commences to function. However, overall whilst I am satisfied with the standards of care at the present time, I believe that the quality of care provided will be severely tested because of the increasing number of children with very complex personal and family problems that are being admitted to care. This could obviously have an impact on the operational role of Harberton House and will need to be monitored closely. In addition, it will be necessary to look at provision/development of fieldwork and other specialist services to facilitate the work being undertaken in the unit.



**GABRIEL CAREY**  
**PRINCIPAL SOCIAL WORKER**

31 AUGUST 1989



**ADMISSIONS OF CHILDREN TO  
CARE INSPECTION**



Department of Health and Social Services

## ADMISSIONS OF CHILDREN TO CARE INSPECTION

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From: Marion Reynolds

Date: 15 September 1994

Dr K F McCoy  
Chief Inspector, Social Services Inspectorate

### **WHSSB: INSPECTION OF CHILDREN'S HOMES**

1. Further to your request on 12 September for a summary of the main recommendations emerging from the triennial inspection of WHSSB residential homes, the following highlights issues raised under 4 main headings:

- i. Structure of Service;
- ii. Staffing;
- iii. Professional Practice;
- iv. Monitoring and Fire Regulations

#### **i. STRUCTURE OF SERVICE**

The Board's residential services are located in large buildings catering for a large group of children with divergent needs.

They also operate at full or over capacity for significant periods each year.

The consequences of this are:

- the supervision of children is difficult;
- children tend to be admitted wherever a vacancy exists rather than to a specialist facility selected to address their assessed needs;
- none of the homes were operation according to their stated Aims and Objectives;
- throughput levels in the 3 statutory homes are high. This influences the stability and continuity of care which can be provided to children with long-term care needs;

- there is no specialisation of function in terms of age, assessed needs of the children, or the likely length of time they will spend in care.

## ii. STAFFING

The level of professionally qualified staff employed across the Board's 3 homes varies widely with Coneywarren having only 3 out of 32 residential social workers holding such a qualification. The comparable position for Fort James, which has the highest number of qualified staff, was 12 out of 19 staff. All residential managers are now qualified (one at CRCCYP level). The issues arising in relation to staff were:

- the number of temporary staff in employment. In total there were 20 such staff with 10 of them employed in one home. This home also employed 6 part-time staff on permanent contracts. There is, therefore, a large staff group both for managerial purposes and for continuity of care, as workers tended to be used across the units within the home;
- levels of sick leave and intoward uncidents appeared to reflect throughput levels within the homes. No monitoring occurred to assess the impact on staff and children of turn-over rates within the homes;
- regular supervision occurred in 2 out of the 3 statutory homes but on occasions it was difficult to assess from supervision notes how the individual worker's performance and practice was monitored and reflected on by the Team Leader;
- staff felt unsupported by the absence of, or adequacy of, consultation with the Adolescent Psychiatry and Psychology services within the Board's area;
- the recruitment and deployment of male residential workers needed to be actively addressed;
- the work pattern of managers general meant they were unfamiliar with the functioning of the home, or the performance of staff, outside office hours;
- the number of staff currently engaged in professional training was 6, five from Conneywarren and 1 from Fort James.

## iii. PROFESSIONAL PRACTICE

There are indications that children's admission to care occurs generally as a result of a breakdown of the preceding care arrangements. The increasing use of S103 of the Children and Young People (NI) Act has not resulted in an increase in the number of planned care admissions. At times it appeared that

admission occurred so late in the care planning process that it restricted the likely impact which residential care would have on the child's behaviour or the family's functioning capacities.

Issues which arose were:

- the shortage of an adequate number of foster homes <sup>for children at the point</sup> of admission to care or to meet the subsequently assessed needs of children;
- an over-reliance on the Extern West diversion scheme even though there was no formal arrangements to combine the time-out function it fulfilled with intensive work with the family;
- discharge decisions at times appeared arbitrary and in one home 62% of children discharged (26) in the year preceding the inspection were re-admitted at least once more to residential facilities. The reason for such a high breakdown level needs further consideration as it may reflect poor planning or inadequate resourcing of the discharge plan either in terms of other services or social work support;
- parental attendance at child - care/reviews is encouraged although a number felt they had little influence over the decisions which were subsequently made;
- the complaints system in some homes needs reviewed and staff need supported to handle complaints which may be made against them;
- the use of homeless accommodation for children discharged from care was a matter of concern as was the absence of "rescue" facilities for young people experiencing difficulties coping alone in the community;
- there were issues of peer abuse and bullying in all the homes which arose from:
  - the nature of the problems of the residents;
  - the "mix" of the resident group in terms of age and/or past experiences of victimisation;
  - the size and lay-out of the facility;

In one home a structured programme had been developed to handle such incidents. The use of the Child Protection Procedures to develop a child protection plan for the victim and victimises varied across the homes;

- children at times perceived the Training Schools as a threaten and punishment.



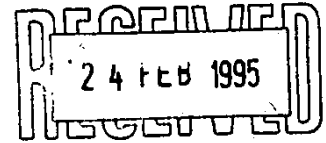
iv. **MONITORING AND FIRE REGULATIONS**

- the APSW with responsibility for Foyle's homes provided little professional monitoring information in his monthly reports;
- the Locality Manager in Omagh and Fermanagh produced both the Annual and the Monthly Monitoring reports;
- Board Members did not visit any home as required;
- there were breaches in the monthly social work visits to children in residential care.

In terms of adherence to Fire Regulations Coneywarren and Fort James have yet to implement recommendations made by the Health and Safety Inspectorate in 1987 and repeated recently in regard to the latter premises by the NIFA. To date no fire certificate has been received for Harberton House. All of the homes also were in breach of a number of fire safety precautions.

2. I hope this brief outline is of assistance. If you wish further clarification do please let me know.

**MARION REYNOLDS**



DB.TH.mmcc

22 February 1995

Miss M Reynolds  
Inspector  
Social Services Inspectorate  
Department of Health and Social Services  
Dundonald House  
BELFAST  
BT4 3SF

Dear Miss Reynolds

**Re: Triennial Inspections of Children's Homes 1993/94**

Thank you of your letter of 4 January 1995. The recommendations in respect of your report on Harberton House Children's Home have now been considered with the Unit of Management and I would make the following response:

- 1 The Unit of Management should ensure that its Supplies Department provides choices of furniture and fabrics for Children's Homes which are of a domestic nature.

This recommendation has been addressed and it is accepted by the Supplies Department that furnishings and fabrics provided will be of a domestic nature in keeping with the ethos of the facility.

- 2 The Aims and Objectives of Harberton House should be reviewed within the Board's Overall Child Care Strategy. The implications for this Home and any reduction in the number of residential places available in Foyle Unit should be assessed.

The Aims and Objectives of Harberton House are currently under review both in terms of interim arrangements supporting the closure of Fort James and in terms of long-term planning within the strategic objectives for Residential Care.

The Draft Area Purchasing Plan indicates that the Residential Child Care Strategy is to reduce the number of Residential Child Care Places provided by the Board from 74 in 1994/95 to 56 in 1995/96 - 18 places at Coneywarren - 20 places at Harberton House.

Foyle Community Unit of Management have agreed to purchase 18 residential child care places from Nazareth House, Bishop Street, Londonderry. It may however also be necessary, on occasions, to purchase some additional places from outside the Unit's area.

As part of the overall Child Care Strategy the number of children in the Board's care will be reduced from 456 in 1994/95 to 406 in 1995/96 and 380 in 1996/97. The number of children in care in Foyle Community Unit of Management is planned to reduce from 261 in 1994/95 to 246 in 1995/96.

- 3 The Board should seek to develop a range of preventive, fostering and community based alternatives to residential care.

Foyle Community Unit continues to make progress in developing alternatives to residential care and a range of responses to ensure a continuum of Child Care Services. These include:-

- (a) Development of a Family Support Team whose role is to help, support, intensify and develop preventive strategies in working with children and families.
- (b) The recruitment and training of two specialist foster parents for adolescents.
- (c) The extension of provision by Family Centres which cover support for families in the evenings and school holidays. It is anticipated that this, in future, will include the provision of services at weekends to meet identified need.
- (d) The development of the existing Board Playgroups to include after-school and holiday support for families with children under 8 years and skills work with parents.
- (e) The planned development of two Family Centres by the NSPCC in areas of identified need.
- (f) Consolidation of existing youth support services provided in conjunction with Extern West and the development of new services such as the Education Project for young people excluded from school and the Time-Out Project.
- (g) The expansion of the Leaving Care/After Care Team enabling its role to be enhanced to include work with young people aged 16+ years in the Community.

- 4 Consideration should be given to developing an Admission Policy which aims to increase the number of planned admissions to care and ensures the stability of the Medium Stay Unit.

It continues to be the Policy in Harberton House to admit children to the reception/assessment unit where at all possible. Increased efforts will be made to plan admissions to this Unit.

A Time-Out Project has been developed in conjunction with EXTERN which has reduced the need for children to be received into care.

In terms of care plans, the report recognises that care plans are available and that the process is working well procedurally. In keeping with the recommendations, care plans now address specific issues under the headings of Social, Physical, Emotional and Educational Needs.

The report recognises that parents receive confirmation of decisions reached at Reviews. Although children receive verbal feedback on the outcome of Reviews from the relevant staff the report indicated that it would be helpful if they received the decision in writing. Arrangements are now being made to ensure that this is done in language which is appropriate to the child's level of understanding.

- 5 Residential Staff should receive further training on the Complaints Procedure. All complaints made should be recorded and interested parties notified in writing both of the nature and outcome of the complaint.

Residential Staff have undertaken a further training course on the Complaints Procedure since the Inspection was carried out. In addition to its inclusion on the induction programme for new staff, this training course will be organised on an annual basis. Arrangements have now being made to ensure that all residents and their parents are informed of the Complaints Procedure. In addition to providing the booklet for residents the video "Speak to Someone" is used to deal with this; the outcome notified in writing to the relevant parties.

Arrangements are being made to install a pay telephone although it is recognised that there has been difficulty in the past in terms of this being misused to make emergency calls.

- 6 A support system should be provided for staff who are the subject of a complaint. An independent manager should investigate any complaint of a serious nature.

The Unit of Management are currently reviewing the nature of support required by staff who are subject of a complaint. External Consultants have already been used to deal with specific pressures on individual staff members and groups of staff. In relation to complaints of a serious nature or those made against a member of staff the investigation of the complaint is allocated to a senior member of staff who is not closely involved with the management of the Home.

- 7 The Board should review the service provided to the residential sector by the Area Mental Health Unit.

As there is only one Child and Adolescent Psychiatric Team in this Board's Area and as there is a high referral rate the team is experiencing difficulties in dealing with the present demands for a service within a reasonable timescale. The difficulties associated with access to this Team has been the source of ongoing discussion. In order to address the current level of work the Board has decided to appoint a second Child and Adolescent Psychiatric Team which will be based in the

Southern Sector of the Board's Area. The present Unit structure is about to change with the amalgamation of the Northern Sector of the Area Mental Health Unit and Foyle Community Unit from 1 April 1995.

- 8 The system for recording children's contact with medical, dental and hospital services and the administration of medicines should be reviewed. A proportion of staff should also be first aid trained.

This situation is now being reviewed and a possible format is being discussed with the Home's Medical Officer. The system for the recording of the receipt, administration and disposal of medicines has been revised in keeping with the recommendation.

The need for first aid training has been identified to the Training Unit and arrangements are being made to organise a training programme.

- 9 The Home's menu should be recorded and reflect the routines of the Home. All meals provided should be recorded in the menu book and children's views on food should help inform the design of the menu.

Efforts have been made to address this recommendation in terms of restructuring the menu to ensure that the main meals are provided in the evening during the week. The meals provided are recorded and subject to monitoring. The catering contract specification was updated following consultation to include non use of cook-freeze. Ongoing discussions continue to take place between the Unit of Management staff and catering contractors.

- 10 The use of the Day Book record should be reviewed to ensure duplication is avoided and that all relevant information is recorded on the individual's casefile.

This recommendation is currently being implemented. Staff have been advised to record relevant information in the child's casefile. Staff have also been advised of the need to be pro-active in the use of case records, in terms of discussing the child's life history with them.

- 11 All restraints employed should be recorded and subject to managerial inspection and evaluation. Pending the issue of the Board's Guidance on appropriate forms of restraint the practice of wrapping children in a duvet as a means of restraining should cease.

The recording and monitoring of incidents of restraint continues to be recorded as untoward incidents. The Board has developed a new Policy on the Handling of Violence and the use of Restraint in Residential Children's Homes. This policy "Therapeutic Crisis Intervention in Residential Care" has been approved by the Board. Relevant training is being organised for staff to ensure the full implementation of this Policy.

- 12 Children should have the opportunity to attend regular house meetings to address matters of concern and the Home's rules or routines.

Children meetings are now organised on a regular basis. These take place at least monthly.

- 13 Efforts should be made to improve the privacy of children's bedrooms and the protection of their personal property. The practice of children sharing bedrooms should be reviewed.

Some steps have been taken to address this recommendation. For example, one three-bedded room has now been converted into two single bedrooms. Most children now have accommodation in a single room. Staff are currently examining ways in which children can secure their bedrooms and personal property.

- 14 All sanctions employed should be monitored and efforts should be made to assess their impact over time on both a group and individual children.

All sanctions are recorded and are monitored by Team Leaders and the Visiting Social Worker. It is the intention that the monitoring of sanctions will form part of the child's individual Care Plan and be considered at Residential Reviews.

- 15 All untoward events should be recorded and guidance should be available to ensure consistency of practice.

Staff have been given clear guidelines on the recording of untoward events. These guidelines are now implemented.

- 16 Vetting procedures should be completed prior to the employment of staff or adults undertaking regular contact with children in care.

This recommendation has been actioned. It is recognised however that there are sometimes delays in having vetting carried out which can create certain difficulties.

- 17 The Team Leader should undertake occasional duties outside the usual working hours.

Team Leaders regularly undertake duties outside their usual office hours but this has not been reflected in the master rota. These duties will now be recorded in a way that can be monitored.

- 18 Efforts should be made to address the gender imbalance within the Teams to provide boys with appropriate male role models.

Managers are sensitive to the gender imbalance and this is considered when recruiting permanent staff. There still however remains a difficulty recruiting qualified social work staff to residential care.

- 19 i The format of the monthly monitoring report is being addressed by the Unit of Management.

- ii A formal training session was organised for Board Members on their role as Visiting Board Members to Children's Homes. This is supplemented by informal consultation on an on-going basis.
- iii The fire alarm system in the Home is currently being upgraded, this includes the installation of smoke detectors, replacement of all bedroom doors and the provision of emergency exits.
- iv All Statutory records, including untoward event records, are now bound.
- v The Complaints register is now regularly monitored by the Visiting Social Worker.

If you require clarification or further information on any point please get in touch.

Yours sincerely

**DOMINIC BURKE**  
Director of Social Care

copy **SND 408**  
I Haverty, CSWA

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

MEMORANDUM

TO: [REDACTED] HH 22 Harberton House  
FROM: Mr G Carey, PSW, Group Office  
DATE: 15 February 1990

I would be grateful if you would convey my thanks and appreciation to staff for their efforts during the current difficulties created by the substantial increase of children requiring admission to care. I am aware that this places additional pressures on staff who are already dealing with disturbed children and I am encouraged by the positive attitude shown by them in responding to the demands placed upon them.

It will obviously be necessary to monitor developments on an on-going basis and for my part I will be anxious to provide whatever support I can to help ameliorate these problems. However, I think it is also important that staff be made aware of the efforts that are being made throughout the child care programme to attempt to deal with the situation that has arisen within the limitations and constraints with which we have to contend. I am also anxious that as part of the on-going review of current difficulties that staff have an opportunity to contribute constructive suggestions to possible resolutions of the problems and no doubt you will be initiating dialogue with your fieldwork colleagues to this end. However, if there are any areas of concern you wish to address with me, please do not hesitate to make contact.

[REDACTED]  
GABRIEL CAREY  
PRINCIPAL SOCIAL WORKER

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



**SOCIAL WORK STAFFING LEVELS**  
**CHILD CARE**

From the analysis of the fieldwork staffing levels contained within the Strategic Plan 1987/92 it was identified that this Unit of Management was 15.5 Social Workers under-staffed or the equivalent of approximately three fieldwork teams. However, it must be borne in mind that the figures referred to in the Strategic Plan are based on the Departments guidelines of one Social Worker per 5,000 population. I would certainly concur with the Strategic Plan that for this Unit of Management analysis of the staffing complement should be based on one Social Worker per 4,000 of the population. This is based on the fact that the Londonderry and Strabane areas in particular suffer from high levels of social deprivation and as in north and west Belfast, the staffing ratio should be reduced to reflect a socially deprived area. From Figure 1 (below) it will be seen that the Social Workers per 1,000 of the population within the Western Board on a comparative basis with both the other three Boards and indeed England is seriously disadvantaged. This situation also pertains to trained Social Workers per 1,000 of the population. When one collates this type of information and combines it with the very serious trends in the numbers of extremely complex and difficult child care cases presented to social work staff, it is clear that appropriate action will need to be undertaken if we are to maintain the quality and range of protection and preventative services in the child care field.

**FIGURE 1**

<b>COMMUNITY SERVICES IN ENGLAND &amp; N IRELAND</b>	<b>ENGLAND</b>	<b>NI</b>	<b>EASTERN BOARD</b>	<b>NORTHERN BOARD</b>	<b>SOUTHERN BOARD</b>	<b>WESTERN BOARD</b>
<b>Social Workers per 1,000 population</b>	0.81	0.81	0.98	0.71	0.66	0.66
<b>Trained Social Workers per 1,000 (Aged 1 - 15)</b>	1.97	1.64	2.41	1.43	0.94	1.12

There are certain key underlying trends which reflect the increasing demands that have been placed on child care Social Workers in recent years. These increasing demands are not purely in terms of additional numbers of cases but also because of the very complex nature of child protection work which often necessitates that more than one Social Worker be assigned to an individual case. As I hope to illustrate below this trend is in evidence in many aspects of the child care work undertaken by Social Workers.

#### CHILD PROTECTION REGISTER

One measure of the increasing demands on child care staff is the number of children on our Child Protection Register. Figure 2 demonstrates the increase in the rate of registration between 1982 and 1989.

FIGURE 2

WESTERN BOARD (LLS)	NO. OF CHILDREN/ FAMILIES
At 31.12.82	6 families (12 children)
At 31.12.84	24 families (66 children)
At 31.12.85	26 families (68 children)
At 31.12.86	36 families (87 children)
At 31.12.87	49 families (121 children)
At 31.12.88	40 families (106 children)
At 31.12.89	41 families (130 children)

An analysis of these figures shows that the numbers of children placed on the register increased from 1982 until the end of 1989 by more than 983%. After a slight decrease between 1987 and 1988 this trend is continuing upwards at a steady rate and clearly is somewhat disturbing in terms of our present ability to meet this

need. It should be pointed out that the slight reduction in children registered following the peak in 1987 is believed to be accounted for by the devolving and delegation of decision making down the line.

The types of cases placed on the Child Protection Register are broadly broken into two main categories - those involving children who have been physically/emotionally abused and those who have been subjected to sexual abuse. Whilst statistical information regarding the input of social work time is not easily ascertained, the implications of dealing with an increased level of physical abuse cases in terms of both social work time, stress levels and high levels of professional practice can have significant ramifications on staff who have to deal with these cases and on their Managers who have to ensure that Social Services respond to cases of child abuse. This may mean that important but less urgent work is not undertaken until child abuse investigations are completed.

#### SEXUAL ABUSE REFERRALS

Another measure which would indicate the increasing levels of work is the rate of sexual abuse referrals. Figure 3 indicates that there has been a substantial increase in the numbers of sexual abuse referrals over the period 1985 until 1989. Indeed the overall rate of increase over the period is 355% and between 1988 and 1989 the rate of increase is 100%. This is no doubt a reflection of the very high profile that sexual abuse has been given by the media and other professional bodies over the past year and all the indications are that this trend is continuing.

FIGURE 3

	Waterside Office	Riverview Office	Shantallow Office	Linavady Office	Strabane Office	Total
1.7.85 to 1.7.86	4	7	5	4	2	22
1.7.86 to 1.7.87	11	15	9	7	11	53
1.7.87 to 1.7.88	14	13	7	9	6	49
1.7.88 to May 1989	30	25	21	5	19	100

This development has had a number of effects. Firstly due to the complexity of this type of case, the expertise, time, commitment and levels of stress for workers have significantly increased. Secondly, due to the level of risk there is an increased likelihood that the children are admitted to care or at the very least placed on the Child Protection Register. Thirdly, the nature of sexual abuse disclosures has meant that this Department increasingly uses wardship as a means of protection for children.

As I will outline below wardship proceedings are complex and time consuming. The overall effect is that the nature and role of the job has changed very considerably for Social Workers making much greater demands on time, commitment and the expertise of Social Workers. Indeed, working on such cases often has to be done at the expense of other work which may have to be left unattended until child sexual abuse referrals are properly investigated.

### COURT WORK

Another indicator worth considering is that the continual use of compulsory orders within social work practice has undoubtedly effected the number of court appearances for social work to the juvenile court. This is not only to seek orders but often to defend revocation applications where parents initiate proceedings. To illustrate the latter point, in one situation the Social Worker was in court in connection with one case on nine occasions out of a possible thirteen monthly court sittings. If one assumes that each court appearance required approximately three hours input in terms of preparation of reports, waiting in the court for the case to be heard and the actual court proceedings themselves, one can see that this represents a colossal input of social work time. Overall there has been a 146% increase in social work court appearances during the period 1982 to 1988 in the Londonderry Juvenile Court. These figures do not take account of appearances at the Strabane and Limavady Juvenile Courts which I suspect have witnessed an increase of a similar order. In general terms court appearances for Social Workers are extremely demanding in terms of time and commitment and can quite often mean anything from one hour to four hours depending on the workload of the courts.

### WARDSHIPS

As I indicated above, another aspect of social work which is increasing in frequency is the use of wardship proceedings. In the Board in general, wardship applications have steadily increased. In general terms a very high proportion (75% in some years) of wardship applications have been completed in the Londonderry, Limavady and Strabane Unit of Management and as Figure 4 indicates there has been a very significant increase (over 500%) in the number of wardships held in what is now Foyle Community Unit of Management over the period 1984 - 1989. This increase can partly be explained by the higher levels of

separations that we are experiencing in marital situations but also in addition it has been greatly influenced by the increased use of wardship in relation to sexual abuse cases where judicial evidence is not sufficient to ensure the protection of the child. The implications are considerable in terms of the intensity and degree of involvement in relation to the professional practice and time because of the on-going nature of wardship applications. Moreover, because wardship applications are listed in the High Court in Belfast the legal preparation tends to be more complex and the amount of travel time involved means that Social Workers may not be available to undertake other child care duties because they are required to attend court.

**FIGURE 4**

WARDSHIP ORDERS	
YEAR	LLS
1984	12
1989	76

**MATRIMONIAL CAUSES (NI) ORDER 1987 REPORTS**

In addition to the above factors, the amount of work that has been generated as a result of the Matrimonial Causes Order has been quite significant. From Figure 5 it can be seen that there was a major increase in matrimonial causes work from 1979 - 1980 following the introduction of the Order. Since that time there has been a steady increase in the work to the extent that from 1980 - 1988 the increase was 125%. This work, like wardship, has been increasing unabated and there appears no likelihood of change in the situation particularly since these statistics would indicate that marriage breakdown has significantly increased. Moreover, this matter is further complicated in that over the past number of years in particular, couples are able to have Decree Absolutes following a twelve month separation period. Thus many marital situations are still relatively new with many associated difficulties, particularly in relation to the arrangements in respect of the children which is the Social Workers main remit for being involved. Couples may not be reconciled totally to the dissolution of their marriage and naturally situations remain quite complex and therefore demanding of social work time. There was not an increase in manpower resources to off-set the increase in work associated with the introduction of the Matrimonial Causes Order.

**FIGURE 3**

<b>MATRIMONIAL CAUSES</b>								
<b>Unit of Management</b>	<b>1979</b>	<b>1980</b>	<b>1981</b>	<b>1983</b>	<b>1984</b>	<b>1986</b>	<b>1987</b>	<b>1988</b>
<b>LLS</b>	<b>7</b>	<b>64</b>	<b>51</b>	<b>69</b>	<b>90</b>	<b>67</b>	<b>88</b>	<b>144</b>

**ADOPTION ORDER (NI) 1987**

It should also be stressed that the introduction of the new adoption legislation brought with it considerable areas of new work. Though we received 1.5 Social Workers to help off-set this, these workers were specifically ear-marked to deal with the obligation to provide counselling for adopted persons seeking their birth record. Though we have attempted to extend the range of adoption work in which they are involved, it should be noted that under the 1987 Adoption Order that children become "protected children" when a Notice of Intention or Originating Summons is served. This imposes a duty on the Board to supervise the placement until the Adoption Order is made. In addition, the Social Worker has to complete an extensive agency report which is quite long and involved and this is a new requirement which is in addition to the provision of a Guardian-ad-Litem report. As I have indicated above, the rate of marriage breakdown has increased and illegitimacy does not carry the stigma that it did at one time. For this reason there are more couples marrying who have children by a previous relationship and who seek to have these children adopted. This has meant an increase in the number of non-agency placements (previously family adoptions) and in 1989 there were 24. The new adoption legislation requires the Board to be much more meticulous in its approach to adoption practice and procedure and having worked on the Adoption Working Party, charged with devising a practice/procedural manual, I have no doubt that this will make increased demands on Social Workers time. Bearing this in mind I do not believe that the staff provided to take account of the obligation to provide counselling will be sufficient to cope with all the demands placed upon us by the Adoption Order.

**CHILDREN IN CARE**

The report has tended to highlight the massive increases in the workloads in various areas of child care such as child protection, wardship, matrimonial causes, adoption, and so on. However, it is important not to lose sight of the additional commitments that workers have to children already in the care of the Board. At the present time in Foyle Community there are some 86 children in residential care, 171 children in foster care (our highest ever number) and some 61 children home-on-trial making a total approaching 318. Social Workers within child care teams are responsible for these children and the provision of a professional service to them which amounts to a considerable workload in itself. For example, of the children in residential care some 39 are awaiting long-term foster placements. In addition there are 19 other children in short-term foster care who will have to be moved on to long-term fostering placements as soon as possible. In other words all these children have been identified as being unable to return home in the immediate term and thus are ready for a long-term placement and are presently inappropriately placed within the residential unit. This fact in itself creates a tremendous amount of work for the Social Worker which hopefully will be partly off-set by the provision of two additional workers for the Fostering Unit. However, even with this increase in staff for the Unit, Social Workers in child care teams will still have to be involved in home finding in the immediate future in order to adequately address the numbers of children in care awaiting foster placements.

**CONCLUSION**

In conclusion I would hope that the factors and evidence outlined above, reflect the urgent need for additional child care staff in order to cope effectively with the current work demands. I would stress that this does not take account of any future demands and I have not looked at any population trends which I suspect would indicate a projected increase in the under fifteen years population in the future and an increase in the numbers of females of child bearing age. Clearly these and other social factors will also have an impact on our work. The thrust of the report is primarily focused upon attempting to secure additional staff so that the standard and quality of service can be maintained in the light of the many statutory child care demands that are placed upon us. For instance, in a number of offices there is a backlog of matrimonial causes reports because of the fact that there is other work which has a higher priority. The provision of matrimonial causes reports is a statutory requirement and failure to make court dates does impact adversely upon our "public image". While staff have been very professional in their approach to dealing with the considerable difficulties we have experienced in recent years because of staff shortfalls it is increasingly the case that emergency work is being carried out at the expense of other on-going planned work. No matter how sophisticated or refined a caseload management system one

# WESTERN HEALTH AND SOCIAL SERVICES BOARD

Our Ref: HEL/roh

Your Ref:

DATE: 8 May 1990

15 GRANSHA PARK  
CLOONEY ROAD  
LONDONDERRY BT47 1TG  
NORTHERN IRELAND  
PHONE: CAMPSIE 860086 (14 lines)  
FAX. No. (0504) 860311

Mr Denis O'Brien  
Social Services Inspector  
Social Work Inspectorate  
Dundonald House  
Upper Newtownards Road  
BELFAST  
BT4 3SF

Dear Mr O'Brien

Re: STATUS REPORT ON THE CARE SITUATION IN FOYLE COMMUNITY UNIT  
OF MANAGEMENT - 10TH APRIL 1990

I am enclosing a Status Report regarding the above matter up until the 10 April which indicates the major financial implications of our "epidemic" of child abuse referrals. I shared this report with the Area Executive Team and the General Manager and you will note from my recent correspondence to you the problem is in the process of being addressed and I have received every possible support from every member of the AET and [REDACTED]. I am in the process of receiving from my colleagues in Foyle Community a detailed analysis of the current situation and we intend to plan a way forward to target in on the immediate problems.

We have been for years talking about only seeing the tip of the iceberg in the whole area of child abuse and I think we are now beginning to "meet" the unmet need and when one considers all the increasing demands which come with an increase in child abuse referrals e.g. the number of children on the child protection register increases, the number of court appearances, the number of wardship applications and then the impact on fostering and residential care and if one cannot keep the various processes flowing one ends up in a "clogging-up" situation. In addition we have had an ever increasing number of mat. causes and domestic proceedings to deal with and indeed our new open access policy has implications on the time of social workers. I think all of these factors along with the demands regarding the registration of day care e.g. we have had in 20 enquiries for registration regarding private day nurseries during the period January to March.

I do believe that as an organisation we are highly committed to addressing all these issues but as you are fully aware there is a limit to the amount of money available but I can say with



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

MEMORANDUM

TO: Mr T Haverty, ADSS(G)  
 FROM: Mr G Carey, PSW  
 DATE: 15 February 1990  
 SUBJECT: CHILDREN REQUIRING CARE

As you will be aware there has been a substantial increase in children requiring to be admitted to care in recent times. Since 19 January 1990 there have been twenty-eight children admitted to care. With the exception of one who was taken on a Place of Safety to Training School the remainder were found places in either residential or foster care. As of 14 February 1990 there are ten children awaiting admission to care, at least one of which is a fairly concerning physical abuse case which has had to be deferred as a result of the requirement to obtain places for other children. In addition, I understand from [REDACTED] SN D 498 SSW, that there is a foster placement about to breakdown so that we will have to obtain an alternative placement for that child also. I would stress, however, that the majority of children who were admitted to care came to our attention because of neglect/physical abuse and the inability of parents to provide proper care and not because of sexual abuse. However, that is not to say that in some of the disorganised families children have been admitted to care that disclosures of sexual abuse will not become an issue at a later stage.

Because of the difficulty this situation has created for residential staff in particular, and fieldwork staff, I met on Wednesday 14 February 1990 with various Managers to assess the situation and to look at options available to cope with the demand for residential and fostering places. Those attending the meeting included [REDACTED] TL 4 [REDACTED] APSW, [REDACTED] FJ 33 [REDACTED] Fort James, [REDACTED] HH 22 [REDACTED] Harberton House and [REDACTED] HH 42 [REDACTED] and [REDACTED] SN D 491 and myself. [REDACTED] SN D 491 attended the meeting in his capacity as the fieldwork representative on the CET and also to bring a fieldwork perspective to the discussion.

The situation at present is as follows:-

Harberton House - bed capacity 27.

There are twenty seven beds taken up in Harberton House at the present time though one of those young persons is currently in Training School and the Court case is to be heard on

utilises, such systems cannot adequately respond to a situation where the volume of work is greater than the staff available to take it on. To illustrate this point, one of my Child Care Team Leaders recently explained that at an allocation meeting it took one and a half hours discussion in order to get an urgent child care referral allocated. This length of time was needed, not because of the Social Workers reluctance to take on the case, but due to having to prioritise work and help the Team organise their commitments for the week so that a member of staff could be freed-up to take on this referral.

The impact on staff morale in these situations is something that causes me concern particularly when one examines the findings of enquiries into child deaths in England which point for a need to all first line managers to maintain a team environment within which the professional qualities of alertness, objectivity, creativity and commitment are maintained. Control of the work-flow is essential to this process and where individual Social Workers are stretched beyond a reasonable limit, the sustained demand on their competence and performance could erode those very qualities which Social Workers require to operate effectively and safely in the field of child protection in particular. Thankfully our staff have seemed to work through the most recent crisis in the system with great commitment, resilience, and professionalism. Indeed it is important to stress that in spite of the crisis there is still very good preventative social work being carried out. However, I do not believe that I can ask them to work under current pressures indefinitely without increasing the potential for error of judgement. The central problem is that of insufficient staff to meet the workload demand. We are working below DHSS recommended targets with a child care staffing complement which has only been increased by one worker in recent years (excluding the 2.6 workers for the Fostering Unit who are as yet not in post). As I have attempted to point out all the significant trends in acute child care work in this Unit of Management have shown clear and sustained increases in recent years and on that basis I would argue that there is a strong case for an increase in the staffing level.

  
GABRIEL CAREY  
PRINCIPAL SOCIAL WORKER

2 May 1990

C14816  
KC/27/6/90

From: D P O'BRIEN

Date: 21 JUNE 1990

Mr McElfatrick (to see) *home. 22/6/90*  
Dr McCoy *25/6*

## THE STATE OF PLAY IN WESTERN BOARDS CHILDRENS HOMES

1. Recently you advised that at the suggestion of the Acting Director of Social Services you would be visiting Harberton House and Fort James childrens homes on Tuesday 26 June. I understand that Mr McElfatrick spoke to you briefly about correspondence (Tab A) which I received from **SND 502** about child care problems within the Foyle Unit of Management. Briefly, these refer to an increase in admissions of children to care necessitating going over the established number of places in Harberton House and Fort James, and to an unsavoury untoward incident in Harberton House where children were found to be abusing each other. The purpose of this note is to bring you up to date on the position in the facilities which you will be visiting.

2. ADMISSIONS TO CARE

The Western Board admitted 58 children to care between 1 January and 31 March 1990 mainly because of abuse and neglect. I have asked for a breakdown of these figures in terms of family size, reasons for admission, planned/unplanned admission, short/long term care, etc. I suspect that we will find that 4 or 5 large family groups account for almost half of these children. Therefore, although this does not dilute the Boards problem, it does diminish the possibility of this level of admissions becoming a trend. Western Board staff suggest that their workload in all areas of child care has increased. In support of this view they have provided a synopsis of a study on social work staffing levels undertaken by **SND 466** APSW (Tab B).

3. IMPACT ON RESIDENTIAL CHILD CARE

Initially all 3 childrens homes within the Foyle Community Unit of Management were holding children in excess of the numbers which they are approved to accommodate. Recently the situation has eased somewhat. Harberton House (25) is catering for 26 young persons, ie one above its normal complement, but the staff flat which had been used for 4 children, has been taken out of service. Seventeen of the 19 residents in Fort James (20) are being accommodated in the main house, which normally sleeps 15 (the remaining 5 places are in the flatlets to the rear of the main building). Nazareth House (20) is accommodating 20 boys and girls which is its normal operating level.

However the influx of children to residential homes has had a consequential impact on the children and staff, particularly in Harberton House. The Board recruited untrained temporary workers to give assistance with supervising children living in the homes. However, permanent staff

consider that much of their time was given over to supervising the new recruits. Therefore programmes of care, and therapeutic work with individual children had to be set aside. The revelations about misconduct of a sexual nature between several children in Harberton House has left staff shocked and disappointed. They feel that but for their preoccupation with the additional children and temporary staff, they would have detected the untoward events sooner. Currently they are angered that management proposes to return one of the ringleaders to Harberton House following a short-term placement in a training school. It may be that they will resort to using their trade union to try and block his return to the home.

The Board has also received written complaints from some of the children in Fort James and Harberton House relating to overcrowding, restriction of their movement, having to move bedrooms, etc. In a recent letter to the Principal Social Worker the children living in Harberton House have objected to the return there of the boy mentioned in the previous paragraph. It could be that some of the recent letters sent to management were "inspired" by staff interests.

#### 5. INVESTIGATION OF UNTOWARD INCIDENTS

The RUC have investigated the untoward incidents which are alleged to have occurred in Harberton House. The children were interviewed and some of them medically examined. The police have confirmed that the incidents took place between 3 am and 7 am in the mornings and again in the afternoons in the grounds of Harberton House. They began before Christmas 1989 and ended following disclosures made by the children on 13 March 1990. In view of the ages of the children involved the RUC will be recommending that no prosecutions are made.

#### 6. REMEDIAL ACTION BY MANAGEMENT

Restrictions were placed on the movement of children within Harberton House by locking some doors in the evenings, but without breaching existing health and safety procedures. One staff was put on waking night duty for a period, and 2 boys, who were considered to be the ringleaders of the abusive behaviour, were temporarily removed from Harberton House. Enquiries have been made about the feasibility of introducing an electronic warning system to this facility, ie one which would activate when certain doors were opened at night-time. In addition, management and staff have been making regular reviews of the situation in the home to ensure early detection of any repetition of such events.

#### 7. IMPLICATIONS FOR CHIEF INSPECTORS VISIT

It is anticipated that some staff may view the planned visit by Dr McCoy as a consequence of the untoward incidents. It is conceivable that they may express to Dr McCoy their disagreement with management's policy on the placement of children admitted to care. They have already made representations to a Board member who was making a statutory visit to the home. It is clear that **SND 502** would wish staff morale to be raised by the Chief Inspector's visit and for her staff to feel that they have his support in the face of their current difficulties.

#### 8. I would be pleased to discuss any aspect of this note.

*D. P. O'Brien*

D P O'BRIEN

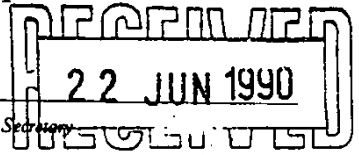


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650111 ext



SND 502

Western Health and Social Services Board  
15 Gransha Park  
Clooney Road  
LONDONDERRY BT47 1TG

Please reply to The Secretary  
Your reference

Our reference

Date 21 June 1990

Dear SND 502

STATUS REPORT - FOYLE COMMUNITY UNIT OF MANAGEMENT

Thank you for your letter of 8 May and enclose copy of the Status Report prepared by TL4. It is clear that the admission of 58 children to care over such a brief period has put a considerable strain on placement resources within the Foyle Community Unit of Management. I hope that this may be of a short duration and that the excessive numbers in the children's homes may soon be reduced. Hopefully this will be achieved through strengthening the fostering unit thereby overcoming the logistical and professional problems which have arisen.

Yours sincerely

D. P. O'Brien

D P O'BRIEN  
Social Services Inspector

## WESTERN HEALTH AND SOCIAL SERVICES BOARD

### A REVIEW OF SOME CURRENT ISSUES IN THE CHILDCARE SERVICE

#### BACKGROUND

In recent months a significant increase in serious child abuse referrals has been experienced by the Child Care Services of the Board. Within the pressures that this increase has created particular concerns have arisen around incidents of peer child abuse that have occurred within residential care. In order to examine the implications of these incidents for childcare it has been decided to establish a Child Care Review Team.

#### MEMBERSHIP

**DL 518** [REDACTED] (Family and Child Care), Eastern Health and Social Services Board.

**SND 493** [REDACTED] Senior Social Services Manager, Western Health and Social Services Board.

**HH 37** [REDACTED] Principal Social Worker, (Training and Staff Development), Western Health and Social Services Board.

#### TIMESCALE AND REPORTING RELATIONSHIP

The life of this team is short-term and purely related to the task outlined above and will report to the [REDACTED] Social Services, **SND 502** by Monday 24 September 1990.

#### VALUES WITHIN WHICH REVIEW WILL BE UNDERTAKEN

The spirit and tone of the Child Care Review will be one of sensitivity, support, openness and a high standard of professionalism.

The Review Team members have accepted the task roles in this spirit and to emphasise their commitment to it have indicated the following:

- It is the Team's intention not to make judgements about action or lack of action unless there is information in a written record to substantiate their opinion.
- The Team are determined not to make assumptions about staff roles and functions and they shall not make use of "hind-sight".

It is acknowledged that learning and professional development in the complex area of child care is always essential and the Western Health and Social Services Board and indeed the Review Team are mindful of the ever increasing demand for very fine judgements to be made balancing such issues as children's needs and parent's needs. Every stressful situation in child abuse must be translated into an experience which all of us can learn from and use the additional knowledge and skills gained for the benefit of another traumatised child.

The Terms of Reference of the Review Group are as follows:-

1. To review the background to the incidents of peer child abuse as referred to above.
2. To explore the lessons to be learned in order to enable us to respond more appropriately to the needs of children who have been traumatised in this way.
3. To examine roles and functions of staff and also to examine the part played by the children.
4. To identify the training implications.
5. To examine the implications for multi-disciplinary working.
6. To examine the resource implications.

The Review Team will approach their task as follows:-

1. Obtain all the relevant reports and information.
2. Analysis the information.
3. Identify gaps in the information available and seek further information where necessary.
4. Evaluate on a professional basis the care and service provided to the child taking into consideration resources available, workload etc.
5. Determine whether the decisions in relation to each child were realistic, having regard to demands placed on management and staff, "keeping in mind" the state of knowledge at the time and resources which were available.

REPORT ON THE CIRCUMSTANCES  
SURROUNDING INCIDENTS OF  
PEER CHILD ABUSE WHICH  
OCCURRED WITHIN RESIDENTIAL CARE



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## 1. BACKGROUND AND TERMS OF REFERENCE

1.1 On 3rd August 1990, the General Manager and Acting Director of Social Services established a Review Team to examine the implications for the Family and Child Care Services of incidents of peer child abuse that had occurred within residential care.

1.2 The Officers appointed to the Review Team were :-

**DL 518**, [REDACTED] of Social Services  
(Family & Child Care), Eastern Health &  
Social Services Board, Chairman of the Team.

**SND 493** Senior Social Services Manager,  
Western Health & Social Services Board.

**HH 37** Principal Social Worker (Training and Staff  
Development), Western Health & Social Services  
Board.

1.3 The terms of reference given to the Review Team were as follows:-

1. To review the background to the incidents of peer child abuse as referred to above.
2. To explore the lessons to be learned in order to enable us to respond more appropriately to the needs of children who have been traumatised in this way.
3. To examine roles and functions of staff and also to examine the part played by the children.
4. To identify the training implications.
5. To examine the implications for multi-disciplinary working.
6. To examine the resource implications.

1.4 When considering the terms of reference, the Review Team concluded that it would be essential to obtain information on the children and families concerned from the date of their first contact with Personal Social Services Staff.

In addition, as there are different perceptions and definitions of child abuse, we decided that our assessment of the nature and extent of abuse should be within the context of the definitions outlined in the Western Health & Social Services Board's Procedures for Dealing with Child Protection.

We also felt that the residential child care services could not be looked at in isolation and that consequently there was a need for us to view these services within the context of the total Family and Child Care Programme for the Unit.

4/17/8

CONFIDENTIAL

KC/15/8/90

From: K F McCOY, CHIEF INSPECTOR, SSI

cc: [REDACTED]

Date: 28 AUGUST 1990

Mr McElfatrick

[REDACTED]  
HARBERTON HOUSE

1. You will recall that before you went off on Annual Leave we met on 26 July 1990 to review the Western Board's response to incidents which had taken place in Harberton House between December 1989 and March 1990, and which had come to light only in March 1990.
2. We agreed that the Board would be asked to initiate an investigation into the situation and that a senior social services officer with relevant management experience of residential childrens homes should conduct the enquiry, which we felt should be of short duration.
3. I subsequently discussed the situation with [REDACTED] **SND 502** [REDACTED] and followed this up on 30 July 1990 with a letter outlining the following draft terms of reference:
  - to review the background to the incidents of sexual activity between children in Harberton House during the period December 1989 to March 1990 and, in particular, why the incidents were not detected earlier;
  - to examine the roles and professional activities of individual staff, including key workers and management staff with responsibility for supervision, during the period;
  - to explore the lessons to be learned for residential care of children;
  - to examine the training and experience of the staff group in the home and review the training implications for residential care;
  - to explore the multi disciplinary nature of the care and treatment requirements of the children involved.

I suggested she might wish to amend these in discussion with [REDACTED] General Manager and asked [REDACTED] let me have a note of the agreed terms of reference, the composition of the enquiry team and [REDACTED] likely timescale for completion of the exercise.

4. I have since received from [REDACTED] **HH 22** [REDACTED] the requested information. See copy letter attached. Although the terms of reference have been modified, enquiries have revealed that [REDACTED] intention is to have all the matters in my suggested terms of reference investigated. [REDACTED] terms of reference are more circumspect (eg no specific reference to Harberton House or to the intent to enquire into why activities occurring between children between December and March were not detected sooner). [REDACTED] reasons for that are

to avoid drawing attention specifically to Harberton House as [REDACTED] fears that presenting the terms of reference to the Social Services Committee in such a specific way would have, in effect, drawn media attention to the home and made the enquiry more difficult.

5. The nett effect of all of this is to widen the terms of reference to the extent that the issues of supervision and management in Harberton House will not get the scrutiny they deserve. Paragraph 4 of the Boards terms of reference sets out the values which underlie the Review but these are overshadowed by the final paragraph on methods which on two occasions refers to "available resources". Given that the sixth term of reference is "to examine the resource implications" this could be construed as guiding the Review in a particular direction.
6. The presentation of the Review by the General Manager to the meeting of the Community Care Committee on 3 August would appear to confirm that the Board will use the review to emphasise their inadequate revenue base. The attached copy minute indicates that the General Manager identifies "significant resource implications" arising from the Review.
7. SND 502 [REDACTED] has invited DL 518 [REDACTED] (Family & Child Care), Eastern Health and Social Services Board to chair the enquiry team. He will be supported by SND 493 [REDACTED] Senior Social Services Manager (Omagh & Fermanagh) and HH 37 [REDACTED] Principal Social Worker (Training & Staff Development), both of whom are Western Board staff.
8. The enquiry team has been asked to report to the [REDACTED] Social Services, SND 502 [REDACTED] by Monday, 24 September 1990.
9. I feel we have failed to convey to the General Manager our real concerns on this issue and you may wish to consider taking some action on this before the work of the Review Team really gets underway on DL 518 [REDACTED] return from leave on 28 August 1990.
10. I would be happy to discuss.

*K.F. McCoy*

K F McCOY  
Chief Inspector  
Social Services Inspectorate

1.5 The Review Team's approach to the task in order to fulfil the terms of reference was to :-

1. Obtain all the relevant reports and information.
2. Analyse the information.
3. Identify gaps in the information available and seek further information where necessary.
4. Evaluate on a professional basis the care and services provided to the child, taking into consideration resources available, workload, etc.
5. Determine whether the decisions in relation to each child were realistic having regard to demands placed on management and staff, keeping in mind the state of knowledge at the time and the resources which were available.

1.6 The Review Team met on twenty one occasions and in addition worked individually on aspects identified by the Team which amounted to a substantial commitment of time. All the records requested by the Team, which in total amounted to 69 files, were made available. These were read and relevant issues identified and analysed. We would wish to place on record that we received the full co-operation of every staff member who was asked to provide information and/or clarify specific issues. In all we interviewed nine senior staff individually and obtained written statements from eleven Primary Workers. Field Social Workers were invited to respond. Two responded in writing and one was given an interview. We also requested and were given access to the statements made to the Police on this matter.

1.7 The Review Team tried not to make judgements about action or lack of action unless there was information in the records to substantiate our opinions or a clear recollection by the staff who had taken specific decisions and action. In the latter case, staff were asked for a written account of their recall so that it would be part of the records and therefore capable of being referred to, if necessary, in relation to any judgements made. Hopefully, we avoided making assumptions and the use of hindsight in coming to our conclusions.

1.8 All of the conclusions reached and opinions expressed are the unanimous views of the Review Team.

## 2. FAMILY AND CHILD CARE SERVICES AND NEEDS

### 2.1 Programme of Care Structure

- (i) The Unit is organised on a Programme of Care basis and one of these Programmes is for the Family and Child Care Services. However, the management structure is a hybrid, in that it does not have Assistant Principal Social Workers (Family and Child Care Services) managing all these services.

There is a fieldwork Family and Child Care Team in each of the five Sub-Units but the Senior Social Worker (Team Leader) reports to a generic Assistant Principal Social Worker.

- (ii) There is one Assistant Principal Social Worker (Family and Child Care) who has a Unit wide remit and carries managerial oversight of two residential facilities, one Fostering Unit, one Family Centre and the playgroups and childminders. This is a questionable management span of control and workload for one person to carry.
- (iii) There is one Principal Social Worker (Family and Child Care) who carries managerial oversight of all the Family and Child Care Services in the Unit.
- (iv) There is an Assistant Unit General Manager who has responsibility for all the Family and Child Care and Community Care Services in the Unit. psw

### 2.2 Fieldwork Staffing

- (i) There are 5 Senior Social Workers (Team Leaders) and 28.5 Social Workers. In addition, there is a Senior Social Worker who heads the Fostering Unit and he has a team of 3 Social Workers. There are also 1.5 Social Workers who comprise the staff of the Adoption Unit. These staffing levels include the 6 additional Social Worker posts which have been added to the Family and Child Care Programme within the last year.
- (ii) The NSPCC operates a fieldwork Child Protection Team within the Unit and this Team is comprised of a Team Leader and 4 Social Workers.
- (iii) The Unit closest in population size to Foyle is North & West Belfast. The latter also has an NSPCC Child Protection Team in operation but unlike Foyle it is an entirely urban area. However, there are many similar demographic characteristics when the two Units are compared.

North & West Belfast has a staffing establishment of 15 Senior Social Workers and 53 Social Workers in the Family and Child Care Programme. When compared with Foyle, it has 9 more Senior Social Workers and 20 more Social Workers.

### 2.3 Needs

- (i) The Principal Social Worker in a report dated 2nd May 1990 clearly outlined the increase in identified needs in the Unit when making the case for additional staffing.

We do not intend to reiterate what is in that report. Suffice to say that we consider that the situation outlined indicates a high level of risk for children and staff in the Unit. It would also appear from the information available that this situation was developing during 1988 and particularly 1989.

- (ii) During the early part of 1990, all the management staff in the Family and Child Care Programme were expressing concern about the pressure of work for staff and that they were having to keep children at home in risk situations when they would have preferred them to be in care.

The residential staff, because of the disruptive behaviour and number of children they had to care for, expressed concern that they were unable to carry out any therapeutic treatment and were merely providing basic care. This led to the staff from one residential facility writing to the Principal Social Worker to put their concern on the record.

- (iii) The pressure of work is reflected in the caseloads being carried by the Social Workers. These average around 30 families per worker and cannot be regarded as manageable workloads for staff providing a child protection service. For comparison purposes, the caseloads for the NSPCC Social Workers are 8-10 families.

### 2.4 Range and Level of Services

- (i) There is a network of services provided on a continuum of care basis from prevention through to after care. There is also a mixed economy of care and it would appear a partnership approach with some of the voluntary organisations.

However, it would seem that the range could be extended to advantage, both in terms of efficiency and cost effectiveness. For example, fee earning foster parents, Kidscape, Homestart Family Supports (Aides). This would increase the packages of services which could be put together to meet the needs of children and parents and hopefully would make it possible to maintain more children with their families.



### 3. THE RESIDENTIAL FACILITY

#### 3.1 Size, Structure and Function

- (i) The Home is purpose built and has places for 25 children. It is divided into two separate Units:-
  - (a) a reception/assessment unit with 12 places. This unit provides a reception facility primarily for the Foyle Unit and an assessment facility for all the Units of Management of the Western Board
  - (b) a medium stay unit with 13 places for children from the Foyle Unit who require residential care for up to 12 months.

#### 3.2 Objectives

- (i) To discharge children to the care of their parents within 12 months of admission or alternatively make recommendations as to the most appropriate form of long-term care.

#### 3.3 Physical Accommodation and Location

- (i) The Home is a single storey construction and the accommodation meets the standards outlined in the Community Homes Design Guide. It has just recently been redecorated and is in a good state of repair. It has an extensive outdoor play area.
- (ii) The Home is well located in a residential area within easy reach of schools, shops, churches and a Recreation Centre.

#### 3.4 Staffing

- (i) The residential child care staff establishment is 20 posts. These posts comprise an Officer-in-Charge, Deputy Officer-in-Charge, 4 Senior Houseparents and 14 Houseparents.  
  
The Senior Houseparents and Houseparents posts are divided equally between the Reception/Assessment Unit and the Medium Stay Unit. In effect, this means a team of 2 Senior Houseparents and 7 Houseparents for each of the Units.
- (ii) Seven of the staff have recognised qualifications for the residential care of children, i.e. CQSW, CSS or CRCCYP, and the majority have considerable experience in providing residential care.
- (iii) Five of the staff are male and fifteen female.



### 3.5 Staff Supervision and Support

- (i) There is a system for the structured supervision and support of staff in operation in the Home and all staff are included in the process.
- (ii) There are general staff meetings to discuss the operation of the Home and staff development issues.

### 3.6 Organisation of Care

- (i) Care is organised on a primary worker and group care basis. In the former, staff are designated for specific children and in the latter, staff rostered on the duty rota are responsible for the care of the total group of children.

There is an individual programme of care for each child and the primary worker is responsible for implementing the programme.

- (ii) The duty rota is organised on a four shift basis. These are 7.00 a.m. to 3.00 p.m., and 8.00 a.m. to 4.00 p.m.; 2.00 p.m. to 10.00 p.m. and 4.00 p.m. to 12.00 p.m.

Generally, the care arrangements provide for 3 staff per Unit on duty during waking hours and 3 staff including one Senior on 'sleeping in' duty, for the two Units.

### 3.7 Statutory Requirements

- (i) The Home operates in accordance with the requirements outlined in the Conduct of Children's Homes Direction (Northern Ireland) 1975.

### 3.8 Management Arrangements

- (i) An Assistant Principal Social Worker is accountable for the managerial oversight of the Home and is the designated "visiting Social Worker" as required by the Conduct of Children's Homes Direction. He reports to the Principal Social Worker who is accountable to the Assistant Unit General Manager for the management of the Home as part of the Family and Child Care Services.

### 3.9 Core Evaluation Team

- (i) The Home has clear and well defined operational policies and procedures for admissions, assessments, care, review and discharge.

- (ii) The Core Evaluation Team meets every Friday morning at the Home and plays a key role in the operation of the Home. It is chaired by the Assistant Principal Social Worker (Family and Child Care), the other three members being an Assistant Principal Social Worker (Fieldwork), the Officer-in-Charge and the Deputy Officer-in-Charge.
- (iii) The Team focuses on assessing, planning and reviewing the needs and care required for individual children and the appropriate staff directly involved with the children attend the meetings. It therefore tends to concentrate on the professional care issues rather than wider resource requirements.
- (iv) The Team does not have permanent members from other relevant professions but these staff may be invited to attend when appropriate.

### 3.10 The Home as a Resource

- (i) This Home represents a substantial resource for the residential assessment and medium stay care of children and appears to have been used to it's maximum.

4. ADMISSIONS AND DISCHARGES4.1 Pattern of Admissions and Discharges

- (i) The Team focused particular attention on the admissions and discharges to the Home as we felt this to be of critical importance in assessing the pressures on the staff and in helping to identify the circumstances in which the sexual abuse took place.
- (ii) The information on admissions and discharges to and from the Home for the period April 1988 to March 1990 according to the monitoring statements is as follows:-

April 1988 - March 1989	Admissions 48
	Discharges 47

April 1989 - March 1990	Admissions 44
	Discharges 34

- (iii) From discussions with staff, the Team identified the critical period as being from October 1989 to March 1990 and we examined the information on a monthly basis :-

<u>Month</u>	<u>No. of Children at the end of the month</u>		<u>No. of Admissions and Discharges during the month</u>	
	(Boys)	(Girls)	(A)	(D)
Oct 89	20	(8)	1	6
Nov 89	27	(12)	8	1
Dec 89	26	(12)	1	2
Jan 90	26	(12)	2	2
Feb 90	27	(14)	5	4
Mar 90	23	(16)	<u>6</u>	<u>5</u>
	Totals		23	20

4.2 Analysis

- (i) As well as the information in Section 4.1 (iii), our analysis took into consideration the dates of admission of the 9 children we were reviewing and the total number of admissions in the Foyle Unit.
- (ii) A number of important points emerged from this analysis :-
- (a) The total number of children admitted to care by the Unit from 1st January to 31st March 1990 was 57. The Home received 13 of these children and during the period discharged 11 children. The Home was therefore being treated equitably in relation to other residential homes and foster homes. However, there was a period around the 9th March when a staff bungalow was opened to care for a family of younger children and this brought their numbers up to 32.

Six inexperienced staff had to be recruited to cope with the increase and this must have considerably increased the pressure on staff at a time when they were having great difficulty coping with a group of highly disruptive children.

- (b) If 25 was considered to be a manageable size for a Home, then the total number of children in the Home was not excessive until March 1990. However, we believe that this size of Home is too large for the type of children requiring residential care and that a few extra difficult children are consequently enough to make the situation unmanageable.
  - (c) The balance in the sexes shifted from a minority of boys (8) in October 1989 to a majority (16) in March 1990. This again was likely to increase the management difficulties.
  - (d) There were a high number of admissions during November 1989 (8) and 4 of the group of 9 children we have reviewed were admitted during this month. The other 5 of the group of 9 had already been admitted, the earliest in January 1989. By the end of November 1989, there was therefore in the Reception/Assessment Unit a substantial group of children who had considerable problems, were disruptive in their behaviour and all remained in the Unit up until March 1990 when the sexual abuse was disclosed.
- (iii) Although most of the staff whom we interviewed stressed that the additional numbers in the Home, the disruptive nature of some of the children and inexperienced staff were the main causes of the difficulties, our analysis of the admissions and discharges would not give equal weighting to these three factors. The main problem was the constant pressure of dealing with a highly disruptive and sexualised group of children. Even if the Home had remained within its maximum number of 25, we believe that the situation would have continued almost unmanageable, given the number of staff on duty to deal with the total group and the difficulty of the children's behaviour.

5. PROFILES OF THE CHILDREN, THEIR CARE PROGRAMMES AND NATURE AND EXTENT OF ABUSE

5.1 Initially, eight children were identified as having been involved in abuse, either as abusers or victims but following further allegations we increased this number to nine. In every case the abuse came within the Western Board's general definition of child sexual abuse. However, it must be borne in mind that sexual abuse of children may involve physical abuse and usually involves emotional abuse, in that often children are threatened about the dire consequences of disclosure and made to feel guilty.

5.2 The profiles of the children outlined in Section 5.4, inter alia, catalogue the nature and extent of the abuse and whether they were abusers or victims. However, it needs to be stressed that the abusers, with one exception, had themselves suffered sexual abuse by adults prior to admission to care and consequently were victims before becoming perpetrators. While not all victims become perpetrators, it is now acknowledged as a possibility particularly in the case of adolescents and staff need to be alert to this.

In addition, the children who were victims had all been either sexually abused or had witnessed sexual activity prior to admission to care. It is now known that children who have been sexualised in this way are more susceptible to involvement in sexual activities and may in fact make sexual approaches to other children or adults.

5.3 Nine other children, all adolescents, were implicated in the sexual activities and abuse by two boys who played a major part in the abuse within the Home.

An adolescent girl, [REDACTED] in relation to the personal profiles, was alleged by these boys to be the person who planned the activities. She was interviewed by the Police and although admitting that she organised disruptive situations denied any knowledge of sexual activities. The Police decided not to interview the other eight young people. However, they were interviewed by staff and all denied involvement in any sexual activities.

The boys had no reason to implicate the older adolescents and did so independently, which on face value amounts to corroboration.

The Team is of the opinion that these older adolescents were involved in sexual activities, though to what extent remains unclear. We are also of the opinion that the older adolescent girl, referred to above, played a lead role in this despite her denials and consequently have included her in the list of children who were reviewed in detail.

We considered reviewing the other eight young people and looked at their records but as the Police decided not to interview them, we have not included these young people.

5.4 Profiles of the Nine Children and their Care Programmes

6. STAFF PERFORMANCE OF THEIR ROLES AND FUNCTIONS

6.1 Practitioner Staff

- (i) The most important aspect for practitioner staff in the performance of their roles and functions is of course the relationship which they are able to develop with the children.
- (ii) The role of residential child care staff is to act as primary workers for individual children and also as direct carers for the total group.
- (iii) Within the Reception/Assessment Unit, their two main functions are assessment and implementing the programmes of care agreed for the children. In the Medium Stay Unit, the main function is implementing the programmes of care agreed for the children. In both Units, staff have an input to planning the programmes and to reviewing the progress of the children on an ongoing basis.
- (iv) The information which we obtained indicates that the residential staff performed their roles and functions with commitment and due concern for the children. While their performance was adequate, the disruption planned by the children and the number of staff on duty resulted in insufficient time being available for them to undertake the quality of work they would have wished to achieve.
- (v) The role of the field Social Workers is to provide a social care service to the children and their families which will meet the assessed needs and enable the Board to discharge it's statutory responsibilities for the care and protection of children.
- (vi) Their main function is to maintain a relationship with the children in residential care and their families; assist with the implementation of the programmes of care for the children and implement the programmes agreed for the families. They also provide an input to the assessment process; to planning the programmes and to reviewing the progress of the children.
- (vii) The information which we obtained indicates that the field Social Workers performed their roles and functions in relation to the children in the Home and their families with commitment and concern for the children. While their performance was adequate, their workloads were such that they had insufficient time available to undertake the quality of work they would have wished to achieve.



6.2 The Home's Management Staff and the Senior Social Workers (Team Leaders)

- (i) The role of these staff is to provide leadership and their function is to manage, efficiently and effectively, the total resources which the teams represent. This involves providing structured supervision and support for practitioner staff, and promoting staff development to ensure satisfactory standards and agency accountability.
- (ii) The information which we obtained indicates that the performance of these staff was adequate. They were aware of the pressures that practitioners were working under and conveyed these to middle and senior managers. In addition, despite the pressures they too were under, they were supportive of the practitioner staff.

However, within the Home, particularly when there was a substantial group of very disruptive children, consideration should have been given by the Home's management staff to increasing the number of staff on duty to care for the total group.

6.3 Middle and Senior Management Staff

- (i) The main role of these staff is to provide effective leadership. This leadership must create the conditions which will facilitate practitioner staff to meet the needs of damaged children and their families and ensure that the Board discharges it's statutory responsibilities for the care and protection of children.
- (ii) The main functions of middle and senior management staff are to ensure that needs are assessed; that there are sufficient resources to meet the needs and that the resources are used efficiently and effectively to achieve high quality care and intended outcomes.
- (iii) The information which we obtained indicates that the performance of these staff was adequate.

However, senior managers were made aware that due to increasing identified need a high risk situation was developing in the Unit and while they responded, the response was somewhat later than desirable and only partly met the concerns being expressed.

Unfortunately, this created a feeling that senior management were not really listening or taking proper account of the pressures staff were under.

In relation to the disruptive situation in the Home, consideration should have been given by middle and senior management staff to increasing the number of staff on duty to care for the total group of children.

## 7. 'WORKING TOGETHER' ARRANGEMENTS

### 7.1 Principles

- (i) An inter-agency and multi-disciplinary approach is fundamental to the provision of the Family and Child Care Services. This is now referred to as a 'Working Together' approach.
- (ii) This approach can only achieve it's maximum benefits if the roles and responsibilities of the various professionals and agencies are clearly defined and if a good level of communication and co-ordination is maintained.
- (iii) Any such approach must involve the parents and children as fully as possible in the decision making.

### 7.2 Arrangements

- (i) The policy and procedures of the Board for the protection of children provide for this approach as do those for children in care.
- (ii) The Core Evaluation Team which we have already referred to in the report plays a key role in assessing, planning and reviewing the progress of children in the Home. While it is not a multi-disciplinary team, other professionals are invited to attend when appropriate and parents and children are involved. With regard to the parents, involvement is not a regular feature but new policy which is about to be implemented will hopefully make this standard practice.
- (iii) There is information which indicates that the current arrangements are working satisfactorily and that problems relate to lack of personnel, for example psychiatrists for adolescents, rather than arrangements or relationships.
- (iv) Some co-working has been undertaken with the NSPCC and between the field Social Workers and residential child care staff of the Unit. This is considered to be of benefit in the most complex and stressful cases.
- (v) The Team did identify a particular difficulty in the length of time the Police took to complete their investigations of the sexual abuse in the Home. We consider that a protocol for joint investigation in cases where a criminal offence is alleged might help to overcome this problem and are aware that such a protocol is being discussed by representatives of the four Boards and the Police at present.

Having identified this particular difficulty which relates to the operation of the CID, we would wish to state that the relationship with the Police Care Unit is good, as are the relationships generally with other professionals and agencies.



## 8. TRAINING IMPLICATIONS

### 8.1 Analysis

- (i) The Team is of the opinion that the training implications emanating from the untoward incidents at the Home must be viewed in the context of the serious implications thrown up by the total situation and not in isolation from it. In other words, whilst acknowledging that the introduction of in-service training initiatives, including those of an inter-disciplinary nature, have a very significant part to play in meeting the current challenge in child care, we feel that offering intensive training in the short-term to the staff at the Home cannot be seen as some kind of panacea to 'cure' a more serious and complex problem. This, in fact, could be viewed as a potentially ineffectual exercise in that, if hurriedly arranged, training measures would not necessarily meet real needs or constitute value for money. Indeed, due to the logistical difficulties which could be caused for example in releasing staff to participate on either 'in-house' or external training courses, disruption to the Home could significantly exacerbate the problems already being experienced.
- (ii) Furthermore, the Team would wish to underline the fact that due to pressures which existed in the Home, we have been repeatedly informed by staff that they found individual therapeutic work with children from November 1989 onwards, virtually impossible. This would appear to indicate that they were unable to make use of the training and expertise which they had already experienced and developed in relation to working with sexually abused children. As an adjunct to this, we feel we must also highlight in this context the significant factor of the numbers of children and adolescents experiencing difficult and complex problems who are now coming into care or into contact with the child care programme of care generally in both statutory and voluntary services. One could therefore deduce from the total situation that any training needs pertinent to the staff at the Home could potentially be shared by many other staff working in the child care sector including management, fieldwork, day care and those for other disciplines. This point is indeed underlined by the fact that several of the children involved in the untoward incidents at the Home have since been transferred to other homes where presumably joint working continues between fieldwork and residential staff.
- (iii) In view of the above concerns, therefore, the Team feels that it would not be helpful to prescribe in detail what training staff should undertake in the area of sexual abuse. Whilst such themes as working therapeutically with sexually abused children

following disclosure and working with children who are themselves abusers did emerge, we feel that the notion of training need is a dynamic concept which can, particularly within residential care, vary considerably from one staff member to another given different levels of previous training and experience and, of course, is subject to change over even a comparatively short period of time given changes in policy, personnel and clientele. We therefore are of the opinion that presenting some kind of definitive list of training needs at this juncture would prove unhelpful and indeed, in the long run, counter-productive. Instead we have attempted to enumerate what we feel are basic principles which should underpin any training initiatives for staff if these are to be both effective and efficient in meeting sensitively the needs of all staff in a way which they feel is of maximum benefit to them.

## 8.2 Principles

- (i) The identification of learning needs and how they could best be met from a range of options should be carried out in full consultation with staff through, e.g. individual profiling of staff members carried out in the first instance by their Line Managers through the normal process of supervision. Such needs should then be discussed by at least middle managers, if not team managers, directly with the Social Services training team.
- (ii) As a corollary of the above principle, staff should be enabled to develop a sense of ownership with regard to any training initiative proposed and to be aware of the overall training strategy for their particular programmes. One suggestion which could possibly promote this idea would be to ensure that staff are aware of a structured programme of courses on particular topics being developed and precisely and clearly what their own particular path through such a training programme should be, given their own individual needs and aspirations.
- (iii) All staff, including training personnel and those from other disciplines must be realistic both in relation to what training can be carried out, given the resources available, and to what it can achieve. It follows from this that staff must be involved in prioritising which needs are to be met and should not have their expectations raised unrealistically as to either the amount and type of training which can be offered or indeed as to what it can achieve. This would appear to be particularly pertinent in the field of sexual abuse where the knowledge base is far from complete and research is on-going.
- (iv) Training should not be seen as a substitute for the provision of other kinds of resources and measures which a particular situation may require but rather should be seen as a necessary complement to them and an inherent part of the services.

- (v) Existing or previous programmes and courses which staff have found helpful in the past should be explored and developed further so as to promote the growing "training ethos" which appears to exist within the agency.
- (vi) All training initiatives should be continually evaluated regarding their relevance and effectiveness in relation to enhancement of work practice - again, this process should be carried out by training personnel in full consultation with staff and their Line Managers.

In summary, the Review Team would wish to reiterate the importance of addressing staff training needs as part of an overall strategy in meeting the challenges emerging from the untoward incidents at the Home provided any such initiatives would adhere to the principles outlined above. We would also wish to highlight the fact that the principles and measures we have outlined would undoubtedly require additional training personnel within the Social Services training team if they were to be implemented, given the many other demands and pressures which exist currently on the training front at all levels.

Finally, the Review Team would wish to state that parity of training for all child care staff, i.e. staff in residential, fieldwork and day centre settings, in relation to professional social work qualifications (currently CSS/CQSW, eventually DIPSW) and post-qualifying/advanced awards should be the ultimate goal which the Board should strive to achieve.

9. ANALYSIS OF THE MAIN ISSUES9.1 (i) Staff Awareness of the Sexual Abuse the Children had Suffered Prior to Admission to Care; (ii) Their Knowledge about the Care of Sexually Abused Children and (iii) The Programmes of Care Provided Including the Level and Nature of the Supervision of the Children

- (i) It is clear from the records; the interviews of senior staff and the written responses obtained from the Primary Workers that only one child, a girl, was thought to have been sexually abused prior to admission to care. Another girl was known to have had sexual intercourse with a number of adolescent boys in the community.

All of the remaining seven children were admitted to care or transferred to the Home because of behaviour problems or relationship difficulties with parents or foster parents.

A few of the children began to disclose past sexual abuse to the residential staff and prior to the sexual abuse within the Home being disclosed in March all but two of the nine children were thought to have been sexually abused; have witnessed sexual activity or been involved in sexual activity with other children prior to admission to care.

- (ii) Of the 20 permanent staff, 16 had over 2 years experience in residential care at the time the abuse was disclosed and are knowledgeable about the care of sexually abused children. In fact, some have undertaken valuable disclosure work with children. The 4 permanent staff who are not as experienced have more limited knowledge and the temporary member of staff who was employed from 4th December 1989 is not knowledgeable in this aspect of care.

The experienced staff were aware that sexually abused children are likely to act out overt sexual behaviour and were alert to the implications of this for other children and indeed staff.

- (iii) Programmes of care were planned for each child and there is evidence that staff had gone to considerable lengths in some cases to devise constructive programmes including the use of reward systems to achieve behavioural changes. However, in the main individual programmes were not implemented fully.

The arrangements for the care and supervision of the children incorporated both a primary worker system and group supervision. In the former, a member of staff was designated for specific children and in the latter, the staff on duty rota were responsible for the total group of children.

An additional member of staff was employed in February 1990 to meet the need for closer supervision of a boy who was proving particularly difficult to cope with.

The duty rota provided for three staff on duty when the total group of children was present. This would have meant a 1 : 4 ratio if the group was operating at maximum numbers. Considering that arrangements had to be made to take children to outside activities and the maximum numbers were exceeded for a six month period, then the ratio would often have been worse than 1 : 4 and on occasions could have been 1 : 8 for example when children were being brought home from school.

In addition, the duty rota is arranged in such a way that during school term staff only have care of the total group of children three days out of five in the working week. Two days are set aside for report writing, record keeping, case discussions and other tasks such as liaison with outside agencies.

Given all these factors, group supervision arrangements were always likely to be stretched and the primary worker system largely inoperative. In effect, there was very little staff time available for the individual care of children.

The latter was further constrained by the disruptive behaviour of the children which manifested itself in arguments and physical violence between the children on a regular basis. Staff were also subjected to verbal and physical abuse by some children. It is to their credit that throughout this very stressful period, staff did not lose personal control and there are no substantiated complaints from the children regarding the care and treatment they received from the staff.

## 9.2 Resources Available for the Care of the Children

- (i) The most important resource in the provision of residential care is of course the child care staff.

The residential child care staff establishment for the Home is 20 posts including the Officer-in-Charge and Deputy. The Home is therefore staffed in accordance with Castle Priory Guidelines agreed by the Boards and Department. However, it must be emphasised that these guidelines are now somewhat dated and were formulated in an era when sexual abuse had not begun to be identified.

The role of the Officer-in-Charge, and in the case of a large Home such as this, that of the Deputy, is one of management, the emphasis being on professional management to ensure the provision of high quality care. This leaves 18 care staff to undertake direct care of the children and implement individual programmes of care.



There is however an added complication in the staffing arrangements in that the Officer-in-Charge was seconded for professional training at the end of 1989 and acting up arrangements are in place to cover the management responsibilities in his absence. These arrangements provide for the Deputy to act as Officer-in-Charge and the Senior Houseparents each to act as Deputy Officer-in-Charge for a four month period.

Seven of the staff have recognised qualifications for the residential care of children, i.e. CQSW, CSS or CRCCYP. This percentage of qualified staff, i.e. one third, is not atypical as in most homes the majority of staff are unqualified. The reasons for this situation are already well known and a strategy has been devised by the four Boards and the Department in consultation with the voluntary sector to professionalise the service.

The majority of staff have considerable experience in residential child care. Five have 10 years and over; five have between 5 and 10 years; six have between 2 and 5 years; three have just reached 2 years and one has 17 months.

In effect, the staff group represents a considerable resource in terms of experience and expertise.

- (ii) The ancillary staff in a Children's Home are an important resource, particularly in helping to create a warm homely atmosphere and give the children opportunities to acquire essential skills such as food preparation and cooking. We were concerned to learn that the Home had been included in the privatisation of catering services and that initially this had led to some problems.

Fortunately the catering staff remained the same following privatisation and continued to provide a service which took account of the needs of children in residential care.

- (iii) The other resources which were used were not available on an ongoing basis as part of the services necessary for the care of the children. Use was made of Educational and Clinical Psychologists, Child Psychiatrists, and of a Senior Clinical Medical Officer from the Eastern Board who specialises in disclosure work with sexually abused children.

Special educational arrangements were made for some children and co-working arrangements were made between residential staff and the Board's field social workers and also with the NSPCC. The Police Care Unit was also available as a resource when it was thought that a criminal offence had been committed against a child. Because these resources were only available on an ad hoc basis, they did not provide a consistent and continuous contribution to the care of the children.

- (iv) The physical resources which included the building, equipment and furnishings were considered to be of a good standard. In fact the Home had just recently been tastefully redecorated.

### 9.3 Education and Training of Staff to Provide Care for Sexually Abused Children

- (i) In addition to training in relation to caring for sexually abused children which some staff may have experienced while undertaking professional and post-qualifying awards, in-service training programmes on this topic have been developed in recent years for staff working in the child care programme of care. These were based on needs identified by staff working in this sector including Residential Care which had been relayed through their Line Management to the training team. Subsequent programmes developed by the WHSSB stemmed from the Centrally Funded Initiative to enable child care staff to be trained in issues related to sexual abuse.
- (ii) These programmes were considered helpful in developing staff's knowledge and competence in this area of work. It is acknowledged, however, that there were limitations as to what could be achieved within the context of available resources both in relation to meeting needs and developing strategies to enable staff to receive the training they ideally required in a planned and systematic way. It was also noted that staff felt, at times, they were unable to put their knowledge and skills into practice due to the pressures which they faced on a day-to-day basis.
- (iii) In relation to meeting staff training need more effectively, we understand that the process of arranging personal development programmes to enable the staff to come to a greater understanding of the role they play in helping sexually abused children has begun in recent weeks. Whilst this is a development to be encouraged, we also feel that every effort must be made to ensure that all residential care staff can avail of professional social work training given the complex needs of children and the level of expertise required to work in this area.

### 9.4 Standard of Records Maintained

- (i) The Review Team found no fundamental shortcomings or significant gaps in recent recordings in any of the files read in relation to Residential and Fieldwork files on individual children and their families. However, it was evident from the range of files read that the introduction of the new recording system was in a transitional phase, given the variation of formats in recording where headings on forms were not always addressed, the different types of files being used and at times the rather confusing range of forms.

- (ii) We also note that some of the handwritten records on the files were at times practically illegible and that many of the records, particularly in the Residential files and log books were not clearly signed. The Residential files, however, for the most part were more clearly ordered than the fieldwork ones thereby making the records accessible and more easily understood.

#### 9.5 The Level and Quality of the Assessment and Planning

- (i) The validity of residential assessment was called into question in the eighties. The issues which have been raised relate to whether a true picture emerges of the child in an environment where the child has to adjust to new relationships and may be suffering from separation anxiety.

In addition, there was concern that assessment could become an end in itself rather than being seen as an important part of a continuous process.

As a consequence, most Authorities have changed to Short Stay Admission Units which include assessment as part of their functions.

- (ii) We have already outlined the important role played by the Core Evaluation Team in assessment and planning. The work of this team is well documented and indicates that the assessment and planning for every child was thorough and for the most part multi-disciplinary, in that the process included consideration of information from other professionals.
- (iii) The relevant personnel and children were involved in the process and contributed to the decision making. The involvement of parents in the Core Evaluation Team discussions was not standard practice but we are pleased to note that the implementation of new policy which has been formulated will ensure that this becomes the case.
- (iv) The needs of the children were clearly identified and appropriate plans formulated and incorporated in programmes of care. These plans included both short and longer term objectives. However, we noted that at times plans were constrained by lack of resources.
- (v) There was a concentration on professional issues and while this was essential it might have been helpful for the Core Evaluation Team to have clearly identified and aggregated the shortcomings in resources.
- (vi) We did wonder about the commitment of staff time to the process in that a full morning every week was allocated to assessment, planning and reviewing the progress of the children in the Home. We felt, however, that this amount of time would probably be necessary given the through-flow of children.



9.6 The Support and Supervision Provided for Primary Workers and Social Workers

- (i) There is a formal system for structured supervision in operation to ensure that practitioner staff receive supervision and support from their line managers.  
  
Efforts are made to try to ensure that formal supervision takes place once every fortnight and is expected to take place at least once a month. Any matters covered during supervision are documented.
- (ii) There is also a great deal of informal supervision and support, particularly in the Home where Senior Houseparents work alongside Houseparents on the duty rota.
- (iii) In addition, there is peer support from the teams, in that practitioners often informally discuss practice and care issues and seek advice from each other.
- (iv) We learned that the work pressures on both practitioners and their line managers was such that the amount of supervision was often less than both would have wished, though they did feel that there was considerable support within the Home and in the fieldwork teams.
- (v) Practitioner staff and the Home's management staff expressed concern at what they perceived to be inadequate support from senior management. Their impression was that their concerns and the pressures they were working under were not fully appreciated by senior management.
- (vi) The importance of structured supervision and support, particularly in the Child Protection Service, and the effect it can have on improving the quality of the services through the identification of staff development needs and ensuring that these needs are met, hardly needs emphasising.

It is important, therefore, that manageable workloads are achieved as a priority to enable this process to be maintained at a satisfactory level.

9.7 A 'Working Together' Approach

- (i) We identified the different professional staff involved in relation to each of the 9 children we reviewed and analysed their involvement.
- (ii) In every case these professional staff worked as a team and shared information on their work with the child. There was a good level of communication and co-ordination achieved in relation to all the children and staff were clear about the plans to be implemented and their roles.

We attribute a great deal of this to the focus given to communication and co-ordination by the Core Evaluation Team and to the good working relationships between the practitioners.

- (iii) We identified two breakdowns in communication.

One was in relation to the re-admission of a boy to the Home and the other involved a failure by the Police to keep Board staff informed of the progress and outcome of the criminal investigation.

In the latter case, the Principal Social Worker took appropriate action and convened a special meeting with Police representatives.

We regard these two breakdowns as atypical and would not wish them to distract from what was generally a good working together approach.

9.8 Extent of the Abuse and why this Continued Undetected for a Period of at Least Three Months

- (i) The sexual abuse which took place included fondling, oral sex, sexual intercourse and more bizarre manifestations such as bondage. The frequency is difficult to estimate but the evidence suggests that it took place regularly over at least a three month period from December 1989 until March 1990. In addition, some of the activities particularly those which involved bondage would have taken some time to perform.
- (ii) The issue of sexual abuse in a residential facility continuing undetected over such a period of time is a concerning and important one. The Team, consequently, gave this matter considerable thought and attention, which included discussing it individually with every senior member of the Home's staff and with the appropriate management staff in the Unit.
- (iii) Not unexpectedly we found that the staff had already focused on this issue and had looked for reasons as to why this had happened. In facing up to the issue, staff had gone through the range of feelings and emotions which one would expect committed and caring staff to experience, including guilt, failure and anger.
- (iv) Our analysis of this matter led us to identify a number of important aspects which in combination created exceptional conditions within the Home and made it possible for sexual abuse to continue undetected.

- (a) The involvement of practically all the children in the Home in some form of sexual activity. In addition, the activities were usually group activities of three or more children. This facilitated secrecy being maintained by the children.
- (b) The number of children, at least seven, who had been sexually abused; had witnessed sexual activity or had been involved in sexual activity with other children prior to admission to the Home. This was not known at the time of admission but emerged over succeeding months.
- (c) Within the group at least two boys who had been seriously sexually abused by adults prior to admission and who as a result had become abusers.
- (d) The power exercised by these boys particularly one boy aged 9 years and by an older adolescent girl. We consider that these children both planned the activities and intimidated the other children to ensure their silence. The amount of planning by these children was considerable and involved staging confrontations to distract staff and divert their attention. In addition, times were selected when staff cover was at a minimum, for example prior to staff coming on duty in the mornings.
- (e) The unforeseen situation that boys as young as this were capable of such behaviour. In effect, they had learned and were able to apply the techniques of abuse which adults had used on them.
- (f) The inadequate staff-children ratios provided for by the staff rota arrangements when such a disruptive and difficult group of children had to be cared for. This stretched supervision to the limits and there were occasions when supervision of the children could not have been at a satisfactory level, for example when the maximum numbers of children were exceeded and when bringing children home from school. The rota arrangements also led to discontinuity in group care during school term with individual members of staff being involved in caring for the total group three days out of five. In addition, insufficient staff time was available for staff to undertake their Primary Worker role and give individual children adequate time and attention.
- (g) Quite apart from the duty rota arrangements, the size of the Home with two groups of 12 and 13 children makes it difficult to provide a satisfactory standard of care for the type of children and young people now requiring residential care.

- (h) The grounds to the rear of the Home with a mound running round the perimeter make it easy for children to hide from staff and indulge in unacceptable behaviour.

When all these aspects are put together, a picture emerges of a vulnerable situation at the Home in which both children and staff were at unacceptable risk.

10. CONCLUSIONS

- 10.1 At least 17 children and young people were involved in either sexual abuse or sexual activities within the Home.
- 10.2 Most of the sexual abuse was organised and carried out by two boys aged 9 years and 12 years and an adolescent girl aged 15.
- 10.3 Seven of the 9 children reviewed had been sexually abused by adults, had witnessed sexual activity between adults, or been involved in sexual activity with other children prior to admission to the Home.
- 10.4 At the time of admission to the Home, staff were aware that one of the children had been sexually abused and another had been involved in sexual intercourse with adolescent boys.
- 10.5 No member of staff was aware that these activities were taking place in the Home.
- 10.6 There was no lack of care, commitment or concern for the children by any member of staff.
- 10.7 The main problem for the Home's staff was the care of a difficult, disruptive, sexualised group of children and young people. Other factors such as increased numbers and inexperienced staff perhaps obscured the central issue of dealing with an exceptional group in the Home and concentrating the best use of resources on this problem.
- 10.8 The sexual abuse and sexual activities were not detected earlier because of a combination of factors which are outlined in Section 9.8 of this report.
- 10.9 If there had been more staff caring for the total group and more time for staff to perform their primary worker role, then it is likely that the abuse would have been detected earlier.
- 10.10 The situation within the Home represented an unacceptable level of risk to both children and staff.
- 10.11 Both the size of the Home and the size of the Reception/ Assessment Unit and Medium Stay Unit within the Home make it almost impossible to achieve the quality of care necessary for the type of children requiring residential assessment and care. In addition, the juxtaposition of assessment and medium stay care is not advisable as there is separation in name only.

- 10.12 The performance of all residential and fieldwork practitioner staff involved was adequate given the pressures they were under, the limits of their knowledge, awareness and the resources available. In the case of the residential staff, this conclusion is reached in the context of the number of staff on duty to care for the total group of children.
- 10.13 The performance of the management staff of the Home and Senior Social Workers (Team Leaders) was adequate, given the pressures they were under and the resources available.
- 10.14 The performance of middle and senior management staff at Unit and Headquarters was adequate given the increasing demands, and the resources available.
- 10.15 We are unable to reach a conclusion on the communication and support provided by middle and senior managers at Unit and Headquarters to the Home's staff. The perception of the Home's staff is that they were not really being listened to or their concerns acted upon. While systems were in place or introduced to create an adequate medium for communication, these did not appear to achieve the desired goal of shared ownership of the situation and confirmation that an equitable approach was in operation to deal with the demands.
- 10.16 The assessments of the children were thorough and plans appropriate within the limits of the Core Evaluation Team membership and the resources available. On occasions, certain options could not be pursued because of lack of resources. In addition, the multi-disciplinary approach to assessment and planning could not be implemented fully as other key professionals were not available as core members of the Team.
- 10.17 There were no fundamental shortcomings or significant gaps in recent recordings in any of the files though there is room for improvement.
- 10.18 There was clear evidence of good relationships between staff from different disciplines and agencies and a good 'working together' approach was achieved.
- 10.19 Training provided for staff of both a professional and in-service nature was considered beneficial in enabling them to develop expertise in the area of child sexual abuse. Whilst maximum use was made of the limited training resources available, it would appear that these training programmes lacked sufficient strategy to enable all staff to receive the training they ideally required in a planned and systematic way.
- 10.20 The sexual abuse in the Home was identified by a Senior Houseparent. She deserves credit for the way in which she picked up a chance remark and pursued this with the child.

- 10.21 Sexual abuse began to be disclosed on the evening of 13th March 1990. By the 14th March, other children had corroborated that abuse had taken place. Attempts were made to contact the Assistant Principal Social Worker (Family and Child Care) on 14th March but he was interviewing. Middle and senior management staff in the Unit of Management consequently were not informed until the morning of 15th March. The Team is of the opinion that the appropriate management staff should have been notified on 14th March at the latest given the serious situation which had been identified.
  
- 10.22 The Assistant Unit General Manager notified the Unit General Manager and Acting Director of Social Services on the 15th March 1990.
  
- 10.23 The Acting Director of Social Services informed the General Manager and the appropriate Social Services Inspector either on or close to the 15th March 1990 and a report was forwarded to the Department of Health and Social Services on 8th May 1990.
  
- 10.24 Senior and middle management staff responded immediately and took appropriate action, including arrangements to ensure the safety of the children and for the Assistant Principal Social Worker (Family and Child Care) to act as co-ordinator.
  
- 10.25 A specific file was not opened on this matter. This would have been beneficial in relation to having a composite record available of the investigation and action taken. The Team is of the opinion that such a file should have been opened.
  
- 10.26 The investigation which of necessity had to include disclosure work was handled sensitively and competently. However, in the case of the Police, the criminal investigations took longer than would be desirable from the child care perspective.
  
- 10.27 The re-admission of one of the main abusers increased the risks to other children in the Home and necessitated a member of staff being detailed to ensure that he received a satisfactory level of supervision. Indications that his earlier pattern of behaviour was re-emerging led to the need to have him returned to Training School. We are of the opinion that this boy should not have been re-admitted to the Home despite the views of the Training School staff that he could be managed in such a setting.
  
- 10.28 There was a substantial increase in work which gathered momentum in 1989 and 1990. A large part of this increase was in the area of child protection and particularly sexual abuse.
  
- 10.29 There was a significant increase in the number of children admitted to care with 57 children admitted during the period 1st January to 31st March 1990.

- 10.30 Considerable efforts were made by middle and senior management staff at Unit and Headquarters to meet increased demands from January 1990. Particularly praiseworthy is the performance of the Foster Care Unit. However, a situation of inadequate resources existed prior to January 1990 and if resources had been acquired earlier the crisis which arose during January-March 1990 might have been prevented or its impact lessened.
- 10.31 The workloads of the field Social Workers cannot be considered manageable in the context of providing a child protection service of satisfactory quality.
- 10.32 The management span of control of the Senior Social Workers (Team Leaders) means that they are constantly under pressure if they are to provide the supervision and support which practitioners require in a child protection service of satisfactory quality.
- 10.33 The management span of control and workload of the Assistant Principal Social Worker (Family and Child Care) is such that it is an unrealistic expectation that it can be carried by one person.
- 10.34 The Unit of Management is under-resourced in relation to the amount, range, complexity and stressful nature of the Family and Child Care work which has to be undertaken. This remains the case, though the 6 additional Social Worker posts have reduced some of the pressures.

There are clear indications that the present situation represents a high level of risk for both children and staff in the Unit of Management.



11. RECOMMENDATIONS

- 11.1 The Team is aware that initiatives are already underway on a Province wide basis to improve the Family and Child Care Services and if this had not been the case would be recommending such initiatives.

These are :-

- (i) The professionalisation of the Family and Child Care Services which will ensure that all Social Work staff whether working in a fieldwork, residential or day care setting will be professionally qualified and be paid similar salaries.
- (ii) The development of a protocol with the Police for the joint investigation of child abuse cases where a criminal offence is alleged to have been committed.

- 11.2 The Board should undertake a comprehensive assessment of need in the Unit and agree a strategy to meet this need including making available the resources required. However, there is sufficient information at present to recommend essential improvements and these are outlined in subsequent recommendations.

- 11.3 The fieldwork staffing should be improved as follows :-

- (i) 8 field Social Workers to reduce caseloads to around 20 families per Worker
- (ii) 4 Senior Social Workers (Team Leaders) to achieve a management span of control of 1 : 4, i.e. a team of four Social Workers, which is necessary given the complexity and stressful nature of the work.

- 11.4 An additional Social Worker should be appointed to the Foster Care Unit to assist with the further development of these services.

- 11.5 Fee-earning fostering should be developed. Initially 6 foster homes should be developed to care for sexually abused children.

- 11.6 The range of services should be increased through the development of Kidscape, Homestart and Family Supports (Aides).

- 11.7 A panel of 6 Childminders should be established to provide 'day care' for 'at risk' children.

- 11.8 There should be an immediate review of the size and function of the Home, with a view to reducing the residential care component and concentrating this on one function. If considered necessary, a further small residential facility should be developed in the Unit of Management. X

The spare accommodation which would become available in the Home could be used as an Adolescent Support Centre and as a facility for a multi-disciplinary team to develop expertise in the assessment of sexually abused children.

- 11.9 There should be an immediate review of the staffing levels and duty rota arrangements in the two Board Homes in the Unit to ensure that there are sufficient staff on duty at any point in time to provide satisfactory care for the total group of children and allow time for individual work. X

- 11.10 The mound in the grounds of the Home which follows the perimeter fence should be levelled to facilitate supervision of children. X

- 11.11 A multi-disciplinary team should be developed to build up expertise in the assessment of sexually abused children. This team should have accommodation which will facilitate day attendance of parents and children and a remit to develop expertise in this aspect of the work throughout the Unit of Management.

- 11.12 An Adolescent Support Centre should be developed with the emphasis being placed on preventive work.

- 11.13 The training strategy outlined in Section 8 should be accepted and additional training personnel appointed to implement it.

- 11.14 Priority should be given to structured supervision with a view to developing a staff profiling system to facilitate staff development. X

- 11.15 The current status of the new system of recording should be clarified and there should be ongoing monitoring to ensure it's effectiveness and relevance.

- 11.16 There should be an examination of the management span of control of the Assistant Principal Social Workers in the Unit of Management with a view to achieving a more equitable workload for the Assistant Principal Social Worker (Family and Child Care).

- 11.17 A workload management system should be introduced.

11.18 Consideration should be given to developing other services such as adolescent and child psychiatry and a clinical psychology service to assist in devising and implementing programmes of care for emotionally damaged children.

11.19 One of the children reviewed by the Team was a boy from a large family where 8 of the 10 children were the subject of Fit Person Orders and had been 'home on trial' prior to admission to residential care.

The father had been systematically sexually abusing all the children over a period of years and the abuse was not discovered until after the children were in residential care.

This case was being carried by the NSPCC.

The Team was concerned at the extent and duration of the abuse in this family and recommends that a joint review be undertaken by the Regional Child Care Director of the NSPCC in Northern Ireland and the Assistant Unit General Manager of the Foyle Unit of Management.

From: H V McElfatrick

Date: 28 December 1990

Dr McCoy

**RESIDENTIAL CHILD CARE SERVICES - WESTERN BOARD**

1. Mr O'Brien and I have read and discussed the report on Harberton House and this memo attempts to summarise our views. We would, of course, be happy to discuss further with you.
2. In general terms we are not persuaded that the enquiry team has probed, as fully as it should, the question of why the episodes of sexual activity amongst residents were able to carry on for so long undetected. For example, it appears that residential social workers were not interviewed. Written statements were taken from 11 primary workers but these would have been more useful if followed up by interviews.
3. The assessment of the performance of staff as "adequate" must have been based, therefore, on the statements and perusal of records. There were, however, references through the report which indicate that "in the main, individual programmes were not implemented fully" and "there was very little time available for the individual care of children". It was also reported that the primary workers system was largely inoperative. These statements hardly tie in with "adequate" performance. The enquiry team has attempted to assess the reason for deficient practice and places much emphasis on the behaviour of the children.
4. We are told that the home was staffed up to Castle Priory guidelines which has been used by SSI as a reasonable standard. We acknowledge that it may be dated but other homes have used this guideline without complaint and without undue problems. The home has places for 25 and the fact that the numbers were exceeded will have placed more pressure on staff but it should be noted that until March 1990 they appear to have been exceeded only by one or 2.
5. The review team gives the main problem as that of the constant pressure of dealing with a highly disruptive and sexualised group of children. It is sad that staff were unaware that any (except 2) of the children had been sexually abused or were sexually experienced before admission but there had been disclosures and they must have been aware that several were abused by the time the episodes took place in the home. Staff appear to have been reasonably experienced (the majority ie 16 out of 20, had 2 years experience or more; indeed 10 of them have 5+ years experience). The inexperienced staff appear to be the ones they brought in in March 1990 to deal with the large increase in cases. However, by this stage the sexual activities amongst the children had been going on for some time. Staff had also been provided with training on sexual abuse so that one would have expected them to be aware of indicators.
6. We have to be concerned then that a home with staffing levels at Castle Priory guideline standards, operating at just above maximum capacity, with fairly experienced staff was unable to pick up any clues to what was going on for a considerable period of time.

WESTERN HEALTH AND SOCIAL SERVICES BOARD  
FOYLE COMMUNITY UNIT

MEMORANDUM

**TO:** [REDACTED] HH 39  
**FROM:** [REDACTED] HH 40  
**DATE:** 11 January 1995  
**SUBJECT:** HARBERTON HOUSE REVIEW

You recently passed to me a "Report on the Circumstances Surrounding Incidents of Peer Child Abuse Which Occurred Within Residential Care" for comment. I will address each of the questions detailed by you as follows:-

Page 3 - Fieldwork Staffing Levels

You asked what our comparative figures are now in the Family and Child Care Programme. This Unit of Management has 5 Senior Social Workers (Team Leaders) and 33 social work staff directly involved in the Family and Child Care Teams. We continue to have 1.5 Social Workers in the Unit Adoption and there have been 3 additional posts which have been earmarked for the Family Support Team. I have been unable to find out what the current position is with North and West Belfast, but even if you compare our current resources with their resources in 1990, it is evident that they are considerably better off. They have an additional 10 Team Leaders and approximately an additional 20 fieldwork staff. Given the increased workload since the report was prepared, I believe it is fair to say that the pressures on child care staff within this Unit of Management are considerably greater.

Page 4 - Present Caseloads

The Family and Child Care Programme's total caseload in 1993 was 1,800 cases. At present this figure has now risen to 2,150. We do not capture the number of families that we deal with on an on-going basis. Also, during the last year the number of referrals made to this Programme and child abuse investigations has increased as follows:-

Planned activity levels for referrals	=	1,222 per annum
Numbers received in 93/94	=	1,796
Numbers received from 1/4/94 - 30/9/94	=	1,229
Planned activity level for investigations	=	500 per annum
Numbers dealt with in 93/94	=	917
Numbers dealt with from 1/4/94 - 30/9/94	=	536

Page 57 - Recommendation in Relation to Fieldwork Staffing

8 Social Workers to be appointed to reduce caseloads to around 20 families per worker. I can confirm that only an additional 4 field social work staff have been appointed to the Family and Child Care Teams. 4 Senior Social Workers were to be appointed to achieve a management span of control of 1 in 4. I can confirm that no additional Team Leaders have been appointed. We do not meet the objective of a management span of control of 1 to 4 in any of our offices. In fact in the Riverview Office, it is 1 Senior Social Worker to 8 Social Workers. An additional Social Worker was to have been appointed to the Fostering Unit to assist with further developments of the services. I can confirm that .6 WTE Social Worker was appointed in February in 1991. Again this falls short of the recommendation made by the Review.

I feel that the picture that emerges (not only from this Review, but also from the report of the Case Management Review conducted in the [REDACTED] case), is that this Unit of Management is not adequately resourced to meet the demands placed upon it. I believe that we would need to be robust in our discussions with the Purchaser with a view to obtaining an additional input of resources so that we can maintain the high quality standards that we set for ourselves. I would be pleased to discuss this matter in detail with you at any stage.

HH 40

PROGRAMME MANAGER  
FAMILY AND CHILD CARE PROGRAMME

10014

**WESTERN**  
HEALTH AND SOCIAL SERVICES BOARD

**AREA BOARD HEADQUARTERS**

Please use this reference in your reply

Our Ref: TH.dm  
Your Ref:  
Date 7 April 1992

Dr K F McCoy  
Chief Inspector  
DHSS  
Dundonald House  
Upper Newtownards Road  
Belfast  
BT4 3SF

Dear Dr <sup>Kevin</sup> McCoy

Mr Chambers *RC*

This looks like a minor clerical error.  
If you are contact person advise  
colleagues in PSC and HSE and prepare  
draft reply. *Kevin Coy*

10/14

**REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD  
ABUSE AT HARBERTON CHILDREN'S HOME**

Thank you for your letter of 20 January 1992. I indicated in my letter of 27 February 1991 of the steps taken to increase the staffing levels at Harberton House and the additional resources provided for foster care services and Nazareth House. The staffing level at Coneywarren Children's Home was also increased.

I would now wish to advise you that the Consultant Psychiatrist post for children and adolescents is currently advertised.

I would point out again as I did on the 27 February 1991 that the Board experienced difficulty in addressing all the recommendations made by the review group because of the competing demand for resources.

Since I wrote to you in February, staff both at Board Headquarters and Unit of Management have examined the report in detail again with view to taking follow up action on the recommendations made. The following is the position in relation to the recommendations.

**Recommendation 11.1**

The professionalisation of Family and Child Care Services which will ensure that all social work staff either working in a fieldwork residential or day care setting will be professionally qualified and be paid to similar salaries.

New pay scales introducing parity of pay between residential staff and fieldwork staff have been agreed and implemented within this Board. The professionally qualified residential Social Workers in all the children's homes are now paid on the salary scale for professionally trained Social Workers. Unqualified Residential Social Workers in residential homes are paid in accordance with the recommendations of the Hughes 6 agreement. At this point in time negotiations are nearing completion in relation to the management structure. In addition negotiation regarding pay parity for staff in family day centres are nearing completion and this will result in structures similar to that in the residential settings.

The Development of a Protocol with the Police for the Joint Investigation of Child Abuse where a Criminal Offence is Alleged to have been Committed

The development of a protocol for joint investigation of child abuse has now been agreed on a provincial basis between the RUC and social work staff. Training initiatives have now taken place in this Board in relation to the implementation of this protocol. The managers selected for the first round of this training initiative have completed their course and the Practitioners have just started the second phase of this training. It should be recognised however that it will take some time before all the staff that we wish to train in the use of this protocol will have completed the training. Part 2 of the protocol ie, joint investigation is now in operation in this Board.

The Board should undertake Comprehensive Assessment of Need in the Unit and agree a Strategy to meet the need including making available the resources required

The Board continues to develop its assessment of need strategies in relation to Family and Child Care. I would however point out that much work has been done on this, some of which has been reflected in the Social Care Review a copy of which you received. The recent reports prepared by the Social Services Inspectorate following their inspection of the homes are also helpful in this respect.

I would also advise you that Foyle Community Unit of Management has set up a research project on Needs Assessment. This project was funded under the Londonderry initiative monies, consist of 3 researchers, all of who are trained Social Workers with a background in child care. You will also be aware that the Board has made very good progress in developing its strategic plan, purchasing plan and business plans. All these plans necessitated an assessment of need.



Fieldwork Staffing, Fee-Earning Foster Parents and Family Aides

In the Board's Purchasing Plan for 1992/93 - 1994/95, it is planned that £263,800 will be made available to Family and Child Care programmes throughout the area under the development proposals. This proposal is to assist with the development of the integrated Child Care Service throughout the Board and consists of the following:

- A. Development of Family Centre and increase in Foster and Family Aide budget with the aim of reducing the numbers at Coneywarren Children's Home, £58,000.  
  
0.5 Health Visitor, 2 specialist foster parents, family aide budget, boarded out budget £58,000.
- B. Increase in Family Aide Budget to enable response to be made to increasing demands faced in dealing with vulnerable children and families - £35,000.
- C. Three additional social work posts will be made available to the Foyle Community Unit of Management, cost £67,800. This will help deal with the high caseloads in Child Protection and to address outstanding issues such as matrimonial causes reports, domestic proceedings reports, adoption assessments and development of preventative services.
- D. Consultant in Community Paediatrics  
  
An additional £25,000.
- E. Development of Foster Care  
  
£20,000.
- F. An additional £72,700 is being made available to develop the child and adolescent psychiatric service. This will enable the appointment of a Clinical Psychologist and 2 nurses and supplements the allocation made last year.

Additional Social Worker to Foster Care Unit

The Foster Care Unit is now operating at full establishment in Foyle Community Unit. The establishment is one Senior Social Worker and 3.6 Social Workers. This represents an increase of 2.6 Social Workers since the untoward incidents at Harberton House came to light. One member of staff, the 0.6 Social Worker is assigned to the development and maintenance of specialist placements.

Fee-Earning Foster Parents should be developed  
Initially 6 foster parents should be developed to care for  
sexually abused children

At present 3 specialist fostering placements are being used within Foyle Community Unit. In addition one child is placed with professional foster parents under the Barnardos project. It is the intention to increase the number of specialist foster parents in the light of the allocations referred to above and restructuring of resources at Unit of Management level.

The range of services should be increased through the development of Kidscape, Home Start and Family Support, (Aides)

The Area Child Protection Committee is actively pursuing the development of Kidscape in this Board area along with the Western Education and Library Board, Family and Child Care staff and Health Promotion staff. It is the intention to introduce Kidscape on a pilot basis to nine schools very shortly. Following that it is the intention to extend this scheme on a progressive basis throughout the Board area.

In relation to Home Start, Mr Haverty met recently with [REDACTED] to consider the development of Home Start schemes in this area. He has written to the community Unit General Managers asking them to consider the development of such schemes.

A working group has been set up in the Board area to consider the needs of the under 5's, assess need, and recommend on the package of services that needs to be developed.

The Board has established an extensive youth support scheme in conjunction with Extern in the Londonderry City area and Save the Children Fund in the Limavady area.

Panel of 6 Childminders for Day Care to provide for at risk children

This is one of a number of services being considered by the working party for the under 5's. It will be hoped to fund a pilot scheme in one of their localities within the Foyle Community Unit of Management. This Board is keen to develop childminding services. We are the only Board in the province who pays membership fees for NIACM membership and insurance for childminders. We maintain close contact with NIACM and grant aid the local development officer post.

An immediate review of the size and function of Harberton House

A review of the structure of all three residential children's homes in the Board area is being carried out in line with the implementation of the Hughes 6 recommendation. In Harberton House it is the intention to have 2 teams each led by a Team Leader. It is also the intention to reduce the numbers in the first instance from 25 to 20. Within this the management are looking at the possibility of developing a smaller unit of 4-5 places which will be designed to provide treatment for disruptive children with special needs including children who have been abused or abusers.

As part of the development of an integrated child care service, I would mention that in Fort James it is the intention to develop 2 units each under the management of a Team Leader, (a) an adolescent unit and (b) leaving care unit. In Coneywarren, there will be 3 units under the management of a Team Leader, (a) admission/reception unit, (b) medium/long stay unit, (c) special needs unit. This will also compliment the provision provided at Nazareth House voluntary Children's Home where 2 units will be established each under the management of a Team Leader.

You will be aware that it is our plan to reduce the number of residential places on a progressive basis. This however will require some additional resources but not perhaps as much as referred to earlier.

Review of staffing levels and duty rotas

The Board has reviewed the duty rota on a number of occasions. The most recent exercise has made some amendment to the rotas and this now provides for staff being in direct contact with children for 35 in any 39 hour working week and have only 4 hours to carry out record keeping, report writing, attend the case conferences - supervision, staff training, contact with external agencies etc. It should be recognised that at weekends and during school holidays, staff are in direct contact with children for most of their working hours per week.

The Mould in the ground of the home should be levelled

This is not regarded as being a high priority need.

A multi-disciplinary team should be developed to build up expertise in the assessment of sexually abused children

A range of training initiative has taken place during the year to develop residential Social Workers expertise and indeed Fieldworkers in the assessment and treatment of sexually abused children. The Board is in the process of appointing a Consultant

Child Psychiatrist and funding is being made available for a Consultant Community Paediatrician. Following the review of the role of residential facilities, one of the teams in Harberton House will work along with these Consultants in developing this area of work.

An Adolescent support centre should be developed with the emphasis placed on preventive work

As indicated it is the intention that Fort James will address this aspect of work. Harberton House will work with adolescents in accordance with the individual care plans for its residents and Coneywarren Children's Home as part of an integrated plan will develop support and preventative work from adolescents.

#### Training Strategy

An additional Assistant Principal Social Worker was appointed to the training team earlier this year. On-going training programmes are organised in conjunction with the training unit. It is the Board's plan to increase the level of trained staff in residential children's homes and it is the intention to second 4 staff from Child Care during the coming year. Whenever possible we intend to recruit professionally trained staff as vacancies arise.

Priorities should be given to structured supervision with a view to developing staff profiling system

The supervision arrangements within the Unit will change with the regrading of residential staff and when the new structure is implemented. The aim is to provide regular supervision, although this is interrupted during the summer holidays. It is the intention that supervision does take place for individual staff on a monthly basis. Supervision is tailored to meet the individual needs of the individual residential worker and to facilitate staff development.

Status of new system of recording to be clarified

The new system of recording to facilitate open access has now been in operation for some time. Family and Child Care programmes are now initiating a review of the system which will be chaired by one of the Locality Managers.

Examination of the Management span of control of the Assistant  
Principal Social Worker

The span of control of this worker remains the same. It is recognised that a Senior Social Worker needs to be appointed to take on some of the day care aspects of this worker's responsibility but the allocation of resources of such a post has got to be judged against other priorities. ||

A workload management system should be introduced

A working group has been set up to look at the introduction of a consistent workload management system within the Unit. A system of workload management has been devised and is currently being piloted in 3 localities. The outcome will be evaluated to ascertain whether it can be introduced throughout the Board area.

Yours sincerely



DOMINIC BURKE  
Director of Social Care

From: HH 41  
Child Care and Social Policy Division

Date: 8 April 1991

REPORT ON THE CIRCUMSTANCES SURROUNDING INCIDENTS OF PEER CHILD ABUSE WHICH OCCURRED WITHIN RESIDENTIAL CARE

1. I attach, with apologies for the delay, a copy of Dr McCoy's minute of 28 March recording the outcome of an internal meeting with [REDACTED] about the Western Board's response to this report and any further action to be taken by the Management Executive/Department.
2. You will note that para 3(e) records that I would ask you "to monitor the establishment of the Child and Adolescent Psychiatry service". The background to this was that the minutes of the Board's Resource Allocation Committee meeting on 13 March had identified the need under Development Proposals for 1991/92 for Services for Mentally Ill people for a sum of £99,000 to develop a child and adolescent psychiatry service on an area-wide basis. The minutes record that it was anticipated that the team led by a child psychiatrist would play a major role in education, prevention, assessment and therapeutic interventions for this client group and that, in addition, a consultant/liaison service to paediatric and other child care services would be provided. The General Manager emphasised that the introduction of this service was particularly important given the sharp increase in the incidents of child sexual abuse.
3. The Director of Social Care had raised with Dr McCoy the possibility of an allocation from the Department to allow the Board to develop an assessment and treatment unit within the Board, located at Harberton House. We have no money for this, and we must await the outcome of our PES bid for child sexual abuse which, if successful, would provide resources for treatment issues among others in 1992. However, it did seem to me that given the intention to develop a child and adolescent psychiatry service, it should be possible for the Board to start to develop therapeutic programmes with sexually abused children if this aspect was recognised as a priority by the new consultant child and adolescent psychiatrist. It was in this context that I said that it would be helpful if, in the course of your contacts with the consultant, you could highlight the importance of this work. I had not in mind any special monitoring exercise, but rather that we should keep in touch with developments in establishing the service and ensure that maximum use is made of it for child protection purposes.
4. I shall be glad to discuss if you wish.

HH 41