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HISTORICAL INSTITUTIONAL ABUSE INQUIRY
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being heard before:

SIR ANTHONY HART (Chairman)

MR DAVID LANE

MS GERALDINE DOHERTY

held at

Banbridge Court House

Banbridge

on Thursday, 11th June 2015

commencing at 10.00 am

(Day 125)

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

1 Thursday, 11th June 2015

2 (10.00 am)

3 MR DOMINIC BURKE (called)

4 Questions from COUNSEL TO THE INQUIRY

5 CHAIRMAN: Good morning, ladies and gentlemen. Can I remind
6 everyone, as always, to ensure that mobile phones are
7 either switched off or placed on "Silent"/"Vibrate" and
8 to remind you that no photography or recording is
9 permitted either in the Inquiry chamber or anywhere on
10 the Inquiry premises.

11 MS SMITH: Morning, Chairman, Panel Members, ladies and
12 gentlemen.

13 Our witness today is Dominic Burke. He was given
14 anonymity on the last occasion, but he is aware that was
15 somewhat of an oversight on our part. He appreciates
16 that his anonymity will no longer be afforded to him.

17 He was sworn previously when he gave evidence on 8th
18 April 2014. So there's no need for him to be sworn. He
19 has given evidence on that occasion and he provided
20 statements for the Inquiry, which can be found at
21 SND11659 through to 11660, SND16576 to 16582 and a third
22 one at 19145.

23 In respect of this module he has given us
24 a statement, which can be found at FJH484 through to
25 598, which includes exhibits.

1 Dominic, you are happy for me to call you by your
2 first name.

3 **A. Indeed.**

4 Q. Your qualifications and experience were outlined the
5 last occasion you gave evidence, but I am just going to
6 remind the Inquiry about some relevant dates for the
7 purpose of the matters that we are looking at in respect
8 of this module.

9 That is that between 1980 and '85 you were the
10 Principal Social Worker for Fieldwork Services in the
11 Western Health & Social Services Board.

12 Then from 1985 to 1988 you became Assistant Director
13 of Social Services with responsibility for training and
14 staff development?

15 **A. Uh-huh.**

16 Q. Then from 1988 you also acquired an extra responsibility
17 Acting -- as Acting Assistant Director of Social
18 Services for Family and Childcare.

19 **A. That's right.**

20 Q. From 1991 to 2005 you were Director of Social Services
21 with the Board at that stage.

22 **A. Yes.**

23 Q. Now on the last occasion you gave evidence you spoke
24 about the difficulty that there was in filling posts
25 within the Western Health & Social Services Board

1 generally in terms of fieldwork and residential care and
2 even at management level.

3 You spoke about the caseloads which fieldwork staff
4 had, which were very heavy, and you talked about the
5 role of the Board in respect of the voluntary homes, and
6 you talked somewhat about -- in general terms about
7 financing, but also specifically about the financing of
8 Nazareth House on that occasion.

9 Well, I can just assure you, Dominic, that the Panel
10 and the Inquiry have read your statement in full and the
11 exhibits, and indeed we have been looking at some of the
12 documents that you, in fact, exhibited to your statement
13 over the past few days, but if I could just call up
14 Dominic's statement, please, which is at FJH484, you
15 will be glad to know that I am not going to go through
16 all of the details in the statement.

17 I just ask you, first of all, Dominic, if you would
18 confirm that this is the statement you provided dated
19 4th June for this module?

20 **A. That's correct.**

21 Q. You signed it at the end. We don't need to go to that
22 page at this time.

23 If we just look at paragraph 4, one of the things
24 that I was unclear about when you were Assistant
25 Director of Social Services, you said that:

1 "There was an initiative set up providing resources
2 to support staff in securing their professional
3 qualifications."

4 You said that:

5 "Within that initiative priority was given to staff
6 working in residential care."

7 I just wanted to be clear that that initiative
8 related to childcare generally; it wasn't an initiative
9 for residential care for the elderly or for the
10 handicapped, for example?

11 **A. No. It referred to all social work staff, but there was**
12 **an emphasis placed on attempting to ensure that those**
13 **staff working in residential childcare had**
14 **an opportunity to train.**

15 Q. Was that because at that stage they were seen as the
16 least qualified of the staff working in the Board
17 perhaps?

18 **A. Well, it was seen that the needs of children coming into**
19 **care was constantly increasing the complexity and the**
20 **need to have professional input at all times, not only**
21 **in the fieldwork setting, when social workers were**
22 **dealing with them while at home, but also when they were**
23 **in care to assist in a therapeutic approach to the care**
24 **of the young person.**

25 Q. You talk about the difficulty in retaining qualified

1 staff in homes prior to the Hughes 6 recommendation
2 being implemented. We heard about that not just that
3 they -- from yourself in your statement but from those
4 officers in charge who actually ran the homes within the
5 Board area, that they had difficulty retaining those
6 qualified staff, who found the fieldwork side of things
7 more attractive in terms of working hours and
8 conditions.

9 **A. Yes. I think that, once qualified, staff who were**
10 **working in residential settings, when opportunities**
11 **arose for them to apply for childcare posts in the**
12 **community, they saw this as an opportunity which took**
13 **away the need for night duty or shift work generally,**
14 **and it also gave them as a higher salary until, as you**
15 **say, Hughes 6 was implemented across the province.**

16 Q. That wouldn't have been until the 1990s that Hughes 6
17 actually came into effect.

18 **A. Yes. That's right.**

19 Q. I am going to turn now to look at a matter that the
20 Inquiry has been considering, and that is the issue of
21 the former officer in charge of Fort James, FJ5. I just
22 wondered if could you tell us a little bit about what
23 you knew about that and how you came to know about it.

24 **A. I'm not -- I'm not aware that I had any direct knowledge**
25 **of the FJ5 situation until, in fact, the court case came**

1 **about. At that stage the then Director of Social**
2 **Services asked if I would act as a link or liaison**
3 **person between the court and the Fort James Children's**
4 **Home so that, if additional information was required**
5 **during cross-examination or to confirm dates, etc, that**
6 **I would bring those files from the home to the court so**
7 **that they are -- the representatives could have evidence**
8 **to back up the statements being made. So that was my**
9 **role at that time and that's all that I was aware of**
10 **with regard to the FJ5 case per se.**

11 **Q. Yes. You hadn't been made aware of any of the details**
12 **of the case --**

13 **A. I hadn't, no.**

14 **Q. -- but you were actually present at the court, going**
15 **back and forward as required in a practical role.**

16 **A. That's correct.**

17 **Q. We were talking earlier. You knew that the case had**
18 **collapsed. You said that there was a degree of concern**
19 **within the Unit of Management as well as the Board at**
20 **the time about the case.**

21 **A. Yes. I think that the -- there was a concern because**
22 **I think that the story as related by the young person or**
23 **the adolescent was recognised, and I think that some of**
24 **the staff were concerned that suddenly the case had not**
25 **managed to be carried through to fruition. The case, as**

1 **it were, collapsed after a week I think of hearing.**

2 Q. So if I've understood you right, there was a degree of
3 belief in what the young person was saying about what
4 the nature of the relationship had been?

5 **A. I think there was, yes.**

6 Q. I was asking then -- with that degree of belief in what
7 the child had said had happened, I was asking then what
8 was done? We know from the Unit of Management what was
9 done in terms of the review that was carried out --

10 **A. Uh-huh.**

11 Q. -- internally and the staff being interviewed and so
12 forth about that, but I am wondering at a higher level
13 was there anything done in terms, for example, of
14 training? You were involved at this stage in training
15 and development --

16 **A. Yes.**

17 Q. -- for staff.

18 **A. As Assistant Director of Training I don't have any**
19 **direct memory of there being specific programmes**
20 **addressed to the staff at Fort James. At the time**
21 **training was developing with regard to social workers**
22 **working with children who had been abused and being**
23 **alert to the behaviour of children who had been**
24 **sexualised, but I'm not aware of any particular**
25 **programme being taken to support the -- separately**

1 **through the Social Services training team I am not aware**
2 **of any programme being established for that purpose.**

3 Q. At this stage you are working at quite a senior level
4 within the Board. I just wanted to explore a little bit
5 about the recruitment practices and vetting that were
6 operated.

7 Now we know from the submission to the Hughes report
8 that in 1978 there was selection appointment procedures
9 devised, which didn't just cover recruitment and
10 employment of staff in children's homes. It was across
11 the board --

12 **A. Yes.**

13 Q. -- if you'll excuse the pun.

14 **A. Yes.**

15 Q. But that would have been the selection procedure that
16 would have applied at the time that this man was
17 appointed to the position in Fort James?

18 **A. That's correct.**

19 Q. If I've read it correctly, essentially there was
20 an advertisement went out. There was an application put
21 in. There was a short list for interview and at that
22 stage referees were sought --

23 **A. Uh-huh.**

24 Q. -- and also any staff records. Now in -- up until 1983
25 that did not change. Isn't that correct?

1 **A. No. That is my understanding, that that was the process**
2 **that was followed.**

3 Q. So there was no actual vetting of any degree beyond the
4 referee level?

5 **A. None.**

6 Q. Assuming the referees were saying nice things about this
7 person --

8 **A. Yes.**

9 Q. -- and nothing untoward, then the appointment would go
10 ahead?

11 **A. Subject to the interview and positive referees, then**
12 **there would have been no -- that would have been**
13 **accepted and then the person would have been appointed,**
14 **if thought suitable for the job.**

15 Q. Now we know that in about 1983 things were changing.
16 That would have been consistent with what had been
17 learned with regard to the Kincora scandal and the whole
18 issue of staff abuse of children --

19 **A. Uh-huh.**

20 Q. -- had come to the attention of society essentially at
21 that time.

22 **A. Yes. I think at around that time the Department**
23 **introduced a system whereby they had a list of persons**
24 **that would be perceived to be unsuitable for working**
25 **with children or older people, and when you went through**

1 the process -- they would have made those names
2 available to the employing authority, such as the Board
3 or the Unit of Management, and when people were being
4 interviewed then, it may well be that if their name
5 appeared on the list, you would be aware that there was
6 concern regarding appointment for social care
7 (inaudible).

8 Q. It would not necessarily have stopped them being
9 shortlisted, though?

10 A. It wouldn't have stopped -- necessarily have, but
11 I think that one would clearly have been considering
12 whether or not you would move forward. It might well be
13 that their name was known either through being removed
14 from professional registers in nursing or it might well
15 be that they had a court case that was known.

16 Q. Well, I know that that's just your -- you are speaking
17 from memory --

18 A. Yes.

19 Q. -- of what you remember at the time.

20 A. Uh-huh.

21 Q. I know that we have more details of this in a statement
22 that has been provided to the Inquiry. That's the
23 statement of Shirley Young, who is in Human Resources
24 end of things --

25 A. Yes.

1 Q. -- as it were. From paragraph 33 onwards she talks
2 about the level of vetting, but we know that certainly
3 things have certainly moved on even since 1983. That
4 was the start of any sort of vetting procedure, as it
5 were.

6 **A. That's right.**

7 Q. Then that obviously has developed to a level today where
8 many checks are carried out.

9 **A. Uh-huh.**

10 Q. But I just wanted to check in 1983, when this embryonic
11 type of vetting was being set up, did that act
12 retrospectively in any way to check about those people
13 who were already employed by the Board?

14 **A. I don't think so. I think it was purely from that point
15 in time and forward thereafter.**

16 Q. One of the comments that you made to me was that this
17 particular court case involving this gentleman was
18 a shock to the Western Board, because while you were
19 aware of Kincora and so forth, those were things that
20 didn't happen in the Western Board.

21 **A. Yes. I think that we -- certainly from the point of
22 view of a member of staff who had been recruited, and
23 indeed some of the referrals or references, rather, to
24 the individual by the SWAG, the Social Work Advisory
25 Group, who had carried out visits to the home, had been**

1 **very positive. So I don't think we were thinking at all**
2 **-- it wasn't in our vista that this was potentially**
3 **happening.**

4 Q. Well, coming on to another issue, and this is something
5 that you did speak about -- sorry. I just want to be
6 clear that even though that was the first incident that
7 the Western Board had experienced, it didn't actually
8 change -- inform change in a way itself. The change was
9 already in train. Is that the position?

10 **A. Yes, correct from earlier experiences in other parts of**
11 **the province and the Department's action.**

12 Q. Moving on to the issue of Harberton House and the peer
13 abuse, and to some extent you discussed this last time
14 when you spoke to Mr Aiken, but I am just going to ask
15 you a little bit more about that.

16 If you look at paragraph 7 of your statement, you
17 say that you recall being first notified of the issue in
18 March 1990. That's when the matter came to light.

19 "The Unit of Management (Londonderry, Limavady &
20 Strabane) General Manager advised Mr Frawley and Miss
21 **SND 502** of the peer abuse. I think it is important to
22 note that when I learned of this issue, it stands out to
23 me as being the first awareness I had of peer issue
24 (sic)."

25 When we were speaking earlier, I was asking you

1 about the fact that in your role as Principal Social
2 Worker of Field Services one would have expected that
3 you would have learned from the social workers in the
4 field that children were engaging in sexualised
5 behaviour and sexual activities. Indeed, the Inquiry
6 has learned from police material that children were
7 making such disclosures as early as the 1980s --

8 **A. Right.**

9 Q. -- early '80s I should say.

10 **A. I was aware that children would have been involved in**
11 **sexual exploration and that there would have been sexual**
12 **activity between young people, but when I read the**
13 **detail that's contained in the Bunting report and also**
14 **the facts, what led to us establishing -- the Western**
15 **Board establishing the Bunting review, I think that that**
16 **was certainly at a level that we had not considered to**
17 **be happening, and I think that, in fact, while -- even**
18 **the staff who were working with these children with**
19 **their experience and their qualifications and -- they**
20 **didn't appreciate that this would be going on either.**
21 **So I think it was -- I think other -- subsequently we**
22 **learned it was an evolving, an emerging behaviour and it**
23 **moved from being sexual exploration to abuse and that**
24 **was I think also a very significant change in the**
25 **definition.**

1 Q. So what you are -- if I -- I don't want to put words in
2 your mouth, and correct me if I have got this wrong, but
3 you are saying that you may have been aware as Principal
4 Social Worker Fieldwork that children were engaging in
5 certain activities, but you would have interpreted that
6 as sexual exploration rather than abuse?

7 **A. Yes, I think so, yes.**

8 Q. We know from paragraph 8 you describe through to
9 paragraph 11 the kind of steps that were taken
10 immediately with regard to the issue within the Board,
11 Board level, and obviously **SND 502** reported it to
12 the Social Services, to Mr O'Brien, and she also
13 described the kind of issues and difficulties that were
14 being experienced within the home.

15 You also talk here about a presentation regarding
16 childcare being made to the Community Care Committee of
17 the Board on 1st June 1990.

18 **A. That's right.**

19 Q. We had quite a discussion on this, but it would appear
20 the Community Care Committee was the same as the
21 Personal Social Services Committee. They were one and
22 the same thing, just a different name in the Western
23 Board.

24 **A. That's right.**

25 Q. That took place on 1st June 1990, detailing developments

1 within the programme of care regarding the complexity
2 and difficulties in managing the childcare programme.
3 That was given by -- introduced by **SND 502** and given
4 by Mr Carey and **TL 4** from the Unit of Management.
5 That's also referenced in minutes of the Board.

6 Also you go on to talk about the set-up of the
7 review team headed by Mr Bunting. I am just going to
8 ask you to look at a document that we were discussing
9 earlier. This is an internal departmental memo about
10 the terms of reference for that review committee. If we
11 look at that at 10985, you will see that from -- we have
12 looked at this. So I am not going to go through it all
13 with you.

14 **A. Uh-huh.**

15 Q. But you will see that there was discussion back and
16 forward between **SND 502** and Mr McCoy about the terms
17 of reference of the review team.

18 **A. Uh-huh.**

19 Q. If we just go to paragraphs 5 and 6 of that, you will
20 see there that:

21 "The net effect of all of this is to widen the terms
22 of reference to the extent that the issues of
23 supervision and management in Harberton House will not
24 get the scrutiny they deserve."

25 So clearly the Department are having concerns about

1 the effectiveness of getting to the nub of the issue as
2 they would see it with regard to the terms of reference
3 that the team were given.

4 **A. Uh-huh.**

5 Q. "Paragraph 4 of the Board's terms of reference sets out
6 the values which underlie the review, but these are
7 overshadowed by the final paragraph on methods which on
8 two occasions refers to available resources. Given that
9 the sixth term of reference is to examine the resource
10 implications, this could be construed as guiding the
11 review in a particular direction.

12 The presentation of the review by the General
13 Manager to the meeting of the Community Care Committee
14 on 3rd August would appear to confirm that the Board
15 will use the review to emphasise their inadequate
16 revenue base. The attached copy minute indicates that
17 the General Manager identifies significant resource
18 indications arising from the review."

19 So the Department are concerned not only that these
20 terms of references aren't getting to what they see to
21 be the nub of the issue, but also, "It's going to
22 concentrate on resource issues, which we don't think
23 they should be looking at".

24 **A. Right. I think if we can attempt to divide this into**
25 **two, the first thing is what were the circumstances that**

1 enabled this behaviour to go on for the period of time
2 that it did? It was important to get an understanding
3 of that. Once you began to look at the detail, the
4 number of children coming into care, the background of
5 those children -- and while initially we were aware that
6 two of the children had been sexualised, it became clear
7 that, in fact, many more -- I think an additional five
8 -- had been sexualised before coming into care. So
9 there was a need to find out how the behaviour could
10 have gone on and not been identified.

11 Then when you begin to look at what were the
12 circumstances within the home, both in relation to the
13 staff on the ground, the senior staff within the home as
14 well as the manager and deputy manager, it becomes clear
15 resources are a very significant part of how do you
16 manage effectively a children's home with children
17 having so many complex and where the behaviour is so
18 disruptive?

19 So it became clear I think that if you were going to
20 do a review, you had to look at what were the resource
21 implications that led to this being allowed to happen,
22 and it was in that context we were asking -- not asking
23 --

24 Q. The review team to look at that?

25 A. To look at that.

1 Q. I am going to come back to talk about resources more
2 generally shortly, but if we can just consider --
3 continue to consider the steps that were taken apart
4 from the review.

5 Paragraph 18 of your statement, if we might go back
6 to that, and it is at page FJ48... -- 490, please,
7 FJH490. You talk here at paragraph 18 about a Community
8 Care Committee meeting on 1st February '91. On that
9 occasion you addressed the committee to confirm that, as
10 recommended on 7th December '90, the report had been
11 provided to the Department. Now I should say that on
12 7th December Mr Bunting had come along and outlined
13 their findings and their recommendation and so forth in
14 that review report.

15 "I also outlined a series of meetings that had taken
16 place with management and staff regarding the outcomes,
17 conclusions and recommendations of the review report."

18 Now the matter was taken very seriously, because it
19 did have, as you have been describing, an impact on
20 staff within Harberton. Isn't that correct?

21 **A. Yes. I think that -- in fact, I know that the staff not**
22 **only at the time that it happened but subsequently**
23 **continued to question themselves about how they had**
24 **missed it, what could they have done differently and how**
25 **should they have been reacting to the needs of the**

1 children and to the behaviour that was being exhibited.
2 I think that they were clearly very concerned that this
3 had happened in the facility that they were caring for
4 children.

5 Q. I think you made the point to me that one of the things
6 that you kept pointing out to them was, "Look, it was
7 actually a member of staff who discovered it and
8 investigated it".

9 A. Yes. When -- I had met -- as you can see there from
10 paragraph 18, I had met with senior managers and others
11 and then I had a meeting with all of the rest of the
12 staff in the home, and at that they were expressing to
13 me concern. Now a lot of it was about the aspirations
14 that they had about maybe more staff and lots of other
15 things, but they were still concerned about how it
16 reflected on them as staff, and in that context I was
17 pointing out to them that it was one of them who had
18 identified it, taken it forward and acted with the speed
19 that they had in order to get the matter out into the
20 open and for the Unit of Management/Board to take it
21 seriously.

22 Q. We know I think from documents that we have seen that,
23 in fact, Mr McCoy -- Dr McCoy himself actually took it
24 so seriously that he came on a visit --

25 A. Yes.

1 Q. -- to speak to staff also. Isn't that correct?

2 A. Yes. I think that the nature of the relationship was
3 such that Dr McCoy got involved. Both Mr O'Brien and
4 another one of the inspectors had been involved --
5 Marion, had been involved with Harberton House. So
6 I think it was important that they came to also -- it
7 was about demonstrating an understanding and support for
8 the staff as they suffered and went through this very
9 serious crisis.

10 Q. Part of the cooperation between the Department and the
11 Board resulted in this one-day symposium that was
12 eventually held on 4th February 1992. We see the papers
13 in relation to that. Effectively various people came
14 and spoke at that symposium and ultimately the papers
15 that they delivered were put into a publication.

16 A. Uh-huh.

17 Q. I was asking you, first of all, what -- this was
18 initially a thought of yours that you took to Dr McCoy
19 and between the two of you this was created -- this day
20 was created.

21 A. Yes. A debate took place within the Board as to how do
22 you ensure that the lessons to be learned from this are
23 disseminated and in that context then we began to look
24 at how that might be taken forward. Initially it was
25 thought that it would be representatives of the Eastern

1 Board, who had gone through a fairly traumatic
2 experience some years earlier, as well as ourselves, but
3 in discussion it then became clear that this was a much
4 bigger and emerging issue, and hence we were in
5 a position to bring in a researcher,

6 , and Tom White from the National Children's Home
7 came and spoke. So it was important to get that -- the
8 knowledge that was out there and bring it together so
9 that it could be shared in Northern Ireland.

10 Q. It wasn't just a case of, "This is -- let's, you know,
11 be seen to be doing something". There was actually
12 a purpose behind the symposium.

13 A. Yes. I think -- you know, I think it was a serious
14 attempt at raising awareness, first of all, to the issue
15 and, secondly, and perhaps more importantly, to enable
16 the staff to begin to talk around what the issues were,
17 because I do think that in Mr White's presentation he
18 talked about this being an emerging -- you know, we have
19 gone through neglect. We have gone through the battered
20 baby syndrome. We have gone through a range of issues
21 associated with children being abused and now we are
22 coming to one where it is peer abuse. He is saying it
23 is important we now have recognition of this and that we
24 are aware of it.

25 Q. I just wanted to -- although this only took place within

1 the Western Board, it was, in fact, opened by the
2 Minister. Isn't that correct?

3 **A. It was opened by Minister. It had a representative from**
4 **Planning at the Department, Mr Kearney, Norman Chambers,**
5 **who was then one of the inspectors at the Social Work**
6 **Advisory Group, and Mr White, and HH5, who was the then**
7 **officer in charge at Harberton actually spoke on it as**
8 **well regarding his -- and a researcher from -- who had**
9 **been to America and dealt with the issue,**
10 **of the Mercy Order.**

11 Q. That publication after the event was disseminated across
12 all of the Boards. Isn't that right?

13 **A. Across the Boards, yes.**

14 Q. Now you then yourself provided an update to Dr McCoy
15 about the recommendations that the Bunting review had
16 made.

17 **A. Uh-huh.**

18 Q. That was looked at by you the last day and it is at
19 10373. I will just briefly look at that. That's
20 7th April 1992. This is that memo, and you will see it
21 is quite a detailed memo, because what you do is you set
22 out each recommendation that the review team had made
23 and indicate to Dr McCoy just where the Board is with
24 each of those recommendations.

25 If we can just, for example, look at the first one

1 there:

2 "Professionalisation of family and childcare
3 services, which will ensure that all social work staff
4 either working in a fieldwork, residential or daycare
5 setting will be professionally qualified and be paid
6 similar salaries."

7 If we can scroll down that, it just says here:

8 "New paycales introducing parity of pay between
9 residential staff and fieldwork have been agreed and
10 implemented within this Board. The professionally
11 qualified residential social workers in all the
12 children's homes are now paid on the salary scale for
13 the professionally trained social workers. Unqualified
14 residential social workers are paid in accordance with
15 the recommendations of Hughes 6. At this point in time
16 negotiations are nearing completion in relation to the
17 management structure. In addition, negotiation
18 regarding pay parity in family day centres are nearing
19 completion and that will result in structures similar to
20 that in residential settings."

21 The protocol between police and the staff has been
22 agreed.

23 The need of the unit and agreed strategy to meet the
24 need. It says:

25 "The Board continues to develop its assessment of

1 need strategies in relation to family and childcare.

2 I would, however, point out that much work has been done
3 on this, some of which has been reflected in the social
4 care review, a copy of which you received, and the
5 recent reports prepared by Social Service Inspectorate
6 are also helpful in this respect."

7 If we can just scroll on down through this.

8 Fieldwork staffing.

9 The Board's purchasing plan.

10 "It is planned that £263,800 will be made available
11 to programmes for foster parents and family aides and
12 fieldwork staff."

13 There is a consultant in community paediatrics,
14 which is going to have an additional cost, and the
15 development of foster care, again an additional cost.

16 An additional 72,700 available to develop the child
17 and psychiatric -- child and adolescent psychiatric
18 service.

19 Additional social worker to the foster unit.

20 If we can just scroll on down through this.

21 Fee-earning foster parents. The range of services
22 through the development of Kidscape.

23 "It is felt that Kidscape, while more effective ..."

24 I think we have seen some documents to suggest that
25 Extern were providing a more effective service in

1 respect of the adolescent child.

2 **A. Yes.**

3 Q. And then childminders to provide the daycare.

4 If we can just scroll on down.

5 An immediate review of the size and function of
6 Harberton House.

7 That is being carried out in line with Hughes also.

8 The intention to have two teams each led by a team
9 leader. We have seen documentation which shows a change
10 of structure within the management of the home.

11 "As part of the development of an integrated
12 childcare service I would mention that in Fort James it
13 is the intention to develop two units each under the
14 management of a team leader."

15 Again Coneywarren is being looked at.

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

20 The review of staffing levels and duty rotas.

21 They had been reviewed on a number of occasions.

22 "The mound in the ground of the home should be
23 levelled.

24 This is not regarded as a high priority."

25 We know in 1995 that had not, in fact, taken place.

1 A multi-disciplinary team developed to build up
2 expertise in the assessment of sexually abused children.

3 You discuss about the range of training initiatives
4 that had taken place between the year to develop both
5 residential social workers' expertise and fieldworkers'
6 expertise in assessment of the need.

7 Adolescent support centres should be developed. The
8 intention that Fort James would address that.

9 Training strategy.

10 "Priority should be given to structured supervision
11 with a view to developing a staff profiling system. The
12 status of the new system of recording to be clarified."

13 If we can just scroll on down, essentially the point
14 that this memo is making is that, perhaps with the
15 exception of the recommendation about the mound --

16 **A. Uh-huh.**

17 Q. -- every other recommendation of the review team was
18 being taken seriously and being actioned.

19 **A. Yes.**

20 Q. There is also the memo I think that you attach to this
21 of TL 4 of 4th April 1991, which had set out the
22 range of training opportunities that were afforded to
23 residential staff during the period in the aftermath of
24 the Harberton House episode.

25 When one looks at that -- and I don't think we need

1 to do it -- it is exhibited to your statement at
2 page 494 -- but when one looks at that, it is quite
3 clear that the vast majority of the training courses
4 were to do with the sexualised -- working with the
5 sexualised young, for example, or sexual issues for
6 staff in the care of child -- in childcare settings and
7 so forth.

8 **A. Yes.**

9 Q. So they -- at that stage he also in that memo I think
10 points out that there is team building to try to raise
11 the morale of staff who had been impacted by this.

12 So all of this suggests that at Board level the
13 matter was taken very seriously, and apart from the
14 immediate --

15 **A. Uh-huh.**

16 Q. -- steps, such as introducing waking night staff and
17 then setting up the review team, that need to address
18 the issue is progressed as time goes on. Is that a fair
19 assessment?

20 **A. Yes. I think -- yes. I think, as you say, there were**
21 **immediate steps that required to be taken. The waking**
22 **night duty was as a result of a request by the visiting**
23 **Board member to the home, who considered that not having**
24 **that was clearly a weakness in the overall management of**
25 **the system -- the system and the care afforded to**

1 children and duty of care to ensure that they were being
2 properly supervised during the night-time.

3 The rest of the recommendations were clearly
4 implemented. It wasn't as and when but certainly based
5 on resources being available and ensuring that we were
6 conscious of the needs.

7 If I might go back, you introduced the element by
8 saying back SND 502 introduced a review of childcare
9 for the Unit of Management along with Mr Carey and
10 TL 4 Now at that stage --

11 Q. I think she introduced it to the meeting.

12 A. To the meeting, yes, and Mr Carey and TL 4 were
13 there. At that stage what was happening was they were
14 reviewing the overall provision of childcare and talking
15 about reducing the number of residential places,
16 increasing the access to foster care, increasing or
17 introducing specialist fostering. They were talking
18 about the use of family aides. They were looking at
19 leaving and aftercare services. So the whole aspect of
20 childcare, not only residential care, was being looked
21 at.

22 I think that's why it is important in the light of
23 that last letter to see that it addresses many other
24 issues, because we are saying this isn't a single focus
25 on residential childcare. It is a focus on the care of

1 **children and how do we ensure that we get the best use,**
2 **recognising that children can be better cared for in**
3 **their own home if the family get the right support and**
4 **if there are appropriate aides and social work inputs.**

5 Q. One of the things that we were aware of from the
6 evidence that we have seen and heard, not least from the
7 documents, but also from FJ33 and HH5, who spoke to us
8 yesterday, was what I described as the perfect storm of
9 conditions --

10 **A. Yes.**

11 Q. -- that arose late 1989/1990 that allowed, if you like,
12 the episode in Harberton to take place --

13 **A. Yes.**

14 Q. -- in the sense that the system was essentially at
15 breaking point. A lot of children were being taken into
16 care, many more than had been previously. There was
17 a need to place them somewhere. There was a lack of
18 foster care places. The residential homes were
19 stretched and indeed were over -- their numbers were
20 exceeded.

21 **A. Yes.**

22 Q. The capacity was exceeded. They had staffing issues,
23 which had been a feature throughout their existence,
24 with regards to the terms of -- the numbers of staff in
25 the homes, and as you have explained, the difficulties

1 there were with getting qualified staff into homes, but
2 all of that seemed to come together at the end of
3 December 1989 in one go, as it were, to create this
4 perfect storm, that suddenly Harberton House comes to
5 the fore, but it is clear that the issue is not just
6 what happened within the home, but what was happening in
7 the whole field of childcare --

8 **A. Childcare.**

9 Q. -- within the Board.

10 **A. Yes.**

11 Q. That's then why these other matters are being addressed,
12 if I have summed that up appropriately.

13 **A. I think so. I think in the report I think Mr Bunting's**
14 **conclusions, as you describe it, the perfect storm, was**
15 **that these things were all coming together and what**
16 **perhaps been thought of as a blip suddenly became a much**
17 **more serious and continuing demand for care in Harberton**
18 **House.**

19 Q. Now I am going to turn just -- we have been talking
20 a little bit about resource issues and I am just going
21 to turn and look at some of the matters about funding
22 generally.

23 We have heard in the past that there were -- that
24 the Western Board essentially was underfunded. If I can
25 perhaps summarise the discussion that we had -- and

1 please jump in and correct me, because I am not entirely
2 clear that I have got this spot on -- but whenever the
3 Boards were formed in -- and the Department of Health &
4 Social Services was set up, the funding at that stage in
5 199... -- sorry -- 1974, when the Boards were
6 established, was dependent upon the expenditure of their
7 predecessors, which were the councils --

8 **A. Yes. The expenditure --**

9 Q. -- welfare committees and health committees.

10 **A. Sorry. Yes. The budgets in those days were -- the**
11 **county councils received their money from the rates paid**
12 **to them from businesses and domestic houses in the area.**
13 **In areas like Belfast or County Down, County Antrim to**
14 **some extent, the amount of rates raised was clearly**
15 **greater there than it was in the west of the province**
16 **and in and around County Londonderry, the city of Derry**
17 **and Tyrone and Fermanagh.**

18 So there was an underlying discrepancy, as it were,
19 or deficit with regard to the funding in the West, and
20 while it moved forward, that underlying deficit wasn't
21 addressed for a long time. From time to time it was,
22 but not consistently.

23 Q. In fact, whenever -- we were describing it in terms
24 of -- one of the things you said was the amalgamation --
25 or the set-up, I should say, the Department of Health

1 &~Social Services, where those two aspects were
2 amalgamated, was good for Social Services, because it
3 meant that there was a bigger cake to be distributed.

4 **A. Yes. Without being contentious about it, I believe it**
5 **was beneficial to Social Services, because they were**
6 **then integrated with the Health Service, and the Health**
7 **Service then, particularly the acute side, had a very**
8 **significant budget, and it then came together. So when**
9 **percentage increases were being provided year on year,**
10 **it did mean that Social Services were benefitting,**
11 **because the cake was bigger.**

12 Q. So the percentage of -- in simple terms you were getting
13 a percentage of £100 rather than -- sorry -- rather than
14 a percentage of £50 --

15 **A. That's right.**

16 Q. -- which meant that was better for you overall.
17 However, it was clear that the baseline that was set for
18 the Western Health & Social Services Board --

19 **A. Uh-huh.**

20 Q. -- when it was set up, that was based on what the
21 expenditure in the former welfare --

22 **A. Yes.**

23 Q. -- authorities had been.

24 **A. Yes. It was a historical baseline coming from that --**
25 **those services that existed prior to I think 1st April**

1 '74.

2 Q. And that baseline was less than what it had been in the
3 other Board areas?

4 A. Yes.

5 Q. But you were from the outset arguing that other matters
6 needed to be taken into account, and the Department has
7 made the case that they would say that there was equity
8 of distribution in the capitation formula which took
9 account of the socio-economic issues as well as the head
10 count.

11 A. Well --

12 Q. Would you accept that?

13 A. Well, what I would say is that the main allocation
14 formula was based on population and local provision
15 costs -- sorry -- agenda. They attempted to address the
16 question of deprivation and local provision costs, but
17 clearly that was a very contentious issue and it never
18 really got resolved in spite of a series of debates and
19 so on.

20 It was not until the '90s, the mid-'90s, that we
21 eventually got what was referred to as a Capitation
22 Formula Review Group established by the Department with
23 representatives from the four Boards to discuss not only
24 the demography, but what were the various factors that
25 would influence a demand for health & social services in

1 any given population?

2 That started out to be a simple, swift exercise,
3 which went on for many years, and I think it was not
4 until 2004 that eventually a capitation formula review
5 was published. So it became a very complex and it is
6 a very complex issue.

7 Q. But if I might -- I know this is contentious from what
8 you have said. I mean, we have heard from those people
9 who were on the ground, as it were. They felt that
10 Social Services was effectively the poor cousin in terms
11 of funding as opposed to Health and Acute Services.
12 Would you accept that?

13 A. No, I wouldn't. I think Social Services in the round
14 improved and progressed following the integration of
15 Health & Social Services. In the days when it was
16 determined that cuts would be made, the childcare
17 budgets were protected. We didn't lose money, and when
18 allocations were being made, we were able to get our
19 share of those allocations.

20 So I think -- now I appreciate if you're on the
21 ground and you're working in a children's home or if
22 you're in a team, you'll be pressing your team leader,
23 your officer in charge to get more, and they in their
24 turn will be attempting to squeeze. Often they were the
25 people in the middle. The senior management were

1 **saying, "You can't get any more" and the staff were**
2 **saying, "We need more", but it was protected, and**
3 **I think that while it may never have been adequate,**
4 **certainly steps were taken to try and ameliorate as far**
5 **as possible the pressures on recognising our duty to**
6 **care and the legislative framework within which we**
7 **worked.**

8 Q. One of the points that the Department would make is that
9 well, you know, you had this allocation and it was
10 really up to you how you spent it between healthcare and
11 Social Services. Your duty of care to children, the
12 statutory duty that you had, should have ranked as
13 a priority. You would say that it did.

14 A. **Yes.**

15 Q. They would also say that any deficiencies within the
16 system was something that you allowed to continue.
17 Would you accept that?

18 A. **No. I think that -- I mean, I would start with the**
19 **basis that we were underfunded and we argued that**
20 **repeatedly. Now it was, you know, a mantra about being**
21 **underfunded in the West, but I do think that the Board**
22 **were very prudent in how it allocated its resources and**
23 **in the manner in which they recognised their statutory**
24 **responsibilities for children, but they were also**
25 **looking at statutory responsibilities for people with**

1 mental health problems. They were looking at the whole
2 question of acute services, the question of developing
3 and delivering services for people, older people in the
4 community and the development, you know, over the years
5 of nursing homes, care homes. So there were many
6 pressures on an underfunded organisation to address. So
7 it would be inevitable that everybody felt that they
8 were perhaps --

9 Q. Hard done by?

10 A. **Yes.**

11 Q. Well, just one other thing about the funding issue for
12 the Western Board, and this is perhaps -- this is
13 something I showed to you earlier. This was a memo --
14 sorry -- it is part of a minute of the Board's meeting
15 --

16 A. **Yes.**

17 Q. -- where the Chairman -- and I think you recognise him
18 as a Mr Mervyn Loan?

19 A. **Loan, yes.**

20 Q. Not O'Loan, but Loan?

21 A. **Loan.**

22 Q. -- who was retiring at that time, and a comment that he
23 made. I think it is at 19319. If we can just look at
24 that, he is giving his farewell remarks, as it were, to
25 the Board meeting. Just at the last paragraph of that

1 page he says:

2 "He stressed that another landmark worth noting was
3 that during this period the Board had finally convinced
4 the Department that the system used to allocate finances
5 made available to the province for healthcare was unfair
6 to the Western Board. The result of these negotiations
7 led to a welcome shift of finance towards the Board from
8 1988 onwards."

9 So this is suggesting that from 1988 the Western
10 Board was getting more money out of the Department. Is
11 that your recollection?

12 **A. What happened was and I think it goes on there to say
13 that there were changes taking place within the approach
14 to the services. The government's White Papers dealing
15 with healthcare and community care, working with
16 patients and people first, were demonstrating the need
17 for increased investment in these services.**

18 Now what exactly happened in '88 I don't know, but
19 from time to time we certainly did get additional
20 resources that enabled us to address specific needs.
21 That particular -- Mr Loan appears to be saying it was
22 a permanent increase in resources.

23 **Q. That increase in resources would not necessarily have
24 been directed towards childcare?**

25 **A. Not necessarily, no.**

1 Q. I just wanted then generally in conclusion, Dominic, if
2 I may, just to ask a little bit about apart from the
3 tensions that clearly existed between the Department and
4 the Western Board over the issue of finances over the
5 period that we have been looking at, the relationship
6 generally between the Board and the Trust.

7 Let me just give you by way of example at 20267 this
8 is a letter from you to Marion Reynolds responding to
9 her report of the triennial inspections of children's
10 homes that were carried out in 1993, and in particular
11 you are referring to Harberton House. Somewhat as you
12 have replied to Mr McCoy about recommendations from the
13 Bunting review, you are setting out what the
14 recommendation is and what has been done about it.

15 **A. Uh-huh.**

16 Q. So it is clear that the Board was trying to action any
17 recommendations made by the Department. When we were
18 talking earlier, you would say that you would get
19 a draft report. You would be allowed to comment upon
20 it, and sometimes they would accept the comments you
21 were making; sometimes they wouldn't.

22 **A. Uh-huh.**

23 Q. We have seen sometimes there's letters going saying, "We
24 are very disappointed with the inspection report" and so
25 forth, but in general terms how would you have described

1 the relationship between the Western Board and the
2 Department? Would you have seen it as one --

3 **A. I would have thought it was a very positive**
4 **relationship. I thought the relationship certainly that**
5 **I had Dr McCoy and the relationship that existed between**
6 **inspectors and the staff on the ground in the main would**
7 **have been positive. People are having their work**
8 **examined and that's -- there is stress in that, but**
9 **having said that, I think that, you know, it wasn't --**
10 **no, I am quite satisfied that it was in the main a very**
11 **positive relationship.**

12 **Q. Certainly in times of crisis, such as that at Harberton**
13 **House, the Department were willing to help?**

14 **A. Well, they were willing to help, but I think at all**
15 **times you would not have been in any way anxious about**
16 **going to see them about issues that were arising that**
17 **potentially might have been reflecting on the Board or**
18 **on practice. They were prepared to listen and to be**
19 **constructive.**

20 **Q. Well, thank you, Dominic. You will be glad to know that**
21 **I have nothing further that I want to ask you, but I'm**
22 **sure the Panel Members will have some questions for you.**

23 **A. Thanks very much.**

24 **Questions from THE PANEL**

25 **CHAIRMAN: Dominic, I wonder if we can just look at this**

1 question of funding in some more detail, but before
2 doing so, perhaps I should make it clear that, as
3 I understand it at least, if we look at this in a very
4 broad way, first of all, the total Northern Ireland
5 expenditure came out of the block grant that came from
6 Westminster.

7 **A. Yes.**

8 Q. The way in which that was allocated in Northern Ireland
9 then depended upon the decision that was made to give so
10 much, let's say, to health, so much to education, so
11 much to roads and so on.

12 **A. Yes.**

13 Q. Then the Department of Health was responsible for
14 allocating its share of the block grant across the range
15 of services that were delivered on the ground by each of
16 the four Health & Social Services Boards, of which your
17 Board, the Western Board, was one. Isn't that so?

18 **A. Yes.**

19 Q. Once one goes beyond that broad way of looking at it,
20 one gets the impression that, when you get down to
21 specific items of expenditure, while it is true to say
22 that the Board is given its own block grant, if I may
23 use that expression, and in theory is responsible for
24 spending it as it wishes --

25 **A. Uh-huh.**

1 Q. -- is it true to say that that degree of freedom was
2 subject to a good deal of scrutiny from the Department
3 --

4 **A. Well, first --**

5 Q. -- in that if you are spending -- I give this purely as
6 a figure; I am not saying it is correct -- if you are
7 spending 90% on acute care, then the remaining 10% may
8 not be adequate to cover things like social care for
9 elderly people, home helps, the childcare that we are
10 specifically looking at. Isn't that right?

11 **A. That's right.**

12 Q. So was it necessary for the Western Board, like every
13 other Board, to in effect argue in considerable detail
14 with the Department the need for particular areas of
15 funding to be increased?

16 **A. Yes. When the allocation was made to the Board, the
17 position clearly would have been that there were
18 existing services that had to be maintained. So you
19 started off with a baseline that would be taking the
20 lion's share of that money. The allocation over which
21 the debate would have been would be about that very
22 small piece that was extra.**

23 **Therefore, it would often be organised by our
24 General Manager and by our Board that we needed to look
25 at the effectiveness of the large and existing services**

1 to ensure we were getting best value for money there,
2 and perhaps, as I described earlier in relation to
3 childcare, perhaps we needed to reconfigure those
4 services in order to enhance or improve them.

5 With regard to the new monies that came, it was
6 always a debate about how would you invest that, and
7 clearly in the West acute, mental health, Social
8 Services and so on would have been arguing for a share
9 of that budget. It would be against either known,
10 emerging priorities or new services that those
11 allocations would then be made in determining the plan
12 for the following year.

13 Q. So if one pursues that in a little bit more detail, if,
14 for example, you had two problems, one, let's say, the
15 -- suppose there was a fire in the Outpatient Department
16 --

17 A. Uh-huh.

18 Q. -- in the hospital in Omagh or something like that --

19 A. Yes.

20 Q. -- and it burnt down or something. Clearly there is
21 a need that has to be met.

22 A. Uh-huh.

23 Q. Would you go to the Department to say, "We need X to
24 replace that" --

25 A. Uh-huh. Yes. I think that --

1 Q. -- if that would be looked at as a specific case?

2 A. Yes. That would be a one-off payment. It would be
3 a capital cost as opposed to a revenue cost.

4 Q. Yes.

5 A. It would be for the purposes of that one issue. That
6 would happen. Often as well as that, come the year end,
7 it was sometimes possible with unspent monies to go and
8 look for resources, again often on a one-off basis, in
9 order to enable you to develop capital type projects.

10 Q. The area of discretion which the Board had in practice,
11 therefore, one might describe perhaps in the following
12 way, that if it's an argument between repainting the
13 interior of Harberton House --

14 A. Uh-huh.

15 Q. -- and repainting the interior of the Accident &
16 Emergency Department in Altnagelvin or Enniskillen or
17 wherever in your area, that's for you to decide. Isn't
18 that right?

19 A. Yes.

20 Q. Now another factor that feeds into this issue you have
21 referred to, and I would like to pursue it a little bit
22 more, which is what I think I would describe as
23 a historical structural imbalance within the funding
24 formula itself.

25 A. Uh-huh.

1 Q. Now you have pointed out that when the present
2 structure, which, I mean, changed a lot, but it still
3 basically exists, came into being in 1973, it replaced
4 a county-based -- a county borough-based structure which
5 provided various services locally. Isn't that right?

6 **A. That's right.**

7 Q. Particularly childcare?

8 **A. Yes.**

9 Q. Small western counties like Fermanagh, the smallest
10 I think in terms of population --

11 **A. Uh-huh.**

12 Q. -- Derry, both city and county, as you've described,
13 were not as economically prosperous. They did not raise
14 as much money as, let's say, Belfast, County Down,
15 County Antrim did in rates. Therefore, they had less
16 money.

17 **A. Uh-huh.**

18 Q. Now even at that stage I think we know from looking at
19 other matters that there were central payments made to
20 local services in some way or other, but as I understand
21 your point, there was an inherent inability in the
22 Western Board area, because of this inherited provision,
23 to have as much money as you thought you deserved in
24 order to cope with the problems that were specific to
25 your Board area.

1 **A. Uh-huh.**

2 Q. You then, as I understand it, had to argue the case with
3 the Department, who, of course, I am sure were faced
4 with arguments from your other Board colleagues, saying,
5 "That's all very well for them, but, you know, there is
6 as much in Broughshane or Downpatrick or Craigavon that
7 needs to be addressed". So the Department in a sense
8 has to hold the ring between competing local interest.
9 Isn't that right?

10 **A. That's right.**

11 Q. Now that perhaps is an unduly broad brush way of looking
12 at it, because, as I understand what you've said, there
13 was a very complex capitation formula which was designed
14 at least in principle to address these problems.

15 **A. Uh-huh.**

16 Q. Isn't that right?

17 **A. Yes.**

18 Q. But, as I understand what you and others have said, for
19 many years, not just three or four years, but for
20 decades the Western Board had been arguing with limited
21 success that the capitation formula itself was defective
22 --

23 **A. Yes.**

24 Q. -- and did not deliver adequate resources to the
25 problems that you felt you had to address.

1 **A. That's right.**

2 Q. The Department were not accepting that argument for many
3 years. Isn't that right?

4 **A. That's right.**

5 Q. Then we come forward to the Bunting review, and that
6 threw into particularly sharp focus in the context that
7 this Inquiry is required to look at, that is residential
8 homes, resource problems, funding problems. Isn't that
9 right?

10 **A. Uh-huh, yes.**

11 Q. Now Dr McCoy is coming to speak to us next week. No
12 doubt he will explain his memorandum that you have
13 pointed to.

14 **A. Uh-huh.**

15 Q. One way of looking at that is that the Board didn't want
16 this issue of resources to be discussed.

17 **A. Uh-huh.**

18 Q. Isn't that right?

19 **A. No, no. The Board wanted the issue.**

20 Q. I'm sorry. The Department didn't want.

21 **A. The Department. Yes.**

22 Q. The Board did; the Department didn't?

23 **A. Exactly.**

24 Q. But when was this capitation review committee ultimately
25 brought into being? This is something we have not

1 I think yet got a clear picture on.

2 **A.** I think it would have been in the late -- 1995 or after
3 that that it came into being. It was established -- as
4 I say, it was chaired by someone from the Department,
5 Finance Department, the Department of Health and Social
6 Services Finance Department, Mr McGowan, and it had
7 representatives from the four Boards and the --
8 representatives from Finance, and I was
9 the representative from the Western Board with the
10 Social Services hat. Someone from the Southern Board
11 was from Public Health, and also the Northern Board had
12 a Public Health representative. So there was a range of
13 people there to look at issues.

14 Then our Finance staff looked at modelling given
15 scenarios, such as birth weights for newborn babies or
16 -- and seeing if they could come up with additional
17 information which might be beneficial in determining how
18 you would allocate the resources.

19 **Q.** Now one does not I think have to be unduly cynical to
20 realise that anybody who sets up something like that has
21 to be alert to the fact that there may be a lot of
22 special pleading going on by those who want to get
23 a bigger share of a --

24 **A.** Yes.

25 **Q.** -- portion of a cake which itself may be subject to

1 various other --

2 **A. Uh-huh.**

3 Q. -- demands, and ultimately it is for government to
4 decide how much one sector gets compared to another.

5 **A. Yes.**

6 Q. But it would seem from what you say that it took the
7 best part of a decade to resolve that issue in the sense
8 of rebalancing or recalculating the formula.

9 **A. That's right.**

10 Q. Is that a fair point?

11 **A. That's a fair point, yes.**

12 Q. It does seem a very long time, even if it's a complex
13 subject.

14 **A. Yes, it did, but I think you have identified that**
15 **clearly there would be different interests to play.**
16 **Some people may have thought there was -- to keep it as**
17 **broad brush as possible and not get involved in looking**
18 **out specific areas of deprivation or looking at ways of**
19 **dealing with local provision. Others would have said,**
20 **"We need to take all of this into account in order to**
21 **get the best and most equitable solution". Someone put**
22 **it to me that the West was looking for as many**
23 **opportunities to get advantage from the review whereas**
24 **another Board would be saying, "I don't think we want to**
25 **be going down that way". So I take your point.**

1 Q. Because, of course, if the cake remains the same size --

2 **A. Yes.**

3 Q. -- and somebody gets more, the corollary is another
4 Board is going to get less.

5 **A. Yes, and indeed I think it is evident -- if you get some**
6 **of the subsequent allocations that were made, I think**
7 **you will see that they were not allocated on**
8 **a population basis but rather that was a significant**
9 **skewing to the smaller Boards for certain allocations**
10 **subsequently.**

11 Q. Yes. Lest people think we are becoming unduly
12 Western-focused on this, one has to recognise that the
13 Eastern Board, for example, were saying, "There is very
14 considerable deprivation and social problems in North &
15 West Belfast".

16 **A. Yes, I agree.**

17 Q. No doubt that created its own pressures and arguments
18 elsewhere in the system.

19 **A. Yes.**

20 Q. Thank you very much.

21 **A. Thank you.**

22 MS DOHERTY: Thanks very much, Dominic. That was really
23 helpful.

24 Can I ask just one more funding question, which is
25 a more specific one? You actually wrote to Dr McCoy

1 when you were talking about the review and the
2 recommendations, and you said that you were looking for
3 additional fund for the development of an assessment
4 centre --

5 **A. Yes.**

6 Q. -- and were kind of hoping for his support for that.

7 **A. Uh-huh. Yes.**

8 Q. Was that support forthcoming and did you receive any
9 explicit funding specific for ...?

10 **A. Well, regrettably I have checked before coming here,**
11 **been trying to identify this. What we did do was you**
12 **will be aware that Fort James eventually closed --**

13 Q. Uh-huh.

14 **A. -- and some of the children who had not been placed went**
15 **to Harberton. Nazareth House had also closed.**
16 **Termonbacca had closed and Nazareth House subsequently.**
17 **We opened a series of much smaller homes around the**
18 **city. One of those on the Waterside on the link road**
19 **was used as an eight-bed assessment unit and emergency**
20 **admission centre. That came out of that revised**
21 **residential childcare structure.**

22 Q. How many years later would that have been about?

23 **A. It would have been certainly ten.**

24 Q. Okay. Presumably the length of time wasn't just about
25 giving time for a strategy to be decided. It was

1 a resource --

2 **A. A resource issue, yes.**

3 Q. -- issue. Can I -- I mean, in relation to the increase
4 in the number of children coming into care in the sense
5 that a blip became a pattern, do you have any thoughts
6 about what the reasons for that were?

7 **A. Well, some -- I think part of it was better diagnoses
8 and much more -- the staff were in a better position to
9 assess the needs of children, particularly children who
10 were in dysfunctional homes, and to then determine that
11 they would be best catered for through an assessment and
12 treatment process before determining their long-term
13 care. I think that was in no small way due to the
14 reason for that increase being consistent and remaining.**

15 Q. In relation to children being sexualised prior to
16 reception into care and that particular issue of being
17 alert to that, do you feel what happened in Harberton
18 raised awareness for field social workers about ...?

19 **A. Oh, I think so. I think that -- we had been running
20 programmes on the whole question of disclosure.
21 Dr Alice Swann had been a very significant trainer and
22 leader in Northern Ireland in this field. She had
23 organised and run programmes within Derry for all our
24 social workers. I think that they were becoming much
25 more in tune with enabling disclosure to take place in**

1 **a much more positive way.**

2 Q. Right. In relation -- I mean, it is clear that the
3 Board at the most senior level got interested in the
4 kind of childcare strategy and, you know, heard from
5 Bunting, but in listening to FJ³³ yesterday and HH5, it
6 was clear that the pressure on places was having a very
7 distinct impact on both of the homes in terms of their
8 functions in that there were -- in relation to Harberton
9 being an assessment centre --

10 **A. Uh-huh.**

11 Q. -- children were staying longer, "blocking" beds --

12 **A. Yes.**

13 Q. -- and therefore there wasn't the throughput of
14 children, and in relation to Fort James they were having
15 to deal with emergency admissions, including some
16 respite care admissions.

17 **A. Uh-huh.**

18 Q. So the functions of both homes were being impacted in
19 this general over-demand --

20 **A. Yes.**

21 Q. -- in relation to resources.

22 **A. Uh-huh.**

23 Q. I am just wondering at a senior level within the Board,
24 including at Board level, had those issues been raised
25 before Harberton became the hot spot?

1 A. Yes. We were aware -- the Board was aware of the
2 pressures that the Unit of Management were under and, in
3 fact, the opening of Harberton had been seen as perhaps
4 it was a sort of -- we perceived it to be, you know, the
5 jewel in our crown. It was going to be the unit that
6 would make the difference, because we would have this
7 assessment centre, short-term, six weeks, eight weeks,
8 and that would enable us to be much more informed of the
9 needs of the children and get them placed appropriately.

10 However, the outcome was that we were not able after
11 six weeks to move them on and, as you know, what had
12 been a single unit of 25 became two units, a 13 and a 12
13 bedroom. That became the beginning of -- someone said
14 at the time Harberton opened, "It's good as long as you
15 keep being able to do that", the trans... -- getting
16 children through.

17 So I think that we recognised that that pressure
18 resulted in the changes having to take place and the
19 fact that Harberton -- Fort James was also under
20 pressure, because they were then taking children as
21 well. So it was a very difficult time I recognise, but
22 again, without going back to try to solve up the
23 strategy, we did look at: is it about increasing foster
24 care, introducing specialist fostering for these
25 children with greater needs? Was it about aids and

1 **developing?**

2 We did develop -- I mean, it was a pioneering piece
3 of work at the time -- leaving and aftercare within the
4 city and across the Unit of Management.

5 Q. And it is important to recognise that that issue for
6 assessment centres was one that was across the UK --

7 A. **Very much so.**

8 Q. -- trying to keep assessment centres moving children
9 through.

10 In relation to the sexual activity between children
11 both at Harberton and Fort James --

12 A. **Uh-huh.**

13 Q. -- and looking at some of the referrals, I mean, there
14 seems to be a continuum between what you would expect in
15 relation to sexual exploration if you have got
16 adolescents together --

17 A. **Yes.**

18 Q. -- and then what becomes more coercive and definitely
19 getting into peer abuse. I mean, there seemed to be
20 a policy -- I am just interested in the policy of
21 referring matters to the police, because it seemed that
22 what I would look at as maybe sexual exploration was
23 referred to the police --

24 A. **Uh-huh.**

25 Q. -- as well as, quite rightly, more coercive. What was

1 the policy about the relationship with the police?

2 **A.** Well, the relationship with the police was very good
3 I think. We had both community police officers and we
4 had like juvenile liaison officers that might have been
5 called I think in the English context a JLO. We had
6 a very positive relationship with two -- a sergeant and
7 a constable were involved in that. We had a very good
8 relationship with them. They would have been regularly
9 in contact with the homes and so on, but I would -- and
10 I have no doubt that if you talked to HH5 yesterday, he
11 will have been saying living in Derry at that time and
12 police, etc, it wasn't just an open door policy that you
13 could have. Having said that, I have no doubt that the
14 relationship with the police in general was a very good
15 one and very positive.

16 **Q.** But was the policy within, you know, the expectation
17 that any type of sexualised behaviour between children
18 would be referred --

19 **A.** Yes.

20 **Q.** -- to the unit?

21 **A.** I do find that -- I wasn't aware that that would have
22 been a policy to do that and I think that it would have
23 been -- it's regrettable if that was seen as being
24 the way to deal with it, but then I wasn't managing the
25 home nor the child.

1 Q. I'm aware of that. I'm aware of that. Okay. Thank you
2 very much.

3 **A. Thanks very much.**

4 MR LANE: Just one question arising from the Chairman's
5 questions about finance. You mentioned that the
6 historical funding was one of the factors that led to
7 the low baseline.

8 **A. Uh-huh.**

9 Q. I was just wondering was the Western area particularly
10 reliant on the large Roman Catholic homes, who were
11 essentially self-funding, and would that have depressed
12 the base?

13 **A. I don't think so, no. I don't think that would have**
14 **been -- the children's homes in the West -- there was a**
15 **children's home in Fermanagh, statutory, statutory**
16 **children's home in Omagh and we had the -- Fort James in**
17 **Derry as well as a small four-bed unit, but we did have**
18 **Termonbacca and Harberton -- sorry -- Termonbacca and**
19 **Nazareth House, Bishop Street.**

20 Q. Bishop Street.

21 **A. They, of course, had emerged out of children and**
22 **"orphans" and children who had been left there by**
23 **parents who -- so as the service developed and the needs**
24 **of children became much more difficult, we needed to be**
25 **providing that service and being conscious of it.**

1 **So I don't think that the baseline was in any way**
2 **dampened down or reduced because of the service provided**
3 **by others in the voluntary sector.**

4 Q. Going further back to the baseline period --

5 A. **Uh-huh.**

6 Q. -- neither Fort James nor Harberton would have been
7 open.

8 A. **That's right.**

9 Q. There would have been very much more limited statutory
10 provision at that stage.

11 A. **That's right, yes.**

12 Q. So the bulk of it would have been the Catholic --

13 A. **Would have been, yes.**

14 Q. So you'd still feel that that wasn't a fact --

15 A. **No. I think that the baseline is based on the rates and**
16 **the rateable value of properties. As I pick up what the**
17 **Chairman said, it is about the fact that the**
18 **accommodat... -- that income was much, much less than it**
19 **would have been anywhere else in the province.**

20 Q. Okay. Thank you very much.

21 A. **Thank you.**

22 CHAIRMAN: Well, Dominic, thank you very much indeed for
23 coming back to speak to us yet again.

24 A. **Uh-huh.**

25 Q. I can't give you an absolute assurance that we won't ask

1 you to come back again in future, because particularly
2 these issues of policy and funding and so on --

3 **A. Uh-huh.**

4 Q. -- do feed into other Board areas --

5 **A. Sure.**

6 Q. -- and we will no doubt wish to look at those in
7 an overall or overarching way at a later stage, but
8 thank you very much for coming.

9 **A. Thank you.**

10 **(Witness withdrew)**

11 MS SMITH: Chairman, that concludes this week's evidence.

12 CHAIRMAN: Very well. Thank you. Well, we will resume on
13 Monday.

14 (11.55 am)

15 (Inquiry adjourned until 10.00 am
16 on Monday, 15th June 2015)

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