

HIA REF: []

NAME: [Gabriel Carey]

DATE: [4th June 2015]

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995

Witness Statement of – Gabriel Carey

I, Gabriel Carey, will say as follows: -

Introduction

1. In the preparation of this statement I read a number of reports, memos and letters and spoke to two former colleagues to aid my memory of events at the time. The Inquiry Team will appreciate that the events under investigation occurred approximately 25 years ago and this coupled with the fact that my memory is sketchy and not as reliable as it used to be means that I may not have total recall of all the incidents pertinent to the issues the Inquiry Team wish to address. Within this context I wish to be as constructive and helpful as possible.

Qualifications

2. In relation to my qualifications I completed a B. Sc. (Econ) Degree in 1970.
3. In 1971 I joined the Probation Service of Northern Ireland and was subsequently seconded to undertake a professional qualification in social work (Certificate Qualification in Social Work) during 1971/1972. In 1977 I was appointed to an Assistant Principal Social Work (Supervision Unit) post in

the Londonderry/Limavady and Strabane Unit of Management. My role was in training and involved the supervision of student social workers from various colleges and providing small caseloads with the aim of applying the theory they learned in college to the practical aspects of service delivery.

4. About 1980 I was requested by Mr Tom Haverty, Assistant Unit General Manager, to act-up as Principal Social Worker for [REDACTED] TL 19 who was seconded to complete a Masters in Business Administration in Henley. This job entailed responsibility of Field Work Teams, which were then organised on a generic basis. I do not recall precise dates the acting up period terminated. In 1982 I was appointed as a Principal Social Worker responsible for the generic Field Work Teams referred to above.
5. Sometime in 1988 I became Programme Manager for Child Care Services which included field work, residential and day care services as well as liaison with voluntary sector services. In the early 1990s I was asked to act-up as Assistant Unit General Manager, when Mr Tom Haverty moved to the Western Area Board. Subsequently I was appointed to this post on a permanent basis. Once again, I cannot recall the precise dates.
6. Following a further reorganisation of services I transferred to Sperrin Lakeland Health and Social Services Trust, based in Omagh in July/August 1995 as Director of Mental Health and Elderly Services. I remained in this post until my retirement in August 2007.

Historical Contextual Issues

7. In relation to the overall situation under investigation I believe it is very important to consider matters within the context of the time. The [REDACTED] DL 518 Report refers to the resource restraints which impacted on management performance. Indeed the comparative staffing figures between Londonderry/Limavady and Strabane Unit of Management and North and West Belfast Unit of Management are stark and speak volumes about the different levels of resources.

8. Whilst I believe we performed well within available resources, more staff would have meant smaller caseloads and enabled more therapeutic work to be done with children in both field work and residential settings. I would maintain that this would have avoided or ameliorated the worst of the abuse that occurred and enabled a more effective response. Better staffing levels would also have facilitated the release of staff for training.
9. Another important contextual issue was also highlighted in the **DL 518** Report and addressed incomplete state of knowledge about the emerging sexual abuse phenomenon. For instance, we only had rudimentary knowledge about the extent of the abuse to which the children involved in the peer abuse in Harberton House had been subjected before admission and the effect that this abuse had on those children. We certainly did not have knowledge that children who had been sexualised could themselves become abusers. We believed that removing them from high risk domestic situations discharged our responsibilities with regard to their welfare, protection and proper development. The reviews subsequently carried out on the children involved in the peer abuse incidents in Harberton House reinforced their potential to abuse others and this knowledge was used to inform practice. As indicated above this matter was also referenced in the **DL 518** Report.
10. It is also relevant to note that the Child Care Programme was in its infancy during the period peer abuse occurred in Harberton House. I believe I came into post in late 1988. Many other services, especially with outside bodies such as the National Society for Prevention of Cruelty to Children (NSPCC) and Playgroups, could have been further developed if the Londonderry/Limavady and Strabane Unit of Management had had the necessary resources. However, my first priority would have been to improve staffing levels in both field work and residential settings. With more resources we could have developed a more comprehensive child care service.

DL 518 Report

11. With regard to the **DL 518** Report I introduced a number of measures to address the recommendations of the review. Many of these are highlighted in my memo to **HH 22**, Acting Officer in Charge, dated the 16th November 1990 [FJH 10081-10083]. Some of these measures involved additional resources not within my then existing budget. I also attach a memo concerning staff rotas in children's homes (Exhibit 1) dated 14th June 1991 from **HH 40**, Acting Programme Manager which also reflects my concern to address the recommendations of the **DL 518** Report.
12. My memo to **TL 4**, Assistant Principal Social Worker dated 17th January 1991 and my memo to Mr Tom Haverty dated 9th October 1990 also showed my determination to deal with peer abuse at Harberton House. (Exhibit 2)
13. I can recall that because of our experience of peer abuse in Harberton House with very young children we made the decision that children under 11 years of age should not be admitted to residential care. This was not only to alleviate the pressures on residential staff but more so that therapeutic work could be undertaken with children. Again, I cannot give specific dates for the introduction of this approach.

Management Oversight

14. Policy and procedures in relation to children's residential homes were laid down for Boards by legislation and updated periodically by circulars from the DHSS at Dundonald House, Belfast. These guidelines were supplemented by regular visits from independent members of the Social Care Committee at the Western Board and by a system of Contact Cards that enabled children in care to contact me directly if they had any concerns. There may well have been other policies introduced by the Board which I cannot recall but these will be a matter of record and therefore can be accessed by the Inquiry Team.

15. In addition to the monthly reports completed by [REDACTED] TL 4, Assistant Principal Social Worker, I introduced a system of audit reports (Exhibit 3) for both homes to provide further oversight. My rationale for this was that, unlike [REDACTED] TL 4, I was removed from the day to day operation of the homes and therefore could provide a more independent audit of them. My recollection is that this initiative was my own and not the product of legislation or other guidance.
16. A further level of oversight was the Departmental Inspection Reports, which made recommendations to improve the operation of the homes. If I could implement recommendations within available resources, I did so. Where recommendations required resources over and above the budget available to me I had to prioritise them and put them on a waiting list until the required resources became available.

Staff Concerns

17. An issue that greatly exercised me at the time was that the fact that staff believed that management did not listen to their concerns about staffing levels. I am of the opinion that they had unrealistic expectations of management, especially in view of available resources. Many staff were of the opinion that if management did not act immediately on their concerns that this was proof of our failure to take them seriously. The memos to which I have referred above, shows this was not the case. This whole issue was further complicated by the fact that I believed the staff had very high expectations and standards and wanted to do everything in their power to protect and promote the welfare of children in their care.
18. As a further example of listening to staff, we opened the cottage in Harberton House to respond to the high level of admissions. This was only a short-term measure to address the immediate admissions crisis. We also recruited around 6 more staff to help deal with the demands placed upon existing staff. However, because we could only attract inexperienced and unqualified staff, staff in the home complained that it added to the pressures and stress on

them. Both of these measures had additional resource implications and were not within my allocated budget.

19. In addition I organised a Placement Allocation meeting to address the admissions crisis to both residential and foster care (Exhibit 4). The rationale was to arrange the most effective care placement and by means of proactive monitoring to ensure that children's needs were met and that they did not drift or languish in care unnecessarily.

Conclusion

20. I hope this information is of assistance to the Inquiry Team, although once again I would stress that I do not have total recollection of events which happened so many years ago.

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

Signed Gabriel Carey

Dated 4th June 2015

ADMINISTRATIVE SUPPORT

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

FINANCIAL PROCEDURES

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

CONCLUSION

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

The main issues which have arisen are those concerning the youths in Tullyally and as I indicated I have had a meeting with the Local Community Representatives and intend to pursue this further both in a meeting with the extern and in a planned meeting with Police Superintendents. In addition I believe it is important to ensure that the fence at the perimeter of Fort James is replaced and that suitable precautions are taken to ensure that young people cannot have easy access to the roof by means of the fire escape, while at the same time ensuring the fire escape can be used to evacuate the building as necessary. This latter is obviously a technical matter which would require the input of the Works and Maintenance Department.

Other issues which require attention is the provision of cover for annual leave which was raised by staff. I expect that during this summer this problem may have been exacerbated by the disruption to the Management staff in the home. It may well be that a planned approach to leave may greatly elevate the problem though obviously it would be necessary in the present climate to ensure that there is sufficient staff to provide the degree of supervision necessary. I will discuss this matter further with both [REDACTED] TL4 APSW and the Acting Officer-in-Charge of Fort James.

The issue of night cover was also raised by staff who put forward some proposals. Whilst I have some reservations about this I feel they have to be explored because this topic does have some implications for the security of residents, staff and the property, particularly given recent events. Finally we have the ongoing issue of appropriate Administrative support which needs to be addressed because as I have pointed out in previous reports the time of Management staff of the Unit is increasingly being taken up in Administrative tasks at the expense of professional functions. I know that this issue has been brought to the attention of our Administrative colleagues in the past but believe that it should be on the Agenda for the current review of Clerical and Administrative staff that is being carried out in the Foyle Community Unit of Management.

GABRIEL CAREY
PRINCIPAL SOCIAL WORKER

29th August 1990



FOYLE COMMUNITY UNIT

Please use this reference in your reply

Our Ref: 6th Sept 1991

Your Ref:

Date

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

Dear Dennis

RE: FORT JAMES INSPECTION - DRAFT REPORT

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

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

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

WESTERN HEALTH AND SOCIAL SERVICES BOARD
FOYLE COMMUNITY UNIT

MEMORANDUM

TO: [REDACTED] HH 22
Harberton House

FROM: Mr G Carey, PSW

DATE: 16 November 1990

I refer to the memo from you and staff dated 1 November 1990.

As I indicated to you in the course of our meeting on 8 November 1990 I welcome staff drawing to my attention concerns they have about their work situation and indeed any constructive proposals they may wish me to consider to address such concerns. I am however surprised by the tone and content of your memorandum.

I would remind you that the concern expressed by staff in Harberton House about the level of admissions to care is equally shared by all levels of management. You will be aware that during all the time the crisis has existed, various steps have been taken to address the situation and indeed you have been involved in this process. In addition, I have kept you informed about the discussions I have had with senior management. I assume that all this information has been shared with your staff. As you know these difficulties have arisen within the context of the particular difficulties experienced in child care generally as a result of the substantial increase in work demands faced by all child care staff.

In relation to the specific difficulties experienced in Harberton House, management have adopted a number of measures in which you have been involved. Firstly, an additional staff member was appointed to Harberton House in November 1989 and indeed in February 1990 a further member of staff was recruited specifically to specialise one of the children who was most disruptive. At one stage we had employed six additional staff and the bungalow at Harberton House was opened to accommodate the additional children who were admitted to care. Indeed as a direct result of concerns raised with me by staff we employed two additional people as waking night staff and this situation continues to the present.

In conjunction with the above there was close monitoring and review of all the children in the unit, especially those presenting particular difficulties with the intention of responding appropriately to the problems they presented and also

to consider alternative placements. Again this was a process in which you were actively involved as part of the management team and you will recall that certain children were moved to Training School and other residential units where this was considered consistent not only with their welfare but with the welfare of the other children in Harberton.

Throughout this period I am aware that [REDACTED] TL 4 [REDACTED] APSW, maintained close and regular contact with you to provide support and on-going advice on how to cope with the difficulties. In addition, I myself have had frequent contact with you and the management staff in the unit to address this particular problem. You will be aware of our concern about the difficulties posed in caring for such traumatised children in a conventional residential care setting and the steps we are taking to explore a range of appropriate options for care and treatment of such children.

I have advised you that in her recent letter [REDACTED] SND 502 [REDACTED] flagged up to the Department the resource implications associated with the current problem and that there are on-going discussions about the resource dimension. As a direct consequence of the overall difficulty the Board made available six additional Social Workers, two of whom were allocated to the Fostering Unit. The purpose was to help develop and extend our fostering provision thereby alleviating the pressure of demand for residential places. It is expected that this will have a significant impact on the number and range of fostering places available in the future.

In the same way admissions to care have either been delayed or avoided through the provision of day care services, either through our Family Day Centres or by means of other day care services provided jointly by the statutory and voluntary sectors as a means of maintaining children who would otherwise be on the brink of care in the community. You will recall that at a number of placement allocation meetings which you attended we discussed some such cases.

These measures were taken not only to obtain suitable places for children requiring care but also to alleviate the pressures on staff in Harberton. This has always been a key concern for management and you will be aware that we had a number of discussions with other members of management staff in the unit on this very topic. The meeting we had with [REDACTED] SND 524 [REDACTED] and [REDACTED] team from Nottingham University directly addressed the problems encountered by residential staff at present and we discussed designing an on site training programme to address the particular issues of the unit. Some months ago we discussed the possibility of devising a team building strategy within the unit along the lines developed in Fort James Childrens Home using [REDACTED] HH 46 [REDACTED] Area Clinical Psychologist, as a consultant. I understand that [REDACTED] HH 6 [REDACTED] Acting Officer-in-Charge, has initiated discussions with [REDACTED] HH 46 [REDACTED] about this matter.

In the recent past there has been a decision to once again open up the bungalow in view of the increasing demand for residential places and you have been actively involved in the planning and recruitment of additional temporary staff to man the bungalow.

Given the high level of management involvement in this situation, a process in which you directly participated, I was taken aback by the tone of the memo from you and staff which would seem to imply that they are unaware of the efforts that have been taken to address the situation. Requests were made at placement allocation group meetings and in the course of conversations that I had with you over recent months that all staff be fully appraised of the responses we have been making to this situation and indeed it was made clear that any constructive and feasible solutions staff would wish to put forward for consideration would be welcomed.

I am unclear as to what you mean when you stipulate that the staff group feel that the present situation mitigates against fulfilling the Board's statutory responsibility to provide care, protection and control for children who require it. Clearly the actions which I have outlined about have been specifically tailored towards discharging our responsibilities but I would be anxious to ascertain whether staff have anything in mind that we are not already aware of and are not addressing. Similarly the suggestion that staff concerns are not being recognised needs further clarification particularly since many of the concerns voiced by staff in the unit are shared by management and steps have been taken not only to address the immediate problem but to initiate discussions about possible longer term solutions.

In conclusion I appreciate that there is a level of frustration experienced by staff about the present difficulties with which they are confronted. All Managers in the Child Care Programme of Care share this sense of frustration but we must recognise the need to provide leadership in order to help staff work through these difficulties and provide the best standard of service possible to the children in our care. You know that I have always indicated and indeed welcomed any opportunity to discuss with staff concerns they may have and I believe that a constructive approach to the issues raised in your memo is for me to meet with you and your management team in the unit to explore in detail the concerns raised in your memo. I also believe it would be beneficial if I met with the entire staff team so that I can address these matters with them.



GABRIEL CAREY
PRINCIPAL SOCIAL WORKER

cc Mr T Haverty, A/UGM

TL 4

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Londonderry Limavady & Strabane Unit of Management

Please use this reference in your reply

Our Ref: [REDACTED]

Your Ref:

Date 1st November 1990

- 2 NOV 1990

HARBERTON HOUSE
ASSESSMENT CENTRE
106 IRISH STREET
LONDONDERRY
BT47 1JB N. IRELAND
TEL: 48490

FOR THE ATTENTION OF MR. GABRIEL CAREY, P.S.W.

Following recent team meetings, concerns are again being expressed over the continued lack of change in the situation at Harberton House.

Excessive admissions continue, as high as six on occasions over our occupancy. This in turn has led to an increase in temporary staffing levels and often those employed are inexperienced and unqualified. We find ourselves in a similar situation with the same concerns as outlined in our letter to you dated 14th February 1990.

Obviously our concerns have been heightened by the current review of incidents occurring within Harberton House approximately eleven months ago. The comparison in our present situation and the afore mentioned are frighteningly similar.

It is the feeling of the staff group that this present situation mitigates against fulfilling the Board's statutory responsibility to provide care, protection and control for children who require it.

Also we feel that despite voicing ongoing concerns about the situation, due to the obvious lack of change, we cannot help feeling that our concerns are not being recognised.

We would appreciate a written response to this letter with particular reference to paragraph 4.

HH 22

AND ALL STAFF

HARBERTON HOUSE ASSESSMENT UNIT

c.c. [REDACTED] N.I.P.S.A., Harkin House,
54 Wellington Park, Belfast BT9 6BZ

c.c. [REDACTED] DL 518 [REDACTED] Review Team,
M.D.E.C., Altnagelvin Hospital, Londonderry

File: Harberton House

19 MAY 1992

WESTERN HEALTH & SOCIAL SERVICES BOARD

FOYLE COMMUNITY UNIT

MEMORANDUM

TO: [REDACTED] HH 34

FROM: Mr G Carey, A/AUGM

DATE: 15 May 1992

RE: Waking Night Duty - Harberton House

You will recall that at the end of October 1991 we terminated waking night duty in Harberton House in view of the fact that there had been no night-time incidents for some considerable time at that stage. However, I indicated to you that I would like to keep this matter under review because staff had considerable reservations about the withdrawal of waking night duty and were of the opinion that incidents had ceased precisely because the children were aware that there was waking night cover. In recent times there have been the incidents about which I wrote to you recently which involved children awakening at 6.00 a.m in the morning and becoming involved in some untoward incidents. More recently there were incidents involving children being about the unit at 2.00 a.m in the morning and obviously this causes some concern because of the potential risk to the children involved in this behaviour and especially to the more vulnerable children in the unit. I attach for your information a memo [REDACTED] HH 5 concerning waking night duty [REDACTED] concern at the level of activity by a number of children and young people who have been detected up and about the unit during the night by sleeping-in staff. This memo was written before recent incidents came to light and attached to the memo is an extract of a record kept of activity between 12.00 a.m and 7.00 a.m. This record refers to the Assessment Unit in Harberton only and relates to those incidents detected by staff.

In view of this situation, I believe that we will have to review the future of waking night duty. Indeed, because of the great concern I have for the safety of the children, I have approved the employment of an additional Residential Worker (unqualified) from the night of Thursday, 14th May 1992 until Sunday night 17th May, to undertake waking night duty until this matter can be considered on a longer-term basis.

When waking night duty was terminated I had a discussion with [REDACTED] HH 40 a/PM, [REDACTED] TL 4 APSW and [REDACTED] HH 5 about this matter. [REDACTED] HH 5 had devised some proposals concerning waking night cover which envisaged the employment of someone equivalent to a Care Assistant rather than a Residential Social Worker. There were a number of reasons for this proposal which were directly related to the duties undertaken by waking night staff. Basically these are:-

1. Monitoring within the unit and ensuring that children are not engaged in

unacceptable behaviour.

2. Basic primary care tasks.
3. Household tasks, eg helping sleeping-in staff prepare breakfast for children in the mornings.

The arguments against using Residential Social Work staff are very significant:-

1. Residential Social Workers are an expensive resource and employing them to provide waking night duty is not the most cost effective use of their skills and expertise.
2. We have already changed the rotas in Harberton House following the comments made by the Social Services Inspectorate in their last inspection report. This was to enable as many staff as possible to be available to provide cover during times when children are actually in the unit. The effect of this is that there is no room for manoeuvre in re-deploying Residential Social Work staff and any change in the existing rota would result in a reduction of staff on duty during the day. This would have the impact of transferring the risk from night to day time.
3. The staff themselves acknowledge that to use them to provide waking night duty would be inappropriate for all the reasons outlined above.

The concern that I have at the present time and why I believe it was necessary to take some action and to review the future is that, apart from the fact that there seems to be an increased level of night-time activity, it would appear that much of this activity is pre-planned. Younger children in the unit have had their sleep disrupted and we have no real knowledge of the real extent of this behaviour, as **HH 5** points out **HH 5**. If reports of the most recent incidents are indicative of what is going on obviously this is a cause for serious concern. I believe that our primary responsibility in this matter is to take action to protect the children and secondly you can imagine that this sort of behaviour also causes great anxiety amongst staff, especially given the previous episodes of peer abuse. We know from our own experience and recent research that peer abuse is a reality of life in children's homes and I believe that it is necessary to devise an appropriate strategy to protect the children in our care.

I acknowledge that providing waking night cover will lead to additional expense and clearly I would wish to do this in the most cost effective way whilst at the same time safeguarding the high professional standard I wish to maintain and develop in residential homes for children. Taking account of all the circumstances, I would agree with **HH 5** proposal that an appropriate grade to undertake waking night duty would be one similar to Care Assistant grade since this would encompass the tasks I referred to earlier in this report. I calculate that we would need 2 WTEs of Care Assistant grade and the approximate yearly cost would be £20,000 plus employers costs. This figure is higher than the normal Care Assistant salary because most of the ~~hours~~ worked would be between the hours of 10.00 p.m and 6.00 a.m and apparently according to the current regulations this would attract an additional payment. It is

possible that [REDACTED] might have some suggestions that could reduce costs and I have asked him to research this matter. However, the total costs would of course be decreased by the fact that the sleeping-in staff would be reduced from 3 people to 2 people and this would realise an annual saving of £5,913 per annum.

Because of the additional burden that this would place on the Unit's resources, I believe that we should raise this matter with the Board. Coincidentally, [REDACTED] HH 5 was involved on 13 May 1992 in giving a presentation to non-Executive Directors in the Board who will be carrying out the Board monitoring function in childrens homes. I understand that [REDACTED] FJ 39 in the course of his presentation raised the issue of waking night duty and expressed concern that it has been withdrawn. I gather that the other Executive Directors indicated that they believed that waking night duty should be in operation in all the Board homes. I checked this matter out with Mr Tom Haverty, CSWA, who had arranged this meeting and he confirmed that this matter was discussed and informed me that the consensus of opinion at the meeting was that this matter should be raised at the Social Care Committee in June. I indicated to Mr Haverty and Mr Dominic Burke, DSC, who joined us whilst we were having this conversation, that if the provision of waking night duty was an expectation of the Board then we would be looking to them to provide the appropriate resources. The cost would be quite substantial in our case since this would entail introducing waking night cover in both Harberton House and Fort James.

Given the ongoing difficulties in Harberton House at the present time, I would be grateful for an opportunity to discuss this matter with you at your earliest convenience.



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

enc

cc [REDACTED] HH 40 a/pm
[REDACTED] TL 4 APSC ✓

9:08 am

May 18, 1992/gc:sd

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

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