

1 Thursday, 31 January 2019

2 (10.00 am)

3 PANEL SESSION

4 CHARLIE COGGRAVE (recalled)

5 SALLYANN KELLY (recalled)

6 DAVID BEARD (recalled)

7 LADY SMITH: Good morning.

8 Mr Peoples, I have been warned you're not the
9 witness today; we have just had a re-arrangement of the
10 chairs.

11 MR PEOPLES: Yes, I haven't changed roles today.

12 LADY SMITH: Unless you want to change your mind!

13 MR PEOPLES: I think I'll pass on that invitation.

14 We are doing something slightly different today. As
15 your Ladyship will be well aware, we're having what's
16 described as a panel session. We have brought back
17 three persons who have given evidence to us before about
18 their respective organisations and they're here today to
19 assist us and I will maybe say a little bit about what
20 the purpose is.

21 LADY SMITH: I think that would be helpful so that everyone
22 know what is going to happen.

23 Just to introduce, we have Charlie Coggrave, who is
24 currently with Quarriers and has responsibilities for
25 safeguarding. Then we have SallyAnn Kelly, who is the

1 current chief executive of Aberlour Child Care Trust.

2 And David Beard --

3 MR JACKSON: My Lady, the sound isn't working.

4 (Pause)

5 LADY SMITH: We need to fix this. Just a moment.

6 (Pause)

7 LADY SMITH: While that is being sorted out, Charlie,
8 SallyAnn, David, you'll remember when you all gave
9 evidence, you gave evidence on oath or having affirmed
10 that you would tell the truth. That, of course,
11 continues to apply when you speak in the hearing.
12 Thank you.

13 (Pause)

14 MR PEOPLES: I'm told we might need a few minutes.

15 LADY SMITH: I will rise for five minutes to sort that out.

16 (10.04 am)

17 (A short break)

18 (10.12 am)

19 LADY SMITH: I'm told that all is well now; is that right?

20 MR PEOPLES: Yes, I think it is now. I'm hoping that it's
21 going to the back.

22 LADY SMITH: I've got a thumbs up from the very back of the
23 room and that's looking hopeful.

24 MR PEOPLES: It's a slightly different position and I hope
25 that everyone can hear me.

1 Maybe I should just repeat what I said earlier.
2 Today is a bit different. We're having this panel
3 session. We have today three persons who are going to
4 make up the panel: Charlie Coggrave, who's currently
5 employed with Quarriers and has responsibility for
6 safeguarding matters and other matters; SallyAnn Kelly,
7 the chief executive of Aberlour Child Care Trust; and
8 David Beard, who again has corporate responsibility for
9 safeguarding matters with Barnardo's.

10 They have all given evidence, as your Ladyship is
11 well aware, but today there is a slightly different
12 reason that they're here. As they have been advised,
13 this session today is intended or confined to really
14 looking at current child protection practices, but more
15 with a view to identifying whether, in the view of the
16 panel members, there are any particular issues that need
17 to be addressed in relation to current residential
18 childcare provision in Scotland.

19 Really, it's an opportunity so far as the inquiry is
20 concerned for these individuals, who have considerable
21 experience in this field, to identify matters or issues
22 they believe ought to be addressed or looked at as part
23 of the work of the inquiry.

24 I have advised them that I'm interested in
25 ascertaining whether there are areas or aspects of

1 residential childcare provision which ought to be looked
2 at with a view to making improvements or changes. That
3 includes any suggestions that the panel members may have
4 as to how the current legal and regulatory framework
5 applying to residential childcare could be improved or
6 strengthened so as to offer greater protection from
7 abuse to children in residential care currently or in
8 the future.

9 So that's really the broad purpose of today. I'm
10 sure there will be some views on some matters. I'm
11 largely going to leave it to the panel members to say
12 things, but I do have one or two general questions that
13 I might wish to kick off with and see if they can help
14 me.

15 Perhaps, just by way of introduction, as a general
16 issue, we have heard a lot of evidence about what I call
17 broadly staffing issues in the course of this case study
18 and indeed what happens currently in relation to the
19 recruitment of staff and issues of qualifications,
20 training and so forth.

21 One matter that I wanted to ask the panel members
22 today about is the Health and Care Staffing (Scotland)
23 Bill, which is currently before the Scottish Parliament.
24 Because I understand that is relevant to staffing
25 issues, including staffing levels in residential

1 childcare establishments for children in Scotland.

2 SallyAnn, I take it you'll be familiar with the fact
3 that there is proposed legislation to introduce certain
4 statutory duties in relation to staffing and the
5 staffing levels in residential care establishments.

6 Is that an initiative you welcome?

7 SALLYANN KELLY: We haven't completed a formal consultation
8 yet on the bill but certainly in terms of the regulation
9 of the workforce and the staffing levels, we already
10 work to standards via the Care Inspectorate in Scotland
11 in terms of staffing levels within residential care.

12 Whether bringing that on to a statutory footing is
13 per se a good move is something that we would need to
14 consider further in our consultation response.
15 I wouldn't want to just give you an off-the-cuff
16 response to that.

17 What I would say, as far as I'm aware, is that the
18 current regulations provided by the Care Inspectorate
19 appear to work well for our organisation. Obviously,
20 I cannot comment beyond that with any specific
21 knowledge. But certainly we adhere to the requirements
22 that the Care Inspectorate lay down.

23 MR PEOPLES: Charlie, do you have any views on the proposal
24 and the legislation? I think the proposal -- for the
25 benefit of those who are here today, the intention is to

1 create a statutory duty on various bodies, including
2 care providers who have registered services with the
3 Care Inspectorate, to ensure that appropriate numbers of
4 suitably qualified staff are available and that certain
5 guiding principles have to be taken into account in
6 seeing that the duty is discharged. I think that's the
7 broad purpose of it and I don't think we need to know
8 too much of the detail at the moment. But can you offer
9 us any views on that development or that initiative
10 that's currently before the Parliament?

11 CHARLIE COGGRAVE: I think would echo SallyAnn's views, that
12 there is currently a great deal of description from the
13 Care Inspectorate about expectations on providers and
14 how we should support individuals. A lot of that
15 becomes, to some degree at least, focused around the
16 needs of those individuals, which seems sensible.

17 I guess it can't be harmful to put that into
18 statute, but I'm not sure I'm well enough versed to be
19 able to tell you quite what difference that would make
20 from a current Care Inspectorate regulation, which
21 we would adhere to.

22 MR PEOPLES: The proposed legislation does appear to
23 effectively require organisations to consider whether
24 they have not only suitably qualified and competent
25 staff but also in sufficient numbers, so there's

1 obviously an intention to see that that situation
2 obtains at all times.

3 CHARLIE COGGRAVE: Mm-hm.

4 MR PEOPLES: Is that a bad thing?

5 CHARLIE COGGRAVE: Not at all, no. I suppose the point I'm
6 not clear on -- and forgive me if I should be, but
7 I understand this is still under consultation -- is the
8 differential between that position and the one which we
9 find ourselves in now. So we would already need to ask
10 ourselves some of those questions. We already have very
11 specific guidance from the Care Inspectorate about how
12 we should be staffing our levels of training and support
13 and levels and numbers and hours. I recognise you don't
14 want to go into the detail of that and perhaps we don't
15 know that yet.

16 MR PEOPLES: No, I just want a general view because it's
17 trying to place certain responsibilities on a statutory
18 footing and I suppose you are raising the issue whether
19 that's necessary in view of the current arrangements,
20 which you I think are indicating work well.

21 CHARLIE COGGRAVE: I'm asking the question as to what the
22 difference would be. I'm not seeking to take a position
23 on it; I'm just not 100% clear on what difference in
24 practice that would make. I suspect until the
25 consultation is complete we won't be clear about that.

1 I don't see it as being harmful in any way.

2 MR JACKSON: David, do you have any views on this proposed
3 legislation?

4 DAVID BEARD: I guess my general comment would be: is the
5 exception of this going to be applied to providers of
6 units of all sizes? Because clearly there are a number
7 of provisions at present, the size of the numbers of
8 children and young people they take don't mean that
9 they're required to meet regulatory requirements. So
10 there's an sense that they will go under the radar to
11 the extent they may well do now.

12 I think the important aspect of this, if it is going
13 forward and have some value, is that it's consistently
14 applied across all aspects of the residential care
15 sector.

16 MR PEOPLES: Can I perhaps ask you this in a more general
17 footing going away from the proposed legislation that's
18 currently before the Parliament: are there, in your
19 view, still issues surrounding staffing or staffing
20 levels in residential care establishments for children
21 and young persons? Maybe I could start again with
22 SallyAnn.

23 SALLYANN KELLY: I think there remains an issue in terms of
24 recruitment and retention across the country. That's
25 something that Aberlour, like the two other

1 organisations, are members of the Coalition of Care and
2 Support Providers in Scotland. I am part of the board
3 of that organisation. We regularly run membership
4 questionnaires, really, in terms of the state of the
5 sector, if you like.

6 Certainly recruitment and retention comes up as
7 a key issue across the third sector for those provider
8 organisations. And just to put that into context, that
9 includes adult providers as well as children's service
10 providers.

11 In terms of staffing on the floor, if you like,
12 we would always comply, if not go beyond, the
13 Care Inspectorate regulations in terms of staffing
14 numbers. If there was an issue with that, we would
15 follow our procedures in terms of -- if we weren't able
16 to get an additional staff member, we would obviously
17 talk to the Care Inspectorate about that immediately.
18 But there is an issue about the status of residential
19 childcare that is something that has prevailed for quite
20 some time.

21 MR PEOPLES: I would like to come to that as effectively
22 a separate matter, but in terms of staffing issues,
23 specific staffing issues, you still sense there is at
24 least still an issue about both recruitment and
25 retention of the right people with the right skills?

1 SALLYANN KELLY: Yes. I think we work very hard on that,
2 but I think because of the wider issues in relation to
3 the status of the residential childcare sector, that
4 remains a challenge for us and there have been a number
5 of reports that have been done historically that have
6 made very clear recommendations to government about this
7 in terms of pay and reward, for example, within the
8 residential childcare sector and terms and conditions,
9 which have not been fully implemented. Also,
10 qualifications is an issue.

11 MR PEOPLES: If I can follow up, going back to the
12 legislation briefly, or the proposed legislation, the
13 duties that are imposed will be applied to local
14 authorities who purchase services as well to take
15 account of the principles and the need or the
16 requirement to have the right staff with the right
17 qualifications. Is that a means of addressing any
18 concerns about the way that services are purchased by
19 local authorities?

20 Charlie, you look as though you want to answer that
21 one.

22 CHARLIE COGGRIVE: I suppose -- in a previous life, I was
23 a commissioner with local authorities, so I've
24 experience of the other end of the telescope, if you
25 like, on this. I think that part could be welcomed and

1 could be of assistance. The gap between expectations
2 and provision of resources is a challenge for local
3 authorities and providers as well, so I instinctively
4 warm somewhat more to that, perhaps.

5 I feel obliged to say, though, that numbers of staff
6 in and of itself is not necessarily a protective factor.
7 Winterbourne View had lots of staff, but it was what
8 they did and what they did in full sight of each other
9 that caused great concern. So I think you're right, as
10 SallyAnn said, it's about how residential care and
11 childcare is perceived, it's about how it's rewarded,
12 how people are supported and guided to do the job
13 effectively and appropriately, not just the numbers of
14 people.

15 LADY SMITH: So you're talking not just about quantity but
16 quality, people who are right for the job?

17 CHARLIE COGGRAVE: Absolutely, yes, and properly supported
18 and guided to do it in the right way and to know what is
19 okay and what is not okay and how best to deal with very
20 vulnerable and often quite tricky young people who have
21 very difficult backgrounds.

22 MR PEOPLES: Can I put it this way then: in principle,
23 do you subscribe to the view that you only get high
24 quality care if there's proper funding with the right
25 staff and the right staffing levels?

1 CHARLIE COGGRAVE: That would seem extremely helpful, yes.

2 MR PEOPLES: That's what you're trying to achieve but it's
3 how you go about it that's sometimes the difficult
4 exercise?

5 CHARLIE COGGRAVE: I would agree.

6 MR PEOPLES: I should maybe ask David if he wants to comment
7 on this matter.

8 DAVID BEARD: I think consistency is the issue here. As
9 I understand it, there's an existing commissioning
10 framework for residential care in Scotland, Excel. What
11 I believe equally is the case is maybe the standards of
12 those providers are not necessarily all consistent.
13 Young people move, sadly, from establishment to
14 establishment, they may well receive a differential
15 quality in what they get from each establishment. So
16 surely one of the issues is getting consistency in that
17 commissioning environment.

18 MR PEOPLES: Maybe it doesn't apply to the residential
19 childcare provision, but I think that there's certainly
20 been recent coverage in the press that some care workers
21 are paid under purchasing arrangements on a minute by
22 minute basis and that has an effect on their salaries
23 and indeed their pay over time. I think that's for care
24 workers perhaps in the community sometimes. I think
25 Charlie is nodding there. That is an issue, is it?

1 CHARLIE COGGRAVE: I'm agreeing with you, Mr Peoples,
2 in that I think my understanding, if I understand the
3 point you're making, is often about domiciliary care
4 where perhaps people are only paid whilst they're
5 actually performing a task, so with an older person, and
6 the travel in between isn't paid and so forth.

7 MR PEOPLES: That's not an issue in residential childcare of
8 the type that the three organisations provide?

9 CHARLIE COGGRAVE: It wouldn't be within the services that
10 I'm aware of. I'm not sure. But generally speaking,
11 you're paid from the moment you turn up to the moment
12 you leave again.

13 MR PEOPLES: Sorry, SallyAnn, you wanted to add something?

14 SALLYANN KELLY: I just wanted to elaborate on -- I think
15 this is a really important issue and it's something
16 obviously that the Care Review is looking at as well and
17 we're participating in the Kirov in looking at how we
18 improve the situation for residential care.

19 First of all, I would say our residential care staff
20 are salaried staff. We are a minimum wage employer and
21 all of our practice staff are paid well above the --
22 sorry, above the living wage, a living wage employer and
23 all of our salaried staff receive remuneration above the
24 living wage.

25 However, I think there is probably something more

1 that we can do as a sector in relation to residential
2 childcare workforce. I think the point that David makes
3 about the National Residential Framework is a good
4 point. I think if we fundamentally want to look at
5 improvement, then we have to look again at how we
6 commission services.

7 There are two drivers in terms of that framework,
8 one is price and one is quality. My suggestion would be
9 that those are not balanced drivers and we need to make
10 sure that whenever we are commissioning services for
11 children, that we do that on a strategic basis with
12 local authorities working alongside providers to look at
13 what the best possible arrangements are, with the
14 involvement of children themselves who are receiving
15 those services.

16 That is not done at the moment at national level and
17 that's something that again CCPS, the organisation that
18 I referred to earlier, has been influencing government
19 for change on for many years, actually, and I think that
20 could make a significant improvement in terms of the
21 manner in which those placements are commissioned, the
22 consistency that might be thereafter achieved in terms
23 of the quality of care that children receive, but also
24 the types of models that are used within those
25 institutions or houses, and that there is a level of

1 agreement about how we take a trauma-responsive approach
2 to children in Scotland forward, because we don't have
3 that yet either.

4 LADY SMITH: SallyAnn, you commented that you think there
5 are two drivers, one is quality and one is price, and
6 I think I understand what you're getting at, but you
7 feel they're not balanced. Explain that for me.

8 SALLYANN KELLY: So within the residential care framework --
9 we are certainly on the framework as we provide
10 residential care nowadays and we have to make
11 submissions to the framework. A lot of that submission
12 is about the price of our placements for children on the
13 framework.

14 You submit that response and then you cannot
15 thereafter change the price, so we are in a situation
16 where on many occasions the price that we have charged
17 doesn't actually cover the cost of the care that we
18 provide. And I think other providers would probably be
19 in the same place.

20 We have tried to have a conversation as an
21 individual organisation and we have tried to have
22 conversations as a collective of organisations to say:
23 can we look again at how we do this and that we spend
24 far more time on the quality of what we're providing
25 rather than what appears at times to us -- and I'm sure

1 Scotland Excel have a different perspective -- but what
2 appears at times to us like a rather blunt instrument in
3 terms of whether you're on the framework or whether --

4 LADY SMITH: Right. So amongst yourselves there are
5 conversations?

6 SALLYANN KELLY: Yes.

7 LADY SMITH: Outward conversations?

8 SALLYANN KELLY: Yes. CCPS have been involved in these
9 conversations over a period of time --

10 LADY SMITH: CCPS?

11 SALLYANN KELLY: Coalition of Care and Support Providers in
12 Scotland.

13 MR PEOPLES: There have been conversations with those that
14 are responsible for the commissioning framework?

15 SALLYANN KELLY: Yes.

16 MR PEOPLES: I suppose the point you're making, and correct
17 me if I'm wrong, is that high quality care for
18 vulnerable children with very complex needs is
19 expensive?

20 SALLYANN KELLY: Yes.

21 MR PEOPLES: And you can't get away from that from you're
22 going to deliver that?

23 SALLYANN KELLY: Yes.

24 LADY SMITH: Not to put too fine a point on it, I have on
25 occasion, through cases that have gone to the Additional

1 Support Needs Tribunal, seen figures that are six-figure
2 sums per year for providing for children with
3 particularly complex needs.

4 SALLYANN KELLY: That would be correct.

5 MR PEOPLES: Just on that point, is there any risk where the
6 cost gets to a certain level that the placement will
7 change because of the attitude of the placing authority
8 and the costs involved?

9 SALLYANN KELLY: I can only speak from Aberlour's point of
10 view and our reports to that. And we have had -- our
11 price went up this year because we had to invest nearly
12 a quarter of a million in our residential care last
13 year. Actually, most local authorities -- and we have
14 an accepted price on the framework which we now charge.
15 And, actually, most local authorities have been
16 supportive of that.

17 There is a couple of exceptions to that and I don't
18 want to name them --

19 MR PEOPLES: I don't think you need to. I just want to know
20 if there is an issue.

21 SALLYANN KELLY: Our approach to that is our children don't
22 know that and we will not tell our children that and we
23 will continue to care for our children, and any
24 negotiations we need to take will be done directly with
25 the local authorities.

1 MR PEOPLES: Can I ask to a staffing issue as well because
2 perhaps consistency and establishing relationships
3 requires continuity of staff, the same people perhaps on
4 a regular basis being involved, albeit perhaps on a team
5 or rota or shift basis. Is there still too much use of
6 temporary staff or agency workers to make sure that the
7 full complement of staff are on duty at any one time?
8 Is that still a problem or is it a problem?

9 SALLYANN KELLY: I think the reality is that we probably are
10 the biggest provider of residential care in 2019.
11 We have a relief pool of staff, which we use on an
12 as-and-when basis to cover for permanent members of
13 staff if there's sickness or people are on holidays. So
14 we do on occasion need to use agency staff, but that's
15 becoming about less of an issue for us. Even with the
16 relief pool, there can be some times when you do have
17 issues in terms of just making sure that the shifts are
18 covered, which is usually the case in our
19 establishments, if we need additional staff because
20 a particular child's distressed, then maintaining
21 staffing levels above the regulatory minimum can
22 sometimes be a challenge.

23 I have to applaud our residential staff because
24 I have been with Aberlour for four and a half years and
25 they're very knowledgeable about my keen interest in

1 residential care. They have never once come to me with
2 a staffing crisis. They have been hugely creative in
3 terms of addressing that and putting children first.

4 MR PEOPLES: Charlie, did you want to say something on that
5 issue?

6 CHARLIE COGGRAVE: I suppose, as you're aware, our current
7 children's provision is relatively small in comparison
8 to colleagues here. So if it's acceptable, my comments
9 probably relate to the broader spectrum of adults as
10 well, but I think the issues overlap significantly.

11 I'd agree again -- I hesitate to say this again,
12 SallyAnn -- I agree with SallyAnn's perspective that
13 it is remarkable sometimes that folk are as flexible and
14 as willing to be flexible with their time and their
15 commitments to be able to get a phone call at 6.30
16 in the morning to say, "Somebody's phoned in sick, can
17 you come in and cover?" and people do.

18 One can only applaud their commitment to those
19 children and adults in doing so. I think it's one of
20 the great challenges. I speak from my experience of
21 managing residential care. It's one of the great
22 challenges of trying to maintain that in the reality of
23 people's work and life and experiences and the
24 experiences in life of those young people.

25 I think our preference would always be not to use

1 agency staff. I in no way wish to demean them, but
2 it is more comforting to have staff under your own terms
3 and conditions, your own processes, surety that they
4 know the people that they're working with, that they
5 know how we do things, as the culture of any
6 organisation is important about how we support people.

7 I have worked for an organisation that never used
8 agency staff. That puts an enormous amount of pressure
9 under those individuals who do work for you and the
10 impact on retention, I felt, was quite significant.
11 I think it's an issue.

12 I'm sorry to say, unless David is going to help us
13 out here, I don't necessarily have the magic bullet that
14 can assist you with the answer.

15 MR PEOPLES: I'm not necessarily looking for the bullet at
16 the moment; I just want to know whether it's an issue
17 and how it impacts on the service and no doubt the
18 service users and their safety and well-being.

19 CHARLIE COGGRIVE: Just to finish, we have changed our
20 approach and now work with only one master vendor, and
21 have put a lot of effort into how we do that to try and
22 get much more fluency and control over that matter.
23 It's early days for that process for Quarriers, but the
24 feedback I'm getting is that that has a good impact and
25 a good effect and it seems to be an improvement but

1 I think it's still an issue.

2 DAVID BEARD: Similarly, it would be an exception rather
3 than the rule, but on occasions, absolutely we have
4 needed that in order to keep establishments ticking
5 over.

6 We also have a master vendor relationship. That
7 undoubtedly has its values. But to assist an
8 organisation and more particularly the children and
9 young people that we're looking after. Because we have
10 consistency of process of how those staff are onboarded
11 into the organisation, the minimum expectations we have
12 of the master vendor in terms of checks, references,
13 et cetera, and also an opportunity to have some
14 understanding, albeit sometimes at a matter of hours
15 before someone's coming on shift, of their background
16 and experience and therefore a reasonable opportunity to
17 sense check their suitability to work in that
18 establishment.

19 LADY SMITH: Can you explain what you mean by the master
20 vendor relationship?

21 DAVID BEARD: There are a number of recruitment agencies
22 around, as we know, who provide staff in the care
23 sector. So we have a preferred provider, probably is
24 the better way of putting that, relationship with one
25 organisation. It's an agreement over a period of time,

1 it has minimum expectations, as I've said, in terms of
2 references, checks, disclosure checks, et cetera,
3 et cetera, so that we have some assurance when they come
4 to us.

5 Often if we have used that particular individual
6 before, we'll want to use that particular individual
7 again for all the reasons we've been talking about.

8 LADY SMITH: Let me ask all of you this. I think I know
9 what your answers will be but I want to record them
10 anyway. You have talked about the wonder, if I can put
11 it that way, of willing commitment, the willing
12 commitment of people that work for you and their ability
13 to go the extra mile, as one might say, for the
14 children. Can that be legislated for?

15 SALLYANN KELLY: Well, there are limits to it because it
16 already is legislated for in terms of the limits on it
17 in terms of the European Working Time Directive.

18 LADY SMITH: But you could still get the wrong person.

19 SALLYANN KELLY: In terms of the qualities that person
20 brings, my view is, no, you can't legislate for
21 compassion and love, but you can certainly make sure
22 that in terms of how you select staff for training, if
23 we are moving to a degree-level training, or through
24 your recruitment processes, that you understand and they
25 understand that, actually, those very human qualities

1 that we need are going to be something that we will pay
2 particular attention to in any recruitment process and
3 any probationary period.

4 LADY SMITH: That's at the stage of recruitment, but after
5 that, how do you maintain that commitment and
6 willingness on their part?

7 CHARLIE COGGRIVE: I think it's important that --
8 I indicated it can have an impact on retention. I think
9 it's really important that when we have staff who are
10 willing to do that that we don't abuse that. I'm
11 conscious that's a word on the title behind you. but
12 within the context of that.

13 Again, I speak as something who managed a unit. If
14 I got that phone call at 6.30 in the morning saying
15 someone was ill and wasn't able to attend, you tend to
16 pick up the phone to the person who's most likely to say
17 yes as your first port of call. I was always conscious
18 that that could be punishing good behaviour. If we're
19 not -- I think it's really important that we don't set
20 the foundations of the service we're providing on
21 a presumption of that flexibility. I think that needs
22 to be an additional benefit rather than a cornerstone of
23 what we do. Am I articulating this well enough?

24 LADY SMITH: Yes, I think I see what you mean and we will no
25 doubt come back to this at various points in this

1 inquiry.

2 You seem to be describing a leadership style that
3 models to your staff the way they should treat the
4 children that they are directly caring for; is that it?

5 CHARLIE COGGRAVE: Personally, I think that's absolutely
6 critical. And how we work with our staff must surely
7 replicate itself on how they approach the people they
8 work with, children or vulnerable adults.

9 LADY SMITH: Thank you.

10 MR PEOPLES: Can I just pick up, David, a point about the
11 use of agency workers? You did say that obviously,
12 you're doing your best to ensure that all the necessary
13 checks are made before they're used by the organisation.
14 Do I take it, though, that those checks in that
15 situation are not made by the organisation but by the
16 agency that you have trust in?

17 DAVID BEARD: They are.

18 MR PEOPLES: Is that in any sense a concern or a weakness
19 for you, that you don't control the process?

20 DAVID BEARD: I'm carefully crafting my answer --

21 MR PEOPLES: I don't want you to be critical of your master
22 vendor relationship. I just want to look at it as
23 a general issue. I'm not trying to relate it to any
24 specific provider.

25 DAVID BEARD: If I answered your question by saying is there

1 no risk involved in it, I could never say that.
2 However, the nature of the relationship that we have
3 with that particular provider, which is a large UK
4 national provider, and within the terms of the agreement
5 that we have with them, we have to have assurance that
6 what they have undertaken is the correct and proper
7 processes and we have had no experiences to the
8 contrary, is the other point I will say to you.

9 MR PEOPLES: Do they tend to mirror your own processes?

10 DAVID BEARD: Yes, they do.

11 MR PEOPLES: I see everyone is nodding. That's the
12 situation generally, is it, with agencies and master
13 vendors?

14 SALLYANN KELLY: Yes, and part of that is the relationship
15 with the SSSC and the registration of the workforce and
16 there needs to be registration in place.

17 MR PEOPLES: I think you're probably keen to tell me or to
18 address what you think about the issue of improving the
19 status of care workers in residential care settings and
20 recognising the importance and worth of the work done by
21 them.

22 What in your view, and I'll ask each of you, can and
23 should be done to improve the status of such workers and
24 to make the work more attractive in a competitive labour
25 market? What can be done?

1 SallyAnn, you have obviously got some views on this.

2 SALLYANN KELLY: Yes. How long do we have?

3 MR PEOPLES: Well, as long as it takes.

4 SALLYANN KELLY: I will try and cover some key points. One
5 of the things, I think, is that the very outset -- and
6 I know that there's been submissions made, I think, from
7 Romy Langeland, in terms of you asked her some questions
8 about improvement in residential care, all of which
9 I concur with.

10 However, one of the things that I would probably add
11 to what Romy has said is that actually what we need in
12 our society and across our sectors -- and actually
13 across all of the organisations that interface with
14 children -- is a level of transparency of practice so
15 that there is a very clear learning culture for children
16 and with children, whether it be in residential care or
17 in school settings or whatever, where children feel that
18 they have a voice. So we need to think about how our
19 leadership and our staff respond to some leadership
20 calls in relation to how we look after children and how
21 we care for children.

22 I think one of the other things for me is that in
23 acknowledging the real challenges and the difficulties
24 that are around in terms of just how hard a job
25 residential care of children can be -- and there's

1 massive joy in that job too. My residential workers
2 when we go to visit them are incredibly proud of what
3 their children achieve and I am proud of what they
4 achieve as well. But it's a hard shift and, actually,
5 we owe it to our people to give them a clarity of --
6 around methodology and thinking about what it is we're
7 trying to do.

8 We are certainly moving -- we have already used
9 a fairly clear methodological theoretical approach in
10 term of how we look after children and that is about
11 being trauma responsive, because we know the children
12 who come to us come in quite distressed states and we
13 need to be able to understand as human beings how we can
14 support that distress.

15 The first principle of that is we actually need to
16 understand how we deal with their distress so that our
17 workforce -- we need to help them to regulate themselves
18 as adults and their responses to difficult situations.
19 We then need to understand how we build those
20 relationships with children and through building those
21 quality relationships, how we then look at what -- the
22 reasoning that we can do with children in terms of
23 looking at different ways that they might be able to
24 cope. We are quite heavily reliant on theoretical
25 approaches to that. We use didactic(?) practice, we are

1 increasingly using the neurosequential model from Bruce
2 Perry in the Child Trauma Academy.

3 I don't want to get too detailed on this, but it's
4 a really important thing that when children come to us,
5 the staff understand the theory behind healing.

6 MR PEOPLES: I understand that from the point of view of the
7 staff having to understand that theory so they can do
8 their job properly. What about valuing the staff?
9 Society traditionally, or at least historically, and
10 I think many of us know this, the care sector was
11 a low-paid sector and perhaps an undervalued sector in
12 terms of pay. How do you create a different status and
13 worth, not just as an organisation, but more generally
14 to ensure that people see it as a meaningful, rewarding
15 job that's paid appropriately? How do you do that?

16 SALLYANN KELLY: I spoke yesterday about the introduction of
17 SCQF level 9 qualifications at degree level, which the
18 government intended to look at introducing a couple of
19 years ago and it's been put on hold as part of the Care
20 Review.

21 I think we need to again speak about how we actually
22 implement those changes. One of the concerns that was
23 expressed at the time was not the principle of training
24 our residential workforce to level 9, it was the
25 practical implementation of that and how do we do that

1 at the same time as making sure that our children are
2 properly looked after. I know you asked me a question
3 about the five-year lead-in period for the SCQF level 7
4 qualification and I did say to you yesterday it does
5 feel like a long time, but actually when you take into
6 account what we currently experience in terms of
7 recruitment and retention, and just how much fluidity is
8 in that system in terms of workers, you can see how
9 those qualification periods might start to expand
10 because of how much capacity you have in the system to
11 allow people to go on external training, for example.

12 So we need to try and look at that. I think we do
13 need to look at pay and reward. We have tried to do
14 that as an organisation over the last few years in the
15 sense that we have reinstated things like enhanced
16 payments for Christmas and New Year, which our staff
17 didn't get. We have improved our sickness absence
18 policy.

19 But actually what we know from staff, from our exit
20 interviews, is there are a myriad of issues that might
21 be impacting. But we need to do that as a whole system
22 rather than individual employers, albeit there are
23 things we can do and I wouldn't deny that.

24 Certainly the issue around how we contract and
25 commission placements I think is important. Staff need

1 to feel that they have agency in terms of making
2 assessments of children who are coming in to live in
3 a family group and how they then can transport those
4 children. So there's a whole host of different areas.

5 MR PEOPLES: Are you saying in some ways to make the job
6 more rewarding for staff, you have to give them more
7 direct responsibility in the decision-making, including
8 placements and placement decisions, as well the children
9 themselves perhaps?

10 SALLYANN KELLY: Yes, we have a system in Aberlour where we
11 probably are phoned numerous times on a daily basis if
12 we have a vacancy in any of our houses and we have
13 a clear system about assessing that young person. There
14 will be conversations at certainly assistant service
15 manager level and service manager level about the young
16 person, what their needs appear to be and whether in
17 fact, within the context of who else is living in our
18 house at that time, whether that young person would seem
19 to be a young person that we could work with alongside
20 those other children or whether their needs are greater
21 than we can meet.

22 MR PEOPLES: David, do you want to say anything about this?
23 It's a general issue of the status of workers in
24 residential childcare.

25 DAVID BEARD: A number of things, I think -- many of which

1 will concur with what SallyAnn said. I think there's an
2 awful lot of competition in residential care.

3 Increasingly in recent years the independent sector has
4 become a major provider of residential care. They may
5 well have, on paper, better terms and conditions for
6 staff as well.

7 We may have a view as to the quality of care that's
8 provided, but that's -- again, it'll be more anecdotal
9 than evidential, so I won't say any more in respect of
10 that. But that clearly has its challenges.

11 Scotland, like the other Celtic nations, has
12 geographical challenges in terms of how it recruits and
13 retains staff in areas as well and I don't think we can
14 underplay the importance of that issue as well.

15 In some preparation for this, I went back and had
16 a look at a report -- and excuse me quoting another
17 former previous chief executive of Barnardo's,
18 Lady Smith, you may have heard of --

19 LADY SMITH: It's all right, go ahead.

20 DAVID BEARD: In 2016, Sir Martin Narey did some work in
21 England. He did an independent review of children's
22 residential care.

23 LADY SMITH: Sorry, who was that?

24 DAVID BEARD: Sir Martin Narey. Just some points that came
25 out of that which made me think quite a lot last night.

1 We talked a lot during the evidence stages and today
2 about the issue around qualification versus empathy and
3 understanding. He looked particularly around the area
4 of qualification. His overwhelming conclusion was one
5 that it must be about having a confident and competent
6 workforce and that doesn't necessarily mean a highly
7 qualified workforce.

8 I think within the context of that in England, there
9 was a sense that the graduate-entry people should be
10 moving more into that kind of residential field. He was
11 not in favour of that. There was no evidence that he
12 could find, both from conversations he had but also
13 other research, that provided any improved quality of
14 care for children and young people. And what equally he
15 confirmed -- and there's some interesting quotations
16 from young people in the research as well -- is the
17 importance of that -- good relationships is the most
18 incredibly -- there was a lovely quote which I don't
19 have with me. It was a young man who had some extremely
20 troubled and difficult times when leaving care and
21 referenced the particular empathy and love and
22 understanding and support and direction he had received
23 from one particular of member of staff. That member of
24 staff didn't have any formal qualifications but he
25 certainly had that ability and empathy to work with

1 children and young people.

2 I suppose the opposite to that -- and I guess it is
3 the whole issue of how we re-professionalise the area of
4 residential care. Over the decades, that's clearly gone
5 up and down, both in terms of specific qualifications,
6 and we seem to be back into that kind of agenda again
7 around that.

8 Clearly, things like continuous professional
9 development are absolutely important and will help to
10 retain staff. You said, Lady Smith, before, earlier on,
11 about the importance of leadership. Consistent
12 managers, I think, in homes, if we can get to that
13 point, are incredibly important, I think.

14 The research in England -- and this will be the same
15 wherever, they set the tone for the home. They raise
16 the importance of the culture of that home and that
17 unit. If they themselves have a qualification, they're
18 in an excellent position to advocate on behalf of that
19 child or young person with the other professionals
20 around them: social workers, mental health
21 professionals, et cetera, et cetera.

22 So I think the importance of that, importance of
23 that strong leadership role, arguably, for one of
24 status, having a professional qualification, I think is
25 hugely important and not to be underplayed.

1 MR PEOPLES: Can I just raise two matters with you arising
2 out of what you've said? In terms of leadership and
3 quality of the leadership and consistent leadership,
4 you're talking about leadership at all levels of the
5 organisation, wherever there is leadership required,
6 including at unit level?

7 DAVID BEARD: Absolutely, but I was relating to this
8 particularly about unit managers because they
9 themselves -- organisational culture is clearly set from
10 the top down, but the culture within individual units.

11 MR PEOPLES: That's a key role for setting the culture,
12 setting the standards, setting the direction and
13 achieving standards?

14 DAVID BEARD: I believe so, yes.

15 MR PEOPLES: Just going back to the qualifications against
16 empathy or confidence and competence against higher
17 level qualifications, I did want to ask you, because
18 I suppose -- we heard evidence that historically there
19 are people who were described, I think by one witness,
20 as intuitively good at their job without necessarily any
21 formal training of any kind. They just did it well. We
22 all know, I think, there are people in society who don't
23 have maybe the capacity to pass exams, do degree-level
24 qualifications and coursework, but they're very good at
25 their jobs. Are you saying that we shouldn't be

1 assuming that all care workers in residential childcare
2 establishments need a degree qualification or the
3 equivalent because there are alternative ways of getting
4 the right people into that job and we should be trying
5 to find those ways as well? Do you see the point I'm
6 making?

7 DAVID BEARD: I do. I think what I'm saying is that it's
8 the importance -- the recruitment exercise has to get
9 the right mix for the right position for the right post.
10 And that may be someone who comes with a qualification
11 and has the most fantastic empathy. There's your ideal
12 person and your ideal candidate, and we would all rush
13 for those immediately. But I think, as I said in my
14 evidence previously -- and I remember Lady Smith asking
15 me a very similar question at the time -- I'm strongly
16 of the belief that qualification is not the most
17 important thing: empathy and understanding, the
18 intuitiveness is. I strongly believe that.

19 MR PEOPLES: Charlie, do you want to add anything to these
20 contributions?

21 CHARLIE COGGRAVE: A lot that has been said I would agree
22 with.

23 I noted to myself my fear about the degree-level
24 courses. That might put off some people that you so
25 accurately described, Mr Peoples. They might be

1 intimidated by the idea of undertaking a degree but
2 actually might be some of the best folk we've got.

3 I'm minded that I understand how an internal
4 combustion engine works from A level physics, but don't
5 ask me how to fix your car. So sometimes a knowledge of
6 and an understanding on paper and the skills and
7 abilities that individuals bring -- for me, we need some
8 balance between those two things and I don't think any
9 of us of advocating that a wholly unqualified workforce
10 would be the ideal.

11 I think it's about trying to find some way forward
12 between those things.

13 MR PEOPLES: I might see these skills as qualifications, but
14 it's trying to identify them and finding the people who
15 have them, I suppose, is the difficulty.

16 CHARLIE COGGRAVE: Often I think it's about those individual
17 staff members who have, one might call them gifts, that
18 they bring to the workplace. But they think that's just
19 them and they don't think it's anything special, and
20 it's an important leadership task for us to remind them.
21 It's an important resource issue for our staff to have
22 the ability to reflect on that and for us to help them.
23 As David so greatly said then, to begin to unpick what
24 it is they bring and how valued that is.

25 I wanted to say as well, we talked about the value

1 of residential childcare. I think resource, I think
2 levels of pay, all of that, training, all of that
3 contributes. I think there is still an underlying
4 theme, though, about -- and I say this with respect to
5 my colleagues who will know more about young people's
6 childcare than I do, as we tend to focus around small
7 numbers with complex disabilities, but my sense is there
8 is still a lack of valuing around children, and that's
9 a huge, I think, driver around this all. No, not
10 driver, part of your force-field analysis about that.
11 So the whole idea of coming into social care for some
12 people can be seen as, perhaps for men more than women,
13 something that's not great.

14 I did a leadership course a few years ago and sat
15 with a number of high flyers from across the world and
16 I still remember someone to this day asking me what
17 I did and where I'd been and I took them through
18 30 years and the response was, "But it's not a career,
19 is it?" and I still take umbrage about that three years
20 on. I think there is still a perception about working
21 with children that are vulnerable, it's a bit of
22 a second-class -- not my experience, but there seems to
23 be ...

24 MR PEOPLES: I take your point. SallyAnn seems to want to
25 add something to that.

1 SALLYANN KELLY: I think I want to return to the
2 qualification issue. I was on the group of people who
3 were discussing the implementation of the level 9
4 qualification. As I said earlier, we didn't have an in
5 principle objection to level 9 being introduced as
6 a minimum standard of qualification; it was more to do
7 with the implementation.

8 I suppose what I would say at this point is we have
9 probably been here as a society with a number of
10 professions across the ages and, for me, with somebody
11 who's rapidly moving towards retirement in six or seven
12 years, I want to remain ambitious for our residential
13 childcare workforce. And one of the objections that we
14 raised at the time was the fact that these people that
15 we were speaking about just now who sometimes struggle
16 to get their SVQs and HNCs, to be honest, are absolute
17 diamonds of residential workers and they could
18 potentially just find this a step too far and could we
19 look at different ways of assessing competency
20 in relation to degree-level qualifications, not just
21 being an academic exercise.

22 What we were saying is we need more time for that,
23 but let's not lose the ambition. I would not sit here
24 as a qualified social worker and tell you that you don't
25 need qualified social workers for very complex cases.

1 Our children in residential care come to us with some of
2 the most complex, distressing backgrounds and I think we
3 need to remain ambitious for them in terms of what they
4 can achieve, but also ambitious for our workforce in
5 terms of what they can achieve, but support them to
6 achieve that.

7 MR PEOPLES: Just going back to this question of perhaps
8 recognising, or at least society recognising, the
9 importance and worth of work and indeed perhaps males
10 recognising that it's an area they should participate in
11 more often, because I think the care sector is
12 underrepresented by males and indeed there have been
13 campaigns to try and increase the percentage of males
14 in the workforce recently.

15 There have also been campaigns to attract new care
16 staff, national campaigns, and I was trying to find
17 out -- I saw one example, for example, in 2018 called
18 "A job and a joy" campaign. I don't know that it's
19 directed at residential care, but the idea seems to be
20 working with children the message is that it is
21 rewarding, enjoyable and meaningful and you are making
22 a difference to children's lives. That's the message
23 going out to the public and to people who might be
24 thinking about a career. Do you think that type of
25 strategy is effective in raising awareness and improving

1 the perception of the status of care work with children?
2 Do you think these are ways or at least one way to do
3 that?

4 I'll ask all three of you about what you think of
5 campaigns like that.

6 SALLYANN KELLY: It certainly talks to what Charlie just
7 talked about in terms of the general perceptions and
8 attitudes towards children and seeing that as a joyful
9 engagement rather than something that's onerous, albeit
10 it can be both at once.

11 One of the things that we do as part of our
12 recruitment is we invite people to talk to existing
13 members of staff and the children obviously have that
14 interface.

15 When people talk about -- and it is a vocation that
16 they talk about. We have many people that have worked
17 in our children's houses for many years. When they talk
18 about the challenges, yes, but the joy that they get
19 from working with these children, that is the most
20 powerful message, I think, for anybody that would be
21 interested in working in that setting.

22 MR PEOPLES: Is it getting across the idea that something
23 that is challenging is rewarding in itself?

24 SALLYANN KELLY: Yes.

25 MR PEOPLES: And you are doing something worthwhile and

1 therefore you can feel more self-worth and be valued
2 more, but you should be by society as well?

3 SALLYANN KELLY: Absolutely.

4 MR PEOPLES: And that needs to be reinforced within the care
5 worker sector?

6 SALLYANN KELLY: Yes.

7 MR PEOPLES: Today as much as historically?

8 SALLYANN KELLY: It's an ongoing reinforcement that needs to
9 be done.

10 CHARLIE COGGRAVE: I think it's more than just the care
11 worker sector, such a thing. I accept you're trying to
12 describe a nebulous concept, but it's broader than that.
13 We have a not dissimilar campaign at the moment, but my
14 fear is we're all fishing in the same pond and there's
15 not enough fish in that pond; what we need is a bigger
16 pond.

17 MR PEOPLES: To make it a more attractive pond to swim in
18 you have to raise the status, you have to make people
19 believe it is rewarding and they should go there in
20 preference to some other career?

21 CHARLIE COGGRAVE: Yes.

22 MR PEOPLES: And that's the challenge?

23 CHARLIE COGGRAVE: It is. It's a handful, but I can think
24 of friends of mine during my career that I've suggested
25 they might change and take into social care and have

1 those conversations. They are all still doing it, but
2 often they were in their 30s and 40s before -- and had
3 just written it off as something that couldn't possibly
4 be for them.

5 I'm not quite sure how we make that shift, but
6 there's some kind of paradigm shift for society as
7 a whole, I think, for us to understand what it is we do
8 a little better and perhaps that's incumbent on us to be
9 more open about that. But I think it's broader than
10 that as well.

11 LADY SMITH: Charlie, you give me the impression that this
12 pond that you're all fishing in has not just potential
13 care workers but others in it; who are the others?

14 CHARLIE COGGRAVE: I'm not sure I intended to give you that
15 impression.

16 LADY SMITH: You said it was more than just the care worker
17 sector. What did you mean?

18 CHARLIE COGGRAVE: Okay. Mr Peoples said something about
19 influencing the care worker sector and what I was trying
20 to describe is -- and forgive me if I misinterpreted
21 what you were saying -- if by that we mean that existing
22 group of folk who would describe themselves as care
23 workers, I want it to be broader than that, I want to
24 bring people in who don't currently think of themselves,
25 "that wouldn't be for me", because I think there are

1 a lot of folk that would suit and would be very
2 appropriate for.

3 MR PEOPLES: I did mean more that this was the area to go
4 into and I wasn't necessarily thinking of the people
5 that are already there. I was trying to see how you get
6 more people there.

7 CHARLIE COGGRIVE: You're on that side of the room now,
8 Mr Peoples, and I'm beginning to feel like --

9 LADY SMITH: Go ahead, Charlie: it's very helpful.

10 MR PEOPLES: It's your turn to come back at me!

11 Can I move to a different topic. I wonder what your
12 thoughts on this are: should greater efforts be made --
13 and maybe you'll tell me if they're already being
14 made -- to employ more care-experienced people as care
15 workers in residential childcare establishments or as
16 volunteers? Is there enough in the sector or this area
17 already or could more be employed?

18 SALLYANN KELLY: We certainly have people who have been
19 brought up in care working for our organisation and in
20 residential care. I think that certainly there's
21 something to be said for people who have experienced
22 care and who have got to a point in their life where
23 they feel that they can give something back to the
24 sector to come in.

25 I don't think it's suitable for everybody because

1 I think it depends on people's experiences and how their
2 emotional and physical and mental well-being is at that
3 point. But certainly, we have people that we have
4 looked after who work for us now or have been looked
5 after by other people who work for us now.

6 MR PEOPLES: I suppose they bring an understanding that
7 those of us who have never been in care don't have and
8 that can be very valuable, subject to other
9 considerations that you've mentioned.

10 SALLYANN KELLY: Yes, they can. Again, it's about people's
11 understanding of human relationships and human
12 connection. I have also had experiences where people
13 brought assumptions with them to the workplace about how
14 things could have been, based on their experiences,
15 which were not helpful in the context of what we were
16 working with at the time, if you see what I mean.

17 So for me, you individually assess people, but for
18 us we would certainly never see the fact that someone
19 had had care experience as a negative and something that
20 would exclude people at all.

21 MR PEOPLES: It's certainly not a bar --

22 SALLYANN KELLY: No.

23 MR PEOPLES: -- and it might have positive advantages, but
24 you have to get the right people?

25 SALLYANN KELLY: Absolutely.

1 MR PEOPLES: Can I ask you this: one of the things we've
2 been discussing is historically the problem of children
3 and young people having an effective voice in a variety
4 of ways if they're in care. Is there more that can be
5 done to give children and young people in care an
6 effective voice?

7 I'll maybe start with you, Charlie: do you think
8 more can be done?

9 CHARLIE COGGRAVE: I think on Monday we touched on the
10 subject of advocacy and it's been something I'm very
11 passionate about, I think, throughout my career. It can
12 be extremely difficult to access advocacy in a timely
13 way. When folk need somebody to talk to, they need
14 somebody to talk to, they don't need a waiting list.
15 I also think it is more likely that a young person will
16 express themselves fully and frankly and be able to talk
17 about very difficult things if they've got
18 a pre-existing relationship with somebody, than if
19 somebody's drafted in to start talking about these
20 conversations when an issue has arisen.

21 So I would certainly welcome greater access to fully
22 independent advocacy. I have a particular stone in my
23 shoe about employees of local authorities or of
24 providers who say, "I will advocate for that young
25 person". I'm really clear they can't. You need

1 a complete separation of who you work for.

2 A social worker cannot fully advocate for a young person
3 because they are often being told that all they provide
4 for that young person is a handful of hours a week and
5 they don't have any recourse to change that, whereas an
6 independent advocate can argue that's not acceptable in
7 a way that doesn't bring them, their own line manager
8 taking them into a room and saying, "Don't say that".

9 MR PEOPLES: David, do you have views?

10 DAVID BEARD: I just totally concur with that. It's
11 a significant issue, isn't it, in terms of that
12 independent advocacy and who is able to provide it?
13 There are children and young people being placed in
14 Scotland from out of authority, aren't there, from
15 England as well? For those young people, that factor of
16 isolation is even more the case.

17 As I understand it, organisations tend to be funded
18 by local authorities. They can only provide advocacy
19 with those they have a remit to work with, so it leaves
20 a whole raft of other children and young people
21 potentially extremely isolated. The point that Charlie
22 was just making about Children's Rights Officers
23 employed by local authorities rather than being
24 independent, again doesn't give that voice.

25 So it remains for organisations like Who Cares?

1 We have a small number of advocacy contracts, but only
2 within four local authority areas in Scotland. So
3 that's an absolute drop in the pond, to use that analogy
4 again, really.

5 I think throughout the course of this inquiry,
6 I think we've all raised the importance of advocacy,
7 even more so now than perhaps even before, really,
8 because this is a real opportunity perhaps to try and
9 grasp this and take it forward.

10 MR PEOPLES: SallyAnn, do you want to add anything?

11 SALLYANN KELLY: Certainly in terms of advocacy, as
12 a residential childcare provider in Scotland, we've
13 taken the view that we should not provide advocacy in
14 residential childcare, that there needed to be
15 a separation in the provision of that. So we give money
16 to Who Cares? for the children who live in Fife who
17 provide independent advocacy. We don't manage that
18 service and we don't make any demands on that service
19 other than the fact that they're visible and they're
20 doing their job with our children.

21 But what I would say is that the reason we do
22 that is because the children who come to us in Fife come
23 from a multitude of local authorities and often the
24 advocacy arrangements that are in place for local
25 authorities don't adequately reach out to children who

1 are in external local authority placements. So we
2 decided to pay for that for children to ensure that they
3 had that should they need it. And that's really
4 advertised for children.

5 But we also provide -- we have a policy and
6 participation post in our organisation who works with
7 a group of young people to elicit their views on a range
8 of different things and we have a youth conference every
9 year. This gives me sleepless nights sometimes. Last
10 year we took 95 young people away, there was fun
11 involved, they had a great time, it was marvellous, but
12 you can't take 95 young people away without it being --
13 there's always some event or other. But they had
14 a great time.

15 One of the really important parts of that conference
16 is it's about seeking children and young people's views,
17 they decide the agenda, they decide who they want to
18 invite, and they decide the parameters of the
19 conversations we have.

20 That's not something that can touch into every child
21 who has contact with Aberlour, but it's seem as fairly
22 representative of a number of different -- the lovely
23 thing about that conference is that that brings children
24 from residential care, children from our disabilities
25 services, children from our community services together.

1 So it's a great weekend actually and it's a full
2 weekend.

3 I think the other thing for me is, again, and
4 we have tried to become involved fairly proactively on
5 a number of things. So we are engaging proactively with
6 the Life Changes Trust to look at how we can support
7 changes to the care system. We currently have an
8 initiative that's a multi-agency initiative, to use some
9 jargon, if I've not used enough already. Its
10 involvement with Aberlour, another third sector
11 organisations called Includem, the Care Inspectorate,
12 and CELCIS. This really is about -- it's speaking to
13 some of the discussions that have taken place about how
14 we ensure that there's love at the heart of the care
15 system for children and young people.

16 Part of what I've argued publicly is we need to look
17 at what we mean by love and what children and young
18 people understand from love. So basically, we have
19 engaged in a process of looking and using -- our
20 children are involved in this as well and some of the
21 key people who are involved in designing this will be
22 people with care experience themselves. It is basically
23 a project to bring together something that will be
24 a toolkit for organisations to guide them in their work
25 to try and ensure that they can develop practice which

1 has love, a well-defined concept of love, at the heart
2 of it for children in the care system.

3 For me, it's really important in taking that forward
4 and children and young people drive it rather than
5 spectate.

6 MR PEOPLES: Because they have to tell you what to them they
7 need to get what they consider the love and affection --

8 SALLYANN KELLY: Yes. It's part of giving agency to
9 children and young people that they have some level of
10 input, and I suppose the other thing that we're trying
11 to do is -- and again children's voices in -- we touched
12 on this in some of my evidence -- the use of physical
13 interventions --

14 MR PEOPLES: I was going to come to that. Can I maybe come
15 to that separately?

16 If I can just pursue this initiative that you have.
17 This is I think what you've referred to in your
18 organisational statement as the Life Changes Trust
19 Workforce Development Initiative in partnership with
20 other bodies, including, I think you have said, the
21 Care Inspectorate and CELCIS, and Includem.

22 I will just read out what you said and you can
23 confirm you have said it essentially:

24 "The purpose is to develop a package for
25 organisations to use as a learning and development

1 toolkit to help the workforce to understand what love
2 and relationships mean for people in the care system."

3 I think you also told us, helpfully, that the first
4 part of this three-year project, which involves a team
5 of care-experienced people, is to determine what is
6 needed to improve how love and relationships feature
7 in the care system and to develop a toolkit for use for
8 that purpose. Does that capture what the initiative is
9 about?

10 SALLYANN KELLY: Yes.

11 MR PEOPLES: And this has presumably the support of the
12 Care Inspectorate and the support of CELCIS as well?

13 SALLYANN KELLY: The Life Changes Trust are very
14 enthusiastic about it and we have also discussed it with
15 the Care Review.

16 MR PEOPLES: I'll come back to the restraint one. I don't
17 know whether others on the panel here want to say
18 anything on that initiative. Do they see it as
19 a healthy development?

20 CHARLIE COGGRIVE: I think that all the evidence says that
21 people are more likely to be kept safe when they are
22 connected and they are able to speak to somebody in
23 confidence. It's isolation and separation that adds to
24 people's vulnerability, whether children or adults with
25 a disability.

1 So for me, and it's written within our own procedure
2 and my bet is it'll be within yours, the more that we
3 connect with people and the more we make children and
4 young people confident to able to say, no, that's not
5 okay, and know that they are listened to -- and I think
6 what SallyAnn was describing was a position whereby if
7 young people or adults tell us we'd like to do something
8 and we do it, that gives them confidence that actually
9 they will be listened to. And if they say something
10 more complex, more organisationally challenging, more
11 risky in their mind to them, it is more likely they will
12 be listened to and be acted upon. That in itself
13 protects them, gives them confidence and gives them
14 ability to not just report when something's gone wrong
15 but be able to have the confidence to stop something
16 going wrong in the first place.

17 MR PEOPLES: David, do you want to add anything?

18 DAVID BEARD: I can't add anything more than my colleagues
19 have said other than to concur.

20 LADY SMITH: Can I just pick up on one thing and it may be
21 simply the use of language: is it realistic to expect
22 every person who works with a child in care to love
23 every child they work with?

24 CHARLIE COGGRIVE: It's probably a definition of love, isn't
25 it, which is a thorny issue, I suspect.

1 SALLYANN KELLY: I woke up at 2 o'clock this morning
2 thinking about this. What came to mind was one of the
3 basic principles of social work that I still hold, which
4 is that -- and again it's about definition. One of the
5 very, for me, basic requirements of working in a human
6 way with other human beings is the concept of
7 unconditional positive regard. So that when we work
8 with people, their deeds are not what is at the
9 forefront of our thinking and the relationships we build
10 with them, it's the assets they bring as people and
11 a non-judgemental approach.

12 So if that is how you want to define love, then,
13 yes, I think it is truly reasonable to expect our people
14 to display that to our children.

15 LADY SMITH: I think it could be confusing to some people,
16 couldn't it, because in some people's minds love is
17 something else?

18 SALLYANN KELLY: Yes.

19 LADY SMITH: And you cannot, however hard you work at it, be
20 forced. Whereas expecting people to care for as warmly
21 as they possibly can, in an atmosphere of respect, every
22 child they're working with, is an entirely reasonable
23 thing to do, isn't it?

24 SALLYANN KELLY: Can I just say something else here as well?
25 Because one of the things that I get quite curious

1 about, in terms of this conversation about love, is that
2 our children come to us sometimes with quite different
3 perspectives on what love is. And often the people they
4 love very most in the world are the people that have
5 hurt them before they come to live with us. They don't
6 stop loving that person and they don't stop seeking the
7 love back from that person.

8 I have yet to meet a care-experienced young person
9 who, when you speak to them, doesn't talk about love for
10 their parents or caregivers, even when those parents and
11 caregivers have been involved in abuse. I think we need
12 to be careful because we need to honour that in some way
13 within the system too. So we can't seek to replace
14 that, but we can certainly give additional support to
15 children.

16 We also need to understand that even if we do our
17 very best for children and we try that and we work hard
18 at that, if that remains an unmet need for that child,
19 that that love that they desire from their parents, from
20 their origins, is not returned, then the question
21 I often ask myself is: can what we are doing ever be
22 enough?

23 MR PEOPLES: Obviously, then -- but it's now quite common to
24 hear people in various organisations -- and I'm thinking
25 here of Who Cares? Scotland -- the head of that and

1 indeed Angus Skinner in this inquiry have all spoken
2 quite firmly about the importance of the concept of
3 love, as perhaps defined to some extent in the terms
4 you've given.

5 But is there a danger of using the term love rather
6 than perhaps another word to capture the same things
7 that are required of people who are providing care in
8 residential settings or do you think love can still be
9 used and used appropriately?

10 SALLYANN KELLY: I have a great respect for Who Cares?

11 I was a member of the board for some time. I like the
12 work they do very much and we work with them as
13 a partner. I think what we need to understand when Who
14 Cares? have embarked upon this campaign around love in
15 the care system, they didn't make that up on a whim. If
16 you talk to children and young people who have
17 experienced care, often what they will say to you
18 is: I just felt like I didn't have love, I didn't feel
19 warmth, and I didn't feel empathy. We have heard that
20 in applicant statements to the inquiry.

21 So I have no issue about the use of the word "love".
22 I think, though, we need to be careful about how we
23 define that.

24 MR PEOPLES: Yes. There have to be clear boundaries about
25 what that involves for those that are expected to give

1 that love, as you've explained.

2 SALLYANN KELLY: Yes. We also need to be careful not to try
3 to replicate inappropriately love that children are
4 seeking from a parent, but try to repair the
5 expectations, if you like, of that child in terms of how
6 they build resilience if that love is not returned from
7 a parent.

8 MR PEOPLES: Just on this -- and it was touched on earlier,
9 about Sir Martin Narey -- I think he carried out
10 a review that looked at foster care and we're not
11 looking at that in this case study. One of the
12 recommendations he has come up with, which has currently
13 been accepted in England, was that foster parents should
14 be encouraged to hug and comfort children in their care
15 in situations where good parents would do so. That's
16 his message loud and clear. Do you have any issue with
17 that in the context of residential childcare?

18 SALLYANN KELLY: No.

19 CHARLIE COGGRAVE: No.

20 MR PEOPLES: So there is no issue. You agree with

21 Sir Martin --

22 SALLYANN KELLY: Absolutely.

23 MR PEOPLES: -- for both residential care settings and no
24 doubt in foster care?

25 CHARLIE COGGRAVE: I think for me, and again I defer to my

1 colleagues on this, the alternative is to say that
2 children as young as 5 and 6 in incredibly difficult and
3 traumatic situations, or even just stubbing their toe --
4 I took my daughter to the dentist to have a filling the
5 other day. She's 14. She still got a hug. I think the
6 situation where children are potentially separated from
7 their family and their parents and can go through
8 something like that without the comfort of physical
9 human contact doesn't seem okay.

10 I acknowledge there are potential risks, but there
11 are potential risks in every facet of what we do.

12 DAVID BEARD: Getting this understanding of what we mean by
13 love and what it really means and that kind of
14 importance of that physical connection on occasion is
15 critical to all this. It's the fundamentals of why, I'm
16 sure, the majority of us came into the social care
17 field. That was the fundamentals that brought us into
18 it. You talked about it, SallyAnn, earlier on. Getting
19 the fundamentals of this right, it would begin
20 potentially to address some of the other issues.

21 People have an understanding -- if they come into
22 this sector, what it is, if they have it within them as
23 a human being and what they can give to children and
24 young people, it's the right thing to do and it will
25 help those children and young people grow. For want of

1 a better cliché, job done, in respect of that. This is
2 critical and so important.

3 SALLYANN KELLY: The one I think I would say, and it goes
4 back to the whole trauma-informed environment -- and
5 it's important for our staff to understand that that
6 physical comfort is, we know, a good thing in terms of
7 human relationships if it is done in a manner in which
8 the child is ready to receive it.

9 What we also know is that for some children that
10 have been through significant trauma, they find physical
11 contact complicated, to say the least.

12 So we need to be guided by children and we need to
13 be guided by young people. If they are struggling with
14 physical contact, and that needs to be very clear for
15 the people in the unit, because you do get folk who
16 just -- I have friends who universally hug and I have
17 others who are less inclined to.

18 LADY SMITH: Some people are less huggy than others.

19 SALLYANN KELLY: Yes.

20 LADY SMITH: And some children are less huggy than others.

21 SALLYANN KELLY: Yes. That's made more complicated if they
22 have a history of trauma. That would be my only caveat
23 to that: just be led by the child.

24 MR PEOPLES: So you have to have that always in mind and
25 it's all down to the individual assessment of that

1 child --

2 SALLYANN KELLY: Yes.

3 MR PEOPLES: -- and how they might perceive these things or
4 what they would feel more comfortable with?

5 SALLYANN KELLY: Yes. And there is good evidence -- and
6 I think Harry Burns referred to it as the physiology of
7 the hug. There are chemical processes and the release
8 of serotonin that can help.

9 LADY SMITH: I suppose in the hugging recommendation, what's
10 most important is being guided by what a good parent
11 would do in the situation. You can never be the child's
12 parent, but you can strive to understand how a good
13 parent would parent that particular child. Is that
14 really the most important thing?

15 SALLYANN KELLY: Yes, absolutely.

16 MR PEOPLES: Can I just ask one more thing? I'm conscious
17 of the time. There's one more topic on this theme of
18 effective voice that I'd like to just raise before we
19 have the morning break and that's the issue of
20 mentoring.

21 You have talked about independent advocacy services.
22 I'm aware that in relation to some young people -- and
23 I think this includes perhaps people in care -- there
24 are certain projects now, and one example would be the
25 MCR Pathways project in Glasgow -- I think SallyAnn's

1 nodding, she's aware of that. It involves, I think,
2 young people having some mentor to assist them in
3 various ways to cope with demands of leaving care, where
4 they go, what they do, helping them to achieve their
5 ambitions.

6 Should greater use of that also be made for people
7 in care?

8 SALLYANN KELLY: We have mentoring services for looked-after
9 children in the community and also looked-after children
10 in residential and foster care. There's a good evidence
11 base for mentoring. I may be wrong, but I think
12 Barnardo's also provide mentoring services.

13 MR PEOPLES: That's very different from independent advocacy
14 because it's performing a different function, but just
15 as important?

16 SALLYANN KELLY: Well, it's for a different purpose, but
17 it's as important, yes.

18 MR PEOPLES: So you would subscribe to it if you can achieve
19 some mentoring relationship that that would be a good
20 thing for many children?

21 SALLYANN KELLY: Yes.

22 MR PEOPLES: Not all children perhaps, I don't know.

23 SALLYANN KELLY: In terms of the fit with the theory in
24 terms of that consistent, reliable, predictable human
25 adult relationship with children, the more of them that

1 they have, the more likely they are to recover from
2 their trauma. So yes, absolutely.

3 MR PEOPLES: Do you want to add anything, Charlie?

4 CHARLIE COGGRAVE: I agree. I think it's something I'm less
5 up to date on in terms of our services. Ever so briefly
6 and slightly cheekily, in terms of the hugging part, can
7 I add people on the autism spectrum into that. People
8 on the spectrum may respond very badly to physical
9 contact and be overstimulated. So I think it's the
10 point her Ladyship was making about treating everybody
11 individually, but in terms of mentoring I would defer to
12 my colleagues on that.

13 MR PEOPLES: I think that's a good as time as any to stop.
14 I think there are a few more matters I would like to
15 raise with you.

16 LADY SMITH: We'll take the morning break now and I will sit
17 again in 15 minutes.

18 (11.30 am)

19 (A short break)

20 (11.48 am)

21 LADY SMITH: Mr Peoples.

22 MR PEOPLES: I wonder if I could move to another matter and
23 ask you if you have any views to offer. It's the issue
24 of educating children and young people about the
25 potential dangers to them in care settings --

1 LADY SMITH: Mr Peoples, I think we're having difficulty
2 with hearing you.

3 (Pause)

4 LADY SMITH: Thank you.

5 MR PEOPLES: If I can move to a different topic. As I think
6 I just indicated, but perhaps wasn't heard, I was
7 interested in the issue of educating children and young
8 people of the potential dangers to them in care settings
9 and whether there's any more that you believe could be
10 done and should be done in terms of making young people
11 in care conscious of any possible dangers and whether
12 there's room for further education on that topic or
13 whether enough, you think, is being done at present.

14 SallyAnn?

15 SALLYANN KELLY: I think it is linked directly back to the
16 conversations that we've had about children's advocacy
17 and children's rights. I think what I would say to you
18 is, in terms of modern practice, when children come to
19 live in our houses, then we are very clear with them
20 about what is okay and what's not okay in terms of
21 behaviour and how they would be supported if anything
22 happened to them that they needed to talk to anybody
23 about.

24 We have key worker schemes where they have an
25 identified key worker. I have certainly talked to the

1 staff about how we decide which key worker and how
2 quickly we decide who the key worker for a given child
3 is, because actually I think there's merit in the child
4 choosing the key worker. We're working that through in
5 terms of timing for that.

6 MR PEOPLES: What about children with learning disabilities?
7 That must present a challenge. I'm not saying it's one
8 that you can't meet, but is that something you find
9 you've been able to address in terms of education?

10 SALLYANN KELLY: That can be more complex if children have
11 communication difficulties. I think statistically we
12 know that they are more vulnerable in terms of abuse,
13 not just in residential care but in wider society as
14 well. That really is, again, about making sure that
15 staffing levels for children affected by disability are
16 different to children in our children's houses, for
17 example, and we often work on one-to-ones or two to ones
18 with those children.

19 MR PEOPLES: Is there also an issue of making sure you have
20 effective ways of recognising concerns and signs
21 in relation to communication between the child and the
22 care team?

23 SALLYANN KELLY: Yes, of course, and we use a range of, as
24 will the other organisations as well, a range of
25 different communication tools for children.

1 MR PEOPLES: Charlie, do you want to say anything?

2 CHARLIE COGGRAVE: I would echo what SallyAnn said.

3 Particularly around children and young people with
4 disabilities, she's absolutely right. The evidence that
5 I understand is that the incidences are higher amongst
6 young people and adults with a disability than of the
7 general population. I think that using tools like the
8 SHANARRI wheel and considering the S of safe as a very
9 broad context, that's not just about falling off your
10 bike, it is about risks in the broadest sense, are
11 critical.

12 I equally think that it needs to be tailored to the
13 individual and for somebody with a fairly limited life
14 experience, I think one needs to be mindful about how
15 the messages around danger are put across.

16 If you think of analogy of going for surgery, if you
17 listen to the fact that the general anaesthetic might
18 kill you, you might never go under, but equally the
19 balance ...

20 So it has to be done about the individual.

21 MR PEOPLES: I think lawyers might have a difficulty with
22 that one because informed consent would mean that you
23 have to be told about risks generally, no matter how
24 small, unless they are absolutely infinitesimally small,
25 perhaps. So there is possibly an issue there if you

1 were looking at it from that perspective, but
2 I understand the point you're making in a practical
3 sense.

4 CHARLIE COGGRAVE: I'll not suggesting that we should avoid
5 or evade them, it's about how that's done, particularly
6 with somebody with perhaps limited communication or
7 limited cognitive ability where it can have
8 a counterproductive impact.

9 MR PEOPLES: David, do you want to add anything?

10 DAVID BEARD: All the points people have made are important.
11 What I would say about the mitigation of risk is that
12 education is one element of it, but also the environment
13 in which those children and young people are being
14 placed. There's something about the size of units
15 comparable to the needs of that particular child and
16 young person, the population mix, the gender mix, the
17 placing of children up to the age of 12 potentially with
18 older children, opening them up to the potential
19 increased vulnerability and risk. All those placement
20 decisions are important ingredients in deciding or
21 enabling a safe or physical environment and emotional
22 environment for that child or young person to be brought
23 up in.

24 MR PEOPLES: Maybe I can move on to another initiative and
25 I think, SallyAnn, you touched on it earlier this

1 morning, but I said I'd maybe wait until later in this
2 session. It's the general issue of restraint and
3 alternatives to restraint. I think SallyAnn, Aberlour
4 are taking part in or about to take part in a pilot
5 scheme called Safer Places; is that correct?

6 SALLYANN KELLY: Yes.

7 MR PEOPLES: Can you tell us a little bit about that project
8 or pilot scheme and what's the intention?

9 SALLYANN KELLY: This is something that's been driven from
10 within the organisation but we've discussed it with the
11 Care Inspectorate and the independent Care Review, and
12 it's really around -- part of what we want to try and
13 make sure we have in place is that we are a learning
14 organisation, which means that you need to learn from
15 your mistakes too as well as the good things that
16 happen.

17 This came from -- we had been having a conversation
18 really around CALM and I talked about CALM yesterday in
19 terms of our response to physical interventions with
20 children when they became distressed to the extent that
21 they were posing a risk to themselves or others. We had
22 talked around how the ideal place would be to not
23 actually have physical interventions, negative physical
24 interventions with children. That was just an ongoing
25 conversation.

1 Then an incident occurred which made us focus more
2 clearly on that, and that was an incident that happened
3 with a fairly new member of staff, whereby a young
4 person became quite distressed in the car and it
5 culminated in the worker being assaulted by the young
6 person and the worker using an unauthorised hold on the
7 child. The child wasn't injured and the worker had some
8 limited injuries, but it was a very distressing
9 situation for everybody.

10 So we thought that, actually, let's have
11 a conversation about how we can look at taking
12 a different response to this. So at the time that I was
13 writing the input to the organisational statement, we
14 had decided that what we would pilot -- it's easy to
15 talk to the Care Inspectorate and various other folk,
16 but the idea that we would pilot in two of our houses
17 was using practice that was trauma informed, but would
18 not involve physical interventions, and we had
19 sub-groups that included our young people and our
20 residential staff involved in planning the test, if you
21 like.

22 Where we are now, we've actually decided they're not
23 going to do it just in those two houses. We're going to
24 do it in all of our houses because we wanted to be more
25 ambitious. We don't know if that is going to work, but

1 the children are at the heart of the planning and part
2 of it is just about sharing the messages of what we
3 should expect from each other in terms of if you're
4 upset and being clear about what we need to do.

5 We haven't said that we will eliminate physical
6 holds on children because we don't know if that's likely
7 to be possible because it depends where that child is in
8 terms of the level of their trauma and distress. But
9 we are certainly looking to manage this over a period of
10 time towards significant reduction and potential
11 elimination.

12 MR PEOPLES: So the aim is to minimise it at the very least,
13 but eliminate it if possible, but you don't know until
14 you've tried the scheme?

15 SALLYANN KELLY: Yes.

16 MR PEOPLES: I think initially you told us in the statement
17 this was a six-month pilot scheme in two establishments,
18 but now you're saying you want to roll it out across the
19 whole --

20 SALLYANN KELLY: We want the test to take place across each
21 of the houses. We've had a conversation with the
22 Care Inspectorate, I met with them last week or the week
23 before, we have let them know this is what we're doing,
24 and they're going to alert their inspectors obviously.
25 We've also got a meeting in the diary with Fiona Duncan

1 from the Care Review.

2 MR PEOPLES: What's been the general reaction to this pilot
3 from the Care Inspectorate and others that you've been
4 made aware?

5 SALLYANN KELLY: The Care Inspectorate can't get involved
6 in the pilot in terms of any evaluation, but they were
7 very positive about the fact that we were moving in this
8 direction and certainly wanted their inspectors to be
9 sighted on it so at the point where we are inspected,
10 and inevitably we will be, they have an awareness. So
11 we have given them a commitment that we will evaluate it
12 or put some form of evaluation in place and make sure
13 that the inspectorate is kept up to date with the
14 progress.

15 MR PEOPLES: Is it still a six-month thing before you review
16 and evaluate or are you going to take it over a longer
17 period?

18 SALLYANN KELLY: The review and evaluation will be from the
19 outset so --

20 MR PEOPLES: Continuous review?

21 SALLYANN KELLY: Continuous review. I think it is still
22 six months, but it may be longer.

23 MR PEOPLES: I don't know if David or Charlie -- obviously
24 there's a general issue of restraint and we have
25 discussed this before. What do you make of that

1 initiative?

2 DAVID BEARD: I guess I'd be very interested to find out the
3 findings from it is the obvious answer to your question.
4 The serious answer to you question is, well, what I gave
5 you in my evidence previously, that we have relatively
6 limited numbers where physical restraint is given.

7 However, learning from these kind of examples will
8 be invaluable because we've all been using CALM as an
9 overall methodology, as the inquiry is aware. Taking it
10 forward and growing some learning from it will be
11 invaluable to us all.

12 CHARLIE COGGRIVE: I think I said on Monday that -- I went
13 away and checked after Monday and we haven't had
14 a restraint in the last 18 months. But where we do, and
15 I think colleagues here acknowledge this, it behoves us
16 absolutely to review. It's almost a sense that
17 something has gone wrong. I'm very conscious of it --
18 in adults with a learning difficulty, it's still far too
19 common a practice in my perception. And it is about --
20 I think SallyAnn described it very well -- our approach
21 and our mindset around folk, and we should aim for never
22 doing it. I think that's a very laudable target for us
23 all.

24 MR PEOPLES: SallyAnn, could I just ask you one thing on the
25 initiative: is there research or emerging research that

1 was taken into account that would suggest that
2 intervention in general is not a good thing in the case
3 of children in care with complex needs, or is it simply
4 more let's see whether we can find the evidence?

5 SALLYANN KELLY: I think there certainly is a body of
6 feedback from children and young people in relation to,
7 again, especially those children and young people who
8 have had trauma as a result of physical abuse or sexual
9 abuse, that any incident of restraint, even if it
10 follows the recognised procedure, can be seen as an
11 invasion.

12 I know that the Children's Commissioner in Scotland
13 is currently looking at this as well. I saw something
14 last week about this as a human rights issue in terms of
15 the restraint of children and the use of things like
16 isolation in schools, for example. So it's something
17 that we would want to look at. Certainly all of the
18 research that we have in terms of a trauma-based
19 approach would suggest that unwanted physical
20 intervention on a child is not good in terms of the
21 repair and recovery process.

22 DAVID BEARD: Can I make a general point about the whole
23 issue about handling challenging behaviour in
24 residential sectors alone? Because I think we can reach
25 a point of consistency and understanding about how we do

1 it. Some children and young people, as a result of not
2 knowing how to handle a situation and then therefore
3 getting into problematic situations within their unit,
4 it ends up involving the police and arguably them facing
5 criminal charges at the end of it. And it's a sad irony
6 that some children leave residential care with more
7 criminal offences against their name than they enter.
8 So the importance of that consistency of response, which
9 is a bit of an emerging theme from the morning, I think
10 is really important.

11 MR PEOPLES: Can I ask you about a different matter: the use
12 of technology and whether technology can be used to
13 improve the safety of children in care. I came across
14 a press report in 2017 in The Scotland on Sunday, which
15 reported that one local authority in Scotland, Perth and
16 Kinross, had recently introduced into residential
17 establishments for children and young persons what's
18 called an app, Mind of my Own, which allows children to
19 share opinions about their experience and have a say
20 about decisions in their lives. It was reported that
21 this app had been co-designed with children and young
22 persons and used, according to the report, child focused
23 language and was designed to encourage young persons to
24 share their thoughts using a tablet or phone screen.

25 It was also reported, because it has been used by

1 some local authorities in England, that evidence had
2 shown that it had been used at times to report
3 incidences of abuse as users, according to the report,
4 had indicated they felt comfortable and safe
5 communicating via this particular approach.

6 I'm not exactly an expert in technology, but I don't
7 know if you have heard of this initiative and whether
8 you have any views on whether it is something that's
9 worth trying in a range of settings, also by charitable
10 care providers or others?

11 CHARLIE COGGRAVE: We use MoMo.

12 MR PEOPLES: Are you getting any --

13 CHARLIE COGGRAVE: It's very early days for us.

14 MR PEOPLES: Too early to say?

15 CHARLIE COGGRAVE: The feedback is very positive.

16 We've not had a disclosure of the type you allude to
17 through it as yet, so I can't say with confidence, but
18 that would certainly be the feedback from the
19 organisation that their experience with other providers.

20 For me, any opportunity for a young person to be
21 able to make contact with somebody and say, something's
22 good, I hope, but in a worst-case scenario to say
23 something is not good must be of an advantage to us.

24 MR PEOPLES: SallyAnn?

25 SALLYANN KELLY: We have currently appointed a director of

1 digital and IT in Aberlour and part of the ambition is
2 about actually changing some of the interface between
3 people who we support and the organisation, and that
4 does include looking at what we can develop for and with
5 children in terms of their use of technology.

6 You'll appreciate that in the children's houses,
7 certainly when I became chief executive, I wanted to
8 make sure they all had access to the Internet. So they
9 do. That is under -- it's individualised planning
10 because there are vulnerabilities there too.

11 We are slowly getting the kids on to email and
12 I found that out on Christmas Day because I got an email
13 from one of the kids on Christmas Day. I thought, wow.
14 So we are looking at how we open up technology to
15 children. And I would certainly be interested in
16 looking further at that app that you speak of. I think
17 as long as all of the security things are correct, then,
18 yes, absolutely we should be open to that.

19 MR PEOPLES: David, any thoughts on this?

20 DAVID BEARD: I think we're all rapidly catching up, aren't
21 we, with children and young people and their
22 understanding of technology? Certainly, in Barnardo's,
23 we have growing digital platforms in the organisation.

24 Looking at co-design -- we talked earlier on about
25 the involvement of children and young people. There's

1 an example outside of residential care, but within
2 fostering we've developed something called Fostering
3 Friends, which is for young people in fostering
4 services, one in Scotland and one in the north-west of
5 England, to talk to one another, to raise issues around
6 that. It does raise challenges in terms of
7 safeguarding, it does raise challenges in terms of
8 access and security around that and clarity of that if
9 something is said, but then there is the potential for
10 it to therefore have to be reported and taken further
11 forward. So there's much learning to be done, but
12 absolutely it has to be the way to go.

13 MR PEOPLES: Just on the issue of the digital age, clearly
14 these days, data is collected more systematically than
15 historically was the case. Could better use be made of
16 data that is being collected and is there data that's
17 currently not being collected that ought to be collected
18 and analysed, and if so, for what purpose? Have you
19 thought of that, about what the value of the data is?
20 It's an important asset, some say.

21 CHARLIE COGGRIVE: Can I just ask in what context? When you
22 say data in that context, you make me think of the kind
23 of stuff that Facebook might collect go if I wander
24 about with my phone.

25 MR PEOPLES: I'm thinking more of collecting information

1 about the way the organisation works or certain things
2 happen, to measure, say, processes and procedures and
3 other things. I'm just wondering if that is -- I'm sure
4 it's already being done, but whether more could be done
5 either by an organisation or indeed by external bodies
6 to collect meaningful data that would help the
7 organisation. I'm looking at it in two ways.

8 CHARLIE COGGRAVE: I think it's something we're currently
9 reviewing and I think I have been tasked by my chief
10 executive to provide further information come April
11 exactly on that point of where we begin to capture some
12 of our activity and begin to sense where that might lead
13 us to areas of concern.

14 So if there were restraints going off -- the term
15 I use is a hot spot -- around that, that should be
16 drawing our attention and we should have a way of
17 collecting and mapping that to ensure that we're able to
18 address that. I assume that's the kind of area you're
19 alluding to.

20 MR PEOPLES: That's an organisational initiative. Even on
21 a wider footing, would you as an organisation benefit
22 from data being collected from, say, a national body or
23 an external body that would help you deliver a better
24 quality of care or do you think at the moment the
25 information out there is adequate or satisfactory?

1 CHARLIE COGGRAVE: I think that information sharing is
2 critical. I have some thoughts about data protection
3 and information sharing and we touched on it in my
4 evidence. That sometimes gets in the way, I feel,
5 although understandably. I would certainly welcome
6 a conversation about that and to see what might be
7 possible. I wouldn't want to dismiss it certainly.

8 MR PEOPLES: SallyAnn?

9 SALLYANN KELLY: We've recently just changed the database we
10 use for recording children's lives and stories as
11 a means of improving the outputs from that system so
12 that we can measure the impact of what we do better.
13 But we also have a fairly dense, in the best use of the
14 word, collation of incidents, accidents, complaints,
15 a whole range of issues. I receive reports on a regular
16 basis about any issues that have arisen in services,
17 including compliments that people might give us.

18 Again, we want to look at refining that and make
19 sure that system is as straightforward as possible and,
20 equally importantly, is accessible to the people who use
21 our services.

22 I think, in respect of the wider issue, then
23 certainly part of what I am currently involved in --
24 there are two things I'm currently involved in that
25 I think are important in this regard. The first is the

1 Scottish Government Child Protection Leadership Group,
2 which is a group that's come about following the systems
3 review that Catherine Dyer chaired in relation to child
4 protection systems and processes in Scotland. One of
5 the areas that we are looking at within that group is
6 a concept of a core data set across children's services.

7 We've been looking at the concept of a core data set
8 for quite a long time and it is something that I think
9 we need to pay particular attention to because one of
10 the issues is that there are lots of organisations
11 collating lots of information, but there is no single
12 mechanism for pulling that information into a single
13 place and there's an issue about how those databases
14 talk to each other.

15 So we need to think about how we actually work a wee
16 bit more leanly with the data that we have and also make
17 sure that the data that we're collating, we're
18 collecting it for a purpose that is a reasonable purpose
19 under GDPR.

20 MR PEOPLES: Is that still a work in progress?

21 SALLYANN KELLY: Very much so.

22 MR PEOPLES: For the group, Scottish Government Child
23 Protection Leadership Group? It's certainly on the
24 agenda and is being discussed?

25 SALLYANN KELLY: It is. One of the other things, I have

1 just recently been asked to chair the at-risk workstream
2 of the mental health taskforce and one of the remits
3 I will have as part of the at-risk workstream is that
4 that workstream is aimed at those children and young
5 people who sometimes find it hardest to access mental
6 health services, and that includes our looked-after
7 children, asylum-seeking families, the pre-fives in
8 terms of parental support for post-natal depression,
9 et cetera.

10 Part of what we need to look at is the data that's
11 out there in collating informed data around prevalence
12 and how we then support different bits of the population
13 to make sure that we can put in place, again, something
14 that's responsive, not reactive.

15 MR PEOPLES: David, anything to add?

16 DAVID BEARD: I kind of wanted to widen it into the external
17 information and talk about children and young people who
18 go missing from residential care.

19 MR PEOPLES: Yes, I think there's a very high percentage of
20 people in Scotland. I think I've got some statistics
21 that Police Scotland said a third of the reported
22 missing cases in 2017 were children who had been in
23 care. I know there's some question of the size or the
24 scale of the problem for various reasons, but that's
25 a high proportion of missing people.

1 DAVID BEARD: And that may well be an under-representation
2 as well is my understanding. Although there's
3 a framework, a missing persons framework in 2017, that
4 clear processes for return home discussions for those
5 children and young people are not embedded in practice.
6 So the police may well do their safe and well-being
7 checks, which I think they then RAG rate in terms of
8 their own grading, but the danger there is it can
9 minimise the vulnerability of children and young people
10 and the risk, and people are kind of looked at as
11 frequent absconders rather than necessarily looking at
12 underlying reasons. We know that could be a linkage to
13 child sexual abuse, child sexual exploitation, child
14 criminal exploitation, all the things that are very
15 contemporary in terms of our understanding. So that, to
16 me, is such a significant risk to children and young
17 people in residential care if we don't bottom out our
18 understanding of that.

19 MR PEOPLES: I have just found my reference to this.
20 According to Police Scotland -- and it was reported in
21 The Times on 24 November 2018 -- children in residential
22 foster care accounted for one third of the 23,000 people
23 reported missing in Scotland in 2017. That's a big
24 figure.

25 DAVID BEARD: It is.

1 MR PEOPLES: I think CELCIS have views on whether it was
2 higher than it should be because it might take in people
3 who just stayed out late for one reason or another. On
4 any view, it's a high figure.

5 DAVID BEARD: Absolutely.

6 MR PEOPLES: And these children and young people are
7 vulnerable when they go missing.

8 DAVID BEARD: Absolutely.

9 SALLYANN KELLY: Yes. We do have a missing young persons
10 protocol with Police Scotland so there's a very clear
11 system in place when children don't return to their
12 houses at the time they were supposed to return. That's
13 what David references in terms of the RAG, the red,
14 amber, green. Part of that will be informed by your
15 assessment of the level of risk potential that that
16 child is at.

17 I'm not sure, but I think those figures might also
18 capture those young people who repeatedly run away.

19 MR PEOPLES: Yes, it did. I should have said. I think the
20 report indicated that in some cases, one person might
21 have been reported missing 70 times. It was a very,
22 very high figure. So yes, you're perfectly correct:
23 it's not 6,000 or 7,000 individuals, but several
24 instances of children going missing, some very many
25 times.

1 SALLYANN KELLY: Yes.

2 MR PEOPLES: I'm grateful that you made that point.

3 So that's an issue -- well, it's clearly an issue
4 that must concern you and needs to be looked at.

5 SALLYANN KELLY: Absolutely. I think we have made
6 improvements. The protocol with Police Scotland is part
7 of that improvement. I certainly know when I came into
8 social work in the early 1990s, I had concerns about
9 a number of young people who had left their units or
10 children's houses for sometimes weeks and there was
11 a response, but it wasn't a national coherent response
12 like we have currently.

13 I think David is also right in terms of truly trying
14 to understand -- and I spoke to this yesterday -- about
15 when the child returns, making sure they're safe and
16 warm and fed and all of those things, but we need to try
17 and understand if they're running from something or to
18 something.

19 MR PEOPLES: I suppose the fact that there are so many
20 running for whatever reason, there's a question there to
21 be asked: if they are in good conditions but are running
22 away, what is the explanation and how do we address it?
23 Maybe they would rather they shouldn't be there or there
24 might be something better so far as they're concerned.

25 SALLYANN KELLY: David alluded to things like child sexual

1 exploitation. There is emotional and mental coercion
2 that goes on in some circumstances for children that
3 means that they will also run away from places where
4 they feel comfortable and safe, unfortunately.

5 MR PEOPLES: Yes. But it's a big problem that needs to be
6 looked at?

7 SALLYANN KELLY: Absolutely.

8 MR PEOPLES: Can I turn to a different matter:
9 whistle-blowing. Can I just mention again something
10 that I found reported in the news in 2018. In a survey
11 for the Public Accounts Committee of the UK Parliament
12 in 2014, 46% of those working in the Health Service
13 reported that they didn't feel confident about speaking
14 up about problems in their department for fear they
15 could be met with reprisals.

16 David, if I could just ask to begin with you. Did
17 you indicate in earlier evidence to this inquiry that
18 you are at least testing out a new process of some form
19 of confidential hotline that people can use to report
20 matters in a way that may not give rise to the concerns
21 of obviously some of the people who have completed the
22 survey?

23 DAVID BEARD: It's live as we speak. As I indicated when
24 I gave my evidence, it includes that independent triage.
25 So it goes to an external triage, it doesn't get lost

1 within the internal bit or potentially ignored within
2 the internal bit. That was in essence on the basis of
3 work done with the Barnardo's staff group as a whole.
4 Some of it was triggered from the issues that arose in
5 February last year from Oxfam and Save the Children, and
6 that kind of lack of people feeling confident that they
7 were able to escalate concerns within the organisation,
8 but also hearing a strong voice within the organisation.
9 There was a significant number of people themselves who
10 felt that they wouldn't necessarily be heard if they
11 were whistle-blowing, if they were reporting and the
12 triage was done within the organisation.

13 It's very early days in terms of being able to
14 indicate to you whether that's opening up the process
15 in the aspect of transparency that we would want it to,
16 but we are doing some equally recent work around
17 bullying and harassment of staff within there and making
18 the awareness to the staff group as a whole that issues
19 that they raise within that context will be heard and
20 will be heard well.

21 So early days.

22 MR PEOPLES: But this is another way to blow the whistle at
23 least being attempted to see if people can have more
24 confidence to speak up?

25 DAVID BEARD: Yes.

1 MR PEOPLES: SallyAnn, do you have anything to add?

2 SALLYANN KELLY: We introduced a new whistle-blowing policy,
3 which I think has been provided to the inquiry. We
4 don't have any formal relationship with an external
5 provider in relation to whistle-blowing to somewhere
6 outside of the organisation, but I suppose we're
7 probably a much smaller organisation.

8 MR PEOPLES: Do you see the merit in that, though?

9 SALLYANN KELLY: Yes, if you were concerned that there was
10 a cultural organisation, and in my organisation then
11 I would, but I think what I have is evidence that since
12 that whistle-blowing policy was introduced and through
13 independent assessment through IIP, that actually people
14 do feel confident generally about coming forward.

15 We don't close down any systems to people, so they
16 know they can contact me directly, they have my mobile
17 phone number, they can contact other senior managers,
18 and we have got a couple of examples where people have
19 come through the whistle-blowing procedure and their
20 concerns have been listened to and the organisation's
21 taken decisive action in terms of the outcome.

22 MR PEOPLES: Charlie, do you want to say anything on this?

23 CHARLIE COGGRAVE: The only thing I would add, I think --
24 I have listened with interest to what my colleagues have
25 said -- there's something about culture and leadership,

1 I suspect, within this as well. I've heard at the
2 inquiry, you know, paths can be made available to folk,
3 but if they're not feeling confident to access them,
4 they might have as well have barbed wire strung across
5 them. I can't think of a better way of putting it than
6 the soft presentation of the culture. I separate the
7 culture of the organisation from the policy and
8 procedural framework. The two things need to sit with
9 each other, so it's not just what you told us but what
10 actually happened that informs that. That's, I feel,
11 very difficult to codify.

12 MR PEOPLES: You do need a combination of things, but
13 culture is very important, how you receive a concern?

14 CHARLIE COGGRAVE: Yes.

15 MR PEOPLES: It has to be seen as something positive that
16 helps the organisation and it should be recognised as
17 such?

18 CHARLIE COGGRAVE: I think I said in my evidence that if
19 you have a complaints procedure and you never get
20 a complaint, then I suspect your complaints procedure is
21 not properly accessible, not that you're perfect.

22 MR PEOPLES: Or your culture is not perfect.

23 On the subject of whistle-blowing, and I'm not
24 really sure I have very much information on this,
25 forgive me on this, but in terms of the NHS, I think

1 I understand there might have been plans -- and maybe
2 they've been formulated and put into force -- to
3 introduce a independent national whistle-blowing officer
4 connected to the Scottish Public Services Ombudsman.
5 I think that was specifically for the NHS, not for
6 necessarily for wider services. That brings
7 independence into play if you're not happy with the
8 organisational response. I don't know whether you think
9 there's any merit in some form of independent body
10 having that function in the care system.

11 CHARLIE COGGRAVE: I don't know whether -- I'm not going to
12 suggest that this completely covers off the issue, but
13 the Care Inspectorate would certainly act as such in our
14 context and I know complaints are made to the
15 Care Inspectorate, which we are then required to respond
16 to and discuss and have transparency about.

17 MR PEOPLES: So you would feel confident that the
18 independence comes from the Care Inspectorate system
19 that's existed since 2001 because it's an independent
20 public body with regulatory functions?

21 CHARLIE COGGRAVE: It certainly gives me additional
22 confidence, yes.

23 MR PEOPLES: Okay. So maybe there's not the need for this
24 independent national whistle-blowing officer in the
25 context of the care sector? I'm just trying to see what

1 you think.

2 CHARLIE COGGRAVE: I suppose I'm pausing because I hesitate
3 to dismiss it without considering it at greater length.
4 There are some functions and I would also hesitate to
5 reject any new ones. I suppose my position is the more
6 places folk have to go, the more likely it is they will
7 access one of them, and it's very difficult for people
8 to know all of the possible ways forward. It's what
9 comes to your attention or you feel. I think it must be
10 very important for the individual that, for whatever
11 reasons, they perceive that to be safe, and that can be
12 their own criteria, not ones that you or I think make
13 sense.

14 MR PEOPLES: It's finding a range of choices and the more
15 choices, the more likelihood there is that someone will
16 take one of them?

17 CHARLIE COGGRAVE: I agree.

18 MR PEOPLES: A sort of commonsense approach?

19 CHARLIE COGGRAVE: I'm always hesitant with common sense.

20 MR PEOPLES: So am I. But that may be the thinking about
21 putting another possible option on the table?

22 SALLYANN KELLY: I would agree. I don't feel challenged by
23 another mechanism for people to go to to have their
24 voice heard.

25 MR PEOPLES: I suppose it gives a message that the

1 organisation is not afraid to be judged by an
2 independent body as to its actions and responses to
3 concerns.

4 SALLYANN KELLY: We already are, as Charlie says, but if for
5 whatever reason a person feels that -- you know, they
6 may have exhausted -- have gone to the Care Inspectorate
7 and been unhappy with the response they got. I think
8 there's a whole raft of reasons that people might not
9 see the regulator as the first person that they would --
10 or first body they would go to. I just feel as if -- if
11 there's a need for it and people have evidenced that,
12 then ...

13 DAVID BEARD: And the other challenge back, I guess, is just
14 because you have an overall independent person, that one
15 individual enquiry doesn't fall down any number of
16 different routes and no one picks it up. Because that's
17 the problem really. In addition to everything we've
18 talked about, we've also got the Charity Regulator
19 in the middle of all this as well, another route people
20 can use, if they wish --

21 MR PEOPLES: You have so many routes that they don't join
22 up?

23 DAVID BEARD: So the absolute task is to create that
24 organisational culture, isn't it?

25 SALLYANN KELLY: Yes.

1 DAVID BEARD: Irrespective of the size of your organisation,
2 you need to create somewhere where they can go, and they
3 can go straight to the chief executive, whether it's
4 a big organisation or a small organisation. The others
5 are there as your belt and braces, if you will, but
6 ultimately the organisation takes responsibility.

7 SALLYANN KELLY: Absolutely.

8 MR PEOPLES: Can I ask you on the subject of regulation or
9 perhaps just oversight more generally. There is
10 a Children's Commissioner now and no doubt his present
11 functions include responsibility for issues affecting
12 looked-after children, including children in residential
13 care. I take it -- I understand that would be part of
14 his broad remit to look after their interests?

15 SALLYANN KELLY: All children in Scotland, yes.

16 MR PEOPLES: But the remit is all children, not just
17 children in care. Is there any mileage in a more
18 specific regulator for looked-after children with
19 specific responsibilities or do you think that's an
20 unnecessary layer of regulation? I'm just interested in
21 your thoughts, if you have thoughts, on it.

22 CHARLIE COGGRIVE: I pulled a bit of a face and turned to
23 look at SallyAnn and saw she was approximating my face.

24 MR PEOPLES: There's no call for it?

25 CHARLIE COGGRIVE: Personally, I'd want to consider it a bit

1 further.

2 MR PEOPLES: Okay.

3 SALLYANN KELLY: Yes, that is something I'd want to give
4 some consideration to because when you look at the
5 complex system that children have to navigate at the
6 moment, I think whatever we did would need to add value
7 to that system and not make it more complicated.

8 MR PEOPLES: I wasn't really seeing this role as necessarily
9 another place that a child could go for an individual or
10 specific complaint, it may be looking at someone who is
11 permanently there to have a constant review of the
12 system with, certainly, maybe even specific functions to
13 do so periodically, who can look across the system, can
14 look at the data that -- if you get your core data that
15 you're wanting perhaps under this group that you're part
16 of, that that might allow someone to keep the focus on
17 a specific group with very specific needs and very
18 specific requirements for protection. Is that something
19 at least worth discussing?

20 CHARLIE COGGRIVE: While SallyAnn thinks, I will say my one
21 concern about that is we touched on advocacy and that
22 advocacy is often funded for particular groups of
23 people. I'm certainly aware of people that approached
24 advocacy (inaudible) to me and were turned away because
25 their diagnosis doesn't fit within the core funding.

1 If we introduced another -- the risk, I suppose, and
2 I'm particularly talking about a kind of pros and cons
3 approach, you might fall in and fall out of their
4 purview again, and that will be of some concern.

5 I think it would be what would they add to
6 Care Inspectorate and that Children's Commissioner and
7 the named person and the other structures we've got.

8 MR PEOPLES: I suppose I'm just thinking, inquiries come and
9 go, short-life groups come and go, but if you have
10 a particular group that you want to protect and
11 constantly review the practices, do you need some sort
12 of permanent body that's overarching, made up of no
13 doubt suitably qualified individuals, to oversee the
14 whole system and this particular group? I'm just
15 floating that idea.

16 SALLYANN KELLY: I did just allude to the complex system
17 that children already need to navigate. One of the
18 things that I would probably argue in that system
19 is that qualitative evaluation of services should be as
20 near to those services as possible, albeit independent.
21 We have a children's service planning process in
22 Scotland through community planning partnerships.
23 We have local child protection committees. We have
24 chief officers' groups in every local authority.

25 So there is an infrastructure in place, which

1 oversees quality locally on a multi-agency basis.
2 Because what everybody else will say to you is, far too
3 often, we look through a lens in terms of residential
4 childcare, which only takes us to social work and we
5 actually need to broaden that lens to include education
6 and health and their performance in terms of meeting the
7 general outcomes for children.

8 So for me, I would be less inclined to put in place
9 a looked-after tsar type of thing than I would be to
10 really strengthen the responsibilities and roles of the
11 existing, a term I don't like, corporate parents.

12 MR PEOPLES: David?

13 DAVID BEARD: That would be my feeling as well. I think
14 there's a danger if you create another raft, that
15 becomes an industry all of its own, and it becomes
16 further and further away from the fundamentals, which is
17 the needs of the child and young person. You serve the
18 industry because, generally speaking, those bodies
19 become extremely hungry and demanding and require a lot
20 to be given to them. They move away from any sensible
21 coordinative role to actually being very, as I said,
22 hungry. They want things from you.

23 Our focus should be on, picking up -- the child and
24 young person and what needs to be wrapped around them
25 for them to have the best opportunities in life.

1 MR PEOPLES: Mention has been made on a few occasions this
2 morning about Fiona Duncan who's presently conducting an
3 independent Care Review and I think is about halfway
4 through her task. It has been reported in the press in
5 October of last year that she attended some conference
6 in Glasgow and said something along the lines that the
7 care system for children in Scotland is not
8 fundamentally broken but I think her message was it
9 could be improved. Do you agree with that? SallyAnn,
10 perhaps you might want to kick off.

11 SALLYANN KELLY: Yes, I agree with that. I think I'm on
12 public record stating quite clearly that we should not
13 repair the care system and start again, that we should
14 embrace the good things of the care system, of which
15 there are many, and we should continue on our
16 improvement journey.

17 DAVID BEARD: Absolutely. We have such a history across all
18 the four nations of this country of ripping up the good,
19 starting again, re-inventing the wheel, whatever cliché
20 of that form you want to take. Let's take and develop
21 the good things. It isn't fundamentally broken: we just
22 need to make it better.

23 CHARLIE COGGRIVE: I'd defer to my colleagues as they're
24 more experienced in this particular area. I wouldn't
25 defer from their views.

1 MR PEOPLES: Maybe I can finish with this general question
2 for each of you. What more needs or ought, in your
3 view, to be done to ensure so far as possible that
4 children in residential care in Scotland today and in
5 future are kept safe from abuse and are not exposed
6 during their period of care to the risk of abuse?

7 SallyAnn, do you have any views?

8 SALLYANN KELLY: You'll be surprised to -- well, you'll not
9 be surprised to know that I do have views. I think the
10 first thing I would argue, actually, is that we need to
11 think very seriously about prevention and early
12 intervention and support to families and providing that
13 in a way that is coherent across the country to try and
14 support families to continue to care for children and
15 avoid them coming into care in the first place.

16 That includes dedicating work, to identifying the
17 children that are most likely to come into care and
18 working with those families in a consistent way and
19 being led by them to look at what they think would
20 improve their situation to the point where they feel
21 able to care for their children. That to me is a very
22 fundamental thing and it is something that I've
23 certainly been involved in discussions at national level
24 about, as have others.

25 The other thing for me is that there needs to be

1 investment and resource in relation to the provision of
2 residential care. We need to -- we are not a provider
3 that says residential care is a last resort. We are
4 proud to provide residential care for children in 2019
5 to those children who require it. We believe that that
6 need will continue into the foreseeable future.

7 What we are very ambitious about is making sure that
8 that residential care is of the best quality and we
9 continue to invest significant amounts of money in
10 re-provisioning houses for our children to make sure
11 that they're as comfortable as they can be and we'll
12 continue to do that. But there is an infrastructure
13 issue and there is a status issue for the residential
14 workforce, both of which need to be addressed and both
15 of which are not new news to the government.

16 MR PEOPLES: David, do you have anything to add or other
17 points to make?

18 DAVID BEARD: We talked a lot during the course of the
19 organisational evidence and indeed today about things
20 such as robust recruitment and checks and balances,
21 references, et cetera. That's clearly one very
22 important part of the process to ensure that residential
23 care continues to improve and get better.

24 But it's only one part of it. We as providers are
25 only one relatively small element of what is provided

1 for children and young people as part of their care
2 experience, their residential experience. So agencies
3 working together, as SallyAnn alluded to a few minutes
4 ago, recognising their education, their emotional needs,
5 their education, the needs of their emotional health and
6 well-being, the CALMS(?) provision that needs to be
7 wrapped around many children and young people in
8 residential care and the inconsistency of that, how we
9 support those young people to move in as smooth a way as
10 possible, and that that transition from care into
11 adulthood is done in as smooth and supportive way.

12 It's a big challenge for any of us, for a child and
13 young person who's lived in the care system, so that
14 investment throughout the care journey is critical
15 in relation to this.

16 Organisationally, at one time, we moved away
17 significantly -- and Sir Roger Singleton talked about
18 it -- from residential care. I think the commissioning
19 environment is changing and I think we will be probably
20 moving back slightly into that field. There will be
21 nowhere near, I suspect, the volume that we once had but
22 that mixed economy of care, requiring well-delivered
23 quality residential services, is going to be
24 a fundamental part of that. I repeat we need that
25 wraparound support of other agencies to get the best

1 quality.

2 MR PEOPLES: Charlie?

3 CHARLIE COGGRAVE: I'd echo what my colleagues have said.

4 I think in terms of resource, as I said earlier, it's
5 quality, not quantity, but you need a quantity of
6 quality. So you can't get away from the fact that the
7 resource clearly is one defining matter around this --
8 sorry, I thought you were going to ask me something.

9 I think an emphasis on preventative services -- I've
10 been in this game 30-plus years and every year I've
11 heard, "If we could invest more in", whether it's the
12 NHS, whether it's social care, whatever service, then
13 preventing people getting ill saves you money and helps
14 you target resource and is a far better experience for
15 the individual affected.

16 I have a little stone in my shoe again about
17 information sharing. We found it extremely helpful over
18 the last few months -- and I said this in my
19 statement -- that we've managed to develop
20 a relationship with a couple of individuals in
21 Police Scotland that we can share information with and
22 feel confident about how they will respond to that. Not
23 that we'll tell them how to respond, but we will have
24 a conversation about what that looks like, in order to
25 get the best outcome for the individual and the best

1 outcome for society.

2 I think that that can be very difficult if you don't
3 have one or two people to contact. If it's just
4 a police constable who doesn't know the background or
5 the context, they can get a bit excited about the whole
6 thing and that can be actually detrimental, and -- we've
7 talked about disclosure -- folk who might have shared
8 something with us can be shut down rather than be
9 supported to share their story and allow us to act on
10 it.

11 I still hear from our services that they don't feel
12 they get their feedback from other elements of the
13 system, whether that's Police Scotland, whether that's
14 the local authority. So if an allegation of harm is
15 made, it can go off into the big sausage machine that is
16 the local authority and we don't always get clear
17 responses about what's happened -- or is there anything
18 we need to act upon.

19 Data protection still comes across that. We've
20 talked about redacting children's childhoods and access
21 to photographs is probably not what you're looking for
22 this afternoon, but I think clearer guidance for that,
23 I would welcome that hugely.

24 MR PEOPLES: To allow you to relate as much as you can
25 without breaching any legal regulations?

1 CHARLIE COGGRAVE: Or to be told -- that would be my
2 preference, but the other side of that coin is to be
3 told we can't do it. And let's be clear about that.

4 I feel a pressure to make judgements without a very
5 clear framework, and I have tried hard with the ICO and
6 others, and often the response is it's a matter of
7 judgement.

8 MR PEOPLES: Yes. SallyAnn, can I just go back to one thing
9 you said? Obviously, you've said that some of the
10 things that have to be still considered is the resources
11 point, the status issue of care workers, and you also
12 mentioned the infrastructure issue. Can I just make
13 sure I understand what the infrastructure is, so far as
14 you're concerned, that still maybe needs to be looked
15 at, addressed and improved?

16 SALLYANN KELLY: For individual organisations who choose to
17 provide residential care, like Aberlour, one of the
18 things that we do is we make significant investment in
19 properties and buildings. So to make that practical,
20 before we started providing residential care in
21 highland, we invested £1.4 million in the purchase of
22 good quality homes for children. So the same would be
23 true for other organisations.

24 Part of that is if you decide to do this work, you
25 need to bring money to the table, and we're happy to do

1 that. However, there are also issues in relation to the
2 through care of children, for example, and young adults,
3 and the changes that the 2014 Act brought to bear in
4 terms of people's right to continue in care. We have
5 a system that does not have the capacity potentially to
6 provide the continuing care that these young people are
7 entitled to. And there are still deficits in the system
8 in terms of caring and supporting children who have got
9 entitlement beyond the age of 18. That's in relation to
10 a range of physical provision, if you like, in terms of
11 supported care, continuing in the children's houses,
12 a whole range of things that we need to look at.

13 That Act was implemented, my statement -- and this
14 has been -- I have said this publicly before. The Act
15 has been introduced and the financial memorandum around
16 that Act has not been adequate for local authorities to
17 fundamentally shift the balance of care and realise the
18 entitlement that those children and young people have.

19 MR PEOPLES: Well, I think with that note, I would bring the
20 session to a close. I don't have any more questions or
21 issues to raise with you. All I would like to say is
22 thank you very much indeed for coming today and sharing
23 your thoughts and views, which I'm sure will be very
24 helpful to us in our work ahead, particularly on some of
25 the issues you've raised. Because it's obviously part

1 of our reference to look at the current position and the
2 position going forward. So thank you very much indeed.

3 LADY SMITH: Are there any outstanding applications for
4 questions of anyone on this panel? No.

5 Charlie, SallyAnn, David, thank you so much for
6 coming back today and engaging in a quite different way
7 and for providing me with extraordinarily valuable
8 evidence. That has been really, really helpful. I'm
9 now really able to let you all go. Thank you.

10 (The witnesses withdrew)

11 LADY SMITH: So we rise now until -- can you remind me of
12 the date, Mr Peoples?

13 MR PEOPLES: We rise now. That's obviously the end of the
14 evidence phase. We are rising now until 11 February,
15 Monday the 11th, for oral closing statements. But
16 we have a process or a timetable that written
17 submissions should be lodged by parties no later than
18 noon next Friday, which is the 8th, I think.

19 LADY SMITH: That's right, yes.

20 MR PEOPLES: So that process will take place between now and
21 the 11th and we'll have our closing submissions on
22 Monday.

23 LADY SMITH: Thank you very much. I'll sit again at
24 10 o'clock on Monday the 11th.

25 Perhaps I can just indicate at this stage that at

1 the end of the closing submissions in this case study,
2 indeed the end of this case study, I will explain then
3 what our plans are for case studies for the rest of
4 2019, which I hope will be helpful to everybody. So
5 after we've completed those submissions.

6 Thank you.

7 (12.46 pm)

8 (The inquiry adjourned until 10.00 am
9 on Monday, 11 February 2019)

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PANEL SESSION1

CHARLIE COGGRAVE (recalled)1

SALLYANN KELLY (recalled)1

DAVID BEARD (recalled)1

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