

1 Tuesday, 5 November 2024

2 (10.00 am)

3 LADY SMITH: Good morning, and welcome back to the next
4 stage of this part of our List D and other secure
5 establishments case study in which we move on to looking
6 at evidence regarding Newfield, which I am sure
7 Mr Peoples is going to explain a little bit more about.
8 Mr Peoples.

9 MR PEOPLES: Good morning, my Lady. Yes, we will move to
10 Newfield this week and also we will hear some evidence
11 about another establishment, Beechwood, but we will
12 start with Newfield.

13 The first witness today is John Trainer, who is from
14 Renfrewshire Council.

15 LADY SMITH: Yes, he has been here before, hasn't he,
16 I think?

17 MR PEOPLES: Yes, I am reminded. I don't think I dealt with
18 him on another occasion.

19 LADY SMITH: I don't think it was you, but hopefully he will
20 be familiar with our work.

21 MR PEOPLES: Yes, I think he will be.

22 LADY SMITH: Thank you.

23 John Trainer (sworn)

24 LADY SMITH: John, do sit down and make yourself
25 comfortable.

1 A. Thank you.

2 LADY SMITH: John, welcome back.

3 A. Thank you, my Lady.

4 LADY SMITH: Thank you for coming this morning to engage
5 with us in relation to in particular our interest in
6 Newfield, which is a new topic that we would like to
7 explore with you. You know how we work.

8 A. I do, my Lady.

9 LADY SMITH: The folder's there that has the responses from
10 your council in it; thank you for that. They are very
11 full and detailed and the documents that we have have
12 been helpful, too. We are not going to go through it
13 word for word. As you probably appreciate --

14 A. Aye, I appreciate that.

15 LADY SMITH: -- there are particular aspects that we would
16 like to discuss, if that's all right with you? And if
17 there is anything you think we should be exploring that
18 we haven't particularly asked, do feel free to speak up.
19 If at any time you have any questions, do let me know.
20 You may know that I normally take a break at about 11.30
21 in the morning, anyway. But, if you need a break at any
22 other time, just say, will you?

23 A. I will indeed, my Lady.

24 LADY SMITH: Thank you. If you are ready, I will hand over
25 to Mr Peoples and he will take it from there.

1 A. Thank you, my Lady.

2 Questions by Mr Peoples

3 MR PEOPLES: Good morning, John.

4 A. Good morning.

5 Q. I plan today, as her Ladyship said, to look at some
6 material that's been provided. I propose to begin,
7 after asking a little bit about the background to
8 assessment centres, to begin with a report that the
9 council, Renfrewshire Council, has prepared for the
10 Inquiry.

11 But before I start any of that; can I just try to
12 get a short summary of quite a lengthy career in local
13 government? And I will just pick out some of the things
14 that you have told us about in the CV that you have
15 provided to us.

16 First of all, as far as qualifications are
17 concerned, you obtained a Certificate of Qualification
18 in Social Work, in 1988 and a Diploma in Social Work in
19 that same year; is that correct?

20 A. That's correct.

21 Q. I think you subsequently obtained a Postgraduate Diploma
22 in Social Work Management in 2008?

23 A. That's correct.

24 Q. Now, it's no disrespect to the full CV, but I will just
25 run through parts of it --

1 A. That's not a problem.

2 Q. -- just to get a flavour of the experience you have had
3 over the years. You were, initially, to get your
4 qualifications, a full-time student at
5 Jordanhill College of Education --

6 A. That's correct.

7 Q. -- from 1986 to 1988.

8 Then, if I can take your career in local government,
9 you have really worked in quite a range of posts over
10 the years and for different authorities.

11 A. I have.

12 Q. And your first position was with Strathclyde Region
13 between 1988 and 1992 as a social worker?

14 A. That's correct.

15 Q. You had already obtained the qualifications that we have
16 discussed. I think you tell us that the main focus of
17 work in your first two years as a social worker was in
18 children and families work and, through that, you gained
19 experience in child protection, group work, working with
20 individuals, working with families, providing reports to
21 Children's Hearings and working with 'looked after' and
22 accommodated children?

23 A. That's correct.

24 Q. Then, from 1992 to 1995, you were a project leader,
25 alternative to custody --

1 A. That's correct.

2 Q. -- with Strathclyde Region. You tell us that you
3 established and managed an urban aid project to provide
4 a direct alternative to custody for young adult
5 offenders aged between 16 and 25?

6 A. That's correct.

7 Q. I note in your CV you tell us that during that period,
8 for a short period of three months, you were seconded to
9 provide emergency management to cover a failing
10 children's residential unit. Now, I don't need the name
11 of the unit, but I just have one question: why was it
12 failing?

13 A. Yes. So it was an interesting period. I had just been
14 appointed. We were in the process of recruiting staff
15 to the Alternatives to Custody project and all of the
16 managers in one of the children's houses in South West
17 Glasgow reported sick on the same day. There had been
18 a number of challenges, I think, with the staff team, so
19 I got a phone call from district headquarters saying:
20 'You are at the grade for the children's home, you know
21 the children's home relatively well', I had previously
22 had young people that I worked with placed in that home,
23 so the manager said, 'We need you to go in and be the
24 manager in the house'. I said, 'I have very limited
25 experience in residential work', and they said, 'That's

1 okay, we'll support you'.

2 So the district headquarters gave me support from
3 the team and it was to do the day-to-day running of the
4 children's house.

5 It had been a troubled house in terms of staff
6 conflict with the manager and part of my job was to try
7 and stabilise that so that they could bring back a new
8 management team, which they ultimately did.

9 Q. Is staff conflict with management -- it is not an
10 unfamiliar issue in local authority childcare
11 situations, is it?

12 A. It's not.

13 Q. Or any situation.

14 A. It's not. I think what had happened is that the manager
15 who was in the house actually had tried to change some
16 of the routines within the house. She was trying to
17 modernise the house, I would say, and some of the staff
18 were resistant to that; they didn't like things like
19 staff shift changes, they didn't like her decision that
20 she wanted to be more open and transparent with the
21 children and young people that were being cared for'
22 some of the staff didn't appreciate that she wanted
23 parents to be able to visit the children's house
24 whenever it suited them, to do simple things like join
25 the children for dinner or lunch, and staff resisted

1 that. So I think those were the main areas of conflict.

2 Q. Would the staff, perhaps, have been people who had been
3 there a long time and were set in their ways?

4 A. They were, absolutely. Some of them were lengthy
5 careers and had not moved from that house, either. And
6 I think that was one of the things that was quite
7 interesting; they had no experience other than working
8 in that particular house.

9 Q. In terms of -- obviously, you have told us about this
10 particular unit, that there was a high sickness absence
11 for the whole unit. But I take it, from your experience
12 then, and subsequently in social work, that sickness
13 absence in residential childcare is not an unfamiliar
14 problem; there's often high rates of sickness absence?

15 A. I think that we underestimate the stress of working in
16 children's residential care. It's a really demanding
17 job. It's a job where you can be quite isolated, even
18 though you are working in a team. So the turnover in
19 children's residential is higher than we would like and
20 absence rates are higher than we would like. Some of
21 that absence is stress. It's work related, as you work
22 with the stress that young people in our care bring.
23 You sometimes have staff members who have been assaulted
24 and go off. But I think, also, we have a workforce that
25 probably reflects the society as a whole and, over the

1 past five years in particular, absence levels and
2 recruitment have been more challenging, I think, than
3 I have seen in the previous 30 years of my career.

4 Q. But, historically, it's always been a challenge,
5 particularly in residential care?

6 A. It's always been a challenge. It was also an area where
7 staff didn't require a qualification. It's an area
8 where the staff were probably not valued in the same way
9 that a qualified social worker would be valued and,
10 therefore, I think there were challenges to maintain
11 a healthy staff group.

12 Q. And, I suppose, that if people are off it puts pressure
13 on those that turn up for work and if there is already,
14 perhaps, questionable staff-resident ratios, it just
15 adds to the stress, anxiety and --

16 A. It does. And often you would have staff being asked to
17 remain on shift because we wouldn't have sufficient
18 staff coming on, so the working hours were very lengthy.
19 People were working, I think, much longer hours than you
20 would think would be healthy for a well-balanced life,
21 work balance.

22 Q. And I note one thing that I think was picked up,
23 certainly in the era of the local inspections when --
24 they dealt generally, I think, with problem areas, or
25 they would highlight them, and staffing issues seemed to

1 have been a feature of inspection reports in the 1990s,
2 for example. And one of the things that was pointed
3 out -- apart from the lack of qualifications, which you
4 have mentioned -- is the high use of temporary workers?

5 A. Yes.

6 Q. Now, that's not a good thing, is it?

7 A. It's not a good thing and, unfortunately, it is not
8 something that we have managed to eradicate, so there
9 will still be, as I have said, a higher turnover in our
10 children's houses than most authorities would like.

11 Certainly, in Renfrewshire, we want to have a stable
12 staff group, but we have seen some churn in our staff
13 group. We have, unfortunately, had to make use of
14 agency staff and we try to make sure, if we are making
15 use of agency staff, that we have a really clear line of
16 accountability in terms of our permanent staff being in
17 the houses to lead the management. We have never used
18 agency management staff.

19 Q. Because I think that one of the things that flows from
20 the use of temporary staff is that, as you say, you
21 don't get stability, and if young people are to develop
22 relationships with the staff who care for them, that
23 stability is essential, is it not?

24 A. It is essential. That's ultimately why we want to have
25 stable staff teams. We want to make sure that our staff

1 in residential children's houses are well trained and
2 I think today we have a much better training programme
3 for staff. They are required to be registered with the
4 Scottish Social Services Council. They are required to
5 have a qualification. They are required to do ongoing
6 continual development once they are in post and I think
7 that's a real difference from today and as we look back
8 over the past 30 years to 40 years.

9 Q. Can I ask you to look back over the 40 years as well --

10 A. Yes.

11 Q. -- on another point. Stability of connection with the
12 failed social worker for a person in care can be just as
13 important as stability in terms of the establishment
14 itself. And we have heard in this Inquiry from many
15 applicants who have said: 'Our social worker frequently
16 changed'.

17 A. Yes.

18 Q. And, also, depending on the individual social worker and
19 perhaps due to workload, they didn't necessarily see
20 them as often as they could and, therefore, they didn't
21 build up a trusting relationship with them and,
22 therefore, if there was a problem, they were disinclined
23 to speak to them about the problem, apart from the fact
24 that they probably saw them as people in authority
25 anyway; but are these all things that you are familiar

1 with?

2 A. Yeah, I mean, I would recognise that. I think that, as
3 a profession, we have probably attempted to ensure that
4 there is stability for children and young people and
5 families, because we recognise that relationships are
6 core to helping families recover the distress and the
7 journey to change. But there are frequently changes of
8 social workers that are outwith the control of that
9 family.

10 The workload demands; it's interesting. As I was
11 coming through this morning, I was listening to
12 a podcast and they were talking about teacher-pupil
13 ratios. We have never had a social worker-family ratio
14 in social work, so there has never been a standard of
15 what a social work caseload would look like. I think
16 the demands are high. The burnout in the profession is
17 unfortunately higher than, again, we would like. And as
18 a consequence of that, you do see turnover. That does
19 mean that children therefore sometimes have more than
20 one social worker in the time that they are with -- and
21 sometimes I've seen numbers as high as four, five, six,
22 seven and that's unacceptable. We would aim not to do
23 that. Because, actually, you are absolutely right,
24 children can't build a trusting relationship if the
25 worker changes continuously.

1 The second point you raised there, about social
2 workers being seen as part of the authority, I think
3 that is something that we would recognise. That,
4 therefore, does make it difficult for children, if they
5 don't have a good relationship, to tell if they are
6 worried or anxious.

7 And I think children who are in care, there was
8 often a decision, I think probably an informal decision,
9 made that these children were probably considered to be
10 safe. Now, we know that's not true now. But they would
11 have been considered to be safe because they were in
12 a residential establishment and they had a support.
13 But, actually, the independence and the view into that
14 support was, therefore, missing.

15 Q. But you know -- and I think this is in your report, when
16 we come to it -- these days, there are more -- there's
17 more independent advocacy, and I think you mention
18 Who Cares? Scotland, for example, that provides
19 services. And I suppose, although this person is
20 probably still connected with the authority, that you
21 have children's rights officers who, at least, their
22 function is to be more independent of the establishment
23 and the Social Work Department and effectively be
24 an assistance to a young person who may have concerns or
25 problems; is that --

1 A. Yes. So, in Renfrewshire, we have two advocacy services
2 available for children and young people.

3 Who Cares? Scotland are one part of the service and
4 Barnardo's provide an advocacy service as well. And
5 that's to give young people choice, because we recognise
6 that, a bit like a social worker, if you don't have
7 a choice, then it can be difficult to establish the
8 relationship. So we have two services that are
9 available to children and young people.

10 So every child who is looked after at home, who is
11 looked after in foster care, kinship care or
12 a residential establishment from Renfrewshire has access
13 to an advocate. If you are involved in the child
14 protection world, we, again, have an advocacy service
15 for that.

16 Now, unfortunately, most of the children in the
17 child protection world are very young, so they don't
18 take up -- they are babies to toddlers, so they don't
19 take up advocates, but we always offer that advocacy
20 service.

21 Q. Just on the issue of stability, another feature of this
22 historical situation at least -- and I don't know
23 whether this has improved in more recent times -- is the
24 number of placements during childhood. Because we see,
25 perhaps, sometimes a troubled life before care,

1 involvement with Social Work Department, perhaps the
2 police, problems attending school. Then the child is
3 placed in a care setting away from home, whether foster
4 care or residential care. Then frequently, as we come
5 across the statements that we see, and you have seen
6 them, too --

7 A. Yes.

8 Q. -- the journey is one which is littered with placements.
9 That, surely, if we are talking about stability, can't
10 be a good thing?

11 A. Yeah, I mean, I think if you reflect on The Promise --
12 which was Scotland's independent review of children in
13 care -- the frequent changes of placement was considered
14 to be one of the concerns that young people who were
15 care-experienced had. We have still not resolved that.
16 It is very difficult to give a child the stability of
17 a single placement because their family changes, the
18 carers sometimes retire, foster carers retire. We still
19 have too many children moving more than we would like as
20 a profession.

21 We have an ambition that children don't have to move
22 placements in Renfrewshire. Our ambition is that
23 children would be found the correct place as quickly as
24 possible, but we do recognise there are still too
25 frequent changes.

1 Q. And, I suppose now, the attempt is made by individual
2 local authorities to basically care for children from
3 the authority, largely, rather than children from
4 somewhere else across Scotland or elsewhere. Now,
5 that's the modern approach, I take it. Whereas
6 historically we have seen children would be moved long
7 distances?

8 A. Yes. And I will give you an example in Renfrewshire.
9 In the mid nineties/early noughties, in foster care, we
10 didn't have sufficient foster care or placements
11 locally, so we ended up having to purchase significant
12 numbers within the independent service and the
13 providers.

14 Today, there are 21 children in foster care from
15 Renfrewshire who are with an independent provider. Now,
16 that doesn't mean that they are scattered throughout all
17 of Scotland; most of them are still closer to
18 Renfrewshire. But 110 of our children are with local
19 foster carers, so the balance has shifted.

20 Going back to the mid-nineties, it was 120 of our
21 children were within internal foster care. We have made
22 much greater use of kinship care. And it's difficult,
23 we can't give an exact comparison because the way we
24 counted kinship care has changed over the last few
25 years, since about 2015. But we currently have about

1 250 children in kinship care. So, again showing we want
2 to work with families.

3 Q. If there is, say, a placement breakdown, but the options
4 are all within Renfrewshire; what's the situation about
5 other consequences, such as schooling? Because,
6 historically, the multiple placements weren't just
7 multiple placements in a new environment, it was
8 a change of school --

9 A. Yes.

10 Q. -- and a change of location, in a wholesale way. Now,
11 that, again, surely disrupts education and can't be good
12 for the individual child?

13 A. Yeah. And we know that the educational outcomes for
14 care-experienced children is poorer than the general
15 population.

16 Renfrewshire, I think, is an interesting authority,
17 in that geographically we are quite a small geographical
18 area. My previous director said to me when he started:
19 'How do I get to it? How long will it take me? And
20 everywhere he was going, I'd say: 20 minutes.

21 So I think there is a kind of 20 minute journey
22 time. So that means if the child moves placement within
23 Renfrewshire, they can remain within their own home.

24 Q. Or the own school they were attending before.

25 A. Or their own school. If they move outwith, because we

1 are trying to make sure that the children are not more
2 than 25 miles away -- now, we don't always achieve that.
3 But, if we are trying that, we will bring the children
4 back to their mainstream school in Renfrewshire.

5 Q. I kind of digressed from your CV. But, if I go back to
6 it, briefly, you were telling us about the project
7 leader post you had until 1995. You moved on to become
8 a senior social worker with, initially, Strathclyde, in
9 1995, and you carried that through with Glasgow City
10 Council --

11 A. That's correct.

12 Q. -- the successor authority until 2001. I think, in that
13 capacity, your responsibility was for various services,
14 including childcare, criminal justice and community care
15 services?

16 A. That's correct.

17 Q. And you say you worked in a number of areas in Glasgow,
18 including Govan, Pollok and Drumchapel?

19 A. That's correct.

20 Q. And you had responsibility for a team of social workers
21 and others. I think you call them 'paraprofessionals'?

22 A. Paraprofessionals, that's correct.

23 Q. Who would be delivering the services that you were
24 managing. And you say that the main responsibilities as
25 a senior social worker was to ensure that staff

1 delivered quality social work services in line with the
2 legislative and policy framework, provide professional
3 supervision and human resource management.

4 Can I just ask you about the last one? I can
5 understand the first two. What is human resource
6 management in this context?

7 A. So, in this context, it is making sure that you have
8 sufficient qualified social workers in your team, making
9 sure that you have sufficient paraprofessionals, that we
10 manage vacancies quite tightly.

11 There was always a pressure to have turnover savings
12 in local authorities. But what you -- as a senior
13 social worker, what you tried to do was make sure you
14 recruited as quickly as possible so that the staff team
15 could be doing the face-to-face work.

16 The second aspect of that was the managing
17 challenging behaviour of staff. So staff disciplines or
18 grievances, and they would sometimes come up.

19 Q. To what extent would you be involved, as a senior social
20 worker, in residential care services?

21 A. So, as a senior social worker in Strathclyde and
22 Glasgow, the senior social worker at that point would
23 still be a reviewing officer for children who are
24 'looked after' and accommodated.

25 So children in foster care and in residential care

1 would have an allocated social worker and their plan, on
2 a six-monthly basis, would be reviewed by the senior
3 social worker. So you would be in and out of the
4 children's houses, the residential schools, looking at
5 what was happening in the last six months and what was
6 the plan for the child in the next six months.

7 Q. And I take it that from time to time, you would expect
8 to get reports from the senior management within the
9 residential care service, which would go to you at some
10 point, perhaps, at times, would they?

11 A. So most of the reports would go to the social worker,
12 because that was -- the care unit would provide the
13 report to the social worker and you would discuss that
14 with the social worker in supervision. So you would be
15 having discussions about what was happening within the
16 unit, what was happening in the school, what were the
17 challenges?

18 You would hear, if children and young people were
19 having a difficult time. You would hear from the police
20 or social work standby in the old Strathclyde and the
21 out of hours service in Glasgow, because those would be
22 the children who would present difficulties and
23 challenges which would draw attention to their
24 behaviours outwith the school.

25 Q. So you would get to know just in that way --

1 A. Yes.

2 Q. -- but if you are taking a more specific example, not
3 just about even a difficult case, where it has gone to
4 the social worker in liaison with the establishment.
5 But say it involves some sort of matter of concern
6 that's being reported on to social work --

7 A. Yes.

8 Q. -- you could become involved as a senior social worker
9 in that sort of issue?

10 A. Yes. So, as a senior social worker, the range of work,
11 when it comes in, would initially be screened by
12 a social worker and, if it was indicative of abuse or
13 harm, then that would be escalated to the senior social
14 worker.

15 In the old Strathclyde days and the early Glasgow
16 days, if a concern came in that indicated abuse within
17 a residential establishment, a foster care placement or
18 in the community, then the senior social worker would be
19 the person that would make a decision about whether or
20 not a child -- protection -- in the early days, it was
21 called 'child abuse' in Strathclyde; it changed to
22 'child protection' -- about whether or not a child
23 protection or a child abuse investigation was required.
24 And you would make that decision jointly with a police
25 officer from the Family Protection Unit.

1 Q. Now, the reason I am asking you that -- and I am going
2 to come to it in a while -- is there's an individual who
3 worked at Newfield called Brian Faulds, who was
4 eventually convicted of serious sexual offences in 1997.
5 A. Yes.
6 Q. I am going to come to him, so I am not going to do this
7 in detail. But, in his early days, about 1980, a matter
8 was reported, it would appear, to the
9 Social Work Department. I think you probably know what
10 I am driving at --
11 A. Yes.
12 Q. -- about him having taken photographs of a female
13 resident when she was in her bed --
14 A. That's correct.
15 Q. -- with her nightdress round her middle, and that this
16 matter was drawn to the attention of
17 Social Work Department. And, according to the records
18 you have given us, no action was taken on that. Did you
19 find that surprising when you saw that?
20 A. I did. I was very surprised and probably quite shocked.
21 We've had some difficulty finding papers in relation to
22 Mr Faulds and I know you want to carry that out later.
23 But, when I read the report we had, I would
24 certainly have expected some significant investigation
25 into that. To me, that was absolutely unacceptable. It

1 was a clear breach of trust from a worker. It was
2 abusive to the young woman, even though she was asleep
3 and perhaps was not aware of it; it is still abuse. And
4 I would have expected that to be escalated (1) to the
5 child's social worker and, therefore, to the senior
6 social worker involved. I would also have expected it
7 to have been picked up by the district management at the
8 time, who had responsibility for the team.

9 I am reflecting that if that happened today, then
10 the residential worker would likely be suspended,
11 pending a formal fact finding. In fact, they would
12 definitely be suspended. In Renfrewshire, there would
13 be a formal fact finding and there would be
14 a disciplinary investigation and then a disciplinary
15 hearing.

16 Q. Okay. Now, I will come back to him.

17 A. Yes.

18 Q. I just thought it was a good time to mention it, just to
19 see how it fitted in with the structures at the time and
20 how you would deal with it now.

21 You moved on, in 2001, for a couple of years within
22 Glasgow City Council to another post, team leader
23 community care, community development. And that, as
24 I understand it, involved responsibility for day-to-day
25 management, delivery of all community care and community

1 development services in the north west of Glasgow, so
2 that's more the focus on community services?

3 A. It was older adults, adults with learning disability,
4 and community work. So I had responsibility in that
5 area for working with the ethnic minority population in
6 North West Glasgow, which was quite large, so the
7 Chinese community, the Sikh and the Hindu community.

8 Q. So you wouldn't be involved, at that stage, in
9 residential care services?

10 A. I probably wasn't. We did have some contact, because
11 under my responsibility, we had the addiction service in
12 North West Glasgow, so they would have some children and
13 young people, but I wouldn't be responsible at that
14 point for the day-to-day management of childcare cases.

15 Q. But would a lot of the people who required the community
16 care services that you were dealing with, whether from
17 an ethnic minority community or otherwise -- would a lot
18 of them have had some care experience?

19 A. Certainly, those young adults who were involved in our
20 addiction services, so the alcohol and drug services,
21 there was a disproportionate number of care-experienced
22 adults using the recovery services, which were mainly,
23 at that particular point, alternative prescribing
24 processes. There was access to drug rehabilitation.
25 But, yes, most of that client group would have had

1 experience of care.

2 Q. And we are dealing here with the period 2001 to 2003.

3 Would this, to some extent, in relation to young people
4 who had been in care and who had a problem, be a form of
5 aftercare support available to them?

6 A. There would have been a form of aftercare. Any child
7 who has been in care, was still, in the late
8 eighties/early nineties and early 2000s, entitled to
9 aftercare support.

10 I would probably say we were not as good as we
11 should have been about making sure that everyone had
12 access to that. But there was also that -- it was
13 a voluntary offer to young people. And if young people
14 have had a negative experience, you can understand why
15 they might choose not to then ask for voluntary support.

16 And that, actually, I think contributes to some of
17 the challenges they have. Because they have had
18 a negative experience in care, they come out, they have
19 not been supported as well as should be, they start to
20 use drugs, alcohol and their life begins to spiral and
21 then they come back into services at a later stage.

22 A number of them would be involved with the criminal
23 justice system because their behaviours would put them
24 in conflict with the law and then they would become
25 involved through the justice social work service. That

1 would mean there were statutory supervision orders
2 through probation as it was then. And, actually, at
3 that point, you would begin to see some changes for some
4 of those individuals.

5 Q. Because, historically -- and indeed this is something
6 that many applicants have told us -- is that they would
7 be in the system, whether a List D school or approved
8 school, or somewhere else, and suddenly, apart from
9 having no preparation for leaving these institutions,
10 they had no support when they left. And they were just
11 basically left to their own devices, without the skills
12 to survive, and with consequences for them. Do you
13 recognise that picture?

14 A. I recognise that. Again, if you go back into --
15 probably through the seventies, eighties and early
16 nineties, many of the young people who were in the care
17 establishments were there as a consequence of
18 a children's hearing order. And the order, when it was
19 terminated by the hearing, that meant the placement
20 ended and the young person was out.

21 I think, again, if you consider the information that
22 the care-experienced community told Social Work and
23 Scotland during The Promise, they said that aftercare
24 and support was not good enough and they wanted young
25 people to be supported.

1 So, in Renfrewshire, we would no longer have any
2 child leave care at 16.

3 Now, when I say we would no longer have it, it does
4 happen. Young people sometimes still make a decision to
5 leave, but we will always have in place a process to
6 reach out. In the last three years, I can think of two
7 young people who reached their 16th birthday where we
8 had a permanence order in place for them and they said:
9 'We don't want support', and they moved out. And we had
10 a contingency plan that would bring them back in to
11 either one of our children's houses or a supported
12 accommodation flat, to make sure that when things would
13 go wrong -- and they inevitably would for
14 a 16-year-old -- that there was a support package there.
15 That I think was one of the big changes.

16 Q. And I think now -- correct me if I am wrong -- there are
17 specific statutory responsibilities for children who
18 leave care and who -- and young adults, indeed, into
19 their mid-20s, in some cases?

20 A. There are. So young people who reach the age of 16 have
21 a right to continue in care. I think most authorities
22 are now seeing that they don't use continuing care
23 because they continue to have the young person 'looked
24 after' and accommodated up to their 18th birthday and
25 continuing care then commences on their 18th birthday,

1 to the age of 21. And then between 21 and 26, there are
2 additional aftercare and throughcare supports.

3 Q. But that's more discretionary, is it? There is not --
4 it's not inevitable that someone between 21 and 26 will
5 get these services. But, until 21, the idea is that,
6 generally speaking, there should be more support?

7 A. There absolutely is. And, actually, the duty on the
8 local authority to provide an aftercare and throughcare
9 service from 21 to 26 is absolutely there.

10 Q. Yes.

11 A. But, again, what you have is you have choice for the
12 young person, so most authorities will have a programme
13 that's offered to young people. In Renfrewshire, we
14 have a throughcare team. So we have -- that team has
15 a team manager, some qualified senior social workers,
16 qualified social workers and then paraprofessionals.
17 And their job is to help those young adults establish
18 their own home. We do that through grant awards for
19 furniture, for the decoration of their house, make sure
20 they have all their essentials and then there is also
21 that support to help them with budgeting. If you have
22 not had that experience in care of being able to manage
23 your own budget, it can be very difficult when you move
24 out. So that's the purpose of the throughcare team.

25 Q. Okay. And then if I move on, it was in 2003 that you

1 moved to Renfrewshire Council?

2 A. That's correct.

3 Q. Initially as principal officer for Integrated Children's
4 Services or within Integrated Children's Services. You
5 tell us that:

6 'That was a joint management post in social work and
7 education and leisure, reporting to the heads of service
8 of each of these two departments and that you were
9 working as a member of two extended management teams to
10 improve integration of children's services across social
11 work and education services and you were responsible for
12 the development of the Integrated Children's Services
13 plan across the council'.

14 Now, that's quite a mouthful.

15 A. Yes.

16 Q. Can you just tell me, as briefly as you can, what the
17 purpose of integration of children's services and some
18 form of association between social work and education --
19 what was the broad purpose of that?

20 A. So there's a statutory responsibility on
21 local authorities and their partner agencies, health and
22 the police, to produce an Integrated Children's Services
23 plan. And that's about how services in a local
24 authority area will work to improve the lives of
25 children. And then you look at, within that, there are

1 particular groups of children, 'looked after' and
2 accommodated children, children 'looked after' at home,
3 children in foster care, children with disabilities.

4 And what Renfrewshire Council recognised was that
5 the link between social work and education was not as
6 strong as it could have been and if we really wanted to
7 make the improvement for children, they wanted us to
8 work better.

9 In 2003/2004, there were a number of reports that
10 had come out about the educational attainment of
11 children who were 'looked after' in particular, about
12 how poor it was. So the attempt of this post was to
13 look at how social work and education could work better
14 together.

15 That wasn't to say it wasn't working in some cases,
16 but it was to get that systemic change. We tried to
17 improve our joint assessment of children and young
18 people in the community, we tried to improve our early
19 intervention support and we tried to improve the
20 delivery of care plans for children, jointly between
21 social work and education.

22 Q. It sounds a bit like the good old days in the
23 Scottish Office, where they had different branches for
24 different aspects of, for example, children's services
25 and maybe they didn't speak enough to each other or

1 didn't necessarily always coordinate their efforts; is
2 it to some extent a similar type of situation? They
3 weren't working effectively because they weren't really
4 working as a whole service?

5 A. I think there was some effective work and there was
6 an attempt to make that systemic across the whole
7 council in Renfrewshire.

8 Now, have we cracked that? If I said to you today
9 we still have challenges, but we work much better. But
10 I would recognise that we probably talked about silos in
11 the local authority, so education would focus very much
12 on children and their education in schools. There would
13 be a recognition in some schools that children who were
14 'looked after' and accommodated or 'looked after' at
15 home were often seen as troublesome and, therefore,
16 didn't get the same attention. And this was an attempt
17 to bring a focus to those young people to try and
18 improve their lives.

19 Q. Because we have also heard, I think, from time to time
20 that, say, even within an establishment that provides
21 care service and education on a single site that,
22 certainly historically, there were often tensions
23 between the teaching side and the care staff. Is that
24 something you are familiar with?

25 A. Yes. So, from my own practice as a social worker,

1 I would recognise, going into particular residential
2 schools, that they were very separate. So you would
3 have a head of education, you would have a head of
4 social work and they didn't always talk to each other.
5 The teaching staff were seen only to be there for the
6 teaching purpose; they delivered the curriculum. The
7 care staff were much more holistic. The teachers would
8 often say: 'This young person is causing me challenges
9 in the classroom', they are thrown out and they are sent
10 back to their residential unit.

11 So I think that tension probably still exists to
12 some extent. Although I would say that my experience
13 locally of some of the providers that I have contact
14 with, that they have attempted to make sure that the
15 education and care staff work much closer together.

16 Q. Well, take as an example, if, say, historically
17 someone -- to use that expression -- 'kicks off' in
18 class or is disruptive, historically, did the teachers
19 say to the care staff: 'It's your problem, you deal with
20 them. Take them out of the classroom to let me carry on
21 teaching'? Is that the way it was? Is that what they
22 tried do?

23 A. I would recognise that as the approach. So, often, if
24 a young person in the classroom was being disruptive in
25 a residential establishment, a residential school, the

1 care staff would be called to remove that young person.

2 The teaching staff didn't see that as their role.

3 Q. And that might involve things such as restraint? And if
4 they struggled, it might involve quite physical
5 restraint and, perhaps, isolation in either a bedroom or
6 possibly a locked room and they are separated from the
7 other residents and they are denied education?

8 A. So I would certainly --

9 Q. Are these all --

10 A. Yes, I would certainly recognise the physical removal.
11 So I would recognise that young people would be
12 physically restrained. I would recognise that they
13 would sometimes be physically removed from places. I am
14 not aware of establishments using locked rooms, but
15 a return to the bedroom. And not a physical lock on the
16 door, but the door being closed to prevent that young
17 person -- so, in that sense, isolation certainly
18 happened.

19 Q. Yes. The only reason I am saying that is we have heard
20 a good deal of evidence -- and it may be that there are
21 different recollections of these things -- but that
22 people were sent to rooms and, in certain units,
23 including so-called assessment centres, these rooms were
24 locked at times, including at night, not just because
25 someone was sent to their room. And that they were

1 also, in some places, what appeared to be recognised or
2 designated secure rooms where people could be held in
3 locked conditions.

4 Now, that's not maybe something you are saying you
5 were familiar with, but --

6 A. I'm not -- I am recognising -- I have spoken to young
7 adults, I have spoken to young people who have care
8 experience, I have spoken to some adults with care
9 experience, who tell me that was their experience when
10 they were in certain establishments, and including
11 establishments that I was aware of. But what I am
12 saying is: I was not aware of any particular instance of
13 that --

14 Q. No.

15 A. -- but I recognise that as, probably, experiences --

16 Q. Would that have concerned you if you had become aware?

17 A. Yes.

18 Q. That this was effectively solitary confinement and
19 a form of detention?

20 A. Yeah, and as a social worker in the field, and as
21 a senior social worker and then later as a manager,
22 I would expect to be notified if young people in a care
23 establishment were being restrained. If they were being
24 physically removed, if they were being locked a room,
25 I would want to know that, so that we could then look

1 at: well, what was going on? Why was that decision
2 made? What were the safety plans? And what
3 alternatives would be put in place and why that practice
4 would happen.

5 Q. Because, if I could just -- and maybe just to deal with
6 this point: we heard some evidence last week about
7 Brimmond, which was a new purpose-built assessment
8 centre in the 1970s, a bit like Newfield.

9 A. Yes.

10 Q. It opened a bit earlier than Newfield. There did seem
11 to be situations where young people were locked in
12 rooms. It seems, from what we understood, that this
13 practice, at some point, was identified and advice was
14 given to establishments that they can't lock children
15 up. They are not secure units. And, indeed, there were
16 regulations brought in, I think in 1983, that applied
17 specifically to secure accommodation. And Brimmond was
18 not a secure unit and nor was Newfield, I think, at any
19 point, was it? It wasn't supposed to be?

20 A. No, Newfield was never a secure unit. That's what I was
21 saying about -- if that was occurring you would expect
22 it to be drawn to your attention. There are very clear
23 regulations in relation to the locking of rooms. So
24 a residential school should not be locking children in
25 rooms and assessment centres should not lock children in

1 rooms.

2 The secure centre, they have regulations that allow
3 that. And that's because of the significant restriction
4 of liberty that's put in place.

5 Q. I think Professor Norrie told us that certainly,
6 perhaps, in open establishments like approved schools,
7 in the early sixties, a practice kind of developed of
8 having a place that was secure that children could be
9 put at times and, indeed, I think they were
10 eventually -- there were things and regulations that may
11 have, to some extent, permitted a degree of segregation.
12 I'm not sure whether it was locked segregation --

13 A. Yes.

14 Q. -- but a degree of segregation under certain conditions.
15 But it appears that from then on, certainly in practice,
16 some places felt that they had the right to identify
17 a room, put a young person in that room and lock the
18 door behind them.

19 A. I would certainly accept -- I think that's -- you know,
20 we've heard testimony to this committee, this Inquiry,
21 we've heard testimony to the promise of young people
22 experiencing that type of abusive situation. It was
23 never -- I would not consider it to have been endorsed
24 good practice. It's poor practice.

25 I don't think that there was, within, for example,

1 Newfield, a room that was locked, but I couldn't
2 absolutely swear on that, particularly in the early
3 periods.

4 My own experience of Newfield, as a social work
5 practitioner, I was not aware of any locked rooms. But
6 the removing of children to a room where, perhaps, staff
7 closed the door and stood outside, I would absolutely
8 recognise that.

9 Q. It is not going to -- behaviour is usually a symptom of
10 an underlying cause; is that not accepted wisdom --

11 A. Yes.

12 Q. -- in the social work profession?

13 A. It is.

14 Q. And the key is to try to find the underlying cause, not
15 to focus on the symptom?

16 A. Yes.

17 Q. And don't deal with the symptom and think: 'Oh well,
18 I've calmed them down, end of story'.

19 A. Yes.

20 Q. And I suppose if you don't look at the underlying cause,
21 then putting them in a room is not going to avoid
22 a repetition?

23 A. No.

24 Q. It is just going to be seen by the young person as
25 a punishment?

1 A. Yes. And that's why I said if there had been
2 an incident within a residential establishment where the
3 young person's restrained, the social worker should be
4 advised. There should then be a debriefing process,
5 both for the staff member and for the young person.

6 So, currently, in our own council, in Renfrewshire,
7 we do recognise that there will be occasions where
8 children and young people display behaviour that is so
9 distressed that for their own safety or the safety of
10 other young people in the house, there might be
11 a physical intervention. Staff are trained to discharge
12 that intervention. We use a process called therapeutic
13 crisis intervention. The staff are trained in that.
14 They go through refresher trainings. There are very
15 clear processes about what a hold can be like, about
16 when to engage or disengage from the hold. And then
17 once that -- if a hold has been enacted, then staff are
18 required to be debriefed and the social worker would be
19 advised of that. And, as a central team, we would also
20 be looking at -- my manager, who has external
21 responsibilities for the houses -- so he doesn't go in
22 day to day to run them, but keeps an eye -- he would be
23 reviewing all instances of restraint.

24 Interestingly, we had a freedom of information
25 request just recently asking about restraint and I think

1 we identified about six incidents of restraint over the
2 past two years. That's not high, but it's higher than
3 we would want. But each of them are recorded and the
4 debriefing takes place.

5 Q. But we did hear some evidence about places not -- that
6 it's only as good as the recording.

7 A. Yes.

8 Q. And if people don't record an incident of restraint, or
9 don't record it properly by saying how was the person
10 restrained, what the circumstances were. If that's all
11 you get in the paperwork, it's not necessarily a good
12 guide to trends or patterns, or having reliable data
13 with which to decide if there's some problem that needs
14 addressing; do you accept that?

15 A. I accept that. And I think that, again, going back,
16 probably, through the seventies, eighties and early
17 nineties, I would think that there were lots of
18 restraints within residential establishments that would
19 not have been recorded appropriately.

20 So, if I can take you back to my experience in the
21 children's house in the south side of Glasgow, that was
22 one of the issues: staff didn't particularly want to
23 have to record restraints. So the manager was saying
24 there's a process if you do restrain children and young
25 people. It was a children's house with 21 young people

1 living in that house. So, if you are restraining, you
2 are required to follow this process. And that was one
3 of the tensions. Staff felt that was a bureaucratic
4 response. They didn't have, I think, the understanding
5 of the impact on the young person, nor did they have the
6 understanding of the impact on themselves, because
7 I think if you are restraining, there's an impact on the
8 worker. But, most importantly: was there harm to the
9 child and was there a proper debrief? And that was
10 a tension. So I think, in the seventies, eighties and
11 nineties, there were probably lots of restraints that
12 occurred that were never recorded.

13 LADY SMITH: John, you have mentioned the importance of
14 debriefing a number of times.

15 A. Yes.

16 LADY SMITH: What about recording the content of the
17 debriefing and identifying learning points --

18 A. Yes.

19 LADY SMITH: -- from the debriefing?

20 A. So, my Lady, the purpose of the debriefing is exactly
21 that -- is to look at: is there learning? So it's to
22 look at what happened. So you are trying to identify
23 what led up to the incident, so that we can anticipate
24 and be proactive in future to prevent a recurrence of
25 an incident of restraint. But you are also looking at

1 a detailed recording of what actually took place. So
2 you are asking very specific questions about when it
3 happened, where it happened, who was involved, what
4 actually was the nature of the restraint, what was the
5 young person like, how was the young person supported at
6 the end of that?

7 Then you are looking at the debriefing. The
8 debriefing would include the staff members who are
9 involved, their line manager, but would also involve the
10 young person, because you want to get, from the young
11 person, their experience of what has occurred for them.
12 And then you are using that to plan better and protect
13 the young people in the house, but also to make sure
14 that if there is something within the house that's not
15 working, that you can actually change that.

16 LADY SMITH: Right, you do a debrief and there is at least
17 one significant learning point from it.

18 A. Yes.

19 LADY SMITH: I take it that gets specifically recorded?

20 A. It would. It would, my Lady.

21 LADY SMITH: And what do you do with it after that?

22 A. So we would be looking -- if there is an incident where
23 we have identified learning, in Renfrewshire, that
24 learning is shared across our four children's houses.
25 We only have four houses now. So the learning would be

1 from the unit managers. It goes there and then it goes
2 to every member of staff in relation to that.

3 But I also mentioned the training that we have. So
4 the refresher training would look to see: is there a new
5 training need? Is there learning for the training
6 course in general? And that would be incorporated into
7 that course.

8 LADY SMITH: Right. How long has this been the system and
9 process being used in your council?

10 A. So, in Renfrewshire, we have been using the therapeutic
11 crisis intervention since 1996. I think we have become
12 much more robust in terms of how we maintain our records
13 around restraint, probably since about 2012.

14 LADY SMITH: Okay.

15 A. Just -- we probably didn't have it 100 per cent right
16 when we had Rowanlea still open. But, as we moved
17 forward, we ran a programme, my Lady, which -- we
18 defined our philosophy of care. So we started to say:
19 what should care look like for children in Renfrewshire?

20 And as part of that we were saying: we don't want to
21 restrain, but we recognise there would be occasions when
22 restraint would occur. And, as a consequence, we are
23 much more robust about our training programme, our
24 recording of incidents, and any learning and how we
25 would share that across the service.

1 LADY SMITH: Thank you, John, that's very helpful.

2 Mr Peoples.

3 MR PEOPLES: John, it's clear from what you are saying about
4 the recording of restraints or violent incidents, or
5 other incidents of a similar type, that that's
6 an important tool, an evidential tool, to learn lessons
7 in this specific case and that might affect the care
8 planning for that individual, or the risk management
9 plans or whatever. But, also, as you have said, it does
10 provide more general learning.

11 Now, I suppose we all know from experience that
12 people find record keeping a chore, or a lot of them do;
13 do you think that these days it's understood, the
14 importance of record keeping? Not just you have to make
15 a record, but you make it for a reason. And it's not
16 just you make it and then you put it on a shelf and
17 forget about it; is that getting across in the training
18 of people who have to complete record keeping?

19 And there are lots of forms these days, I am sure,
20 in local authorities, particularly in childcare, but is
21 that something that you think the message is getting
22 through? Do you think the record keeping has improved.

23 A. I think record keeping has improved dramatically. I
24 think that there is always a challenge in terms of
25 record keeping. Some people see record keeping as

1 bureaucracy; they don't see it as being fundamental to
2 the child.

3 Within Renfrewshire, we have very clear guidance for
4 all of our staff in relation to the recording of their
5 work with children and families and we take a position
6 that says: the records have got many different purposes,
7 but one of the purposes is to make sure that the child
8 and young person has a detailed story of their
9 involvement with social work. It's their life story.
10 And we want that to be as detailed as it can be.

11 We have a process whereby our staff not only write
12 very factual information, as they sometimes are
13 required, for example, a report has been requested by
14 the children's hearing, gets recorded and submitted and
15 that gets recorded. But, on a regular basis, we write
16 a letter to the child that tells them about their
17 experience from the workers' eyes about what's happened
18 in the past six months for them.

19 In the residential world, I think record keeping has
20 changed dramatically. One of the failings, for me, in
21 the earlier periods was we didn't have technology that
22 allowed us to record in the way we do now. So all of
23 our staff have instant access to recording.

24 Staff did record in books. It was often multiple
25 entries for children. So every child was recorded in

1 the book. That never, ever, in my experience, made its
2 way back to the child's file, so if those books were
3 mislaid, as they often were, unfortunately, then that
4 child's story of that particular period from the
5 residential establishment is not evident in their file.

6 Now, our own system means that our residential staff
7 put in a daily entry for the child in the child's file.
8 Now, the downside of that is how you then get the story
9 of the whole house, because they don't exist in
10 isolation in the house. So staff need to make sure,
11 when they are on shift, that they are checking each
12 individual child's record to see if there are any
13 particular issues. There's a handover meeting every day
14 between the different shifts; they say there's been
15 an issue with [REDACTED], an issue with [REDACTED], an issue with
16 [REDACTED], and you pass that information on. But I would
17 consider that record keeping is much better than it was.
18 It's still not perfect. There are still tones in it
19 that we would like to change, but I think it is much
20 more balanced and much more child and family friendly
21 than it has been in the past.

22 Q. When people are being trained or even supervised; do you
23 have, sometimes, just seminars or courses to say: well,
24 look, this is an example of what you don't say --

25 A. Yes.

1 Q. -- or: this isn't good enough. This is an example of
2 something we would consider a good record and it's one
3 that meets the general principles that you have
4 outlined?

5 A. Yes, so the training of social work staff is -- and also
6 residential staff, because they will also cover some of
7 those professional tasks about the reasons behind
8 recording and the quality of that staff.

9 It tends to be much more when you come out into the
10 field that your employer sets the mark of where you want
11 to be.

12 So, in Renfrewshire, we recently -- I say
13 'recently', probably four or five years ago, we updated
14 our guidance entirely on case recording and we did
15 a staff briefing for all staff around -- so those staff
16 who had been in post, so that they were aware of the new
17 standards that we expected.

18 It sets out, very detailed, what we would want
19 people to do in terms of when they should record, how
20 they should record, the types of statement. We ask
21 people to be strength-focused, because often social work
22 records, unfortunately, were very negative.

23 Now, you can't ignore the negativity because,
24 actually, some of that is the reasons you are working
25 with children and families, so you need to be able to

1 detail the changes that you want to make. And now, on
2 training courses, the issue of recording is considered
3 as part of an ongoing training course. So it will
4 always be talked about. Our courses for training our
5 staff in child protection has particular focus on
6 recording, what we are recording, why we are recording
7 it. But we go back and we do case sampling, so we
8 actually sample the records to see whether the case
9 records are telling us what we want for the family, the
10 young person, and are they meeting our standard. They
11 don't all. So that then becomes an improvement action
12 for the individual worker or the team, if you pick up
13 themes. Sometimes in a team you might pick up a theme,
14 so you go back out with an improvement plan.

15 Q. Okay. Now, I will go back to your CV again.

16 You have moved on from integrated services. For
17 a period from 2004 to 2010, you were a social work area
18 manager and you say that involved operational management
19 and responsibility for locality social work services in
20 Johnstone and Renfrewshire areas. And your task was to
21 ensure that all the services were operating in
22 an efficient and effective manner for service users.
23 Your role was to provide professional leadership to
24 ensure that staff operated within the legislative
25 framework, the council's own policies and procedures,

1 and the national framework set by the
2 Scottish Government, because we are now in the era,
3 I think -- and to some extent, I am not going to go
4 through it in detail --

5 A. Yes.

6 Q. -- but you set out that the period from 2000 onwards
7 saw a bit of a flurry of national activity, including
8 National Care Standards and charters --

9 A. Yes.

10 Q. -- and similar things, which were meant to supplement
11 legislation and regulation and also local policy?

12 A. That's correct. So, as the area manager, at that point,
13 we still had social work as a service, as a standalone
14 directorate. The adult social work, the justice social
15 work, the children and family social work, our community
16 service social work, our addiction services were still
17 locality-based.

18 Now, I do regret that over the past few years there
19 have been some changes where the social work
20 professional has become, to some extent, disintegrated,
21 where you might have adult social work in one particular
22 organisation and children's social work in another. And
23 that works in Renfrewshire for me because our children's
24 social work is with education. It means we have to work
25 very hard with our colleagues in adult mental health,

1 adult learning disability, adult addiction, to make sure
2 that they retain a focus on children and, equally, we
3 need to make sure, from the children's side, that we
4 focus on the adult side. So it's a very complex world,
5 I think, now, but it has improved in many ways.

6 Q. It doesn't sound as if it's as integrated as would you
7 like it to be?

8 A. I would like social work to be integrated. I think the
9 integration with health is important, but it has been
10 driven by an integration of health to the detriment,
11 I think, of some other areas of social work.

12 Q. I suppose the argument, when they set up generic social
13 work departments in place of specific departments, like
14 children's departments, the same debate was going on, no
15 doubt, that whether it was better to have one large
16 service covering all areas, including childcare, or
17 whether it worked better having a specific children's
18 department. Obviously, ultimately, the proponents of
19 the generic model won over.

20 A. Yeah, I mean, I suppose I'm getting to the end of my
21 career, possibly, in the next few years. So you start
22 to look back. And I do think that there were real
23 strengths in the generic social work and that's because
24 children and families exist as children and families,
25 with adults, with adults who are in conflict with the

1 law, with adults who have got addiction issues, with
2 adults who might have a learning disability or a care
3 need. And, when you separate them out, you go back to
4 that danger you spoke about with the Scottish Office,
5 where people become very siloed and they don't see
6 outwith their own particular sphere of reference and
7 that for me is a worry.

8 The generic social work gave you the opportunity to
9 see the family unit and the community as a whole.

10 LADY SMITH: The other thing, of course, you would have had
11 in the case of a child, is the ability to continue the
12 links with the child the day after, technically, the
13 person ceases to be a child and probably doesn't feel
14 any different than they did the day before, but they
15 have a whole new type of social work service to deal
16 with.

17 A. That's absolutely correct, my Lady. And I think that
18 for some children and young people who are
19 care-experienced, particularly if you have been in
20 foster care or kinship care, or residential care
21 services, you have that right of continuing care to 21
22 and then aftercare and throughcare. It's much more
23 complicated for children with disabilities.

24 So, children with disabilities in community
25 services, you are trying to make sure that their care

1 package stays and there is no disruption from the day
2 they are 17 and 364 days old to their 18th birthday when
3 they become the responsibility of the adults. And their
4 families and some of those young people will tell you
5 that's a very difficult transition to take place.

6 LADY SMITH: But the transition even at 21 for
7 a non-disabled person, particularly if they have
8 a background of care, cannot be assumed to be easy, can
9 it?

10 A. It's never easy, my Lady. And I think that's partly the
11 recognition of that continuation of throughcare until
12 the age of 26, but it will mean that there are hand-offs
13 in terms of between different styles of work.
14 So it is a complex environment.

15 LADY SMITH: Thank you.

16 MR PEOPLES: I suppose, before the 1968 Act, maybe one of
17 the difficulties with the previous situation was that
18 there was a children's officer and a children's
19 department --

20 A. Yes.

21 Q. -- there wasn't a children and families service?

22 A. No.

23 Q. Therefore there was this divide. Perhaps the intention
24 was to remove that divide and look at the family unit,
25 including the child in need of some sort of state care

1 or protection in some shape or form, and so that was the
2 broad intention, was it not? Because the child
3 eventually, whether in care or not, as I think has been
4 pointed out on many occasions, has to go back to the
5 community they came from --

6 A. Yes.

7 Q. -- and often, during the period in care they get home
8 leave, so they go back to the community they came from.
9 So there is no point in just treating the children if
10 you don't treat the family?

11 A. I think the 1968 Act probably had a grounding in family
12 cohesion models of social work. So it was looking at
13 saying: where do individuals exist and how can you best
14 support them?

15 And, actually, most of the children don't have
16 problems in their own right. They might display
17 distressed or difficult behaviours, but some of that
18 will be associated with how the parents have responded
19 or how the parents feel empowered to respond. So the
20 idea of the 1968 Act and the generic Act was that you
21 could provide that whole family support. But it also
22 meant that if the parent had a particular issue that
23 they required to be supported on, the one social worker
24 could help with that family.

25 At the moment, unfortunately, you could have three

1 or four social workers in a family because of our
2 current structures and current legislation. So, a
3 family where the child has come to the attention of
4 social work for a protection issue, they will have
5 a children and family worker. The mum, perhaps, has
6 a mental health issue. She might have a mental health
7 social worker, and dad's in conflict with the law and he
8 will have a criminal justice social worker, so there's
9 an inefficiency in terms of deployment of those human
10 resources.

11 But, much more real, there is a duplication for the
12 family of people who want to make changes to their lives
13 and the family have to manage a much higher number of
14 individuals than under the old generic world.

15 Q. It doesn't sound like a very good system. Are you
16 saying this is driven by legislative requirements or is
17 it simply a Renfrewshire structure?

18 A. No, it's driven by legislation and policy, probably from
19 the National Health and Social Care Act of around about
20 2000, which introduced the nature of clear assessments
21 for adults.

22 In the late eighties, the introduction of National
23 Standards for Justice meant that people began to move
24 back towards specialisms and I often say that from the
25 generic model, the children and families social work was

1 what was left behind, because there is no particular
2 model of children and family work, but there was
3 an adult services for assessment and care management.
4 There was the justice teams for the provision of reports
5 to court and the supervision of offenders on compulsory
6 orders through the courts. And then you had --
7 children's social work was what was left.

8 Q. If now the favoured approach to achieve better outcomes
9 and prevent intervention that involves removal of
10 children is early intervention measures; who is
11 providing those within that group of people you are
12 talking about in a family situation? If you have four
13 or five potential people involved, but you are trying to
14 be proactive and preventative; who is it that has that
15 responsibility within this coterie of social workers?

16 A. So I suppose over the past ten years, as the
17 Scottish Government introduced the Getting It Right for
18 Every Child policy, there was a recognition -- you will
19 remember the controversy of the named person, that was
20 meant to be about trying to ensure that families could
21 get support at an earlier stage. It didn't work
22 particularly well. There was a degree of resistance to
23 that.

24 I think in Renfrewshire -- and it's probably
25 replicated in a number of authorities -- the closer

1 working between education and social work has meant that
2 we have better family support services and those family
3 support services deliver some of the early help. The
4 Scottish Government has introduced a well-being --
5 family well-being approach and specific funding to
6 establish services there. But you will still have, at
7 points of compulsion, too many adults in the family's
8 life. So often for the social worker, what you are
9 attempting to do is support the family to manage some of
10 those relationships and make sure that there isn't
11 duplication; that, for example, the mental health worker
12 is specifically supporting mum with her mental health;
13 the justice worker is specifically focusing with dad on
14 the programme to help him remain free of offending.
15 But, also, make sure that those two members of staff are
16 aware of the impact that their adult has on a child and,
17 equally, their responsibility to the child --
18 Q. You are almost the social worker to the professionals
19 rather than the social worker to the family in that
20 situation because you are almost trying to keep them on
21 the straight and narrow to meet legislative
22 requirements, rather than saying: well, my job is to go
23 to the coalface and deal with the families and the
24 children; is that not a problem?
25 A. I think you are doing both of those.

1 But I suppose there has always been a bit of that.
2 So, even in the old generic world, as a social worker
3 I would have been working with health staff, health
4 visitors, with teachers, with some community voluntary
5 groups. So you were still doing a degree of
6 coordination, and I suppose that's a unique part of the
7 social work role. But what you want to make sure is
8 that the majority of your time is spent directly
9 supporting the child and the family and not doing that
10 coordination.

11 Q. Yes.

12 A. Yes.

13 Q. Okay. Now, moving on, in 2010, you became a project
14 manager -- a project Achieving Step Change; is that
15 right?

16 A. That's correct.

17 Q. You were involved for about -- just over four years.
18 You say:

19 'That was a major strategic programme for
20 Renfrewshire Children's Services Partnership, which was
21 aimed at redesigning services by understanding the
22 demands for services, reviewing the effectiveness of the
23 present services, developing a prevention and early
24 intervention approach to supporting children and
25 families, and improving utilisation of resources across

1 education, health and social work.'.

2 So, to some extent, that is trying to look at what
3 you have, look at where it could be improved and so
4 forth, and try and achieve the sort of aims that you
5 have told us about earlier today; is that right?

6 A. It absolutely was. One of the things we did that was
7 unique at that particular time is: we surveyed all
8 children who were aged from 8 to 18. We asked them what
9 life was like in Renfrewshire, and we then analysed that
10 data from those children. And one of the things that
11 was really interesting for us was -- we then said: if
12 children have challenges in five areas of their life or
13 more, then you would expect a need to be some sort of
14 formal intervention. And what we discovered is that
15 actually the children who were known to social work, not
16 all of them had five challenges or more. So you had to
17 then step back and say: well, what was that about?

18 So some of them were because the children were in
19 long-term foster care. The challenges had been around
20 their parents' behaviour in the past, and they had been,
21 to some extent, removed in a protective way and placed
22 in foster care and the child was doing well.

23 You then had a number of children -- and we
24 discovered that only about 35 per cent of the children
25 with five challenges or more were actively involved in

1 social work, which meant that 65 per cent of those
2 children were in our schools, in our communities,
3 displaying, probably, difficult, distressed and
4 sometimes very challenging behaviour, but didn't have
5 a social worker. So what we wanted to do through this
6 programme was redesign all of our supports to make sure
7 we reached that group of children as well.

8 Q. Yes, because this is -- you worked with an organisation;
9 is it the Social Research Unit Dartington; is that
10 right?

11 A. That's correct.

12 Q. And this was a study that was carried out. And you tell
13 us it was 12,000 children and young people. I think you
14 tell us in this area it was aged 9 to 17 and you also
15 surveyed 500 parents of children from birth --

16 A. Yes.

17 Q. -- up to age 8. Is that correct?

18 A. Yes.

19 Q. And you say with this research unit, you developed
20 an online survey and you used the data that was provided
21 from responses to the survey to inform development of
22 children's services strategy using -- and I don't need
23 the detail, but it is a logic model approach?

24 A. Yes.

25 Q. And then you say that you went to the senior leaders

1 within the council and other partners to develop
2 an agreed approach to improving outcomes for children
3 and young people. The approach included -- and this is,
4 I think, targets to reduce the number of 'looked after'
5 and accommodated children and improve behaviour and
6 health.

7 So one of the aims that came out of this was to try
8 and reduce the number of 'looked after' and accommodated
9 children?

10 A. Yes.

11 Q. When you use that expression, these are children that
12 are in some way under the supervision or care of the
13 authority, sometimes through panels --

14 A. Yes.

15 Q. -- sometimes just through legislative powers, and they
16 can be 'looked after' in the home context?

17 A. That's correct.

18 Q. Or they can be accommodated away from home?

19 A. That's correct. And what we did with that programme --
20 and the reason we wanted to target children who were
21 'looked after' was we wanted to go back to the principle
22 of minimum necessary intervention with children and
23 families and the no order principle. So we only want to
24 have a compulsory order where it is better for the child
25 than not to have that order. We felt that there were,

1 perhaps, occasions where too many orders were being made
2 with a lack of specificity, so it was difficult to know
3 what work you were doing.

4 But we also recognised that actually working
5 voluntarily with families was what we wanted to do.

6 If a family voluntarily engages with services,
7 I think you see change quicker and you see change in
8 a much more -- longer lasting basis. So that's what we
9 wanted to do.

10 The nature of how we got there -- and it was unique
11 at the time. But we brought the council chief
12 executive, all of the directors, heads of services,
13 The Chief Executive of the Health Board and senior
14 officers from the Health Board, the police, and we
15 locked them in a room for three days and we looked at
16 what the data told us. And then we presented options
17 about how could we restructure some of our family
18 support services; how could we use evidence-based
19 programmes that were shown to be effective, some of them
20 were not as effective as we would like them to have
21 been.

22 The PPP is a parenting programme that is based on
23 evidence. It's an Australian programme. We tried to
24 deliver it. But what we found is that Scottish parents
25 were not as willing to embrace that. So what we had to

1 do then was design our own parent support programme to
2 make sure that parents got the support at the earliest
3 point possible, that they got guidance around how to
4 deal with simple things like, you know, a tantrum from
5 the child, bedwetting, to more serious issues. So that
6 became part of it.

7 And then at the higher end, in terms of where the
8 need was much more intensive, we introduced a programme
9 called Functional Family Therapy, which was a programme
10 that helped families where the child was on the edge of
11 care to look at: what role did the child and their
12 challenging behaviour play within the family? What role
13 did the parents play and how could you better manage
14 that to keep the child safe at home?

15 Q. And did you achieve step change?

16 A. Erm, I think we are still on that journey. We achieved
17 it in certain areas. I think, for me, we have reduced
18 the use of formal state care in terms of residential
19 children's houses, in terms of residential schools, in
20 terms of even foster care.

21 Our use of kinship care is still much higher than
22 I would like it to be and that suggests to me that we
23 are not supporting the birth parents as well as we
24 could, but there are lots of reasons for that. And my
25 preference is: if the child can't be with their birth

1 parent, they should be with a member of the family who
2 can be the best link back to their birth family. And
3 that's often grannies or aunts or uncles.

4 Q. Like Angus Skinner, though, you are not saying there
5 isn't a place for residential care, but your preference,
6 first of all, is child to stay in the home. Possibly
7 second preference, if possible and if appropriate, is
8 kinship care?

9 A. Yes.

10 Q. And maybe, after that, community care through foster
11 placement, rather than institutional care?

12 A. Yes.

13 Q. Is that your sort of --

14 A. So, very much like Skinner, there is a clear place for
15 residential care and good quality residential care
16 that's well managed, that's well considered, in terms of
17 meeting some children's needs.

18 It's interesting, when I speak with some young
19 people they will say to me: if I can't be with my mum
20 and dad or my granny, I don't want to go to a foster
21 carer because that's a family and I would feel that's
22 disloyal.

23 So you would still want to have a choice of good
24 quality residential care for some children. And for us,
25 in Renfrewshire, our programme of redesigning our

1 children's houses over the past ten years, we have
2 reduced the number of children's house beds in our area,
3 in terms of under the local authority control. And the
4 units, we now have three children's houses that only
5 have six beds and one with four beds and we try to make
6 sure they meet the individual needs of children.

7 Matching is very, very challenging in that area.
8 You bring six children who are not related to
9 an establishment, but that's gone from children's houses
10 that had 14, 16, 20, and, at one point, Newfield, 45
11 children.

12 Q. Yes, because I am going to come to Newfield but, just in
13 broad terms, the situation now, I mean; what are the
14 sort of ages of the children in these units that you
15 have? You have reduced the numbers --

16 A. Yes.

17 Q. -- in residential units?

18 A. Yes.

19 Q. And perhaps have become more specialised.

20 A. Yes.

21 Q. I think that's the trend, anyway, generally.

22 A. Yes.

23 Q. What sort of ages are we talking about? Are these
24 adolescents?

25 A. In the main they are. So Renfrewshire has four

1 children's houses. As I said, three with six beds, one
2 with four beds, 22 beds in total.

3 Yesterday, we had one young person who's 12, two who
4 are 13. The rest; we have three children who are 18 and
5 19. So some young people who achieve that right to
6 remain in continuing care are exercising that in our
7 children's house. So the majority of our children are
8 14, 15, 16.

9 Q. And the reason they are there as opposed to home or one
10 of the alternatives that you have mentioned is what?

11 A. So --

12 Q. Are they complex? Are they complex cases?

13 A. They are young people with complex needs, but they are
14 first and foremost young people who need a safe care
15 environment. Some of them have been through other
16 services, so they have been in foster care placements
17 that broke down. Actually, two young people in our care
18 homes within Renfrewshire were placed in a care home in
19 the independent sector. We decided that care home was
20 not meeting those young people's needs and we were able
21 to bring them back to Renfrewshire.

22 But they tend to have -- they do tend to have
23 challenging behaviours because of their experience. So
24 they have often suffered neglect or family breakdown, in
25 terms of their relationship with their parents. Some of

1 them have misused alcohol and drugs. And what you are
2 trying to do is provide a very safe place to manage
3 those challenges and help the young person recover. So
4 they tend to be our most complex.

5 Now, that's not to say that some children in foster
6 care or kinship care also don't have complex needs, but
7 we have been able to support them to remain there. The
8 children in our children's houses tend to be the most
9 complex.

10 Q. Are the staff in these units now not only qualified, but
11 appropriately qualified for the particular role that
12 they are performing? Are you satisfied on that?

13 A. Erm, that remains a journey. All of our managers are
14 experienced and qualified managers. And that's
15 a difference from back in the eighties and early
16 nineties, and the seventies, where managers in
17 children's houses did not require qualifications.

18 There is now a regulated qualification. All of our
19 staff are either qualified to the required standard or
20 are working towards that standard. It's a SVQ standard
21 at the current time. We have a programme within our
22 social work professional standards and training team who
23 ensure the support of staff. And then there's
24 continuous ongoing professional development for those
25 staff. So we are better placed than we were. Where we

1 would like to be: we would like to improve that
2 constantly, because we think the highest qualified staff
3 in our children's units, in our houses, will make the
4 biggest difference.

5 Q. Now going back, we talked about the achieving step
6 change.

7 Oh, sorry, one more question just before I leave
8 that: you said some initiatives were more successful
9 than others --

10 A. Yes.

11 Q. -- and you mentioned the Australian programme, you had
12 to make modifications?

13 A. Yes.

14 Q. How do you measure effectiveness? Because that's
15 always -- people come up with all sorts of initiatives,
16 and we, in this Inquiry, have probed some of them
17 sometimes and said: look, you are telling us about this,
18 that and the next thing, but how do you know if that's
19 effective or not? Do you have a particular way of
20 testing effectiveness? How do you test effectiveness?

21 A. The Functional Family Therapy is a good example. They
22 use standardised tests. They look at what were the
23 issues that brought the young person to the attention of
24 social work. How the parents feel at the particular
25 time, and they engage.

1 You then engage in a programme of work which helps
2 parents look at decision-making, look at relationships,
3 look at how you deal with tensions in families. And
4 then, at the end of the programme, you asking them to
5 score themselves again, so there are scoring tools that
6 you use. Parent satisfaction, child satisfaction. And,
7 uniquely, we ask social workers what difference those
8 services have made, because the social workers don't
9 necessarily deliver the programmes, but they are
10 consumers as well. So you are doing a triangulation of
11 views to see: what were the presenting issues, what has
12 changed, and is it where you would want it to be?

13 Q. So it is a process of evaluation --

14 A. Yes.

15 Q. -- in the way you have described?

16 A. Yes, that's it.

17 Q. You are not just asking the views of one particular
18 group that's involved --

19 A. No.

20 Q. -- as a child or a parent, or a social worker, you are
21 looking at a range of --

22 A. Yes, it's a comprehensive evaluation. And then the good
23 thing about evidence-based programmes is they are
24 scrutinised by the people who have developed them as
25 well, so there's an independent scrutiny of the

1 effectiveness.

2 Q. So you could get a report from the person that may have

3 at least devised the programme?

4 A. That's correct.

5 Q. To say: well, this is what happened in our authority;

6 can you tell us --

7 A. Yes.

8 Q. -- how we are performing, whether it is working or not?

9 A. That's correct.

10 Q. Yes.

11 A. The level of scrutiny on particular programmes like

12 that -- and I think that's unique about -- social work

13 doesn't have that, so I will talk about social work in

14 a minute.

15 But those programmes do have those evaluations.

16 That's fed back to the provider, who developed the

17 programme, the programme developer, and then they give

18 you reports that say: this is the kind of general

19 programme in terms of where you would expect people to

20 be. In Renfrewshire, it's either better or worse.

21 And I will give you an example, one of our early --

22 when we were doing Functional Family initially, alcohol

23 was a bigger issue in Renfrewshire than it was elsewhere

24 in Scotland and we were not getting the changes around

25 alcohol that we would like. So we had to do

1 a particular session with staff who deliver the
2 programme to say: what is it about Renfrewshire and
3 alcohol that we are not making?

4 And, actually, one of the things we recognised was
5 the staff's attitude themselves to alcohol was a major
6 factor. So we had to do work to say to them: this is
7 how you deliver the programme about alcohol, put your
8 own views about alcohol to the side. And once we did
9 that, we have seen the desired changes. So that is
10 a very effective way.

11 I think for general social work, it is much more
12 difficult, because social work tends not to work in
13 isolation. So we work with our colleagues in health,
14 and education, the police, the children's reporter, the
15 voluntary sector. So it can be difficult to say which
16 particular part of the intervention makes the biggest
17 difference. So, again, what you are trying to do is
18 evaluate that with all of the participants, including
19 the family and the young people.

20 Q. Okay. Just before I move on to your next position: what
21 you are describing in your authority, what you have done
22 since 1996 and perhaps, particularly more recently,
23 including these various early intervention and other
24 initiatives; how representative are you of
25 local authorities in general? Are you doing things that

1 other authorities are not doing or are you being copied
2 at least or followed --

3 A. Yes.

4 Q. -- by other authorities? Do you get any sense of
5 whether we can take it that what you are doing is
6 something that others are doing, if we think that you
7 are doing the right things?

8 A. Yes, so a bit of both. Actually, we know that some
9 authorities have absolutely embraced what we were doing.
10 So we were the first authority to work with the Social
11 Research Unit at Dartington. They have changed their
12 name. They are now called The Design Lab. But,
13 actually, there was then another four authorities in
14 Scotland, including Perth and Kinross, Dundee, and --
15 I can't remember which of the Ayrshires -- and one
16 other, who followed our model. And then the
17 Scottish Government adopted that model and they
18 developed their own health and well-being report for all
19 authorities on survey, on a regular basis across
20 Scotland. And again this has been controversial, some
21 families have opposed that, because they see it as
22 an overreach by the state. But, actually, most
23 authorities now have on a biannual basis -- is it
24 biannual? Every two years. I can never remember.

25 Q. Biannual.

1 A. Every two years there's a survey of children in school
2 to try and look at what your population needs for
3 support are.

4 Many authorities in Scotland now have the Functional
5 Family Therapy, but lots of authorities have worked
6 together to look at: how do we improve, particularly,
7 children's residential care? We have used CELCIS,
8 Centre of Excellence for Looked After Children in
9 Scotland, to share good practice. We use the inspection
10 reports from the Care Inspectorate to see what's working
11 well in a particular area and can that be managed.

12 So I think, across Scotland, social work, but not
13 just social work, local authorities, are much more
14 willing to reflect on what they need to do to improve.

15 Q. Yes, and what you have described, to some extent, is
16 this exercise of speaking to the young people and
17 others, obviously?

18 A. Yes.

19 Q. It is effectively giving them a voice and listening to
20 their views, and at least, to some extent, taking those
21 into account in either saying: the service is working or
22 we need something else.

23 Is that the broad approach?

24 A. That's the broad approach.

25 Q. In terms of sharing and discussing initiatives and their

1 success and the way forward for all authorities with
2 childcare responsibilities, you have talked about these
3 discussions --

4 A. Yes.

5 Q. -- and other authorities following your lead and
6 Scottish ministers have also apparently done so --

7 A. Yes.

8 Q. -- how does that happen? Do you have a forum where you
9 all get together and, like your three day locked room,
10 you get together and have some brainstorming session or
11 is there any other method that that's done by?

12 A. So across Scotland there are a number of different
13 methods. So the Scottish Government facilitates some
14 progress work through particular work streams. So, for
15 example, the children's mental health and well-being
16 work stream, the Scottish Government facilitates
17 learning across Scotland on that. They facilitate
18 learning on the children's services plans, so they then
19 say: where are the best plans in Scotland? How have
20 they been drafted? How are young people influencing
21 them? So the government facilitates that.

22 There is an organisation called
23 Social Work Scotland, which is a professional leadership
24 group. They have a number of standing committees, one
25 of which is the Children and Families Standing

1 Committee, so good practice and practice challenges are
2 discussed there on a regular basis. They meet once
3 every six/eight weeks and they bring along challenges
4 within that group. Because it's quite a wide remit,
5 they have some specialist subcommittees of that. So
6 there is a Child Protection Subcommittee, there is
7 a Residential Children's Committee, who look
8 particularly at particular areas of practice and share
9 that across Scotland.

10 Then you have organisations like the Centre for
11 Excellence for Looked After Children in Scotland. And
12 they will often do work -- they will do research and
13 they will share their findings and they will then
14 challenge authorities to respond to those findings.
15 They have done that in relation to 'looked after'
16 children's educational attainment. Currently, they have
17 led the development of the minimum data set for children
18 who are on the child protection register and involved in
19 services. So you are using those formal structures.

20 And then there are some informal -- relationships
21 occur, so people will hear and they will make direct
22 contact. And some of that comes from things like the
23 inspection reports by the Care Inspectorate. So the
24 Care Inspectorate undertakes our regulated inspections
25 for children's houses, foster care services. They will

1 produce reports. People will pick up from that. They
2 will see good practice or they will see challenges and
3 they will know where to go for support. Then there is
4 the children at risk of harm inspections, which are
5 multi-agency. And, again, the Care Inspectorate will
6 review how a particular area -- the partners in that
7 area are working to protect children, publish those
8 reports and every authority waits for the reports to be
9 published to see good practice and then makes contact.

10 LADY SMITH: Mr Peoples, I think it is time for the morning
11 break.

12 Would that work for you all right if we break now,
13 John?

14 A. Yes, yes, my Lady.

15 LADY SMITH: Let's do that, thank you.

16 (11.32 am)

17 (A short break)

18 (11.47 am)

19 LADY SMITH: John, welcome back. Are you ready for us to
20 carry on?

21 A. I am ready, my Lady.

22 LADY SMITH: Thank you.

23 Mr Peoples.

24 MR PEOPLES: My Lady.

25 John, I have been using your CV, basically, to take

1 us from a journey from the 1980s through to the present
2 day, but I am getting there.

3 A. I recognise that.

4 Q. So I can say it's not all on your CV, but obviously you
5 have quite a lot to contribute, so I am taking that
6 opportunity today.

7 A. Yes.

8 Q. And if I moved on from project manager, Achieving Step
9 Change, you moved in 2014, October, to a new position of
10 transitions manager. I am not going to spend a lot of
11 time, because I think to some extent you have sort of
12 trailed the ground for this. You worked as part of, you
13 say, the directorate to lead the merging of the
14 authority's education, children's social work, and
15 criminal justice social work services to create what you
16 say was the new Children's Service Directorate. So,
17 something did emerge that was called the Children's
18 Service Directorate?

19 A. It was. And it was partly in relation to the
20 establishment of Health and Social Care Partnerships,
21 where adult social work was required to be delegated to
22 these new integrated joint boards. But, in
23 Renfrewshire, we felt that the work we had undertaken
24 meant that social work for children should actually be
25 within the local authority and with education, and that

1 was the outcome.

2 Q. So you carved out, effectively, a Children's Services
3 Directorate?

4 A. We did.

5 Q. Would that be not dissimilar to a children's department
6 in the old era? I am not suggesting there are
7 parallels, but in some ways it is concerned with
8 children and families?

9 A. It is concerned with children and families, so we
10 provide early learning right through to care services.
11 And we provide schools and throughcare services, and
12 then justice. So, yeah, it's very much a children and
13 families directorate.

14 Q. Yes, okay.

15 And then you moved on, in 2015, to become head of
16 Early Learning and Inclusion with the council?

17 A. Yes.

18 Q. And you tell us that involved working as a member of the
19 Children's Services Directorate, we have just been
20 discussing. And as a member of the directorate, you led
21 the early learning and childcare services as well as
22 some other service. I won't go through them all.

23 A. Yes.

24 Q. And you say that you were working to the director of the
25 children's services; that's the director of the

1 directorate?

2 A. Yes, correct.

3 Q. And that you led on ensuring that a prevention and early
4 intervention approach underpinned the service, in order
5 to seek to secure the best outcomes for children as they
6 move through their --

7 A. That's correct.

8 Q. -- education.

9 Then we come to your current position. Now, it is
10 slightly changed in title, but you became Head of
11 Children and Justice, Social Work and Chief Social Work
12 Officer, and you have been in that position since the
13 3 September 2018?

14 A. That's correct.

15 Q. But in May 2024, the job title changed to what I have
16 just read out?

17 A. Yes.

18 Q. From Head of Childcare and Criminal Justice?

19 A. That's correct. We made that decision because we felt
20 the criminal justice tied adults who were in conflict
21 with the law into a labelling approach, where they were
22 identified as criminal and nothing else.

23 So, as we were undertaking a period of redesign to
24 refocus as we came out of the pandemic and improve our
25 services -- and we felt that we wanted to ensure that

1 rehabilitative approach, so we dropped the 'Criminal'
2 and just made it 'Justice Services'.

3 Q. Obviously, people can get very bamboozled with titles
4 and we will come to that when we come to assessment
5 centres. But how important is it to make these changes?
6 They might just seem symbolic, but do you think they
7 make any real difference?

8 A. We spoke to adults we were working with, we spoke to
9 staff, and we responded to that. I think what we seen
10 was -- we wanted to do a bit of culture change, not
11 necessarily within social work, but within our partner
12 organisations and they reacted very, very positively.
13 So although it can appear symbolic, actually there's
14 a degree of thought behind it to change culture, to
15 improve the support for adults in conflict with the law
16 through our housing services, through the police and
17 through the community voluntary services, and talking
18 about justice. And that includes justice for victims,
19 it includes justice for those people who have
20 perpetrated offences, and it includes justice for the
21 community, because, actually, a rehabilitated individual
22 is much better than somebody who continues to offend.

23 Q. So it was designed to send a signal, but not necessarily
24 just to children or families --

25 A. That's correct.

1 Q. -- but send to those agencies and people that you were
2 working with, also.

3 I suppose it might be -- you might draw a parallel
4 with the change from children in care to 'looked after'
5 children. Somehow it was thought: it's a bit of
6 a mouthful at times -- or care-experienced --

7 A. Yes.

8 Q. -- but it appears that maybe for the same reasons
9 people wanted to move away from a term that had become
10 synonymous with, perhaps, a negative view of children
11 and an attitude towards them, or a stigma attaching to
12 them?

13 A. I think so. And I think that young people in
14 particular -- and again I will mention The Promise. But
15 young people during the journey of The Promise told us
16 that language really matters. And it's interesting, I
17 mean, you talked about 'looked after' and accommodated
18 children -- and I am pleased you used the whole
19 mouthful, because, whilst it's a mouthful, there was
20 a tendency for some people to shorten that and refer to
21 children as LAAC and young people told that was a really
22 negative connotation: what do we lack? We are children.

23 So, actually, language is really important and
24 I think it can symbolise both the direction of travel,
25 but also the inclusion agenda. It is about ownership

1 and it is about giving people opportunity.

2 Q. Okay. I am just about to leave your CV, you will be
3 pleased to know.

4 But, as chief social work officer, you tell us that
5 your general responsibility involves providing
6 professional advice on provision of social work services
7 to elected members and senior officers and to provide
8 professional leadership and to promote the highest
9 standard of social work interventions; that, in
10 a nutshell, is what you are tasked with doing?

11 A. That's correct, yes.

12 Q. Now, before looking at the report you provided, I just
13 wanted to -- I think Newfield is, as we understand
14 actually operates -- it was an idea that was formulated
15 in the era of Glasgow Corporation, I suppose?

16 A. That's correct.

17 Q. But it didn't actually come to fruition, I think.
18 Ultimately, I think it actually opened, according to the
19 records we have seen, in October 1979, so it was
20 actually towards the back end of that decade?

21 A. Yes.

22 Q. And it remained as Newfield, as we will see, until just
23 about 1998/1999, then it closed and reopened as
24 Rowanlea?

25 A. That's correct.

1 Q. And we will come to that.

2 But, before we go to the opening of Newfield, I just

3 wanted to briefly go back a little, just to see the

4 context in which these things were happening?

5 A. Yes.

6 Q. Because, to some extent, assessment centres were

7 something new --

8 A. That's correct.

9 Q. -- in the seventies, because in the run up to the coming

10 into force of part 3 of the Social Work (Scotland) Act

11 1968 -- this is the introduction of the

12 Children's Hearings System --

13 A. That's correct.

14 Q. -- in 1971, as it turned out -- this was to mark the

15 end of the era of remand homes?

16 A. That's correct.

17 Q. And prior to part 3 coming into force in 1971 -- and

18 correct me if I am wrong, but the broad picture was that

19 the situation wasn't great because there was

20 an overcrowding in remand homes around that time and for

21 some time before then?

22 A. There had been, yes.

23 Q. And we were still in the era of approved schools --

24 A. That's correct.

25 Q. -- which were the main residential setting for young

1 people. And we were still in the era of courts making
2 committal orders, generally speaking, to send young
3 people to these schools. And we were also still in
4 a system which involved admissions to approved schools
5 being arranged centrally through the -- well, latterly
6 the Scottish Social Work Services Group, but, before
7 that, the SED?

8 A. That's correct.

9 Q. And, indeed, there was a heavy demand for places?

10 A. There was indeed.

11 Q. Which to some extent explained the overcrowding in the
12 remand homes?

13 A. Yeah.

14 Q. So that was the situation that was confronting people in
15 the late sixties. And of course, because of the demise
16 of the remand homes, local authorities who ran remand
17 homes, unlike approved schools -- they didn't tend to
18 run approved schools, other than Glasgow Corporation --

19 A. Glasgow, yes.

20 Q. -- who had a couple --

21 A. Yes.

22 Q. -- local authorities were faced with deciding what use
23 or uses to make of existing remand homes. That was --
24 some, for example, were quite notable or notorious, I am
25 not sure what's the right -- Larchgrove, for example,

1 was a remand home.

2 A. Larchgrove, yes.

3 Q. And, indeed, it did have a lot of problems, including

4 overcrowding?

5 A. Yeah.

6 Q. I think that certainly the SED and the Social Work

7 Services Group envisaged many existing remand homes

8 becoming assessment centres --

9 A. (Nods).

10 Q. -- with the broad function of carrying out a proper or

11 professional assessment of needs to ensure that a young

12 person, if he or she couldn't be at home, would be put

13 on a placement that would meet their assessed needs; was

14 that the broad idea?

15 A. That was the broad idea. And I think it was

16 interesting, obviously, the Kilbrandon Report gave us

17 the 1968 Act and, if you think about Kilbrandon, he

18 actually recommended a social education department, not

19 social work.

20 Q. Yes?

21 A. Which I think is interesting in terms of our current

22 model in Renfrewshire.

23 But I think there was a deliberate decision that we

24 had to find a way of looking at those children with the

25 most complex needs to get a comprehensive assessment of

1 where they could best be cared for. And there hadn't
2 been a place -- the remand homes had a very different
3 function; they were to hold people generally for
4 detention and then sent to an approved school. So this
5 was a new approach to try and find: how do we understand
6 what is going on for this young person and their family?
7 And the best way to support them.

8 Q. Yes, and I suppose, apart from the fact that the remand
9 homes didn't really -- other than producing social
10 enquiry reports for courts, which I don't think were
11 what Kilbrandon envisaged to be the type of assessment
12 that was going to be used going forward. Apart from the
13 remand homes, the approved schools themselves, which
14 became List D schools, weren't really catering for
15 complex needs. They were a kind of -- a place where
16 children were -- with all sorts of needs, some complex,
17 some very complex -- were simply sent, without
18 discrimination?

19 A. I think that's absolutely correct. And, actually, you
20 would probably still see that to some extent through the
21 seventies and eighties; that the List D schools and
22 List G --

23 Q. List G.

24 A. I could never quite get the distinction.

25 Q. I think, if I can help you --

1 A. Social and emotional --

2 Q. I think List G was seen as something different from

3 List D. They were both, I think, departmental lists?

4 A. Yes.

5 Q. But List G -- and there weren't so many -- were maybe

6 seen as special residential schools for children with

7 complex behavioural needs --

8 A. I think that's correct.

9 Q. -- but there weren't so many of them. And I think in

10 practice, as I understand from what evidence we have

11 received, is that in practice, many children, who might

12 have been more suited to going to a specialist

13 residential school if they had to go away from home,

14 were simply committed to an approved school because

15 there was nothing else.

16 A. I think that's correct.

17 Q. And that remained the position --

18 A. And that remained the position right through --

19 Q. With List D?

20 A. Yes, it did.

21 Q. Because panels used to say: 'Give us alternatives and if

22 you can't give us alternatives, then we'll have to just

23 use what we have'.

24 A. I would agree. I think that's exactly what happened.

25 Children's Hearings looking to try to identify the need.

1 The resource wasn't there, so List D would become the
2 default position for many children.

3 Q. Yes. And for those that were in remand homes,
4 particularly, perhaps, staff, that that was a time of
5 considerable uncertainty, I suppose, for them. And when
6 part 3 did come into force, perhaps -- and you can --
7 perhaps, wish to comment -- perhaps there was no real
8 clarity about how an assessment centre would operate in
9 practice or whether it would be used only for assessment
10 or also for other purposes. There seems to have been --
11 certainly that was the sense we got from the evidence
12 about Brimmond that we heard about last week --

13 A. Yes.

14 Q. -- that there was no clear purpose identified?

15 A. So I have not been able to find too much about the early
16 days of Newfield, I am afraid. But I can think about
17 when I was a social worker in Strathclyde and the
18 purpose of a residential assessment. I think it was
19 quite clear.

20 But, if you think about the change, you were
21 changing from a remand centre, which in a sense had
22 staff who operated almost as prison guards, to hold
23 people in secure establishments, to manage their
24 behaviour before a sentence in court. Those staff
25 transferred to the new assessment centres, or many of

1 them did. I don't think there was lots of training at
2 that particular time. I already mentioned in relation
3 to general childcare that that staff group were
4 unqualified. There would not be the same level of
5 training that staff have now, or, in fact, that staff
6 probably in the later stages of the assessment centres
7 had.

8 I also mentioned the cultural change around my title
9 changing. That cultural change probably didn't happen
10 in the late seventies into the early eighties around
11 remand to an assessment centre.

12 In the old Strathclyde days when I qualified, the
13 assessment centre was seen as somewhere that young
14 people would go for a short period of time on the basis
15 of a decision by a children's hearing, because the
16 children's hearing decided their needs had not been
17 adequately assessed at home or that they could not hold
18 the young person safely at home to identify what support
19 was required best for that young person.

20 Q. So, although there was a change of name, there wasn't
21 a change of culture? And to some extent it may have
22 reflected the fact that it wasn't just the old
23 remand homes that were used to be as assessment centres,
24 it was the old staff in remand homes that were used and
25 old habits die hard?

1 A. I would certainly think so.

2 Q. Yes. We are talking here about a new, purpose-built --

3 A. That's correct.

4 Q. -- assessment centre, but, nonetheless, we heard about

5 Brimmond --

6 A. Yes.

7 Q. -- which was also a new purpose-built centre?

8 A. Mm-hm.

9 Q. And I think the evidence was to the effect that a large

10 number of staff from Kaimhill Remand Home in Aberdeen

11 transferred across?

12 A. Yes.

13 Q. Kaimhill closed and Brimmond opened, and that was

14 basically what happened?

15 A. Yes.

16 Q. And there was a perception amongst everybody, including

17 the police, that: well, whatever they call it, it's

18 still a remand home?

19 A. I would certainly think so. I mean, I obviously don't

20 know about where all of the staff in the early days of

21 Newfield came from. But, if you look back, and you

22 think that there were changes in the remand home

23 services across Scotland, there was changes in List D,

24 those would be the places I would imagine that people

25 would join from.

1 I think in the later part of the 1980s, you began to
2 see a change in the staffing. So there were some staff
3 who made a positive choice to work in the
4 assessment centres in the old Strathclyde and had
5 contact with both Cardross and with Newfield. And you
6 would see -- but there were still members of staff who
7 had been there for a long time, even in the late
8 eighties.

9 Q. And you will know as well as I do in the context of
10 public sector employment, if you get -- if you close
11 a particular type of setting there is no question of
12 compulsory redundancy; people are redeployed?

13 A. That's correct.

14 Q. And if you are going to use an old remand home for a new
15 function, there's a high chance that some of the people
16 there will continue to work there?

17 A. I think that's a realistic position.

18 Q. Yes. Now --

19 LADY SMITH: And they may not think it's strange if a child
20 ends up being there for rather longer than would be
21 required for an assessment. We certainly heard about
22 that in Brimmond --

23 A. Yes.

24 LADY SMITH: -- in some quite extreme cases.

25 A. I think it is interesting, my Lady, when we looked at

1 a return, we tried to identify how long children were
2 there and it wasn't always possible to find that.

3 LADY SMITH: Yes.

4 A. Certainly in my early career, in 1988 to early 2000,
5 most children that I know that went to the
6 assessment centres, either Cardross or to Newfield,
7 would have been there for between three and six weeks,
8 but there were some young people who remained there much
9 longer. And that was often a consequence of being
10 unable to identify a placement to move to,
11 an appropriate List D, a List G, or a more specialised
12 resource.

13 LADY SMITH: The other thing -- we will probably come to
14 this, and I noticed it from your return -- there were
15 examples of quite young people being put in the
16 assessment centre alongside teenagers who were much
17 older than them. We saw that in some cases in Brimmond,
18 too.

19 A. That's correct. And, again, I think it's a difficult
20 one because the children's hearing would obviously want
21 to make a decision about the best interests for
22 children, but they only focus on that child that's in
23 front of them at that time; they don't think about the
24 general make-up of the rest of the assessment centre.
25 So they would say to the social worker, 'I want

1 an assessment centre bed for this young person', and you
2 had to provide it because it was a legal order. But you
3 might be saying: with all due respect to the hearing,
4 the rest of the centre is 14, 15-year-old young men who
5 have been involved in offending; what does that feel
6 like?

7 But, yes, it did happen. It doesn't happen now,
8 because we don't have the assessment centres as such,
9 but there are still problems with children if you can't
10 find a proper place that meets their needs fully, that
11 they could end up in a unit, children's house, with much
12 older children.

13 LADY SMITH: Thank you.

14 Mr Peoples.

15 MR PEOPLES: I will put this suggestion to you: the
16 assessment centre concept, which as you have just said
17 is an outdated model --

18 A. Yes.

19 Q. -- and it's no longer used in terms of
20 assessment centres, obviously assessment is still
21 used --

22 A. Yes.

23 Q. -- is the sort of concept that, I suppose, particularly
24 against the background of remand homes and the
25 experience of them, that would have sounded like a good

1 idea and quite an enlightened development at the time.
2 But, perhaps on reflection, it wasn't as fully thought
3 through as it ought to have been; do you --

4 A. I would absolutely agree on that. When I reflect on
5 that, if you think about the make up of the
6 assessment centre, they talked about trying to provide
7 the education in the same place, an educational
8 psychologist, sometimes a clinical psychologist, social
9 work staff, and I think what they genuinely hoped to
10 achieve was a holistic assessment of young people who
11 often were not attending school in the community and
12 were disengaged, and it was therefore difficult to
13 understand what was going on.

14 But the reality is you have removed them from where
15 the problems and challenges existed and you were
16 assessing them in an artificial environment and then
17 sending them back, either home or to some other
18 residential establishment.

19 Q. But not only that, your envisaged, sort of, almost
20 centre of excellence, where people would be assessed by
21 a team of appropriately qualified professionals, acting
22 together, wasn't really ever realised because they
23 didn't have the qualified staff for a start. Perhaps
24 the support services that were envisaged weren't as
25 adequate as they needed to put the concept into

1 practice --

2 A. Yes.

3 Q. -- in the intended manner. These were all problems,

4 I think.

5 And I suppose we can't forget that this was a time

6 of huge change more generally, because we were just in

7 the -- at the birth of the new generic

8 Social Work Department?

9 A. That's correct.

10 Q. So there was a huge change going on more broadly and it

11 was -- this was just one part of the picture?

12 A. That's correct. It was part of a complex landscape at

13 that time.

14 Q. I suppose that must, to some extent -- because I think

15 it has been suggested, perhaps, that authorities

16 concerned with making this transition would have lots of

17 things to think about and they would make their

18 priorities, and they would have to look at a lot of

19 different issues, and they couldn't deal with them all

20 at the same time and something would have to give,

21 perhaps?

22 A. I think that's a fair assertion, yeah.

23 Q. And then once the Children's Hearings System came into

24 operation from about April 1971, I think, my

25 understanding is, at least in some of the former

1 remand homes or their successors, they saw a fall in
2 numbers, in part, I think, due to panels being at times
3 disinclined to place young people temporarily in such
4 places. I think there's a suggestion of that in some of
5 the records we have recovered; does that accord with --

6 A. Yeah. And, again, you know, reflecting on my own
7 career, I think that the Children's Hearing were always
8 reluctant to make decisions to remove children from
9 their families. I think they embraced the vision of
10 Kilbrandon to support children within their families and
11 communities. So I do think there would have been
12 a period where the number of children being removed
13 reduced. There was then a period where it peaked again,
14 and then has reduced dramatically since.

15 Q. Because, I suppose, if the general mood was not to move
16 a child from home, if that was the direction of travel,
17 then it maybe doesn't make a lot of sense to take them
18 temporarily to somewhere away from home, whether for
19 assessment or otherwise; would that be -- and also if
20 the panels were saying, as they were in the 1970s: 'Give
21 us alternatives. We can't just keep sending children to
22 these List D schools, where, perhaps, they are not
23 meeting individual needs'?

24 A. I think I would agree with that position, yes.

25 Q. Yes. And I suppose the other thing is -- that it might

1 explain to some extent the drop in numbers -- is that
2 the former remand homes were no longer places of
3 detention that would accommodate young people up to the
4 age of 18 who required to be in some sort of secure
5 conditions?

6 A. That's correct. And I think, also, the change from
7 young people who had been involved in offending
8 appearing in front of courts for sentencing. There was
9 a philosophical change in the approach, which was
10 that we would try not to have children and young people
11 locked up. We would work with the challenges, because
12 we recognised they existed in their families and
13 communities.

14 So I think it was a philosophical and ethical change
15 in practice, and that reduced -- that did mean there was
16 a reduction. But, those young people, there were
17 services available for them in the community at that
18 time.

19 Q. But there was still a problem. I am not going to take
20 you to the letter, but the Scottish Social Work Services
21 Group issued a letter in 1968 to the town clerk of
22 Glasgow basically saying, you know: start thinking about
23 it now, you will need residential accommodation. You
24 probably need more assessment facilities --

25 A. Yes.

1 Q. -- you probably actually need more remand facilities as
2 long as they continue, so get thinking about it.

3 A. Yes.

4 Q. But it appears that, despite these warnings, there was
5 not much activity in terms of doing anything
6 immediately. Newfield opened in 1979; it didn't open in
7 1971.

8 A. And I think you are correct that there wasn't major
9 action to look at that. And Newfield and Cardross
10 provided the assessment centres for the whole of
11 Strathclyde. So an incredibly sizable population and
12 probably only 60 to 80 beds for assessment.

13 Now, I think the theory was that young people would
14 only be there for those three weeks and therefore you
15 would get --

16 Q. High turnover?

17 A. -- high turnover. So: in, assessed and back out to the
18 relevant place.

19 Q. Yes. I suppose the hope was -- well, I think this is
20 maybe illustrative of something that we have come
21 across. The fate of assessment centres and the fate of
22 residential placements, or residential establishments,
23 goes to some extent hand in hand, because one
24 possibility is you send the child to a residential
25 establishment but there weren't really enough

1 facilities. We have said that before. That was a real
2 problem, wasn't it? You are trying to introduce
3 something, but the local authorities didn't want to take
4 over the List D schools, and it took until the mid
5 eighties, and it took, basically, a unilateral decision
6 by the Secretary of State to say: 'Look, the transition
7 has gone on long enough. You've been bickering about
8 this, you don't want to take over the management, you
9 say there are all sorts of disadvantages so I am just
10 going to withdraw my financial support and you are just
11 going to have to get on with it'. And that's what
12 happened?

13 A. That's correct, yes.

14 Q. So it was never envisaged that you would go through the
15 seventies and half of the eighties with List D schools?

16 A. I think that's the general principle. And, again,
17 I think it was that fundamental shift in the Kilbrandon
18 philosophy, which was that we would develop better
19 alternatives, but you would still require some
20 residential capacity. But there was never sufficient,
21 I would agree.

22 Q. And the residential capacity that was needed wasn't just
23 more List D schools?

24 A. No.

25 Q. It was maybe perhaps more specialist facilities for

1 residential care of a type that really didn't grow up at
2 that point?

3 A. I think so. And I think that if you look at, probably,
4 the history of residential List D schools, they
5 continued to cater, in the main, for young people who
6 were in conflict with the law and it became much more
7 complex when young people with those additional
8 challenging behaviours, whether it be they are
9 distressed, their mental health, became party to that
10 environment, there were also additional significant
11 challenges. But they were a different population. And
12 I think it would be difficult to balance both groups'
13 needs.

14 Q. Well, I suppose that if they had untrained people and
15 they had people with complex needs in the sort of
16 environment where people were coming for all sorts of
17 reasons, it's not going to be a recipe for success, is
18 it, on the face of it? That these children are somehow
19 going to nurture and thrive, is it? Particularly if you
20 have strict regimes, as you often had, and the
21 relationship between staff and young people was not what
22 it may be today?

23 A. I think that's a really good point. If you looked at
24 your model where your qualified staff, who had been the
25 highest trained staff in terms of understanding human

1 dynamics, child development, behavioural patterns,
2 sociological, psychological inputs. If they operate in
3 the community, but you then send the child -- because
4 they have not been able to get the assessment, you send
5 the child to a residential establishment where there are
6 unqualified staff in the main. So some qualified staff,
7 some teachers, some psychologists, but the care staff in
8 the main being unqualified. It does seem to be
9 a counter-intuitive position that you would get better
10 assessment.

11 Q. And even if you did get better assessment, if all you
12 have got is a List D school, you are getting group care,
13 not individual care. There's no way that the staff in
14 these homes, particularly if they are not qualified, are
15 going to provide the individualised care that the system
16 envisaged --

17 A. Yes.

18 Q. -- would happen. And that clearly is what did happen --

19 A. Yes.

20 Q. -- they didn't get the care?

21 A. That's correct. And I think what also, though --

22 I think from the assessment centres was there was
23 a hope, I believe, that the assessment centre would
24 identify only those children who required List D, to go
25 to List D, and there would be something better, whether

1 it be foster care or a residential children's house, or
2 a community support package. But I don't think that was
3 always available and, therefore, didn't deliver what its
4 outcome -- what its intended outcomes were.

5 Q. And the hope, I think, when part 3 came into force
6 was -- this is going back to the point about what
7 happens. The former remand homes would simply become
8 part of a range of resources available to
9 local authorities to discharge their responsibilities to
10 young people under the 1968 Act. And it seems, I think,
11 from the contemporaneous material that we have seen,
12 that the SED and SWSG did not want, and made efforts to
13 avoid, a perpetuation of the old system of remand homes
14 which were separate from other residential
15 establishments for children. That was their hope, that
16 they could achieve the change?

17 A. I genuinely believe that they hoped that. But, again,
18 if you look at what was provided as an alternative was
19 not that different, therefore, how you achieve that,
20 I think, was a real challenge for them.

21 Q. But the whole idea, I suppose, behind the 1968 Act and
22 the changes that were happening and the Children's
23 Hearing System was that it would develop a situation of
24 professionally assessing individual needs before any
25 decision was taken --

1 A. That's correct.

2 Q. -- on either placement or staying at home and meeting
3 that need while keeping the young person at home or, if
4 necessary, in an appropriate placement, but there
5 weren't very many choices?

6 A. There were not. I mean, if you think back to the
7 seventies and eighties, you had List D schools, List G
8 schools, you had residential children's houses, and that
9 was it, other than the alternative of the
10 assessment centre. So there was not a swathe of
11 specialist resources available for young people with
12 really complex needs.

13 Q. Now, can I turn to the report that you have provided --
14 or the council has provided to the Inquiry,
15 REC-000000027, which I would like to just look at now.

16 This was a report relating to Newfield
17 Assessment Centre, and as it was renamed, Rowanlea
18 Resource Centre. Broadly speaking, the report was
19 a response to a series of questions on various matters
20 which the Inquiry was interested in getting a response
21 to. So far as the methodology is concerned in preparing
22 the response, I think if we look at the report towards
23 the end, there is an appendix 1, I think at page 21, if
24 we can turn to that. If we have that. It is just --
25 I am not going to take the detail of this. But, broadly

1 speaking, there were certain documents that would have
2 been of value that you weren't able to locate and
3 admissions logs being an example. I think there was
4 only one complaints log that you were able to locate for
5 2007/2008. But what was done -- or the major part of
6 what was done -- was to look at a significant sample of
7 case files. I think you tell us there that there were
8 case files read relating to 232 placements, which
9 represented 39 per cent of the total placements over the
10 relevant period. That's placements of Renfrewshire
11 children --

12 A. It is Renfrewshire children. So, in terms of our
13 approach, I asked the senior officer with responsibility
14 for quality assurance in Renfrewshire, a particular post
15 that we created, and our child protection adviser to
16 lead the preparation of the response to the Section 21.

17 We supplemented that with a range of qualified
18 social work staff. We were disappointed that we
19 couldn't find records. We genuinely believed we should
20 have had them, but we absolutely conducted forensic
21 searches of our archives and we were unable to trace
22 them.

23 So we then were able to identify, from our
24 electronic records and from paper records, a number of
25 children that we believe confidently gave us the total

1 number of children placed from the point where
2 Renfrewshire Council was established. And we then, over
3 a number of weeks, had staff, two or three nights
4 a week, sitting and reading every single file from
5 page 1 through to the end and we achieved 39 per cent of
6 the total. And we believed that would give us
7 a reasonable sample of what experiences looked like. So
8 it was a number from each year --
9 Q. Yes.
10 A. -- as well as the total.
11 Q. Yes, I will just refer. I won't look at the detail --
12 A. Yes.
13 Q. -- but, at page 23, I think, we see a table which shows
14 the period covered, 1996.
15 A. That's correct.
16 Q. Which is when Renfrewshire Council came into
17 existence --
18 A. That's correct.
19 Q. -- and replaced Strathclyde as the operator. And it
20 goes through to 2013, which I think was around the time
21 it closed?
22 A. That's correct.
23 Q. And you identified a total of, I think, about 590
24 admissions and you took 232 --
25 A. That's correct.

1 Q. -- case records, which is 39 per cent. And you give us
2 a breakdown of the numbers for each year, so we can see
3 you have taken some from each year during that period?
4 A. Yes.
5 Q. But you do say, you qualify your methodology by saying
6 that -- and I am looking about halfway down, it says:
7 'We know from practice experience with children who
8 suffer abuse, particularly those in a public care
9 setting, they are unlikely to make formal complaints
10 about the abuse at the time of its occurrence.'
11 And you also say that:
12 'It became apparent, from reading the files, that
13 very many children who indicated a desire to make
14 a complaint immediately after an incident did not
15 actually proceed with their complaint, and in many cases
16 they withdrew allegations or changed their account of
17 events. We do not believe that this desistance is
18 necessarily evidence of abuse not occurring, rather
19 a reflection of the children's stage of development and
20 reticence to complain arising perhaps from a general
21 sense of powerlessness.'
22 I don't think you are telling us anything new that
23 maybe reflects the danger of relying too much on
24 records --
25 A. Yes.

1 Q. -- and evidence in records of allegations or
2 complaints. And this is for a period from 1996 onwards?
3 A. 1996.
4 Q. We are not in the dark ages here?
5 A. That's correct. And I think Lady Smith asked about the
6 quality of the restraint records. Early on, they were
7 not as robust. I think that that statement was one we
8 considered with genuine thoughtfulness around what we
9 wanted to say.
10 We genuinely believe that some children experienced
11 abuse and started to tell, but then withdrew that. The
12 powerful relationships that occur in a care setting,
13 a group care setting, are incredibly difficult. The
14 power that the state has over families, even within
15 communities, makes it difficult for families to
16 complain. And if you are in a place where you rely on
17 that person to deliver your safe care every single day,
18 including those very basic needs of food and clothing
19 and shelter, it becomes very difficult to challenge
20 that. So whilst we identified some cases where we have
21 seen and we were able to provide evidence to the
22 Inquiry, we also identified some cases where we thought:
23 'This young person started to complain and then withdrew
24 it'.
25 Q. Yes.

1 A. Yes.

2 Q. And that would reflect your general experience, that
3 young people -- there are various reasons why they don't
4 complain. One of which is obviously they are not sure
5 that it's a good idea?

6 A. Yes.

7 Q. They would be worse off. They won't be believed and
8 things of that nature.

9 A. Yes.

10 Q. And it becomes a deterrence?

11 A. It does. And I think the imbalance of power.

12 Q. And the imbalance.

13 A. And we see that. The imbalance of power makes it
14 significantly difficult for a child or a family, to
15 raise a complaint.

16 Q. Yes. And you were --

17 LADY SMITH: And I suppose apart from that, it may simply be
18 that a child feels they just can't cope with the
19 investigation, the questioning, and they want to
20 withdraw from all this exposure to the sort of processes
21 that would have to happen.

22 A. I think also, my Lady, that for some children and young
23 people, unfortunately they feel they deserve some of
24 this, because they didn't see themselves as valuable
25 children and members of society.

1 LADY SMITH: Yes, mm-hm.

2 A. And they were unable to articulate that. So they would
3 see a restraint not necessarily as punishment or as
4 wrong, but they would say, 'I did something wrong and
5 therefore I can understand why it happened'.

6 So it made it very difficult for young people to
7 raise that concern with us.

8 LADY SMITH: Thank you.

9 MR PEOPLES: I am going to spring a question on you, which
10 I probably haven't given you warning of, but I did the
11 same for Mr Hinds for Inverclyde. A hot topic is
12 mandatory reporting --

13 A. Yes.

14 Q. -- where a child makes some form of disclosure. Has
15 your council or have you applied your mind to that big
16 topic and whether have you got either a council position
17 or a personal position on the merits or demerits of
18 a system of mandatory or compulsory reporting, at least
19 in defined circumstances? Is that something you are --

20 A. I think mandatory reporting is a really interesting
21 concept. And I suppose, as I reflected -- because we
22 have received a Section 21 asking for a view in relation
23 to that, Professor Alexis Jay, who I hold in the highest
24 regard, in terms of her inquiry, made specific
25 recommendations. I think there has been a degree of

1 reluctance in Scotland to embrace that decision or
2 recommendation.

3 For me, I believe that there are positive aspects of
4 a mandatory reporting. However, there will still be
5 occasions where the only person who knows a disclosure
6 has been an individual child to a worker and, therefore,
7 how will we know if that worker has reported or not
8 reported?

9 But, as a council, we are exploring what that looks
10 like. I think we currently are more confident that we
11 have sufficient eyes and ears within our children's
12 houses. That means that if a child discloses, that our
13 response is much clearer. So our child protection
14 procedures, which we updated in 2021/2022, specifically
15 refer to how staff should respond to a disclosure from
16 a child.

17 Q. But if that disclosure's made to staff -- leave aside
18 whether the staff might consider what to do with it, but
19 in general terms, the council's position, if
20 a disclosure's made to a member of staff, and, for
21 example, it involves a potential criminal offence; is
22 that automatically reported to police these days?

23 A. Our child protection procedures clearly state: when
24 a child discloses abuse to a member of staff, they
25 should report it to social work and social work should

1 have a discussion with the police in relation to how
2 that should then be progressed.

3 Q. When you say 'discussion', I suppose that raises
4 a possibility that the discussion wouldn't necessarily
5 trigger a formal police investigation; is that correct?

6 A. The discussion should. So it's the place where the
7 police would say to us: 'Actually, we believe a crime
8 has occurred and, therefore, we want to undertake
9 a criminal investigation'. And we would then agree how
10 the protective investigation would proceed.

11 Q. I see. So it's not a matter of saying: we discuss --

12 A. No.

13 Q. -- and then consider whether it is in the child's best
14 interests --

15 A. No.

16 Q. -- to have an investigation with all the consequences
17 that may entail; it's just: are the police satisfied
18 that there is a basis for an investigation of
19 a potential crime?

20 A. I think -- we call it a 'discussion' because, actually,
21 we would not deem, that as a social worker, that we are
22 the people who would have the authority to decide
23 a crime has occurred.

24 The discussion is about what information we have,
25 what the child's told us. We are looking how do we take

1 forward a protective plan, but part of that is: is there
2 a requirement for a police investigation in relation to
3 a criminal act against a child?

4 I think when it looks at behaviours within
5 residential establishments or alternative care, then
6 obviously one of the factors we would absolutely be
7 considering is: do we think a crime has been committed
8 and are we asking the police to investigate? And we
9 have experience where we have absolutely asked that.

10 Q. But, in that scenario, I mean, you could say that that
11 actually sounds like a de facto mandatory reporting
12 system without legislation. It's just if that's the
13 policy and it's applied --

14 A. Yes.

15 Q. -- consistently, there will be a process of
16 investigation and possibly charges and criminal
17 proceedings at the end of them --

18 A. Yes.

19 Q. -- if it's involving crime?

20 A. That's correct.

21 Q. I am not saying that you couldn't have disclosures that
22 don't involve crime. That may raise different
23 considerations.

24 A. Yes.

25 Q. But, in practice, you are fairly saying the council

1 operates a mandatory reporting system?

2 A. I think de facto we absolutely are operating mandatory
3 reporting.

4 Q. Well, the question I would ask is: if I am the young
5 person, before that disclosure's ever made by me; am
6 I aware that if I raise a concern with staff and it
7 raises a concern about possible ill treatment or abuse
8 that would be criminal in nature -- am I aware that that
9 will automatically be referred to the police and that
10 that will trigger a process, even if I am not really
11 sure about whether I would want that to happen? Because
12 some people get cold feet at that point, saying,
13 'I don't want that. I do want things to be done, but
14 I don't want that'.

15 Are they aware?

16 A. They are, yes. So, as part of the young person's
17 reception into our children's houses, and coming in, we
18 have a period of induction where we talk to the children
19 about their rights. But one of the areas that we are
20 very clear about is the bounds of confidentiality. So
21 we speak to young people about what staff can keep
22 confidential between them and the young person. We talk
23 about the dangers of confidentiality and about how
24 confidentiality can be used by people to groom and
25 prepare children, so we do talk to them about that. But

1 we are clear that where we think an act of harm has been
2 committed against the child by a carer, then we would
3 take the step to report that.

4 We then have to talk about how we support the young
5 person with that, particularly if they are reticent.
6 But we absolutely are clear that we would report that to
7 the police.

8 Q. What's the situation in terms of a complaint about
9 another resident?

10 A. I think --

11 Q. Is that a more difficult one?

12 A. It is more difficult. And I was anticipating that and
13 I was beginning to think that -- I think that is more
14 difficult. But, again, what we would try and do is
15 encourage the young person to be considerate of what's
16 going on. But then we would implement our care and risk
17 assessment methodology for young people who commit harm
18 against other people. And if we genuinely believe that
19 that young person has committed an offence against the
20 young person, we would talk to them and say to them: 'We
21 respect that you have asked us not to, but we believe
22 this referral needs to go to the police'. So de facto,
23 again, there is mandatory reporting.

24 Q. So it could go despite -- even if the young person at
25 least says: 'I am not wanting this to go to a formal

1 process of police investigation', there will be
2 circumstances where, yes, you will listen to why they
3 say it and their reasons, but you will look at the whole
4 circumstances and if you feel that it's necessary to
5 make a referral, then that will be done?

6 A. It will be done.

7 Q. And the young person knows that that's --

8 A. They do know that.

9 Q. -- one of the options?

10 A. Yes. I think what we would try to do is, we would not
11 necessarily do the referral immediately, so we might
12 take one or two days, because you are trying to
13 encourage the young person to think through the
14 consequences for themselves, in terms of their ownership
15 of the harm that's occurred. So we would spend time.
16 But, ultimately, we would -- we don't have a set
17 timescale that says: 'After 48 hours you must report',
18 but what we would then be saying is: 'Actually, we have
19 given you time to think. We believe an offence has
20 occurred and, therefore, we will have a discussion with
21 the police'.

22 Q. Okay, can I put another scenario to you? Disclosure of
23 criminal activity by a member of staff, or potential
24 criminal activity, and you have said already that some
25 people within a short time change their mind or withdraw

1 the complaint; should that not still be referred?

2 A. Yes, it should be referred. So, currently, if a young
3 person makes a disclosure to our service in relation to
4 a member of staff and we believe a crime has been
5 committed -- if we would decide that a crime has been
6 committed, we would have a discussion with the police.
7 The member of staff is likely to be suspended.

8 I can't think of a situation where a member of staff
9 who has caused -- or alleged to have caused harm against
10 a child would not be suspended. We would invoke our
11 disciplinary process and we would be looking at who else
12 has watched and seen what's going on. So you would not
13 necessarily rely only on the young person, you would
14 take statements from other people, but we would
15 absolutely refer that to the police.

16 Q. Are you therefore carrying out in that situation some
17 degree of council investigation, as well as leaving the
18 police to do the investigation? Because normally the
19 police -- you will agree -- the police would normally
20 say to you: 'Back off, let us deal with it first and
21 then you do your disciplinary proceedings in due
22 course'.

23 A. Yes. So the disciplinary investigation would not
24 necessarily start at that point. The disciplinary
25 process would start, which is the suspension with a --

1 it's a precautionary suspension.

2 Q. Yes.

3 A. It would be -- but we would not undertake our own

4 investigation at that point until the police said to us:

5 'You can now proceed in that'.

6 Q. Because that could have its risks, if I can put it that

7 way?

8 A. It could prejudice the outcome of a criminal

9 investigation.

10 LADY SMITH: And I know, John, from not this case study, but

11 other case studies, that the member of staff may end up

12 suspended for quite a long time whilst, perhaps --

13 A. That's correct, my Lady.

14 LADY SMITH: -- the criminal process takes place.

15 A. That's correct, my Lady. The suspension of staff, (1)

16 it would be a last resort in terms of minor activities.

17 But if a member of staff is accused of abusing a child

18 in their care, then, as a service, we are very clear

19 that we would see the need to remove that member of

20 staff.

21 The precautionary suspension often means that

22 a member of staff can be at home for a significant

23 period of time pending a police investigation and then

24 the delay in terms of taking that case through the court

25 process. So that can result in situations.

1 And not related to this, I declare that in
2 Renfrewshire we have suspended members of staff for
3 behaviour that we considered harmful to children, not
4 necessarily in residential care. And there were members
5 of staff who were suspended for a lengthy period of
6 time, and that was partly to do with Covid and the
7 court's recovery. That's a very uncomfortable position
8 for me as a chief social work officer and for my team,
9 because they are aware that they want justice for the
10 young person, but you can't progress that as quickly as
11 we would like.

12 LADY SMITH: Thank you.

13 MR PEOPLES: Now, I am going to take you to the report, and
14 I am going to do it in reverse order.

15 A. Yes.

16 Q. I am going to deal with the Renfrewshire area now. I am
17 conscious of the time and I want to get certain things
18 done before we have lunch and maybe continue with some
19 other matters when you come back.

20 A. Yes.

21 Q. But, just so I can understand what this report tells us,
22 if we go to page 17, which is to do with the -- what was
23 uncovered, effectively, were 13 cases which could be
24 reasonably described as abuse, you tell us, at paragraph
25 S, were identified during the investigation. And you

1 say:

2 'Of the incidents identified, staff abuse complaints
3 pertained to physical abuse with one relating to sexual
4 abuse, one about emotional abuse, and complaints of peer
5 abuse related to sexual abuse only.'

6 So that's the 13 cases?

7 A. That's correct.

8 Q. And they are not all formal complaints?

9 A. No, these were cases that, as we read the file, the
10 quality assurance manager I spoke about, she designed
11 a form for the case review and within that the staff
12 were asked to identify anything that potentially could
13 be abuse, even if it wasn't 100 per cent clear. And
14 that then meant that the child protection officer and
15 the quality assurance manager both had an additional
16 deep dive into that file and we concluded that there
17 were some cases where it wasn't recorded, but we
18 considered it was abusive.

19 Q. Were they looking -- and didn't find -- records of staff
20 recording what they considered to be abuse by another
21 member of staff? Were they looking for that?

22 A. Unfortunately, we didn't have the staff records that
23 would have allowed us to look at that. So some of those
24 recordings were missing.

25 What we got was from the child's file. So it was

1 only the cases where the child -- now, some of that was
2 a member of staff disclosed that they had seen
3 something, so that gave you an opportunity to
4 investigate it --

5 Q. That was recorded in the file?

6 A. It was in the file, yes.

7 Q. But if you were to try and do a kind of complete
8 investigation, you would need to see the staff records
9 to see what was recorded against the staff and whether
10 there were other records that might record a member of
11 staff either making a grievance or a complaint against
12 another member of staff. So we don't have any of that?

13 A. We don't have that, unfortunately.

14 Q. No. But it could exist?

15 A. It could have existed but, unfortunately, we don't have
16 those records.

17 Q. I am partly asking this -- do you know why I am asking
18 this as well?

19 A. Yes.

20 Q. I suppose in practice, when you look at records that are
21 wholly compiled by staff and have no input from young
22 people, that it's not unsurprising that you don't seem
23 to see, often, a lot of recordings of complaints by
24 staff about the behaviour of other staff. I mean, there
25 may be lots of reasons why you don't see it and I think

1 you can work them out?

2 A. Yes, I mean, we do have some examples elsewhere of staff
3 raising concerns in our residential services over
4 the years. So we have had some whistleblowing inquiries
5 where a member of staff has disclosed concerning
6 behaviour and we have investigated that. I think that
7 we have attempted to make sure that there are sufficient
8 routes for staff to express those concerns.

9 But I absolutely take on that in a groupthink-type
10 environment, it can be very difficult for a member of
11 staff to stand up and say: 'I am concerned about
12 an individual that I am on shift with'. You can be
13 identified. However, I do think that today I am
14 relatively confident that our ethos within our
15 children's houses mean that we would be confident that
16 if a staff member had concerns about another member of
17 staff, they would disclose. I'm not confident that even
18 as far back as 1996 that I could have said that.

19 Q. Yes. That's what I was wondering. We perhaps know that
20 there are norms between young people: don't grass. Not
21 necessarily just about other young people, but even
22 about staff, because it can have consequences for the
23 group.

24 A. That's correct.

25 Q. But it could be said that maybe a sort of -- there is

1 this sort of omerta or vow of silence amongst
2 colleagues, when they continue to work together.

3 You may get whistleblowing from former staff because
4 they are less concerned about their own position in that
5 matter, because I think we know from common experience
6 that whistleblowers often feel that the person who ends
7 up having the most detriment is the whistleblower?

8 A. That's correct. And I think that I am absolutely
9 convinced there will be occasions where staff have
10 witnessed things and have not disclosed. I think
11 currently our approach in Renfrewshire is that each of
12 the houses are managed by a worker who holds an
13 appropriate qualification. They are experienced. They
14 try to promote a culture of learning and reflection.

15 We have an external manager who provides support and
16 accountability and review of those houses. And then we
17 have an even more senior manager who meets regularly
18 with the management team to look at what's going on.

19 That's why I say today I would be more confident,
20 but I wouldn't be confident ten, even 15/20 years ago.

21 Q. And, again, looking at -- it's talking about the number
22 of children who have made complaints. Now, of the 13
23 cases; are you saying that they come from nine children?

24 A. That's correct.

25 Q. One unnamed?

1 A. Yes.

2 Q. So 13 cases, nine children, involving nine children.

3 But you say that only two can be definitively linked

4 with disciplinary procedures or other investigations

5 noted in the table. There's a table later on.

6 A. There's a table, yes.

7 Q. Are you telling me that, while you found evidence of

8 allegations and complaints, you can't say that, save in

9 two cases, there was some form of follow-up

10 investigation or disciplinary process initiated, because

11 you can't see it from the records?

12 A. We can't see it in the records. And that again goes

13 back to -- we were able to cross-reference some staff

14 records. So there are no records of investigations in

15 relation to the staff files we held, so that meant we

16 were confident to state that no investigation took

17 place. We were able to positively identify that there

18 were two cases where an investigation under disciplinary

19 procedures was initiated.

20 Q. And does that not concern you; that of 13 cases, only

21 two appeared to have had some -- even some form of

22 investigation? Not necessarily leading to disciplinary

23 action, because the investigation might say: there's no

24 case for a disciplinary hearing.

25 But do you not think that's quite a low percentage?

1 A. It's a very low percentage and not one that I am pleased
2 to have had to report to the committee. I would be more
3 confident, as I say, in terms of our improved processes
4 now, that we would be much clearer and be able to
5 identify where abuse has been declared and reported to
6 us, that there would be a clear process for that.

7 I think I have mentioned in the report the quality
8 of our records retention is not as good as it should
9 have been and that then means that there is a deficiency
10 in the information that we can provide to the Inquiry.

11 Q. And just to be clear and understand what's going on
12 here: this exercise, first of all, it's only Renfrew
13 children placed and it's only from the period 1996
14 through to 2013. If you take it from me that Newfield
15 opened around 1979 and it closed for refurbishment in
16 the late 1990s, which you tell us about in your
17 report --

18 A. Yes.

19 Q. -- and reopened as Rowanlea; am I right in thinking that
20 the 13 cases are Rowanlea cases?

21 A. They are Rowanlea cases.

22 Q. So this is the post-2000 position, effectively?

23 A. It is.

24 Q. It's nothing to do with pre-2000?

25 A. It is not.

1 Q. Okay. Can I just then follow on, at page 18? You say
2 that the review, at the first paragraph there, showed
3 that very many residents displayed challenging
4 behaviours towards staff and peers. Now, I don't
5 suppose that comes as a huge surprise to you --
6 A. No, not at all.
7 Q. -- given the type of profile that you might be dealing
8 with?
9 A. That's correct.
10 Q. And you say there were also very many instances of
11 peer-on-peer behaviour which could be considered
12 bullying; this isn't just the 13 cases?
13 A. No.
14 Q. This is just a general --
15 A. A general, yes.
16 Q. -- assessment. You do say, in a more positive light,
17 in the next paragraph, half way through it, the logs
18 evidence that you looked at shows that staff appeared to
19 be routinely offering support to young people to make
20 formal complaints if they wished to do so. And you say
21 in most instances young people chose not to make formal
22 complaints.
23 Are the reasons why recorded?
24 A. No, unfortunately not. And I think bullying is a really
25 difficult area for young people to understand. And

1 often they were young people who were both perpetrators
2 and victims of bullying. And I think as a consequence
3 of that, they themselves did not recognise this as
4 bullying behaviour or abusive behaviour.

5 I think in group living, in particular very sizable
6 units now, whilst Rowanlea went down to 16 beds, 16 beds
7 is still a lot of young people in one establishment.
8 I think it makes it difficult for young people to
9 understand: am I being bullied? Am I being victimised?
10 Or is it some kind of banter?

11 And we need to create an environment where young
12 people understand what being safe looks like and that
13 they understand how they can tell about that and how it
14 will be formally followed up.

15 Q. Whatever they think it might be, is it not still what
16 I call the 'institutional norms'? That even if they
17 recognised it as bullying, there may be a reluctance to
18 speak up and identify the bully or the behaviour; is
19 that still a problem --

20 A. I think that --

21 Q. -- you have to at least --

22 A. It's something that you need to be aware of.

23 Q. Yes.

24 A. And I think in Rowanlea, certainly from around about
25 2003 in Rowanlea we had a number of managers who were

1 much more alert to children's rights, to the protection
2 of children, who thought about what the environment was
3 trying to achieve. Even with that, they still didn't
4 always manage to get children to tell what was going on.
5 But they were attempting to change the culture within
6 the building to do that.

7 Young people, you mentioned yourself in relation to
8 the idea of being a 'clype' or a 'grass' and not wanting
9 to be seen in that way, but they also sometimes seen
10 that as being vulnerable. So we wanted staff to be much
11 more aware, but there are not reasons always recorded
12 for why it wasn't pursued.

13 Q. Now, just trying to piece this together, on page 18,
14 there is a table -- and this is to do with people who
15 made some form of formal complaint; did you identify
16 nine instances of formal complaint?

17 A. That's correct.

18 Q. Is that from the 13?

19 A. Yes.

20 Q. Then what you show -- and I am not wanting to know the
21 names -- is that there seems to have been complaints
22 against four staff members and five peers?

23 A. That's correct.

24 Q. And the allegations in the period of 1999 through to
25 2000 and -- well, quite a recent one, but they are of a

1 varying kind. Physical assault by a staff member, the
2 first one.

3 A. Yes.

4 Q. Sexual abuse by an unnamed peer, number 2. Physical and
5 verbal abuse by staff members, number 3. That's in
6 2005. And threatening to stop contact with loved ones.

7 A. Yes.

8 Q. 4 is unnamed young person alleging sexual abuse by
9 a peer, who is named. 5 is an allegation by a female
10 resident that she was sexually assaulted by a peer. 6,
11 this is on page 19 --

12 A. Yes.

13 Q. -- an allegation by a female resident she was sexually
14 assaulted by a peer.

15 A. Yes.

16 Q. 7, a complaint of physical abuse by a female resident by
17 an unnamed staff member. That one is recorded as:
18 'investigated by a manager, not upheld'.

19 A. Yes.

20 Q. So we know the outcome of that one. 9, is that a more
21 recent complaint of alleged incidents of physical and
22 sexual abuse by a staff member? Is that an historical
23 complaint?

24 A. It is historical.

25 Q. Yes.

1 A. So we received it in May 2022.

2 Q. Okay.

3 A. So we received a referral and we started to look at that

4 to see what we could identify.

5 Q. Yes. Now, could I just be clear -- if we go to (v) on

6 page 19, it says:

7 'The number of staff against whom such complaints

8 have been made at any time in relation to alleged abuse

9 of children cared for at the establishment during the

10 relevant period.'

11 Now, we are talking about the relevant period,

12 really, here as 1999 onwards?

13 A. That's correct.

14 Q. You say:

15 'From human resources records, there were eight

16 complaints that were investigated in terms of

17 disciplinary procedures, 1 being currently [at the time

18 of the report] subject to a police investigation.'

19 And there were two complaints that didn't progress

20 to HR procedures, but were undertaken, investigations or

21 so forth, by social work staff and the outcome is not

22 recorded.

23 A. Yes.

24 Q. And there were two further complaints against unnamed

25 staff members, so you couldn't take action?

1 A. That's correct.

2 Q. I am just trying to link this with what you told us on
3 page 17, that only two of the 13 cases could be linked
4 to some sort of investigation or disciplinary process;
5 how does this marry up?

6 A. So these were about additional complaints. They were
7 not necessarily about abuse.

8 Q. Oh, I see, okay.

9 A. So they were not necessarily about the physical or
10 sexual abuse allegations that were made against
11 individual workers, but it could have been other
12 complaints. For example, about removal of privileges,
13 or, you know, verbal comments made by workers. So
14 that's why there are more complaints about individuals
15 investigated than the abuse complaints.

16 Q. But the table at pages 18 to 19, which has nine cases --

17 A. Yes.

18 Q. -- are they the part of the 13?

19 A. They are, yes.

20 Q. But only one of them in that table says -- tells you
21 what happened after the allegation was made --

22 A. Yes.

23 Q. -- that one was investigated and not upheld?

24 A. Yes.

25 Q. Now, if we go on to (w), this is a list of 13 cases; is

1 this the 13 cases?

2 A. That's correct, yes.

3 Q. And these are the people who have been identified in 11

4 out of 13 as alleged abusers?

5 A. Yes.

6 Q. And it says, 'Outcome', and, well, the bulk of them seem

7 to be 'No further action'.

8 A. Yes.

9 Q. At least there's five --

10 A. Yes.

11 Q. The first five. Three of which:

12 'No further action following a disciplinary

13 hearing.'

14 Then there are three that have: 'No outcome noted in

15 records'. There's one that's an ongoing police

16 investigation. One is one that didn't proceed to

17 a disciplinary process; that's number 10?

18 A. Yes.

19 Q. Number 11 is the same; didn't proceed to disciplinary

20 process.

21 A. Yes.

22 Q. And 12 and 13, there are no further details.

23 A. Yes.

24 Q. I am just trying to link that with your earlier

25 statement that there were only two that linked to

1 investigations.

2 A. Yes.

3 Q. It looks as if there were some sort of investigations in
4 more than two cases?

5 A. So these were the investigations of complaints, not
6 necessarily -- so as far as I can recall, they were not
7 related to the abusive experiences reported in the first
8 table, but these were complaints.

9 Now, some of the complaints did result in
10 an investigation. As I look at this, it's clear that
11 there were three where there was a disciplinary --

12 Q. Hearing.

13 A. -- hearing. So that probably means that there were at
14 least three, so I need to revisit that.

15 Q. It may be when we come back again, you can just let me
16 know.

17 A. Yes.

18 Q. I am trying to reconcile 18 and 19 --

19 A. Yes.

20 Q. -- with that table to see whether, for example, if
21 I look at the first complaint, on page 18, of physical
22 assault by a staff member and I look at the table, on
23 page 19; is the staff member the person named there and
24 did that result in a disciplinary hearing? Is that what
25 we are --

1 A. I will certainly get back to you.

2 Q. Can you check that?

3 A. I will check that for you, yes.

4 Q. Now, what I do want -- and, of course, you tell us that

5 you identified that -- and this is on page 20 -- there

6 had been two police investigations and/or criminal

7 proceedings brought in relation to alleged abuse at the

8 establishment during the relevant period; can you help

9 us further with that?

10 A. So there's the one investigation that's currently

11 ongoing.

12 Q. Yes.

13 A. Yes.

14 Q. That's the one mentioned above.

15 A. Yes, yeah. The further one, actually, I will need to

16 dig back in my records. I don't have that.

17 Q. Well, I can tell you -- and no doubt I can tell you

18 further next time we meet --

19 A. Okay, yes.

20 Q. -- that the other document that you have supplied in

21 relation to Mr Faulds suggests that there was a police

22 investigation into an allegation in 1990 --

23 A. Yes.

24 Q. -- against Mr Faulds. And there was also a further

25 police investigation in 1996/97 at the time that he had

1 been charged --

2 A. That's correct.

3 Q. -- and he was convicted in 1997, and that that

4 investigation didn't just, apparently, involve

5 Mr Brian Faulds, it also involved another person who had

6 been at Newfield called LRE [REDACTED], who was also

7 a person who had been convicted of abuse in 1991.

8 A. Yes.

9 Q. Yes.

10 A. Sorry, these two that are here are in the period --

11 Q. The Rowanlea period?

12 A. The Rowanlea period. Sorry, so these are not the two

13 previous ones.

14 Q. So they are separate?

15 A. They are separate.

16 Q. Okay, I have you.

17 A. So, when we received your request for information in

18 relation to Brian Faulds, we had carried out

19 a significant search. Initially, we could not find any

20 records and then we found the document that we submitted

21 to the Inquiry. So those were the two additional cases.

22 Q. I see.

23 A. They were pre-1996.

24 Q. I am going to come back to you on that one --

25 A. Yes.

1 Q. -- on Thursday. But, before I maybe stop today, in
2 relation to what I call the Renfrewshire period, the
3 statement is made at page 20:

4 'We found no evidence to suggest from the exercise
5 of review that there was any systemic failure to protect
6 children cared for in Newfield or Rowanlea during the
7 period of Renfrewshire Council's involvement.'

8 I mean, on the face of it, that's quite a bold
9 statement, unless it is just saying: we just don't find
10 the evidence. We are not saying there weren't any
11 systemic failures.

12 But I do wonder from something you said earlier, the
13 concern you had about the low number of complaints that
14 don't appear to have been the subject of investigation,
15 according to the records.

16 A. Yes.

17 Q. Would that not be, perhaps, indicative of some degree of
18 systemic failure in the period that we are looking at?

19 A. So I think, as I reflect on that statement, it was about
20 what evidence we had actually uncovered, which is why we
21 said that we had reviewed 290 records, that we had found
22 some evidence in 13 of those, where there was
23 an indication of abuse. So we didn't see that. But
24 I think -- and maybe we were too narrow in our
25 definition --

1 Q. Do you see where I am coming from?

2 A. I do. The failure to have adequate records is

3 a systemic failure.

4 Q. Yes. And if you can't say these complaints were

5 investigated --

6 A. Exactly.

7 Q. -- then one possibility is either it wasn't done?

8 A. Yes.

9 Q. And if you can't even say what investigation was done,

10 at all, it might be that the investigation itself was

11 inadequate?

12 A. Absolutely. And I think that also, as I reflect on it,

13 actually we need to look at were our systems sufficient

14 that encouraged and enabled young people to disclose

15 abuse. The low numbers are of a concern; you would have

16 expected more, given the turnover of young people

17 through that establishment. So I would reflect on that

18 and I would probably change it. I would still say we

19 found no evidence, but there are other aspects. So we

20 didn't find clear evidence to suggest that it's there,

21 but we found evidence to say we didn't maintain the

22 records to the level we should. We didn't record the

23 findings of every investigation in an adequate manner,

24 that, therefore, is a systemic failure in that sense.

25 LADY SMITH: And John, if you have such a systemic failure

1 as that; is it liable to lead to deficient child
2 protection?

3 A. I think it clearly does link, because you can't
4 adequately say that we were able to respond to the
5 concerns that children had, my Lady. Nor can we say
6 that we created the environment where children felt safe
7 to disclose to us and that, therefore, is systemic.

8 LADY SMITH: Or an environment within which there was
9 accurate awareness of the nature and extent of problems?

10 A. That's correct.

11 MR PEOPLES: I mean, you would have expected, post-1996, to
12 have adequate records to answer these points. I mean,
13 it's not a criticism of you.

14 A. No, no.

15 Q. I am just saying that you would expect to see that and,
16 therefore, if you can't see it, then something has gone
17 wrong and someone hasn't done it or someone hasn't even
18 kept the record, if there was a record. So clearly, the
19 system isn't working as it should?

20 A. Yes. I mean, I think the fact that we don't have
21 adequate records is a failure on our behalf.

22 Q. Yes.

23 A. I think that does let children down. It didn't create a
24 safe environment.

25 I would now -- and would compare the nature of our

1 records and I am confident that today we would not be
2 faced with this. If you asked me about investigations
3 of staff members who have been either complained about
4 or raised concerns in relation to abuse of children,
5 I could get you that detail very robustly.

6 Q. Yes.

7 A. So that is -- in that sense, it is a systemic failure.
8 And perhaps, as I said, we were too narrow in our
9 response to that; we should have expanded that.

10 Q. No, that's helpful. I'm planning to finish now. But
11 just to tell you, obviously, you can maybe reflect on
12 giving -- just to clarify the matter of the tables.

13 A. Yes.

14 Q. So I am clear about what is being said on these matters.
15 And, separately, can I just say: while we haven't really
16 dealt with the pre-1996 period, and I will come to that
17 on Thursday --

18 A. Yes.

19 Q. -- it's fair to say that I think we have covered quite
20 a lot of that ground and, indeed, there is not a lot to
21 cover, because you don't have a lot to be able to put on
22 the table for that period?

23 A. That's correct. And I am really disappointed about
24 that. We carried out major searches of records to see
25 what we held in relation to the early period from

1 Newfield following the change of council. We would have
2 expected to have seen earlier records. We didn't have
3 them. We have tried to identify whether some were sent
4 to the Mitchell -- and this is not about me trying to
5 shift responsibility, but a number of records from other
6 establishments went to the Mitchell. Substantial parts
7 of the records were in individual children's case files
8 and we do not have those case files for children who
9 were not residents of Renfrewshire.

10 I think if we went through all of those -- if we
11 were able to identify young people from the other areas
12 of Strathclyde, we would find more evidence of abuse in
13 that pre-1996 period.

14 Q. Well, no doubt the search can go on. As I say, next
15 time we meet I'm going to ask you about the other
16 documentation you recently provided about Mr Faulds --

17 A. Yes.

18 Q. -- which does take in some information about Mr LRE
19 too.

20 A. Yes.

21 Q. All I would ask is that if between now and Thursday, you
22 uncover anything about Mr LRE beyond what you already
23 produced in response to Mr Faulds --

24 A. Yes.

25 Q. -- it would be gratefully received.

1 A. Yes.

2 Q. But, if you can't, I've no doubt we can discuss him in
3 due course.

4 A. I will indeed.

5 LADY SMITH: But we are letting John go now.

6 MR PEOPLES: We are letting him go until Thursday.

7 LADY SMITH: John, thank you so much for coming along this
8 morning. It has been really helpful to explore with you
9 the matters that we have explored today and I look
10 forward to resuming our discussions with you on
11 Thursday.

12 A. Thank you, my Lady.

13 LADY SMITH: I will rise now until 2 o'clock.

14 (1.05 pm)

15 (The luncheon adjournment)

16 (2.00 pm)

17 LADY SMITH: Good afternoon. Now, Ms Forbes.

18 MS FORBES: Good afternoon, my Lady.

19 The next witness is an applicant who is anonymous
20 and is known as 'Raymond'.

21 LADY SMITH: Thank you.

22 'Raymond' (sworn)

23 LADY SMITH: Do sit down and make yourself comfortable,
24 'Raymond'.

25 'Raymond', thank you for coming along to help us

1 with your evidence this afternoon. I already, of
2 course, have your written evidence and that's been
3 really helpful to be able to look at that in advance;
4 that is already evidence in the Inquiry. We won't need
5 to go through every line of that, don't worry. There
6 are just some specific points that we would like to
7 explore with you.

8 But, before we get to that stage, 'Raymond',
9 a couple of practical things: your statement is in the
10 red folder there, if you want to refer to it, but we
11 will also bring the sections of it that we are looking
12 at up on the screen in front of you. Again, you might
13 find that helpful.

14 Separately, 'Raymond', if at any time there is
15 anything I can do to help you give the best evidence you
16 can as comfortably as you can, you must let me know. If
17 it is as simple as asking for a break, that's not
18 a problem. Or asking us to explain something because we
19 are not making sense, that can happen, and if it does,
20 it's our fault, not yours. So it is important that you
21 are absolutely clear about what we are asking you or
22 anything else at any time. The key is: if it works for
23 you, it will work for me; all right?

24 A. Yes.

25 LADY SMITH: If you are ready, I will hand over to Ms Forbes

1 and she will take it from there.

2 Questions by Ms Forbes

3 MS FORBES: Thank you, my Lady.

4 Good afternoon, 'Raymond'. As her Ladyship says,
5 your statement that you have provided is in that red
6 folder. If I could just ask you to open the red folder
7 and go to the very last page of your statement. The
8 last page is page 31. There is a paragraph at the end
9 of that, paragraph 147, and that's where you make
10 a declaration at the end of the statement, saying:

11 'I have no objection to my witness statement being
12 published as part of the evidence to the Inquiry.
13 I believe the facts stated in this witness statement are
14 true.'

15 And you have signed that and it is dated 27 --
16 I think it is 27 July 2021.

17 A. Yes.

18 Q. Is that still the position, 'Raymond'?

19 A. Yes.

20 Q. So you can put that to one side, if you want, or go back
21 to the beginning of your statement, whatever helps you.

22 Now, we give that statement a reference number, so
23 I am just going to read that out, but it is not
24 something for you to worry about; it is just for our
25 records. It is WIT-1-000000762.

1 So, 'Raymond', I am just going to start by asking
2 you some questions about your life before you ended up
3 going into care. You tell us that you were born in
4 1977; is that right?

5 A. Yes.

6 Q. And you talk about your life after you were born, from
7 paragraph 2, and you say you were born in Glasgow; is
8 that right?

9 A. Yes.

10 Q. And you lived in Barmulloch with your mum and dad, and
11 you had two brothers?

12 A. Yes.

13 Q. And you tell us that your parents both worked?

14 A. Yes.

15 Q. Now, it might be that you are a little bit away from the
16 microphone, 'Raymond'. I know it is quite difficult
17 speaking here, but just so we can hear you --

18 A. Is that better?

19 Q. Let's see if that's a little bit better.

20 A. Yes.

21 LADY SMITH: Oh, that's much better, 'Raymond', thank you.

22 MS FORBES: And I think you tell us that your early life was
23 quite good at home; is that right?

24 A. Yes.

25 Q. And you tell us you were good at cycling and football

1 was something you enjoyed as well?

2 A. Yes.

3 Q. Yes. And you say you actually played football for

4 a club?

5 A. Yeah.

6 Q. And then you went to primary school and then secondary

7 school. At that time you didn't have any problems, and

8 you tell us you were around about the top of your class

9 in everything at that time?

10 A. Yeah.

11 Q. And you were good at sport and you were good at

12 education and you were doing quite well?

13 A. Yes.

14 Q. But I think you say then, at paragraph 3 in your

15 statement, that there came a time when you were about 13

16 when you and a friend stole a pedal scooter; is that

17 right?

18 A. Yeah. We actually found it, actually found the scooter.

19 And it was just an old scooter, but you pedalled it to

20 start it. And that was one of my first charges.

21 Q. Okay. And I think that around about then you say that

22 you started not going to school?

23 A. Yeah.

24 Q. And you describe it as you were going off the rails

25 a wee bit; is that fair?

1 A. Yes.

2 Q. And you say that the crowd that you were hanging about
3 with at the time, they were all skipping school and you
4 would do it with them?

5 A. There was a lot of them skipping school and I would do
6 it to miss certain periods that I didn't like.

7 Q. But I think you say that, really, you didn't like doing
8 it; you felt stupid?

9 A. It was stupid.

10 Q. And I think you explain that you were even skiving
11 school in the winter and be standing outside in the
12 cold?

13 A. In the freezing.

14 Q. When could you have been in school in the warmth; yes?
15 You tell us, 'Raymond' -- over to this next page that
16 will come up on the screen, paragraph 4 -- you say after
17 that first charge you went to the Children's Panel and
18 you really just got a slap on the wrist; is that right?

19 A. They let me home. They let me home. So that was --
20 that was a positive.

21 Q. And I think you said that your mum and dad were at the
22 panel with you as well?

23 A. My mum and dad were at every panel.

24 Q. Yes. But that meant you ended up with a social worker,
25 I think you say for a couple of weeks?

1 A. I ended up with a woman social worker. I ended up with
2 a woman social worker, er, when I got put into Newfield,
3 and that was my first social worker, first experience
4 with social work.

5 Q. And I think you say you got this female for a few weeks,
6 but then she went on maternity leave?

7 A. She went on -- I don't know what leave it was. She went
8 on some sort of leave.

9 Q. And then you got someone else, a male, as a social
10 worker and you tell us that his name was Brian Folan; is
11 that right?

12 A. Yes.

13 Q. And I think you say -- you tell us a little bit later in
14 your statement that he was someone you had come across
15 before?

16 A. Yeah.

17 Q. So we will come to that. But I think it was 13, you
18 say, when you got him as a social worker. But you had
19 met him before through a friend of yours; is that right?

20 A. He actually ran -- we used to call him the 'Crazy
21 Christian'.
22 He used to run a youth club and if you went and
23 listened to Bible study, you'd get a game of football,
24 and they used to have youth discos and stuff like that.
25 And a girl that I knew, he was her social worker. She

1 used to say he was a great guy. He used to buy her
2 stuff. Her family were quite poor. Her mum and dad --
3 well, her mum was dead. She stayed with her gran and
4 her dad was in prison. So, like, her gran brought her
5 up. But she used to say Brian would get her new clothes
6 and stuff like that.

7 I didn't have that problem. My family bought
8 anything I needed. Er, but I just took the guy at face
9 value. I thought he was okay at first, so far. I was
10 wrong, really wrong.

11 Q. And I think you say that this church group he ran --
12 this was [REDACTED]; is that right?

13 A. Yes.

14 Q. And you were staying with your grandmother at that time?

15 A. I stayed between my mum's and my gran's. My gran stayed
16 [REDACTED]. My mum stayed in Barmulloch, so that's why
17 I was ...

18 Q. So whilst you were with your gran, you would attend
19 these discos that they put on?

20 A. It was mostly football I went for.

21 Q. Football, okay.

22 A. But I did go to a few of the discos, yeah. It was
23 mostly football.

24 Q. Yes. And you tell us, 'Raymond', that this Brian at
25 that time -- this is before he was a social worker to

1 you -- he would take you and your friend out
2 shoplifting.

3 A. He would take us out shoplifting. Er, take us out
4 shoplifting. We would go and steal from every store
5 imaginable and he would buy stuff off us at a third of
6 the price -- if it had the original price tag on it --
7 to sell later at half price. And he would pay us in
8 drugs. Er, it started off it was temazepam. And then
9 it went from temazepam to absolutely everything.
10 Ecstasy, Valium, you name it. And he went fae being
11 a guy that you thought was, as kids, being -- taking
12 drugs. He went fae being a guy that we thought was okay
13 to a guy that was anything but. He was nasty. He was
14 horrible.

15 Q. When he took you out shoplifting; would he tell you what
16 he wanted you to get?

17 A. You stole to order. You stole to order.

18 Q. Okay. So he is then buying this from you and your
19 friend, and then with the money he gives you for that he
20 is then selling you drugs in return?

21 A. He wasn't giving us money, as such.

22 Q. Okay.

23 A. It was always drugs.

24 Q. Right.

25 A. At the start it was money. But then, like, you would

1 give him the money back and then he stopped going
2 through money, just to straight drugs.

3 Q. Just to drugs, okay.

4 So this was your first encounter, really, with him,
5 [REDACTED], you tell us. And then I think there was
6 a period when you were back at your mum's again and you
7 didn't see him for a while; is that right?

8 A. Didn't see him, because obviously I was away fae there
9 and that ...

10 Q. And you go on, at paragraph 6, to say, 'Raymond', you
11 were about 14 when it happened that you were getting
12 this new social worker and it turned out to be Brian?

13 A. Brian Folan. But at that point, Brian -- like when
14 I get put in the home, I had seen Brian Folan in the
15 home, because he had been down to get [REDACTED] from
16 Newfield, er, and he would take me out, on the pretence
17 that he was taking [REDACTED] swimming or taking her ice
18 skating; that's what would happen.

19 Er, a few times, when we got lifted, he would come
20 into certain stores and say: 'By the way, I'm his social
21 worker. I just happened to be in this store'.

22 Rather than phoning standby social work. Yous would
23 wait a while. Rather than the police getting involved.

24 The police always got involved because you always
25 got charged. But, when the police seen that you'd

1 social work, they would just say: 'On you go'. And it
2 was a get-out-of-jail-free card.

3 Q. Okay. So, if you were caught in these shoplifting
4 outings, he would be close by to just appear and show
5 his card.

6 A. You've probably got a list of my previous convictions.
7 You'll see how many times I was charged. Every time --
8 he appeared at most of 'em for me, so I didn't need to
9 go to the police station and stuff. He was the one who
10 got me out.

11 Q. And when you had first met him, 'Raymond', [REDACTED]
12 [REDACTED]; did you know he was a social worker then?

13 A. I found that out pretty quick. But at the start
14 I didn't. As I say, we used to call him the 'Crazy
15 Christian', because -- nothing against Christians -- it
16 was just that's what we called him when we were kids.
17 You used to go listen to Bible studies for ten minutes
18 and play football. To us it was a place to play
19 football. And then he would have the discos and stuff,
20 but there was a lot of strange people at it.

21 When my mum was complaining to a senior, they says
22 to my mum and my dad, 'Yous are hysterical parents. Er,
23 what do yous know, basically'. And as I say, my mum was
24 a nurse. My dad was an engineer. They were anything
25 but.

1 Q. Yes. And I think you tell us, 'Raymond', that at the
2 beginning, as a social worker, you thought he was, the
3 way you put it is 'the best guy since sliced bread'?
4 A. At first.
5 Q. That is because he would write social work reports, you
6 say as if they were for a saint?
7 A. I don't know if you have got access to them or if he's
8 still got 'em. You will see this, the reports he done.
9 I never went to prison. And even the police says to my
10 mum, the police says, 'Look, there's something,
11 something's no right here'.
12 Q. You then tell us the first time you went to Newfield --
13 which we are now going to come on to, 'Raymond' -- was
14 when you were 14. You talk about Newfield from
15 paragraph 8 of your statement. You tell us that you
16 went in there for the first time when you were about 14.
17 You got out and then a year later you went back in again
18 for a period; does that sound right?
19 A. Yes, aye.
20 Q. And you tell us a little bit about Newfield at paragraph
21 8 and say that there were five separate units there.
22 I think you explain that there are four main units and
23 then one for a --
24 A. Child, aye.
25 Q. Younger children.

1 A. Yeah.

2 Q. And these were mixed units, so there were boys and
3 girls?

4 A. Yeah.

5 Q. And you say that you could have five guys and six
6 lassies in a unit, it just varied.

7 A. That's right. It changed every other day. Er, some
8 people would go home, some people would move to other
9 homes and wherever they were going. But the environment
10 was -- it was chaotic. It was horrific. The things
11 that happened in these places was frightening.

12 Q. And I think this children's -- the young children's unit
13 that you talk about, your impression was that that had
14 children in there from as young as babies?

15 A. It was young kids. Real young kids, aye.

16 Q. Okay. So you recall that?

17 A. I recall seeing kids, probably five or six.

18 Q. Okay.

19 A. Er, but they were there. The unit that they were in was
20 basically away from the main four units. And
21 Newfield -- I can remember the name of it, it was called
22 Campsie Unit; that was the unit the kids were in. They
23 were really small.

24 Q. Okay. And you tell us that there were children in there
25 for different reasons; there were children in there for

1 their own safety and they might be being abused at home?

2 A. Probably, yeah, yeah. There was people in there, people
3 like myself, I was in -- I was meant to have been
4 outwith parental control. I was -- boys that had come
5 in -- there was a boy come in, a boy that set the place
6 on fire. His name was [REDACTED]. He set the place
7 on fire and he was done for murder. Instead of going to
8 the secure unit at Longriggend, he come into the home.
9 And when he come in, er, he tried to burn the place
10 down.

11 Q. So there were children there who had been accused of
12 quite serious offences, so there was a wide range of
13 children and their backgrounds in there.

14 You tell us a little bit more, 'Raymond', just about
15 the layout, and you tell us that there was an office in
16 the middle of the four main units. There was toilets
17 and a shower at either side. So there were eight
18 toilets and eight showers between the four units and the
19 staff would then sit at the office in the middle. But
20 I think you comment that the staff were preoccupied
21 doing other stuff, really, rather than supervising?

22 A. I don't know if this is in my statement, but this is
23 what happened. When I get questioned -- somebody
24 questioned me about Brian Folan, why I was getting taken
25 out by Brian Folan and stuff like that. And I didn't

1 know if it was the police or not. It was, like, four or
2 five people and they went from asking me about
3 Brian Folan, to asking me about a guy whose name -- we
4 used to call him 'HJZ [REDACTED]'. His name was [REDACTED].
5 And they asked me if [REDACTED] had done anything to
6 me. They asked if he had done anything sexually to me,
7 which, to me, was totally bizarre, 'cause any
8 interaction I'd had wi' this man -- he was probably one
9 of the only staff that went and done his job right.
10 I'd never came across -- I never had anything do wi'
11 him, other than he would say: 'Oh, you've got this
12 medication, that medication. How's your family?'
13 Stuff like that.
14 Q. Yes.
15 A. Nothing. I wasn't -- I didn't even leave the building
16 wi' him. I wasn't in a room with him myself at any
17 point. Nothing like that. But it went fae getting
18 asked about Brian Folan to getting asked if he'd done
19 anything to me, which, to me, I found was bizarre because
20 the guy was probably one of the only ones that done his
21 job right.
22 Q. Was that the first time you were in Newfield?
23 A. No, that was the second time.
24 Q. Okay.
25 A. This was the second time.

1 Q. This man, who's a member of staff that you have called
2 'HJZ', I think you talk about him at paragraph 10;
3 was he HJZ?
4 A. I'm saying -- aye, that's his name.
5 Q. So that's who you are talking about. You mention the
6 fact that he was gay, but he was -- you couldn't have
7 met a nicer guy.
8 A. I'm saying he was gay. I put him down as gay. He spoke
9 feminine and they used to say he was gay. I didn't know
10 if the guy was gay or no, but the guy didnae -- I just
11 found it weird.
12 Q. You tell us -- you give us a description, a little bit,
13 about how you felt things were at Newfield, just at
14 paragraph 9 there, before the end of the paragraph, you
15 say:
16 'Newfield was hell on earth.'
17 A. See, you used to have staff come in and say -- staff was
18 working a double shift, say somebody had done something
19 to him earlier in the morning, gave him abuse, maybe
20 swung at him or whatever, you would then watch the same
21 member of staff tell, like, tell another resident: 'Oh,
22 he's done something to you'. And then they would watch
23 the fireworks going off 'cause the chaos would just
24 erupt. And it happened no once a day, probably 10 times
25 a day. So you would get that would staff come in, fall

1 asleep in the office, they'd be reeking of booze, stuff
2 like that. It was -- it was wrong.

3 Q. And I think we will go on to look at a couple of
4 examples that you give us, 'Raymond', about what went on
5 in Newfield when you were there. But I think what you
6 say at paragraph 9 is:

7 'There was a lot of violence in the unit.'

8 And that was from both staff --

9 A. Staff, and the other residents.

10 Q. -- and other residents, yes.

11 You tell us a bit more about some of the other
12 people who worked there, at paragraph 11, 'Raymond', and
13 you mention a **HOX**. What did he do there?

14 A. He was a bully. He went fae being all right to being
15 a bully.

16 Q. Okay.

17 A. Er, there was a couple of them. There was a woman,
18 **KSF**, and the kicking she used to gi' young girls, it
19 was -- seen -- like, it was like carpet like this in the
20 place, it was square carpet tiles, and seen a wee girl
21 getting her face -- it was as if her face had been burnt
22 all down on one side fae getting dragged along these
23 carpets.

24 I don't know, maybe it had been a couple of weeks,
25 but this wee girl's face was a scar, like scab on the

1 side of her face. And this woman was -- she was evil.
2 She had, like, away back then, she had long nails and
3 they were into points, and you would see, like,
4 residents with the scratches down them, and it was this
5 woman wi' her nails.

6 And, yeah, sometimes I get -- she didnae start it or
7 sometimes it was just ... sometimes even at like -- as
8 silly as this. It would be like over something silly.
9 Say you were sitting at the lunch table and somebody
10 didnae pass the salt, a fight would start, and when she
11 come into break it up, she would grab and claw people
12 and used to go: 'Oh, you've got [REDACTED].

13 Because that's what they called her, because
14 obviously she would claw at you. Er, she was ... she
15 was nasty.

16 Q. What was KSF's role, 'Raymond', at Newfield?

17 A. KSF was just a member of staff. She used to, like --
18 you would have like -- the unit manager would come in.
19 There would be, like, four staff in the office, so like
20 that would cover each unit. But, like, if somebody
21 kicked off in my unit, the staff would just run to it.
22 So KSF was just a support worker. I'm saying
23 a support worker, a member of staff.

24 Q. Yes. And HOX that you've mentioned; was he also
25 a support worker?

1 A. He was one of the bosses.

2 Q. Right, okay.

3 A. He was, I think, maybe one of the unit managers. But

4 HOV , HOV was one of the nastiest

5 piece, one of the nastiest men you could ever come

6 across. He was a bully. He was horrible. He used to

7 spit at ye. He'd spit in your face. And this guy was

8 solid, this guy I think he'd been in the army. I think

9 HOX had been in the army, too. But this guy, he'd arms

10 on him like that and a big beard.

11 The doings -- I can remember fighting wi' a boy and

12 he punched me. And he punched me in the ear. And when

13 he punched me in the ear, I had ringing and I had black

14 flashes in my face, in my eyes, and I know it only

15 happened to a second but the pain ... I don't know if he

16 burst my ear drum or whatever, but the pain off that

17 punch just left me bewildered. It was ... but that, he

18 done that many times a day.

19 Q. And who was that that did that? Was it HOV?

20 A. HOV .

21 Q. Okay. And I think you say that both HOX and HOV, you

22 think, were ex-military?

23 A. Yeah.

24 Q. But I think you name, in paragraph 11, HOX as being also

25 one of the staff who would lash out at residents as

1 well?

2 A. They would -- depending on their mood, depending on what
3 had happen -- you could actually watch what was going to
4 happen. You could see it happening. And as I say, it
5 would be something as simple as no passing somebody the
6 salt or no passing something -- or, say, he'd been
7 cheeky a member of staff -- or somebody had been cheeky
8 to a member of staff in the morning, and then, in the
9 afternoon, the staff member would say, 'Oh, by the way,
10 see him, he said this about you' or 'He done that' or
11 'He took this'. And he would instigate a fight for
12 their own ... to me, it was their own entertainment.

13 Q. Yes. Now, 'Raymond', I think you tell us that you went
14 to Newfield from a panel. This is at paragraph 12 of
15 your statement now. It was Brian Folan who took you to
16 Newfield; do you recall that?

17 A. He took me to my doctor's. Er, he took me to my
18 doctor's and that's when I get put on the diazepam, and
19 the dihydrocodeine. My mum came in, and he says to her:
20 'You're not allowed in here', er, basically, 'Get out'.
21 Because I was in social work's care.

22 Q. So I think the doctor's prescription; was this because
23 you had told social work that you had used heroin by
24 that point?

25 A. (Nods).

1 Q. But I think you make the point that you weren't
2 an addict then?

3 A. No.

4 Q. And where had you got heroin from?

5 A. I'd got heroin fae Brian Folan.

6 Q. Okay. Then we have got Brian Folan being the one here
7 that's taking you to see a doctor to get a prescription?

8 A. (Nods). It made no sense, does it?

9 Q. And I think you tell us that even though your mum
10 insisted on coming, she was told by Brian Folan that you
11 were no longer in her care?

12 A. Care. Yeah, that's correct.

13 Q. But your mum didn't know about you taking drugs, is that
14 right, at that time?

15 A. My mum -- my mum had an inkling that I'd been smoking
16 cannabis and stuff like that. As for stuff like heroin,
17 no.

18 Q. Mm-hm, yes.

19 And I think you go on to tell us -- and we will see
20 from your statement, 'Raymond' -- that those
21 prescriptions continued during your time in care; is
22 that right? Yes.

23 You tell us a little bit about what happened when
24 you arrived at Newfield, at paragraph 13, and you say
25 that it wasn't a medical person who looked at you, but

1 it was a member of staff with a pad of paper, with
2 a picture of a body, and they asked you if you had any
3 injuries or scars and then if you did, then that would
4 be marked on the sheet?

5 A. Yeah, it was a diagram of a body on a bit of paper.

6 Q. Yes. And I think you were told that you were going to
7 the Lomond Unit?

8 A. Aye. No, I was stripped. I was stripped and the guy
9 looked at me -- and the two of them looked at me and
10 wrote on this, like, scars here, this ... that was --

11 Q. Okay. So there were two members of staff; was
12 Brian Folan there at that time?

13 A. Brian Folan was still, but he was -- there were, like,
14 two separate rooms. And a member of staff had came in
15 filling in the paperwork. Basically, Brian Folan
16 handing you over. Yeah, that's what it was.

17 Q. And you mentioned the word 'stripped' there 'Raymond';
18 were you asked to take your clothes off or did you do
19 that yourself?

20 A. Aye, asked us: 'Look, can you strip, take everything
21 off?'

22 Q. Okay. And I think you say that after this examination,
23 you were shown where you would be sleeping and you were
24 given bedding and told to make your bed and this was
25 a dorm?

1 A. A dorm, yeah.

2 Q. With about 12 beds in it?

3 A. No, it was about -- it was about eight beds in it.

4 There was space for about 12 beds, but there was about

5 eight and a big pool table, er ...

6 Q. There was a pool table in the dorm?

7 A. Yeah, it was a broken pool table and it was on wheels,

8 but it was massive. So it used to get pushed into

9 a corner. There was probably space for about 12 beds,

10 but there was only about eight or nine in it.

11 Q. And I think you say when you came into Newfield, in that

12 dorm there were only about four beds being used?

13 A. Roughly about that, aye.

14 Q. Okay. So even though it had capacity in the dorm for

15 more people, when you first went in there was only four?

16 A. I was actually -- like, people would smash up their

17 rooms and they would get put into a dorm. They would

18 fix them and put them back in the next day. So like it

19 jumped every night, basically. To get out the dorm you

20 had to behave, to get a single room. Er, that's where

21 you get put, basically. It was to get assessed. And it

22 was smelly. It was -- it was vile.

23 Q. Was there just one dorm then in Lomond Unit that you

24 saw?

25 A. There was a dorm in each of the units. A dorm in each

1 of the units.

2 Q. And as you have said, 'Raymond', there are also single

3 rooms, but initially you were put into the dorm and you

4 had to behave to get into a single room?

5 A. Yeah, then you get assessed to get a single room.

6 Q. Okay. I think you tell us that obviously you had come

7 from the panel to Newfield and you didn't have any

8 clothes with you, but your clothes did come in from

9 home; is that right?

10 A. Yeah.

11 Q. So you were allowed your own clothes --

12 A. Yeah.

13 Q. -- when you were in Newfield? You weren't made to wear

14 clothes that they gave you?

15 A. No.

16 Q. Okay. And I think you say that when you first arrived,

17 that you were a new face, so there was a bit of

18 excitement in the unit and everyone came to see you?

19 A. That's the way it was. It was just kids being kids,

20 wanted to find out what area you were fae, who you knew,

21 what you knew. Whether you were going to be a walk over

22 or whether you were going to be a problem.

23 Q. Okay.

24 A. That's just the way it was.

25 Q. But I think you make the point that nobody said what the

1 rules were, but you say there weren't really any rules?

2 A. There was none.

3 Q. Yes.

4 A. None. They told you not how to behave, but what to do.

5 You just had to be quick at learning it.

6 Q. And the way you've put it, at paragraph 15, is when you

7 arrived at Newfield you thought 'Wow'.

8 And what about it made you think that?

9 A. The stench.

10 Q. Mm-hm.

11 A. The smell.

12 Q. Okay.

13 A. Er, seeing people there. You were in -- I was in

14 a matter of a couple of hours and seeing wee boys, wee

15 lassies terrified. After you were in a day or two, you

16 knew why they were terrified; because there was staff

17 members picking on them. There was other kids in the

18 unit picking on them. And ... it was horrific, that

19 place.

20 Q. Yes. I think you make the point, at paragraph 15,

21 'Raymond', saying that the place was wild and that you

22 were a boy from the north of the city who had just been

23 in a wee bit of trouble, but there were -- and you

24 mentioned this earlier, there were a couple of boys

25 there who were accused of murder?

1 A. Yes.

2 Q. You say that you could look after yourself, but

3 you still thought --

4 A. I was always a big boy. Er, but it was an experience.

5 Q. And you say the first night, in fact, you were there,

6 the dorm you were in was set on fire and I think you

7 mentioned the boy earlier who was involved in that?

8 A. Yeah.

9 Q. And there was four of you in the dorm at that time?

10 A. When the fire -- when the fire happened it was -- they

11 set -- they set the wall area on fire and the flames

12 were shooting up and going along, shooting up the back

13 wall and going along the roof, and it was a dormer

14 windows and it was so frightening. When you're seeing

15 flames shooting along, you're going: there's this big

16 table. How are we going to get out of here?

17 Q. And I think you say, 'Raymond', that he had put the pool

18 table against the door, so you couldn't get out?

19 A. It was on, like, wheels, and you kicked the wheels and

20 the table fell. If you stood on the back of the wheel,

21 the table would rise and the wheel would go down. But

22 the way he'd kicked it and spun the -- you couldnae move

23 it. And it was big, man, probably about 8/9 feet. It

24 was solid.

25 Q. And I think you tell us that a staff member was able to

1 get the door open a little bit and get you out?

2 A. The fire brigade actually got up first, er, but it was
3 staff members at the door. I don't know how they opened
4 it, how they got it to move, whether it was force or
5 not. That's what happened, aye.

6 Q. And was this boy in the dorm with you?

7 A. Aye, yeah. But his name was -- as I say, his name was
8 [REDACTED]. He'd been involved in a gang fight and he was
9 the youngest, and instead of going to the secure unit at
10 Longriggend, he got put in there. But he came out
11 pretty sharp.

12 Q. I think you tell us that this seemed to happen because
13 he had been told he was going to go to Kerelaw?

14 A. Aye, he was actually getting moved to Longriggend,
15 a secure accommodation, so that's how --

16 Q. Okay.

17 A. -- he done what he done.

18 Q. So this was your first night in Newfield and this is
19 what went on?

20 A. (Nods).

21 Q. Yes. 'Raymond', you go on to tell us a bit about the
22 routine there from paragraph 17, and you tell us you
23 would get up in the morning, there would be breakfast
24 and then there were school classrooms?

25 A. There was -- you never learned anything in it, 'cause

1 they get disrupted. It was meant to be the equivalent
2 of school. It was just chaos. You went there.

3 Q. Yes.

4 A. There was -- would be fighting, screaming, carry on.
5 You couldnae learn anything even if you wanted. But it
6 was supposed to be --

7 Q. Yes.

8 A. They were trying at that part but ...

9 Q. I think you tell us a little bit more about the school,
10 further in your statement, about the schooling, so we
11 will maybe touch on that when we go forward.

12 But I think on a daily basis, after school, it was
13 dinner and then you did have some leisure time to watch
14 television or play computer games, or go to the gym?

15 A. Yes, but that's, like -- that's when, er -- that's when
16 the real madness happened.

17 Q. When you say the 'real madness'; what would happen?

18 A. Just ... if it wasn't a fight wi' a member of staff or
19 two residents fighting, somebody getting accused of
20 stealing something or a member of staff sitting wi'
21 a big wooden spoon mixing it all up to -- for their own
22 benefit. It was chaos.

23 Even from simple things like dinner, the dinner
24 would come in, 'I don't want ...' and the place would go
25 up. It would -- it was ...

1 Q. Yes.

2 A. It was like somebody lighting a firework every night.

3 Q. And I think you tell us, 'Raymond', that in relation to
4 staff, it would really depend on who the member of staff
5 was and what mood they were in as to how things would
6 go; is that fair?

7 A. Yeah.

8 Q. And I think you mention, in relation to some kids who
9 wet the bed -- this is at paragraph 20 -- you say that
10 how it was dealt with really depended on what staff were
11 on and their mood?

12 A. Most of them got humiliated. They'd come out and the
13 dirty bedding and the dirty clothes, er, to embarrass,
14 whether it was a male or a female. Er, this didnae
15 happen all the time, but it happened enough to go: oh my
16 God.

17 Q. Yes.

18 A. Er, and the abuse, then, like, the other residents would
19 start, 'Oh pishy pants', stuff like that, 'Pishy bed',
20 but it was always a member of staff that brought it to
21 the attention of other residents. They didnae really
22 need -- but the smell was there. But they would
23 highlight it in that way that just shouldnae have
24 happened.

25 Q. Yes. And I think you tell us that there were staff

1 members who would call people names. I think you say
2 'manky bastard' is one of them.

3 A. Aye, aye, aye. They're names that -- you couldn't get
4 away wi' it today, put it that way.

5 Q. And you have talked a little bit already about what
6 would go on at dinner time. I think you say at
7 paragraph 21, 'Raymond', that fights used to happen at
8 the dinner table. You say that somebody would reach
9 over and knock juice over and, before you knew it, the
10 place was up in the air?

11 A. Obviously, like, 'cause you couldnae get your dinners,
12 the table would go up, and ...

13 Q. And would there be staff present, then, when dinner was
14 happening?

15 A. The staff were present. I used to judge in my own head.
16 If there was a member of staff there, you wouldnae going
17 to eat your dinner because the place was going to erupt.
18 When the staff went into the office, you could eat your
19 dinner, because there was naebuddy there to mix it,
20 naebuddy there to instigate, whatever.

21 It would tend to be if the staff were in the office,
22 you managed to eat your dinner. If the staff were out,
23 there was always gonna always something that would cause
24 a fight or somebody would say something, and that's when
25 the place would ...

1 Q. And was your impression that it was the staff that
2 really would instigate this?

3 A. This wasnae -- like, it will sound childish. But, as
4 I say, if something happened in the morning wi' a member
5 of staff, it was as if by the time it got to dinner
6 time, it was their payback to you.

7 Q. Mm-hm.

8 A. Whether it was somebody being cheeky to them, somebody
9 saying ... it wasnae -- it wasnae just always the staff.
10 But you got to the stage where you went: well, if
11 they're here, there's gonna be a fight.

12 Q. And I think you mention -- sorry, 'Raymond' -- there
13 being some girls there who had eating disorders?

14 A. Yeah.

15 Q. And I think you comment you didn't see anyone being
16 force fed, but you saw staff watching to make sure stuff
17 got eaten?

18 A. Aye.

19 Q. Yes.

20 A. One of the wee girls, er, she was skin and bone, and the
21 things that used to get said to her. They would be
22 sitting in the office and laugh at her. Like, the
23 reason how you knew this, if you went to use the
24 phone -- the phone was at the office. You sat at the
25 office wall -- so you would hear the conversations. Or

1 they would scream down, just total abuse her. It was --

2 Q. What kind of abuse, 'Raymond'? What would they say?

3 A. 'Fucking hell, there's the walking bones', and it was,

4 yeah, 'You little bitch, you fucking eat'.

5 Q. Okay.

6 A. I don't know. The things that they used to say, it was

7 nasty.

8 Q. And you tell us that you think that those girls were in

9 Newfield because they had eating disorders?

10 A. Well, I found out one of the wee girls that was in

11 had -- she'd been abused. Er, she'd been abused and she

12 had an eating disorder. And it was horrible. It was

13 horrible to see.

14 Q. Okay. We mentioned the shower set up earlier,

15 'Raymond', but you tell us, at paragraph 23, that each

16 unit had two showers and a toilet but because it was

17 a mixed unit, the girls and boys would share those

18 facilities and that caused problems sometimes?

19 A. You used to have boys opening the doors and shout at

20 lassies when they were in the shower. And you would

21 also have lassies opening the door when you were in

22 a shower. You had staff members that would open the

23 door.

24 Q. So staff members would do that too?

25 A. They werenae -- I didnae get the impression that they

1 were doing it to look at you, then, right? 'Cause they
2 would shout, 'Oh, you've got such and such, you've
3 a phone call'.

4 But it was that easy for it to happen.

5 Q. So, from that point of view, there wasn't complete
6 privacy if you were in the shower?

7 A. No, no.

8 Q. Okay. You tell us, 'Raymond', that sometimes, on the
9 odd occasion, staff would take you out somewhere, but
10 I think you point out that most of the times that you
11 went out, it was with Brian Folan?

12 A. Brian Folan, aye.

13 Q. Yes. And then I think you say a little bit more about
14 the schooling at paragraph 25, and you tell us that to
15 have a bunch of unruly kids and try to teach them, that
16 Newfield did the best they could, and that some
17 residents would play up in class?

18 A. You'd teachers there that were actual teachers who would
19 sit there and say, 'This is what we are going to do',
20 but the second they got that out, the place would --
21 something would happen. It was -- you couldnae get
22 an education if you tried, even if you wanted to,
23 because it was that unruly. It was -- you would have
24 people running out of class, you'd have people running
25 away fae the home, and, obviously, 'cause the staff

1 wasnae there, it was only, like, the teacher, and you
2 would have one member of staff coming down every
3 10/15 minutes. People would go off. Er, it was
4 chaotic.

5 Q. So, from what you describe, 'Raymond', it was quite
6 disruptive, then, to try and learn anything?

7 A. Aye.

8 Q. But I think you point out that there were different ages
9 and different abilities in the class, so it was mixed
10 but they would try to give you work that would be
11 appropriate for your age and your stage so there was
12 a structure in place, but being able to carry that out
13 properly was very difficult?

14 A. It was impossible for them.

15 Q. Yes.

16 A. It was impossible for the staff that were there to work.

17 Q. Yes.

18 A. And the -- the residents, whether the residents were
19 having a bad day or ...

20 Q. Yes.

21 A. They didnae really want to learn.

22 Q. And we have mentioned already, 'Raymond', that you went
23 to Newfield with these prescriptions of dihydrocodeine
24 and diazepam, valium. That was something that you would
25 take at daily intervals whilst you were there; is that

1 right?

2 A. Aye.

3 Q. And that continued through your time in care?

4 A. I'll be honest with you, when I got there I thought I'd

5 won the drug lottery, 'cause they'd made a mistake and

6 they gave me more than what I was meant to be on.

7 Q. Okay.

8 A. I was only meant to be on it twice a day and they gave

9 me four times a day, so I was walking around high as

10 a kite.

11 Q. And I think you point out that you just would get repeat

12 prescriptions, you didn't see a doctor?

13 A. No, that was it. I didnae see a doctor. Just -- they

14 used to say: 'Oh, your prescription's run out'.

15 They would notify the local chemist and pick it up.

16 Didnae see any doctor.

17 Q. And it would get increased as well as time went on?

18 A. Aye, aye, it got increased.

19 Q. And I think you say that later you were put on

20 methadone; is that the second time you were at Newfield

21 or did that happen before?

22 A. I think it was just in Newfield. But it got stopped and

23 then I got put back on it. Er, the doctor was horrified

24 -- just -- this is a wee boy.

25 Q. Mm-hm.

1 A. And away back then it was a struggle for people to get
2 put onto methadone and stuff like that. But I cannae
3 remember the exact age I get put on it. But I know
4 I get put on it, then it gets stopped. And then I get
5 put back on it, and then that was me for God knows how
6 long.

7 Q. But it was still while you were in care?

8 A. Aye. Still in care, yes.

9 Q. Okay. You tell us a little bit, 'Raymond', about visits
10 from your mum and dad and your brothers. This is at
11 paragraph 28. You say that they would come and visit
12 a couple of times a week, but it depended whether or not
13 you had decided to run away. You tell us that if you
14 did run away, you would then end up getting temazepam
15 from Brian?

16 A. I would take anything, basically, at that point. It got
17 to the stage where that was the norm.

18 Q. And when you ran away, I think you say that you would go
19 shoplifting with Brian as well?

20 A. Oh, I would meet him, er, and then you would go away for
21 days stealing. You would go all over Scotland.

22 Q. Yes.

23 A. You would wake up in his car, er, three or four of yous.
24 Brian Folan went fae being a big lump o' a man, a big
25 heavy man -- er, 'cause he was taking cocaine and stuff

1 like that, he was -- he ended up skinny. And it was his
2 car my mum and dad noticed. He went from having a wee,
3 ordinary run of the mill car to having a fancy car. Er,
4 he had a Sierra Cosworth, which was quite a lot of money
5 a way back in the day. It was quite a sporty car,
6 flashy. Er, and, actually, it was at that point my mum
7 and dad went in and screamed the building down to see
8 me. And, as I say, they were classed as hysterical
9 parents.

10 Q. So they were raising concerns about the fact that you
11 looked like you were on drugs?

12 A. Aye.

13 Q. But I think you tell us that the staff told them that
14 everything was fine?

15 A. Aye, it was, 'He's doing great'. When they done the
16 assessment on me, they were like, 'He's a lovely boy.
17 Everything's fine and ...

18 LADY SMITH: 'Raymond', what do you remember of the
19 assessment? Anything?

20 A. I didn't even know there was an assessment getting done.
21 I didn't. It wasn't 'til the end -- it wasn't until,
22 like, two or three days before you were going back to
23 the panel that you get told that there was actually
24 an assessment being done.

25 LADY SMITH: Yes.

1 A. But, to me, how they could have done an assessment in
2 the middle of that chaos was -- it would have been hard
3 going.

4 LADY SMITH: Yes.

5 A. 'Cause there was nobody there to monitor what you were
6 doing, which you would think as an assessment on
7 somebody's behaviour -- er, the part I thought I was
8 assessed on was I ate my dinner when I could. That's
9 ... other than that ...

10 MS FORBES: Do you recall ever being sat down by someone
11 formally and asked questions to carry out an assessment
12 whilst you were there? No?

13 A. One time, when that woman that went on the sick, I can
14 remember her sitting down and asking how things were at
15 home, how I found Newfield, and then she went -- I think
16 it was maternity leave she went on.

17 Q. Okay.

18 A. But, other than that, never.

19 Q. And you have mentioned that you were aware that there
20 was something that was produced about you after you were
21 at Newfield, and that this was something that was saying
22 you were getting on --

23 A. It was a report of some sort.

24 Q. Okay.

25 A. It was a report sent to the panel. And my mum

1 questioned it. My mum was like, 'This isnae the same
2 person yous are talking about'.
3 Q. Do you know who prepared that report?
4 A. I don't.
5 Q. Okay.
6 A. I know it was social work at some point. But, as I say,
7 this was at the point when my dad had the police phoned
8 on him for going up.
9 When my dad went up the first few occasions, he went
10 up to tell -- to speak to Brian Folan's senior.
11 Basically Brian Folan's senior said, 'Listen, he's
12 nothing to do wi' you, your son is nothing to do with
13 you now. He's in our control and Brian Folan's good for
14 him. You're just hysterical'.
15 And then it got to the stage where my dad was
16 going -- my dad was a big lump of a guy and could be
17 pretty intimidating, er, and he wasnae the sort of
18 person you would just boss about. And he tried to do it
19 the normal way, the calm way, until his buttons get
20 pushed and they phoned the police on my dad.
21 Q. You mentioned, is it -- Brian Folan senior, did you say?
22 A. Yeah, Norman. I only knew him as Norman. He was
23 Brian Folan's senior social worker.
24 Q. Right, okay.
25 LADY SMITH: Oh, so his line manager?

1 A. Yeah, his boss.

2 MS FORBES: So your dad had gone to see him, concerned about
3 you and was he also concerned about Brian Folan?

4 A. No. What he was saying is, 'This guy's no right for my
5 son. Something's happening. We can see the change. We
6 can see the change'.

7 And at first I was saying he was a great guy. And
8 it was my mum and dad who were going like that, 'No,
9 he's anything but a great guy. He's anything but
10 a great guy'.

11 Q. But from what you tell us, Brian Folan would come up to
12 Newfield and he would take you out during the week and
13 sometimes at the weekend; is that right?

14 A. Used to say it was when he was skint, 'cause that's
15 when -- when he eventually got the jail, obviously short
16 -- short a money lender. Er, he shouldnae have went to
17 jail -- he went to jail -- he's seen as a gangster, when
18 he was really a monster.

19 Q. Yes. I think you tell us later in your statement -- and
20 we will come to that in a while -- later on in life, you
21 saw Brian Folan when you were on your way to Barlinnie?

22 A. Barlinnie, aye.

23 Q. And he was also in the van?

24 A. Aye, he was meant to do my social enquiry report that
25 week and he got lifted.

1 Q. And he'd quite recently before that still been a social
2 worker?

3 A. Aye, he done what he shouldn't at that point.

4 Q. Yes. You have mentioned about running away, 'Raymond',
5 and you tell us at paragraph 32 that people would say
6 they were off and they would just bolt. So, from that
7 point of view, Newfield wasn't a secure unit; is that
8 your understanding? Yes?

9 A. (Nods).

10 Q. But if you ran away, you would get caught and you just
11 got taken back but I think you have mentioned that
12 sometimes you would meet up with Brian Folan when you
13 ran away; is that right, 'Raymond'? Yes. And you tell
14 us that when you got back then to Newfield, depending on
15 what -- sorry, what would happen after you were brought
16 back to Newfield, after running away? Was there any
17 punishment?

18 A. There was once. We stole a staff member's car. We
19 stole his car, then we get some kicking.

20 Q. Okay.

21 A. We stole his car, aye.

22 Q. And who was that? Whose car was that?

23 A. I cannae remember the guy's name but -- there was a gym
24 where the classes is, and that's where the units --
25 that's below the units and the chairs were all piled up,

1 and it was all wooden school chairs all piled up in the
2 corner of the gym. And I can remember them smashing the
3 chairs off us, me and a wee guy, [REDACTED], he died so he
4 did. He died [REDACTED] in Newfield.
5 He stole his keys -- stole the staff member's keys and
6 we get, when we get brought back, the doing we got
7 was -- at the time we thought we deserved it 'cause we
8 stole his keys and his car.

9 Q. And was that from one member of staff?

10 A. No, that was about five, five members of staff.

11 Q. Okay. And I think you tell us, 'Raymond', that
12 depending on which member of staff was involved, it
13 would depend on what you would get. You mentioned that
14 you might get a slap?

15 A. (Nods).

16 Q. Whereas other ones might laugh it off but some
17 members --

18 A. Some of them just went fae zero to 100 and give you
19 a kicking. And it was -- if you didnae fight back,
20 well, you got in real trouble.

21 Q. So you say it was a kicking; what would be involved in
22 that?

23 A. They would start speaking to you and they went fae
24 speaking to you to just straight attacking you. And if
25 you hadnae been in that situation before, you didn't

1 know how to deal with it, seeing a grown man attack
2 a kid and then other grown men jumping in to help it,
3 you seen that happening every day.

4 Q. Okay.

5 A. You would also get other staff that would laugh at it,
6 and say, 'Well, he deserved that'. We thought we
7 deserved it when we stole his keys.

8 Q. Okay.

9 A. Er, but (Inaudible) caught we got hit wi' probably about
10 14/15 chairs, 'cause they were all piled up. We'd
11 scurried under the chairs and they were dragging us out
12 with our feet kicking, it was --

13 Q. And where was that? Did you say it was in the gym?

14 A. Aye, it was in the gym at Newfield. The -- the doing
15 that we got, the guy was raging 'cause he'd only had the
16 car six month and whatever had happened to it, I don't
17 know. Er, it was his pride and joy. And, yeah, we were
18 in the wrong for stealing it, but two rights -- two
19 wrongs doesn't make it right. So they shouldn't have
20 been giving us what we got. Er, it was wrong of us to
21 steal the car.

22 Q. Yes.

23 A. But it was wrong to assault us the way they assaulted
24 us.

25 Q. And I think you tell us a little bit more in

1 paragraph 33, 'Raymond'. You say that -- I think the
2 way you put it is:
3 'There was nothing you could say was pure violence.
4 It was just a punch or whatever.'
5 But I think you explain a little bit later in your
6 statement that it would usually be in response to
7 something that had happened?
8 A. Daft things. Silly things. Silly, silly things. As
9 that was the only real doing that I'd had -- was for the
10 stolen car. I'd had punches, I had slaps. I had stuff
11 like that. But, as I say, I was always bigger.
12 Q. Yes.
13 A. And they would pick their victims.
14 Q. Yes.
15 A. But it was always over daft things, whether they were
16 hungover, whether they were having a bad day, whether
17 they had been called names during the day. It was
18 always over stuff that was trivial.
19 Q. Yes. And I think, just before we leave paragraph 33,
20 I think you say that if you had been fighting with
21 somebody, one of the things that staff could do would be
22 to put you in your room or put you in one of the other
23 units, in a room with a TV, and then you weren't allowed
24 to come out until you'd cooled down?
25 A. Yes.

1 Q. Is that right? Is that what you recall?

2 A. Not all of the time.

3 Q. Sometimes.

4 A. That happened, aye. There was a lot of times when you

5 would get three/four staff members jumping on you and

6 you were folded up and stood on. And by the time they

7 went out the room, you were in that much pain you

8 couldn't even lift yoursel' up. So it would take

9 an hour or two before you could actually lift yoursel'

10 up.

11 Q. Okay.

12 A. That's the way it was.

13 MS FORBES: Yes, well, 'Raymond', this might be time for

14 a short break.

15 LADY SMITH: We usually take a break at about this time in

16 the afternoon, just five minutes or so; would that work

17 for you, 'Raymond' --

18 A. That's fine, aye.

19 LADY SMITH: -- if we did that just now?

20 Very well, we will take a short break.

21 (3.03 pm)

22 (A short break)

23 (3.12 pm)

24 LADY SMITH: Welcome back, 'Raymond'. Are you ready for us

25 to carry on?

1 A. Yeah.

2 LADY SMITH: Thank you.

3 Ms Forbes.

4 MS FORBES: Thank you, my Lady.

5 'Raymond', just before we broke there, for the

6 break, we were talking about the kind of discipline that

7 would be handed out at Newfield. I think this is where

8 you then go on to tell us about some particular examples

9 of abuse that you remember. This is from paragraph 34.

10 You make the point that you, as we know, were on these

11 prescription medications which meant that you were

12 really -- the way you put it is you were 'zonked'.

13 A. I was under the influence. As I say, like, they'd made

14 my prescription wrong, so instead of giving it to me two

15 times a day, they gave it me four times a day. And

16 obviously, if anybody had looked at it, and looked at

17 me, they would have seen I was overmedicated, but they

18 just let it go. And I wasnae certainly going to tell

19 them that I was overmedicated at that point. I just

20 took what they gave me.

21 Q. I think you say that residents at Newfield would give

22 backchat, they were cheeky, and they would fly off the

23 handle or kick off?

24 A. No, not all staff were violent. You would have ones

25 that would instigate stuff. You would get ones that

1 would come in and do their job. You would have ones
2 that would come in and do very little, other than sleep,
3 and they were maybe watching. Not all staff were
4 violent.

5 But, when the violence happened, it happened over
6 ... it went fae that to that in no time. It was ...

7 Q. I think you tell us, 'Raymond', that some residents
8 would punch members of staff?

9 A. Oh, yeah. But, like, you see for -- from what
10 I've seen, for a resident to hit a member of staff, it
11 was a build up to it. And it was always over, as I say,
12 minuscule things that went from being minuscule to being
13 a mountain. Er, and it was as if they got led on, and
14 you used hear staff going, 'That's me got a new watch,
15 just broke my watch', or 'That's me get this' or
16 whatever. It wasnae --

17 Q. Yes.

18 A. The way it happened -- it should have been dealt with
19 different.

20 Q. Yes. And I think you say that staff would hit back, but
21 you make the point it doesn't make it right. And
22 I think you tell us that there was, from your point of
23 view, a lot of excessive force used on residents?

24 A. Yeah, really -- really excessive force. Aye.

25 Q. And you tell us that **HOX** was somebody that you saw

1 hitting residents?

2 A. There was people there that I can't name, because

3 I cannae remember their names. Right, I would only bump

4 into them a couple of times because they were in the

5 back units. So you would only see them when they came

6 in -- when they came to like back up the other members

7 of the staff that were in the unit I was in, but you

8 would see them setting about people from their unit,

9 'cause you could see right through to it.

10 And, to me, it was just the same in the four units.

11 I didn't know what went on in Campsie Unit because you

12 couldnae see that. You didn't see the kids during the

13 day or whether they were going out in the van or

14 whatever.

15 But, like, if anything happened, every resident was

16 out to watch it and you would go: thank God it's not me

17 that's getting it.

18 Q. Yes. I think you make the point though, 'Raymond', that

19 any time you saw **HOX** hit anybody, he'd been hit first.

20 He wasn't someone who just hit residents for the sake of

21 it. But I think you make the point, as you have said,

22 that just because he was hit, that doesn't make it

23 right?

24 A. The one that I could see would hit a resident first was

25 **HOV**. He was a man that -- he was a bruiser.

1 And he used to come in and he would have the wee -- the
2 tight t-shirts on that looked as though they were too
3 wee for him 'cause his arms were that big. Er, his
4 chest was out like that. And when he hit somebody --
5 a lot of the people were wee skinny boys and wee skinny
6 girls. When he hit them, it hurt.

7 Q. I think you say that staff tended not to pick on the
8 bigger boys; it was the younger ones?

9 A. What the staff would do, they wouldnae tend to -- they
10 would tend no to pick on the bigger ones. But then they
11 would say, 'Oh, he's big, he's big'. And they would
12 instigate. That's just the way it was. It wasnae -- it
13 was as if it was done for entertainment purposes. Or
14 sometimes, if it was -- somebody had done something
15 against them, they would turn on you -- 'Oh, he said
16 that about you', and then they would sit back and
17 watch ...

18 Q. In relation to HOV [REDACTED]; what did you see him do?

19 A. He was -- I seen HOV [REDACTED] do quite a bit, quite
20 a bit. Er, he could lift people right against the wall
21 by the neck. And when he'd done that, he would knee
22 them knee them in there, 'cause he was that agile and
23 that quick. Obviously, I don't know if it was his army
24 training, but the way he used to -- he could actually --
25 but -- see when they used to put you in the locks, two

1 members of staff and a member on your feet, he could do
2 that heself, right, and he could do it that quick. And
3 he would hit pressure points on you, and you would --
4 and he would grab you here and push you down. And he
5 would touch you in your back. I don't know whether he
6 was hitting nerves or whatever. But he used to do it as
7 a joke, too. He could do it as a joke. Having a carry
8 on.

9 Q. Yes.

10 A. But most of the time when I seen him doing it, he was
11 doing it ...

12 Q. Not as a joke?

13 A. No.

14 Q. Yes. And I think you mention at paragraph 37 we are
15 now, 'Raymond', he was somebody who was nasty to a lot
16 of the boys and girls, but not to you?

17 A. Aye, he had -- he had his digs at me.

18 Q. Okay.

19 A. Er, it was mostly younger people.

20 Q. And I think you say that if someone answered him back,
21 he wouldn't react right away?

22 A. No, you could watch it. As I say, he would let it build
23 up. And he took great pleasure, see, in telling people
24 that they werenae getting home leave. But he wouldnae
25 tell them until the other kids were getting ready to go.

1 The kids would be getting ready, their stuff packed, and
2 he took great pleasure in saying: by the way, you done
3 such and such, so you're not getting home leave. And
4 that was mental torture, 'cause kids that thought they
5 were getting back to their family for a day, for
6 a weekend, was -- and then tell them that they're no.
7 Well, no nice.

8 Q. And I think that one of the other things you mention him
9 doing was he would grab boys by a particular part of
10 their body; what was that?

11 A. Mm-hm, he'd grab them.

12 Q. You've kind of made a motion there, 'Raymond'?

13 A. Grab them by the testicles.

14 Q. Testicles, okay.

15 A. Aye.

16 Q. And I think you mention in your statement, also, by the
17 nipple?

18 A. Aye. Or he would twist the nipple. But he would
19 grab -- that's what he used to do. He was like -- if he
20 was -- say he was -- er, whatchamacallit? What was the
21 word, the name they used for it when they used to put
22 you into the locks? We called it 'getting carted'.
23 That's how he would -- like, when he was joking, he
24 would grab at your nipple and he would grab you down
25 there. But, see when he done stuff to you, he would hit

1 you in these pressure points and your body would jerk or
2 you would fall to the ground. And he could do it -- the
3 four members of staff, he could do it heself.

4 Q. And I think you have described this picture that if
5 something did kick off as the pressure had built, there
6 would be staff dealing with an incident in one part of
7 one unit and something else would happen --

8 A. It would kick off in another.

9 Q. They would be running back and forward?

10 A. Aye.

11 Q. But I think you tell us you saw boys with injuries?

12 A. Oh, I'd seen boys wi' injuries. But there was a lot of
13 boys that got injuries wi' fighting each other. So, at
14 that point, you didnae know whether it was staff that
15 done it or whether it was another resident done it.

16 Q. Yes.

17 A. It was -- like, the police were there at least
18 three/four times a day.

19 Q. Yes.

20 A. That says it all itself.

21 Q. And I think you mentioned that members of staff would be
22 getting hit with cups, pool cues?

23 A. Oh, I've seen staff members that just walked into a room
24 and get hit wi' bottles. I've seen that.

25 Q. Yes.

1 A. They would walk in and there would be a fight and
2 everything would be flying. Er, people getting hit wi'
3 fire extinguishers.

4 Q. And I think the way you have described it is that some
5 of the violence was 'totally bizarre'.

6 A. It was as if it was -- somebody had lit the fire for it.
7 That's the way it was. It was as if, like -- it's hard
8 to explain. Over something silly, the fire would get
9 lit and then it would just burn and get out of control.

10 Q. Yes. So it would escalate sometimes from nothing?

11 A. Aye, fae nothing.

12 Q. To a very serious incident?

13 A. Aye.

14 Q. And as you have said, the police would often be called
15 if staff hadn't been able to resolve it. And then
16 people, residents, would be taken to the police station?

17 A. Aye, Mill Street. Mill Street.

18 Q. But I think you tell us that as far as you were aware,
19 they wouldn't be getting charged with assaulting staff?

20 A. No, 'cause they used to bring you back after a few
21 hours. They would take you in and put you in
22 a detention room and then bring you back.

23 Q. Yes. We have talked, 'Raymond', about Brian Folan
24 coming up to take you out and you have told us that when
25 that would happen, it was the same sort of thing as

1 before; it was shoplifting to order. And as you have
2 described, if you were caught, he would appear with his
3 social work identification and that would mean, even
4 though you were charged, you wouldn't get taken to the
5 police station and he'd take you back to the unit; is
6 that the kind of routine?

7 A. No. He wouldnae take you back. He would take you back
8 out thieving. And he would know you were still -- you
9 were, obviously be in, wherever you were, whatever home
10 it was. How did the man get away wi' what he done for
11 so long?

12 Q. It wasn't just him getting you to steal. I think you
13 tell us about, 'Raymond', at paragraph 42 -- I think you
14 say that if he didn't get what he wanted, if he wasn't
15 making enough money that day --

16 A. You would get set right about.

17 Q. So he was violent?

18 A. Really violent.

19 Q. You talk about him using a truncheon?

20 A. Yep. It was like a police bat.

21 Q. And he would use that on you?

22 A. Aye.

23 Q. On your body?

24 A. Yep.

25 Q. And I think you make the point he would never hit your

1 face?

2 A. One of the times we were in the car, er, one of the boys
3 and a lassie was in the back of the car, didn't have her
4 seat belt on, and she ended up -- one of them get 13
5 stitches, he banged -- he was driving that fast. He
6 banged the brakes on and they didnae have their seat
7 belts on and the girl came through. She'd cut all down
8 her head. Er, that was because we didnae make enough
9 money that day.

10 Q. Okay.

11 A. He wasnae happy.

12 Q. And I think you say that that was something that didn't
13 happen at first, but it started to happen later, these
14 assaults. You say that you found out later on he was in
15 debt to money lenders; is that right?

16 A. Aye, he owed -- apparently he owed a money lender a lot
17 of money. That was the guy he shot.

18 Q. Yes. And also, 'Raymond', you tell us that sometimes
19 after Brian would give you drugs, you would wake up in
20 his car?

21 A. You would wake up in his car, er, a day later.

22 Q. And you say --

23 A. He'd two cars, he'd the Sierra -- he had a Sierra and
24 a Volvo, and you would wake up in the Volvo. The Volvo
25 had a big boot and there would be like three or four of

1 yous in the back of the car.

2 Q. So you had been in the Sierra, but, when you woke up,
3 you were in the Volvo?

4 A. No. Any time I woke up, it would always be his Volvo
5 you were in, because it was a bigger car. And he used
6 to take us like to Dunfermline stealing, Edinburgh
7 stealing. We couldnae go anywhere in Glasgow because we
8 were all that well known. And he would take us -- and
9 then like, say you'd been out stealing all day, you'd go
10 and get dinner. Go and get a McDonald's or whatever.
11 And then that's when you took all the drugs, 'cause he
12 had been gi'ing you stuff during the day. But when
13 you'd get into the back after dinner and took a lot, and
14 then you would wake up the next morning.

15 Q. But you wake up in the car?

16 A. Aye.

17 Q. Yes. And as far as Newfield were concerned, you had
18 absconded because you hadn't come back?

19 A. At this point it was the Kibble.

20 Q. Okay. So this was a little bit later?

21 A. Aye.

22 Q. Okay. You say, 'Raymond', at paragraph 43, that -- you
23 say:

24 'I'm fortunate. I can't remember if Brian did
25 anything sexual to me.'

1 And then you say:

2 'The thing is, everybody else that's involved, he

3 abused them.'

4 A. Aye. So if he done it to them, he must have done

5 something to me.

6 Q. Okay. So were you told by others that he'd done things

7 to them? And was that sexual?

8 A. Aye.

9 Q. And I think you make the point: why would it be

10 different for me?

11 Yes. But that's not something that you are able to

12 recall?

13 A. No.

14 Q. Okay. I think, 'Raymond', you tell us there was a time

15 you went back to the panel and they said could you go

16 home; do you know how long you were in Newfield for the

17 first time?

18 A. Three weeks.

19 Q. Three weeks.

20 A. Three weeks and six weeks.

21 LADY SMITH: Six weeks the second time?

22 A. Aye.

23 LADY SMITH: The first time you were about 14 and the second

24 time you were about 15?

25 A. Yes.

1 LADY SMITH: Is that right? Thank you.

2 MS FORBES: You tell us, 'Raymond', that when you went back
3 then after the first time from Newfield to live at home,
4 Brian Folan still visited you during the week. And this
5 was over a period of about two years, during Newfield
6 and at home?

7 A. I had Brian Folan until I was about -- until I was about
8 18.

9 Q. Okay, and you tell us again about how the drugs you were
10 getting from Brian during this time, you would swallow
11 by the handful?

12 A. Aye.

13 Q. And you would start using heavier drugs as time went on?

14 A. Yeah.

15 Q. And I think you say that after leaving Newfield for the
16 first time, you were charged with an assault. And
17 I think you went then back to Newfield again for
18 a period. And you say -- this is at paragraph 47 --
19 that during that intervening period, Brian was still
20 your social worker officially and he was continuing with
21 what had gone on before --

22 A. (Nods).

23 Q. -- taking you out shoplifting and selling you drugs.
24 You then tell us a little bit about your second
25 stay, 'Raymond', at Newfield. This was when you were

1 about 15 and I think this is the time you say that your
2 parents, or your mum, anyway, was fighting with Brian's
3 boss, Norman, and she was concerned about what she saw
4 was happening to you. This is when she was getting told
5 that she was a hysterical mother?

6 A. Yes.

7 Q. And somebody that your mum knew, who was a clerk at the
8 social work, told your mum that she really had to get
9 you out of that social work department?

10 A. (Nods).

11 Q. I think you tell us when you went back the second time
12 to Newfield, it was pretty much the same routine as the
13 first time. You were still getting these prescription
14 drugs and there was nobody who spoke to you, really,
15 about getting help with getting off those; is that
16 right? And you say that your drug use had got out of
17 hand?

18 A. Oh, at that point I was a fully fledged addict.

19 Q. Yes.

20 A. Er, I was taking everything, absolutely everything.

21 Q. And you tell us, 'Raymond', that that second time, you
22 had a bruise as a result of something that had happened
23 with Brian Folan that went right across the back of your
24 leg, and this was in relation to the bat or the baton
25 that he had used; is that right?

1 A. Right. As I say, see the bat? The bat was about that
2 size and it had been drilled and it had, I don't know,
3 something put through it. It just looked like
4 an ordinary wooden bat. It was solid. And that was
5 his -- he always had that at the side of the car.

6 Q. Yes. And there was actually a PT teacher at Newfield
7 who asked you what had happened, because he saw the
8 bruise; is that what you recall?

9 A. I actually know the guy's name. I met him just a couple
10 of weeks ago. It's funny bumping into you.

11 Q. Don't worry too much about it. It's a long time ago.
12 But I think you didn't tell him the truth about how you
13 had got that injury, you said you had fallen in the gym.
14 And I think you say that you had been manipulated by
15 Brian at that point so much that you were really blind
16 to what was happening to you; is that right?

17 A. Brian Folan had that much control over me that it was
18 just a case of doing what he said.

19 Q. I think you tell us, 'Raymond', then, that there were
20 some members of staff who then started asking you
21 questions about Brian. I think you mentioned this
22 earlier. They started asking you questions about Brian
23 but this turned into something else?

24 A. I'm calling him HJZ. I was calling him
25 HJZ; it's HJZ, his name is. Er, yeah,

1 that's when it turned to ...

2 Q. But the staff initially were asking you about Brian and

3 if Brian had ever touched you?

4 A. 'When he's taking you out, what's he doing?', er, and I

5 told them, I said nothing. Er, and then he quickly went

6 to: 'Well, has he done anything to you?' But it went

7 fae getting asked about Brian to getting asked for about

8 an hour and a half ...

9 Q. About HJZ ?

10 A. Yeah. And, as I say, the guy, he had a feminine voice,

11 whether he was gay or not, that's what everybody said.

12 Q. Yes.

13 A. Er, but that guy never done anything to -- anything at

14 all. He never even suggested anything. Other than

15 being a genuine -- a genuine person that was doing the

16 job that he was getting paid to do. Er ...

17 Q. Yes.

18 A. That's ...

19 Q. And I think you tell us that you are aware that one of

20 the girls that you were friends with was pregnant?

21 A. Pregnant. Aye, [REDACTED].

22 Q. And I think you tell us that you got information about

23 that, that you thought that Brian Folan had done that?

24 A. Aye.

25 Q. And where did that information come from?

1 A. From her.

2 Q. From her? And I think you say that you had to speak to
3 the police as well and you had to give your clothes to
4 the police?

5 A. No, they took -- took stuff off us. Took stuff off us.

6 Q. Do you know why they were doing that?

7 A. They came in and they'd taken -- they had asked what
8 we'd been wearing. They just came in and they took it
9 away and says, 'This is gonna get used'.

10 Q. Okay.

11 A. And get the bag back, probably, about ten days later.
12 But it was weird, 'cause -- this will sound silly -- in
13 Newfield you used to get your name written in your
14 clothes, and they would sew a tag on, and the two
15 t-shirts that came back were brand new t-shirts wi' nae
16 tags on them. It was as if they'd been replaced.

17 Q. Yes.

18 A. If it wasnae for the tags not being on them, you
19 wouldnae have noticed. But even -- you see, when the
20 tags came off? You would see the thread, so you would
21 know they came off in the washing machine or whatever.
22 Er, but these were two brand new t-shirts. It was as if
23 they'd taken the tickets off them. That's the way I got
24 'em back, which was ...

25 Q. And I think you tell us about being interviewed, along

1 with the girl you were friends with, by the police, at
2 the police station, and you were asked about Brian by
3 them; is that right?

4 A. Got asked about Brian Folan. Er, (Inaudible) I wasnae
5 interviewed. Basically a conversation speech had
6 happened. He's appearing quite a lot and his name's
7 coming through. That's what it was. It wasnae as much
8 of a sit down and you are getting interviewed. There
9 wasnae anything like that.

10 Q. It wasn't a formal interview.

11 But I think you say that the questions that they
12 were asking you were about asking whether he had done
13 anything inappropriate, whether he had touched your
14 privates?

15 A. Aye.

16 Q. It wasn't about selling drugs or taking you shoplifting
17 or anything?

18 A. No, no, they asked us a few things about him. You see
19 when we got asked about, er -- when we got asked about
20 HJZ ? It was -- we -- to me, I thought it was
21 the boss. Right? I don't know who the guys were. To
22 me it was two CID and, obviously, members of staff.
23 When that happened, there was -- we heard nothing after
24 that.

25 Q. Yes.

1 A. So ...

2 Q. Okay.

3 A. But when the likes of -- we were getting asked by the
4 police and stuff like that about Brian, it was as if --
5 we thought they were fishing, 'cause we thought they're
6 gonna ask us about him, they're gonna charge us wi'
7 everything that we've done.

8 Q. But I think you say, 'Raymond', at paragraph 54, that
9 you did tell them that he was giving you drugs and
10 making you do things?

11 A. Oh aye, I did.

12 Q. And it wasn't just you that was telling them about that;
13 it was also the girl that you knew as well?

14 A. I know a couple of people had been spoken to about him.

15 Q. Yes. But from your point of view; did anything come of
16 that?

17 A. Not that I know.

18 Q. Okay. You go on to say, then, 'Raymond', that there was
19 a review after that second time at Newfield and there
20 was a suggestion that you might be going to Kibble, but
21 there wasn't a place for you and the panel said you
22 could go home. And you went home, back to live with
23 your mum; is that right?

24 A. Yes.

25 Q. And you tell us that that was a time when you tried to

1 take your own life?

2 A. No, there's a bit of confusion in that.

3 Q. Okay.

4 A. Er, I'd been in the Kibble at that point.

5 Q. Okay, so this was after Kibble?

6 A. Aye, I'd been into Kibble at that point.

7 Q. Okay.

8 A. Just coming up 16. Turning 16. And getting released

9 fae the Kibble, Brian Folan had come up and he gave me,

10 I think it was [REDACTED] diazepam, and [REDACTED] -- what do you

11 call it? Dihydracodeine. And I got taken home. I knew

12 my brother was going to five-a-side football. My

13 brother was in the shower. [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED] -- I went up

18 to hang mysel' [REDACTED]

19 [REDACTED] listened for my brother going out, and it just

20 happened to be my brother left keys lying and he had to

21 come back up to get them. The police were at the

22 neighbour's next door.

23 My brother came up and I was hanging [REDACTED],

24 and he get me onto his shoulders and he was screaming

25 and my neighbour came. And it just happened to be the

1 police heard and they came charging in. And they
2 managed to get me up. They thought I was dead, 'cause
3 they had to like give me --
4 Q. CPR?
5 A. Aye.
6 Q. Yes.
7 A. And for years I hated my brother. I hated him for it,
8 for saving us. Er, I got a good relationship with him
9 now, but at that time I didnae want to be here. Just
10 ...
11 Q. So that was the day after you came out of Kibble?
12 A. That was the day I came out of Kibble.
13 Q. The day you came out?
14 A. That was the day I got out of Kibble.
15 Q. And some things you tell us happened after that. You
16 were, I think, you were diagnosed as having a sort of
17 drug induced psychosis?
18 A. I was -- yeah.
19 Q. And that was a psychiatrist you saw. And that would
20 then wear off after a period of time, but you had to get
21 medical treatment; is that right?
22 A. Yeah, get medication to make us better.
23 Q. So we are slightly out of order, 'Raymond', with what
24 happened, because I think next you talk about Kibble.
25 But what you have told us about when you went home from

1 Kibble, we know now when that happened.

2 Just looking at your time in Kibble, then,

3 'Raymond', I think you say that you were about 15 when

4 you went in there in 1992, you were there for about two

5 or three months?

6 A. About three months.

7 Q. Three months, okay.

8 A. While I was there, the headmaster, he robbed the place.

9 He ran away with 2 million of the funding. Er, that

10 place was -- that was a lot bigger and it had all been

11 all boys.

12 Q. Yes.

13 A. The things that went on, the violence that went on in

14 there was worse than --

15 Q. Worse than Newfield?

16 A. Aye, aye.

17 Q. Okay. I think you tell us that after a period of time,

18 you went from being a resident there to being a day boy?

19 A. Day boy, yeah, that's right.

20 Q. Was that after three months of being there as a resident

21 or was that during that three-month period you became

22 a day boy?

23 A. No, it was about -- I think it was just near the end of

24 it. And then I became a day boy, obviously, 'cause of

25 the -- I don't know.

1 Q. Okay.

2 A. So, like, he would come in the morning in a taxi, so you
3 would go home.

4 Q. Okay. But for the first period you were --

5 A. I was residential, aye.

6 Q. And I think you tell us that Brian Folan didn't have the
7 same sort of access to you there, because it was a lot
8 stricter than Newfield and you couldn't just be taken
9 out?

10 A. They couldnae. But, like, he did come up. He did come
11 up. But it wasnae as strict as -- it was stricter than
12 what it was in -- like, in Newfield, he could come down
13 and take two or three people out, er, anytime. I rarely
14 went with Brian Folan there. (Inaudible) I absconded
15 from there, then afterwards. I think there probably was
16 a couple of times when he came and I did go wi' him.

17 Q. Okay. So, during that period, you still saw him, but it
18 wasn't the same frequency as it had been in Newfield?

19 A. Yes.

20 Q. You tell us a bit about Kibble and I am not going to go
21 through that with you, 'Raymond', because we have it
22 there, about the showers and things like that.

23 But one of the things you talk about, at
24 paragraph 69, is that it was really easy to get drugs
25 and drink in Kibble and older boys would get carryouts

1 for the younger ones, people would get drugs dropped off
2 on visits by their pals --

3 A. Aye, that's just the way it was.

4 Q. -- through a crack in the window.

5 A. Like, it wasnae even like -- you used to get people who
6 would come up at night and hand in stuff in at the
7 windows. Er, that's just the way --

8 Q. Yes.

9 A. There was more drugs in there than anywhere else I'd
10 seen.

11 Q. Yes.

12 A. It was a lot. It was mostly cannabis, but then
13 obviously diazepam and stuff. That's when the mad --
14 when people took that, that's when the madness started.

15 Q. And I think you say again, like in Newfield, that if you
16 were trying to be educated, then you could go into
17 a class and everything would be fine or you could go
18 into a class and it would be a war zone?

19 A. Chaos.

20 Q. Yes.

21 A. In the Kibble they had, like, a better education system
22 in place. Like they had brickwork, woodwork, stuff like
23 that. It depended on the class that day, how it would
24 go.

25 Q. Yes.

1 A. You could go in and it was just like you were learning.
2 But then you could go in and ... there was that much
3 happening, yeah.

4 Q. And in relation to discipline, you tell us at
5 paragraph 81 that there was no real discipline, but the
6 staff there were a bit quicker off the mark to give you
7 a punch?

8 A. Aye, aye. And it wasnae -- it wasnae a slap then; it
9 was -- you got set about, er, and you got a kicking.
10 The amount of boys that I seen getting quite badly
11 beaten up was a lot.

12 Q. Yes. And also not getting home leave was one of the
13 punishments?

14 A. That's right.

15 Q. You say that was the worst punishment?

16 A. Aye.

17 Q. You say it was used a lot on residents, but not on you?

18 A. No.

19 Q. You tell us a little bit about some things that happened
20 at Kibble from paragraph 83. You say that there was
21 a time when you were in a fight with another boy and
22 a member of staff tried to break it up. You -- I think
23 you say you didn't mean to, but you ended up punching
24 him in the mouth. You tell us that he then took a hold
25 of you by your arm and your leg and swung you over

1 a sofa?

2 A. Mm.

3 Q. Yes.

4 A. Actually, like --

5 Q. Picked you up?

6 A. It was like wrestling.

7 Q. I think you say you landed against the wall and your arm

8 went into the plasterboard and made a hole?

9 A. There was a hole in the plaster.

10 Q. And then he set about you, you say, and he kicked you

11 all over?

12 A. See, when that's happening, it feels as though its

13 happening for hours. It's probably a minute, a minute

14 and a half. But, when it's happening to you, it's as if

15 it's in slow motion.

16 Q. And you remember the name of that staff member. You

17 tell us about that at paragraph 83. You say HOS ?

18 A. 'Cause there was a couple of [REDACTED]. I'm trying to

19 remember.

20 Q. There was a nickname that you give us about that member

21 of staff. You say he was called HOS [REDACTED] ?

22 A. No, 'cause there was one got called zHOS [REDACTED].

23 Q. Okay.

24 A. Er, his name's zHOS [REDACTED]. His name's zHOS [REDACTED].

25 In there, in the Kibble, there was a lot of big

1 bruisers, the staff. But there was a lot of -- it
2 wasnae as many young boys in the Kibble, so it was like
3 14/15/16. Er, and wi' it being bigger boys, I think
4 they had bigger staff in.
5 Q. Right.
6 A. And I get that boys are gonna be unruly and stuff like
7 that, but there was a level of violence that they would
8 go to for the controlling -- the controlling measures
9 and stuff like that. It was ... it wasnae control, it
10 was like serious assaulted.
11 Q. So which [REDACTED] was it, 'Raymond'?
12 A. I cannae remember the guy's name.
13 Q. Okay.
14 A. As I say, there was one that was known as zHOS [REDACTED]
15 zHOS [REDACTED]. Er, you see -- my head's went blank.
16 Q. Okay, don't worry. But was it a [REDACTED] or are you not
17 sure?
18 A. Do you know something? I'm not gonna sit --
19 Q. That's fine.
20 A. I'm not sure.
21 Q. I think you say that the staff were really heavy handed
22 and you did see boys being restrained and getting bad
23 doings. And you also saw staff members fighting with
24 each other?
25 A. Oh, I seen that happening on a couple of occasions.

1 There was one time when it was over a young female. Er,
2 and it was two -- two staff members were interested in
3 the same female and that's how they ended up fighting.
4 And that ended up happening out in the brickwork, in
5 front of --

6 Q. So this was a female who was a member of staff?

7 A. A member of staff, aye. That was a female. But it was
8 like a competition between the units in the Kibble. Er,
9 and the Kibble was massive and big, big grounds. Aye,
10 and it was -- I don't know. I don't know, this will
11 sound silly, but it was as if there was like
12 a competition between each house and ...

13 Q. Between the staff or the residents?

14 A. Oh, between staff and residents.

15 Q. Okay.

16 A. Er, 'cause one of the units, I think that was, like,
17 a locked unit. One of them was actually locked. It
18 wasnae like a secure accommodation, but it was just
19 securer than the rest of the units. And that was the
20 threat. They used to threaten you with putting you into
21 that unit. I don't know if it was stricter or what.
22 I never got out of the unit I was in. I was in -- they
23 called it Mossedge North. I was in that.

24 Q. Okay.

25 A. But the staff would fly off quicker than Newfield.

1 Q. Okay. And I think you say as well that, similar to
2 Newfield, the staff would pick on what tended to be the
3 smaller people. You mentioned one boy in particular
4 that you remember, who was about 13, and you say that
5 whenever you saw him, he had bruises --

6 A. Aye.

7 Q. -- on his arms, black eyes, a burst mouth, and staff
8 would say things to him?

9 A. Like, that's what I mean, you used to see baby boys that
10 were shell shocked, and you used to go -- when I first
11 went in, you would say what's up with them, but then you
12 see how they get treated, nae wonder they sat the way
13 they sat, 'cause they were assaulted, and they werenae
14 just assaulted, they were assaulted by members of staff,
15 assaulted by other residents and then they would get
16 picked on and treated like dirt.

17 Q. Yes.

18 A. Er, and it was, to see somebody doing that to somebody,
19 was horrible.

20 Q. Yes.

21 A. It was horrible, so it was. Especially when you seen it
22 was younger boys it was happening to.

23 My brother came up to visit us, and my brother came
24 in and he was like, my brother, when he came in, he's
25 like, 'Oh, my God, what the fuck is this place? This is

1 a mad house'. He came fae his work on a Friday night to
2 visit me, and he's like, 'This is meant to help you?
3 (Inaudible) this place is going to help you'. That was
4 his first impression, just coming in, and he came
5 outwith visiting times. But he didnae know what time
6 the visits were. And when he came in, he was like,
7 'This is fucking ... this ain't gonna help you'.
8 Q. No. And I think you tell us some more about what was
9 going on, 'Raymond', in respect of that boy we spoke
10 about. I think you say that you could hear him in the
11 night?
12 A. You could hear him crying, screaming.
13 Q. And you say you would be told the next morning he'd had
14 a nightmare but the way he looked, he'd be black and
15 blue, and you formed the impression that he was getting
16 a doing.
17 A. The way the beds were, I think it was 1 to 8, and then
18 it went fae 8 to 14, because it was like an L. It was
19 like musical rooms wi' him. They used to move him fae
20 ... down, like the way it went, it went like an L, and
21 these rooms down here, they used to say were all
22 condemned; like stuff broken in them and stuff like
23 that. But that's where he always get put and you'd hear
24 the screams during the night and you would see -- you
25 would see him the next morning, you would notice the

1 bruises on his arm, (Inaudible), you know.

2 Q. And you talk about another incident as well, 'Raymond',
3 where you say that there was a resident who had mental
4 health problems, and the way you have described him is
5 that he was 'backwards'. But he was quite bad for
6 attacking people?

7 A. [REDACTED], his name was. He was a guy -- he's been all
8 [REDACTED] years ago, er, done a lot of nasty, nasty
9 stuff against females and kids, and he was in there, and
10 he was like a giant, he was like -- he was as broad as
11 he was tall. He had severe mental health problems and
12 he would come into the gym and attack people, and stuff
13 like that, and boys ended up getting -- having enough of
14 him, saying well, he's not getting away wi' doing what
15 he's doing, so he ended up getting attacked.

16 Q. I think you say that there was an incident where he, one
17 particular incident where he threw a weight --

18 A. In the gym, aye.

19 Q. A shot put at the PT instructor's head?

20 A. Aye.

21 Q. As a result of that, you tell us, the instructor
22 attacked him with a weights bar?

23 A. Set right about him, aye.

24 Q. On the back. And the way you put it is got a 'right
25 good hiding'?

1 A. And do you know when it happened, the first time
2 (Inaudible) go down, this guy, I don't know what was up
3 wi' him, he just -- he looked retarded, but the weight
4 o' him, the actual weight o' him, he used to jump on
5 people, and the stuff that he got away wi', he was known
6 for doing bad stuff.

7 Q. And 'Raymond', you go on to tell us that again
8 Brian Folan would take you out from Kibble and say you'd
9 run away. You'd take some drugs. The way you put it is
10 'get mad with it' and wake up in his car and he would
11 take you back after that and then he would give the
12 staff a story that you had phoned him?

13 A. Aye, he'd say I'd phoned the office and like instead of
14 the police bringing me back, he would bring me back.
15 That was fine.

16 Q. Yes. And sometimes he would tell you to come out of
17 Kibble and he would pick you up at the top of the
18 street?

19 A. Aye, he'd pick you up, there was a like thingmy shop
20 just across fae it, and he would tell you to either walk
21 to shop-wards, or further up, depending on which side he
22 was getting you.

23 Q. Yes.

24 And I think in relation to violence between boys in
25 Kibble, the way you have put it, you have described some

1 of it already, you said it could go from zero to 100 in
2 seconds, there were people hit with hammers?

3 A. It was like Fight Club, that's what it was like. It was
4 ...

5 Q. I think you say you saw a boy smash a boy's face in with
6 a brick?

7 A. Aye. The things that happened in it. You had tools.
8 It wasnae like -- in Newfield, you didnae have anything
9 like that in there. You had, like, the joiners, you had
10 the brickworks, so the boys, when you were meant to be
11 learning, you had access to tools. And when they're in
12 somebody's hands, the tools become weapons, and that's
13 what happened.

14 Q. And I think you have described the way it was at Kibble
15 quite well in your statement, and we have it there as to
16 how bad it was. But I think, as you have mentioned,
17 there came a time when you became a day pupil and
18 I think after that, you were back home, and we talked
19 about what happened when you went back home already.
20 I think you say that after that, you were still in
21 social work's care for a while, and you have put it at
22 paragraph 93, you've said:
23 'When you're in these places, it's just training
24 school for jail.'

25 A. That's all it was, there was nothing else to it. It was

1 like you were going through training school to
2 university of crime, that's what was happening.

3 Q. And you said that really then, you went from Kibble
4 pretty much straight to Longriggend?

5 A. Longriggend. Longriggend for me was a nightmare. It
6 was horrific.

7 Q. And you've mentioned at paragraph 94 that when you went
8 into, I think it was Barlinnie for a night, and then you
9 got --

10 A. Got to Longriggend.

11 Q. -- to Longriggend the next day, and you say when you
12 went to Barlinnie you were thinking 'Wow', but when you
13 went to Longriggend, it was hell?

14 A. Aye, it wasnae nice. It was -- obviously you are in
15 prison at that point.

16 Q. Yes. And I think at this time you were 16. You still
17 had the social work involvement?

18 A. Social work involvement until I was 18.

19 Q. Yes. And I think you are aware, 'Raymond', that part of
20 your evidence that talks about Longriggend and Barlinnie
21 has already been read in to the Inquiry word for word on
22 the 13 December 2023 and that was Day 398 of this
23 Inquiry, so I am not going to take you through all of
24 that, we've had it, but I might just ask you a couple of
25 things before we move on but I think you really

1 summarise it by saying that between the ages of 16 and
2 21, you were in and out of Longriggend?
3 A. Aye.
4 Q. Your charges were gradually getting worse?
5 A. Yeah.
6 Q. You say until you were really doing 'right bad stuff'?
7 A. Yeah, really bad.
8 Q. You describe Longriggend as being 'hell on earth for
9 everybody', and you were in sometimes for three weeks,
10 but sometimes you could be in for five months?
11 A. Yeah.
12 Q. And you go on, I think, to tell us about the dog boxes,
13 and then going to the allocation hall, before you would
14 be put somewhere else, and we have heard a lot of
15 evidence about the dog boxes, and the allocation hall,
16 and I think this is where you say that one of the times
17 you were remanded and you were on the prison bus is
18 where you saw Brian Folan --
19 A. Brian Folan.
20 Q. -- and this is where you were under the impression that
21 he had been remanded for shooting a money lender?
22 A. Aye, that's when he was remanded, er ...
23 Q. And you tried to tell the boys on the bus that he was
24 your social worker, and this is at paragraph 100, and
25 you say that you were rigid with fear?

1 A. I couldnae look at the guy.

2 Q. Yes.

3 A. I couldnae look at him. It was -- I don't know how

4 I felt like that, I just ... and it was weird, 'cause

5 he'd -- Paul Gascoigne had just signed wi' Rangers and

6 he'd dyed his hair pure blond, and Brian Folan had done

7 that.

8 Q. Okay.

9 A. And when I looked at him, he's shouting he wouldnae be

10 doing my social enquiry report. Er, but he was mouthing

11 off that he'd shot somebody, and ...

12 Q. Okay.

13 A. He got seven years for that.

14 Q. And again, we have heard a lot about the routine at

15 Longriggend, and you tell us about it as well. So

16 I won't go through that in any detail. You had the

17 single cell and you had to have this pot to do the

18 toilet in?

19 A. Yeah.

20 Q. And you comment that you were locked up 23 hours a day.

21 There was no schooling or anything at that time and you

22 didn't even have electricity in your cell at that point.

23 And I'm not going to take you through what you tell us

24 about recreation, clothing, et cetera. It is not that

25 it's not important, it's because we have it there.

1 I think you do comment in relation to healthcare
2 that, you know, if you weren't well, the way you put it
3 is you got two 'fuck off' tablets?
4 A. Aye.
5 Q. Which was two paracetamol, and told to 'fuck off', is
6 that essentially what would happen?
7 A. Aye, that's what happened.
8 Q. But people were coming off heroin and they weren't being
9 given proper treatment for that and you explain how
10 difficult that could be. Was that something that you
11 had a difficulty with when you were there?
12 A. Yes.
13 Q. You do go on to tell us, this is at paragraph 113, that
14 you were aware of Brian Folan being convicted of that
15 shooting, and you were also aware of the fact that he
16 was murdered?
17 A. Yeah, he got --
18 Q. Or he died the day he got out of prison, or the day
19 after?
20 A. The day he get released, he'd went into Dumbarton, he'd
21 been down to Dumbarton, and somebody, apparently, he was
22 meant to have abused the brother, the brother of this
23 man, he's went to the door, and when he's went to the
24 door, he stabbed the man. [REDACTED]
25 [REDACTED]. He stabbed the guy 30

1 times, and the guy managed to get the knife, but he had
2 his daughter, and managed to stab Brian Folan once, and
3 then Brian Folan died, er, but then 12 year later, the
4 wee girl and another wee girl, the wee girl her dad was
5 holding, 12 year later jumped off Erskine Bridge wi' the
6 other wee girl, then the man killed heself and the wife
7 killed herself, so the lives that Brian Folan ruined was
8 a hell of a lot.

9 Q. And we do have some records about that, 'Raymond'.

10 Just to ask you one thing about something you tell
11 us about Longriggend. I think you tell us, this is at
12 paragraph 116, the second time you were in, you were
13 still 16. You say that you ended up, the way you have
14 put is you must have pissed off one of the --

15 A. One of the screws.

16 Q. One of the screws. It was LVF --

17 A. LVF aye.

18 Q. -- LVF. You say that you went by him one day and he
19 slapped you on the back of the head and you turned round
20 and punched him?

21 A. (Inaudible) aye. For days leading up to that
22 (Inaudible) because I was getting drugs off people in
23 the jail, he thought I was bringing all the drugs in.

24 Q. Okay.

25 A. Aye, and I was bringing drugs in, but I wasnae bringing

1 them all in. And he used to say 'junkie bastard, you're
2 filling my jail with drugs'. All the boys were all
3 taking drugs. And I've walked by, we were going to the
4 dining hall and he went like that and slapped me right
5 on the back of the head.

6 Q. Yes.

7 A. But I'd taken days of getting called everything. And
8 'cause there was a crowd of us when he done that,
9 I would have looked like an idiot, so ...

10 Q. Yes.

11 A. I hurt him, I punched him, I assaulted him, and it was
12 the biggest mistake I ever made in my life, 'cause
13 I nearly died.

14 Q. Yes, I think you describe this at paragraph 116,
15 'Raymond', and you say that he got back up, and other
16 screws you say, had restrained you and were taking you
17 to 'the digger', and they, you essentially describe them
18 carting you, I think, at that point, and he was running
19 at the side of you, kicking you with a pair of steel
20 toe-capped boots on and you then got flung into a cell.
21 And you go on to tell us about another screw who was,
22 who you got on okay with?

23 A. Rab Clarke, Rab Clarke. He saved my life.

24 Q. And he checked and found out that you were in the
25 segregation unit, found you lying in a pool of blood and

1 then you ended up going to -- being taken to
2 Monklands Hospital and I think you were there for 13
3 days, is that right?

4 A. Aye, what had happened was at that point, my mum --
5 I was the sort of person when I was in prison always
6 phoned my mum three, four times a day, my dad, my
7 brothers. Er, and then for two weeks I wasnae booking
8 visits, I wasnae phoning, and my mum had phoned my
9 solicitor and my solicitor came up, Richard Lobjoie come
10 up, and he said -- he asked to speak to the manager at
11 the gate, 'cause the manager says, 'Look, he's refusing
12 visits, even for you', and he gave them the
13 Financial Times and he says, 'Take them that down at
14 reception', he says, 'Get a picture of him holding it',
15 he says, 'And I'll be happy with that, if he's
16 refusing', he says, 'But if you cannae do that', he
17 went, 'I'm tearing you a new one', and that's what
18 happened. And at that point was, he get told I wasnae
19 in the jail, I was in Monklands, he phoned my mum and
20 said I'm in Monklands, my mum went to Monklands,
21 Richard Lobjoie went to travel to Monklands, which is
22 only a ten minute drive fae Longriggend. Er, by the
23 time they got there, I was in an SPS van taking me to
24 Barlinnie, and I done my fully committal in Barlinnie
25 Hospital wi' broken ribs, a ruptured appendix, I had

1 bruises, footprints on me; you could actually see the
2 shape of the boots where I'd been jumped on.

3 Q. Yes.

4 A. At that time Barlinnie had never taken an under 21 in
5 a remand. I went ahead to the hospital wing, and that's
6 where I get put, was the hospital wing. Er, that was
7 an experience.

8 Q. And 'Raymond' we do actually have a record of when you
9 were admitted to Barlinnie, and just for our records,
10 and we are going to read out the reference for this
11 record, it is SGV-000090744, and what that records is,
12 on 16, I think it was [REDACTED] 1994, when you would
13 have been aged 17, that you had been admitted to
14 hospital and you spent 13 days being treated in
15 hospital, and then I think you went to Barlinnie on the
16 [REDACTED] 1994. So there does seem to be a record of
17 you being at hospital, and then coming to Barlinnie,
18 albeit it doesn't say what your treatment was. So we do
19 have that record and I think you tell us that after that
20 you were in Barlinnie and as I have said we read that in
21 previously into the Inquiry, so I won't go through all
22 of that with you. But it's fair to say, I think, we
23 know that you were, and you have told us, that you were
24 admitted more than once to Barlinnie after that for
25 different things --

1 A. Yeah.

2 Q. -- over the years. And you tell us about your time at
3 Barlinnie and what it was like, and again, it was
4 a violent place, and you tell us that there were guys
5 attacking other guys. It was a frightening place to be
6 in?

7 A. When I get put in Barlinnie, er, they had, like, they
8 called it 'the tanks', it was in the hospital wing and
9 there was six tanks, there was a ward at each side, and
10 depending on -- there was people in wi' injuries, people
11 in that were mental health, but it was --

12 Q. Yes.

13 A. You were in wi' every screwball under the sun. There
14 was a guy that [REDACTED], we used to call him [REDACTED]
15 [REDACTED], he would [REDACTED]
16 [REDACTED] ... There was
17 a guy in fae the [REDACTED] Army, he'd done
18 robberies to stay in Britain 'cause he knew if he was
19 going back to, is it Rwanda? He was going in front of
20 the firing squad. I was in with gangsters coming off
21 drugs. It wasnae a place to put a kid.

22 Q. No. I think we see that in what you tell us about your
23 time there. And I think you tell us then about your
24 life after that from paragraph 134, 'Raymond', and you
25 say that your life since you were 21 has been hell,

1 you've spent a large part of your time in prison and
2 you've spent time addicted to drugs, but you are at
3 liberty now?

4 A. It totally ruined me, er, totally ruined me.

5 Q. Yes.

6 A. I'll always be an addict. Just I'm an addict in
7 recovery now. Er, I went through my life doing
8 everything that my head told me to do, and always done
9 it wrong. Through addiction, it always stemmed back to
10 drugs. Er, and then I started to going to like NA and
11 stuff like that, and you see people that are clean
12 a number of years, my brother's 18 years clean of drugs,
13 er, you start doing stuff that they are doing in their
14 life, to make their life normal, putting that into my
15 life, and it's working, so ...

16 Q. And you have been clean, is that right?

17 A. (Nods).

18 Q. So just now you're doing okay?

19 A. Yeah, I'm doing okay.

20 Q. And I think you say, 'Raymond', that counselling is
21 something that you would like to get, and I think you
22 are going to try and pursue that?

23 A. Yeah, I had been promised counselling fae -- what are
24 they called.

25 Q. Is it Future Pathways?

1 A. Future Pathways had arranged it but it was all through
2 the pandemic when everything shut down and I never got
3 any of it.

4 Q. Yes.

5 A. I would really benefit from counselling, because trying
6 to get it through your own doctor and stuff like that is
7 nearly impossible.

8 Q. Yes.

9 A. Er, I know I would benefit from it, because it took me
10 all this time to get in the mess that I was in. It's
11 going to take a wee bit longer to fix me.

12 Q. Yes.

13 A. I am clean now fae drugs, but my head's still scrambled.

14 Q. But it sounds like you are maybe on the right track?

15 A. I'm getting there, aye, I am doing all right.

16 Q. And one point you make, 'Raymond', about lessons to be
17 learned at paragraph 144, you say you don't think it
18 merited you going to an assessment centre. You were
19 clever at school and had sporting achievements and you
20 were just somebody who needed to be put on the right
21 path?

22 A. That's exactly what it was. Er, my claim to fame was
23 I used to beat Chris Hoy every week. I used to race him
24 all over Britain, all over Scotland, racing BMXs. And
25 there was a boy fae Edinburgh, [REDACTED], he was

1 number 1, I was number 2, and Chris Hoy was number 3 in
2 Scotland, and then I went on to play football, signed
3 for [REDACTED] and stuff like that. And this whole...

4 Aye, I committed silly, silly offences when I was
5 younger, but putting things in place for kids rather
6 than sending them to hell holes, they would benefit fae
7 somebody doing the right thing, getting put into these
8 places benefits you nothing.

9 Q. And obviously we have talked about Brian Folan being the
10 social worker, and he obviously wasn't somebody who was
11 helping you?

12 A. Brian Folan -- my mum actually went in -- my mum was
13 a nurse in a crisis centre. When my mum retired, the
14 pandemic this is, when I get involved with yous, my mum
15 came out and she says, 'Look, [REDACTED]
16 [REDACTED] my mum worked wi' [REDACTED]
17 [REDACTED] so the guy
18 was a total ... he'd ruined so many lives, [REDACTED]
19 [REDACTED] then last year his son got done [REDACTED],
20 so he was back in the paper, it was as if the man was
21 haunting me fae beyond the grave 'cause when he got the
22 seven years, he was in the paper, when he get out and
23 get murdered, he was in the paper, and then his son
24 being in the paper, they always put up these stories
25 about his dad. It was as if the guy was haunting me and

1 haunting me fae beyond the grave. It didnae matter what
2 I'd done to forget him, he would pop up somewhere like
3 that.

4 Q. Yes.

5 A. That's just the way the guy was.

6 Q. And 'Raymond', you tell us that you hope that by
7 speaking to the Inquiry, it stops someone else from
8 having to go through what you went through, and what
9 others went through, and I think it's very brave that
10 you have come forward to tell us what you have today, so
11 thank you very much, 'Raymond', for answering my
12 questions. Is there anything else you want to say that
13 you have not had a chance to say?

14 A. This was my way of getting closure. I've held onto it
15 and held onto it, and (Inaudible) I can shut this down
16 now, it's done.

17 Q. Yes.

18 A. Thanks.

19 MS FORBES: Well hopefully it does give you some closure,
20 'Raymond'.

21 LADY SMITH: 'Raymond', can I add my thanks. We have given
22 you a long, tough afternoon as we have questioned you
23 about so much of your past, and I am sure some of it has
24 been very distressing for you to go back to. But you
25 have added considerable value to the work that I am

1 doing here and it's really good of you to have engaged
2 in the way you did, you have made a great contribution,
3 thank you.
4 A. Thanks.
5 LADY SMITH: And well done for getting yourself to where you
6 are now. I hope that upward path continues.
7 A. Her to thank.
8 LADY SMITH: Well done to both of you, keep supporting each
9 other.
10 A. Thanks very much.
11 LADY SMITH: You are free go now.
12 A. Thank you.
13 LADY SMITH: We have used the names of some people this
14 afternoon whose identities are protected by my
15 General Restriction Order and they are not to be
16 identified as referred to in our evidence outside this
17 room, including HJZ [REDACTED], HOX [REDACTED], HOV [REDACTED],
18 LVF [REDACTED], HJZ [REDACTED], a girl called [REDACTED],
19 zHOS [REDACTED], could be HOS [REDACTED] or it could be zHOS [REDACTED]
20 zHOS [REDACTED], or just somebody known as zHOS [REDACTED], and
21 Brian Folan.
22 So we will finish here for today and we start at
23 10 o'clock tomorrow morning with a witness in person,
24 I think.
25 MS FORBES: Yes, my Lady.

1 LADY SMITH: Yes. Thank you.

2 (4.15 pm)

3 (The Inquiry adjourned until 10.00 am on Wednesday, 6th

4 November 2024)

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