

Scottish Child Abuse Inquiry

Witness Statement of

KEL [REDACTED]

Support person present: No

1. My name is KEL [REDACTED]. I am often referred to as KEL [REDACTED]. My date of birth is [REDACTED] 1960. My contact details are known to the Inquiry.

Background / Qualifications / Training

2. I left school at seventeen and joined the National Coal Board. I then commenced my nurse training as a registered mental health nurse in 1988 and finished around late 1991 or early 1992.
3. I come from a large family. Most of my mum's siblings had large families with four or five kids. I was brought up with bairns. Obviously as I got older, I was to keep an eye on the younger kids in the family. I always got on well with my cousins and kids in general. That influenced my career choice to go into child, adolescent and family mental health.
4. At that time, there were no CAMHS (Child and Adolescent Mental Health Service) posts in Scotland so, I did what I thought was best and took a post in Kent, in a hospital that is now closed. I worked down there for two years in the inpatient unit with children and families.

5. When I worked in Kent, I was divorced with a daughter. I wasn't getting to see my daughter as much as I'd like, so I moved back to Scotland. Again, there were no CAMHS posts available. The first job that came up that had any appeal was as a residential care officer (RCO) at Greendykes Young People's Centre. I worked there for around two years.

6. Secondary Institutions - to be published later

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10. I went to St Katharine's around 1996 and worked there until 2010. I qualified as a social worker while I was working there.

Experiences at St Katharine's

The Institution

11. St Katharine's is located at the Kaimes Crossroad, near Howdenhall Crematorium. It offered two levels of service at that time. We had two residential close support units that were supposed to work with a slightly higher staff to resident ratio, compared to other residential units, for more traumatised kids who needed more support. They were Alison Unit and Chalmers Unit. Then, we had Guthrie Unit which was a seven bed secure unit. Guthrie dealt with kids who met secure criteria, which was those at risk of harm to themselves or others, and those who were absconders or continual absconders. There was also a school on the campus which educated children from all three units.
12. Our children and young people had experienced, in some cases, horrendous levels of neglect and abuse. Some were criminal in offending behaviour, which put themselves and others at risk. Given the nature of the experiences these children had, they needed good solid adult role models. We always looked to maintain a gender balance in each unit. Alison and Chalmers were managed by female colleagues and Guthrie was managed by a male. We also tried to maintain gender balance across each shift.
13. There were a few children who we questioned why they were there. One in particular that I remember was [REDACTED] She was raped at age ten and gave birth at age eleven. The father of the child was her [REDACTED]. She was placed in secure accommodation and her [REDACTED] was out partying. He had blamed her for what had happened and her mum disowned her. We had that wee lassie in our unit. You've

been raped by your [REDACTED] your baby's been taken away from you at birth, you've been disowned by your mum and you're the one in secure care. Another child we had was a wee boy who was feral. He was found raking in bins for his food. When he came to us, if there was food in front of him, he would gorge himself. He'd never known rhythms and routines. These are just examples of the complexities we were dealing with.

First impressions / Culture at St Katharine's

14. My first impression of St Katharine's was not at all what I expected. It was actually quite laid back. From what you hear about secure units, if you believe the hype you get in the media, they're full of kids who are either being abused or they're abusing other kids, or they're rioting and whatnot. It wasn't like that at all.
15. The culture at St Katharine's was all about normalising the experience for our kids and trying to give them as close to a family experience as they could get. For example, at Christmas we used to throw a party in our gym. One of my female colleagues was a very talented stage designer. Her, the handymen and some of the staff would transform the gym into a winter wonderland. The cook would pull out all the stops and the kids would sit down at a table with table cloths and cutlery. Santa would be there and there would be games. For a lot of kids, that was the first time they had ever experienced anything like that.
16. We had a fifteen year old lassie whose idea of raising money was to go out at the weekend and sell herself, so she had money to get wrecked. We had a dolls house in the unit and there's this fifteen year old lassie, who's been out prostituting herself, playing with dolls. For a lot of kids, when they came to the secure unit, it was the first time they had actually felt secure, felt safe. It allowed them to recapture their childhood and maybe experience things, for the first time, they'd never had at home.
17. When I worked at St Katharine's, I never heard of any of the residents being verbally abused, never mind assaulted. To the best of my knowledge, everybody that I worked with had a good relationship with the kids. I've had kids that I used to look after,

approach me as adults to say they wished they'd listened to me back then. We've had ex residents of the unit come back, just to say hello, because they were in the area. That should tell you everything you need to know about the intervening period.

My role and recruitment at St Katharine's

18. I went to St Katharine's as a residential care officer (RCO), [Secondary Institutions - to be published later]
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[Secondary Institutions - to be published later] There was no recruitment process because I was transferring from one institution to another. However the general recruitment process, to be employed as an RCO, involved having to have a Protecting Vulnerable Groups (PVG) Disclosure Scotland certificate, and references. When I started working as an RCO, prior to St Katharine's, I was interviewed, which included a bit of roleplay, and there was a written test. The test asked us how we would deal with different situations that might come up. Once I was at St Katharine's, it wasn't long before I was promoted to assistant unit manager (AUM) of Guthrie Unit.

19. My responsibilities included, making sure the unit was staffed appropriately. That meant I'd have to look at the logistics of the care plans and organise staff depending on where kids were. Some would be going out for family contact, some would be going on outings and some would be involved in activities in the units. I'd have to allocate resources on that basis. I would also have to carry out my supervision with staff and sometimes, I would be called over to assist with an incident. Basically, I was looking after a dozen kids.

Staff structure

20. The staff structure at St Katharine's was, we had the principal in charge, then, a unit manager for each of the three units, two assistant unit managers for each unit and then, the RCOs.
21. When I started, [LUZ] was [SNR] and Frank Phelan managed Guthrie Unit. When I was promoted to AUM, [] [SNR] As [SNR] []

LUZ and [REDACTED] were very knowledgeable. They knew their stuff in terms of theory and practice. They were both quite relaxed, but not to the point where they would let things slide or let anything past them. They were just easy to engage with and there if you needed a bit of advice.

22. When [REDACTED] was [REDACTED] SNR [REDACTED] KEH [REDACTED] became the unit manager of Guthrie. Jackie McAlpine managed Chalmers Unit and a lady called Anne managed Alison Unit. Other AUMs included Angela Collins, IDJ [REDACTED] KEI [REDACTED] KEI [REDACTED] KEM [REDACTED] and I can't remember who else.

23. I couldn't tell you the total number of staff that were employed by St Katharine's at any one time. During a day shift, there would be two members of staff each in Alison and Chalmers, and three in Guthrie. Then, on a night shift, there would be two staff, plus a sleepover staff member, in Guthrie and one staff member in each of the open units, Alison and Chalmers. The open units also each had a twilight staff member who would work until around 2:00 am, but if things in the units weren't settled, the twilight member of staff would stay on.

Recruitment of staff

24. I wasn't directly involved in the recruitment of staff and I don't know if all positions were advertised externally or not. I went along to the selection centre once and did a bit of role play with potential staff, but that was it. If someone came to St Katharine's to do their probation period, I was able to supply feedback on whether I thought they were up to doing the job, but that was the extent of my involvement.
25. As far as I'm aware, posts at St Katharine's were open to everybody. It was inclusive and not dependant on gender, race, colour, creed or sexuality. If a candidate met the initial criteria, then they were filtered through the selection process and competencies. To the best of my knowledge, references were obtained, but I couldn't comment on whether they were followed up or not.

Volunteers

26. We did have volunteers working at St Katharine's, but I have no idea what the process was for vetting volunteer workers. I wasn't involved in that. What I can say is that the volunteers would help the staff on the unit and the permanent staff would oversee their work.

Supervision / appraisal / evaluation

27. Staff at St Katharine's had regular supervision and appraisals where the managers would look at your caseload, the staff you were supervising and your personal progression. You would sit down with the unit manager to talk through these things and you would get feedback.
28. I carried out appraisals of staff in my unit which formed part of the supervision process. There were monthly supervision meetings and annual appraisals carried out. I would look at any areas of concern and whether there were any areas for development that needed addressed. I didn't just look at the negatives though. I'd look at their strengths too to see where we could enhance someone's knowledge and skill base. I would sit down with the individual and then I would go through it with the unit manager.
29. Supervision and appraisal were recorded in line with council policy. There was a template that required to be filled out. Once it was completed, it was shown to the individual to see if they had any comments or amendments. Once both sides were happy, they signed the form.

Training

30. I wouldn't say staff training at St Katharine's was full on, but there was a fair bit of it. Some of the RCOs were qualified and some were unqualified. Staff were brought in on a probationary period of six months. During that time, you had to complete various competencies, You would have some who had completed and some who were still working through them. I would be responsible for overseeing some of the RCOs doing

their competencies, as would other AUMs. Then, that would be discussed during supervision meetings with my manager.

31. At some point, it was decided that everybody should be trained up to SVQ (Scottish Vocational Qualification) level three and we were putting as many people as we could through that. I didn't need to do it because I was a registered mental health nurse and by that time, I had my diploma in social work.
32. We were all trained in CALM (Crisis Aggression Limitation Management) by qualified instructors who came into the school. The CALM technique is how to hold young people safely and how to manage violent incidents, or incidents where the young people were self-destructive. There was an annual refresher course and you were assessed at the end of each course. So, just because you had passed it one year, didn't mean you would pass it the next.
33. There were also other types of training, in line with our objectives, where we would look at attachment theory and things like that. In my role as AUM, I didn't train people myself, but I'd sometimes recommend different courses for people. It was generally a supportive environment. I had a colleague with dyslexia. He would often ask me if things were spelled correctly and looked okay. He told me, in a panic, one day that he'd been referred to occupational health and he was worried they were trying to get rid of him. They weren't. He was actually given a laptop which could convert voice into text. He was a good worker and he was given a support package which allowed him to excel.

Policy

34. I wasn't involved in the making of policy at St Katharine's. It was my role as an AUM to ensure policy and procedures were followed, but I had no input in what the policy or procedures were. Everything at St Katharine's was done in accordance with child protection. If anything came up, whether it was to do with the behaviour of a resident or staff member, it would either be addressed immediately, or kicked up the ladder.

Strategic Planning

35. I wasn't involved in the implementation of strategic planning at St Katharine's.

Children / Routine at St Katharine's

36. The kids at St Katharine's were aged between ten and sixteen years old. I would say, when we were at capacity, there were maybe seventeen kids in total. You could have up to five each in Alison and Chalmers and seven in Guthrie. It wasn't always at capacity, and there wasn't always a fifty, fifty split of boys and girls, because the resident group was always changing. Sometimes planned admissions for secure would go out the window if there was a kid whose needs were so great that they had to be accommodated immediately.
37. Kids who were placed in St Katharine's would have to have gone to the Children's Panel and met the secure criteria. They might be an absconder, frequent absconder or a risk to themselves and/or others. They were usually put on a three week assessment order or in some cases, three months. If they were on a three month order, the kid's social worker could call for an early review. I would say the average stay was around four and a half months.

Mealtimes / Food

38. The food at St Katharine's was plentiful and lovely. The first cook I encountered there was an ex-army chef. He really could churn food out the kitchen. Another cook we had was a former miner. When he started, the quality of the food was great, but after a while, it dipped. He got caught stealing food from the bairns and selling it through his own catering business. He was taken to court. Occasionally, we would find ourselves without a chef. When that happened, one of my colleagues, KEM would step in. KEM knew his way around the kitchen.

39. At the beginning of each week, we put a menu on the wall to let the kids know what their meals would be. If any of the kids didn't like something, all they had to do was say. They would go and let the chef know and he would prepare an alternative.

Sleeping Arrangements / Washing and Bathing

40. All the kids at St Katharine's were in single, ensuite, rooms which locked. The room furnishings were functional, but homely. The kids could put their own identity in the rooms with posters and things. Each room had blinds that they could operate on the main window and also on the viewing panel on the door. They could pull the door closed, and it would lock automatically, but they couldn't actively lock it from the inside. The kid's rooms had two types of locks, a tumbler lock and an electromagnetic lock. In the event of a fire alarm going off, every door opened.
41. The kids were locked in at night, but they had their ensuite toilet and shower which they could use whenever they wanted. If they were using the ensuite, they could not be seen from outside the room. Each room had a buzzer and a small red light on a panel, outside the room, would light up if the buzzer was pressed. In the staff office, there was another panel with all the room numbers and lights. If a young person buzzed, you would get an audible alert and the light would come on.

Leisure / Trips / Holidays

42. The kids from St Katharine's were taken out, but how often depended on where they were in their care plan. If you were getting closer to discharge, you would be going on family contact and outings with staff to the cinema, beach, here, there or wherever. If you weren't nearing discharge, we had a big gym and a sitting room where the kids could watch TV. There was also a room with a music centre in it that the kids could use and sometimes, they would play games and cards in the dining room.
43. Key workers and their kids would have one to one time. That would usually involve a drive, a walk in a country park, the cinema or a visit to Fort Kinnaird. There were

occasional holidays, but I wasn't directly involved in those. I'm sure a small group went to France at some point.

44. I've been asked if children were ever taken to the staff members' homes. The answer is no. That never happened. It was not allowed.

Healthcare

45. All the kids at St Katharine's were registered with their own GP and dentist and staff would take them to any appointments they had. There was also a looked after, accommodated, children's nurse who would visit. If there were any more serious problems, you always had recourse to phone A&E for advice or to take them to A&E. If we had to take a kid to A&E, even if there was a packed waiting room, they were seen right away. You did get kids feigning sickness or injuries from time to time, but if there was any doubt whatsoever, we would get straight on the phone to someone to check it out. It was all about looking after and keeping our kids safe.

Schooling

46. When I started working at St Katharine's, the school staff were not up to the job. The care staff were never out the classrooms because the school staff couldn't manage the behaviour of our kids. The kids often exploited this. They knew if they got kicked out of class, they could go back round to the unit and watch TV. That all changed when we got a new teaching staff and introduced a timeout room in the school. If kids acted out, they would be sent to the timeout room, instead of back to the unit. They soon learned that sitting in the timeout room was boring.
47. At the same time as we got a new teaching staff, we got a new head teacher at the school, Doris Mitchell. She changed it all for the better. She was a cracking woman. She introduced the first parent, teachers' night at St Katharine's. I remember one particular mother coming along. She came out the parent, teacher meeting and she was beaming. She said that was the first time she had ever been to school and had

something positive said. Her laddie was about fourteen and he was just about in tears because he was so chuffed with himself that he'd made his mum happy.

48. After Doris came to the school, the standard of education the kids got was good. They followed a curriculum and could go on to sit their exams.

Chores

49. There weren't chores, as such, for the kids at St Katharine's. We had cleaners who came in through the week, but the kids were expected to keep their own rooms tidy. When it came to the common areas, staff would often ask for volunteers to help clean. Most of the time, the kids did get involved. There was a lot of positive reinforcement at St Katharine's and compliments for a job well done.

Visitors

50. The decision about who had access to a child wasn't ours, it was the allocated social workers. They knew the family dynamic and who was safe and unsafe. We had weekly care planning meetings (CPM) where things like contact were looked at. We decided at the CPM whether contact was to be in person, in the unit, on the telephone, or indeed, whether the child could go home for contact. We fed in, via risk assessment, what level of contact we considered appropriate, because we might know something that the social worker wasn't aware of.
51. Social workers would visit their kids when they were placed at St Katharine's. When a kid is put in secure care, there's clearly a level of need there. So, if a social worker wasn't visiting as frequently as you thought they should, we would raise it. When they did come to visit, they could speak to the kids in the visitor's room, in private.

Review of Care/placement

52. We held weekly care planning meetings which parents sometimes, but not always, attended. We also had looked after and accommodated child reviews in the unit and

parents would definitely be at them. Social workers would look to the kid's keyworker for feedback and progress. We would help inform the direction the care plan was taking and, the information we passed to the social worker would help inform their assessment, but ultimately, it was the social worker's decision.

53. Any decision to discharge a child would be taken by the Children's Panel at a children's hearing. The child's social worker would get Information from the keyworker and make an informed recommendation to the panel. At the hearing, the child would have their social worker, usually their keyworker from St Katharine's, a legal representative and/or a parent.
54. If it was decided that a child was ready to leave St Katharine's, we would look to the Throughcare and Aftercare Team to support them.

Living arrangements

55. When I worked at St Katharine's, I lived about twenty miles away. The majority of staff came from Edinburgh, some from Fife, some from East Lothian and a couple from West Lothian. There was no staff accommodation on site for people to live in, but there was a sleepover room in each of the units for whichever member of staff was on nightshift.
56. Who had access to the children's residential areas depended on what key you had. There were two types of keys used, a master and a grand master. The master key would allow you entry to everywhere in your unit, but if you had the grand master key, you could go anywhere, in any of the units. At the beginning of each shift, someone was nominated as a responder, in case of an emergency, like a fire alarm. That person obviously needed the grand master key.

Discipline and Punishment

57. Sanctions were always in direct proportion to the type of behaviour displayed. For example, if a kid told you to "piss off", no one was going to make them sit in their room

all night. You would talk to them about it. If a kid refused to get up in the morning, we'd try to establish why that was, for example, did they have a broken night's sleep? Some kids preferred to stay in their room and watch TV, rather than go to school. No one was going to physically force them to go to school, but you could isolate the power to their room, so they couldn't watch TV or listen to music. We might stop a kid going on an outing if they were acting out, but we did not stop family contact as a form of sanction. I did sanction kids in the circumstances I've mentioned.

58. An incremental approach was taken, so the worse the behaviour, the more serious the sanction and the staff member involved in the situation would decide what the sanction would be. If the behaviour was more serious, like assaulting peers or staff or absconding, staff would speak to their senior.
59. There was guidance about discipline that both staff and residents were told about. The only one I specifically remember now was to do with financial sanctions. The kids got pocket money from the council. I can't remember how much or how often, but if they destroyed someone else's property, a financial sanction was imposed. Council policy dictated a limit to financial sanctions. If I remember correctly, we had to leave the child with at least one third of their pocket money. If a sanction was imposed, the staff member had to record it in the shift changeover sheets. It was also recorded in the child's own personal record, so that it could be communicated at care plan meetings and reviews.
60. If a kid acted out, we would look at what led up to the incident, and the behaviour itself, before deciding on a proportionate sanction. We were always mindful that we had to maintain a working relationship with these kids and you wanted every experience to be a learning experience. There's no point in putting a sanction in place if the young person doesn't understand it. There would be no learning. All you're in danger of doing is reinforcing the attitudes and behaviours that brought them into secure care in the first place.
61. It was never the responsibility of the older kids to sanction the younger kids and children were never physically disciplined.

Restraint

62. Restraint was used at St Katharine's and staff were trained in CALM and adhered to the CALM guidance notes, which detailed when and how it should be used. The level of restraint was directly related to, and proportionate to, the type of behaviour displayed, whether a young person was harming themselves or others. We always used the minimum level of physical intervention. We didn't just go in there and put someone on the floor. You wouldn't do that unless it was absolutely necessary and justifiable.
63. The CALM system was designed to minimise the risk of injury to the young person. We were taught never to hold on joints because then there was a real risk of doing damage. You would only hold on to long bones and never applied pressure on the chest or back, which could inhibit somebody's breathing. We were taught to look out for the cycle of arousal which was when you could see someone starting to get agitated or angry. If someone was getting agitated or angry, you wanted to get in there and try to bring it down. Part of that involved trying to talk them down and explaining the consequences if they continued to act out.
64. If we had to carry out physical intervention, there would be a leader who would decide how the restraint would take place and every staff member involved would act in unison. We could have four staff involved in a full on restraint. All the while, you were looking to deescalate the situation and give the kid calm and reassuring messages. The hold would only be applied as long as absolutely necessary. If you had to hold them, as they started to come down and relax, you started to come down and relax.
65. Amongst the most hypervigilant kids, the fight and flight response was really heightened. They were in secure, they had nowhere to fly, so they would fight. For some of the kids, being restrained, believe it or not, was the first time an adult had held them, not abused them physically or sexually, and gave them messages of care, comfort and support.

66. At no time was restraint used as punishment. At no time did staff incite incidents that would lead to a restraint for their own amusement. At no time did I see excessive restraint being used. Nobody in St Katharine's would have tolerated that. You had to record every restraint carried out and detail the level of intervention used.

Concerns about the institution

67. I had no concerns about St Katharine's while I worked there.

Reporting of complaints/concerns

68. There was a complaint's procedure within the unit and a complaint's procedure within the council. Parents and family members could complain on a child's behalf. The practice team worker could complain on a child's behalf. They had access to the children's rights officer. There were so many access points to complain.
69. When I worked there, we got the odd complaint about food and that was about it. After I left, there was a complaint made about Gordon Collins, who was a staff member. I never received any complaints of abuse. If I had, it would have been recorded. If my memory serves me correctly, there were complaint forms available, by the door, on the right as you came into the unit, which had to be filled in. If a child couldn't read or write and came to you with a complaint, staff would sit down and help them draft the complaint.

Trusted adult/confidante

70. If a child had any concerns or worries, in the first instance, they could speak to parents or carers outwith the unit. They could also speak to their social worker, the children's rights officer or their keyworker. If they wanted to, they could go up the management ladder. If they didn't have a good relationship with their keyworker, they could go to another member of staff. That was the practice all the way through the time I worked at St Katharine's. Children did raise some things, but they were so unremarkable that I couldn't be specific now.

Allegations of Abuse

71. We were all aware, as staff, of what constituted abuse in whatever form, emotional, physical or sexual. The vast majority of our kids had experienced at least two of those forms and some, had experienced all three. The definition of abuse was in all the textbooks and taught to us on the training we'd done. It was part of your induction, regardless of what unit you went into, and I'm sure the definition of abuse was included in the induction packs. That was something that was in place before I even started at St Katharine's. It might have changed and evolved as theory and practice developed.
72. I never saw any behaviour that I considered abuse when I worked at St Katharine's. No child reported abuse to me. I'd be confident that if a child was being abused, while I worked there, it would have come to light. When it came out that Gordon Collins had abused that young lassie, it was because other girls had found her diary, where it was all recorded. They took it to a colleague of mine. They trusted my colleague enough to share that with her and they knew that she would take action to protect their pal. If you think there's a conspiracy and all staff are in on it, you don't go to another member of staff. You can never rule out that abuse happened undetected, Gordon Collins is an example of that, but it did come to light.

Child protection arrangements

73. The basic principles of child protection ran through everything we did, as staff, from the selection process, through competencies, into induction and then continued on through supervision. Although a lot of our kids came in with the same issues, we knew that they would not all respond in exactly the same manner. We always treated each child and their needs individually.
74. Staff handovers and formal and informal discussions were part of our day to day routine, to make sure that everyone in the unit knew exactly what was going on with each kid. There was always that exchange of information and consistency of care across the team. Nothing was at the discretion of one staff member. It was always a

collective decision and, if someone in the team had a differing opinion, they were heard and then, a collective decision was made.

75. To a large extent, child protection arrangements were down to self-policing as well. You policed yourself and one another. You wouldn't put yourself in a position which left you, or the young person, vulnerable. You should have been, and we were, always aware of where our colleagues were. If, for instance, I was in the office in Guthrie, and one of my colleagues was taking a young person to their room to get something, they would let me, or another staff member, know what they were doing, where they were going and who they were going with. We had a pager system which gave your location, down to a specific room. In Guthrie, we also had CCTV.
76. If a child did make an allegation, against a staff member, for example, when they were out on a one-on-one with their keyworker, they would be taken at their word. The police would be informed, there would be an investigation, the worker would need to be confronted and if necessary, the child would be given a medical examination. That scenario didn't ever happen when I was working at St Katharine's.
77. I was a keyworker and went on one-on-ones all the time. They were important and provided a chance for opportunistic social work. When the kids were in the car, they talked more freely and didn't necessarily worry about being judged. It all came down to risk assessment. If you're one hundred percent risk averse, those kids would never have gone anywhere and would have been denied umpteen opportunities.

External monitoring

78. There was external monitoring of St Katharine's. We had announced and unannounced visits from the Care Commission and HMI inspections. When they happened, the inspectors would speak to the kids individually, without staff being there. They also spoke to staff individually. After an inspection, feedback would be given to management. I know now feedback is available on line. I don't think that was the case when I was working at St Katharine's.

79. I can't remember how often an inspection would take place. They should have been frequently, but perhaps because of the burden on them, they weren't as often as they should be. I think inspections should have been carried out annually, but they weren't always.

Record-keeping

80. Each child had their own folder with their care plan, CPM (Care Planning Meeting) sheet and their contact list, detailing who they could have visits or phone calls from and whether they were to be supervised or unsupervised. We also had shift reports, one for the early shift, one for the late shift and one for the night shift. They were like memos of things that had happened on shift. Then, we had our detailed records where any significant incidents, such as restraints, would be recorded in detail. A lot of information was repeated in various forms.
81. I would say that record keeping was consistent throughout my time at St Katharine's and every member of staff had access to the records kept.

Investigations into abuse – personal involvement

82. I think there were three investigations into abuse when I worked at St Katharine's. A lady called ^{KTV} made a whole list of allegations while I worked there. One of the allegations was to do with a staff member chasing a kid with a drill. I can't remember what else she said, but the allegations were lies and far-fetched lies at that. Every staff member, and the kids, were interviewed by the police and it was all thrown out. ^{KTV} had been seeing one of my colleagues, ^{IDJ} and he'd ended the relationship. I think she also had 'a beef' with the then manager, Peter McCluskie. That's what we suspected it was all about. I can't remember exactly when that happened. A lot of the ludicrous allegations made by ^{KTV} are repeated by ^{KTS} in her statement to the Inquiry.

83. The late INA [REDACTED] a former night RCO, had a grudge against Frank Phelan. I have no idea why he had a grudge because Frank was always good to him. INA [REDACTED] was posting on a community blog, that's now down, called [REDACTED]. It became apparent who was writing it. In an effort to get to Frank Phelan, INA [REDACTED] was tarnishing the reputation of everybody else in the unit. I don't think any action was taken against INA [REDACTED].
84. Now, I've come to learn about these allegations by KTS [REDACTED]. I knew nothing about them until the letter from the Inquiry arrived behind my door. If memory serves me correctly, what's been said by KTS [REDACTED] is almost a repetition of what was said by KTV [REDACTED] and INA [REDACTED].

Reports of abuse and civil claims

85. I have not been involved in reports of abuse and civil claims.

Police investigations/ criminal proceedings

86. I didn't have any involvement in police investigations or criminal proceedings when I worked at St Katharine's. Other than being interviewed by police about the allegations made by KTV [REDACTED], I've never spoken to police about any other allegations.

Convicted abusers

87. I now know that Gordon Collins was convicted of abuse, but I was not involved in that investigation. The abuse happened when we both worked at St Katharine's, but he was investigated and convicted after I had left. After the abuse came to light, there were rumours that he had been redeployed to St Katharine's, from his previous post, due to allegations of some sort. Gordon was jailed and sent to Saughton in June 2016. I believe he died a few months ago and that was about three or four months before he was due to be released.

88. Kevin Glancy, who left us to take up a post on a practice team, was done for possession of child pornography. There was also a member of staff, KZB KZB who was done for dealing cocaine. He wasn't bringing drugs into the unit. That all happened after he left and I don't think St Katharine's had any involvement in that investigation.
89. I carry a lot of guilt about these abusers that worked at St Katharine's. It's not my guilt to carry, but I carry it nonetheless. If only you could tell who the abusers are, but you can't.

Other Staff

KZB

90. I started working at St Katharine's before KZB and he left before me, so I was there throughout his time. I think he was in his thirties or forties and he was a RCO in one of the open units. He was a unique individual. A big athletic guy with a cracking sense of humour. He was brilliant with the bairns. I never saw him discipline any of the kids and I definitely never saw or heard of him abusing any of the kids. Generally, KZB was a great guy to work with, but as I said, he was charged with dealing cocaine after he left St Katharine's.

Gordon Collins

91. Gordon was probably ages with me and was an RCO. I first met him before he came to work at St Katharine's, at training events. He worked in Chalmers Unit which is where he abused the girl. I wouldn't have known what he was up to because he didn't work in my unit. I think he resigned after the allegations were made, but I can't remember exactly when he shuffled off.

92. I thought, at that time, that Gordon was a likeable bloke, but that's how abusers function. He seemed to get on well with the kids. I can't remember seeing or hearing of him disciplining or abusing anyone while I worked with him. I had no idea until after the allegations came out.

Kevin Glancy

93. Kevin was an AUM in one of the open units at St Katharine's. He was an evangelical Christian. We all suspected that Kevin has issues around his sexuality that conflicted with his religious beliefs. We found out that he'd been suspended, after he'd left St Katharine's, but we didn't know why. We thought it was to do with an improper relationship, but it was actually for downloading child pornography.
94. I did see Kevin interact with the kids at St Katharine's and he seemed fine. I can't remember seeing or hearing of him disciplining or abusing any of the kids.

KEH

95. KEH was latterly the unit manager in Guthrie, where I worked. He had been prior to that. He was an all right guy. I would say he was younger than me, by about ten years.
96. The kids loved KEH. He spoke their language. He understood what they were talking about. He could identify with them. I think he had been a bit of a boy when he was younger, but he got himself together, got himself educated, and got into social work, which he loved. I can't remember when he left. I'm sure he went off to Dublin with his partner. I didn't see or hear of KEH disciplining or abusing any of the kids.

IDJ

97. IDJ was an AUM at the same time as me. We were buddies and shared a love of cars and driver games. The laddies loved him because he was a petrol head and the lassies loved him because you always found him the same way. If he said he was

going to do something for them, he did it. He was a very affable, lovely bloke. He was well liked and respected. I never saw or heard of IDJ disciplining or abusing anyone at St Katharine's.

LUZ

98. LUZ was SNR when I started. He was a quietly spoken, nice man. He was football daft. Although he was , LUZ wasn't averse to getting his trainers on some nights and going down to the gym to play football with the kids. He was easy to read. You knew when he was happy and you knew when he wasn't happy. The kids really liked him. Some get so far away from the floor and the basic task that kids hardly know them. LUZ wasn't like that. He left a few years after I arrived and went to Strathclyde. I never saw or heard of LUZ disciplining or abusing any of the kids.

KEM

99. KEM came to us as a volunteer. He worked his way up the ranks and became a permanent member of staff. He was an RCO. He was another one that the kids loved. He was a big bloke and in the territorial army. The wee bairns used him like a climbing frame. The kids knew he would do anything for them. If we didn't have a chef, KEM would do the cooking. I never saw or heard of KEM disciplining or abusing anyone.

KEO

100. KEO was at St Katharine's before me and he was still there when I left. I think he was about ten years younger than me. He worked in Guthrie and he was good with the bairns. I never saw or heard of him disciplining or abusing kids.

KEI

101. I remember KEI because he had a big bushy monobrow. He could come into work in the morning clean shaven and need another shave by lunchtime. He was

probably ages with me and he was also an AUM. He had been in farming before he went into residential childcare. **KEI** was the colleague that I mentioned earlier who had dyslexia. He was a good worker and the kids loved him. I never saw or heard of him abusing anyone.

102. With the exception of Gordon Collins and Kevin Glancy, if there was any hint of abuse, every member of staff I've been asked about would have 'went to town' to stand up for the bairns. I know I didn't suspect Collins and Glancy when I worked with them, but I saw how the other staff reacted to finding out about them and it left me in no doubt about their integrity.

Allegations that have been made to the Inquiry about me

KTS

103. **KTS** has given a statement to the Inquiry. On page 5, paragraph 24, of her statement, she has said, *"I primarily worked with the same two guys, **KEL** and **IDJ** and occasionally they would take duvets or a mattress off the children beds in the mornings and tell the children to get up and get ready."*
104. **KTS** goes on to say the following at page 5, paragraph 25, of her statement, she has said, *"An official reason for doing that may be because someone had been behaving in a way somebody didn't like, and it was being done as a punishment. On occasion it may have been as a safety precaution, had someone been threatening suicide, and everything was being removed to prevent them from harming themselves, but, in my opinion, it was just sheer bloody-mindedness' by the male staff."*
105. I remember **KTS** She was an RCO in Guthrie Unit. My working relationship with her was unremarkable. She was never on my radar. When I read the statement she had given to the Inquiry, I was shocked.

106. The removal of bedding was never done out of sheer bloody-mindedness. There was an incremental approach taken to dealing with children in the morning. We would consider why they were refusing to get up. If they had a broken sleep, for example. If a child had a rough night, we would sometimes just leave them to sleep on. If they just didn't want to get up to go to school, we would isolate the power to their room so they couldn't watch TV or listen to music. The next thing, if they didn't get up and dressed, you would let them know that they would be sent to bed early that night, because they obviously weren't getting enough sleep. If they didn't respond to any of that, then we might have removed the mattress or duvet.
107. Bedding and mattresses were never removed as routine and it definitely wasn't done out of sheer bloody-mindedness. It was a last resort. The passage of time has not affected my memory about that. The way KTS has described it, if that had happened, it would be abuse, but it didn't happen as she described. I think KTS KTS had an axe to grind against KEH
108. KTS has said the following at page 7, paragraph 42, of her statement. *"On one occasion I went to see him with Carol Mentiplay, a supervisor, and he wasn't interested in what I had to say. I was expressing my concerns about staff massaging children. Staff were massaging children's shoulders, sometimes without even asking their permission, often even at the request of the child."*
109. KTS goes on to say the following at page 8, paragraph 43, of her statement. *"I thought this behaviour was completely inappropriate, and we weren't trained to do that. The outcome of that meeting was that it was okay to do that if you felt okay doing that. I still don't think that's appropriate. KEL and KEH KEH both massaged children, without being asked."*
110. A lot of our kids came to us because they had been physically and sexually abused. Both forms of abuse come with unwanted physical contact. We were all aware that if we touched a child, even on the shoulder, that it could bring all that trauma to the fore. Unwanted physical contact could have also been misinterpreted by the child. So, no, I did not massage kid's shoulders and I didn't

see other members of staff doing so. I think KTS is taking a scattergun approach in trying to get at KEH

111. KTS has said the following at page 16, paragraph 90, of her statement. *"One of the things I had completely forgotten about was that staff would bend children's fingers back until the children were begging for the staff to let go, sometimes lying on the floor. That really could be just because the staff felt like it. Part of the toy fighting thing I was talking about."*
112. KTS goes on to say the following at page 16, paragraph 91, of her statement. *"Three people who were primarily responsible for that kind of behaviour were KEH, KEM and KEL all of whom I worked with."*
113. We never, ever used pain for control. We did have cause to prise kid's hands open at times, if they had been self-mutilating, and had an implement in their hand. There were kids at St Katharine's who self-harmed and we had to intervene. Never once did we use pain to seek control or compliance. That would obviously be abuse.
114. There is no way the passage of time has affected my memory about that. What KTS has said is lies, verging on slander. KTS is doing nothing but bearing a grudge against someone and I believe that is KEH. Maybe she has another agenda. Some people come into the caring profession because they have a messiah complex thinking 'I will save you'. There was always a danger with people like that, that they would transfer their own emotions and experiences on to the kids.
115. KTS has said the following at page 18, paragraph 103, of her statement. *"There was so much inappropriate behaviour that staff were participating in. It was not deemed inappropriate to grab a child and twist their nose until it was bright red and possibly bleeding. It was not deemed inappropriate to grab a child's hand and bend their fingers back until they were pleading on the*

ground to be let go of. That happened throughout the time I was at St. Katharine's and after I had raised my concerns."

116. KTS [REDACTED] goes on to say the following at page 18, paragraph 104, of her statement. *"There was no concern shown for the child, the staff that carried out the abuse I'm talking about, enthused about it. It was used to control people but also for pleasure, I think the men that were responsible were happy, they were pleased about it. You would hear them saying 'did you see that carpet burn' or 'you missed a brilliant restraint this morning, you should have seen it'. It was that type of thing there was no concern for the child or focus on the child after what had happened."*
117. As I've said, at no time was pain used as a means of compliance. To my knowledge, there was never any kid with a bleeding nose. Regarding the remarks about carpet burns or restraints, yes, comments were made between staff about incidents, but only to make staff aware of the nature and intensity of the behaviour. It was never described as a pleasure because it was always at the expense of some poor kids' trauma. That has been taken completely out of context by KTS [REDACTED]. It was never said as a joke between staff. The passage of time has not affected my memory of that.

Statements that have been shared with me for comment

KTS [REDACTED]

118. KTS [REDACTED] has given a statement to the Inquiry. I have been asked to comment on the following paragraphs.
119. KTS [REDACTED] has said, at page 13, paragraph 72, of her statement, *"I was CALM trained some time later, in another role, as a RCO, after I had left St. Katharine's. I was never trained in it at St. Katharine's and, technically, you shouldn't be involved in any restraining unless you've received the training. A decision had been made at the unit, that you could be advised what to do by a*

member of staff who had the training, if no one else was available. That was just the culture within the unit. I don't know who specifically made that decision."

120. KTS [REDACTED] goes on to say the following at page 13, paragraph 73, of her statement, "It was KEL [REDACTED] who showed me particular things and told me things, but I was never formally trained in CALM at St. Katharine's."
121. I honestly don't recollect anybody working at St Katharine's, who wasn't CALM trained, taking part in restraint. There were other roles untrained staff could undertake if there was a restraint going on. They could be activating the alarm or removing and supervising the other kids.
122. I appreciate it can be unsettling if you see a child being held. I did explain the process and biometrics of restraint to KTS [REDACTED] but only to make it less unsettling if she saw restraint being used. I don't remember ever involving KTS [REDACTED] in any restraint situation.
123. KTS [REDACTED] has said the following on page 13, paragraph 74, of her statement, "Children would be sent to their rooms as a punishment. That could be for not eating their breakfast, but there was no food in their rooms. If the staff member that put them there decided they weren't getting out then they could go without their lunch as well. That could just be because the staff member didn't like them or perhaps because a senior member of staff had said to just leave them in their room. That wasn't frequent but it did happen, maybe every few weeks."
124. KTS [REDACTED] goes on to say the following at page 13, paragraph 75, of her statement, "Primarily the same staff were doing those type of things, that or the same senior staff were instructing them not to let the children out their rooms. So that was IDJ [REDACTED] and KEL [REDACTED] on my shift..."
125. We never sent a child to their room because they refused to eat a meal. We certainly never withheld food from a child, whether they were in the room or the dining room. There could be a whole host of reasons why a child might not want

to eat and, had we withheld food, that would be abuse. That didn't happen. The passage of time has not affected my memory about that.

Other complaints made about me at St Katharine's

126. I was once the subject of a complaint, by a colleague, at St Katharine's. It was when I was AUM of Guthrie Unit and my colleague was an RCO. I made the decision to take a young woman to the floor. My colleague disagreed with my decision and thought I acted too quickly. I addressed that with my manager, my colleague, and most importantly, the young woman, who I apologised to. There was no police involvement or disciplinary action. That is an example of how my colleagues wouldn't let me away with any behaviour they disagreed with. If they wouldn't let me away with anything, they wouldn't let anyone else away with anything.

Convictions

127. I don't have any convictions.

Leaving St Katharine's

128. I left St Katharine's in 2010 for career progression. I had qualified as a social worker by then and I took a temporary post with the [REDACTED] Practice Team. I can't remember when I left that post, but I moved to the post I'm in now, which is family based care. We work out of [REDACTED] Library Hub and we recruit, train and supervise foster carers. I've been in my current post for around twelve or thirteen years.

Helping the Inquiry

129. I now know that there was abuse at St Katharine's. We were reliant on either, catching somebody in the act, which we didn't, or on children and young people having the trust in staff, and the establishment, to disclose abuse. Being aware of how abusers' function, I thought I knew it all, but clearly I didn't, just look at Gordon Collins and Kevin Glancy. I was completely unaware of abuse when I was there.
130. I think the best way to try and protect children is to keep staff appraised and educated on the latest developments in theory and practice. I think City of Edinburgh Council have taken great steps to move in that direction. I also think that intervening earlier with families, before kids get to the point where they require secure accommodation, is beneficial. That relies on the whole child protection system working together and working well and there is of course the age old problem of a lack of finance and resources.

Other information

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

Signed... .....

Dated... 19/11/2024