Scottish Child Abuse Inquiry

Witness Statement of

Frances BROWN

Support person present: No.

1. My name is Frances Mary Catherine Brown. My name before I married was Phillipson. My date of birth is [redacted] 1960. My contact details are known to the Inquiry.

Background information

2. I was interviewed for my three-year Registered Mental Nurse (RMN) training just before I turned twenty-one. After successfully passing that interview and before I began my training, I started as a nursing assistant at Woodilee Hospital in Lenzie. I think they did this to everybody to see whether you were resilient enough to cope with the training.

3. I was the very last to complete the 'old' nursing training system, which was based at the hospitals, not university. I had three years' training, based at Woodilee, which comprised eight weeks theory and then practice on the wards for the rest of the year. In those eight weeks theory were different sections so, although it was mental health training, I also had to complete eight-week modules in learning disability, obstetrics and in general nursing.

4. I think it was quite early on in my course that I went to Lennox Castle Hospital to complete my eight weeks' training in learning disability. I think, therefore, I must have been there in 1982.

5. After those eight weeks at Lennox Castle Hospital, I returned to Woodilee and completed my training in 1984. Following that, I worked as a staff nurse in the

psychiatric unit at Stobhill Hospital, before I was then promoted to ward sister there. While I was a ward sister, I was seconded to do a fast-track, two-year general nursing training course (RGN) within Stobhill, which was quite unusual.

6. I got my RGN qualification and returned to the psychiatric unit at Stobhill before I was then asked to return to Woodilee Hospital as part of a European social-funded rehabilitation vocational training project. That was very new at the time and its purpose was to develop, alongside the voluntary sector, a vocational training hub within the hospital and in places such as Possilpark and in the colleges in the north sector of the health authority.

7. In the early 1990s, I was promoted to clinical nurse specialist for rehabilitation and my job then was to shut the Woodilee Hospital and help resettle the residents. In that capacity, I worked with both the voluntary sector and with the Richmond Fellowship. The Richmond Fellowship are a charity and offer community support services to individuals with mental health issues, learning disabilities and physical disabilities. In 1993, the Richmond Fellowship head-hunted me to go and work with them as an area manager. While I was working in these roles, I completed a Master's degree in community care.

8. During the time I was with the Richmond Fellowship, I had the chance to become involved in the 'Person-centred planning' consortium with Scottish Human Services, which was European funded. Once a month, I had the opportunity to go away for a couple of days and work on person-centred approaches. We were actually one of the first groups in Scotland to consider and explore personalisation and person-centred approaches and how to do things differently.

9. We got the chance to immerse ourselves in some different ways of thinking. We were learning all the time about how we could come up with different ways of supporting people, moving away from the institutional way of thinking. We were trying to move away from people having to fit into a system, toward a system that could fit around people.

10. It was about citizenship and it was about individuality. It was about how we wrap a package around somebody and not have them try to fit in with the services that exist. That was an absolute transformation of what existed previously.

11. Through the Richmond Fellowship and the learning that we took from the person-centred planning consortium, I went back to Lennox Castle and worked with the first person to come out of there as an individualised, personalised service arrangement, where they had their own home and their own team and didn't have to share with other people. We wrapped a team around them and we helped them settle into their home in the community, which was quite unique at that time.

12. While working with the person-centred planning consortium, I met Simon Duffy who was a consultant with Scottish Human Services (SHS). SHS was a game-changer in Scotland in this field. They got European social funding to do the person-centred planning and they were bringing people in from other countries who were thinking differently. They were a big influence in Scotland for quite a number of years in the respect of shifting how people were thinking.

13. Simon then met John Dalrymple, who headed up the decommissioning team at Lennox Castle and other hospitals, and set up 'Inclusion Glasgow', which was funded by the social work decommissioning team and the health board. The purpose of Inclusion Glasgow initially was to work with twenty people and help them leave Lennox Castle in a very different way to how other organisations were operating at that time.

14. Simon wanted to set up a brokerage organisation, rather than provide the services and support. He wanted to do the planning and the thinking and other organisations would provide the rest as a partnership. However, this was 1996 and way ahead of anybody else thinking along those lines and it actually just wasn't possible.

15. I joined Inclusion Glasgow in 1996 as Deputy Director, a role that took me back to Lennox Castle because our job was to get people out of there. I spent three years as the Deputy Director before becoming Executive Director in 1999.

16. Over that period, along with John Dalrymple, I completed a diploma in Consultancy and Facilitation at the Craighead Institute.

17. John Dalrymple left his role with the decommissioning team around 1999 and set up an organisation called 'Support for Ordinary Living'. I left Inclusion Glasgow in 2012, after I had been there for sixteen years.

18. One of the things that Simon Duffy did with Inclusion Glasgow was set up an organisation called 'Altrum', which means 'to foster' in Gaelic. The idea was to foster more relationships between organisations and colleagues who wanted to work in this way and to share learning. The learning was open-sourced, to try and further develop the individualised citizenship model. This approach became what is now called 'self-directed support'.

19. Altrum also set up 'In Control Scotland', alongside SCLD (Scottish Consortium for Learning Disability), for which we got some Scottish Government funding. John Dalrymple and I were seconded to SCLD and we worked in partnership with Atram, all trying to make that change. In Control became very much a catalyst for self-directed support. It was a total transformation of social care support.

20. John and I joined In Control Scotland in 2006 as joint Development Leads for its first three years and John and I both remain associate consultants there.

21. When John and I both worked with In Control Scotland, we had talked about doing something together. However, I had taken unwell at the time and ended up going back to work with Inclusion Glasgow for a bit, before working for myself for a while. Consequently, we never did anything about it at that time and it wasn't until 2017, when John said that he was going to retire and suggested we could do something together before he did, that we set up 'Radical Visions'.

22. Radical Visions is a human services consultancy established to provide practical assistance to fellow citizens, families, organisations and wider society to promote and exercise the values of inclusion. One of the main projects that Radical Visions set up was 'Advocacy Plus', which is a partnership project with 'Civil Rights First' offering

advocacy services for people who are stuck in the system and is often provided pro-bono.

23. I suppose what we were really concerned about was that even after all the years we have worked at de-institutionalisation and change, there is still a worry that we are slipping back to institutional solutions, particularly now. I still hear all the time of plans to build institutions for challenging people. Down south, there are privately run institutions, where there is no incentive to try and help people leave because that would mean a loss of income.

24. I wonder if we have learned anything and that is why John and I set up Radical Visions, where I remain. We work with a number of provider organisations in Scotland, including 'ENABLE Scotland', the 'Thistle Foundation', 'Partners for Inclusion' and a number of other organisations in a consultative role. We are really committed to continue to try and prevent institutionalisation.

Lennox Castle

25. My role at Lennox Castle in 1982 was as a student nurse and I spent all my time on the wards. For the first four weeks I was on a female ward and for the second four weeks I was on a male ward.

26. The female part of the hospital was at the top of the hill, where each ward was in what were called villas and each had a number. I can't remember the number of the ward I was sent to. The beds were at the bottom as you entered and then, as you walked up the corridor, you came to the bathrooms. The sitting and dining room areas were at the top.

27. I don't remember there being wardrobes or drawers in the sleeping areas and there was no privacy around bedspaces, such as curtains. Only shelves separated the beds, which was where some people had treatments, such as having a dressing applied.

Initial Impressions

28. As a young adult, you are catapulted into something you are entirely unfamiliar with when you start working somewhere like Woodilee Hospital. I almost felt as if I was entering an alternative reality. It was a trauma. It was awful and I never ate for the first ten days of working there.

29. Lennox Castle was a different level in terms of what I saw and what I experienced. It was as if all my awful impressions of Woodilee were intensified. I suppose it was the noise, the environment and the general lack of humanity that created that impression. At the same time, the residents would show you so much love and affection even if you just gave them the slightest bit of attention.

30. The feelings I experienced in my first few days at Lennox Castle made me question why I was doing this and whether I should just leave. By the time I finished my eight weeks there, my mental health was poor, that was how bad it was.

Structure

31. My knowledge of the management structure at Lennox Castle is limited and I don't remember the names of any staff. However, on the wards, there was a SNR and quite often a staff nurse, enrolled nurses and nursing assistants, similar to the structure at Woodilee. Above the ward staff were nursing officers and above them was a man who was either in charge of the nursing, or perhaps in charge of the entire hospital, I'm not sure.

32. As a student nurse, I was accountable to the school of nursing at Woodilee, however when I was on the wards, I was part of the compliment of staff and would report to the SNR

33. The ratio of staff to residents was actually quite small. If I remember correctly, there were maybe four or five staff to thirty people.

Children

34. Although I didn't work on it, there was a children's ward at Lennox Castle at the time I did my eight weeks training there. I remember being in the children's ward at one stage, perhaps as part of my induction when I was being shown round. My impression of the children's ward was that it was the same as everywhere else, in that it felt noisy and overcrowded.

35. I think there was only one children's ward at the time I was there and I would imagine the people on it would be kept there until they were at least in their adolescence. Probably until they were around sixteen, although I'm not sure.

36. A lot of the people we later helped resettle had been in Lennox Castle since they had been children. In my experience, there are three critical points at which a child would have been admitted to Lennox Castle. The first is as a baby. Quite often families were told at an early stage after a child was born that the best thing to do would be for the child to go to somewhere like Lennox Castle. The second stage was usually puberty, if people or their families were really struggling with that change, children or young people would often end up in some sort of residential care or in somewhere like Lennox Castle. The third point was in late teens, early twenties. Young women, for example, if they had got pregnant, which ridiculously might be seen as wayward behaviour.

Culture

37. Lennox Castle was the most unsophisticated place, where people were housed in Victorian-style wards and had very little individuality.

38. The culture and atmosphere on the female ward where I spent my first four weeks was punishing, punitive and people were scared. I can't remember the name of SNR SNR who was SNR , but I recall her husband was a charge nurse on another ward. A lot of families worked at Lennox Castle.

39. When I went onto that female ward, people would just be sitting about and staff would be very detached, doing their own thing. There was a sense that, unless there was a task to be completed, the people on the ward were pretty much neglected.

40. As soon as I started, I made a point of speaking with everyone and I spent time with them. By the time day two or three came along, there was a whole group of people waiting to speak to me when I came on duty, simply because I had been giving them some attention. I would have a group of people seeing me off the premises at night and a group of people waiting for me in the morning. It was amazing how little people expected and how they responded because they were so deprived of basic human contact and decency.

41. The male ward was an absolute contrast to the female ward I had been on. The man who ran it was nice, thoughtful and considerate. Obviously it was still a ward within an institution, with not a lot of staff to the number of residents, but there was a completely different culture and atmosphere.

42. It was a clear example of the difference leadership can make. The man in charge of the male ward was caring and thoughtful and consequently his staff were caring and thoughtful.

43. I remember one man constantly took his clothes off and threw them out of the window, so a member of staff had to go out of the ward and get them. He liked to parade around in the nude, or perhaps he preferred the clothes that had just been taken off him and were in the dirty washing. Instead of him being treated as if that was a massive problem, we were encouraged to support him, work with him, talk with him and go and get his clothes.

44. I remember the male ward had a big outing one time, everyone was being taken on a trip on a bus, but this man wasn't allowed to go, probably because he stripped off. I didn't go on the trip either and the man in charge told me that we would make it special for him. If I remember correctly, he arranged for him to have a wee beer, or something like that.

45. It was so different on the male ward. There was compassion and care and the staff actually liked the residents. There was no cruel atmosphere of punishment, as there had been on the female ward. People on the female ward were spoken to very negatively, unlike on the male ward.

46. Overall, however, the culture and atmosphere at Lennox Castle was terrible. People weren't held in any respect and would be excluded from conversations about themselves. I suppose, though, that I only worked on those two wards and I only did so for a short period. The contrast, however, shows that not everybody who goes into this work will end up corrupted by the institution.

Routine for residents

47. The two wards I worked on were both long-term, where people had been for years. When I would start my shift in the morning, I would get people up out of their beds and help them get dressed for the day. People had different levels of ability. Some would need a lot of help and support getting up in the morning, while others were more able to get themselves organised.

48. Some of the people who were more able to organise themselves would be helping other people. That actually happened a lot. Those people were almost treated as helpers and carers and they would assist others in getting their food or getting dressed. I don't think that was necessarily a bad thing. It gave people a connection with each other, they would form a bond with each other and they would help others who they liked. They found a role in doing that and it perhaps made them feel that they were useful. It is not, however, the way a care plan should be designed.

49. There was no guidance given on any individual communication needs anyone might have had. I don't even remember the theory being comprehensive around people with learning disabilities. I recall that the general nursing training was very different from the work I was doing in psychiatry, but I don't remember there being a differentiation between the theory around learning disability and areas such as communication.

50. Some people were not able to convey their needs. Some had no verbal communication and the level of connection that staff had built was so poor that any non-verbal communication someone did have, would not have been heard. That is the difference with working one person at a time, where you get to know a person and build a relationship based on trust and understanding. You can be tuned into that one individual and understand what they need and when they need it.

51. Even if you wanted to do a good job, it is impossible when there are thirty people and four or five staff, as there was in Lennox Castle. On the male ward, staff were kind and thoughtful to the man who kept taking his clothes off, but by so doing he demanded a lot of attention. Meanwhile there would have been loads of people on the ward just sitting in a corner. Some would hurt themselves a lot of the time because that way they were getting some form of stimulation and attention. That way they were feeling something, instead of feeling nothing and just sitting there between meals.

52. It's funny, but I don't recall whether I worked in the evening at Lennox Castle and what the routine was. I know that at Woodilee, everything revolved around the shifts of the staff and I always used to think that the staff got people ready for bed really early. Everybody had to go to bed at the same time and the day staff had a list of tasks to complete before the night staff came on. I suppose there was some logic to that because there wouldn't be as many staff on at night. I never worked nights at Lennox Castle and, as I remember, only two staff did work overnight.

53. I think anyone who had a problem with bedwetting or incontinence was given a rubber sheet with a cotton draw sheet on top. It would have been horrible to lie on. I don't recollect anybody having anything such as incontinence pants, or anything like that. Bedwetting was quite stressful because, if someone on the female ward had been incontinent and it hadn't been anticipated, they could be treated quite nastily. They would be shouted at and told to clean it up themselves, if they were physically able. I saw people being similarly berated in Woodilee as well. If they were physically able, people would be told to get their sheets and put them in the laundry.

Clothing

54. I don't think people even had individuality with things such as clothing. There was a laundry onsite and everything would be washed together and then sent back to the ward in one bundle.

55. I'm not sure if I'm mixing Woodilee and Lennox Castle up, but I remember being appalled that people didn't have their own clothes and all had to wear whatever they were given. Nobody had their own clothes, everything was mixed up and things were chosen based on whether they would fit a person or not. All the women had to wear long white pants that were really horrible and again they just had to wear whichever ones they were given, it was all communal.

56. It was the same with footwear as well. I could be wrong, but I don't remember anyone having their own shoes, I think they just had to wear whatever was available that fitted them.

57. As happened in both institutions, you would be taking women's stockings off them while they were sitting eating their food. After they had their meal at night, you would be taking their teeth out. You'd come in the next day and people would all have the wrong teeth in because nobody cared sufficiently to make sure they were given the correct ones.

Mealtimes

58. Mealtimes were always really stressful. Some people would be in the sitting area and others would be sitting at the tables in the dining area. You'd be feeding two or three people at the same time. There was no opportunity to sit with one person and have a conversation with them or form a bond with them.

59. There might have been one or two choices in what they got to eat later in the day, if they were able to ask for one. However, if someone didn't like what they were given, they either ate it, or they went hungry. Breakfast was usually something like toast and disgusting porridge, which would be slopped unceremoniously into bowls. There

would also be a big pot of tea, which would already have milk and sugar added and everybody got the same. Nobody got a choice as to whether they wanted milk or sugar.

60. Some people liked to steal other's food as well, so you would have someone sitting with their arm wrapped round their plate, protecting it. I don't think there was an opportunity to get extra food if anybody wanted it and there were often battles because somebody had come round and stolen another's toast or whatever. Some of the people I supported twenty years later would still sit with their arms wrapped round their plate.

Washing and bathing

61. There were two baths and there were queues for them in the morning. People would be stripped in front of each other while they stood waiting. They did get in the bath individually, but there were two baths in the same bathroom and it was totally dehumanising having them stand naked while they waited.

Leisure time

62. There was a television in the sitting area of the wards, or sometimes there might be music on. I don't think there was much interaction or activities on the women's ward certainly, apart from the TV and music, although the atmosphere was completely different on the male ward. I think staff spent more time talking to people or doing stuff with them on the men's ward, but when there are so few staff on, that didn't happen much.

63. There were other activities outside the wards, particularly for those who were more physically able. There were things such as bowling and people could do gardening. I think some people did actually do quite a lot.

64. There was an Occupational Therapy department which ran various activities as well, including things such as painting and different crafts and people could participate in them. They would be referred and would be allocated certain days they could go.

Personal possessions and money

65. Although not much, the residents did have some personal possessions, which were often a source of great challenge. People might like someone else's personal belongings and decide to take them and that could cause issues.

66. Families might bring stuff as well, like clothes and even such things as bedding. However, it would all go to the laundry and often things might get lost. There was no way of keeping anything for anybody. Families would be driven insane if they did bring anything because they would come back to see their relative and whatever they'd brought wouldn't be there, or it would be ruined.

67. The hospital had 'Appointeeship' which gave it the power to hold the residents' money. They would get a small amount of benefits and the hospital had some sort of trustee status to look after it. People could go to that department and get a bit of money out of their accounts if they wanted to. Some of that money would go to the wards for things like social activities, such as a day out, or for Christmas parties and that sort of thing.

68. I don't really remember, but I think people would get occasional treats such as a sweet during the afternoon or the evening, while they were sitting about.

Trips and holidays

69. There was a daytrip on a bus somewhere while I was on the men's ward, which felt to me like it was a big deal. Something that perhaps just occurred once or twice a year. I don't know if there were other trips at that time.

Healthcare

70. I wasn't in Lennox Castle for very long, but in the time I was there, I wasn't aware of there being a particular focus on people's health. There were doctors, but you never saw a doctor unless you called one if there was a problem and something needed to

be prescribed. Otherwise, a doctor might come round once a week to the long term wards, perhaps to review people's medication, or that sort of thing.

71. At Woodilee, there were two beds that had a curtain around them where we could do treatments, but there was nothing like that at Lennox Castle. There was, though, a treatment room that people would be taken into if something needed to be done.

72. A medication trolley came round at regular times, which people would come and line up for, if they were able. If not, the medication would be brought to them.

73. I don't know if I had enough experience when I was a student nurse at Lennox Castle to make comment on the use of sedatives and the level to which people were being medicated. In general terms, I consider people were pretty strongly medicated in Woodilee certainly and I would imagine that would have been the case in Lennox Castle as well. Major tranquilisers were regularly prescribed in an ongoing way at that time for managing behaviour.

74. Additionally, there was the use of 'PRN' (pro re nata) medication both orally and intramuscularly, if someone was agitated or upset and required to be restrained. 'As required' would be written in a person's prescription by one of the registered or enrolled nurses, if it was considered someone might be likely to become agitated or upset and they might be given oral medication. If someone was seen to have become agitated or upset, they might be given PRN as a method of restraint, while being physically restrained. If anything was administered, it would be recorded in the nurses' notes.

75. There was a dentist onsite and it wasn't uncommon for people to have their teeth taken out if they bit people.

Chores

76. Some people had jobs within the hospital, such as delivering the wage slips for the nurses. They would earn some money for that sort of thing, but it would only be a very small amount, like pocket money.

Family contact, birthdays and Christmas

77. I think there were visiting days during my time at Lennox Castle. Visiting wasn't every day and may have been Saturdays and Wednesday. However, a lot of people had nobody and you would find that one person's family would visit several people when they came. They would come up with a pile of sweets for everybody and everybody would get very excited when they came.

78. I don't recall what may have happened at Lennox Castle on someone's birthday. Certainly at Woodilee there would probably have been a card and a cake, but that would have been about it.

79. I wasn't at Lennox Castle over Christmas, but I believe there were rooms where they had big get togethers, parties and dances and that sort of thing.

External Monitoring

80. I don't believe any inspectors ever came around Lennox Castle while I was there. That probably wasn't something that was happening at that time. I don't remember any checks and balances, or any inspections in the time I was at Woodilee either, but maybe I just wasn't aware of them.

81. There was obviously a hierarchy in the hospital and there were nursing officers who would come round on a regular basis. They were both male and female and they would talk to the ward manager and check things were okay.

Records

82. I obviously saw the nursing notes and I got to see some medical notes that were in the wards as well. I remember being able to look back and see people's photographs when they were admitted and I remember the very dated language that was used. A big part of the shock learning for me was being able to look through some of those files.

83. I don't think the nursing records were particularly detailed. I think they would be pretty standard and pretty brief, for example '*Went to OT today*', or '*Ate well*', or '*Had an enema*'. That type of thing. I don't think there would have been much more than that.

Discipline

84. I have learned about methods of discipline that were used at Lennox Castle from what people who I have helped resettle have told me. I did not witness anything that I can recall while I was a student nurse there.

85. I have been told that if a resident was caught having a relationship with another resident, or having sex, they would be put in a cold bath to punish them. People have told me that if they did anything that was seen to be inappropriate, they would be shouted at, punished and put isolation rooms.

86. I was not aware of there being an isolation room at Lennox Castle, but certainly in Woodilee as a student nurse, I worked in the locked ward where, as I remember, there were just four staff on duty. We worked long shifts and during break times there would only be two staff on. I remember every time I came back from a break, a particular young woman would have been put in the seclusion room by the SNR

87. I would ask what she was in the seclusion room for and the SNR would tell me she had done various things. To me though, the SNR was singling out this young woman, who she obviously didn't like, or who had annoyed her in some way. I would take the woman out of the seclusion room and try and challenge it with the SNR SNR because I thought it seemed unnecessary.

88. Another method of discipline that I would imagine would be used at Lennox Castle would be not feeding people if it was considered they'd not been behaving properly. Again I was not aware of this while I was there, but I was later told that if a member of staff thought someone had been challenging, or if they'd been fighting with each other, they would be deprived of the basic things, for instance they might not get a sweet if sweets were being given out.

89. Fighting did happen, but then if you have a group of people who are struggling and who are challenging the system and you put them in the same ward, that should be no surprise. You would go onto a ward and there would be lots of noise, people hurting each other and you would see PRNs being administered and restraint used. It would be recorded in the nursing notes and medication sheets if injections or restraint were used.

90. I don't remember visiting being restricted as a form of discipline, but I think the families that did come were too consistent and would expect to see their relative.

Restraint

91. The worst case scenario if someone became agitated or upset was the use of injections and restraint.

92. I have since considered the training we had as student nurses going to work in a psychiatric hospital such as Woodilee or in Lennox Castle. I have considered what preparation we were given before working in such places, where there might well be distressed people. Our preparation was that we were shown videos of somebody who was upset and how to restrain them. That was it. Additionally, there were about seven members of staff in that video and there never was that number in practice.

93. I have never been trained in any form of physical restraint. I'm sure it will have changed now, but I worked in acute psychiatric wards and there was nothing. We obviously were given theory in the school of nursing, but there was no training whatsoever in any sort of physical intervention techniques.

Abuse at Lennox Castle

94. I witnessed three particular incidents of abuse within a few days of me starting as a student nurse at Lennox Castle in 1982.

95. The first occurred one morning when I came on shift. I walked onto the ward and there was absolute bedlam going on. There was screaming, shouting and swearing and

that was coming from both the four or five staff involved and the lady they were restraining. I don't know what had happened beforehand to cause it.

96. I think the lady had been injected with one of the major tranquilizers of some sort, perhaps 'Thioridazine', or 'Largactil', or maybe 'Paraldehyde'. Paraldehyde was a horrible thing and it was used a lot at that time. You had to be careful to avoid skin contact with it and it had to be administered in a glass syringe.

97. As I came into the room, the SNR whose name I can't recall, was repeatedly slapping the lady across the head. I stood there until everything calmed down, not believing what I was seeing.

98. People went to occupational health activities during the day and this same lady had apparently been misbehaving in her group one day and I was sent to go and get her. I can't remember if somebody was with me or not. The woman was hysterical on the way back up to the ward, going on about what the SNR was going to do to her because she had misbehaved and caused problems. She was terrified, however I don't know what, if anything may have happened.

99. Another example of the level of complete control, abuse of power and dehumanisation was when I came on shift another time. A lady was sitting in the corridor, crying and upset and I saw that she had been incontinent. I asked her what was happening and if she needed to get changed, but she told me she wasn't allowed and that the nurses were saying she wasn't allowed to have a bath.

100. I then asked the nursing staff on duty and they confirmed the lady was not allowed to have a bath on the instructions of the SNR because the lady had done this deliberately. I went to the SNR and told her that the lady was wet and needed a bath and she reiterated that she wasn't allowed. She said the lady had done it deliberately and she needed to learn and that she would have to sit where she was.

101. I ignored the SNR and went back to the lady, took her into the bathroom and ran her a bath. The SNR was obviously not happy, but she didn't stop me.

102. Another day I came onto the ward and this same SNR was repeatedly kicking a woman who had a physical disability and mobility issues along the corridor. All the time she did, she was shouting at her. Again, I don't know what might have happened before.

Reporting of abuse at Lennox Castle

103. I lived in the madness for a wee while before I reported what I'd seen and experienced. I would go home after my shift and speak to my husband, wondering if I really had seen what was going on. I used to think that if that was what people were doing in front of me, what were they doing when I wasn't there.

104. It was a cruel place, where this culture was created by the SNR I didn't see any other staff do anything, but they probably were. They certainly stood by while the SNR behaved as brazenly as she did and they did nothing. I think there were another one or two student nurses who were doing there training based at Lennox Castle who were on the ward as well and I spoke to some of them about what I'd seen. Some would agree that it wasn't good, but that was all.

105. I suppose I spent some time processing what I had seen and wasn't sure what to do about it. I was probably quite assertive in ignoring the SNR and taking the lady for a bath, but I suppose I did feel a bit scared doing so. However, perhaps in my second week there, I went to the school of nursing at Lennox Castle and spoke to them. I told them what I'd seen of the SNR behaviour and what I'd experienced of the culture and attitude on the ward.

106. I spoke to the man who was the head of the school of nursing at Lennox Castle, who was called Brian Toland. I was never asked if I wanted to make a complaint or asked how I wanted it to be dealt with. I spoke to him, that was the end of it and I was sent back to the ward. I think his response was along the lines of telling me not to worry and that it would be dealt with. I remember the disappointment I felt that my reporting it didn't seem to have made any difference and I was just sent back to the ward.

107. Interestingly, by the time I got back to the ward, the atmosphere when I got back was unbelievable. Other staff stopped speaking to me and there was a frostiness. I made the assumption that the school of nursing's response was to get in touch with the ward and tell them what I had reported.

108. However, the behaviour did stop and there were no other incidents while I was there. I would like to think that Brian Toland had been appalled by what I had told him and that was why things had changed so quickly, but I more got the impression that the change in behaviour was to cover themselves.

109. As part of my traineeship, I had to have signed assessments completed for each placement and those assessments were then submitted to Woodilee. After four weeks on the women's ward, I was given an assessment by the SNR She sat me down and handed me the assessment document and I wrote all over it about everything I had seen happening. That was an official document that had to then be submitted to Woodilee and I knew it couldn't be destroyed or ignored.

110. I don't recall if anybody spoke with me about what I'd written. I think I was a bit upset after writing what I did and telling the SNR what I thought of her. She was obviously not happy and told me that she didn't agree with any of it.

111. The whole thing blew up after that. If I remember correctly, there was a big discussion at the school of nursing at Lennox Castle about where I would go next. It was after that, that I was sent to the male ward.

Police Investigations

112. As a result of my writing of my experiences on the appraisal form, the police then became involved and there was an investigation. The SNR was suspended and it was a big thing within the hospital at that time. I gave a statement and I know that other staff gave statements. I don't think the police interviewed any of the women who had been the victims of what I witnessed, though.

113. The man in charge of the male ward I was working on by that time remained kind and considerate to me and the rest of the staff were fine too, but the whole of the hospital knew that I was a whistleblower and many people wouldn't speak to me. Even my own colleagues wouldn't sit beside me in the canteen.

114. While I was still at Lennox Castle, I was called up to see the man in charge of the nursing side of the hospital. I went in on my own and he told me that the police had completed their investigation and that everybody who had been around when the incidents I reported occurred was asked for statements. He told me that not one person supported what I had said or corroborated what had happened. They all said they had seen nothing. He also told me that the SNR would shortly be back at her work.

115. I lost it a bit with him and started shouting at him. His response was, "*The only thing I can say to you Frances is that your statement is far too detailed to be a lie*".

Support and reporting of abuse for residents of Lennox Castle

116. Other than the nursing staff, I don't think there was anybody that the residents of Lennox Castle could speak to about concerns or worries they might have had. I suppose if someone's family was coming to visit, they could perhaps have spoken up on their behalf.

117. However, people and their families were frightened to speak up because they were aware that the families were only there for a very short period of time. I don't think families would be as vocal as they may have wanted to be for that reason and because, if they were, they would be demonised as difficult.

118. Certainly, nobody ever raised any concerns with me while I was a nursing student. The only one who did say anything was the woman I had to escort back to the ward, who didn't want to return because the SNR was going to be angry. That was obviously something she had experienced before because I almost had to talk her into returning.

119. I don't recall being given any specific policies, guidance, instruction or any sort of framework document on any subject relating to Lennox Castle when I started there.

Leaving Lennox Castle Hospital as a student nurse

120. After I had completed my eight weeks at Lennox Castle, I returned to my course at Woodilee Hospital, as planned.

121. My own nursing school at Woodilee became aware of what had happened at Lennox Castle around the time it all became public. When I did go back, I was treated differently. Everybody knew I had been a whistleblower and everybody was very careful around me whenever I went onto a ward. That, though, was great because it was needed in these places and I have lived up to that reputation for the rest of my career.

Woodilee Hospital Rehabilitation vocational training project

122. In my role with the rehabilitation vocational training project at Woodilee in the late 1980s, I had to learn about trust and leadership and understanding other people's skills.

123. We worked with about one-hundred-and-fifty people who were in various parts of the system. Some were living in the community and a lot were still in hospital. We were really mixing up what were previously disconnected areas, trying to help them develop skills. It was really interesting and we actually won an award for our work.

124. We brought people in from the colleges to teach a variety of subjects, including basic numeracy skills so that people could understand money. We worked with SAMH (Scottish Association for Mental Health) and we brought in vocational trainers. We developed courses such as gardening and computing and we had a crafts workshop. People were coming into the hospital to participate, but we were also working alongside some people who were in the hospital and had been for a long time.

125. It was a very positive experience, although the staff in the hospital didn't necessarily all see it that way. Although this wasn't part of a decommissioning process, it was leading up to the closure of the hospital and they were terrified at the prospect of perhaps losing their jobs.

Closure of Woodilee Hospital

126. In the early 1990s, after the decision had been made to close Woodilee Hospital, there was a financial drive and there was a lot of emphasis on what funding would become available within a certain timeframe. There was a massive push to get as many people as possible out of the hospital as soon as possible, which was a really positive thing.

127. Previously, there had only been one rehabilitation ward in Woodilee Hospital, which had twenty-six people. Those people on it had to pass various criteria before they could get into that ward and before they would then even be considered for discharge.

128. In my role as clinical nurse specialist for rehabilitation, I used to go into all the wards and sit and talk to all the residents and I used to bring families in. I would take residents out into the community to see what was going on. I was able to open all that up for those residents, so that they didn't have to complete various 'tick-boxes' whenever they gained certain skills to satisfy the criteria for discharge.

129. People are only limited in these institutions by the institutions themselves. They are not limited by their own abilities. I would go into a long-stay ward and see forty people sitting around, with only two staff on duty. They were regimented in what they were allowed to do. They would line up for their medication and they would know exactly what they had to do to be able to get their medication.

130. There were two acute wards and two secure wards in Woodilee Hospital and within those wards I would find people who had been there for a long time, some were over the age of sixty-five. People were in the admissions and assessment wards often for shorter periods of time, but in the rest of the hospital people had been there for years.

131. I don't think Woodilee would ever have had children and I don't recall any resident ever telling me they had been in the hospital since being a child. There were lots of people in Woodilee with learning disabilities which they would have had since birth and they may well have been elsewhere, but I don't think Woodilee itself ever had a children's section.

132. Any person that was in Woodilee Hospital should have had a defining diagnosis of mental health difficulties and any resident of Lennox Castle should have had a defining diagnosis of a learning disability. However, I worked in Woodilee with people with learning disabilities as well as mental health issues and I saw the same at Lennox Castle. It was quite clear that it was very mixed up, which I would say would have implications as to how their care was addressed.

133. Woodilee was being decommissioned and there were deadlines to work to. My job was the rehabilitation of its residents. Working with the voluntary sector, I worked with people to help them leave the hospital and ensure they got the support they needed. In so doing, I helped set up 'core-and-cluster' accommodation, which comprised a house within the community where a few people were living with a support team, as well as five or six, perhaps more, people living in their own homes within the community, also being supported by that team.

134. I believe that some of the mental health services that were set up at that time were quite forward-thinking and a lot of people were living in their own homes within core-and-cluster communities. Considering a lot of people had previously been in hospital for a long time, it was quite brave to have some people living in their own homes.

135. In the three years I worked with the Richmond Fellowship, it was, however, a constant battle to find homes in the community. Even though a lot of the residents of Kirkintilloch were actually employed in places such as the institution we were moving people out of, they didn't want people from Woodilee living next to them.

136. A good example of this was with two houses that were on the edge of Woodilee Hospital, which the Richmond Fellowship had used to set up a project. I think there were seven people living in those houses, who had previously been seen as some of

the most challenging residents of Woodilee. Previously, when I had been there as a student nurse, those people had been in the locked wards there.

137. The challenge then was how we moved people out of those two houses, because it had never been the intention that they would remain there. Those houses were always only to be transitional, to help people move into the community. To that end, the Richmond Fellowship bought a big house on the Glasgow Road in Kirkintilloch, however there was a massive protest against it from the people who lived there. I spent a lot of time going to public meetings, trying to persuade people that nobody was going to be in any danger.

138. Ultimately, the local residents actually won and we were not able to use that house. However, that was actually a great thing because the people who were supposed to have been moving in there as a group ended up moving into their own, independent, homes within the community. My role with the Richmond Fellowship involved getting people out and into their homes and working out how we could be a peripatetic team so that we could provide them with the support they needed.

139. One of the reasons I didn't stay with the Richmond Fellowship for long was because they were growing really quickly into an organisation that, in my view, tried to fulfil too many roles. I struggled with that and with the lack of sticking to the values that I would have hoped the organisation would have held.

140. Amongst the things I struggled with was the local authority and the health authority insisting that people were notified if someone was being moved into the community to live near them. We at the Richmond Fellowship were told that we had to go round and notify people. We were expected to knock on their doors and give them a leaflet and I refused. I queried why we weren't telling the health authority and the local authority to do it themselves, if that's what they wanted to do. I considered we were setting people up to fail.

141. After all the work we had done, it seemed to be that it was more about keeping people and authorities happy, than it was about sticking to the values. Instead of someone being able to knock on their new neighbour's door and introduce themselves, we were

telling people that the person who was moving in had been living for years in hospital, portraying them as potentially someone dangerous.

'Inclusion Glasgow'

142. In 1996, after years of campaigning, this was the first opportunity people had of receiving direct payment. The legislation was introduced to allow this, but only if you had a physical disability, not if you had a learning disability, or if you had a family member with a learning disability.

143. Inclusion Glasgow was an organisation that was set up from scratch by Simon Duffy, who had that everyone should be supported one person at a time with individual planning, service design and their own budget. Accordingly, in the absence of getting access to a direct payment, we created our own internal budget, which we called an 'Individual service fund', so that everybody did have access to their own budget held by the organisation.

144. Everybody came out of Lennox Castle with 24-hour support as they would not be discharged otherwise. Nobody could come out with less than that. Interestingly, we were given the same amount of money per capita as everybody else that came out of Lennox Castle, which was £38,000. Even in 1996, you couldn't provide 24-hour support for that amount and that, therefore, was essentially forcing people to be grouped together.

145. As we worked one person at a time in Inclusion Glasgow, we believed many people would become increasingly independent over time and so one of the compromises that was made was that we received an extra £10.000 per person to cover the periods of transition.

146. We worked with everybody when they first came out at that higher level, but what we then did was we would consider each person individually. We recognised when a person had a lot of skills, or if they had lived independently within the hospital and we created a budget system around that. We might propose that within three months, for example, certain people might only need 60 hours of support a week, or whatever.

147. One lady we dealt with had very high support needs and her family didn't want her to be discharged into a group home. They had been under the impression she wasn't even able to leave the ward, but although she did have high support needs, there was no reason why she shouldn't have been able to get out for some fresh air.

148. They were seen as a difficult family, but when we went to speak with them, we realised that they just wanted their relative to live with them. We sorted that out and, despite her need for a high level of support, the budget we ended up setting for her cost much less and was, in fact, really low at £26,000.

149. We achieved that by helping the family buy a house, which, in 1996, just did not happen. We made the house accessible and suitable for the lady and her sister employed a family friend to assist with support. We trained the family friend and the family in moving and handling the lady. Our role was to work with them and establish what was needed and how we could support them.

150. We were pushing boundaries. This was a groundbreaking approach.

151. We also supported people who had a learning disability to buy their own houses. We sorted out a mortgage, which would then be paid for with their benefits. After we set that precedent, 'Ownership Options' was set up for other people to do the same.

152. There were a couple of exceptions and I wouldn't say it didn't happen, but there were not many staff who came from Lennox Castle to work with us at Inclusion Glasgow. Many of the staff had attitudes that were not aligned with what we would have expected and been looking for. It was such a different model. We expected a different attitude towards each person we supported and we expected a commitment towards them.

153. A lot of the work that Inclusion Glasgow did influenced change. We set up 'C-Change for Inclusion' and 'Partners for Inclusion' and then separated both organisations, so that they are now completely separate from Inclusion Glasgow. We brought 'Neighbourhood Networks' to Scotland and fostered them until they were able to be independent.

154. Although Inclusion Glasgow was initially set up on the basis that we would work with and resettle twenty people from Lennox Castle, we were then asked to work with another ten and then more and we continued to grow as an organisation. However, it had never been the intention to create a big organisation and that was why we created 'Partners for Inclusion', which operates in Ayrshire, and 'C-Change', which took on the work of the second phase of the hospital closure.

Resettlement of residents of Lennox Castle

155. When I left Lennox Castle the first time, I went on holiday for a week because my mental health had been put under such pressure. I was actually really ill. Every time I went back there in 1996 to work with somebody, the hair on the back of my neck stood up, my blood ran cold and I felt sick. It got less the more I went, but it still had an effect on me. It was almost a gut physical reaction.

156. I never saw any of the physical stuff that I had as a student nurse, but I still felt the lack of humanity. I still felt the lack of respect for people and the lack of belief in people. That was a constant.

157. Some staff were angry about the potential closure of the hospital and their aim was to keep people there, rather than support them to help them leave. A lot of them felt their jobs were under threat and they were more concerned about what was going to happen to them, just as had been the case at Woodilee.

158. There were lots of obstacles put in our way. We were always feeling we had to work really hard to get around that. We might have been working with someone for some time and the week before they were due to move into their new house, somebody that we hadn't seen before would turn up to do a risk assessment. We would be told we didn't have certain things in place and we would be asked where they might be.

159. The word that comes to mind is 'sabotage'. I felt as if people were trying to sabotage our work, they certainly weren't supporting it. They really didn't believe that people

could and should be living in the community, particularly in an individualised support arrangement.

160. By the time of the second phase of the hospital closure, 'C-Change' was set up specifically for people who had reputations for displaying more challenging behaviour. However, I consider the majority of the people we had actually already been working in the first phase had similar reputations and we did so with the same financial constraints. During that part of the hospital closure, it became evident that many of those people in that second phase could have gone earlier.

161. We worked with one man who was nearly eighty when we took him out of Lennox Castle Hospital. He had been admitted when he was twenty-six because his gran, who he had lived with, had taken unwell. Until that point, he'd lived at home and he had a job, but it was considered that he had a mild learning disability and there was nowhere else for him to go. After a period of time, his gran got better and went to Lennox Castle to try and get her grandson back home, however by that time he had let everybody know how unhappy he was at being admitted and he ended up being detained there for over fifty years.

162. That was the kind of story we were coming across. Families thought they had no control and no choice whatsoever. Furthermore, once someone was admitted to Lennox Castle, it was very unusual for them to get back out.

163. We did deal with some people who had succeeded in getting out for a period, however that was rare. Some that we were asked to help had gone to live in a group setting with other people in the past, but that had broken down and they'd been re-admitted.

164. One of the first people we worked for was a lady who was, I'm sure, admitted because of a pregnancy. She actually had a husband, but he had escaped Lennox Castle. Even though someone might have been sectioned, once a period of time had elapsed after someone had escaped, they weren't brought back in. He was then outside the hospital and she was inside and so we helped her get out and go and live with her husband.

165. Speaking to some people I helped resettle, I established that there were some people who would regularly take themselves off to places like Kirkintilloch and would do their own thing. They could get a bus at the bottom of the hill and go to the wee villages round about. Things had moved on quite a bit from when I did my eight weeks training, when people never really went out of the hospital.

166. When people did move out, they would get the money that had been held for them, although I remember it being quite tricky to organise. They also did end up getting their own benefits eventually.

167. Sometimes we were told that a condition of someone leaving was that they had to have two people with them at all times. We arranged that, but we would reduce that as quickly as possible.

168. Our policy at Inclusion Glasgow was one of non-restraint, we tried not to have any physical intervention at all. We would use de-escalation first, or we might use a comfort hold if it was considered absolutely necessary for that person's safety. We took it all very seriously and we obviously had to train people to act in this way. We had our own trainers to do so and they used CALM techniques.

169. However, we dealt with some people who had experienced many years of restraint and sometimes it took us a while to help them understand that restraint was not needed. Sometimes though, being restrained was the only time people were getting any physical contact. One young man had got into such a pattern and we worked out that he actually needed to be held but held in a different way from being restrained. We can put hands on people and cuddle them and allow them to feel emotional, without them thinking that they had to act in a manner that would mean they needed restrained.

170. A lot of the time in institutions such as Lennox Castle, people would get no attention whatsoever, unless they acted in a manner that demanded it. For some people, any attention, even if it meant being restrained and it was painful, was better than none. All of the behaviours I saw at Lennox Castle, such as self-harming, banging heads, rocking backwards and forwards, were about being neglected. Spending many hours

without any meaningful stimulation of any kind and feeling as if they were in an unsafe environment, both from other residents and from staff.

171. Everybody who was considered to be violent or aggressive at Lennox Castle was put in one place, which was in a locked ward. One of the people we helped leave Lennox Castle had a visual impairment and he had been on a locked ward. I can only imagine how much more threatening it must have been for him with the noise and the aggressive and violent behaviours around him.

172. He would be put in a chair in a corner, facing the wall because he used to bite people. He did so, because that was all he had. If people got into his space and hurt him in any way, he would seriously hurt them by biting them.

173. Other people we helped get out of Lennox Castle were arch enemies of this man because they would goad him. They would consider it a game to go up to him and hit him on the back of the head, as he sat facing the wall. They too were totally bored and enticing some sort of reaction out of him was a form of stimulation for them.

174. People got into those sort of situations at Lennox Castle. They were not safe. They would argue with each other, they would fight with each other, they would accuse each other of stealing their property.

175. One of the biggest issues with institutions such as Lennox Castle was putting people who were considered the most challenging in the one place. It is the least therapeutic environment for anybody. I don't know how it might have been thought that putting twelve or fourteen people together who are all struggling with their own issues, would reduce triggers and keep people safe.

176. We discovered that there was a different set of rules in Lennox Castle to those that are applied in society. For example, if you wanted to have a relationship, you weren't allowed to have sex on a ward, so you had to do that outside in a public place. People knew that if they did have sex, they would be separated and they would be punished by being hit, medicated, or put in a cold bath.

177. We also established that sex was used as a commodity. People didn't have a lot of things and female residents would exchange sex with other residents for a treat, such as cigarettes. I was never aware of that involving staff.

178. People had a whole different way of understanding consent, their body, relationships and valuing themselves. That, for a lot of people, became much more problematic once they were away from Lennox Castle and we would spend quite a lot of time trying to work that stuff out with them.

179. By way of an example, a man who we helped resettle was living in his own house and was getting some support, although not a great deal as he was quite able in lots of ways. One night, he had some neighbours in from upstairs and had a drink with them and it was all very amiable. The next day, he called his neighbour down and told her that his washing machine wasn't working. When she came down, he exposed himself to her.

180. He obviously liked this woman, they were socialising and he thought that she liked him. In the hospital, the reality was that such behaviour might have been a language or a communication that was considered to be okay. Instead of immediately thinking that him behaving in such a way was offensive, it is important to unpick such behaviour and understand it.

181. We recognised that if we wanted people to have real lives, we would need to help try to re-educate them and we spent a lot of time doing so. Other people might learn in their family situation or at school, whereas many people we were dealing with had completely missed that and actually lived in an environment where different rules were applied.

182. We worked with other organisations, including legal advocates and we developed sexuality policies. We worked with the family planning association and we trained staff. We went back to basics, talking about your body and consent and, from all of that, we also developed dating and relationship agencies, including 'Dates-n-Mates' and 'Get Together'.

183. All that work was done around understanding that people we were helping resettle were in such a negative place and that they could conceivably end up in considerable trouble if we didn't take these measures.

184. We also realised that people's understanding of consent could change when they are educated. You might not be able to give consent if you don't understand. You might not understand what consent is for somebody else.

185. We had a lot of work to do to persuade the local authorities that it's not just a case of helping someone leave hospital. We needed to support people and help them understand how to be citizens and ensure that they had the same rights and opportunities as everybody else.

186. Another person we worked with had been in institutional care since birth. He had a really unusual syndrome and I remember seeing in his notes that a whole lot of people had come to look at him and photograph him when he was still a child.

187. Everybody loved him because he was such a loveable person and he had created a life for himself in the hospital. When we started talking about the hospital closing he was upset. He didn't have a lot of language, but he did repeatedly say "*No, no, no.*"

188. Luckily there were people like John Dalrymple and those on the decommissioning team who recognised that we weren't going to be able to help him move quickly and they invested in him. He had been there since being a child and he needed time and he needed to be given the chance to build relationships. We needed to work with him to try and help him get roots down, outside the hospital.

189. We worked with him for three years before he left, which was very unusual. They invested in him. They paid us to work with him all that time and, eventually, we helped him to buy his own house in Kirkintilloch. He had a flatmate living with him and a team around him. We helped him get work and he had a great life.

190. We worked with some people who really challenged us. We worked with people who had forensic backgrounds, people who had set fires and that sort of thing. One man

we worked with really struggled. I believe that was more because we didn't have the boundaries right and he was so out of control in terms of his needs and our understanding of them. He came out of the hospital, but our support was too wishy-washy for him and he couldn't cope. He needed so much more and he did some very serious things.

191. We had to go back and say that we weren't getting this right with this person and we had to re-think what we were doing. We hadn't worked out how to support him, we needed time to do that and so he had to go back to the hospital. We supported him when he came out again, but he continued to challenge us and we had to continue working with other organisations over a long period of time to try and support him.

192. I suppose we can't assume that our helping people leave the hospital will mean it will necessarily work out for everybody. Everybody has different needs and people may have been traumatised in very different ways. It is a struggle for some people and there may be things about the hospital that they will miss.

193. One of those things we learned was loneliness, which was part of the reason we set up 'Dates-n-Mates'. It's very important for people to be able to connect, to be involved, to find peers, make friendships and form relationships. I think a lot of people use that as a reason for continuing to group people together, though.

194. I don't think that's right, however, because you can actually be more lonely living in a group home. Additionally, living with others in a group setting causes all sorts of frictions. You cannot expect it to be plain sailing if you ask people to live with each other just because they have a disability and not because they care about each other or have a relationship with each other.

195. If people are to live with others, their connection has to be built on something real, such as a relationship or a friendship, or an age-and-stage thing, for example if two young people say that they want to live together. It must be because that makes sense in that person's life at that time, not for economy of scale and money.

196. Some people really have struggled with those things that are missing when they leave the institution, although not of the institution itself. They have struggled with understanding the new rules or suddenly having money and being expected to be able to manage.

[redacted]

197. People tend to respond to institutionalisation in two ways, one is to rebel and fight, the other is to withdraw. One lady we helped resettle was [redacted] who had been in Lennox Castle for a long time and was very withdrawn. She was probably well into her fifties by the time we were asked to help her move out.

198. [redacted] didn't have any language and she never spoke. She just used to sit in the same place all day, picking the wallpaper off the wall. If she wasn't doing that, she would be in the toilet.

199. When we were asked to resettle people, we would go and start engaging with them and we would get some interaction back. It was a real challenge trying to work out how we would help [redacted] move because we were getting nothing back.

200. Another lady called [redacted] was actually supposed to be coming out of the ward at the same time. They had a different surname, but that was probably the only thing that was different. I don't mean to be disrespectful of the team that carried out the assessments, because they had a difficult job, but the information about both of them was exactly the same.

201. I went onto the ward and asked to speak to someone who knew [redacted] because, by that time she had been on that ward for six years. All the staff responded that they didn't know much about her at all and told me to go down to the ward she had been on before because she had been there for ten years. I did so, telling them I was trying to find out a bit more about her life and her circumstances, but it was the same there. Nobody could tell me anything about her.

202. Our approach was to employ specific people who would build a relationship with the person we were helping while they were still in the hospital. Those people would then remain part of the team when the person came out. With [redacted], we actually used three or four teams, one after the other. Every time they went on the ward, all the staff spoke so badly of [redacted], commenting that they couldn't get her to go out or do anything, and that all she would do was sit and pick the wallpaper or spend her time in the toilet.

203. Our teams would go and see her and come back and say that there was no way she would manage out in the community, she would just be sitting in a house all day. Whenever one came back and said that we would say goodbye to them and send another team to see her.

204. Eventually, we got two women who were properly prepared and who were strong. They ploughed through and they succeeded in building a relationship with [redacted]. They managed to get her up and about and out of her seat and eventually we managed to get her into the community. However, she continued to go to the toilet and we discovered that she actually had a prolapse and had to go into hospital and get that repaired.

205. The reason [redacted] had been behaving as she had was because she was in agony. She had been sitting on a ward at Lennox Castle Hospital for years, with staff complaining that all she did was spend all her time in the toilet or picking the wallpaper. Nobody had explored why and there had clearly not been any health checks.

206. [redacted]'s story is really interesting. Of the two women who successfully built a relationship with her, one left, but the other stayed on and became a team leader. [redacted] had been given her own accommodation, but she wasn't happy in it and this team leader noticed how much happier she was when she came to stay at her house with her family.

207. After a few years, we ended up getting independent advocacy and social work involved because the team leader wanted to build an extension where [redacted] could then live. She would still have her budget and she would still have her team, but they would

come and support her there and [redacted] would live as part of the team leader's family. We needed independent views on that and the evidence ultimately showed that doing so would be very positive for [redacted].

208. [redacted] did go and live with the team leader and her family and they really cared about each other. She would go over to an accommodation that the team leader had abroad somewhere and she would go on cruises with another member of staff. When we occasionally had events, such as a Christmas 'do', they would all come in a limousine with [redacted] all dressed up in her finery. The team leader also ran a beauty salon and [redacted] used to go in and get her nails done once a week. Her life was so different.

209. [redacted] stayed with the team leader for twenty years until she became unwell and had to be moved into a nursing home. Sadly [redacted] passed away, but the team leader sat with her till the end.

210. You can't ask people to build those kind of relationships and those kind of commitments. They are only created when you create the right opportunities and atmosphere and allow people to make a real connection.

[redacted]

211. Another person I helped resettle was [redacted], who was very physically able and articulate. I think he had quite a big life in the hospital and he would get involved in lots of things. He had a considerable reputation as someone who was seen as challenging.

212. Some people come out of hospital and struggle because they had been so used to the environment in the hospital. Some people struggled because they had worked out how to make the most of their life in hospital and [redacted], to some extent, was a bit like that.

213. He was well known in the hospital and he had a reputation for being somebody who would challenge. He had various roles in the hospital, he was really well known and

he had a whole lot of activities that he was good at. Suddenly, he was out of the hospital and he no longer had all that.

214. However, we did successfully resettle [redacted] and he now enjoys a full life in his new community.

215. Since then, [redacted] has participated [redacted], including a [redacted]. He also participated [redacted] in a [redacted].

[redacted]

216. I remember going into a ward to meet another woman for the first time, who was a lady called [redacted]. [redacted] had no voice in the form of language, but she had a big voice in terms of noise. She wasn't terribly mobile, but she could use a 'Zimmer' frame and a chair.

217. The way the hospital staff saw people and spoke of them was so negative. When I first went to see [redacted] she was noisy and they would query how I was going to get her out and what the point of me trying to resettle her was. I started going up fairly regularly and taking [redacted] out to a restaurant or around Campsie, trying to get to know her a bit. She did have a family, but they didn't visit. I did go and see the family, but that wasn't happening.

218. After I had gone to see [redacted] just a couple of times, she would be running with her Zimmer to meet me at the door, desperate to get out. Then, when I had to take her back to the ward, she would be upset. When I would see [redacted] on the ward, she started sitting on my knee. You would see these very black and white behaviours, indicating how little was happening for people on a day-to-day basis at a very basic level.

219. She knew what I was trying to do for her. She knew I was coming to help her. Despite what the staff had said, she understood what I was saying when I said I would come

the following week and that I was trying to find her a house. When she was running towards me as I arrived, she was running towards the way out.

220. We supported [redacted] to go and live in her own bungalow, with a great team around her who loved her to bits. She continued to be really noisy and she also continued to sit on my knee every time I went round.

'Radical Visions'

221. With Radical Visions, it is not unusual for us to be working with whole families who have come to us for help. John Dalrymple is working at the moment with a woman who has four children, two of whom have autism.

222. Part of the work we now do is pro bono because we have never succeeded in getting funding for some of what we do, particularly the Advocacy Plus work. I don't think anybody wants to fund the people and families who are challenging the system. In Control is a partner in that work, alongside an organisation called 'Civil Rights First', which focuses on the legal aspects. Advocacy alone can be a bit passive sometimes, however together with our practice expertise, we can be quite a strong voice. We can be much more proactive, we can provide the legal position and we can provide the solutions.

223. An example at the moment would be what happens when a family is be told by the authorities that there is no money. If having the person requiring the support living with them is not working, they are told that they need to go to some group home.

224. We work with people to come up with the solutions that make sense for them. We do the planning, we do the service design, we go prepared with the legislation and the guidance. We can present the human rights aspects, the legislation around self-directed support and we can present what we think needs to be in place for each person.

225. We work with the families, rather than simply say to the local authority that they aren't upholding a person's human rights. We develop a plan and a service design that

makes sense and I look at what is possible. The problem is that it can take time to get people on the same page, but it is usually quite powerful.

226. A lady came to us whose son had lived in group accommodation until she took him out because he was so distressed. I don't think it was ever worked out why he was distressed. The lady had gone to Civil Rights First before I met her and she had also made an official complaint, which had gone to the ombudsman about the level of funding she was getting. This lady was expected to fill gaps in the support for her son, even though he had his own home and he had a team around him, and she felt it was too much for her.

227. She had been complaining, saying that she needed a full package, but the local authority was saying they couldn't provide it to anybody unless it could be demonstrated that they could not live in group accommodation.

228. What we did through the planning process was we built a really clear picture of the story. We got evidence from the lady's son's G.P., we got evidence from other people who were involved with him about how distressed he was when living with others and once we had done that, the local authority funded the full service. It is about personalising the individual nature of the work and using all the resources we have to make the arguments on people's behalf.

Prior statements

229. The only occasion I have given a statement in relation to Lennox Castle was when I spoke with the police as a student nurse.

Helping the Inquiry

230. I think any institution can create an environment in which abuse can flourish. I did see some stuff at Woodilee, such as staff flicking somebody's nose and thinking it was funny, but I saw a different level of cruelty at Lennox Castle. I suppose a lot of the behaviour I saw at Woodilee was neglect. People weren't getting time to eat properly and in peace, without somebody doing stuff like taking their stockings off while they

were trying to eat their dinner. I also saw people getting toileted in front of each other in the livingroom. A commode would come out and someone would have to use it in public.

231. People forget that the residents of institutions have a voice themselves. They know what happened to them and they can tell us of their experiences.

232. We must question why some people who work in institutions end up corrupted by them and behaving like the SNR at Lennox Castle did. We must question why some people, like the man in charge of the male ward, do not and instead manage to hold onto their integrity and compassion. I don't know the answer, but I know that is the reality.

233. There is a massive lesson in leadership from my experiences at Lennox Castle and the culture that leadership can create. You could see the abusive culture created in the female ward was coming from the SNR and you could see that the kind, caring and compassionate culture on the male ward was coming from the man in charge there. The SNR behaviour was giving everybody else permission to be cruel and nasty.

234. Any institutional living environment doesn't work for anybody and certainly wouldn't work for children. I don't necessarily understand why it brings out the worst in people, but there is something about institutional living that creates an imbalance in power. An institution brings out the worst in some people, dehumanises others and creates opportunities for cruelty and abuse.

235. I think that people with physical disabilities and people with learning disabilities, in particular when they are children, are even more vulnerable. They are already stigmatised and they are seen as damaged and there is therefore a massive danger that they could become a victim.

236. Places such as Lennox Castle are not places where anybody should be living. They are never going to be the right place for anybody to be able to live their lives and we know that institutional approaches don't work. I think that it is dangerous for anyone,

children and adults, to live anywhere that even resembles an institution and we need to stop creating them.

237. We know that we can do it differently. We know that when people live an ordinary life, in an ordinary house, with people in their lives who care about them, they can flourish and the opportunities for abuse are significantly reduced.

238. We helped people leave Lennox Castle and move on in their lives in terms of support. Financially, that is a win-win. Somebody like [redacted], for example, no longer has or needs the same level of support he had when he first left twenty-five years ago, because he's got a life.

239. Part of what we need to do is support people while they are still living at home with their families to help those families sustain the caring role long term and not get into crisis. If we don't do that, we have to intervene and support their loved one because they were no longer able. That then costs so much more.

240. The other thing that people challenge is that somehow, if you live on your own, you can be more vulnerable because you don't have a whole team of people looking in on you. I would say the opposite applies. What we experienced was that because we create the opportunity for people to form real relationships, people will whistleblow. If one person in a team is being abusive in any way, somebody else in that team will very quickly whistleblow.

241. If you are doing a good job and people are connected with friends and neighbours and in the community in which they live, you also find that they are more visible. People care and will be willing to step up and say if they think something is wrong. We have had neighbours contacting us to say that they were hearing something next door, wondering if everything was okay.

242. You would love to think that you would never employ anybody who would be the wrong person or who would be abusive, but that is not possible. We know instead that such people will quite often seek out this type of work. We obviously need to have proper checks and balances, but we also need to ensure that we create environments where

people care enough to notice if something isn't right and stand up and do something about it.

243. As people leave institutions, you need to hold onto a vision of what somebody's life could be when they came out of an institution such as Lennox Castle. It would be great to think that you could understand what people liked or didn't like, what they were able to do and what they were not able to do. Actually people had lived in a place where they didn't have that opportunity. Oftentimes, they didn't even know what they liked or didn't like themselves, so it is up to you to hold a vision for their future.

244. We need more publicity. It is always the negative stuff that is on the television, there is not enough of what has worked.

245. As a society, Scotland has done a lot of groundbreaking stuff in my sector, but we forget really quickly. As soon as there is another issue, an additional crisis or money is tight, we go back to silly responses, which are often institutional. I wish I knew how to stop that.

246. As far as I know, Scotland is the only country with self-directed support legislation. It is excellent, ground-breaking legislation, but it is a question of ensuring its implementation.

Other information

247. 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... [redacted] .....

Dated.....30/4/25.....