

Scottish Child Abuse Inquiry

Witness Statement of

KCN

Support person present: No.

1. My name is KCN. My date of birth is 1951. My contact details are known to the Inquiry.

Background

2. I began my training as a nurse when I was around 22 or 23 years old. My training was at Whittingham Hospital in England. I was training as a Registered Mental Health Nurse. The training lasted three years and then I spent the next two years as a staff nurse there.

Ladyfield East Adolescent Unit, Dumfries

3. My wife and I then decided that we were moving to Scotland. I then applied for a post at Crichton Royal Hospital in Dumfries. That hospital was run by Dumfries and Galloway Health Board.
4. When I started working at Crichton Royal, I initially worked with older patients, but I worked in many other wards to gain a variety of experience. I think we had four or five different specialism wards at the hospital, and I spent several months in each. I always wanted to work with children and at that time there was the Adolescent and Child Unit at the hospital. I had not worked in an adolescent environment before. I applied for SNR position there and was successful.
5. For the interview I would have supplied references from my time at Whittingham Hospital. I seem to remember the interview was conducted by the nursing officer, KDV.

KDV and the consultant, Dr John Powell. There may have been an initial three-month probationary period, but I am not certain.

6. To keep our nursing qualifications up to date we would complete different courses annually. I completed some courses at the hospital which included management and a family therapy course. After about four or five years, along with a colleague we developed our own family therapy course.
7. The main hospital looked after people with mental health issues. There was a separate unit, Ladyfield West, which looked after young children. The old Adolescent Unit was in the grounds of the main hospital and closed a few months after I started there, and we were moved to the new Ladyfield East. This was still separate from the main hospital, maybe a ten-minute walk away. It catered for young people from the age of about twelve through to eighteen. We sometimes had people staying a little past that age, but that was not common.
8. The young people there all suffered from different mental health problems, which could include, behaviour issues, non-school attendance, and other psychiatric issues.
9. My first impression of the old adolescent unit was that it was in an atrocious state, it was run down, and the kids seemed to have the run of the place. Most of the furniture was broken or worn out. When Ladyfield East opened it was all newly decorated and after discussions with the estates department, we had some new and clean furniture. When I spoke to the staff I told them things had to change, and I wanted to make sure there was to be an environment the young people were happy to be in.
10. As far as the atmosphere between the staff and kids I wanted to instil a family atmosphere, as a lot of the kids had not experienced this. The kids were not allowed to abuse the staff, just as much as the staff were not allowed to abuse anyone in our care.

11. I found that the staff [REDACTED] were in tune with the needs of the children in our care. They were all aware how to deal with the different issues the youngsters had. As far as the children were concerned I think they all respected the staff.

Time at Ladyfield East, Dumfries

12. When I first arrived at Crichton Royal Hospital around 1988 I think there might have been a brief induction, but I am not sure of that. When I began working at Ladyfield there was not any induction. My way of finding how everything operated involved watching how the different staff carried out their responsibilities and how they approached the young people.
13. When I worked at Ladyfield East I was employed there as SNR [REDACTED] and I would report to the Nursing Officer, KDV [REDACTED]. He was a kind and gentle guy. He was SNR [REDACTED] before me.
14. Any clinical decisions that I needed to talk over with someone, then I would normally consult with Dr John Powell or his wife Dr Eileen Powell. There were also some other doctors who were coming to us for additional training, and they may have been brought into the conversation.
15. Working with me would be SNR [REDACTED], staff nurses, enrolled nurses and nurse assistants. I remember Tony House was [REDACTED] SNR [REDACTED].
16. When I started I spoke with each of the staff and explained if they were having any issues then they should always feel free to come to me with the problem and we would try to work out the resolution. If I was not in a position to resolve the issue then I would take it to KDV [REDACTED].

Structure and recruitment of staff

17. I can't recall what the recruitment process was when I was in Ladyfield. If there was a post that became available, I was not involved in any of the advertising of the post. That would all be dealt with by the hospital HR staff.

18. Quite often I would be on the lookout and observing staff throughout the hospital and trying to identify someone who may be suitable to work with us. It was not just from the hospital that we recruited, it would also involve staff from outside. We were always looking for people who had an affinity to the adolescents.
19. I don't think we ever employed voluntary staff as I am not sure it would be appropriate. Our department was specialised with various mental health issues, and I am not sure an untrained person would cope or even an untrained person may struggle to be accepted by the child.
20. Later in my time at Ladyfield there were changes being made by the government around Adolescent Psychiatric Services. The main changes being suggested was to move from a residential unit to a more community-based service. I remember there was a government employee who came from Glasgow to look at our set up. We were all having to re-apply for our own jobs, but I had already decided that I would not try very hard during any interview, to ensure I was not considered to stay at the hospital.
21. I moved from Ladyfield to a new community-based service and stayed there for six years, before I retired. I think that was round 2010, but I am not certain.

Training

22. I provided a lot of the training for the staff working at Ladyfield. All areas of training would be logged, and this was also needed for the staff to keep up their qualifications.
23. I am not aware that there was any formal personal development or appraisal system at Ladyfield but was more formal when I moved over to the community service. Throughout their time with us I would be speaking to each of the staff and ensuring everyone was up to date with current practises. Not all the training was in-house, some of it was completed outside the hospital.

24. During my time at Ladyfield, the government was looking for Ladyfield to take on children with learning difficulties. We had to have more specialised training for that to be put in place. Anorexia and other eating disorders were becoming more prominent with children, and we were having more and more admitted to Ladyfield. We had two of our nurses that had to have specialised training, to put programmes in place for those affected.

Policy

25. As far as the policies for the unit are concerned, I am sure they were all kept in the folders in our office. We also followed hospital policies, which we kept copies of. I had to ensure that I had read all the policies but I had not been involved in the drafting of them. It would be the Consultant and the Nursing Officer who would be responsible for any updates. I might send them my thoughts about what may need updated and improved and would pass any recommendations to them for them to consider when they were redrafting any policies.
26. To my knowledge I can't recall a specific policy on child protection. The social services provided information regarding this and we adapted it. I do recall there being specific references to admission policy, training, recruitment, qualifications, complaints, restraints, and discipline involving both staff and children.
27. It was very rare for any child to be restrained, but if it did happen it would be noted in the patient's case notes. The notes would include reasons for it being required, what restraint was used and the names of all involved.
28. The main hospital carried the training involving restraining by staff. I always thought that the use of restraint was a bit harsh, and I needed a more gentle approach. We adapted the training for specific needs.
29. I am not certain that there was any policy relating to whistleblowing.
30. Any policy relating to record keeping would have been drafted by the main hospital and we would follow those instructions.

Strategic planning

31. I would be involved in the planning of different strategies. Any updates such as changes in strategies by the government would be updated by the staff and the management within the main hospital.
32. I am not aware of the potential abuse ever being raised during my time at Ladyfield. Although it was never raised as a complaint during that time, we were all aware that this could occur. There was a general understanding how we would deal with abuse, and we would ensure that the social services were made aware. There may have been a rare occasion when a child reported abuse within their old school environment or at home and we would try to help them talk their way through the issue.

Children

33. For children to be admitted to our unit, they had to be suffering from some form of mental health problem. We dealt with adolescents between the ages of twelve and eighteen. There were occasions, such as issues with other availability, where an older child may stay with us for a short time after their eighteenth birthday. Any younger children stayed in Ladyfield West, where I did not work.
34. The family would normally have been referred to us through social services or a child psychologist in their area. The children in our care would be referred from all areas with the UK and also from Ireland.
35. If we were not able to look after a particular child's mental health issue then it would be difficult finding another establishment that could cater for them. It was looked at by some, that we were a last resort for some children.
36. Before a child arrived with us there would be an assessment carried out by Dr Powell. When they arrived they were appointed a key worker, which I would have some involvement with.

37. Some of the things we would be looking at would be the history of the child's illness, family history, school, and general social things in their community. Prior to coming into the unit, we would interview the child in the presence of their parents, never on their own. Having the family involved in this process gave us a clearer picture of the child's needs. The assessments would be recorded in the nursing notes.
38. Our normal capacity was to look after twelve children, but we did have the capacity to look after one or two more, if needed.
39. The unit had a mix of boys and girls. Their sleeping areas were kept separate with girls being upstairs and the boy's downstairs. There was also a single room which may be used during the night, should a child be having some sort of issue. Bedtime for most was around 10:00 pm but that would vary with age.
40. If a child was wanting to leave the hospital at night we would need another member of staff to come in to supervise the child. This was so they did not go out and put themselves into a dangerous situation.
41. During the day there would usually be four nursing staff on duty and two at night. Any domestic staff only worked during the day. In addition to the four on duty during the day, there might be some student nurses helping out. There would also be visits from the child's social worker.
42. We did not have any staff staying in the unit, but there were a few staff houses within the hospital grounds. Most of the staff had their houses away from the hospital grounds.
43. The food was delivered to us from the kitchens at the main hospital. The quality might not have been the best, but it was substantial. When we had our meals, we all ate together, and the staff ate the same food as the children. There was always an alternative should a child not like what was to be served. If someone didn't want to eat there was never any force feeding.

44. Any of the children with Anorexia or other eating disorder had specialist nurses who helped with their food regime. If that was not working then there was the availability to move the child to the main hospital until they had put on an appropriate safe weight, and able to return to us.
45. We had a kitchen area which was designed to be the same as children would have at home. We could use that area to help teach children some basics, such as making meals and the cleaning up afterwards. It was open for them to use at any time.
46. There were no formal chores being carried out, but they did their own laundry and ironing. We asked that everyone kept their own bed area clean and tidy. We also knew we were dealing with teenagers, and not all would do as much as might be expected. Occasionally the staff and the children all did a tidy up day, and they would put everything away.
47. Similar to the sleeping arrangements, there were separate showering facilities for boys and girls. We expected them to have a shower every day, but we also realised they were teenagers, and that might not be the case.
48. We had a classroom on site for the education of the children. All would be required to attend, just as they would do if they were still in their family environment. The only difference was that it was a shorter day, usually from 10:00 am until 1:00 pm.
49. In the class it would be teachers from the local school, St Joseph's, who were seconded to the hospital. The subjects were basic and concentrated on reading, writing and arithmetic. We would have a nurse sitting in the class in case any of the children were having issues.
50. For their leisure time we did a variety of things which could include hill walking, canoeing, swimming in the river, abseiling and other outdoor activities. We also had some tents and would cook outdoors over a fire. Twice a year we would book the outdoor activity centre. Again, we wanted them to experience things they might do with their own families.

51. Normally there would be six members of our own staff with all the children. We had a minibus that we would use for those activities. If it was just for a day trip, it may just be the driver and three members of staff.
52. There may be occasions when a child might be with individual members of staff, such as their key worker. Although they may go out of the grounds it would not be usual for them to visit that member of staff's home.
53. Visitors known to staff and the family could take the child out for the day if the child and their parents agreed to it and were happy with the person taking them out.
54. I can recall there was an occasion when I had to be with a child on their own. The circumstances were because his family stayed in Orkney. When he was due to go home, I would usually take him there.
55. As far as medication was concerned it was only trained staff who would administer the medicine. There was no medication prescribed to chemically control any behaviour. All the medication prescribed, were always part of ongoing discussions with the parents, to ensure they knew the reasons for it being prescribed.
56. There were multi agency meetings held fortnightly. We would have our staff there along with social work staff, the patient, and their family. This was to deal with the care plan for each child, and update all with any relevant changes. There might also be one to one psychiatric involvement with staff from the main hospital. It was all case dependant.
57. We continually had meetings with the child and their family fortnightly, where their key worker and consultants would all have a say in how things were progressing. This would be more evident as the child was nearing their discharge date. We had to ensure that all other people in the child's community were ready for them being returned.

58. Home leave would be allowed every other weekend. In preparation for their release there would be more home visits and perhaps weekend leave might be extended from Saturday and Sunday to include Fridays and Mondays. We might also re-introduce them to their old school. We knew well enough in advance when a child would be discharged, to allow those visits to take place.
59. Other things we might do would be to speak to them about dealing with questions from their friends and others in the community about their time in a mental health setting.

Discipline and punishment

60. When the children arrived, their allocated key worker would try to explain the rules that we were asking them to follow. If the children did not follow the rules we would try to sit down with them to try and discuss why they were having trouble following them. I would always make sure the staff knew that the reason for the rules was to keep the person safe and happy. The same rules would be explained to the parents of the children so they understood what would be expected from the children while they were staying with us. Although there were those rules to follow we made as much of an effort as possible to be flexible and not be too strict.
61. If a child was misbehaving then one of the sanctions may be that they would not be allowed outside after school time. They could also be asked to do extra cleaning up of dishes, but as they were already doing this, it was not seen as much of a hardship. Teenagers in general were always trying to push things to the limits, but we usually tried to deal with it verbally, and not physically.

Restraint

62. I recall when one boy was being aggressive, and restraint was required. I think it was four members of staff who restrained him to the floor. They kept him there until the staff were happy he no longer posed a danger to himself or others. When he was calmed down he would be allowed to go to his room. The individual occupancy room could also be used if that was more suitable, but a member of staff may supervise them.

63. All the training for restraint were based on current government guidelines. I have not heard of TCI (Therapeutic Crisis Intervention). All the training we did have was carried out by staff at the main hospital.
64. Any punishment that was deemed necessary was recorded in the child's own records and on the staff daily notes. All the staff had access to those records. At a shift changeover there were discussions around any incident that happened. Children were also included in handovers, so nothing was hidden from anyone.

Concerns about the institution

65. I never had any concerns about how we did things at the unit. If we had any concerns about a patient, I would speak with the parents. It may also be the Nursing Officer, Consultant or key worker that contacted the parents. It all depended on the seriousness of any concern, as to who would make the call.

Reporting of complaints/concerns

66. If there were any reports of complaints or concerns the patient could talk to their key worker. In most circumstances they would pass the information to me, and I would make my supervisor aware. Should the reports be more serious, then the management at the main hospital may need to be involved.
67. Any complaints made against the staff would normally be dealt with by the Nursing Officer. If it was seen as just a misunderstanding, I might get involved at the early stage to have word with the member of staff and the patient. In that circumstance, should the patient or their parents, still be unhappy with my advice, then I would report it up to the Nursing officer.
68. I am not aware of any such reports being made during my time. I can't recall at which stage outside agencies would be involved.

Trusted adult/confidante

69. Apart from their key worker the patient may also have their own social worker who they could confide in. After speaking with their social worker, we would like to be made aware of the issue, so it could be resolved as quickly as possible. There were no visits from anyone who would discuss the rights of the children.

Running away

70. If any of the patients ran away from the unit they were usually returned to us by the police. When they came back we would usually put them on a one-to-one care, until things were settled, and they were safe once more. We would like to be happy that whatever the issue that was causing them to run away, was not happening again.
71. We would talk to them on their return. That would usually be in a community meeting setting, where the patient would be present. They might give different reasons for running away, such as not liking being in school and just wanting a day off. I don't recall any abuse being reported as a reason for running away.

Abuse

72. Other than having an awareness of abuse, I am not aware if the hospital had a specific definition of abuse, relating to the younger that children that we looked after.
73. During our community meetings, the children would be aware of what constituted abuse. There may be some new patients and that might be the first occasion they had been made aware of what abuse was and that it was wrong.
74. During my time no one reported any abuse to me. If anyone had reported abuse I would deal with it robustly and ensure the appropriate disciplinary action was taken. Being honest it could have happened during my time, but I never saw or heard anything during my time.

Child protection arrangements

- 75. The social work staff gave an input on child protection, not only to our staff but also to the children in our care.
- 76. If any member of staff witnessed or was made aware of abuse I would expect them to bring it to my attention. If that happened I would ensure the Nursing Officer, and the Consultant was updated.
- 77. As much as we were aware of our duties relating to child protection, it was not a thing that was ever raised as a concern by any child or by any of the staff.

External monitoring

- 78. I don't recall there being any inspections from any outside agency. Managers from the main hospital would frequently call in to check all was okay. When they visited they did not usually speak with the children, just the staff.

Record-keeping

- 79. There was a meeting book which the kids kept a record for themselves. The staff would also keep daily records and individual patient records.
- 80. Any historical records relating to previous patients would have been stored at the main hospital.
- 81. I think overall, record keeping at Ladyfield was good while I was there. Different staff had different styles of record keeping. Some wrote many paragraphs, others may use bullet points, which I found much more helpful.

Allegations of abuse

- 82. I was not the subject of any allegations of abuse against any child in my care when I worked at Ladyfield.

Investigations into abuse – personal involvement

83. I never had any abuse reported to me, therefore I did not carry out any investigations.

Reports of abuse and civil claims

84. I am not aware of any reports of abuse resulting in civil claims against Ladyfield.

Police investigations/ criminal proceedings

85. I have not been involved in any police investigations or any criminal proceedings and I have never been called to give evidence in court as a witness about any abuse or ill treatment of children in care.

Convicted abusers

86. I am not aware of any that worked at Ladyfield East being convicted of abuse.

Other staff

KCM – SNR

87. I am not aware of the dates she was at Ladyfield, but I do remember her. I recall she was a staff nurse, but I don't recall if she became SNR.
88. She was very good and strong with the kids. I always thought the kids respected her and they got on well with her, as she did things by the book. Everyone may have had to discipline someone during their time at Ladyfield, which may be just telling someone off, but she was never inappropriate or disproportionate. I never saw her abuse any children and never hear anyone saying that she did so.

KCO – Staff Nurse

89. I got on well with KCO and recall he was a staff nurse when I was there. He was great with the kids. He was younger than most of the staff and he interacted better with the adolescents. I think he was in his mid-twenties when I was there. He was not involved in anything disproportionate nor did he abuse any of the children. I never heard anyone say he had been involved in any abuse.

KCL

90. I can vaguely remember that person. I can only remember him being a gentle guy who was great with the kids. The guy I am thinking of never abused any child.

Ms/Mrs HNT

91. I don't recall anyone by that name. I do think there was a lady with a first name of [REDACTED], but I am not sure what her surname was. If this was the same person she was brilliant with the staff and the kids. I think she was in her late-forties, early fifties. No one reported her being involved in any abuse of children.

EON – Student Nurse

92. I am not aware of this person.

KZV

93. I remember him being kind with the kids. He never stood any messing from the kids, but I never saw him do anything inappropriate.
94. Most of the staff I worked with I could praise to the hilt. They looked after the kids in a caring manner and in all their interactions with the children.

Applicant allegations

KCW

95. KCW has given a statement to the Inquiry. At page 11, paragraph 61 she has said *"I never told anyone about the abuse from KCM as the only one than her was KCN and he was even worse."*
96. I don't remember KCW. I can't make sense of the allegation as there was always a member of staff to talk to. As well as staff, kids were always telling things to each other. On some of those occasions, the other kids might speak to staff about what another kid had said. Nothing was ever reported to me about or by KCM.
97. KCM was strict and I was much the same, when it came to messing about by the kids. I am not sure if this is how the lady is remembering us.
98. Having read what she says in her statement, I find that this is a young, damaged lady. From what I have read she may have been difficult to manage, and it seems that the staff would have had to spend a lot of time managing her. My responses are based only on what I have been provided in her statement. My memory has not been affected by the passage of time.
99. KCW goes on to say on page 12 at paragraphs 62 of her statement *"KCN and KCO were the most sexual with male and female in the unit. We heard KCO sexually abused once. was lovely. I didn't see it, but you could make your own assumptions. That was KCO's way of punishment. I don't know if KCN was involved."*
100. On page 12 at paragraph 64 KCW says *"We'd all gone upstairs, and we heard screaming in his bedroom. His bedroom was next to mine. They told us to go for a cigarette and we knew it was something bad if they were letting us do that. He tried to kill himself that night."*

101. It is not true. We were not involved in sexual abuse with anyone. I have talked about working as a family to help the kids. Sometimes you might put an arm around them, sitting on the settee with them, all in a friendly manner. I presume this is how this may have been misinterpreted. I don't recall the boy called [REDACTED]. As far as the bedrooms were concerned, the boys bedrooms were in separate parts of the building from the girls rooms. A girl being moved in beside the boys would never happen.
102. I don't recall anyone having tried to kill themselves at night, or at any time during my time at Ladyfield, I would have remembered it. It was very rare for anyone to harm themselves, let alone attempt suicide.
103. If it had occurred, the self-harming or attempted suicide would have been recorded in the notes. I would then have rostered extra staff to be on duty during the night to help look after that child.
104. I was not involved in any abuse, and I don't know why it is being said. None of this was ever brought to my attention. If anyone had attempted to kill themselves that would have caused mayhem and the other kids would have said something.
105. If something like this sexual abuse ever happened, I would like to think I would not have labelled anything as sexual abuse until I had made investigations. If I did receive such an allegation I would report it to the hospital management. If what has been said was true, then I would have classed that as sexual abuse.
106. The passage of time has not affected my memory.
107. [REDACTED] goes on to say on page 12 at paragraph 65 "*[REDACTED] [REDACTED] and [REDACTED] would lock us in the activity hut with a padlock when they knew our parents were coming to see us. [REDACTED] would bend your hand back and put your arm behind your back. It was a restraint technique. You either walked with them or it was sore.*"
108. [REDACTED] then continues on page 12 at paragraph 66 "*He would walk you out like that with [REDACTED] or [REDACTED] and they would say keep your mouth shut and it won't be for long. It*

felt like hours. It was probably so my dad did not see me covered in bruises and fag burns and they could do whatever they wanted to do with me. If my dad saw them he would have taken me right out of there. I had a lot of injuries from the same three people. It must have been noticed by doctors and other staff, but it was turned a blind eye to. It didn't matter as it always came down to self-harm and that we were liars and manipulators. Everyone in that unit had a personality disorder and it always comes back to that."

109. It just didn't happen. I can recall the hut did have a padlock, but if it was locked as described, it would have been a fire hazard and would be kept open if someone was inside.
110. The restraint mentioned never happened. I never stopped anyone from seeing their parents. There was never a time when parents arrived and were sent away because a child was being disciplined.
111. None of the staff mentioned smoked. I don't know how she would manage to get cigarette burns and I don't know how she got the bruises. My memory has not been affected by the passage of time.
112. I think she is a very disturbed child. From reading her statement she is a damaged and unhappy child. If any of the allegations happened, I would have classed them as abuse.
113. **KCW** says on page 13 at paragraph 67 *"They would tell our parents we had run away, and we didn't want to go see them which was lies. They would let you out after your parents left and then call them to say you were safe. They would always do it when they knew my dad was almost home and couldn't turn back. If they let you out before the two hours were up they didn't have to report you missing. The hut had no windows in it and a slide lock. You needed wooden door open for fresh air. It was **KCM** and **KCN** that did this mostly but **KCO** did too."*

114. This is totally untrue that we stopped her seeing her father. Kids have a right to see their parents and that was what we were there for. If she was in the hut, then she was on the premises, therefore able to see her father. If it was true then it would be abuse for her not to see her parents. The passage of time has not affected my memory.

Leaving the institution

115. I left Ladyfield when I got the new job in the community setting and that was my reason for leaving. I can't recall the year, but it would have been about six or seven years before I retired.

Helping the Inquiry

116. I have no idea why these allegations have been made, it came as a shock. I found the staff I worked with were some of the best working with kids. It might have been difficult working conditions at times, but not to the extent that abuse would take place. I don't know if she is being vindictive, looking for compensation or just a badly damaged young lady.
117. Any child taken away from their parents into some sort of care or psychiatric system, will cause a disturbance to the child later in life.
118. I am a firm believer it was a good move for them to close the Ladyfield Unit and move to the community-based system. This allowed kids to remain with family, school, and friends.

Lessons to be learned

119. From a psychiatric point of view, keeping them in their family environment is ten times better than being stigmatised with being kept in a hospital. It will affect their whole life and they will never forget it. Even though in my experience there was no abuse, it still badly affected them.

120. I am finding it difficult dealing with these allegations fifteen years after I retired. As staff we knew we had to keep things right as they could come back to haunt you later on. I don't like to, but I feel like I am being persecuted.
121. When I was at Ladyfield I was on call 24 hours a day, seven days a week. I was often woken during the night for situations arising that I should be made aware of. If anything the girls is reporting, happened, I would have been notified immediately and dealt with it robustly.

Other information

122. 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.....^{KCN}.....

Dated.....23 - 4 - 2025.....