

1 Friday, 9 May 2025

2 (10.00 am)

3 LADY SMITH: Good morning, and welcome to the last day this
4 week in this part of our case study hearings, the second
5 week in which we are looking into evidence regarding
6 healthcare institutions for children.

7 Ms Innes, we have a witness, I think; yes?

8 MS INNES: We do, my Lady.

9 This witness is anonymous and has the pseudonym
10 'Roger'. He worked in, I think, Eskdale House at the
11 Crichton Royal for a short period, before moving to work
12 in Ladyfield East around the time it moved to the
13 refurbished building, which was in 1984.

14 He then remained there until about 2001. He left
15 the unit before it closed. By that stage, he was moving
16 on to work in a new community-based service. He was SNR
17 SNR in the unit over that time.

18 LADY SMITH: Thank you very much.

19 'Roger' (affirmed)

20 LADY SMITH: 'Roger', thank you for coming along this
21 morning to help us with your evidence. Today,
22 of course, you are going to give oral evidence. But
23 I already have your written evidence, which has been
24 really helpful and because I've got that, we won't need
25 to go through all aspects of what you've already

1 covered. But, as I think you probably understand, there
2 are particular points that we'd like to discuss with you
3 today.

4 The statement that you have provided already is in
5 the red folder that's on the desk there in front of you
6 and we'll also bring parts of it up on the screen. You
7 might find that helpful. You don't have to use either,
8 but they're both there if you find it useful to do so.

9 A. Okay.

10 LADY SMITH: 'Roger', if at any time you have any questions,
11 please do speak up and let us know, or if you think we
12 should be asking you things that we haven't asked you,
13 you tell us. If you're not sure why we're asking
14 something or we're not explaining it properly, that's
15 our fault, not yours, so you tell us.

16 If you are still giving your evidence at 11.30,
17 I would take a break then in any event, in the normal
18 course, but if you want a break at any other time, just
19 tell me. That's quite all right.

20 A. Okay.

21 LADY SMITH: If you're ready, I'll hand over to Ms Innes and
22 she'll take it from there. Ms Innes.

23 Questions by Ms Innes

24 MS INNES: Thank you, my Lady.

25 Good morning, 'Roger'.

1 A. Good morning.

2 Q. Could I ask you, please, to look at your statement,
3 which is at WIT-1-000001589. If we go to the last page
4 of that statement, at paragraph 122 --

5 A. Sorry -- say that -- where is it again?

6 Q. The last page of the statement.

7 A. The last page --

8 Q. It will also come up on the screen in front of you as
9 well.

10 A. Yeah.

11 Q. Just whatever is easiest for you. So, at paragraph 122,
12 we see that you say there:

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

17 We can see that you signed the statement on 23 April
18 of this year; is that right?

19 A. Yeah.

20 Q. Thank you.

21 Now, I'm going to go back to the beginning of your
22 statement and move through various aspects of it.

23 You tell us that you were born in 1951; is that
24 right?

25 A. Mm-hmm.

1 Q. You then tell us about your nurse training. You
2 undertook that in England; is that right?

3 A. Yeah.

4 Q. And when was it that you qualified?

5 A. 1975.

6 Q. You say that you were training as a registered mental
7 health nurse?

8 A. Yeah.

9 Q. So that was your particular specialism in your training?

10 A. Yes.

11 Q. Then there came a time, you mention at paragraph 3, that
12 you moved to Scotland and you applied for a post at the
13 Crichton Royal, in Dumfries. And you started -- when
14 you moved to the Crichton Royal, you were initially
15 working with older patients?

16 A. Yeah.

17 Q. There came a time when you then applied to work in the
18 adolescent and child unit in the hospital; is that
19 right?

20 A. Yes.

21 Q. And when you got the job and when you moved to work
22 there; was it something called the Eskdale Unit or
23 Eskdale House at the time?

24 A. Eskdale House, yeah. Part of the main hospital.

25 Q. Okay, so it was part of the main hospital and it was

1 called Eskdale House.

2 And what sort of age of children would have been in

3 that?

4 A. From, er, 12 to 18, if I remember.

5 Q. Okay. And did you spend a long time working in

6 Eskdale House before, I think, you moved to what you say

7 is the new Ladyfield East?

8 A. No. It closed. Erm, I was working there for probably

9 three or four months before it closed.

10 Q. We can see there, at paragraph 7 on the screen, that you

11 moved to the new Ladyfield East. This was separate from

12 the main hospital; maybe a ten-minute walk away?

13 A. Yeah.

14 Q. And was it a refurbished building?

15 A. It was. Newly refurbished.

16 Q. And was it, again -- the same young people that you had

17 been working with in Eskdale; did they all move over to

18 Ladyfield East?

19 A. I can't remember exactly who moved over. But,

20 certainly, I'm sure some of them would have done.

21 Q. Okay. Can you tell us a bit, first of all, about what

22 the old unit was like? At paragraph 9, you refer to

23 this in your statement, what Eskdale House was like.

24 A. Eskdale House was, in my opinion, taken over by the

25 children, really. There was graffiti all over the

1 walls, furniture was broken, maintenance hadn't been
2 done, erm, and it was -- wasn't fit for purpose.

3 Q. What was the difference then when you went to Ladyfield
4 East?

5 A. When we went to Ladyfield East, everything was
6 reasonably new. Furniture, we had to find furniture.
7 The Health Board didn't provide good furniture. They
8 wanted us to have used furniture from round the
9 hospital. But I had to go and have a talk with the
10 managers and say: look, if we have -- if we have new
11 furniture, we will guarantee we will keep it in good
12 order.

13 So we had to have a -- meetings with staff and the
14 kids to say this was a new start. We weren't going to
15 damage the building. We weren't -- we're going to have
16 respect for each other, the staff and the kids, and it
17 worked very, very well.

18 It -- anything that was broken or if there was
19 a scribble on the wall, it was dealt with very quickly.
20 So the place didn't deteriorate. And it ended up where
21 the kids just respected the place and there was very
22 little damage done.

23 Q. At paragraph 10, you talk about the atmosphere between
24 the staff and the kids. So if you think about when you
25 went there first; what was the atmosphere like between

1 the staff and the kids? Can you remember?

2 A. Erm, It was very good, because -- but I think there

3 was -- there wasn't a firm set of rules around, and

4 sometimes the kids could misbehave and not be dealt with

5 very well. And it just needed someone to come in and

6 just tighten things up a little bit.

7 Q. What do you mean that if the children misbehaved, that

8 might 'not be dealt with very well'? In what way?

9 A. Well, I don't think it was dealt -- you could tell by

10 the building, you know, that the kids were damaging

11 things and damaging the furniture and the walls and

12 things like that. And it wasn't being addressed.

13 Q. I see.

14 A. I think that's what I mean.

15 Q. Now, if we move on over the page, to the top of page 11;

16 how did you find the staff [REDACTED] in the

17 unit?

18 A. They were -- they were excellent. I had no fault with

19 any of the staff [REDACTED], if that's the right

20 word. They just needed a little bit more training on

21 top of the good work that they were already doing.

22 Q. We'll come back to training just in a moment.

23 You talk in the next section of your statement

24 a little bit more about what happened when you arrived.

25 You say that when you first arrived in

1 Crichton Royal -- you think it was 1988, but I think it
2 was probably a bit earlier, given what you tell us about
3 moving to Ladyfield East, because we know that opened in
4 1984.

5 You say there was a bit of an induction when you
6 came to the Crichton Royal Hospital and when you began
7 working at Ladyfield, there wasn't any induction.

8 At the time that you started working with the young
9 people, first at Eskdale and then in Ladyfield, prior to
10 that point; had you had training in relation to working
11 with children and young people?

12 A. No.

13 Q. What qualified you for the job that you applied for?

14 A. I didn't have -- just because I was a registered mental
15 health nurse, with an interest in working with children.
16 I've always wanted to work with children.

17 Q. So when you started work in the unit; what did you do in
18 terms of training for yourself? Was training provided
19 to you or not?

20 A. Well, the hospital provided some general training. But
21 my boss and myself looked at putting training --
22 training together in the unit. Erm, mainly centred
23 around family work, family therapy, erm, and general
24 problems, erm, that young people came into the unit
25 with.

1 Q. So was that training for yourself or training for the
2 staff who were working in the unit, or a combination of
3 both? Were you training alongside the staff?
4 A. I trained here, in Edinburgh, at the Institute of Human
5 Relations for three years and when I --
6 LADY SMITH: Sorry, who ran the Institute for Human
7 Relations? It's not an organisation I've heard of
8 before.
9 A. I've no -- I can't tell you. I'm sorry, I can't
10 remember.
11 LADY SMITH: Was it a health service institution?
12 A. No, no. No, it wasn't a health service.
13 LADY SMITH: Did it give you a qualification of any sort at
14 the end of it or a certificate of any sort?
15 A. Er, well, just trained as a family therapist.
16 LADY SMITH: I see. Thank you.
17 MS INNES: Can you remember roughly when that was?
18 A. No. It was early days in -- at the adolescent unit.
19 Q. And when you say it was over a period of three years;
20 was it a, sort of, part-time course or a course by
21 correspondence?
22 A. Part-time course. I had to come up to Edinburgh to the
23 institute once a week.
24 Q. Sorry? Once a week?
25 A. I had to come up -- yeah, once a week.

1 LADY SMITH: Do you remember where it was?

2 A. Well, I don't know Edinburgh very well. But, if you

3 come out of Waverley Station, it's somewhere across the

4 road and somewhere in the next street back from

5 Princes Street.

6 LADY SMITH: In George Street?

7 A. Sorry?

8 LADY SMITH: In George Street, possibly? Or the other way?

9 It may be Market Street. I was just interested to know

10 where this training --

11 A. I can't really -- I don't even know whether it's

12 still -- still there.

13 LADY SMITH: I don't think so. Thank you.

14 A. Okay.

15 MS INNES: So you talk about this -- the family therapy

16 training that you did yourself; was there any other

17 training that you undertook or was provided to you in

18 relation to the care of children in this unit?

19 A. Well, there was always lots of small courses that we all

20 went on, you know, that came up now and again. I can't

21 remember them all. But I did a -- not quite relevant to

22 adolescent work, but a business management course as

23 well.

24 Q. And was that -- sorry --

25 A. Can I say that from the completion of the family therapy

1 course, we then developed work -- our own in-house
2 course, family therapy course, where me and the
3 consultant did the training.

4 Q. Which consultant was that? Can you remember?

5 A. Am I allowed to say?

6 Q. Yes.

7 A. John Powell.

8 Q. Okay. You mention John Powell and his wife
9 Eileen Powell at paragraph 14; what was their role at
10 Ladyfield?

11 A. Well, it was more John Powell than Eileen Powell.
12 Eileen -- Eileen was also working in the children's
13 unit, at Ladyfield West.

14 Q. Right.

15 A. John Powell was the consultant for the Ladyfield East,
16 erm, with a little help from Eileen Powell now and
17 again.

18 Q. And was that all that John Powell did? He was
19 completely focused on Ladyfield East or did he do other
20 work in the hospital?

21 A. Not in the hospital. But he did a lot of outpatient
22 work.

23 Q. I see.

24 A. He was always busy seeing families and kids.

25 Q. And was he there over the whole period of time that you

1 were there or did the consultants change at all?

2 A. No, John and I worked together all that time.

3 Q. Right. Okay. And was he a psychiatrist?

4 A. Yeah.

5 Q. And was Eileen Powell also a psychiatrist?

6 A. He's a consultant psychiatrist, yeah.

7 Q. Was Eileen Powell also a consultant psychiatrist?

8 A. Yeah.

9 Q. Okay. Then, in the unit itself, you tell us at

10 paragraph 15 that you would have staff nurses, enrolled

11 nurses, and nursing assistants working in the unit?

12 A. Yep.

13 Q. Presumably, you might also have domestic assistants as

14 well?

15 A. Yeah. And occupational therapists.

16 Q. Okay, and were you SNR of that team?

17 A. The whole team, yeah -- well, sorry, I wasn't directly,

18 erm, SNR of domestics or occupational therapists.

19 They had their own hierarchy, but they were part of the

20 team.

21 Q. So you would have been SNR of the nursing staff?

22 A. All the nursing staff.

23 Q. And would a similar structure have applied in Ladyfield

24 West?

25 A. Very similar, yeah.

1 Q. Did you ever work in Ladyfield West?

2 A. I covered Ladyfield West when SNR [REDACTED] left and

3 I covered it for a few months. But I was still working

4 in Ladyfield East, covering both.

5 Q. And Ladyfield West; was that for younger children?

6 A. Under 12s.

7 Q. At paragraph 17, at the bottom of the page that we're

8 looking at, you talk about recruitment of staff. You

9 say this was managed through the HR department; were you

10 involved at all in interviewing staff who wanted to come

11 and work in the unit?

12 A. Yeah.

13 Q. And would you have been interviewing them on your own or

14 alongside others?

15 A. I always worked with someone else. I never interviewed

16 on my own.

17 Q. And would that other person have been a person from HR

18 or would it have been Dr Powell, for example?

19 A. It would have been somebody from the unit.

20 Q. From the unit. Okay.

21 A. Well, yeah, Dr Powell usually, or KDV [REDACTED], [REDACTED]

22 nursing officer.

23 Q. Yes, so you mention KDV [REDACTED], who was the

24 nursing officer, who was your line manager; is that

25 right?

1 A. Yeah.

2 Q. And was he the nursing officer for the whole of the
3 Crichton Royal or was he focused on Ladyfield East and
4 West?

5 A. Just Ladyfield East and West.

6 Q. Now, if we go back to the issue of training, looking at
7 page 4 of your statement, you say, at paragraph 22, that
8 you provided a lot of the training for the staff working
9 at Ladyfield. So you've mentioned the family therapy,
10 that you had undertaken the course and then you passed
11 on that training to the staff in the unit. Were there
12 other training courses that you provided to staff in the
13 unit?

14 A. Well, training was ongoing. We had a -- if I -- I can't
15 remember, erm ...

16 We used to have a day where we went away to
17 somewhere for a day's training, both East and West
18 together, so that we could bring in speakers, er, people
19 who were experts at certain things. But also there was
20 ongoing training for staff.

21 The hospital insisted that all nurses -- not just
22 mental health nurses, but general nurses as well -- all
23 have to have a register of training and they have to
24 complete so much training per annum.

25 Q. Okay.

1 A. But that only came in later.

2 Q. Okay. So thinking about the away day course; was that
3 once a year or more frequent?

4 A. No, it's about -- about once a year, I think.

5 Q. And what sort of topics can you remember being covered
6 at any of these?

7 A. Er, I can't actually tell you any particular topic. But
8 what used to happen was we asked around the staff what
9 they would like to hear about or learn about, or they
10 needed focus on, and we tried to cover that.

11 Q. Okay. Did you ever, you know, in your role think: there
12 is this particular training need, we're going to address
13 that?

14 A. There was always things that came up that needed to be
15 addressed. And sometimes things needed to be addressed
16 just on a daily basis, you know, small things.

17 Q. Okay. So there was the away day training and then you
18 say that, sort of, what we might now know as continuing
19 professional development training for nurses came in at
20 a later stage, when you were there?

21 A. Yeah.

22 Q. And a certain number of hours had to be completed per
23 annum. Did the nurses have to then go to courses to
24 make sure that they completed the relevant amount of
25 training?

1 A. Yeah, yeah. But they also went to courses before this
2 all came in, you know.

3 LADY SMITH: Would those be courses away from the hospital?

4 A. Most of the courses were away from the hospital. The
5 hospital, er, you know, with child and adolescent being
6 a speciality, it was better to go away where other
7 adolescent and children's units around Scotland were
8 attending. So it would make it payable, I suppose, or
9 worthwhile putting it on.

10 LADY SMITH: Who had the power to approve or veto a nurse's
11 attendance on such a course?

12 A. My -- my -- KDV [REDACTED].

13 LADY SMITH: Was there a budget for this training?

14 A. There was a budget, but it was -- came out of a general
15 hospital budget. So there wasn't always the money
16 available. But, generally, yes, there was a budget.

17 LADY SMITH: Thank you.

18 MS INNES: At paragraph 23 of your statement, you say that
19 you can't remember there being any formal personal
20 development or appraisal system at Ladyfield.
21 Obviously, it became more formal once you'd moved over
22 to community-based work.

23 So while you were at Ladyfield; did you have any
24 one-to-one meetings with the staff on any regular basis
25 to discuss their performance, progress, training?

1 A. That always went on. There was always -- I was always
2 meeting with staff, just to see how they were getting on
3 and, you know, anything they needed to ask me, anything
4 they needed to know, any training they thought they
5 wanted to go on.

6 It was a regular thing. But we also had a general
7 staff meeting every week to iron out various things that
8 were going on and things we needed to discuss as a group
9 or information I needed to pass over to the staff
10 generally.

11 Q. Okay.

12 A. And that was -- sorry, and that was minuted, every
13 meeting was minuted.

14 Q. What about the one-to-one meetings with staff members;
15 were they on a regular basis that you would fix in
16 advance, say on a monthly basis, or was it more ad hoc?

17 A. More ad hoc.

18 Q. Would it be instigated by you or instigated by a staff
19 member wanting to speak to you?

20 A. Either, either.

21 Q. Now, if we go on over the page to the issue of policy,
22 you talk about there being policies in a folder,
23 I think, in the office. You talk about hospital
24 policies. Were there policies specific to Ladyfield
25 East or West?

1 A. I can't -- I can't remember that. I remember there
2 being general hospital policies that had to be followed
3 and adhered to, but I can't remember anything generally
4 for Ladyfields.

5 Q. Okay. At paragraph 26, you say that you can't recall
6 a specific policy on child protection. And then you
7 say:

8 'The social services provided information regarding
9 this and we adapted it.'

10 Can you explain that a bit further, please?

11 A. I think social services were more aware of child
12 protection and how to deal with it and they, in turn --
13 I can't remember whether they came to see us and talked
14 to us about child protection. I've no -- I can't
15 remember. But, generally, we looked to social services
16 for ways of dealing with child protection issues.

17 Q. Then you say that you do recall there being specific
18 references to admission policy, training policy,
19 recruitment qualifications and then you mention there
20 being -- was there a complaints policy?

21 A. Yeah, there was a complaints policy.

22 Q. And did that extend to children being able to make
23 complaints?

24 A. Children were able to make complaints; families, parents
25 were able to make complaints, and everything was put

1 into the -- the medical notes.

2 Q. And how would they have gone about making a complaint?

3 A. They could -- well, they were told that they could

4 either write directly to the hospital manager or they

5 could verbally make an appointment to see the hospital

6 manager, or they could come and talk to

7 KDV . They could come and talk to me.

8 Whatever the -- whatever the course they wanted to take,

9 really.

10 Q. And you say they were told that; were they told that in

11 person or was there, you know, information accessible to

12 them in written form, for example, or ultimately, later

13 on perhaps on the internet?

14 A. I can't remember anything. Everything in my day was

15 more verbal, I think.

16 Q. You also mention policy in relation to discipline,

17 involving both staff and children. So there would be

18 a staff disciplinary policy, presumably?

19 A. Yeah, that was a general one for the hospital.

20 Q. What about a policy in relation to discipline of

21 children?

22 A. Well, there wasn't one. We had to adapt what the

23 hospital one -- the hospital one was and adapt it to

24 kids. But there wasn't really a necessity to discipline

25 kids that much, really.

1 Q. I'll come back to that issue again. You cover it later
2 on in your statement.

3 You then refer, at paragraph 27, to restraint. Was
4 there a policy in relation to restraint?

5 A. No, not that I can remember.

6 Q. And you say, at paragraph 28, that the main hospital
7 carried the training in relation to restraint?

8 A. Yeah.

9 Q. And was every staff member trained in relation to
10 restraint?

11 A. Not every staff member, but most of the trained staff
12 were -- went on to the course. But, as I said, I didn't
13 think the hospital restraint course was -- I thought it
14 was too harsh for use on kids. It wasn't necessary.

15 Q. What do you mean? What was too harsh about it?

16 A. There were -- the course was aimed at adults, and adults
17 that were out of control or were showing aggressive ways
18 towards staff or other patients, er -- and I thought it
19 was -- things needed to be geared down for kids where
20 we -- we -- spent a lot of time just talking to them
21 and, er, trying to get them to understand what they were
22 doing and why they were doing it and things like that,
23 rather than any physical way of dealing with things.

24 Q. Was there training specific to restraint for children in
25 the unit or not?

1 A. Not -- no, not that I can remember.

2 Q. Did you set out -- you said that you had concerns about
3 the hospital-wide policy and hospital-wide training; did
4 you pass that on to your staff, that the rules -- or the
5 process should be different?

6 A. We discussed it. I can remember saying to staff that we
7 needed to deal with things in a different way. But,
8 other than that, I can't remember exactly what was said.

9 LADY SMITH: What was the outcome of that discussion taking
10 place? Did things start to be done in a different way?

11 A. Oh, yeah, yeah, yeah. Things had to be done in
12 a different way. You know, if you -- the adult -- the
13 adult training was done by -- I think it was the police.
14 So that gives you an inkling of how powerful they used
15 to deal with things. And sometimes it was -- I remember
16 it being -- actually hurting people, you know, to make
17 them conform, and I just -- that cannot happen with
18 kids. It's just not on.

19 LADY SMITH: Can I just say, 'Roger', I know this was all
20 a long time ago and we're pressing you to mine your
21 memory and that can't be easy. But are you able to give
22 me an example of at least what you were trying to
23 achieve by way of a change of practice and any occasions
24 on which there was a change?

25 A. Well, what -- in -- in --

1 LADY SMITH: In restraint.

2 A. In restraint?

3 LADY SMITH: Yes.

4 A. The thing is there was no -- no policy when I went to
5 the unit. It was all verbal and I wanted to make sure
6 that the staff were going to be safe and the kids were
7 going to be safe, and that if any incident did happen,
8 that we discussed it or we'd -- we'd looked at how to
9 deal with these situations before they happen.

10 It's no good waiting until the -- the -- you know,
11 there's an incident and then start thinking: 'We should
12 have discussed this', you know.

13 And this used to come up in staff meetings and
14 things like that, how to help kids look at what they
15 were doing and how they could present in a different
16 way, and what had upset -- one of the things is finding
17 out what -- what -- it was all about, what has upset
18 them that they need to be a bit out of control.

19 And once you've found that out, talked that through
20 with them, then things usually settle down, without any
21 sort of resort to physical -- any sort of physical,
22 hands-on sort of thing.

23 LADY SMITH: So you seem to be talking about the need not to
24 think in terms solely of dealing with the behaviour
25 that's out of control, but asking yourself could you

1 find out what was causing it.

2 A. Yeah.

3 LADY SMITH: And looking to the child or young person to

4 help you understand that.

5 A. Yeah.

6 LADY SMITH: Which all sounds very simple and logical in the

7 calm of this environment. But it must have been very

8 difficult when you were doing it for real and a child

9 was out of control; is that right?

10 A. Well, things have to be dealt with at the time, yeah.

11 And it's like if a child wanted to leave in the

12 middle of the night, and that would happen now and

13 again. You know, erm, that child was prevented from

14 leaving in a physical way, but then allocated a nurse to

15 stay with them 'til things calmed down and we found out

16 what it was all about and what was going on and we could

17 resolve it.

18 LADY SMITH: Thank you, 'Roger'. Ms Innes.

19 MS INNES: Thank you, my Lady.

20 Leaping forward in your statement, but I just want

21 to deal with the issue of restraint that we're talking

22 about at the moment. If we move on to page 10 and

23 paragraph 62, you give an example of when you recall

24 that one boy was being aggressive and restraint was

25 required and you say:

1 'I think it was four members of the staff who
2 restrained him to the floor.'

3 A. Yeah, I remember.

4 Q. And did you see this happening or were you one of the
5 staff members?

6 A. I was there when it happened.

7 Q. Okay. And --

8 A. And it was -- it's -- this is a one-off.

9 Q. And you say that they kept him there, for how long?

10 A. I don't know. Five, ten minutes.

11 Q. And then you say:

12 'Until the staff were happy that he no longer posed
13 a danger to himself or others.'

14 Was that a combined decision between the staff
15 members involved?

16 A. When a kid goes out of control, they just want to fight
17 and someone will get hurt. So the best thing to do is
18 to just put them on the floor, wait 'til the breathing
19 slows down, until they're more in control of themselves,
20 er, and listening to what the staff are saying to them
21 and we're listening to what they're saying to us. But
22 that takes a little bit of time.

23 Q. When you say there were four staff members involved; is
24 this -- was there one staff member on each limb of the
25 child?

1 A. Limb, yeah. More or less.

2 Q. You say 'more or less', if I'm wrong about that picture,
3 please tell me.

4 A. No, you're right.

5 Q. Then you say that when he was calmed down, he would be
6 allowed to go to his room?

7 A. Yeah.

8 Q. You mention the individual occupancy room could be used
9 if it was more suitable. So we know there was a single
10 bedroom.

11 A. Mm-hmm.

12 Q. We've heard some evidence that sometimes that was
13 occupied by, say, for example, a child with an eating
14 disorder who was in a separate room; is that right?

15 A. It has been used for that, yeah.

16 Q. So if that was available then that might be an option.
17 And you say:

18 'A member of staff may supervise them.'

19 So did somebody go with the boy to his room or not?

20 A. There'd always be -- not always in the room, but sitting
21 outside. Depends what the kids -- the child wanted.
22 You know, sometimes they wanted time on their own, but
23 the staff was there, available.

24 Q. Right. I want to move back in your statement, please,
25 to page 6 and paragraph 33, where you're talking about

1 the reasons why children were admitted to the unit.

2 Was there any sort of consistency in the reasons why

3 children came into the unit?

4 A. All the children had either, erm, mental health issues

5 or some of them had behaviour problems at home or at

6 school, or out in the community, erm ...

7 And -- do you want me to go into specific reasons

8 why the kids came in?

9 Q. Well, to give us a picture of the different mental

10 health issues or other issues that were --

11 A. Okay. Well, you could start off with kids -- kids --

12 with anxieties, problems, depressions, anorexics. Like

13 I said, behaviour problems, kids from families -- that

14 are having difficulty with their -- living with their

15 families, erm ... Yeah. And ...

16 LADY SMITH: 'Roger', when you say it could include children

17 who were having difficulty living with their families,

18 that would seem to suggest children who may not have any

19 mental health problem, but things aren't going well with

20 family relationships; am I right about that?

21 A. Yeah.

22 LADY SMITH: So why were they being admitted to a part of

23 the Crichton Royal Hospital?

24 A. There was always a question mark about the mental health

25 before they came in, and they came in to the unit for

1 assessment.

2 LADY SMITH: Okay. In the case, let's say, of a child who's

3 classed as one who's in difficulty living at home in

4 family, once they had been assessed; were they ever sent

5 somewhere else or did they just end up staying at the

6 Crichton Royal?

7 A. No, they went -- they usually went back home once we'd

8 sorted out -- a lot of these kids with behaviour

9 problems -- was not the child that was the problem. It

10 was the parents and the situation they were in. And

11 that was the main part of the work, was family therapy

12 work, looking at how the family situation affected the

13 child and how it could be resolved.

14 And I've got to say that most of the time, erm, we

15 resolved the problems with the families and got the kids

16 back home, eventually.

17 LADY SMITH: And when you talk about behaviour problems; was

18 that a full range from running away from home, petty

19 theft, running away from school, these types of things?

20 A. Yeah, these are the sort of things. Outwith parental

21 control is a big one, you know.

22 LADY SMITH: Yes.

23 So the difference between a child arriving at the

24 Crichton Royal or, let's say, one of the sort of secure

25 establishments I've heard an awful lot about over the

1 period September '23 to earlier this year, that
2 difference seems to have been a bit of a lottery as to
3 where the child might be sent; have I got that right?
4 A. No, I think we were very clear about the kids that we
5 could help.
6 Kids going to secure units were either a danger to
7 themselves or a danger to the public. The other kids
8 with behaviour problems could come to us, especially if
9 it's related to the family, and could be helped and got
10 back to their own community reasonably quickly.
11 LADY SMITH: I see. So these were probably families that
12 were still more or less intact as families, as opposed
13 to situations where the parents were no longer around or
14 one of them wasn't functioning at all in any sort of way
15 that could involve looking after children?
16 A. Well --
17 LADY SMITH: You are talking about situations where there
18 was prospect of helping the family to start functioning
19 again as an effective family unit; is that it?
20 A. Yeah. But the thing is that families are -- there's all
21 sorts of different variations on families; single
22 parents and, you know, same sex parents and all sorts of
23 different variations, and they all make -- they can all
24 make good parents.
25 LADY SMITH: Now, just going back to your Scottish Institute

1 of Human Relations, because I'd like to get this into
2 the transcript. I've very helpfully been handed a short
3 note telling me it was established in 1970 -- so well
4 established by the time you were training there -- with
5 an aim of promoting a broader understanding of mental
6 health and training into the value of talking therapies.
7 It closed in 2014. It was superseded by Human
8 Development Scotland and it was run by Edinburgh
9 University Social Work. So it would have been within
10 the auspices of the university, probably even in your
11 day, 'Roger'.

12 Does that make sense?

13 A. Well, it makes sense, but I didn't know that
14 information.

15 LADY SMITH: Don't worry. I wasn't expecting you to know
16 it, but it's helpful. Thank you.

17 Ms Innes.

18 MS INNES: Thank you, my Lady.

19 Now, 'Roger', you have been talking about
20 an assessment being carried out. If we look on page 6,
21 at paragraph 36, you talk about an assessment being
22 carried out by Dr Powell; would that be Dr John Powell?
23 Is that right?

24 A. Mm-hmm.

25 Q. You then say:

1 'When they arrived, they were appointed a key
2 worker, which I would have some involvement with.'

3 So is that a discussion between yourself and
4 Dr Powell?

5 A. Mainly.

6 Q. Who else would you discuss who was going to be a key
7 worker to a specific child --

8 A. Well, with the whole staff. There was a staff meeting
9 every week. And what we were very careful of was not to
10 overwhelm any particular nurse with too many -- to be
11 key worker to too many kids, so we had to effectively
12 share them out, if you would. So I was involved in
13 that.

14 But, with different training that the staff had, for
15 instance, two -- two members of staff were specialised
16 in eating disorders, they would be allocated kids with
17 eating disorders, and other staff had interests in
18 various -- I had a special interest in very difficult
19 families that had been seen by other -- in other
20 establishments and not been able to help them. And
21 I used to like working with these families, trying to
22 move them on.

23 Q. Okay, and what was the role of the key worker?

24 A. The key worker's role was to be first contact for the
25 child if they had a problem or they needed to know

1 anything. Also to be available for family therapy every
2 time -- the families were seen once a fortnight in the
3 unit with the key worker and the charge nurse or myself,
4 and they were always available. They were also the
5 first contact for the family, as well.

6 Q. Okay. Would they have one-to-one meetings with the
7 young person and the key worker?

8 A. Yeah.

9 Q. Were there any rules in relation to gender? For
10 example, that a female young person would be placed with
11 a female worker as their key worker or not?

12 A. No. No, that didn't happen.

13 Q. Were children able to express any view as to, you know,
14 if they wanted to change their key worker; were they
15 able to express that view?

16 A. Yeah. The kids had -- the kids had a meeting every
17 morning, 9.30, with the staff and these things were
18 looked at. They had an opportunity to let us know if
19 they weren't happy.

20 Q. So we've heard a little bit about this morning meeting
21 in other evidence. So it was 9.30 every morning; were
22 you involved in those meetings?

23 A. Yes.

24 Q. Were all of the children in the unit involved in the
25 meetings?

1 A. Yes. There was an expectation for them to be -- as part
2 of being in the unit, to be at that meeting.

3 Q. And was Dr Powell at the meeting?

4 A. Yeah.

5 Q. Other medical staff?

6 A. Not every meeting, but a lot of them.

7 Q. And how long would the meeting last?

8 A. An hour.

9 Q. What was the purpose of the meeting?

10 A. To discuss general day-to-day things for a start. And
11 then also to -- if we had quite a few kids that were
12 having the same sort of issues or difficulties, that
13 might be a topic that we could pick up on and, erm, have
14 a talk about, you know. So the topic would change each
15 day, really.

16 Q. And was there an expectation that the young people would
17 contribute in the meeting?

18 A. Yeah.

19 Q. What if they didn't want to speak?

20 A. They don't need to speak. They weren't forced to speak.
21 Nobody needed to speak. Sometimes the meetings would go
22 on for 10, 15 minutes before anyone spoke. There was no
23 expectation.

24 Q. How did the young people react to this meeting? Was it
25 something that they viewed positively or negatively, or

1 were there different views?

2 A. There was different views. Some kids got quite a bit
3 out of it. But, generally, I think the kids didn't view
4 it very -- they just saw it as a waste of time, let's
5 put it that way.

6 Q. Why carry on with the meeting if the children were
7 thinking it was a waste of time?

8 A. Well, if you closed the meeting early, what would
9 effectively happen would be the kids would generally
10 shut down, so they could close the meeting early. It's
11 one of the times that generally the kids could share
12 things with each other about what was going on with
13 themselves.

14 LADY SMITH: Why did they need a meeting to do that?

15 A. Because there wasn't any other time -- I mean, they
16 would get together in little groups and -- in the
17 bedrooms and chat about what was going on. We weren't
18 a party to everything that was said, you know.

19 But, in the meeting -- it was a general -- it was a
20 general meeting that was minuted by the staff and the
21 kids had their own minutes for the meetings, and
22 whatever came out was sometimes use -- very useful,
23 where they shared things. Sometimes there wasn't
24 anything shared that was useful.

25 LADY SMITH: Thank you.

1 A. You can't make kids -- you can't make kids talk.

2 LADY SMITH: Well, exactly. You said that there were

3 minutes for the children; were they separate from the

4 minutes that would be kept for staff purposes?

5 A. Yeah, they had their own book.

6 LADY SMITH: Did the children take their own minutes?

7 A. Yeah.

8 LADY SMITH: But I suppose many of the children wouldn't

9 have the ability to take minutes of a meeting?

10 A. They all had a turn and they did it to their ability.

11 LADY SMITH: Because it can be quite an onerous task.

12 A. Yeah, yeah.

13 LADY SMITH: Yes.

14 MS INNES: Did any of the children ever disrupt the morning

15 meeting?

16 A. Yeah.

17 Q. And do you know why they did that?

18 A. There could have been all sorts of reasons, different

19 reasons. New into the unit; they don't know the rules;

20 they've just had a very difficult family therapy session

21 with the parents; they don't want to go to school.

22 All sorts of reasons they can disrupt a meeting.

23 Q. And was this meeting in place for the whole time that

24 you worked in the unit?

25 A. Yeah.

1 Q. And who instigated it? Was it already in place at --
2 A. It was already in place.
3 Q. And so do you know who had put it in place? Was it
4 Dr Powell or somebody else --
5 A. Dr Powell and -- John -- er, KDV.
6 Q. If we go back to page 7, and paragraph 37 of your
7 statement, you talk about interviewing the child prior
8 to them coming into the unit. You say:
9 'They would be interviewed in the presence of their
10 parents, never on their own.'
11 I assume that sometimes children would be in care
12 and they might be interviewed with a social worker
13 present?
14 A. The social worker was -- well, anybody that was -- any
15 professional that was involved with the child was --
16 would come to the admission meeting, yeah.
17 Q. Why would you never interview the child on their own?
18 A. When they were -- when they were -- sorry, when they
19 were coming into the unit?
20 Q. Yes. So this is an interview prior to the child coming
21 into the unit?
22 A. Mm-hmm.
23 Q. You say:
24 'We would interview the child in the presence of
25 their parents or with other professionals there.'

1 You would never interview them on their own. Do you
2 know why that is?

3 A. Well, I think the answer to that is that the child
4 doesn't know us. Taking them away and interviewing
5 them, erm, would be very intimidating for 'em and
6 I think it's safer to interview them with the parents
7 there. I wouldn't like my child to be taken away by
8 some stranger to be talked to.

9 Q. If we move down the same page, you talk about the number
10 of children in the unit and, at paragraph 41, you say
11 that there would be four nursing staff on duty during
12 the day?

13 A. Mm-hmm.

14 Q. Would that include yourself or --

15 A. Sometimes four to five, yeah.

16 Q. And then two staff at night?

17 A. Mm-hmm.

18 LADY SMITH: And that's in the context of usually about
19 a dozen children; have I got that right?

20 A. Yeah.

21 LADY SMITH: Thank you.

22 MS INNES: And then if we move on over the page, to page 8,
23 and paragraph 48, you talk about the classroom on site,
24 and you mentioned that a moment ago. And you say that
25 the difference was that it was a shorter day, usually

1 from 10.00 to 1.00, although if the morning meeting
2 started at 9.30, went on for an hour to 10.30; did they
3 then go to school after that?

4 A. After that, yeah.

5 Q. And you say that there would be teachers from the local
6 school who were in the classroom?

7 A. Yeah, but they were permanently assigned to Ladyfields,
8 the two members -- the two teachers.

9 Q. And did all of the children attend school or were
10 there --

11 A. There was an expectation for them all to go to school.
12 But there was odd times when they weren't well or they
13 had family visiting, or some plausible reason they
14 couldn't attend.

15 Q. Okay, and you say that you would have a nurse sitting in
16 the class, so there was always a member of nursing staff
17 in the classroom as well?

18 A. Yeah.

19 Q. You say:

20 'In case any of the children were having issues.'

21 What sort of issues would a nurse be there to deal
22 with?

23 A. Well, if they were, erm, being -- if they were stopping
24 the class from going ahead by, I don't know, shouting
25 or, you know, misbehaving or whatever. And they would

1 just be taken out of the class, so that the class could
2 go on.

3 Q. So one might not immediately think of a nursing member
4 of staff dealing with a behavioural issue like that.
5 I'm just trying to understand why it would have been
6 a nurse that would have been there, rather than
7 a classroom assistant, for example?

8 A. We -- the nurses dealt with behaviour issues all the
9 time.

10 Q. Right.

11 A. And the behaviour problems didn't stop just because they
12 went to school. It's just an extra help in the
13 classroom.

14 Q. If we move on, please, to page 9 and paragraph 55,
15 I think you were asked about whether there was any
16 medication prescribed to control or modify behaviour;
17 you say that there was no medication prescribed to do
18 that?

19 A. Very, very -- no. Very rarely.

20 Q. So on the rare occasions that it was prescribed; can you
21 remember what type of medication it was?

22 A. Usually antipsychotic medication.

23 Q. Can you remember the name of that?

24 A. No. And that was in the first week I was there, there
25 was a girl on antipsychotic medication. And I can't

1 honestly remember any child after that time being on any
2 medication -- well, not any medication; any medication
3 for, you know, what you said, restraint or something.
4 LADY SMITH: To control or modify behaviour.
5 A. Yeah, to modify behaviour.
6 LADY SMITH: Or sedate?
7 A. Yeah.
8 LADY SMITH: To some extent.
9 A. Yeah -- no.
10 LADY SMITH: Do you remember the name or names of any of the
11 medication that was used, when it was used?
12 A. Like I say, it was in the first month of me starting,
13 erm, and I wasn't involved with this person anyway,
14 so -- and I was just getting to know the unit, so
15 I don't know.
16 MS INNES: If we move on, please, to page 10 and
17 paragraph 60, you talk there about -- there's a heading
18 'Discipline and punishment'. You say that there would
19 be rules that they were being asked to follow and you
20 talked about there being rules in the unit. What sort
21 of things did these rules cover?
22 A. Things like respect for each other. That there's the
23 expectation to be part of the unit and attend the
24 therapeutic part of the day. Always to let us know when
25 they were going out of the unit. And the main thing:

1 what time they might be back; where they were going; who
2 they were going with. Erm, you know, things like that.

3 Q. When you mention 'attend the therapeutic part of the
4 day'; are you meaning the morning meeting or are you
5 meaning something else?

6 A. The whole programme was therapeutic. You know, even in
7 the school, you know, you were talking to kids all the
8 time about different issues and problems that they were
9 having.

10 And in the afternoons, we used do a lot of outdoor
11 activities, activities that they never would have been
12 involved in. And we used to take 'em, you know,
13 canoeing and rock climbing, abseiling and climbing up
14 hills. And this was a time when -- you know, you might
15 not think it therapeutic, but this is the time when kids
16 would talk to you. You know, sometimes we'd go off for
17 a fortnight in a youth hostel with all the kids, just
18 hire the whole youth hostel and that was a great time
19 for 'em. They came back with all sorts of stories that
20 they liked about this and that and the other. But also
21 the other side of it, that they didn't like, you know.

22 But the whole thing was geared round helping the
23 kids learn a different way of behaving or, erm, you
24 know, a different way of living and getting on with
25 people. It was very important.

1 Q. Now, at paragraph 61, you refer to -- if there were
2 any -- if a child was misbehaving, you talk about what
3 sanctions there might be; what sanctions were there for
4 misbehaviour?

5 A. Sanctions weren't used, really.

6 One of the sanctions was that they weren't allowed
7 out at night, erm, for a night or so, or they might have
8 to do a bit more washing up or helping with the meals
9 and things like that. But, other than that, that's all
10 the sanctions that were used.

11 Q. If we look over the page, please, at page 11 and
12 paragraph 64. You talk about -- in the final couple of
13 sentences in that paragraph, you say:

14 'At shift changeover, there were discussions around
15 any incident that had happened. Children were also
16 included in handovers, so nothing was hidden from
17 anyone.'

18 So can you explain how that happened? How were
19 children included in handovers between staff?

20 A. Yeah. Do you want me to go through the -- well, first
21 of all, there's a handover, a staff handover at the
22 beginning of a shift. The kids weren't included in
23 that.

24 LADY SMITH: How many shifts were there in the day?

25 A. Well, two or three. Two or three shifts.

1 LADY SMITH: Thank you.

2 A. Yeah, so the kids weren't involved in that handover.

3 But then, before the morning meeting that we talked

4 about just before, all the staff and all the kids

5 gathered in the sitting room and the kids -- the staff

6 then handed over to everybody what was going on, and

7 then the kids would read their book out about their

8 version of what's been going on.

9 MS INNES: And why was that being done in a group setting?

10 A. Because everybody needed to know what was going on and

11 everything was open.

12 Q. I suppose one might say that a patient in a unit might

13 not want their personal information shared in a group

14 setting?

15 A. It wasn't about sharing personal information.

16 Q. What sort of --

17 A. It was about the day-to-day activities and things that

18 were going on within the unit.

19 Q. Okay.

20 A. Personal information was only discussed with the child

21 on their own and with their families.

22 LADY SMITH: So, 'Roger', when you say the staff then handed

23 over to everybody, so that would include the children;

24 what was going on? What is it that they were handing

25 over?

1 A. Just what had happened in the last shift, on the unit.
2 LADY SMITH: Such as?
3 A. Such as, has there been any particular problems that
4 we've had to face, and what people had been doing, what
5 they'd been up to. Who'd had a visit from the parents.
6 Things like that.
7 LADY SMITH: Well, if it could include who'd had a visit
8 from parents, that would be sharing a child's personal
9 information, wouldn't it? Because the other children
10 might not have known about that otherwise.
11 A. Oh, they would.
12 LADY SMITH: Well --
13 A. Kids know everything.
14 LADY SMITH: Well, you couldn't be sure, could you --
15 A. No, no.
16 LADY SMITH: -- if they knew?
17 And if you're going to talk about whether there'd
18 been any problems, I suppose that could include
19 a problem of a child being disruptive?
20 A. Mm-hmm.
21 LADY SMITH: So that would be highlighted in the handover
22 talk?
23 A. Yep.
24 LADY SMITH: Might that not have been hard for the child who
25 was being talked about?

1 A. A lot of things were hard for the child --
2 LADY SMITH: For the child who was being talked about as
3 having caused a disruption, in my example.
4 A. Mm-hmm.
5 LADY SMITH: And your practice -- obviously not just you
6 personally, but the practice of the staff -- was to talk
7 about that in front of everybody else; why?
8 I'm asking you why not by means of any implied
9 criticism. I'm just trying to understand why.
10 A. I think when you share everything within a group, it
11 makes it easier to deal with if everybody knows and then
12 everybody can help each other.
13 LADY SMITH: Okay. Thank you.
14 Ms Innes.
15 MS INNES: Thank you, my Lady.
16 Just following on on this handover practice; did
17 this happen the whole time that you were in the unit?
18 A. The handover?
19 Q. The practice of doing it in this way.
20 A. Yeah.
21 Q. And had that been in place before you --
22 A. Yeah.
23 Q. -- came into the unit? Again, do you know who had put
24 it in place?
25 A. John Powell and KDV.

1 Q. Okay. Now, can I ask you an issue about visitors coming
2 into the unit?

3 Can you remember any boys coming into the unit from
4 the local community and spending time with any of the
5 girls outwith staff supervision?

6 A. I can't remember that. I can remember -- I was trying
7 to remember if kids came in -- into the unit from the
8 local school for one or two -- I can't remember, really,
9 what it was all about.

10 Q. Do you think that happened at all, that boys from the
11 local community were in spending time with some of the
12 girls in the unit outwith supervision?

13 A. No, definitely not.

14 Q. How can you be confident about that?

15 A. Because all the staff knew that people from outside were
16 not allowed anywhere near the unit or in the unit, in
17 the grounds.

18 Q. Okay. Now --

19 A. And we had a duty of care to these kids. We had to keep
20 'em safe. We -- if we had boys coming in, the place
21 would be in an uproar.

22 Q. If we move on, please, over the page, to page 12, and
23 you talk about -- under the topic of running away, at
24 paragraph 70, you say:

25 'If any of the patients ran away from unit, they

1 were usually returned to us by the police. When they
2 came back, we would usually put them on a one-to-one
3 care.'

4 What do you mean by 'a one-to-one care'?

5 A. One-to-one care was allocating a nurse to stay with them
6 for a while, 'til we understood what the reasons were
7 for running away. You know, getting them to understand
8 the dangers of doing that and especially at night. And
9 only when we're confident they understood that, we would
10 take that one-to-one off.

11 Q. How long would that last for, roughly?

12 A. It varied, but never more than a few hours.

13 Q. Can you recall if young people were ever put into
14 pyjamas if they had run away?

15 A. I can't remember -- if it was at night, they might have
16 been put in pyjamas because it was bedtime. But, other
17 than that, no.

18 Q. Can you remember that happening during the day at all?

19 A. No.

20 Q. Can you remember them being told to stay in their rooms?

21 A. I don't know.

22 Q. So for example, you know, if they'd run away, being sent
23 to their room and being told to stay there?

24 A. Well, no. I can't remember them -- if they were on
25 a one-to-one, if we were worried about them leaving the

1 building, erm, and they wanted to go to their room, they
2 were -- we would be allowed to do, with the nurse
3 outside or with them.

4 Q. At the bottom of this page, at paragraph 74, you say
5 during your time no one reported any abuse to you. So
6 no staff member, no child, no other person reported any
7 abuse to you?

8 A. No.

9 Q. You say:

10 'Being honest, it could have happened during my
11 time, but I never saw or heard anything during my time.'

12 What do you mean by that?

13 A. It means exactly what it says. I never -- nobody ever
14 came to me, erm, and told me about any abuse that was
15 going on. I never heard of any abuse going on. No
16 discussion was ever about any abuse, either the kids to
17 the staff or the staff to the kids. It just didn't --
18 wasn't there. And it would have come up in the
19 handovers. It would have been documented. It didn't
20 have to be me that, you know, if abuse had have come up,
21 it would have gone into the records.

22 LADY SMITH: What did you think the term 'abuse' covered?

23 A. Physical abuse, sexual abuse. Those two mainly.

24 LADY SMITH: Thank you.

25 MS INNES: Now, if we go on over the page, to page 13 and

1 paragraph 78, you say that you don't recall any
2 inspections from any outside agency?

3 A. Mm-hmm.

4 Q. You can't remember anybody from the Mental Welfare
5 Commission coming to the unit?

6 A. I can't remember.

7 Q. And nobody from an organisation called the Scottish
8 Hospitals Advisory Service; you can't remember any
9 inspectors coming?

10 A. No, no.

11 Q. Now, I'm going to move on to the heading at the bottom
12 of the page, which is 'Allegations of abuse.'

13 My Lady, I'm conscious that a warning might be
14 required to be given.

15 LADY SMITH: Or even -- how much longer do we need to --
16 with 'Roger'?

17 MS INNES: I will have to break, because I'm not quite
18 finished.

19 LADY SMITH: I think we should probably take the morning
20 break now. But, just to get this clear, at this point
21 'Roger', and it may have been explained to you already,
22 there are one or two questions that you may be asked,
23 the answers to which potentially could incriminate you.

24 Now, this is not a court. It's not a criminal
25 court. It's not a civil court. It's a public inquiry,

1 and that's rather different. But you still have all the
2 protections you would have in court, and that means in
3 relation to any such question potentially incriminating,
4 it's your choice as to whether you answer it or not.
5 You don't have to. Obviously, if you do, then I expect
6 you to answer fully and you also need to understand
7 that, you'll probably appreciate already, there is
8 a transcript being made of the hearing that then goes on
9 to our website and is available for anybody else to
10 read.

11 It's a matter for you, if there is such a question,
12 as to whether or not you answer it. I just wanted to
13 tell you that now.

14 If you have any questions as to what I've just
15 explained, ask me about those immediately when we start
16 after the break.

17 Very well.

18 (11.28 am)

19 (A short break)

20 (11.44 am)

21 LADY SMITH: Welcome back, 'Roger'. Is it all right if we
22 carry on?

23 A. Yes.

24 LADY SMITH: Thank you.

25 Ms Innes.

1 MS INNES: Thank you, my Lady.

2 We were at page 13 of your statement, right at the
3 bottom of the page. At paragraph 82, you say that you
4 were not the subject of any allegation of abuse of any
5 child while you worked at Ladyfield; is that right?

6 A. Yeah.

7 Q. And then if we go on over the page, to page 14, you say
8 that, as you've already said, that you have never had
9 any abuse reported to you in the context of your work at
10 Ladyfield; is that right?

11 A. Yeah.

12 Q. And then you are not aware of any civil claims against
13 Ladyfield; so would that be claims for compensation
14 against Ladyfield?

15 A. Yeah, there's no claims.

16 Q. Sorry?

17 A. There's no claims.

18 Q. No claims. Okay.

19 And you've not been involved in any police
20 investigations or any criminal proceedings, nor spoken
21 to the police about any allegations of abuse; is that
22 right?

23 A. Yeah.

24 Q. And you're not aware of anyone having been convicted in
25 relation to abuse who worked with you at Ladyfield East?

1 A. No.

2 Q. And then you were asked about some of the other staff
3 that you worked with and the first person's name is
4 blanked out there. But this is a staff member called
5 KCM ; did you work with her throughout the time that
6 you were at Ladyfield?

7 A. Er ... I can't remember whether she was already there
8 when I started or whether she was recruited later on.
9 I can't remember.

10 Q. You say:

11 'She was very good and strong with the kids.'
12 What do you mean about her being strong with the
13 kids?

14 A. She -- what I meant was she was ... she knew what was
15 expected of the kids. And if the -- if there was any
16 particular problems with 'em, she was one person that
17 the kids could turn to and she could help them through
18 whatever it was that was, erm, troubling them.

19 Q. Then you say:

20 'Everyone may have had to discipline someone during
21 their time at Ladyfield, which may just be telling
22 someone off, but she was never inappropriate or
23 disproportionate.'
24 Was that your experience of her?

25 A. Yeah.

1 Q. And then over the page, at the top of the page, you are
2 speaking there about a staff nurse. His name is
3 KCO . So did he work at Ladyfield for part of the
4 time that you were there?

5 A. Yeah.

6 Q. And what was he like? What was your impression of him?

7 A. I liked KCO . He was on the same wavelength as the
8 kids. He understood them. He was a younger member of
9 staff, erm, and he was a great outdoor guy, so he was
10 good taking the kids out on the hills and suchlike. He
11 was very knowledgeable. And he was very reliable.

12 Q. And I think you say:

13 'I never heard anyone say that he had been involved
14 in any abuse.'

15 A. No.

16 Q. Nobody ever suggested to you that he behaved
17 inappropriately towards children?

18 A. No.

19 Q. And then you talk about other staff members in your
20 statement. I think, in essence, you say that those that
21 you can remember, you -- nobody ever reported to you
22 that they had abused children?

23 A. No.

24 Q. Now, moving on to page 16, and allegations from
25 an applicant, and this person's name is blanked out.

1 But you will see at the first page of the folder that
2 you have in front of you, that this person has the
3 pseudonym 'Jane'.

4 So elements of 'Jane's' statement were put to you
5 and you commented on it. And first of all, you refer to
6 a part of her statement at paragraph 95, where she says
7 that she never told anyone about the abuse, and that's
8 from KCM :

9 'As the only one [REDACTED] than her was ... [you]
10 and he was even worse.'

11 What was your response to reading that?

12 A. Well, first of all, I don't recall any of it. And if
13 anything was passed up to me, erm, I don't know how it
14 could be even worse. I don't -- I don't understand it
15 all.

16 Q. You don't remember 'Jane' at all?

17 A. No.

18 Q. At paragraph 97, you say there:

19 'KCM was strict and I was much the same, when it
20 came to messing about by the kids.'

21 Can you explain what you mean by that?

22 A. It meant that sometimes the kids, erm, you know, the
23 kids being kids, they can be very disruptive, especially
24 in a group and teenagers. And sometimes we had to be
25 a bit more strict with them about, you know, their

1 behaviour and what was expected of them. And some
2 members of staff were very gentle, some members of staff
3 were -- you know, they would make sure the kids behaved
4 themselves and had to do their jobs or, you know, had to
5 do whatever they had to do round the unit.

6 Q. So when you say that sometimes you had to be strict;
7 what did being strict look like?

8 A. Talking to them, getting them to understand why we
9 wanted them do it and what their responsibilities were
10 for -- for it in the unit.

11 Q. At paragraph 98, you give your further reflections on
12 having read 'Jane's' statement and you say you find that
13 this is a young, damaged lady:

14 'From what I have read, she may have been difficult
15 to manage, and it seems that the staff would have had to
16 spend a lot of time managing her.'

17 Can you explain what you mean by that?

18 A. Well, that's all pure speculation, because I don't know
19 who this person is and I don't know what was going on
20 with her. But if -- from what I've read, I think she
21 would be -- she would need a lot of one-to-one care and
22 a lot of time spending with her.

23 Q. What do you mean when you say a young person would be
24 difficult to manage? What do you mean by that?

25 A. Well, they can be very disruptive and can take -- it

1 only takes one disruptive child to, erm -- to stop the
2 whole place functioning.

3 Q. You go on to refer to further things that 'Jane' says in
4 her statement, and she refers to you and KCO being the
5 most sexual with the male and females in the unit; what
6 was your response to that?

7 A. That it wasn't true. That's not -- there's no truth --
8 well, it depends what she means -- she means by it
9 anyway. You know, a lot -- these kids were -- you know,
10 we spent a lot of time with them. We'd sit and watch
11 television with 'em, put our arms round 'em and give 'em
12 a hug if things weren't so good. Even when things were
13 good we'd give them a hug and things like that, and
14 I think that's how it might have -- she might have
15 interpreted things. But there was nothing sexual about
16 it at all.

17 Q. If we can move over the page, please, to page 17 and
18 paragraph 102, you're responding to her having said that
19 another child in the unit had tried to kill himself that
20 night, and you say:

21 'I don't recall anyone having tried to kill
22 themselves at night, or at any time during my time at
23 Ladyfield.'

24 Is that right? Do you not remember any children
25 having overdoses or taking overdoses during your time

1 there?

2 A. Not -- well, what I meant by that was serious attempts.

3 Kids would [REDACTED] a little bit, you know,

4 superficially, or [REDACTED]. But I can't

5 remember any child having to, say, go to A&E or anything

6 like that for an overdose or [REDACTED] or anything like

7 that.

8 Q. Okay, so you can't remember that happening?

9 A. No.

10 Q. Is it possible that it did happen?

11 A. It's always possible.

12 Q. So, if we were to see records where, for example, there

13 are records of children taking an overdose and being

14 moved to another hospital, you wouldn't dispute that,

15 I assume?

16 A. I wouldn't dispute it, but I wouldn't remember it.

17 Q. Yes, okay. And in terms of incidents of [REDACTED] or

18 self-harm; how would those be dealt with in the unit?

19 A. Sorry, say that again?

20 Q. If a child had self-harmed or [REDACTED] that you've

21 referred to -- you have said that did happen -- what

22 would the follow-up to that be in the unit?

23 A. Well, the follow-up would be -- well, dealing with these

24 things would be in-house. Erm, if -- if -- if they'd

25 [REDACTED], obviously we would dress the wound and

1 we were all nurses and knew how to do that.

2 If they'd taken, er, [REDACTED], then, you
3 know, that was dealt with in-house. But if they'd -- if
4 they'd taken [REDACTED], obviously, they would have
5 to go to A&E. We couldn't deal with that sort of
6 problem.

7 Q. And how would you address the underlying issue that had
8 given rise to the self-harm?

9 A. Well, we would bring -- that -- that would be a thing
10 that we would be discussing with the family about, you
11 know, what is it all about? Was this happening before
12 the child came in to us? Was it part of their behaviour
13 before? What do you think caused it?

14 You know, there's a lot of ways of looking at it.

15 Q. Would these --

16 A. And -- and afterwards keeping the child safe by
17 a one-to-one with them, a nurse with them.

18 Q. Would any sort of incidents of self-harm have been
19 discussed at the morning meeting?

20 A. Yeah.

21 Q. Or at the handovers that you've referred to, involving
22 the children?

23 A. Yeah. It was very important that all the staff knew.

24 Q. If we move down the page, you refer to another part of
25 'Jane's' statement, where she refers to being locked in

1 the activity hut with a padlock. Then she says:
2 'When they knew our parents were coming to see us.'
3 Just breaking that down, do you know what she's
4 referring to by the 'activity hut'?
5 A. Yeah.
6 Q. I'm going to show you a couple of photographs. If we
7 could look, please, at WIT-3-000005690; do you recognise
8 what we see in this photograph?
9 A. Mm-hmm.
10 Q. What do we see in the photo? There's a building on
11 the --
12 A. The hut is at the back.
13 Q. The hut's the small building at the back?
14 A. Yeah, and Ladyfield East is on your right. On my right.
15 Q. Yes. If we look, please, at WIT-3-000005687, it's
16 obviously a bit overgrown, but this is, I think,
17 a closer up photo of the hut; is that right?
18 A. Yeah.
19 Q. Can I just ask you a couple of things. There's
20 a boarded up, small window that we can see there?
21 A. Mm-hmm.
22 Q. Was that boarded up at the time that you were there or
23 was it a window?
24 A. No, it was a window.
25 Q. And the door that we see there; is that where the door

1 was when you were there?

2 A. Yeah.

3 Q. And was it a door that locked with a padlock?

4 A. On the outside, yeah.

5 Q. And what was inside this building?

6 A. It was -- well, I don't know what it was originally

7 built for. But it was used for recreational purposes,

8 playing a bit of indoor football, indoor hockey, storing

9 canoes, climbing equipment. That's the main things.

10 Q. Was there a pool table in it?

11 A. There was a pool table in it, yeah.

12 Q. Was it just one big room or was it subdivided inside?

13 A. No, one big room.

14 Q. One big room. So there was no toilet or anything in it,

15 for example?

16 A. No, no.

17 Q. And did children go there to undertake activities, first

18 of all?

19 A. Yeah.

20 Q. And were they ever taken to the hut to remain there on

21 their own?

22 A. No, there was always staff there.

23 Q. Were they ever taken there with staff members, but no

24 other children?

25 A. Sorry? Say --

1 Q. You said they wouldn't be there on their own, there
2 would be other staff members?
3 A. Yeah.
4 Q. But did staff members ever take a child there on their
5 own, so that it was only a child and staff member there?
6 A. I wouldn't know, but, no. I would say no, because it
7 was always group activities in there. It was a big open
8 room, the size of this place.
9 Q. Was it ever used as a place to take children who had
10 maybe been disruptive?
11 A. No.
12 Q. Were children ever locked in this --
13 A. No --
14 Q. -- room?
15 So, obviously, we have heard evidence from 'Jane',
16 as you know from her statement, that she was locked in
17 this hut for a period of time; what's your response to
18 that?
19 A. I don't think it could have happened, because there was
20 no lock on the inside, as far as I'm aware. So she
21 couldn't have been locked -- oh, locked in?
22 Q. Locked in.
23 A. No, that wouldn't happen.
24 LADY SMITH: I think she referred to a padlock being used to
25 secure the door --

1 A. Yeah, there was a padlock on the outside and it was used
2 to just keep the place secure. But no -- no -- no kids
3 were ever locked in anywhere.

4 MS INNES: And she talks in her statement about -- well, as
5 I mentioned a moment ago, she says:
6 'This would happen when they knew our parents were
7 coming to see us.'

8 Did that ever happen?

9 A. That never, ever happened.

10 Q. She also says here -- this is referring to you -- you
11 would bend the child's hand back and put your arm behind
12 your back:
13 'It was a restraint technique, you either walked
14 with them or it was sore.'

15 Can you remember ever applying a restraint technique
16 like that?

17 A. No.

18 Q. So 'Jane' has also given evidence to the Inquiry and she
19 described being walked by a member of staff sort of
20 hunched over in a hold; can you remember that happening?

21 A. No.

22 Q. Is it possible that that sort of thing happened?

23 A. It could have happened, but it was never reported.

24 Q. Did you --

25 A. I certainly didn't ever restrain a child like that.

1 Q. Then, if we move on over the page, please, to page 18,
2 and paragraph 111, you are responding there to 'Jane'
3 saying that she got cigarette burns and that was the
4 result of a staff member having hurt her in that way;
5 what's your response to that?

6 A. I don't think it's true.

7 Q. Then, at paragraph 112, you say:

8 'I think she is a very disturbed child. From
9 reading her statement she is a damaged and unhappy
10 child.'

11 And then you say if any of the allegations happened,
12 you would have classed them as abuse?

13 A. Well, from what she said, yes.

14 Q. If we could move on over the page, please, to page 19,
15 and paragraph 116, you refer to how you felt after these
16 allegations had been put to you by the Inquiry and you
17 say that you have no idea why the allegations had been
18 made, it came as a shock to you?

19 A. Yeah.

20 Q. And then you say that you found the staff that you
21 worked there, were some of the best working with kids:

22 'It might have been difficult working conditions at
23 time, but not to the extent that abuse would take
24 place.'

25 Can you explain what you mean by there being

1 difficult working conditions at the time?

2 A. Working with kids is always -- you know, it's very
3 intense and it's full on all the time, erm, and you're
4 around the kids all the time. You don't get a break.
5 And it's continuous and it's hard work. And the staff
6 that I work with were the best staff in the hospital, as
7 far as I'm concerned, and they treated the kids with
8 utmost respect, erm, and I have no -- no -- nothing bad
9 to say about them at all.

10 LADY SMITH: A moment ago, 'Roger', Ms Innes referred you to
11 paragraph 112 -- if we could maybe get that back on the
12 screen -- where you say you think that the person being
13 referred to, 'Jane', is a very disturbed child and,
14 having read her statement, that she was a damaged child.

15 Help me understand what you mean by 'disturbed' and
16 what you mean by 'damaged', can you?

17 A. Well -- what? I can't -- I don't know this girl --

18 LADY SMITH: No, no -- but --

19 A. -- so I don't know. But, generally, a disturbed
20 child -- a disturbed child --

21 LADY SMITH: What do you mean by that?

22 A. -- either has mental health problems or behaviour
23 problems that disrupts their life, disrupts the family,
24 people around them, their friends, they're in trouble
25 with the law, er, and these kids are always in contact

1 with the authorities, erm ...

2 LADY SMITH: And if you're talking about a child -- and

3 I'm not saying specifically this child, I'm just trying

4 to understand what you're telling me, using those

5 descriptions, about your perception of the sort of

6 person she was. So a damaged child?

7 A. Well, a damaged child is -- she talked -- I can't

8 remember, but it was all about her time at home and the

9 disruption and her -- I think her mother died very

10 young, if I remember. Her dad was -- wasn't there for

11 her. She had a very disruptive early life and that's

12 what I meant by a 'damaged child'.

13 LADY SMITH: Thank you.

14 Ms Innes.

15 MS INNES: Thank you, my Lady. If I can take you to page 19

16 and if we look at paragraph 118, you talk about it, you

17 say it was a good move for them to close Ladyfield and

18 move to the community-based system. Why did you think

19 that was a good decision?

20 A. Because I think kids should be with the parents. They

21 should be at their own school. They should be in their

22 own community. And taking kids away and placing 'em

23 into a psychiatric environment is quite traumatising for

24 'em and they carry that for the rest of their lives,

25 I think.

1 And when they -- when we started talking about
2 a community service, I was at the forefront, saying that
3 this would be the best thing that's happened for the
4 kids in south-west Scotland, because they would be at
5 home, we could go and see them, they wouldn't have to
6 keep coming into hospital, they wouldn't have to tell
7 their friends where they've been and all that sort of
8 thing, you know. Ten times better -- the service we
9 were offering.

10 Q. At paragraph 119, you talk about the lessons to be
11 learned and one of the things you mentioned there is
12 that a child could be stigmatised with being kept in
13 a hospital, and you say:
14 'It will affect their whole life and they'll never
15 forget it.'

16 So I think you are saying there what you have just
17 said in your evidence, that by being placed into
18 a psychiatric hospital, that's something that's going to
19 go with you throughout your life?

20 A. Yep. You'll never forget it, I would suggest.

21 MS INNES: I have no more questions for you, 'Roger', unless
22 Lady Smith has any further questions.

23 LADY SMITH: No.

24 'Roger', you'll be glad to hear I don't have any
25 other questions. I just want to thank you so much for

1 bearing with us today in allowing us to ask you to talk
2 more about some of the matters you've covered in your
3 statement. I'm really grateful to you. It's of
4 enormous assistance to the work we're doing here.

5 I'm now glad to say, and you're glad to hear this
6 I'm sure, that you are free to go. I hope the rest of
7 the day is relaxing.

8 A. Thank you very much.

9 LADY SMITH: Thank you.

10 (The witness withdrew)

11 MS INNES: Now, my Lady we're ready to play a World in
12 Action video, which I think was broadcast in 1986. It
13 was referenced in the evidence of Andrew Murray from the
14 Forth Valley Health Board last week, and it covers both
15 Lennox Castle and the RSNH.

16 LADY SMITH: Thank you.

17 Just before we run it, before I forget, some names.
18 We have used three names in the course of the morning so
19 far of people whose identities are protected by my
20 General Restriction Order. They were KCO, KCM
21 and KDV and they're not to be referred to
22 as being part of our evidence outside this room.

23 Thank you.

24 (The video was played)

25 MS INNES: My Lady, I do have a read-in. Unfortunately,

1 it's one I've prepared, so I will have to speak again or
2 everybody will have to listen to me again.

3 It is a short one which I'll be able to do in the
4 remaining time before lunch.

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

6 MS INNES: This is a statement of an applicant who is
7 anonymous and has the pseudonym 'Trevor'.

8 His statement is at WIT.001.001.0486.

9 'Trevor' (read)

10 MS INNES: In his statement, 'Trevor' refers to being in
11 Ladyfield and in Corsbie Hall, in Newton Stewart.
12 Excerpts of 'Trevor's' statement relevant to other
13 institutions were read in on days 418 and 514
14 respectively. As Corsbie Hall is one of the
15 establishments being considered, as well as Ladyfield,
16 I'll read both relevant parts at this stage.

17 A patient list provided to the Inquiry by the
18 Health Board suggests that from a record dated
19 ██████████ 1965, 'Trevor' was admitted to Ladyfield and
20 was there for a period of 47 months.

21 It's not clear when his admission began or ended,
22 but that seemed to be the length of his stay. We
23 otherwise have no records in relation to his stay at
24 either Ladyfield or Corsbie Hall.

25 'Trevor' was born in Edinburgh in 1959.

1 Moving to page 2 and paragraph 5, he says:

2 'I was sent to Ladyfield West Children's Unit, which
3 is part of the Crichton Royal Hospital, when I was 6
4 years old. I have no idea why I was sent there, but my
5 records say it was because of my behaviour. I was given
6 different medication and I can remember at some point
7 being strapped to my bed with leather belts and being in
8 a padded cell at times. I was there from 1965 until
9 1967. I regularly ran away and tried to get back home
10 to Edinburgh. Dr Rodgers was my doctor at
11 Crichton Royal Hospital and he was my doctor for the
12 next nine years or so until I went to Glenochil in
13 1977.'

14 So it appears from 'Trevor's' statement that even
15 after he left Ladyfield West, he continued to have
16 contact with Dr Rodgers.

17 Moving to page 4 and paragraph 15, he says:

18 'I still had behavioural problems because of my
19 injury and it was decided that I should get sent from
20 Edzell Lodge back to Ladyfield West Children's Unit
21 because it was a hospital and there I could get
22 treatment. I was in Edzell until [REDACTED] 1968
23 and then went back to Ladyfield West in 1969.

24 'Coming back to Ladyfield just felt like it was
25 coming home. I was happy to be going there. There was

1 always someone there to help me. Looking back at what
2 went on in Ladyfield West, they were just trying to help
3 me. They had to do what they did to stop me from
4 running away.

5 'As long as my mum and dad phoned in advance and
6 told them they were coming, they would get to visit me,
7 but if they turned up unannounced they would get turned
8 away. I did get some visits from Mr York, the
9 psychologist, who had something to do with special
10 education. He may have come to Edzell as well or I went
11 into his office, because they were quite close to each
12 other. I remember my mum being present when I saw him.

13 'There was a big hut at the back of Ladyfield West
14 and that's where we did some schoolwork. It wasn't
15 a mainstream school, it was just for children in
16 Ladyfield. It was for all the kids like myself. They
17 also assessed you in there too. They would hold up
18 boards with photographs of things like a butterfly and
19 you would have to tell them what it was or what you
20 thought it was. They threw me out of there because
21 I was out of control. I didn't get much of an education
22 because I wasn't there very often as I ran away all the
23 time.

24 'I left Ladyfield West to go to Corsbie Hall, Newton
25 Stewart, in 1970. I was moved there because I was

1 classed as a retard and Corsbie Hall was a special
2 school. The school was for both boys and girls, but we
3 never saw the girls much because they were in a separate
4 part of the building and we only really saw them at meal
5 times or if they were walking about in the grounds. It
6 was a massive school and was really busy. When
7 a certain teacher came to Corsbie Hall at
8 Newton Stewart, that's when things got worse. According
9 to my records my time as Corsbie Hall was paid by the
10 education authority through Mr York. He was
11 a psychologist, but I saw him during my time at
12 Corsbie Hall. My first day there was fine, but it all
13 changed on day two.

14 'If my mum was coming to see me she had to phone
15 before she came and tell them that she was coming
16 otherwise she would just get sent away. When I was at
17 Corsbie Hall I didn't get any visits from the social
18 work or anybody like that.

19 'My mum used to send down pocket money for me, but
20 quite often a staff member used to keep it from me and
21 she would tell me that it was my punishment for breaking
22 something.

23 'At Corsbie Hall they used to hit us. They would
24 pull our hair, throw us down the stairs and lock us in
25 cupboards, and they would take all our pocket money off

1 us. It wasn't just me. We all got the same treatment.
2 They made us build a tuck shop, but we never got to
3 actually see it. They would show our parents how great
4 this tuck shop was with all the sweeties lying there.
5 The only time we ever went in there was when we stole
6 the keys and took the sweeties and then we ran away.

7 'When they locked you in a cupboard it was either in
8 a small cupboard or in a big hall where there were lots
9 of stuffed animals. You would just be in there on your
10 own. It had one big window and when it was dark and the
11 car headlights came in, it looked like the animals came
12 to life and it was scary. It was usually one of the
13 staff members who would put you in there. Sometimes she
14 would pull me by the hair and put me in the big hall or
15 the cupboard. Other members of staff weren't quite as
16 bad, but they would put you in the cupboard or into the
17 hall. Another member of staff was handy with the belt
18 and he used to hit you often.

19 'There was a girl who was maybe about 14 or 15.
20 I was very friendly with her and she told me when we
21 were there that one of the staff used to go into her
22 room and tamper with her.

23 'What went on in Corsbie Hall, I didn't really see
24 it as abuse. I just thought that this was part of the
25 punishment for my behaviour. I have always believed

1 that if I did wrong, I deserved to get punished. I
2 often got the belt for misbehaving, carrying on or
3 jumping on the beds, things like that. One of the staff
4 used to whack you on the hand or I got hit on the legs
5 quite often or the back of the arms. It was just
6 wherever the belt hit you. One time he hit me with
7 a spade and it left me with a scar on my arm.

8 'When I was at Corsbie Hall in 1972, a member of
9 staff tried to drag somebody down the stairs and she
10 went a bit too far. She let go and the boy fell down
11 the stairs and whacked his head off an old radiator at
12 the bottom of the stairs. I was later told he had
13 fractured his skull. We were heading on the minibus to
14 Waverley Train Station on our Christmas break and this
15 boy's mum saw him with the bandage on his head and she
16 flipped and she wanted the police and they turned up.
17 A few days later I was at home and I gave a statement to
18 the police from Newton Stewart about what I had seen
19 happen to this boy. I also gave a statement about
20 everything else that was going on in Corsbie Hall. The
21 next thing I knew was that the school had shut down and
22 I didn't go back there. I was later told by my mum that
23 some staff members were prosecuted and they got sent to
24 jail.'

25 Just pausing there, the Inquiry doesn't have

1 evidence to support what 'Trevor' was told by his
2 mother.

3 We're not aware of convictions in relation to staff
4 members at Corsbie Hall.

5 LADY SMITH: Thank you.

6 MS INNES: 'While I was at Corsbie Hall, I told my mum about
7 how I was being treated and I know lots of other kids
8 told their family, but no one really believed it. When
9 I went to the Children's Panel, I told Donald Stirling,
10 who was the children's reporter. I used to get taken to
11 the Children's Panel every so often to get assessed and
12 they would decide whether I was getting left at
13 Corsbie Hall, getting to go home or getting moved
14 somewhere else. The panel were quite shocked by what
15 I was telling them, but they were making me out to be
16 a story teller and that it was all a fantasy in my head.
17 They didn't take me seriously. I can't recall being
18 asked why I was running away.'

19 'Trevor' then speaks about his experiences in other
20 establishments, which have already been covered in the
21 read-ins that I've mentioned.

22 LADY SMITH: Yes.

23 MS INNES: Moving to page 14, paragraph 58, he says:

24 'I have been back to Ladyfield West about four times
25 trying to get information about myself. What they did

1 was send all my medical records to Dr Hunter, who was my
2 GP, and I went to see him and he has given me my medical
3 records. I couldn't understand a lot of what was
4 written in my records.'

5 Moving on to page 15, at paragraph 62:

6 'I saw Dr Rodgers from the time I went into
7 Ladyfield for the next nine years, until I went into
8 Glenochil, in 1977. He came to see me at various
9 institutions or I went to see him at Rillbank where he
10 worked from. I have never had to get any medical
11 treatment for any time I was hit in any of the homes.'

12 Then moving on to page 16 and paragraph 69, he says:

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

17 And 'Trevor' signed his statement on
18 27 February 2017. Sadly, 'Trevor' died after giving his
19 statement to the Inquiry.

20 LADY SMITH: Yes. Thank you very much.

21 Well, we'll stop there for the lunch break and
22 I'll sit again at 2 o'clock.

23 (12.53 pm)

24 (The luncheon adjournment)

25 (2.00 pm)

1 LADY SMITH: Ms Innes.

2 MS INNES: My Lady, this afternoon we turn to St Joseph's in
3 Rosewell. The next witness is Sister Catherine
4 McErlean.

5 Sister Catherine worked at St Joseph's between 1968
6 and 1971, and she returned there in 1985, initially as
7 Sister Servant or Local Superior and, thereafter, became
8 Director of St Joseph's up until 1995.

9 And just to be absolutely clear, there are no
10 allegations against Sister Catherine.

11 LADY SMITH: Yes. Thank you.

12 Sister Catherine McErlean (sworn)

13 LADY SMITH: Sister Catherine, thank you so much for coming
14 along this afternoon to help us with your evidence. It
15 will be oral evidence, of course, this afternoon. But
16 I already have your written evidence and that's been
17 really helpful, to have that in advance.

18 There will be some aspects of it, though, that we'd
19 particularly like to focus on and Ms Innes will lead the
20 questioning on that. Your statement is in that red
21 folder that's on the desk.

22 A. Fine, thank you.

23 LADY SMITH: We'll bring parts of it up on screen as we're
24 looking at it, on that small screen in front of you.

25 If at any time you have got any questions, please

1 don't hesitate to speak up or if, at any time, we're not
2 asking you things that you thought you were going to be
3 asked about, just say.

4 If you want a break at any time, that's not
5 a problem. I take a break at about 3 o'clock in the
6 afternoon anyway for everybody to get a breather, but it
7 doesn't matter if it's not then. Any other time will
8 work for me.

9 If you don't have any questions at the moment --

10 A. No, I'm fine, thank you.

11 LADY SMITH: -- I'll hand over to Ms Innes and she'll take
12 it from there; all right?

13 Questions by Ms Innes

14 MS INNES: Thank you, my Lady.

15 Sister Catherine, we have a copy of your statement
16 at WIT-1-000001565 and we see on the first paragraph
17 that you were born in 1947. And if we move to the final
18 page of the statement, page 39, at paragraph 246, you
19 say there:

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

24 We can see that you signed your statement on
25 17 February of this year; is that right?

1 A. That's correct, yes.

2 Q. Can I take you back to the beginning of your statement.

3 At paragraph 2, you tell us that you've been a Sister

4 with the Daughters of Charity of St Vincent de Paul

5 since 1966?

6 A. Yes.

7 Q. And you talk about two periods when you served as

8 a Sister at St Joseph's Hospital in Rosewell. The first

9 was between 1968 and 1971. Then you came back in 1985

10 and I think initially you -- in 1985, you went back as

11 Sister Servant, sometimes --

12 A. That's correct.

13 Q. -- also called --

14 A. Yes. Local Superior.

15 Q. Local Superior, okay. And then during that time period,

16 between 1985 and 1995, there was a time when you stopped

17 being Sister Servant and you were just Director?

18 A. That's correct, yes.

19 Q. Or only Director, perhaps is a better way of putting it.

20 Okay. If we can move down the page, please, and we

21 can see that you did a course in 1975 in relation to

22 social work?

23 A. Yes.

24 Q. So that was after the first time that you'd been at

25 St Joseph's?

1 A. St Joseph's.

2 Q. If we can move on in your statement to that first period
3 that you went to St Joseph's -- we get to it on page 5
4 of your statement, at paragraph 27. You say that it's
5 a beautiful Jacobean mansion, situated in Rosewell, and
6 in the next paragraph:
7 'It had been bought by the Daughters of Charity in
8 1924.'

9 And when you went there, in 1968, it was
10 a residential home and hospital for adults and children
11 who were multiply handicapped?

12 A. Handicapped, yes.

13 Q. And if we could look, please, at DSV-000000350; is this
14 a picture of St Joseph's?

15 A. Yes, yes.

16 Q. Can you give us a bit of a description?

17 We have got a main building there; what was in the
18 main building?

19 A. Do you want me to take you, like, through the building?

20 Q. Yes, please.

21 A. Okay. When you went into the entrance hall, you are
22 faced with the most beautiful stone fireplace, but
23 a reception area was on your left and ...

24 It was quite a spacious front hall and there was
25 kind of seating area then on the right, if any visitors

1 came -- if they were coming for the residents or coming
2 to visit St Joseph's, that was a waiting area.

3 There were actually two entrances then into the main
4 building. Well, there was a double door to your left
5 and a double door to your right, so it depends where you
6 wanted to go. So it was like the -- the house almost
7 went into two parts.

8 Q. So if you were going into the building -- so, first of
9 all, if you were going to the right; what would you
10 find?

11 A. Yes. In to the right, you then walked up what we often
12 called the 'plant' corridor. It was a corridor just
13 lined with plants, an open glass corridor. And then at
14 the end of that corridor, it was always either the
15 matron or it was then I became -- the director's office.
16 And that was probably -- along with the chapel, was
17 probably the only two rooms that never changed in
18 St Joseph's.

19 And you actually, at the end of the plant corridor,
20 if you turned left and walked round, you came back again
21 to the front hall. It was like a square. So you had
22 this glass square all the way round, but it brought you
23 through -- small corridors brought you through to where
24 the chapel is, then you'd come through to what we would
25 have called the 'back hall'.

1 In the picture, those windows would have been
2 sitting room -- to the left of the hall, yes, they would
3 have been sitting rooms, for some of the residents.
4 LADY SMITH: Was the chapel over to the right?
5 A. The chapel was to the back of that again.
6 LADY SMITH: It's -- one of those windows looked a little
7 like chapel windows --
8 A. No, they were all sitting room areas for the residents,
9 rather spacious, beautiful rooms.
10 LADY SMITH: So you couldn't actually see the chapel from
11 the front of the building.
12 A. Not from the front, no. The chapel was -- it literally
13 was in the heart of the house, but you had to walk round
14 the corridor.
15 LADY SMITH: Thank you.
16 MS INNES: Then, if we went to the left, from reception if
17 you go to the left; what was through there?
18 A. When you went through the double doors, then you would
19 have come up against what was literally just called the
20 'back hall'. But it was a rather spacious, beautiful
21 back hall that had a spiral staircase, and under the
22 staircase was a grand piano.
23 The floors were all beautiful wooden floors and
24 glass windows at the end of the corridor, and to your
25 left on that corridor were, like, three main doors and

1 they were three sitting areas for the residents. And
2 those were -- they looked on to the front of the house.
3 Q. Okay.
4 A. When you came to the end of the back hall, I think there
5 was probably a very small hallway. But that was really
6 the end of the main building because, after that, that's
7 when things started to be built on. Because there's
8 a building, I think to the left, that was built on. So
9 you went from the back hall down a corridor and you
10 would have come to what was called Ozanam Hall, which
11 became -- it, kind of, was accommodation for the nurses,
12 for staff.
13 Q. We can see a newer building or a new sort of annexe off
14 to left in the photograph?
15 A. Yes.
16 Q. That ultimately was accommodation for --
17 A. Yes, for staff, for the nursing staff.
18 LADY SMITH: Have you a date for this photograph, Ms Innes?
19 MS INNES: No, we have recovered it from the
20 Daughters of Charity.
21 LADY SMITH: I was just trying to judge it by vehicles.
22 Have you any idea, Sister Catherine?
23 A. No, I don't. No, I don't, but I could look it up
24 afterwards. I knew when the Ozanam Hall was built, that
25 would have been an idea. But I haven't had --

1 I couldn't call that offhand, but that's one of my
2 notes.

3 There's a little book; I don't know whether you know
4 of it? It's the first 60 years of St Joseph's. It's
5 a little blue book, it was written by Sister Louise
6 Hannigan, who was one of the first sisters and, in that,
7 she actually dates very well when extensions were built.

8 Q. You were talking, I think, mainly about the downstairs
9 accommodation.

10 A. Yes.

11 Q. Looking in the photograph, we see that there's a first
12 floor?

13 A. Yes.

14 Q. What was on the first floor?

15 A. That would mainly have been bedrooms --

16 Q. For?

17 A. -- and bathrooms, for the residents. Particularly for
18 the residents whose sitting rooms they belonged to, that
19 was then their sleeping accommodation, up the stairs.

20 Q. Okay. Right. We can put the photograph away now and go
21 back to your statement, please.

22 If we go back to page 5 and paragraph 29, you say:

23 'At St Joseph's, there was a school of nursing.'

24 And this was for nursing residents who had learning
25 disabilities?

1 A. Yes.

2 Q. Both adults and children?

3 A. That's correct, yeah.

4 Q. And was there any focus on nursing children or adults
5 with physical disabilities?

6 A. Only if those -- if those children or adults were people
7 with a learning disability, then they had the added
8 unfortune of a physical disability. So they were really
9 people who were multiply handicapped.

10 Q. You then say, over the page, on page 6, in 1968, so
11 paragraph 32:

12 'In 1968 ...'

13 So only a couple of years -- I think you said you
14 became a Sister in 1966. So a couple of years after
15 that, you were appointed by your community to go to
16 St Joseph's Hospital; and what were you sent there to
17 do?

18 A. I was sent to -- these were a group of children. It was
19 really childcare of children who were people with
20 a learning disability. And they were all school age.

21 LADY SMITH: You were still really quite young then, Sister
22 Catherine; about 21, 20/21 years old?

23 A. I did celebrate my 21st birthday there.

24 LADY SMITH: Yes, thank you.

25 MS INNES: And what was -- I suppose before you went there;

1 had you had any training in childcare?

2 A. Nothing specific, no. We would have -- not then. But

3 it was afterwards, or even during it, we would just have

4 gone for day courses or gone and taken availability of

5 things, but not actually trained in the field of

6 childcare.

7 Q. And when you arrived at St Joseph's; were you assigned

8 to a particular ward or unit?

9 A. I was asked to take care of -- there were children in

10 Goretti Unit and they were all school age.

11 Q. So you mentioned that at paragraph 37. So when you say

12 they were school age; what sort of age were they?

13 A. There were actually -- there were actually two boys

14 under 5, but the rest would have been, like, 5 to --

15 just, maybe 12/13.

16 Q. And over the time that you were at St Joseph's; did you

17 always work in this unit?

18 A. Only '68 to '71.

19 Q. Sorry. Focusing on that period of time just now.

20 A. Okay. Yes, I did. Goretti.

21 Q. And who were you working with on the ward, in terms

22 of -- I don't need necessarily names, but other nurses,

23 other staff members?

24 A. Yes, there would have been a trained nurse with you, but

25 there also would have been people who were nursing

1 assistants and you also possibly would have had some of
2 the staff who were in training. And each unit would
3 have had their own domestic housekeeper as well.

4 Q. So you would have had a trained nurse; and would that
5 have been a Sister or not?

6 A. No, no, no.

7 Q. In addition to the trained nurse; would there also have
8 been a Sister in charge of that unit or not?

9 A. No, I would have been the person in charge.

10 Q. I see. And then you mentioned there would be nursing
11 assistants?

12 A. Yes.

13 Q. And then perhaps --

14 A. Possibly.

15 Q. -- some nurses --

16 A. In training, yes.

17 Q. How did you -- did you find that quite daunting? As you
18 were saying, you were only 21 and you were in charge of
19 this unit and in charge of other staff.

20 A. Well, the staff were -- are so highly committed.
21 I loved working and living with people with learning
22 disabilities. I worked and lived with them before
23 I even became a Sister, so my heart was there before
24 I started. I just felt I got on well with the staff and
25 we were -- all were of the same attitude and mentality

1 regarding the children.

2 Q. What was your role then in the unit? Apart from --

3 well, there's the management role, so presumably you

4 were overseeing what was going on?

5 A. Yeah.

6 Q. What level of interaction did you have with the children

7 themselves?

8 A. All the time. I put myself down as a member of staff on

9 the staff rota, so they knew when I was there, even

10 though I may have gone other times as well. But I had

11 specific times when I was actually there, as

12 a functioning member of staff with them.

13 Q. Did all the Sisters do that or not?

14 A. I don't think so. They just would have been, maybe in

15 a management role more than anything.

16 Q. When you were down as a member of staff and doing your

17 role as a staff member; what sort of things were you

18 doing with the children?

19 A. My approach with the children -- and this is where

20 I felt staff were so much on board -- was trying to

21 create home. Just the normal things that would happen

22 in a home. Children going to school, coming back, some

23 kind of fun entertainment, what happens in the evenings.

24 That -- just -- I was really looking at the growth of

25 the individual and knowing that these young people, with

1 a learning disability: how do I bring them to a point of
2 being independent?

3 Q. Did you feel that the staff in the unit shared that
4 vision?

5 A. Yes, yes, yeah.

6 Q. Now, if I can just ask you to go back up this page
7 slightly, and I'm just going to ask you about some of
8 the other staff members who were there at that time.

9 A. Okay.

10 Q. So, at paragraph 33, you say that the person in charge
11 of St Joseph's was Sister Teresa O'Rourke?

12 A. Yeah.

13 Q. Was she also called Sister Rosalie?

14 A. She was. It's probably because latterly she became
15 Teresa. But, at that time, '68 to '71, she was Sister
16 Rosalie O'Rourke. That was my mistake.

17 Q. When you say she was in charge; was she Sister Servant?
18 Was she the Matron?

19 A. Then, I'd say she would have held the dual role. She
20 was Sister Servant and the title 'Matron'.

21 Q. And then you mention the person who was in charge of the
22 School of Nursing at the time?

23 A. Yes.

24 Q. And you describe her as being a big help to you?

25 A. Yes.

1 Q. In what way was she a help to you?

2 A. Sister KWA was a highly qualified Sister. She was
3 actually was Head of the School of Nursing and, in
4 a way, she would encourage me when I was working towards
5 individuality of the residents and making things as
6 homelike as possible and working towards a sense of
7 independence with them. That's where she promoted that
8 and promoted that with her staff, particularly when her
9 training staff would come to work in Goretti.

10 Q. When you say that she was highly qualified; was she
11 a qualified nurse?

12 A. She was. As well as a qualified tutor.

13 Q. And then you talk about the different units, Goretti
14 being the one that you worked on. And you say that each
15 unit had a Sister from the community, as you've
16 described?

17 A. More or less.

18 Q. Each had a different name?

19 A. Mm-hmm.

20 Q. And each had different people with different needs in
21 it.

22 And if we go on over the page, page 7, you describe
23 some of the units, some being for older children, some
24 being for boys, some being for babies?

25 A. Yes, yes.

1 Q. So they'd be different.

2 A. Mm-hmm.

3 Q. And then, at paragraph 41, you mention the Montini Unit

4 for boys with challenging behaviour; can you explain

5 what was meant by 'challenging behaviour'?

6 A. They were boys who kind of found it -- well,

7 behaviour -- their behaviour was in such a way they

8 were -- there could be damage to themselves, more than

9 damage to -- kind of hurtful to other people and that

10 was, in a way, hard to make life for them a healthy -- a

11 healthy atmosphere.

12 And always what they tried do in Montini was, you

13 had to be careful what furniture was around, where they

14 could do damage to themselves. It was more to

15 themselves than it was to another person in their

16 behaviour.

17 Q. And you mention that it was Sister KVB who was in

18 charge of that unit?

19 A. Yes.

20 Q. Did you have any -- do you have any impression of Sister

21 KVB? How did you find her?

22 A. Other than that she was committed and she loved what she

23 was doing, and I think she was in that -- maybe she --

24 at one stage, she may have been -- but, on the whole,

25 she was with the Montini boys.

1 Well, while I was there, that's where she was.

2 Q. Okay, and did you have any occasion to go into these

3 other units or were you always focused on Goretti?

4 A. At that stage, I was focused on Goretti.

5 Q. Now, if we move on over the page, to page 8 and

6 paragraph 48, you talk about there being education and

7 you mention a Sister who was a teacher there.

8 We understand from some other documents that

9 a school opened at St Joseph's in 1969?

10 A. '69.

11 Q. Prior to that; do you know what the arrangements for

12 education were?

13 A. There will have been rooms allocated for teaching in the

14 house, the main house.

15 Q. So this was a new building?

16 A. Absolutely. In the grounds, yeah. They actually had to

17 go out the door and walk down to the -- to the school.

18 Q. And was Sister Helena a qualified teacher?

19 A. She was, yes.

20 Q. And what were the school hours? Can you remember

21 roughly? Were they the school hours that people would

22 be having in other schools or were there --

23 A. Yes, they would have been, because there would have been

24 other children coming from Midlothian into the school as

25 well.

1 Q. And why would other children from Midlothian have come
2 into the school?

3 A. Often as not you found there were children who couldn't
4 really be accommodated in schools outwith St Joseph's.
5 You would have got some of the children with more
6 challenging behaviour.

7 Actually, I think I'm jumping here. I'm jumping
8 into my other era, when I became more familiar what with
9 the school was doing. But that developed. That did
10 develop.

11 Q. So, over time, there were children at the school --

12 A. Yes.

13 Q. -- who weren't living in St Joseph's?

14 A. Yes. No.

15 Q. But were from the local community?

16 A. Yes, yes.

17 Q. At paragraph 51, you talk about your first Christmas
18 there. So thinking back to Christmas time during the
19 early years that you were there, 1968 to 1971; was
20 Christmas celebrated?

21 A. Absolutely. Yes, it was. It was a very happy kind of
22 time throughout the house.

23 Q. And were children there on Christmas Day itself or did
24 they tend to go home or to other family members?

25 A. My first Christmas, they were all there, which kind of

1 took me by surprise. And it was one of the -- my goals.
2 I worked intimately with the families and kind of
3 connected our residents back with the family, so that
4 the following year I was down to one.

5 Q. The first Christmas that you were there, when the
6 children were there in the unit on Christmas Day; did
7 you have a celebration?

8 A. Absolutely, yes, yes. Yeah. It was an extremely
9 beautiful house to decorate and there were multiple,
10 multiple Christmas trees and decorations and parties.
11 It was -- yeah, it was a beautiful time.

12 Q. If we go on to paragraph 54, at the bottom of this page,
13 and on to the next page, you talk about the staff
14 getting on very well with the families, and you say at
15 the top of page 9:

16 'Maybe in that sense could you say there was no push
17 in the direction of "Would you maybe think of having
18 your child live at home?". I don't think that was
19 there, but that was just ignorance really. When I went
20 away and came back, I saw things from a different
21 angle.'

22 So this is when you came back in 1985, you saw
23 things differently --

24 A. Mm-hmm.

25 Q. -- what was it that you saw differently?

1 A. I sort of think -- I mean, I always recognised the
2 importance of the family and I think that had grown
3 throughout the house. There was always a movement in
4 St Joseph's if a resident was able to move on and to try
5 and live as independently as possible.

6 The movement towards the families, also, that I saw,
7 was there was a strong push in that direction. And
8 I think, as I said, families were frightened if you --
9 when you made the initial approach to them, to make the
10 connection. I think they were always frightened that we
11 were asking them to 'take your child back home', and it
12 wasn't that at all. But it was to make that connection
13 on behalf of the resident with the family to whom they
14 belonged.

15 Q. Why do you think the families were frightened?

16 A. I think it was more education, more an understanding and
17 more of what may have been said to them when a child was
18 born. And I had that -- I think I explained, there was
19 one young child with me and she was going to school and
20 when -- can I use her name? Better without it?

21 LADY SMITH: I just know you are talking about a child who
22 was going to school.

23 A. So when I made the contact with the family, and the
24 first time the mother and the grandmother came, there
25 was great excitement in the house because she was

1 a beautiful little girl and the mother had been told,
2 you know: 'There's no point in keeping this child.
3 She'll neither talk nor walk'. And she now was going to
4 school.

5 So families were given the wrong understanding and
6 the wrong -- they weren't even given encouragement, so
7 it wasn't the wrong encouragement. They weren't given
8 encouragement to have their child at home. The child
9 will be different. The child will have different needs.
10 The child will need certain care. But, with support and
11 love, a child can grow beautifully. But that grew after
12 that.

13 MS INNES: So, if we move on to paragraph 56, you say, at
14 the end of that paragraph, that at the time, in 1968,
15 practically all of the children had come in as babies?

16 A. Yes.

17 Q. So they had come in as babies rather than later?

18 A. A lot of them, yes, very -- hmm.

19 Q. At the bottom of page 9, paragraph 59, you say that one
20 of the things that sticks out from your time was moving
21 towards individualisation and individual units. I think
22 you talk about that more when you came back in the
23 1980s. But in 1968 to 1971; was there a move to
24 individualisation at that time in St Joseph's?

25 A. Yes, there was. I think -- there's individualisation

1 that came about with normalisation, trying to make the
2 home environment and trying to create -- whatever we
3 were doing, the lifestyle of the resident could move
4 into a style of normalisation, and that's where the draw
5 towards individual units was crucial.

6 Q. And at that time, did the children have individual
7 clothing, for example?

8 A. Yes, yes.

9 Q. And did they have personal possessions around them?

10 A. Absolutely, yes.

11 Q. And when you talk about, for example, the Goretti Unit;
12 was it boys and girls in there?

13 A. Boys and girls, yes.

14 Q. And were they in separate rooms?

15 A. They probably were. The boys were little boys at the
16 time, under school age, but they probably were, I would
17 guess.

18 Q. Sorry, I should have asked this earlier probably: when
19 you were working there; were you there kind of during
20 the day when they were up and in the sitting room or
21 going to school?

22 A. Oh, yes. Yes.

23 Q. Were you there at --

24 A. Nighttime, yes.

25 Q. Do you have any memory of how many of them would have

1 been sharing a room at that time?

2 A. At that time, there probably would have been four or

3 five. We didn't have individual bedrooms then.

4 Q. Now, just again thinking about the time that you were at

5 St Joseph's between 1968 and 1971, I'm going to ask you

6 certain things, some of which are in relation to abuse.

7 To be clear, these are not allegations against you.

8 A. Okay.

9 Q. Did you ever see any of the Sisters hitting children?

10 A. No.

11 Q. Did you ever see any of the Sisters hitting children

12 with a wet tea towel?

13 A. No.

14 Q. Were children punished for wetting the bed?

15 A. No.

16 Q. Can you remember if children did wet the bed?

17 A. There would have been, yes. There would have been.

18 Q. Can you remember how that was dealt with on the unit

19 that you were involved in?

20 A. I didn't have any in Goretti, thankfully. Didn't have

21 any.

22 Q. Did you ever see children being strapped into chairs for

23 meal times?

24 A. No, no.

25 Q. Or children being force-fed?

1 A. No.

2 Q. Is it possible that those things happened in other units
3 and you didn't see it?

4 A. I really wouldn't think so.

5 Q. Why do you say that you wouldn't think so?

6 A. I think because -- there was possibly a Sister in every
7 unit and that was our standard, and we would have
8 a standard of care of the individual and I don't think
9 even our staff would have -- would have accepted that.

10 Q. I appreciate that you wouldn't have had to do with
11 medication yourself?

12 A. Yes.

13 Q. But did you ever hear of children at that time being
14 given a medication called Largactil?

15 A. Personally, no.

16 Q. If it were suggested that there was little in the way of
17 activity for children at that time; what would your
18 response be?

19 A. I wouldn't have thought so, no. We had a playground and
20 we had beautiful grounds anyway, but we had a playground
21 as well and they had their own activities indoors, like
22 any other child would have had.

23 Q. In terms of tea time or meal times --

24 A. Yes.

25 Q. -- did staff and children eat separately?

1 A. They did then, yes.

2 Q. Did that carry on when you were there in the 1980s and
3 1990s?

4 A. That may have changed. I don't know about the main
5 meal, but they would have -- you know, would have sat
6 down and had -- shared cups of tea or that together and
7 small drinks, but never -- possibly not the main course,
8 because staff did have their own cafeteria.

9 Q. So thinking back to 1968 to 1971; staff had their own
10 cafeteria, children would have their meals?

11 A. Yes.

12 Q. I assume some staff would be there to assist those who
13 needed help?

14 A. Oh, yes, yes, yes.

15 Q. But then later on, in the 1980s to 1990s; were there any
16 changes in relation to how meal times were managed?

17 A. What we did, we decentralised. We closed the main
18 kitchen and we -- this is where a lot of building went
19 on. Every unit then had their own kitchen and had their
20 own cook, so they had their own meals -- were provided
21 on site in their -- within their own units.

22 Q. What was the purpose of that?

23 A. Again, going towards a sense of creating home and
24 knowing -- and having your own personal selection of
25 your own choice of food.

1 Q. Would children be encouraged to take part in helping --
2 A. Yes. Those who were able, yes, yes.
3 Q. Just finally on this period: can you recall if case
4 notes were kept in Sister Rosalie's office and not more
5 widely available?
6 A. I don't think case notes. Case notes would have been on
7 the units. Her role as matron, she possibly would have
8 had things like board meetings, visits that may have
9 come from, kind of, the Lothian Health Board or Mental
10 Welfare Commission. I think she would have held that
11 kind of information on the kind of admin side of it.
12 She wouldn't have had personal notes. They would
13 have been held in the different units.
14 Q. Moving on to the time that you went back to St Joseph's.
15 This is on page 10 and at paragraph 65, you say there
16 that you were asked by the community to go to
17 St Joseph's as Sister Servant; do you know why it was
18 that they were asking you to go as Sister Servant at
19 that time?
20 A. I don't really. I suppose they thought I was capable.
21 That must have been one of the reasons.
22 I also know -- I do have a great love for people
23 with learning disabilities and my time with -- there in
24 St Joseph's have been extremely happy times.
25 Q. And by this stage, we know that you had your social work

1 qualifications.

2 A. Background, yes, training. Mm.

3 Q. Had you done any other training in the meantime?

4 A. Let me think where I am at this stage.

5 I did a lot of bereavement counselling. I'm trying

6 to think what my work was before I went back there.

7 I'd been at Weston Park. Yes, it was bereavement

8 counselling more than anything else that I had done.

9 Q. And you were asked, as you say, to go to St Joseph's and

10 there was a bit of a negotiation about when you would

11 move?

12 A. Oh, yes.

13 Q. And you say at paragraph 67:

14 'When I was first asked to go back to St Joseph's,

15 I think my community hesitated because they knew I was

16 very community-orientated, but I had a great love for

17 St Joseph's. I knew that their mindset was always to

18 try and move residents back into the community and to

19 connect them with their families.'

20 A. Yes.

21 Q. So can you explain why you think that they hesitated?

22 A. Simply, as a social worker, I was strongly orientated

23 working in the community, not working -- I hate to use

24 this word, but not working in an institution. As I say,

25 I worked in Weston Park Hospital. I worked in the

1 Diocese of Liverpool. So I was one of those -- I kind
2 of lived on the road. So to come in and to come into,
3 you know, work indoors, as it were, I think they felt
4 there would have been a strong hesitation on my part.
5 Q. And until then, do you know if the community had had
6 a Sister Servant who didn't have a nursing background?
7 A. Coming to St Joseph's?
8 Q. Yes.
9 A. I think, prior to that, the Sister Servant and the
10 Matron probably was one role.
11 Q. I think you talk a little later in your statement about
12 Sister Patricia?
13 A. Yes.
14 Q. Was she Sister Servant and Matron immediately before
15 you?
16 A. Before me, yes.
17 Q. And had she become unwell?
18 A. I think, at that stage, things had come to -- and they
19 were splitting the role, and so I was asked to be
20 Sister Servant and Patricia would just be Matron.
21 I don't mean 'just', but she would then become the
22 Matron. That was fine. I came and I was appointed.
23 And it was very shortly afterwards Patricia became ill.
24 I wasn't put in there because she was ill. She became
25 ill afterwards.

1 Q. Okay, I see.

2 A. And I think I got my year wrong later on.

3 Q. Yes. So, just if we cover that now, you went, if we go

4 to page 11, and paragraph 70, you went back to

5 St Joseph's in January 1985?

6 A. That's right.

7 Q. I think that's correct?

8 A. That's correct, yes.

9 Q. And I think we know, or you now know --

10 A. I do.

11 Q. That Sister Patricia died in --

12 A. '87, yes.

13 Q. You had thought it was 1986?

14 A. I did.

15 Q. But she died in 1987. And what happened after she died,

16 in terms of your role?

17 A. Well, I very clearly -- because when Patricia was unwell

18 and when she was diagnosed with her cancer, she was --

19 she practically was terminal. So, really, she never

20 went to get back again into her office. She was

21 literally a sick woman, so I was really holding the

22 reins. I was like head of house.

23 So I was floating between the service and the

24 community. So I was to go back to what had been the

25 dual role again until after Patricia died and then the

1 community -- I said I wouldn't do the two roles.
2 I would do one, but not the both.

3 Q. And why did you say that?

4 A. I think both -- because they each demanded so much and
5 I couldn't -- I couldn't split myself like that. You
6 know, it either had to be one or -- and give all, but
7 not split myself between the community because of the
8 size of it and the people, what they were doing, needed
9 a good leader. And I felt St Joseph's, in the service,
10 they needed a leader too.

11 Q. And in terms of the role that you then went to do, it
12 was -- well, what became the director role?

13 A. Yes.

14 Q. So that was managing St Joseph's?

15 A. Yes.

16 Q. And somebody else became the Sister Servant?

17 A. The Sister Servant, yes.

18 Q. And when you became the Director; were you the first
19 person who undertook that role who didn't have a nursing
20 background?

21 A. Yes, yes.

22 Q. Did the fact that you had a social work background
23 rather than a nursing background have an impact on how
24 you were regarded?

25 A. Yes. I think they probably knew there would be

1 a different shift, a different attitude. It always had
2 been a nurse who was the leader, who was -- there was
3 Matron and now we had a director who was a social
4 worker. I think they weren't too sure which way this
5 was going to go. Would their role as nurses get lost
6 and not appreciated? How would they be valued?

7 So there was a certain negativity when I first took
8 up post. And I could understand, because it, kind of,
9 made them feel a little insecure.

10 Q. So, if we go to the bottom of the page that we're
11 looking at, page 11, we see reference to
12 a Dr Heti Davies, who was a consultant psychiatrist for
13 St Joseph's, paid by the Health Board, and you say she
14 had an office on site and she worked part-time between
15 St Joseph's and Gogarburn?

16 A. Yes.

17 Q. Was she there for the whole period of time that you were
18 back at St Joseph's?

19 A. Yes, she was.

20 Q. And what was her view in terms of whether St Joseph's
21 was the appropriate place for children and adults with
22 learning disabilities to be?

23 A. We worked very well with Dr Davies, because I think
24 she -- we were on the same page, as it were, as to where
25 we were trying to go with -- what direction we were

1 trying to take the service, in the sense of the
2 individuals whom we were there to be with and in their
3 development, in their growth, and lifestyle and where we
4 were -- how we were trying to take them forth in their
5 own individual living. And I think she very much
6 appreciated it and was on board with us in trying to do
7 that.

8 Q. So when you say you were on board in terms of the same
9 direction; what direction was that?

10 A. There was a direction -- as I say, if a person was able
11 to move on into the community -- we'd already started to
12 establish community houses and there was a Sister
13 working with Heti in the community and, in that sense,
14 she knew this is the direction we were trying to move
15 our residents on.

16 I never like to think of St Joseph's as
17 an institution, but it is a big building, and we made it
18 as homely as it was humanly possible. And Heti knew
19 what we were trying to do within the four walls of the
20 building. But, also, if there was something that
21 a resident could benefit from, we went in that direction
22 and she was with us.

23 Q. Now, can we move on to page 13, please, and
24 paragraph 82. You say that when you became Director,
25 you had your own management team and you met every week.

1 You mention your deputy was Frank Quinn, who had taken
2 over as Head of the School of Nursing?

3 A. Yes.

4 Q. Had Frank Quinn been involved in the School of Nursing
5 before?

6 A. Yes. He had -- he was obviously trained. He was
7 a nurse and he went away to train as a tutor and he was
8 working alongside Sister KWA though and then when
9 KWA died, he then became Head of School of Nursing.

10 Q. Can you remember if he was there when you were there in
11 1968 to 1971?

12 A. I don't remember that much, but he may have been.
13 I don't really know.

14 Q. I suppose he would have been in the School of Nursing?

15 A. Yes. I knew Frank -- I knew of him, but I obviously
16 wouldn't have known him as well as in the latter -- just
17 the second time round.

18 Q. At paragraph 85, you talk about the board of management
19 and you say that the board consisted of three people; is
20 that right?

21 A. That's correct, yeah.

22 Q. A chairperson, who was a solicitor, an accountant and
23 a surveyor?

24 A. Yes.

25 Q. And did they remain the same for the whole time that you

1 were there in 1985 to 1995?

2 A. Yes.

3 Q. And you say they were all employed or at least appointed

4 by --

5 A. By the community, yes.

6 Q. What role did the board have? How often did you meet?

7 What sort of things did you discuss with them?

8 A. It would have been any developments. I can't -- how

9 often we met? It could have been two months. I know

10 they came quite frequently. They were the kind of men

11 who would come at the drop of a hat, even though they

12 were in Glasgow but -- they were also very committed to

13 St Joseph's.

14 Frequently, I don't know. I can't -- it could have

15 been monthly. I'm not too sure. It possibly was. But

16 it would have been the changes -- any structural changes

17 or any big developments going on in the house.

18 Q. If we move on to page 14 and paragraph 93, you say

19 there:

20 'In my own mind, because of my background, I felt

21 I had to have a waiting period before I started the role

22 of Director.'

23 You talk about people grieving the loss of

24 Sister Patricia and then you coming on board and, as you

25 have already said, you had a different background?

1 A. Yes.

2 Q. So what do you mean about a waiting period?

3 A. I do believe there's a time of letting go and I learnt
4 that in my past ministries. That taught me an awful
5 lot, and that's where I kind of felt sometimes my
6 qualification is through life experience. And I learnt
7 through people whom I lived and worked with, who were
8 diagnosed with cancer and their kind of time of
9 terminally ill -- time of letting go, of a family in
10 bereavement. Working with people, again, with learning
11 disabilities in the community. I just know there is
12 a time of grieving.

13 There is a time of grieving even when a child is
14 born with learning disabilities for the child who is not
15 normal. And I just think it's a time in life, we don't
16 always give that time to grieve, when something tragic
17 happens. And this happened to the whole house. It
18 wasn't just to the Daughters of Charity.

19 Patricia was the Matron. She was known to
20 residents, she was known to families, she was known to
21 all staff, obviously. So everyone was in grief and it
22 was -- and this came upon so quickly that it's almost
23 like she disappeared. She wasn't able to face anyone
24 and Patricia just was not seen by anyone afterwards.

25 There was a feeling, almost, that I had probably

1 taken her away and I had to shoulder that. Whatever
2 people's reaction was, I had to shoulder that. And
3 I just felt I had to give them time to grieve her loss
4 rather than trying to move in -- move in too fast, and
5 I would get nowhere, and the moving in would have been
6 on behalf of the resident. So nine months was the
7 shortest time I felt I could give.

8 I was nicely getting to the point when it was two of
9 the -- then it was the nurses. It was the -- they
10 actually said to me, 'Sister Catherine, will you do
11 something?' There was that kind of waiting began. The
12 grieving had passed and the waiting had started.

13 Q. When you say that people said to you: 'Will you do
14 something?', what were they expecting you to do?

15 A. Because I wasn't actually -- I was -- I walked round the
16 house and I was seen, but I wasn't actually building on
17 what was already there.

18 Q. And then, once you had moved past this period, if we
19 move on to page 16 and paragraph 101, you talk about
20 a consultation process --

21 A. Yes.

22 Q. -- that you then began; can you tell us about that?

23 A. It was major. I had brought in a gentleman who was
24 a consultant and -- David Peace, he came from
25 a consultant agency in Edinburgh. He had been

1 recommended to me, and he came out to me and he asked me
2 what were my thoughts, what was my thinking.

3 He explained that there was a consultation that they
4 had carried out as a company, but only in small groups
5 and this would be a much bigger enterprise. And he told
6 me about the work that was involved with it and were we
7 ready to run.

8 So the consultation period meant that I said, well,
9 I really -- I wanted to hear the voice of people, what
10 they were saying about the service of St Joseph's for
11 the resident and I wanted also to hear the residents'
12 voice, I wanted to hear the families' voice. I wanted
13 to give them a voice. I wanted to know: are we -- is
14 our service what it should be? Is our service meeting
15 needs?

16 And I felt I had to go through this. This was
17 a golden opportunity in the life of St Joseph's.

18 Q. When you say that, in this process, that you heard the
19 voice of the residents; how did you go about that?

20 Because I imagine that not all of the residents would
21 have communicated in the same way as others.

22 A. No. I hoped that voice was heard through families,
23 through staff, through anyone who passed through
24 St Joseph's. We put it out to GPs. We put it out to
25 any social workers. Anyone who passed through

1 St Joseph's, we asked them to take the consultation.

2 Q. And at the bottom of the page, at paragraph 108, you say

3 that one of the results of the consultation was to drop

4 the word 'hospital'?

5 A. Yes.

6 Q. Why was the word 'hospital' dropped?

7 A. For the sake of the residents. It was really their

8 home, rather than a hospital.

9 Q. Then at the top of page 17, paragraph 109, you talk

10 about working towards giving residents individual rooms.

11 So this was a move way from the shared rooms that you've

12 described to individual rooms?

13 A. Yes.

14 Q. And why was that important?

15 A. I just think that's for respect to the individual, to

16 have your own space and to have the place that you

17 call -- you know, 'This is my bedroom', and really where

18 you can display whatever it is that belongs to you and

19 that you feel that individuality.

20 Q. At paragraph 110, you say that there was a complaints

21 procedure in place and you say you turned that into

22 suggestions. Did you still have a complaints procedure

23 as well as the --

24 A. Yes, yes, that was always there, yes.

25 Q. But why did you have suggestions?

1 A. Because, I think, through the TAM, a lot of the -- any
2 complaints what came through, in the sense of, 'We want
3 to do this and this doesn't happen', and it came through
4 the TAM.

5 Through the TAM we had -- in going through my little
6 archives box, I discovered this and I just couldn't --
7 we had something like 600 issues came and through that
8 you kind of had everything that -- what could be said
9 was said. And out of that, with David Peace, we drew 50
10 actions, and then the people -- a certain group of
11 people became responsible for these actions, to see that
12 it happened.

13 So then I felt a suggestion box was necessary after
14 that. Alongside discipline within the units. It was
15 a different nature.

16 Q. So the suggestions was so that there was an ongoing --

17 A. Keep going, yes.

18 Q. -- process.

19 At paragraph 113, you say that alongside that you
20 were having a struggle with the Health Board; why was
21 that?

22 A. I think they -- they often felt we were costly. What we
23 were offering our residents in comparison to what the
24 residents of Gogarburn was receiving. And there was
25 a feeling of wanting to amalgamate us with Gogarburn and

1 we fought hard to keep our own identity for the sake of
2 our residents and not -- they go into a greater number
3 of living -- and literally going into an institution.

4 Q. And you compare in that paragraph that you had about
5 130. We know from some of the documents at the time, it
6 was around that figure.

7 A. And I think those numbers were probably even lower than
8 that, you know. They went down before my time. Before
9 I left, they went down to a smaller number, anyway.
10 I'm sure they did.

11 Q. But, in comparison, I think you mention --

12 A. Oh, yes.

13 Q. -- the hospitals or the hospitals like Gogarburn having
14 a capacity of about 1,000 people?

15 A. Yes, could have. Mm-hmm.

16 Q. Well, moving on from that, over the page, to page 18, at
17 paragraph 115; how did you meet the challenges that the
18 Health Board were making?

19 A. We met the Health Board. They would come -- they would
20 come and meet our own board with their grievances and
21 a lot of it usually was around finance. And I think as
22 I said, one of the things which maybe we as a community
23 learned at another time how to do better -- I think I
24 explained it earlier. When we as a community worked,
25 even though the Sisters were trained, they took a basic

1 salary. They didn't take the salary of a trained member
2 of staff. So when a Sister was moved on and not
3 replaced by a Sister and we had to replace her, find
4 staff, sometimes it may have been two staff, and you had
5 to find two trained staff. And so our finances
6 increased greatly.

7 So that was the biggest way that we were shown to be
8 a costly service. And that was their argument, and that
9 going to Gogarburn would have saved the Health Board.
10 Because they did finance us, the Health Board would have
11 saved a lot of money doing it their way.

12 Q. And did they think more generally that you had too many
13 staff?

14 A. They could think that. As I said, you could look at the
15 rota and see all these names on the staff rota for the
16 day, but in actual fact a number of them would have been
17 nurses in training. So they were supernumery.

18 Q. They were from the School of Nursing?

19 A. Yes.

20 MS INNES: I'm going to move on to a slightly different
21 topic in your statement, so that might be a good time
22 for a break.

23 LADY SMITH: We'll take a short break now, if that would
24 work for you Sister Catherine?

25 A. Yes.

1 LADY SMITH: Very well. Let's do that.

2 (2.59 pm)

3 (A short break)

4 (3.12 pm)

5 LADY SMITH: Welcome back, Sister Catherine. Are you ready

6 for us to carry on?

7 A. Yes.

8 LADY SMITH: Thank you. Ms Innes.

9 MS INNES: Thank you, my Lady.

10 If we can go to page 22 of your statement,

11 paragraph 143, you were being asked questions there in

12 relation to the admission of children to St Joseph's.

13 You have already told us that most of the children there

14 had come in as babies.

15 But you say that your understanding was that

16 children would have come by way of referral from

17 an outside authority?

18 A. Yes.

19 Q. What kind of authority do you mean?

20 A. It would either have been health or social work.

21 Q. And then at paragraph 144, you say that all the children

22 had learning disabilities?

23 A. Yes.

24 Q. But then children had different physical disabilities --

25 A. Yes, yes.

1 Q. -- in addition to the learning disabilities; is that
2 right?

3 A. That's correct, yes.

4 Q. And you say, at paragraph 145, there was an assessment
5 made of each child's needs when they came into
6 St Joseph's; who would carry out that assessment?

7 A. It would obviously have been the GP, but there was also
8 a doctor that came from the Sick Children's.

9 Q. And you talk about the doctors coming to St Joseph's
10 every week?

11 A. Every week, yes.

12 Q. There was also the psychiatrist as well?

13 A. Dr Heti Davies.

14 Q. Now, if we can move on in your statement, please, to
15 page 24, and paragraph 157, you are talking there about
16 medication. Would medication always be prescribed,
17 presumably, by the doctors?

18 A. That's correct, yes.

19 Q. At paragraph 157, you say:

20 'The resident would be on medication for a short
21 period only and Heti was strong about that. We were
22 like-minded and wanted as many of the residents as
23 possible off medication.'

24 Can you explain that a bit further, please?

25 A. We didn't want our residents to be dependent on

1 medication and we also -- it was a challenge to us, if
2 a person had a particular problem, how best do we help
3 that person cope without medication? And I think this
4 is where -- if we felt a child needed it, yes, it was
5 prescribed. But we would have worked towards no one
6 being on medication.

7 Q. Were there any residents that had medication prescribed
8 on an as-required or were sometimes --

9 A. Probably would have been, particularly the residents who
10 had challenging behaviour.

11 Q. And do you know what sort of things they would be
12 prescribed?

13 A. I wouldn't have been familiar with that, no.

14 Q. And do you know what Dr Davies' attitude was to that
15 kind of prescription?

16 A. Again, it would be for a short time. It would have been
17 monitored, and the family would have been involved as
18 well in that.

19 And she would have monitored that carefully.

20 Q. And you say, at paragraph 158:

21 'This scenario never happened when I was at
22 St Joseph's, but the process would have been, if there
23 was a situation where there was a possibility that
24 a child resident need medication immediately to restrain
25 or control them, the consultant psychiatrist would then

1 discuss it with the parent [et cetera] and obtain
2 written consent.'

3 A. Yes.

4 Q. So that scenario didn't happen. But were there some
5 children who perhaps had such medication on
6 an as-required basis?

7 A. There would have been, yes.

8 Q. And who would have made the decision that the medication
9 was required and needed to be administered?

10 A. Hopefully that would either have been whoever was in
11 charge of the unit or if there was a trained nurse who
12 was on, who actually knew the person very well and knew
13 why the medication was prescribed and for what the
14 reasons were behind it.

15 Q. And would the medication need to be administered by
16 a nurse?

17 A. Yes.

18 Q. At paragraph 159, you talk about a person who you had
19 worked with, who -- as a child. And you say that later
20 on, as an adult, she would ask to be locked in her room.

21 When she was a child; was she ever locked in her
22 room?

23 A. No, no.

24 Q. And if we go on over the page, to page 25,
25 paragraph 162, you are asked again about that resident,

1 and you say:

2 'She was the only resident who was locked in her

3 room.'

4 That was only because she had --

5 A. She asked, yes.

6 Q. This was as an adult?

7 A. Yes.

8 Q. And you can't recall any other resident or child being

9 locked --

10 A. No, no, no.

11 Q. And then at paragraph 163, you say the individual's

12 record and care plan would be held within the unit and

13 it would only be the people working within that unit who

14 had access to the records?

15 A. Correct, yes.

16 Q. And then at the bottom of this page, you talk about the

17 ongoing move to having -- the residents having more

18 space, being able to keep their own belongings, having

19 televisions in their rooms; and that developed over the

20 time that you were there in the 1980s to 1990s?

21 A. That's right, yes.

22 Q. If we go to page 26, paragraph 166, you say that you

23 can't remember anybody having en suite facilities?

24 A. No, no.

25 Q. In terms of the washing and bathing facilities; were

1 residents in there together being washed and bathed or
2 did they have privacy?

3 A. No, individual.

4 Q. And was that the same when you were there in 1968?

5 A. Yes, yes.

6 Q. And would they be taken in to be washed by a member of
7 staff?

8 A. Staff, yes, yeah.

9 Q. At the bottom of this page, at paragraph 171, this is
10 where you refer to the breaking down of the use of the
11 main kitchen?

12 A. Yes, mm-hmm.

13 Q. And you say that this also helped because:

14 'We were always learning. [You say] at times we
15 were challenged in trying to understand how residents
16 grasped or perceived a situation.'

17 A. Yes.

18 Q. Can you explain that a little bit more?

19 A. It's understanding our residents aren't always able to
20 form concepts and, in teaching something, it needs to be
21 practical or symbolic, so that there is an understanding
22 of what is being taught. And it's -- with a person with
23 learning disabilities, you used to find you had to break
24 it down into so many steps. You just couldn't just say:
25 'Fill the kettle'.

1 You know, you had to watch how you picked the kettle
2 up, how you took the lid off the kettle, cold water, hot
3 water. You just didn't take it for granted and say:
4 'Fill the kettle with water'.

5 You had to break it down into steps for a person to
6 understand what it meant to boil a kettle.

7 Q. Then, if we go on to page 27, and paragraph 174, you
8 speak there about the school, by the time that you were
9 back, and you say at this point it was Sister
10 Gail Keating who was the headmistress?

11 A. That's right, yes.

12 Q. Is she a trained teacher?

13 A. She is, yes.

14 Q. You say that she had about three teachers and this was
15 run under Midlothian --

16 A. Education.

17 Q. And the school hours were the same as other schools?

18 A. That's right, yes.

19 Q. And by this stage, as you have already explained,
20 children were coming to the school from the local
21 community?

22 A. That's right, yes.

23 Q. Now, if we can move on, please, to page 30, and
24 paragraph 193, you say that you did have people who were
25 there from birth right through until death. So there

1 were residents who had come and they never left?

2 A. Yes.

3 Q. But you then go on to say, at paragraph 194, that when

4 you started:

5 'Children tended to stay at St Joseph's throughout

6 their childhood, but there was always the movement there

7 of individuals back into the community, if they were

8 able bodied. That changed after TAM and our five-year

9 strategy and furthermore when the Community Care Act

10 came into force ...'

11 Then you say:

12 'The Health Board used that strongly on us for

13 closure. They used that to forcibly move people on.

14 That speeded things up and I didn't see that through,

15 but I was there for the beginnings of that.'

16 A. Mm-hmm.

17 Q. You have talked already about your own views in terms of

18 people moving out of St Joseph's?

19 A. The main house, yes.

20 Q. But there was also this impetus, in terms of policy, to

21 move people into the community?

22 A. Mm-hmm.

23 Q. And you say that speeded things up; did you think that

24 was a good thing or not?

25 A. Not particularly --

1 Q. Why not?

2 A. -- but it was forced on us to do. We weren't going at
3 our pace, when we would have done things more gradual
4 with our residents.

5 Q. Why did you think it wasn't a good thing?

6 A. We wanted more time to prepare residents and staff, and
7 also it took time also to find the accommodation,
8 housing accommodation. Although we had very good
9 relationships with housing associations, we had already
10 started that. But things had to be speeded up because
11 the pressure was on us to do it and the Community Care
12 Act was another force that was used.

13 Q. If I can ask you, please, to look at a document
14 SGV-001033310. It should come up on the screen.

15 And this is a note of a visit to St Joseph's
16 Hospital, on 1 February 1989. We can see that the
17 purpose of the visit was to consider whether it was
18 suitable to be registered by the Secretary of State as
19 a fit place for the reception and care of patients
20 detained under the 1984 Act.

21 The registration had lapsed and the managers of the
22 hospital, it says, were wishing registration to be
23 renewed. We can see the inspection team included
24 a person from the Scottish Home and Health Department;
25 that is SHHD?

1 A. Yes.

2 Q. And then under the representatives of St Joseph's, we
3 see yourself mentioned?

4 A. Mm-hmm.

5 Q. Together with Dr Davies and Mr Quinn, people you've
6 already mentioned in your evidence.

7 A. Yes.

8 Q. And I think you remember this meeting taking place or --
9 perhaps not this precise meeting, but the idea.

10 A. No. Yes, yes, yes.

11 Q. If I could ask you, please, to move on to page 3, and
12 under the heading 'General impression' it says:

13 'Dr Sowler and Mr McBrien [from the inspectors] had
14 visited St Joseph's on other occasions and noticed
15 a difference in the approach of the staff. While
16 St Joseph's continues to provide an extremely warm and
17 happy and supportive environment for the residents with
18 a very high level of personal attention and care, there
19 has been a change of direction from wishing to keep the
20 residents in hospital towards a more community
21 orientated service.'

22 So that's consistent with what you'd been saying?

23 A. Yes.

24 Q. It says:

25 'The staff continued to wish to care for the

1 residents who they have known over a number of years,
2 but now appreciate that there may be more opportunities
3 for the residents to make the most use of their
4 abilities in a community setting and the staff are now
5 interested in actively promoting moves in this
6 direction. Simultaneously with this move is the
7 realisation that an upgrading of the schools and
8 expertise of the staff in the hospital will enable them
9 to care for some of the more profoundly handicapped or
10 more difficult mentally handicapped residents of
11 Midlothian.'

12 So it looks from this as though the staff were on
13 board with the move to the community?

14 A. Yes. And that was a challenge, really, from the model
15 that they had been used to. They did make a complete
16 shift in their approach and their attitude to the care
17 of the resident.

18 Q. How did you assist the staff in seeing that this was
19 a good thing?

20 A. I think -- they had already experienced other residents
21 moving on.

22 One of the things which I did initially, there was
23 a lodge at the bottom of the drive and I had it
24 renovated that it actually took the more multiply
25 handicapped person, rather than the mobile person.

1 I really wanted to show that this person, even though
2 they have multiple handicaps, they can live in a home
3 environment. So my first move wasn't an easy one.
4 I went for the person with the most difficult needs.
5 And that's to prove to the staff that they could see
6 that a person who is taken -- and the public were all
7 wheelchair bound -- that they could move. It was
8 costly, but we could actually do it and that this person
9 was happy and was thriving. And so the person who is
10 more mobile, there's even more advantage for them.

11 Q. Now, if we move on to page 32, and paragraph 203, so
12 this is looking at the time that you were at
13 St Joseph's, 1985 to 1995.

14 At that time, you can't remember receiving any
15 complaints from children?

16 A. No.

17 Q. Or family members?

18 A. No.

19 Q. Or any staff members?

20 A. No, not staff.

21 Q. If I were to direct that question specifically in
22 relation to allegations of abuse: were you aware of any
23 allegations of abuse over that time?

24 A. No, no.

25 Q. Or subsequently?

1 A. No.

2 Q. If we move on to page 34, and at paragraphs 212 and 213,
3 you talk about joint celebrations, I think, with the
4 residents?

5 A. Oh, yes.

6 Q. Can you tell us a little bit about that? You had
7 a particularly strong view about this, I think?

8 A. I do. I always said -- we always said it to new staff
9 or anyone coming in: when you come into St Joseph's
10 you're coming into the residents' home.

11 And so any celebrations, I felt, it has to be
12 resident-led. I just really couldn't see that we would
13 have separate celebrations for staff, and for the same
14 celebration you took the residents into another place.
15 No way. You know, the residents -- it's their right.
16 It's their home and they know that member of staff. It
17 should be for a birthday or should be a retirement or
18 whatever it is, they belong there and you're coming into
19 their home. It is their right and it really is on their
20 terms that the celebration should be had.

21 Q. And at paragraph 214, you say that you are confident
22 that had there been any abuse taking place at
23 St Joseph's while you worked there, again thinking of
24 the 1985 to 1995 period, you are confident that it would
25 have come to light at the time?

1 A. Yes, I hope so.

2 Q. How can you be confident of that?

3 A. My door was always open. I always had -- I knew the
4 staff. I did a lot of walking around during the day and
5 at nighttime as well, and I would hope -- and my
6 managers were known to their staff and had -- were good
7 managers and we had our weekly meetings.

8 I really felt there was an open door, there was
9 transparency, that someone, if they had any concern for
10 the resident, would know that that concern would be our
11 concern.

12 Q. And then you go on to say, at paragraph 215, that you
13 had visits from the Mental Welfare Commission?

14 A. Yes.

15 Q. And they would go round and inspect --

16 A. Yes.

17 Q. -- and do a report?

18 A. Mm-hmm.

19 Q. Were these unannounced visits?

20 A. Sometimes.

21 Q. Sometimes. If we move on, please, to page 36, and
22 paragraph 228, you say that you had ten very challenging
23 years at St Joseph's; why were they challenging?

24 A. I felt there was so much change. I think it took -- and
25 whatever resource I had within, I was challenged to use

1 it and to give it my best. It was bringing a service
2 which was already good into a state of excellence.

3 I really had to be sensitive in the steps that I had
4 to take in bringing the service forward that I didn't go
5 too quickly. That is why I used the time of grief and
6 loss and the time of wanting more.

7 I just kind of felt -- it took everything out of me.
8 But I was challenged, but I was also fulfilled.

9 Q. And then you left and you had a year's sabbatical after
10 that?

11 A. I did, yeah.

12 Q. I think you -- did you also assist in who was coming to
13 replace you or --

14 A. Yes. Well, I didn't name them. But my Provincial at
15 the time knew my concerns. In saying yes, that I would
16 take the sabbatical, I wanted to be sure that
17 St Joseph's had good leadership and that the staff and
18 residents felt secure in continuing to go forward.

19 Q. If we move on to page 38 and some lessons to be learned
20 at paragraph 237, you say there:

21 'With children, my experiences have been with those
22 who have learning disabilities.'

23 You say:

24 'Prevention to me means that there should be an open
25 door, in the sense that nobody should be afraid to go

1 anywhere. Everything should be above board and should
2 be seen, but, at the same time, not taking away any
3 respect or individuality from people. Nothing should be
4 hidden. All that is going on must always be seen.'

5 Can you explain that a little bit more? Because you
6 start this by talking about prevention, so are you
7 talking about prevention of abuse of children?

8 A. Yes, that's -- what I took -- under that heading, yes,
9 I did. But also in the sense that I used to say to,
10 particularly the unit managers, there should be -- you'd
11 never -- never hesitate or be concerned -- if the mental
12 health walk in the door, nobody should bat an eyelid,
13 that they should be able to walk in at any time, because
14 if you've something to hide, I would want to know what
15 it is.

16 But, at the same time, as I said, the individuality,
17 if a resident was in their rooms, like you respect it.
18 If they were in their rooms, you always knocked on the
19 door. You never just would go ahead in. They mightn't
20 be able to answer, but you did knock on their door, and
21 so you kept that respect.

22 But also I just kind of felt the open door would
23 have been my open door. But the open door, hopefully,
24 of the unit managers.

25 And I'm getting lost here. Am I answering your

1 question?

2 Q. You are answering the question.

3 A. I was very strong, in the sense that if someone was
4 coming as a visitor, that people started busying. If
5 they started busying and tidying up and cleaning, there
6 was something wrong. And that was the level I wanted
7 people to be at. That our standard should always be and
8 always be able to be seen at any time, and anybody
9 should be able to walk in the door, because that meant
10 the residents were receiving the best that could be
11 given.

12 And if they weren't, if it wasn't what it should be,
13 then there was something wrong and then that had
14 a detrimental effect on the resident.

15 Q. Then in the next paragraph you talk about training. You
16 say that:

17 'There needs to be training for people, so the staff
18 know the cues to be alert.'

19 Can you explain a little bit more about that?

20 A. I think if I was still there today, I would want -- our
21 greatest -- one of the greatest assets was the School of
22 Nursing, because if there was a need, they provided in
23 the sense of training and teaching of information. And
24 I just felt sometimes people would never be aware if
25 abuse was happening or grooming or whatever, you need to

1 know what the signs are and to be alert, and I do think
2 it's a learning curve.

3 Q. Then, at paragraph 239, you say:

4 'All staff need to know what abuse means and [you
5 say] to me there must be different facets of abuse.
6 There are major things, there's very small things where
7 you might deprive somebody of something, and then
8 there's abuse of power.'

9 Again, can you explain a little bit more of what you
10 mean here?

11 A. I think to be alert, where some things could be subtle.
12 You know, something could be prevented and not given to
13 a resident in a very subtle way that you would never
14 actually see it, unless you were clued in as to what was
15 happening here. And particularly if it was a trained
16 staff, well then you kind of feel, well, maybe she knows
17 what she's doing and I think this is where we all then
18 are equal when it comes to prevention or abuse, that
19 we're all equal here. It doesn't matter who you are, if
20 the right thing isn't happening, then it's not right.

21 Q. Then, in the next paragraph, you go on to talk about
22 training again. I think you have just mentioned that in
23 your evidence.

24 At paragraph 241, you go on over the page in
25 relation to this and you say:

1 'It should be driven by the person at the top ...'

2 A. Mm-hmm.

3 Q. And you say:

4 'It needs to be seen as important and not tolerated

5 at any cost, no matter how small it is. Particularly

6 when a person cannot speak up for themselves.'

7 A. Yes.

8 Q. And that would be particularly in this context?

9 A. Mm-hmm.

10 Q. And then if we go on over the page, page 39, you say

11 again at paragraph 242, you say that you have to have

12 an open door as the person at the top, so there needs to

13 be a culture of openness, one might say?

14 A. Yes.

15 Q. And then at paragraph 243, you say a good leader needs

16 to see what's happening --

17 A. Yes.

18 Q. -- and that goes back to you walking around?

19 A. Yes.

20 Q. And you say that you would pick up on things?

21 A. Yes.

22 Q. And presumably the staff --

23 A. They knew that. I was -- probably it doesn't look very

24 clear what I mean about a light not being switched on.

25 In a lot of our units, we used wall lights to try to

1 create an atmosphere in an evening so that things became
2 calmer, to create a nice homely atmosphere. If someone
3 still had the main light on where the wall lights or
4 something else could be turned on, that's the kind of
5 thing when they're not given attention, it's evening
6 time and things are calming down and create a different
7 atmosphere of an evening and it's all there for you to
8 do it and to create it and that's the kind of thing
9 I meant when -- if a light wasn't turned on.
10 They really should pay attention to detail.
11 MS INNES: I don't have any more questions for you
12 Sister Catherine.
13 LADY SMITH: Sister Catherine, nor do I. I'm really
14 grateful to you for coming along and talking to us this
15 afternoon to enrich the evidence that you have already
16 provided in your written statement. It's been so
17 helpful.
18 A. Thank you.
19 LADY SMITH: Thank you for that.
20 And I'm now able to let you go and wish you a safe
21 journey back.
22 A. Thank you very much indeed. Thank you.
23 (The witness withdrew)
24 LADY SMITH: Ms Innes.
25 MS INNES: My Lady, the two remaining read-ins that we have

1 for this block are too long to be completed in the
2 available time.

3 Just in terms of next week, we will stay at
4 St Joseph's with the first witness on Tuesday morning
5 and thereafter move back to Algrade for the remainder of
6 that day.

7 On Wednesday we have a witness from the SSSC.
8 I don't anticipate that will take all day and the
9 read-ins will be completed.

10 And on Thursday, we have a witness from the Care
11 Inspectorate.

12 So we're moving gradually away from healthcare to
13 educational.

14 LADY SMITH: Although we have been drifting in that
15 direction already, but that's partly a matter of
16 history. It's not our fault.

17 Thank you very much. I'm sure everybody's delighted
18 that we are finishing a bit earlier on a sunny Friday
19 afternoon. I hope you all have a good weekend and
20 I'll see whoever's intending to be here on Tuesday.

21 Thank you.

22 (3.41 pm)

23 (The Inquiry adjourned until 10.00 am
24 on Tuesday, 13 May 2025)

25

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