Scottish Child Abuse Inquiry

Witness Statement of

Sister Catherine MCERLEAN

Support person present: No

1. My name is Mary Catherine McErlean. I am a Sister with The Daughters of Charity of St Vincent De Paul and I am known as Sister Catherine. I was previously known in the community as Sister Emmanuel. This was between 1968 to 1971. My date of birth is [redacted]1947. My contact details are known to the Inquiry.

Background

2. I have been a Sister with The Daughters of Charity of St Vincent De Paul since 1966. In this statement we are referred to as our Community.

3. I have served as a Sister at St Joseph's Hospital, Rosewell, Midlothian on two separate occasions. The first was between 1968 and 1971 where I worked with the children. I returned later where I was the Local Superior and Director between 1985 and 1995.

Qualifications

4. In about 1975 I went to Liverpool Polytechnic and I did my CQSW (Certificate and Qualification in Social Work).

5. Following on from this, in the different ministries I was in, I pursued courses which I wanted to do. I did my courses on grief and loss when I was in Sheffield where I worked in Weston Park Hospital as a senior social worker.

6. I did a number of Kubler-Ross workshops because one of my passions was dealing with people who were diagnosed with cancer and those grieving and bereaved because of it. Kubler-Ross workshops were designed to help people who were working with people who were terminally ill. The strapline of Elizabeth Kubler-Ross was "To live until you say goodbye." This was the essence of her workshops, to live until the day you die, live until you say goodbye.

7. I also did training on counselling in the workplace.

8. I have not had any particular training but I know I have good organisational abilities and I have had to organise many large events. So that is the basis on which I have built my ministries.

9. I was involved in various aspects of life with people with learning disabilities. I communicated and connected a lot with the L'Arche community. The L'Arche community was instituted by a French-Canadian, John Vanier. John led retreats where people with learning difficulties came together with others to live together and pray together as one. John Vanier retreats were as much to me a training as a professional course. We had workshops together and to me that was really important.

Experience

10. I believe people with a learning disability have a place in the community. They are contributors and I have seen people with severe disabilities living at home, so I have that conviction. I know it is a struggle, I am not saying it was easy and some authorities just didn't provide what they should have but I experienced families living in this situation and coping.

11. From 1972 to 1981 I worked in Liverpool. I was the Community Diocesan Organiser for services to people with learning disabilities and I do feel all of this prepared me for being Director of St Joseph's later.

12. When I was appointed I was the only person in the diocese, and I realised part of my role was to do with linking people with a learning disability with the church and with society. I was the only employed person and I ended up having something like two hundred volunteers. Before I left three volunteers became staff members.

13. The whole idea was the person with learning disabilities became integrated into the community. We worked hard to do that and just getting the church to accept people with learning disabilities and for them to be receiving the sacraments, was another issue.

14. I worked with both children and adults with learning disabilities. The community in which they belonged recognised them, was aware of them and recognised them as contributors. They weren't just people who were to be done on to. By that I mean you shouldn't be patronising them. I used to quite emphatically say to the volunteers "You are not here for people with learning disabilities, you work with them, you work alongside them and you receive as much as you give."

15. In that aspect, I was training volunteers and the number of them that went on to do professional training in the field of learning disabilities was amazing.

16. When I worked in Liverpool it was very much a personal thing, but I used Maslow's Hierarchy of Needs. This is all about people feeling emotionally and physically secure to enable their growth and development. I was convinced that people had to have a sense that the basis of feeling secure physically and emotionally was a contributor before you could actually build and develop the individual. It was my approach, my conviction was on this, in particular when working with people with learning disabilities and I would have shared this approach with some of the volunteers that worked with me.

17. I mentioned organisational skills earlier. We used to have an annual mass in Liverpool Cathedral that I organised. That went from a small group to something like fifteen hundred to two thousand people coming. It ended up not just people with learning disabilities but it went right across the board for people of all disability. Again, it was just recognising people with a disability have a life.

18. When working with people with learning disability, symbolism is very important because they are not always able to form concepts. We always had to think up a symbol that communicated something deeper. Liverpool Cathedral is quite a beautiful Cathedral and I used symbolism there. One year we used the Queen's Silver Jubilee. Everyone had to come in red, white and blue and we used it because it was recognised throughout the country. Another example of a symbol we used was a rainbow. The message here was that we all reflect a different colour but it takes all of us to be one rainbow. So, using that symbolism for people with learning disabilities you chose a colour and you came dressed in one of the colours of the rainbow. We made a human rainbow throughout the cathedral.

19. The organisation of this annual event was huge. People would be contacting the office where I worked in May for a celebration of a mass that was going to take place in October, asking what preparations they needed to make.

20. It meant communicating with the police for transport outside because there were coaches coming right across the diocese. We had the Liverpool choir and the police band. It was a mammoth task to organise but it always went like clockwork and I really enjoyed it. These were the building blocks for my time later at St Joseph's.

21. I then went from Liverpool to Sheffield, and from all that work and time in Liverpool, I was then drawn to people who were dying. I felt drawn to the Kubler-Ross ethos of 'live until we say goodbye.' It was just the whole essence of life.

22. In my community you don't choose, you don't say I am going to do this or that. I had to put it to our council that I really felt drawn to move in this direction. My community listened to me and I was allowed to apply for a post in Sheffield and I then became a senior social worker in Weston Park Hospital. That for me was again working with people who were diagnosed with cancer, people living with cancer, people who were in their last stages of life and people who were grieving. The emphasis was on grief and loss in life, walking with people in their pain, not walking away and the stigma that came with cancer.

23. It was helping people just to cope with everyday situations that nobody ever thought about and the stigma that came with it. In those days I remember clearly that some people were still calling it the 'Big C.' Today we are open about it. I have two sisters living with cancer.

24. I think that it kind of reflects people with learning difficulties, with the stigma, the rejection and the isolation. That happens when people are living, they are afraid of death, they are afraid to look and I know it is not easy but it is how you walk alongside people still in their pain and be with them.

25. I loved it, in the nicest of ways. You knew you could be there for someone. Sometimes you got a lot of anger. People could become angry. They couldn't give out to the medical people but they could give out to the social worker and that was okay. I understood that I wouldn't want to be in their position.

26. So again, I kind of thought that was building blocks to me. The grief and loss, the stigma, the isolation, that built me up for when I went into St Joseph's for the second time in 1985.

St Joseph's Hospital, Whitehall House, Rosewell, Midlothian

27. St Joseph's is a beautiful Jacobean mansion situated in Rosewell, Midlothian which was a mining community at that time.

28. The mansion had been bought by The Daughter's of Charity in 1924 and was now a residential home and hospital for adults and children who were multiply handicapped.

29. At St Joseph's there was a school of nursing. Nurses were professionally trained and challenged working with residents who had learning disabilities. Although there was this strong nursing model it had very high standards. There were highly professional people monitoring those in training.

30. It was a big building and it had steps everywhere. It was amazing how people in wheelchairs got about.

31. The drawback, if there is one, is that the driveway is seven eighths of a mile long. There were two drivers employed to take staff and residents up and down that driveway. Later, when I returned and we set up the units, each unit had their own transport so that they could just get up and go when they needed or wanted to.

Appointment to St Joseph's 1968-1971

32. In 1968 I was appointed by my Community, Daughters of Charity to St Joseph's Hospital. I was there between 1968 and 1971 and I worked specifically with children in a childcare role. As well as working with the children I was also doing some personal study outside of St Joseph's.

Staff Structure 1968-1971

33. The person in charge of St Joseph's, when I started in 1968, was Sister Teresa O'Rourke.

34. Sister KWA [redacted] was in charge of the school of nursing and was a big help to me. She has since passed away.

35. We had a number of units at St Joseph's. Most of the units had a Sister from our Community working with them. Each unit catered for people with different needs.

36. There were children in Avila, Marianville, Goretti and Montini Units. There was one other, the name of which I can't remember.

37. I worked with children from Goretti. This was a mixed unit of boys and girls who were more able bodied and were capable of going to school.

38. Marianville was an all-girls unit of mixed ages ranging from school age up to girls in their twenties. The children were all physically able but they had greater needs than the children in Goretti. Sister Vincent Manning was in this unit.

39. Savio was an all-boys unit with similar needs to Goretti which Sister Dympna Browne worked in.

40. Avila was the babies unit for children who were multiply handicapped and that was where Sister Ita O'Callaghan worked.

41. Montini was for boys with challenging behaviour and that was where Sister KVB KVB worked.

42. There was also a unit for younger girls with challenging behaviour but I can't remember the name of it. There wasn't a Sister attached to this unit. It was a staff member and I can't remember her name.

43. Marillac Unit was for adults with multiple handicaps. Sister PGB worked there.

44. Bosco Unit was for adult men who had learning disabilities but they did work around St Joseph's and a did lot of craft work. Sister Louise Hannigan worked in that unit.

45. De Paul Unit was for adult men who had special needs and were more dependant than those in Bosco. I don't think we had a Sister attached to that unit. I think it was a staff member whose name I can't remember.

46. There was also a unit for adult women but I cannot remember the name of the unit. Sister Catherine Tierney worked in there. They were able bodied woman who did work around the house and also did a lot of craft work.

47. Most of the units were situated in the main house but the Bosco Unit was an added on unit in the grounds.

48. We had education and Sister Helena Gormally was a teacher there. We also had further education, Occupational Therapy (OT) and music therapy departments within the main building. Sister Kathy Hogg was based in OT.

49. I don't think the physio department had a place in the main building but instead they just moved around the units. We had a therapeutic swimming pool within the grounds.

50. I found the leadership of Sister Teresa and Sister KWA marvellous. My whole ethos was really the family. I believe in the family and the person with the learning disability connecting with their family. Teresa O'Rourke encouraged me because she recognised what I was doing regarding connection with the families. When I took the residents out, they were dressed individually. The children thoroughly enjoyed personal shopping and so did I.

51. My first Christmas there, I had all of the child residents, of which there was about twelve to fourteen, spending Christmas at St Joseph's. The next year I had one. I worked extremely hard at connecting with families, which I felt was of great importance. They all had families and families just needed that support and to know it would be okay. When the children were born the message parents were given was that their children "were better with their own kind."

52. That is what they had been told and it wasn't a judgement when I told them that they belonged to the family and it would be good for them to spend Christmas with them. They would say "But she or he would be away from their friends, if they went home." I explained to them that their family were their friends as well and that their friends from St Joseph's, were also going home to their families.

53. The next year when we went down to one child, the one was only there because that young girl had no family and a member of staff took her home to their house for the day.

54. The relationships between the residents and the staff were a very loving situation and the consistency of the staff contributed to that. The only people that were turning over were those in training and they were supernumerary. The staff knew the families

exceptionally well. Maybe in that sense, you could say there was no push in the direction of 'would you maybe think of having your child live at home?' I don't think that was there, but that was just ignorance really. When I went away and came back I saw things from a different angle. This approach of connecting with the family was a tough one for parents because they probably thought that the care of their child was being pushed back on them. They didn't see themselves managing or coping and that their life would be turned upside down.

My Role 1968-1971

55. My childcare role was with young people with a learning disability, all of whom were of school age. What I would like to say about this is that a lot of them were living in St Joseph's because of society's attitude towards people with a learning disability.

56. I think before I started in 1968 that the boys had been separate from the girls but when I started, St Joseph's was looking after both boys and girls. They practically all came in as babies and St Joseph's was their home.

57. The children that I worked with were the ones that were of school age and went to the school that was in the grounds. They would put on their hats, their coats and bags and go off to school. The whole idea was that it was to make it feel as normal as we could. At the school, other children from outside came into the school so they had that integration.

58. There was a parents and friends association. They were always welcomed into St Joseph's, we wanted to be open and it wasn't as if we had anything to hide or anything happening that couldn't be seen. They were always very supportive of the care given to their children.

59. One of the things that sticks out from my time working with the children was moving towards individualisation and moving to individual units. There were children there long term and it was about making it what the children would like in their units.

60. I wasn't involved in developing the units at that time, as my role was mainly about getting the children to school and working on their development.

61. My major impact when I was at St Joseph's was connecting the children with their families.

Leaving St Joseph's

62. I left St Joseph's in 1971 when I was appointed by my Community to youth work in London.

63. After that I had various other appointments from my Community.

Appointment to St Joseph's 1985 – 1995

64. I was very happy in Weston Park Hospital in Sheffield and in my particular office all the other social workers were deciding to move on. I was the only stable one but it ended up I was the first to go.

65. My Community came to me, they wanted me to go to St Joseph's as a Sister Servant which really means a local superior. Initially I had said what my situation was and asked them when they wanted me to go. When they said it was almost immediately, I told them I was sorry but I couldn't because I wouldn't let people down who I had only just made contact with. I had promised that I would see them through their treatment.

66. They then asked when I would be ready and I told them possibly in about four or five months.

67. When I was first asked to go back to St Joseph's, I think my Community hesitated because they knew I was very community orientated but I had a great love for St Joseph's. I knew that their mindset was always to try and move residents back into the community and to connect them with their families.

68. I wasn't averse to going, even if I was a bit daunted by the job. It was my first time being Sister Servant as the Local Superior and I probably was the youngest at that time, but was supported in that role.

69. I loved St Joseph's so that wasn't difficult for me. It may have been slow moving but was never static. If residents were moving elsewhere we would only let them go if the place they were going to was as good as or better than St Joseph's.

70. I went back to St Joseph's on the 11th of January 1985. I went as Sister Servant, not as Director. I was in that role for under two years which was unusual. At that time St Joseph's only ever had a matron and it was a training school for nurses and that was okay with me.

71. When I started back at St Joseph's, my Community appointed me as head of my Community there. Although I was based in the hospital I never had any role or authority within the hospital and as such I did not need any references or induction training.

72. I was the Sister Servant to the local community of Sisters and I think we had about ten or twelve Sisters which was quite a large group. The majority of Sisters were employed in St Joseph's.

73. When I started back at St Joseph's I found the people that worked there to be a highly committed group of people. Families were very much involved with the residents there. The staff were always on the job as it were.

74. As well as the school of nursing, there was always a doctor from the Sick Children's Hospital, Keith Brown and the local GP, Dr Symonds, who would both come in to the main building on a weekly basis.

75. Dr Heti Davies, was a consultant psychiatrist for all of St Joseph's, paid by the health board. She had an office on site and worked part time between St Joseph's and Gogarburn Hospital.

76. It energised me in that there was such a good standard of professional care.

77. No low standards were accepted at all. If somebody couldn't walk in the door unannounced to see the place then there was something wrong.

78. I went to the oncology department at the Western General Hospital in Edinburgh, to the social work department, and told them I was a senior social worker who had worked in the field of oncology. I told them that I would love to do voluntary work in their oncology department. They had never had a professional social worker come to do voluntary work. I had to go through the process of them writing to the consultants I had worked with at Weston Park and getting my references.

79. I was only working there for about six weeks when Sister Patricia, the person who was matron at St Joseph's, fell ill. She had major surgery on the 9th of June and she died in March 1986.

80. I was asked to leave the Western General, come in and hold the reins at St Joseph's. At that time I took on the role as head of the house. We nursed Sister Patricia at home, so what you had was a house of staff and possibly residents who were aware, and in grief and mourning for her, and many of them didn't see her after that. She didn't want to see anyone, she just became extremely ill, so we took our turns of looking after her and nursing her twenty-four hours a day until she died.

81. It was then that the Community asked me to take up the post of director. This was a complete change because I was a social worker and St Joseph's had only known a nurse to be head of the service.

My Role as Director at St Joseph's Hospital

Staff Structure

82. When I became Director I had my own management team and we met every week. My deputy was Frank Quinn, who had taken over as Head of the School of Nursing when KWA died. David Halliday was the finance director.

83. My Residents' Services Manager was Winnie Lamb who later became known as Winnie Tuohy.

84. My Community Services Manager, when we started developing houses in the community, was Gwen Baird.

85. I was accountable to the Board of Management. The Board consisted of a chairperson called John Bradley who was a solicitor. Jim McKee was an accountant and the other Board Member was a surveyor called Iain Boyle. They were all employed by the Daughters of Charity. Periodically each of my managers would come along to the meetings and give their own report to the Board.

86. My management team had responsibility for their own heads of department and unit managers.

87. The Resident's Services Manager, Winne Tuohy, had responsibility for the Unit Managers and care staff. Winnie also had responsibility for a large domestic staff. We had our own laundry where Sister Ann Lestrange worked.

88. I used to say to the domestic staff that they were like ambassadors for St Joseph's because I wanted to ensure that the standard of cleanliness and hygiene was high because this was the residents' home. It was important for the residents and anybody coming into visit that St Joseph's was warm and welcoming.

89. There was night staff on in every unit and there would be a night manager who covered all the units. They would be the only ones that had access to the resident's rooms during the night.

90. The Community Services Manager had responsibility for preparing staff who were going to work in the community.

91. Each unit had a qualified staff member and the back-up of a staff nurse and care staff. I can't remember the exact ratio of staff to residents in the units but it was good, if not high. That was one of the things we were criticised for. It appeared to those looking in that we had too many staff, but this was because we had student nurses who were supernumerary, and you always had them to fall back on. So those assessing the numbers just looked at the rotas and thought they were all paid staff, when in fact many of them were the student nurses.

92. I was answerable to the Board of Management but for professional and personal support I went to a Dr Bani Shorter, a psychotherapist, who lived in Edinburgh. I also used to speak to another gentleman called Jimmy Johnstone. He was a person who was very supportive of St Joseph's and I think had a connection of some sort to the School of Nursing. He was a professional man, who was in management and was a consultant of some sort. He was someone I spoke to about conducting a consultation throughout the service when I took over as Director.

My Influence at St Joseph's / Strategic Planning

93. In my own mind, because of my background, I felt I had to have a waiting period when I started the role as Director. People needed to grieve the loss of Sister Patricia and the change in leadership roles. They had to come themselves to the stage where they wanted something else.

94. I made my visible presence felt more than anything. I was managing by walking around and making myself seen without appearing to be doing anything.

95. When I worked in the Western General I had dealt with a patient and used to always make time to see and speak with the relatives in the evening. I saw this particular couple who had booked a holiday, but didn't think they could go away as his mother was ill. I arranged an appointment for them to meet the consultant and when he met them he did say although his mother was dying it was not imminent so they were able to have their holiday.

96. Not long after I had been appointed Director at Rosewell, David Halliday, my Finance Manager told me that the bank manager wanted to see me. He said he had known my name and had specifically asked to see me. It turned out to be the man whose mum had been dying at the Western General. When he had seen my name he had decided that it had to be me as not two people could have that surname. So that act of kindness I had given him, gave me a good start with him.

97. When I took over as Director I felt I was faced with people who weren't totally accepting of me and I understood why. It had always been a nursing model and my only advantage was they knew I had been there for three years previously. They knew it was a place I loved, I had been welcomed back and that had given me some markers and some good points.

98. I just waited and let people grieve. Patricia had been a strong character who had done her job extremely well, but I felt as I had a different way, I waited nine months.

99. I then spoke to Jimmy Johnstone on a professional level and I said that I wanted to do a consultation throughout the whole house. I wanted to know what people were thinking, what they understood the service to be, what they thought the service should be, and what direction they felt we ought to go.

100. He later came back to me with the name of another gentleman called David Peace from a consultancy company. I met with David and he told me that he had a process which he had only used in small areas or small groups and said that this would be a big enterprise. He called it Team Action Management and called it TAM for short.

101. I told him I wanted everyone consulted, I wanted to know what they were thinking and if there is a place for St Joseph's. If there is a place, what is that place, if there is a direction, what is that direction? If there are changes to be made, what are these changes and if something should be kept, let's build on that.

102. David designed a questionnaire and anyone who could, was encouraged to complete and submit one. It also meant families, anybody that came into St Joseph's, be it social workers, GPs, Health Board or anyone that had any connection with St Joseph's.

103. At the initial launch I had to give an opening talk in an effort to bring people on board.

104. Initially, the reaction from staff was that they had given their thoughts before, been asked for suggestions and nothing had ever happened. I asked them to give me this one chance and if not I perfectly understood what they were saying. I told them what they were doing was for St Joseph's, not for me and not for them, but for St Joseph's and primarily, St Joseph's is the home of the residents. It is for a better life for the residents and that was the key point.

105. All the questionnaires were brought together and David Peace told me that only I could carry out the next stage. I had to group the questionnaires, approach and name a person to take responsibility and take ownership for each working group. These groups were to do with the therapeutic side, the nursing side and the practical running of the house.

106. The groups worked on short, medium and long term goals and had to work until they were redundant. We had a five-year strategy to implement which was the outcome of the consultation questionnaires.

107. Everybody was on board and everybody was energised by it. It was like they now realised what they were saying was going to be heard. Changes could be made immediately and where practical we did.

108. One of the changes we made was to drop the word hospital and be known simply as St Joseph's.

109. Another practical thing we did was, in order to try and give as much individualisation to our residents was work towards giving them individual rooms. We as a Community moved out of the attics of the main building where we had lived, to give that accommodation to the residents. We moved into makeshift accommodation of a house in the grounds.

110. When we did the TAM, the complaint's procedure was still in place but it turned that process into suggestions. We started and kept going a suggestion box. If there was anything needing looked at, it was there for management to see. Anybody could contribute.

111. Although I was Director, things were in others' hands and I could go to those group leaders and ask 'Why isn't that happening'. My Management Team and I used to meet with the group leaders and sometimes we had to change things from a short-term goal to a medium or long term one.

112. TAM was the biggest input I felt that I made at St Joseph's. Families and everyone were on board.

113. Alongside that we were having a struggle with the health board. They wanted to amalgamate us with Gogarburn Hospital and possibly in a sense, wanted to close us down. Alongside this energy that was going on in St Joseph's, I was meeting with the health board officials. When I started at St Joseph's we had about a hundred and thirty residents. Our maximum capacity had been two hundred. Some other hospitals had a maximum capacity of a thousand and we never wanted St Joseph's to be absorbed into that. We wanted our residents to continue to have their own identity, in their own place of living, where they were respected as individuals.

114. The health board did finance us to a certain extent and they were saying we were costly. My Community also contributed financially. We paid attention to the ambience of where the residents lived, in their sitting rooms and their bedrooms. My Community would have made sure they were respected and that they had what they needed. So many of the Sisters were paid only a basic salary because this was a way of life for us. In one sense it became our downfall because when a sister had to be replaced by

a staff member, a proper or full salary had to be found. This would change our budget and the we appeared to be providing a costly service.

115. David Fraser was the person in the health board that we dealt with and because we were getting nowhere, someone above him, whose name I can't remember came to several of our board meetings. He was known to rule with a firm hand and it was thought we wouldn't get anywhere with him. After two or three meetings, he asked for a special meeting. At that meeting he said he had come to put a proposal to us. He asked if we would be prepared to have a consultant work alongside us to see how we were working, what our values were, and what was it that was making us tick and shine, that nobody else could see. This person would be accountable to me and my management team and if there was something at odds only then would he report back into the Health Board.

116. This man was called Ellis Thackary and the Health Board paid his salary. He came to us and we gave him accommodation in the nurses' quarters. Our work with him involved another major exercise. It turned out was that one of our biggest losses was the amount of sick leave being taken.

117. The exercise we undertook was to change job descriptions and contracts.

118. Every member of staff was seen individually and that was a major exercise. It was the Residents' Service Manager, Winnie Tuohy, who worked alongside me on that.

119. Even though job descriptions and roles changed, nobody lost money. There was also opportunity given to those who were worked permanent nights to also work days on a rotational basis.

120. I lived on the premises and there was also a separate wing with accommodation for staff.

121. I knew the night staff very well. The sisters had a house in the grounds but as Director, my bedroom was situated between two of the units in the main house.

122. I would walk around the units at night time, as I did during the day, as I wanted to see that nobody was becoming complacent and that the residents were being watched and cared for. I would do it unannounced and at different times, so they never knew when I was coming.

123. We would tell people that were coming into employment at St Joseph's that they must remember that every time they came in, they were coming into someone's home.

124. With the TAM exercise and Ellis Thackary's input, nurses were becoming carers. One of the things we changed was that nurses no longer wore uniform and this was a big thing. Many staff in St Joseph's still had their nursing qualifications, but we were trying to create a more homelike environment.

125. The biggest change that we made, was moving residents into homely settings

126. I can't remember what the people in charge of the individual units had been called before. It was maybe staff nurse or maybe ward nurse or ward sister. What we did was change the name of the person in charge of the unit to Unit Manager.

127. When we were individualising the units we worked on training these unit managers to manage their own budgets. They then became accountable for it which gave them full responsibility.

Recruitment of Staff

128. Once I became the Director I worked alongside the Residents Services Manager, Winnie Tuohy to recruit new staff when we needed them.

129. Every job was advertised and every person was interviewed. They all had to have written references and we would always speak to the people supplying the references.

130. What happened within the house was that nurses became carers or homemakers and after that we would then employ people as carers or homemakers and it helped if they had a good understanding of the needs of people with learning disabilities.

131. There would have been an induction policy and process that all new staff had to go through. It was a long induction to introduce them into our house, our values and our culture. We had to ensure they respected the individuality of each person.

132. We did have a few volunteers but not many working at St Joseph's. They would have come from the parents and friends' association. I love volunteers but I don't think people always realise when they have volunteers what they are taking on board because of the training and the support that they would need. They were subject to the same reference procedure.

Training of Staff

133. For training our staff the school of nursing was our asset. One of the things for people moving on was living skills particularly for our residents and for staff who were going to change from this nursing model into this more kind of social developmental model. Those kind of courses were organised and held in-house.

134. Anything that was ongoing or a topical issue we were always offered training or input. We were blessed to have the school of nursing and Frank Quinn, the head of the school, would always say to me we need to look at this or address that, and he would always put us forward for training courses. It was a real asset we had on our doorstep and we never had to think or worry about training. Through the school of nursing, it was checked that the nurses kept their registration up to date.

135. Our speech therapists would be involved in any general training to do with people with learning disabilities. That always kept us up to date.

136. All the domestic staff received health and safety training.

Policy

137. There were written policies at St Joseph's. I'm sure there was one on safety, there would have been a dress policy and a whistle blowing policy. There were others but I can't remember exactly what.

138. I know that policies were always renewed annually and brought to the board. They would be held centrally but I think there were also copies in each unit as the staff would need to know them.

139. The policies, complaints and discipline procedures were all part of the induction process as well. That was the plus side, I felt for nursing, because everything was so well documented. That was part of their training and so we scored high on that. Nothing was ever let slip, particularly with it being the training school, the standards were kept high. You worked towards that culture of excellence. We were always updating, upgrading and working towards something better.

140. I can't think of any other policies that I introduced as director, as everything was already there and we just worked on and developed them as required.

Abuse

141. I don't remember having any policy or strategy about abuse or for the potential of it happening and what to do if something was suspected.

142. There would have been an awareness and discussion that our residents were vulnerable. We were always very conscious of that and would make it known that there would be no abuse or misabuse of the situation. There could have been some policy or guidance around that but I can't remember it for certain.

Children

Admission of Children to St Josephs

143. I didn't have anything to do with deciding what children became residents at St Joseph's but my understanding was that they would have come from a referral by an outside authority. There was never any children that came to St Josephs on a compulsory order under the term of the Mental Health (Scotland) Act 1984.

144. All the children there had learning disabilities. The ones I had that first term I was there were all mobile enough for them to go to school. I remember I learned from one child's mother that she had been told by the medical people, when she was born, that she would never walk and she would never talk. That lady is now living independently. That is how she progressed. Her family became involved, they came regularly to St Joseph's and she had family visits and family holidays. It was good to see.

145. There was an assessment made of each child's needs when they came to St Joseph's and that assessment continued as they lived with us. They would be seen by Doctor Keith Brown from the Sick Kids and Dr Symonds who was the local GP from Bonnyrigg. Both of them would still come to St Joseph's every week. They would look after any health needs as well, if anybody was unwell.

146. I would say there would be a sit down with the parents of any children that were being admitted. I never did this, but my understanding was that the staff in the units did it. They knew the parents and families of the residents very well and they kept this going once they were living with us.

Visits / Family Contact

147. Friends and visitors could come to St Joseph's at any time.

148. Not all parents would visit, as not all of them could cope with handing their child over. For those that didn't visit, the staff would keep them updated by letter. A lot of the

children in the unit were multiply handicapped. They were more than just a person with a learning disability, they had physical disabilities as well.

149. I did link one of our residents at St. Joseph's with her family. The father's job moved them away down south and they thought they would only see their daughter periodically. I told them she could always go to see them as she could get passenger assistance and fly down to see them in London.

150. Sometimes family didn't realise what was possible and they thought they would only get to see their children periodically. The same children proved themselves to be quite independent and able to travel with assistance. We encouraged continuous contact.

151. I encouraged that kind of contact and other parents saw that. Many parents had an apprehension and thought there were limitations. They didn't realise that wasn't the case, so when you encouraged it, they felt these things could happen and that it would be okay, they would be able to cope.

152. There would have been a lot of conversation and preparation before reaching that stage. I advocated independence for the residents. I wanted to see them moving on to an independent lifestyle with family contact. I wanted them to reach as far as their potential could take them with certain measures around them to give them as independent a lifestyle as they could have.

Medication

153. The staff would administer medication. Care staff could administer it if it was for something like coughing but for other medication, a lot would depend on what the medication was, as to who administered it. My memory is that it would be the nursing staff that would do that. That would have changed when they moved into the community houses.

154. We did have a unit called Montini for people with challenging behaviour and it was specialised staff who worked in there. We kept that unit to small numbers and kept the staff consistent. I think there was a nation course the staff did called CALM (Crisis,

Aggression, Limitation and Management) where they were taught the warning signs, what to do and how to give that person space.

155. In that unit sometimes they may have to administer medication to residents in order to help the resident cope better. In a situation such as this, Heti, the consultant psychiatrist would become involved. What was prescribed and given to a resident would be monitored.

156. If a resident did need medication to cope better, this was always discussed with parents or guardians. They would be told that the resident would be given it for a period of time. If a parent said no to that happening I think that could be overruled by the psychiatrist.

157. The Resident would be on medication for a short period only and Heti was strong about that. We were likeminded and wanted as many of the residents as possible off medication. Most parents we felt understood why, when the reasons and process for coming on and off the medication was explained to them. They would know when it was being given and how long it was on for.

158. This scenario never happened whilst I was at St Joseph's but the process would have been if there was a situation where there was a possibility that a child resident needed medication immediately to restrain or control them the consultant psychiatrist would have discussed this with the parent, guardian or responsible adult and obtained written agreement from them.

159. We had one young woman called [redacted]. She wasn't actually in Montini, and I had worked with her when she was school age when I had been there between 1968 and 1971. Later on once, when she was an adult and I was back as Director I would describe her as probably almost disturbed. She would ask to be locked in her room. She needed that space to herself.

160. It was only for such a short period of time. She was continually monitored by staff outside her door. They would keep asking her if she was ready to come out. I knew her really well and I knew she would always be happy to say when she was ready. I

cannot remember exactly but I'm sure it was for no more than five minutes and was monitored constantly. There was something else going on in that beautiful young woman. She had that in her, to ask to go to a locked room. We consulted with Heti, the psychiatrist and a written agreement was drawn up that the psychiatrist, [redacted], her parents and I all signed.

161. [redacted] was one person on Christmas Day who came back early because her parents couldn't cope with her at home. My view was that she had a few hours at home, and that was great that her and her family managed that.

162. She was the only resident that was ever locked in a room and that was only because she had asked for it to happen.

163. Anything like this and any medications that were being administered would be recorded in the individual's record and care plan. These plans and records were held in the units. It would only be the people that were working on the particular unit that had access to these records. It was nobody else's business. It was a need to know for those working with the individual.

Sleeping Arrangements

164. The first time I was at St Joseph's I think initially there was more than one child sleeping in a room but that changed quickly. As numbers went down, which they did fall all the time, we would make space and have single rooms. This was one of our goals in an effort to enhance the residents lifestyle.

165. It was respect for them and to make it homely for them. It meant they could have their own space, where they could keep their own belongings and have a place where family could visit them. We gradually built in that they all had televisions in their rooms. I just think that is what anybody should have. There should be a place for them to go on their own if they have had enough.

Washing / Bathing

166. For washing, bathing and showering the residents, to my knowledge, never had ensuite facilities but bathrooms would have been specially adapted. There were all sorts of facilities, for example, hoists for those with multiple handicaps. Some of them did need assistance to be washed. The residents all had privacy and nobody was showered with anybody else.

Food

167. We had our own kitchen and the food in St Joseph's was excellent. When I first went there in 1968 it was one of our Sisters, Sister Mary who was the cook but then our Community appointed her elsewhere. The chef who took over had been trained by Sister Mary and he was a local person.

168. All the units had their own dining rooms. The residents in Avila and Marillac, which were for multiply handicapped residents couldn't eat independently and would need assistance with eating.

169. They always had good food, a good menu with two or three courses. At that stage I don't think they were given a choice of what they got to eat. I can't think of anybody not eating what they were given but I'm sure there would have been something else if they didn't like it. The staff would probably have to go to the main kitchen to request something else if needed.

170. There were never any instances of children or any residents ever being forced to eat what they were given. You knew what the people in your group liked and didn't like, that became normal. You would go and tell Michael the chef and he would know what to cook for them.

171. We gradually broke down the use of the main kitchen, when we set up our own separate units that could cook small snacks. We did this because we were always learning. At times we were challenged in trying to understand how residents grasped or perceived a situation. As an example, all they saw was boiling water coming out of

an urn, until they got a kettle and that person with learning disabilities did not know what the kettle was.

172. So, we kept breaking things down and learning so that they could understand. It was always a learning curve, and we had to work at that.

173. Another way of learning life skills for the residents was when we were going into town for shopping with them. We had this long drive, and drivers would take you down the drive so it was easy for the driver just to take us right into town but I always had the principle of, drop us at the end of the drive and we will get the bus. My rationale was that if our residents are to move on to independent living and they can walk, they have to know how to get the bus.

Education

174. Sister Gail Keating was the Headmistress of the school within the grounds. She had about three teachers and because this was run under Midlothian Education Department the pupils were on the same curriculum and were taught the full range of subjects. The school hours were the same as other schools. My memory is they went down to start at 9:30 am. We used to walk down with them.

Therapy

175. The music therapy department dealt a lot with people that had challenging behaviours. It developed into a Nordhoff-Robbins Centre because that was how Alyson Carter who was in charge of the department, had been trained.

176. Alyson Carter had previously been a teacher at the Nordhoff-Robbins Centre, a centre that taught music therapy. She brought students from there as part of their training in music therapy to St Joseph's and because of the therapy work we used we gained recognition as a Nordhoff-Robbins Centre.

177. Through our OT department our residents participated in the Special Olympics.

178. Speech Therapy was a major part of our work with the residents.

179. We did a lot of craft work with the residents, and we always had a stall at the Royal Highland Show every year where the residents sold their craft work.

Outings / trips

180. Each Unit would organise their own outings for the residents. Each unit had their own mobility cars which allowed them to go out in twos and threes. They would do things like take them out for a meal.

181. The residents would also go out to things or events that were happening in the local community. We were blessed as a lot of our staff came from the local community, so the residents were welcomed into all these events. St Joseph's was well known in Rosewell, Bonnyrigg and Dalkeith as well and we had no difficulty in these communities. I was never worried about how they would be with our residents or how the residents would get on there.

182. The only time I would wonder how they were getting on, was if they went further afield. Staff initiated outings from the proviso that our residents had rights. They had the right to enjoy themselves. We also had to consider how other members of the public may feel when they were there as they had rights too. For example, if a member of the public became uncomfortable with a resident when they were eating, how were the resident and the staff member going to feel then? All that had to be talked through and considered when they were going out. We didn't stop it, we just made sure they were prepared.

183. Children would occasionally go back to staff's houses. I had two who did get to go back with staff. One was a little boy who went back to the house of an art teacher from the school. Initially she was acting as his advocate. He either had no family contact or the family did not want any contact, but I remember she ended up formally adopting him. The other was the girl that had no family and went home to the staff member's house at Christmas.

184. There were guidelines for staff taking children home, especially around the person's rights and their choice. They weren't allowed to just take it for granted that the child wanted to go. Choice was a difficult thing because some people thought that the person did not know so you were always struggling. Did you ask? Did you offer? I remember being present one day when a young boy just screamed out at one member of staff "There is too much choice." So that member of staff had to learn that one or two choices was enough. Don't confuse the person. So, helping staff to help residents make a choice was a learning curve. Unlike us who can choose from four of five options, some of our residents couldn't, and I never forgot that. To me that was important.

Holidays

185. As far as possible, as many residents as were able, would get to go on holiday. Again, it depended on what their disability was. We had a holiday house in Dunbar. The residents with severe disabilities could go to this house in Dunbar and we would adapt the house to suit their needs. We could only take two people when we did that as they needed twenty-four-hour care and staff had to sleep in the same room as them. We would also take those with severe disabilities to Rome on the Jumbulance which was a specially adapted vehicle run by the Jumbulance Trust.

186. More able residents also went to Dunbar where we could take five or six at a time. There would be two or three staff with them and they would have their unit cars with them so that they could go out and about.

187. Holidays abroad to Rome and Disneyland were organised by the parents' and friend's association who would come along on the holidays as well.

Birthdays / Christmas

188. Parties and celebrations of birthdays were very important. It was important because it was a celebration of the person, especially highlighting the person's birthday. They would receive presents and always a birthday cake.

189. Christmas was thee opportunity for celebration. Our Jacobean house was beautifully decorated. Everybody celebrated in their own units as well but at the same time there were Christmas parties in the different departments like education and Occupational Therapy.

Social Work / Psychiatry / Psychology - Input and Reports

190. Social workers would come into visit the residents, but this was usually when they were babies or children and first came to St Joseph's, or when we were trying to move people back out into the community. When residents were moving into the community we had to inform the social work department. Personally, when I had the young school group, I don't remember any social workers being allocated and coming in, I had to find them for the residents. This wasn't an instruction from senior staff, I would do that off my own back as I had that scope to do that.

191. If a social worker, psychologist or psychiatrist made recommendations about a child's care it was down to those working in that resident's unit to implement these recommendations. This would be monitored by a written report to say it had been done.

192. My recollection is that residents didn't have key workers as such, it was just down to everybody that worked in the unit with them. That might have happened when we got to the stages of the community houses.

Leaving Process

193. We did have people who were there from birth right through until death. There was still dignity for people who were dying, to be being cared for there up until they died. We had our own cemetery there that was cared for by staff.

194. When I started, the children tended to stay at St Joseph's throughout their childhood but there was always the movement there of individuals, back into the community if they were able bodied. That changed after TAM and our five-year strategy and then furthermore when the Community Care Act came into force in 1990. The health board

used that strongly on us for closure. They used that to forcibly move people on. That speeded things up and I didn't see that through, but I was there for the beginnings of that.

195. I think, latterly we had a written policy about what we did to prepare residents when we were moving them out into the community. It would cover how a person was identified, how they were actually moved on and how to enable them to move on. We were enabling staff to make that change so we had to enable the residents to make that change too, as St Joseph's was often the only home they had ever known. They had to be helped and given the choice of going somewhere with their friends. They would be taken by staff to visit and see the house before they moved there.

196. The dream we wanted, was to be able to move as many people who were able and wanted to go into the community to go, and have St Joseph's as their original home, always there as their back up.

197. The main house was to be the back-up, the hub. Particularly for the staff, the school of nursing would be in St Joseph's and would be there to provide all training and the imparting of what was the St Joseph's ethos. It would also be there for those who were multiply handicapped and needed very special care but that would be all. Everybody else would be in the community. We had that back up initially until they closed the main house at St Joseph's. St Joseph's Hospital closed in 1999 which was four years after I had left.

198. When the residents and staff moved into a community house they would then also have the support from the local social work department. The staff that moved over were employed in the community. They weren't employed as nurses; they were employed as carers. That was a difficult one for them as they had to take on a caring role as opposed to a nursing role. They would have to get the doctor in and they couldn't use their nursing skills. They could see the signs; they would know what to do and how to act but they weren't allowed to use their skills.

Discipline / Punishment / Restraint

199. There was no discipline or punishment for residents, and staff used their CALM training to assist those with challenging behaviour. To the best of my knowledge there was never any restraint used on children.

Concerns about the institution

200. I am not aware of St Joseph's ever being the subject of concern from anybody within, nor from any external body or agency or any other person because of the way in which the children were treated.

201. If there had been a problem or concern like this I know we would have told the parents immediately.

Reporting of complaints / concerns

202. I expect there would have been some sort of form to fill in and it would have gone to the unit manager whatever it was about, and then it would have been taken down the line. I wouldn't have taken anything like that lightly.

203. I cannot remember ever receiving any complaints from children, their parents or anybody else on their behalf about anything.

204. There was never anything serious that happened that would have to be reported to the police. I have no memory of anything like this in my time or it having happened out with my time.

205. I expect each unit would have a complaint book within the unit for any form of complaint to be recorded in. Any complaint form would be recorded, filed and kept.

Trusted person / confidante

206. I can't think of anyone out with the organisation who acted as a trusted person or confidante. Staff would have had a good relationship with the residents in order to allow them to speak. We hadn't reached that stage of naming an advocate. There would have been an awareness and particularly that young boy who the staff member adopted, I would have viewed her as that trusted person and listened to her.

Abuse / Child Protection Arrangements

207. I never remember the word 'abuse' being used so we never had a definition of this. Back then I think I would use the word 'vulnerability' when describing our residents and have an emphasis on keeping our residents safe. The big thing for me, and for everybody, was that we treated them with respect and as individuals. It was always about being aware of their vulnerability and how you talked to and treated them. You always spoke to someone when you passed them, even if they couldn't answer. No matter what was wrong with them, they were still a person. If a resident was in their room, you would go in, spend time with them and speak to them. It didn't matter if you didn't get a conversation you had to treat them like everybody else.

208. I would ensure that I got that message out, that this was what I expected from my staff. I would ask where was a certain person, who was with them, if they had been in their rooms, had they spent time with them and as I said before they never knew in the units when I was going to appear. I didn't expect them to be in the residents' rooms all the time because the residents sometimes wanted to be on their own but they got to know what I expected and what the residents' needs were.

209. These were my values, and new staff would be made aware of this at induction. The value was always that you were working, and you were in an individual's home. The person you are working with is resident here and you are employed in their care and whatever you did you had to respect that person in doing it. That was the baseline.

210. I never experienced or witnessed any behaviour at St Joseph's that I considered to be abusive.

211. This wasn't abusive but I want to mention it. Within the home my standards were that we were there to build a sense of community, a sense of being together and celebrating together.

212. I remember a wonderful member of staff was leaving and the unit manager said to me that the staff are going to have something with the staff member and then we will have something with the residents. I nearly blew a fuse. I said "If you are celebrating in a residents' home, the residents are there. The celebration is with the residents and the staff." I must have blown a fuse because the staff member came over, took my hand and said, "It's okay Sister Catherine we won't do it, we won't do it."

213. Similarly, when we got a new Chaplain I was told they were going to have a carol service for the staff and a separate one for the residents. I turned round and said, "No residents, no carol service." They accepted what I told them.

214. I am confident that had there been any abuse taking place at St Joseph's whilst I worked there it would have come to light at the time. The reason I believe this is because I trusted the staff. They were a very committed staff, who knew our standards of care for our residents and if they saw another member of staff do something that was not acceptable, they would tell them there and then or they would tell the unit manager, and it would be sorted. That wouldn't be tolerated, and they knew it wouldn't be tolerated.

External Monitoring

215. The Mental Welfare Commission would come in to see how the place was being run. We usually had warning, but I would always say we don't need warning as they should be able to walk in the door. I ended up having a very good relationship and rapport with the chairperson of The Mental Welfare Commission.

216. They would do a day visit and an inspection and go round with the freedom of the house. They always asked you to name a member of staff and a resident to talk to individually. I think they sometimes asked to speak with a parent as well.

217. They would then report back to me verbally if they had any recommendations, but there were never any real concerns.

218. I presume there would also have been a periodic visit from the Health Board because they financed us.

219. The School of Nursing had the General Nursing Council or the College of Nursing who were associated with them coming in to see how the nursing school was.

220. Midlothian Education would also come in but that was for the school.

221. We also had adult education within the house so there would be other outside bodies who would come in to monitor the education being given there.

222. Most of these bodies made unannounced visits but it got to the point that I said to staff it shouldn't matter who walks in the door, there should be a standard where you have nothing to hide and if you have I want to know what it is. The staff grew in confidence and they too welcomed the surprise visitor(s) and were happy to say this is how we live.

Allegations of Abuse

223. I have never been subject to any allegation of abuse or ill treatment of a child at St. Joseph's or any other institution.

Investigations into abuse – personal involvement

224. I have never been involved in any investigation on behalf of St. Joseph's or any other institution, regarding allegations of abuse or ill treatment towards children.

Reports of abuse and civil claims

225. I have never been involved in the handling of any reports to the institution by former residents concerning historical abuse.

Police investigations / criminal proceedings

226. I am not aware of any police investigations into any alleged abuse at St. Joseph's.

Convicted abusers

227. I am not aware of any person who worked at St. Joseph's that was ever convicted of the abuse of a child or children at St. Joseph's.

Leaving St. Joseph's

228. I had ten very challenging years at St. Joseph's. I think I gave my best and I knew I was ready for a break. The Provincial at the time was aware of my needs and she gave me a year's sabbatical.

229. I did want to be able to say to staff and residents who was coming to replace me and my Provincial knew of my concerns. I was very happy with her choice of the two Sisters, Sister Eleanor Rodgers and Sister Kathleen Fox. It helped that I could tell people who was coming in and that everyone knew them. I knew they were going to continue taking St Joseph's in the direction it was going, which is what I wanted.

230. I did a handover with both the Sisters but because they were very experienced, both very professional, had worked on wards at St Joseph's before and had both been tutors in the nursing school I was confident St Joseph's was in good hands.

231. To try and hold true to what I believed, was not having a leaving do just for me. I wanted something that would be for everyone to share in, so we had a garden party. We were a community so I wanted everyone to celebrate together. Residents and staff were all there and it was a celebration for everybody. It was a good day, and I enjoyed it.

232. I left in September 1995 and went off to Massachusetts for my sabbatical year. While I was there I did do some work with people who were living with HIV and AIDS. I felt drawn to it and while I was there I did as much as I could to try and grasp and understand what life was all about for them. I wanted to know how we could contribute and be part of helping these people live fuller lives again. Then when I came back, that's what I tried to do.

233. In 1996 I lived in Kilburn and had an office in a presbytery in Covent Garden. I was employed by Westminster Diocese as a pastoral worker to people living with HIV and AIDS.

234. My next appointment in 2008 was Sister Servant at Little Hulton near Manchester and worked as a support worker. Our community set up the project and we supported the families of prisoners. Nobody really knew what it meant to have somebody in prison and particularly if the family were totally unaware, or the person in prison was the wage earner. We worked with the families of people who were convicted paedophiles and murderers. We tried to enable the family to learn to cope with the situation they found themselves in.

235. In 2014 I was Sister Servant at The Marillac in Essex where I was a pastoral worker for people with neurological conditions. That was working with residents, families and staff and was a similar setting to St. Joseph's. I had the same thrust to build a sense of community with the residents, families, and staff.

236. In 2022 I came to Southport, where I am now Sister Servant in one of our Community houses and trustee to the Out There Project, supporting the families of prisoners.

Lessons to be Learned / Helping the Inquiry

237. With children, my experiences have been with those who have learning disabilities. Prevention, to me, means that there should be an open door, in the sense that nobody should be afraid to go anywhere. Everything should be above board and should be seen but, at the same time, not taking away any respect and individuality from people. Nothing should be hidden, all that is going on must always be seen.

238. There needs to be training for people, so that staff know the cues to be alert. If something triggers off in your head, you don't let it go on, you act on it. That's where some kind of induction comes in so that we are all aware of what this actually means and how far you can go.

239. All staff need to know what abuse means and, to me, there must be different facets of abuse. There are major things, there's very small things; where you might deprive somebody of something, and then there's abuse of power, so it must fall into different categories, which I don't know a lot about.

240. If I was in the position I was in when at St. Joseph's again, I would definitely want continuous updating and an induction, of people having to be aware of the situation and what the warning signs are. If standards started to drop I would be concerned. That would be a major concern for me, as the whole culture of the organisation would be affected by that. Induction is ongoing and crucial.

241. It should all be driven by the person at the top as it needs to be seen as important and not tolerated at any cost, no matter how small it is. Particularly when a person cannot speak for themselves. That's when you have to be more finely tuned about a person's needs, safety and having respect for that person.

242. I think if you're that person at the top, your door has to be an open door, that anyone can walk in and talk to you. There has to be someone within the organisation that somebody can go to. We all have to carry that, nobody can minimise or 'tut tut' what you say.

243. I think a good leader needs to see what's happening. I always did a lot of walking, I'd see what was happening, and no matter how small it was; it could be a light not being switched on, I would speak up about that. If it was something major people would then know I'd be on it like a ton of bricks.

244. Moving St Joseph's out into the community was one challenging goal. I had meetings between St Joseph's, the Health Board and the Social Work Department and we secured a Tri-Party Agreement. Finance was a big thing and we needed that agreement around finance, we had to work towards that. The dream, to move people out, was one thing, but the finance behind it was another.

245. We also went to the Scottish Office when we were looking at St Joseph's in the community. The Scottish Office actually asked us to nominate people for a Member of the British Empire award. I named three and one of them, a downs syndrome gentleman, [redacted] was awarded an MBE. He was elated and staff accompanied him to the presentation. There was a great celebration and [redacted] made centre page in the local newspaper.

Other information

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

Signed..... [redacted] .....

17 February 2025

Dated.....