

1 Friday, 18 January 2019

2 (10.00 am)

3 LADY SMITH: Good morning.

4 Mr Peoples, we have another witness ready, I think?

5 MR PEOPLES: Yes. The next witness is Sara Clarke.

6 SARA CLARKE (sworn)

7 LADY SMITH: Please sit down and make yourself comfortable.

8 I'm not going to explain to you how important it is
9 to use the microphone; I suspect you have heard me tell
10 people that quite a number of times already.

11 When you've got your own notes organised, I'll ask
12 Mr Peoples to start. But don't let me rush you, just
13 take your time.

14 Questions from MR PEOPLES

15 MR PEOPLES: Good morning.

16 A. Good morning.

17 Q. Do you have any objection if I call you Sara?

18 A. No.

19 Q. You'll be very familiar with the process and the fact
20 that there is a red folder in front of you, which will
21 contain, I think, a copy of the organisational statement
22 that we've heard something about and others have spoken
23 to in part in previous days.

24 That's one matter I'm going to deal with today, and
25 obviously if you want to use the folder or the screen in

1 front of you for that or any document that I refer to,
2 please feel free to do so.

3 You have some notes of your own. I'm perfectly
4 happy if you want to take any time to consult them if
5 I ask you something that you need to look at your notes
6 to deal with.

7 So far as the statement is concerned, I'd better
8 give the reference again. I think we're familiar with
9 it. The statement on behalf of Barnardo's, which was,
10 I think, provided on 30 November of last year at the
11 inquiry's request is BAR.001.004.9625.

12 I'm aware, I think from information provided to the
13 inquiry, that you were a major contributor to the
14 preparation of this statement; is that correct?

15 A. Yes, I was.

16 Q. Can I just say at the outset that I'm very grateful for
17 all the work you personally put into the preparation of
18 the statement. It's clear that a lot of time and effort
19 and care was taken in the preparation, so I thank you
20 for that.

21 A. Thank you.

22 Q. That's very helpful for me at least and indeed I think
23 it will be in due course.

24 So far as today is concerned, I will ask you about
25 the statement, although can I say this: I'm not planning

1 to go through it paragraph by paragraph, identifying the
2 paragraphs that you contributed to. We've heard a lot
3 of evidence, including evidence this week, on matters
4 that are dealt with in the statement, so it's not in any
5 way a disrespect to the statement or the work you've put
6 in, but I'll try and focus on some of the matters that
7 we've been exploring with witnesses this week and
8 previously.

9 Can I also say that at some point I will be seeking
10 to ask you a little bit about your response to the
11 evidence that's been given in the course of the inquiry,
12 because the statement clearly was lodged at the end of
13 November and you may wish to make some observations or
14 comments in light of the evidence that's been heard to
15 date.

16 I might finally come round to looking at the section
17 that's specifically headed "Acknowledgement of Abuse",
18 and ask you to -- perhaps give you the opportunity if
19 you want to say something in relation to that chapter
20 in the statement.

21 Can I also say this: I think that I'm correct in
22 thinking you've listened to a lot of evidence. You've
23 been personally here on many of the days of the hearing;
24 is that correct?

25 A. Yes, I've attended every day that Barnardo's former

1 residents and staff have given evidence.

2 I would like to acknowledge from the outset the
3 courage and the bravery that former residents have shown
4 in coming forward and describing what must have been
5 very painful memories and reliving some of those
6 experiences. Barnardo's, as an organisation, would like
7 to acknowledge that and feel that it has been really
8 important for a representative to be here each day and
9 to sit and listen to what former residents have had to
10 say about their experiences.

11 Q. Can I just ask you this: have you found that experience
12 valuable personally?

13 A. I've found it very valuable. I found it distressing at
14 times. It was very interesting for me personally,
15 having worked for 15 years in residential care settings
16 myself, in both the voluntary sector and the statutory
17 sector, and also as a fieldwork social worker. When
18 some of the former residents were describing things that
19 happened to them, it made me reflect so much on my own
20 practice and made me think: well, what would I have
21 done, did I do that, did that happen at that time? My
22 experience was mainly the 1980s and the 1990s, so that
23 was really interesting for me.

24 Then hearing what the staff have had to say during
25 that period, trying to make a comparison between what

1 the practice was in the homes in Scotland and could that
2 compare with the practice that I was involved in, in
3 either the voluntary home or the statutory home -- those
4 were in England. So that's been really interesting --
5 and a little bit uncomfortable at times when I reflect
6 back at times, you know, and practice in the 1980s and
7 1990s.

8 Q. Illuminating?

9 A. Yes.

10 Q. Moving just to take some preliminaries at this stage
11 then: your period of employment with Barnardo's. Can
12 you tell us, firstly, about that? How long were you
13 connected with Barnardo's?

14 A. I was initially employed with Barnardo's in
15 September 2002 and I came as the head of aftercare.
16 I know you heard a lot from Kate yesterday, so I was her
17 line manager for a three-year period until 2005. Then
18 I moved to be an assistant director, and you've heard
19 about the roles of assistant directors, so I had
20 a portfolio of different services to manage.

21 But then I never seemed to have lost Aftercare or
22 Making Connections. Kate talked about the merger in
23 2007: I was the person that actually did the merger of
24 the two, Aftercare and Family Connections, as it was,
25 the adoption service, into the one entity, and then

1 that's when Kate became service manager. I think she
2 shared that yesterday.

3 Then I have always kind of had it as -- you have
4 heard a lot about the grandparent managers. As an ADD,
5 I looked after Making Connections and then, when I moved
6 to a different region, because of my background in
7 working with adults who have disclosed abuse, they asked
8 me to continue managing that element of the work, and
9 more latterly, before I left, I was a senior assistant
10 director and I had responsibility for all the
11 disclosures of abuse, supporting the social workers in
12 Making Connections, if they went right the way through
13 the investigatory process to a court hearing, and
14 conviction in some cases.

15 I've also been heavily involved in the
16 Northern Ireland inquiry. In 2016, Barnardo's gave
17 their evidence, and then I gave evidence before IICSA in
18 2017, in their child migration module, and I gave
19 evidence here in 2017. I left Barnardo's at the end of
20 April 2018.

21 Q. But you have had a continuing role because of the need,
22 I think, to prepare information for the purposes of the
23 inquiry? I think that's partly why you're here today.

24 A. I have. I have never quite been able to break the
25 umbilical cord, I'm afraid.

- 1 Q. What do you currently do then? Do you have a different
2 post as well?
- 3 A. I'm an independent consultant now. The aim was to
4 reduce my workload, so I became an independent
5 consultant. I've undertaken, in the interim, expert
6 witness training and I've got some lined up and I've got
7 various other things and I've been doing some policy
8 writing for some residential schools in the interim.
9 And then I've been commissioned, as you say, to continue
10 supporting Barnardo's.
- 11 Q. The consultancy work, I take it, one of the areas that
12 you consider you have expertise in now is to do with
13 child protection, safeguarding and indeed issues arising
14 out of historical or non-recent allegations of abuse?
15 Would be that correct?
- 16 A. Yes.
- 17 Q. And that you could perhaps offer advice to organisations
18 who wish to consider their current safeguarding and
19 child protection practices, policies and arrangements?
- 20 A. Yes. I am currently doing that with one residential
21 school in Scotland and I've been asked to do some other
22 training as well.
- 23 Q. You told us a moment ago you came to Barnardo's in about
24 2002 as head of aftercare service. You've already
25 mentioned, I think, you had prior experience in the

1 field of social care. Can you just briefly give us your
2 qualifications and background experience before joining
3 Barnardo's?

4 A. If I go back to when I first went into social care, it
5 was in 1981. It was with the National Children's Homes,
6 as it was called then, Action for Children as it is now.
7 And I was a house parent in a village set up very much
8 like your Quarrier's Village or your Barkingside
9 Village, with the church and the little houses dotted
10 around a green. So I can empathise completely with
11 what's been said.

12 And also, I was 19, unqualified, no experience. So
13 that echoes what you've heard at the inquiry. But I was
14 a good Methodist girl, I came from a good Methodist
15 family, and that's how I got in the door.

16 Q. Thrown in at the deep end?

17 A. I was, and that was 1981.

18 Q. And from then on, you started then just working and,
19 I think to use that colloquial expression, learning on
20 the job, I take it?

21 A. Learning on the job, and it was an interesting time
22 because the National Children's Homes, as it was then,
23 most of the houses were run by sisters. They were given
24 that courtesy title, but they weren't ordained sisters
25 like you'd have in the Catholic Church. They were much

1 of your Mamaji, Ms O'Brien: ladies who had never
2 married, quite mature, who had devoted their whole lives
3 to children.

4 What we were seeing at that point in the 1980s
5 were -- there was still a few children that had been in
6 long-term care, so they'd never known any other
7 experience. And clearly a lot of the Barnardo's
8 children had that same experience.

9 But what we were starting to see was children coming
10 in on a much, much shorter-term basis so they knew their
11 families, they had contact with families, and the kinds
12 of challenging behaviour that we've heard during the
13 inquiry was starting to emerge.

14 I can speak from personal experience that my sister
15 was like a -- she didn't know how to cope with -- in the
16 1980s there was a lot of glue sniffing and aerosol
17 sniffing. That seemed to be a craze that spread round
18 young people during that time, and she didn't know how
19 to respond. And emerging sexuality. She found things
20 like that really difficult. So her response was kind of
21 to bury those issues, keep her head in the sand and kind
22 of keep on as she had always done.

23 That kind of fits in very much with what we've been
24 hearing about the old guard in the Barnardo's Homes, the
25 elderly ladies that had been around for a long time,

1 were very good at doing the basic things: clothing,
2 feeding, shelter. But when the times moved and you
3 started getting young people with more complex
4 difficulties or who had had a period at home, then the
5 different set of challenges was quite -- was more
6 difficult for those kinds of staff.

7 Reflecting back on what was happening when I was
8 there, and what was happening in Barnardo's, it was
9 very, very similar. The way National Children's Home
10 was working and the way Barnardo's was working at the
11 same time.

12 Q. You're introduced to this world without experience, life
13 experience, very young, without qualifications, because
14 we heard someone give evidence, I think you remember,
15 Mary Roebuck, who was Mary Lennie, who was a young
16 person in the 1970s, mid-1970s at Glasclune for
17 six years. She, I think, recounted how she had no
18 experience, no life skills, no childcare experience,
19 qualifications, training. And I think she said to us at
20 least that she really didn't feel, looking back, she was
21 equipped and able to look after the type of children
22 that were in Glasclune at that point in time. Do you
23 recall that evidence?

24 A. Yes, I do. I would agree with that. But also, it was
25 on the job -- but the house I worked in in National

1 Children's Home, we had eight children. So it wasn't
2 quite the same as your Balcarys and the Glasclunes.

3 Within the first year, after I finished my
4 probationary period, I was sent on an in-house course.
5 So very much like we have heard, that Barnardo's were
6 trying to get residential workers on these in-house
7 courses. So it was one day a week for a year. And then
8 I got a certificate, it was recognised certificate.

9 So very much NCH and Barnardo's were running along
10 parallels in trying to get staff trained.

11 Q. So you had this in-service training one day a week for
12 about a year and you got a certificate. Was this, in
13 your case, residential childcare --

14 A. Yes.

15 Q. - in particular that was the coursework?

16 A. Yes.

17 Q. And so this is early 1980s?

18 A. Yes.

19 Q. And so you get your certificate, you're in this
20 environment, and how do you progress from there?

21 A. Then I went to work for the local authority, so it was
22 Hampshire County Council as was then, it's Portsmouth
23 Unitary Trust now, in what we would describe as
24 a group 2 home, so a bit like your Balcary became:
25 children who had less challenging behaviour and would be

1 in care for probably two, three, four years. So not
2 your short-term kind of assessment work, but kind of
3 fairly mid to long-term.

4 So there was one young person that had no contact
5 with parents, but most of the others did. I'd say
6 I loved it. Sir Roger touched on it, about
7 qualifications versus aptitude and being able to relate
8 to children and actually -- they know if you don't like
9 them, they're not daft. I can remember one of my
10 colleagues had a CQSW and he came in and he was hopeless
11 because he could spout all this theory but he was
12 hopeless as he could not relate to the children. He
13 used these great big long words that they didn't
14 understand.

15 So kind of reflecting on a lot that's been said
16 about qualifications, that was a kind of an interesting
17 reflection on my own experience of me being -- well,
18 I had this certificate by this time, and him having this
19 CQSW that he'd spent two years or however longer
20 earning, and actually I rated myself higher than him in
21 terms of practice and quality.

22 Q. Can I just pick that up then? I take the point that
23 qualifications don't necessarily lead to being a person
24 that's good at doing the job, but did you feel that the
25 course you took in the early 1980s, which was not a CQSW

1 but a different certificate, and it was specialising in
2 residential childcare, did you feel that that, though,
3 was valuable to you? Because we heard the evidence of,
4 I think, Hugh Mackintosh, who said that he found the
5 course he took in the late 1960s to be of value when he
6 went into residential care work. Do you recall that
7 evidence?

8 A. Yes, I do. Yes, it was of value, but only of limited
9 value. There's nothing better than learning on the job,
10 actually, as long as you have support in place. So it's
11 really important in terms of how the residential unit
12 staffing is structured. We have heard a lot about the
13 superintendents or the project leaders having the
14 qualifications and the deputies and maybe the third in
15 charge or the team leaders. And then the junior staff
16 not having a qualification. That was very much my
17 experience in Hampshire.

18 Then when I went to Birmingham to work in an
19 assessment centre, which was a completely different
20 challenge, it was the same, similar.

21 So I would never have been on duty, even though
22 I had this piece of paper, without somebody that was
23 qualified. So any decision-making or referring to
24 a policy or procedure, is this the right way to do it,
25 that was always -- that decision was always taken by the

1 shift leader. So you always had that kind of safety net
2 as a junior member of staff.

3 Q. You say "always", but if I go back to Mary Roebuck's
4 evidence, just briefly, she's the care assistant that
5 was at Glasclune between 1976 and 1982. And in relation
6 to what I take it you see as important, she said
7 supervision was haphazard and fell by the wayside.
8 Of course, she said she wasn't equipped personally at
9 that time to deal with some of the demands of the job:
10 it was a busy place, staff were not trained, there was
11 no regular supervision, staff having no qualifications,
12 no induction, young team, high turnover. These are not,
13 I take it, unfamiliar things?

14 A. Not at all. The group 2 home only had 12 children, so
15 your Glasclune had far more children, so therefore far
16 more staff and far more turnover.

17 I suppose when we kind of roll forward a bit and we
18 talk about the turnover of staff or the retention of
19 staff and why was there a high turnover of staff.
20 I think John Rea and maybe Alan Swift touched on it.
21 Was it Alan Swift that called it the Cinderella service?
22 That was very much my experience when I got to
23 Birmingham and worked in the assessment centre.

24 The residential workers -- you were at the bottom of
25 the pile, and that was very frustrating because you were

1 the one that spent so much time with the young person or
2 child and knew them inside out more or less. The field
3 social worker would kind of swan in a week before the
4 review, would do a little ditty, and they would be the
5 one that was then instrumental in making the decisions.
6 And in nine times out of ten cases, the kids would not
7 see the field social worker because they knew -- they're
8 savvy, kids are, they know when someone's interested in
9 you and when they're not.

10 Because it took a long time for residential care to
11 become professionalised and for it to -- and Barnardo's,
12 I think, were very much ahead of the game in the
13 recognition that it was really important to have well
14 experienced as well as well qualified staff working in
15 their homes, and in order to attract staff -- because
16 what my experience was, that people came into
17 residential care, kind of did their grounding, did
18 a couple of years, then went off and got trained and
19 then went into fieldwork. And that happened again and
20 again and again. And that's one of the reasons why
21 residential staff turnover was so high, because people
22 didn't want to live in, they didn't want to sleep in.

23 When I was at Action for Children/NCH, I had to live
24 there, so very much like the Barnardo's staff's early
25 experiences. You had to live there, you did split

1 shifts, so you never had any time off. I had to work
2 every weekend unless I was on holiday -- and I was
3 a young 19/20-year-old.

4 Q. You wanted a life but you couldn't have one?

5 A. No. Well, no. So that wasn't attractive until the old
6 guard left and services started to -- I mean roll right
7 the way forward to the 1980s really when project
8 leader -- and we then had shift patterns. You then had
9 what I think is more fragmentation.

10 When I'm reflecting and I think back, what was good
11 about the old school was -- and when you lived in, there
12 was a greater consistency of care for children. And
13 I think kind of Miss O'Brien and Balcary kind of is
14 a good example of that.

15 Actually, I would see that as a good safeguard.
16 When we come on later on to maybe ask why abuse
17 happened, I actually think having that consistency was
18 quite a good safeguard for young people and then, when
19 we moved on and we had shift patterns and people came
20 and went, I think that then threw up far greater risks
21 for young people.

22 Q. I suppose then the point you're maybe making is the
23 live-in system may have been unattractive for staff, but
24 it had some strengths that you feel were evident in
25 comparison with the more modern approach of people

1 coming to work and working in shift patterns, having
2 days off, and therefore there's more people involved
3 with individual children in the care of these children?

4 A. I really think so. They had the consistency. They knew
5 when they came home from school who was going to be
6 there each day. Whereas when I was working in
7 Portsmouth and then in Birmingham, the shifts changed,
8 and the first thing kids used to ask when they came in
9 from school was, "Who's on duty?" because then they
10 would modify their behaviour to who was on duty because
11 they would know maybe staff that had a weakness or they
12 would -- they would know the style of the staff members.
13 That always happened. It was always into the office,
14 "Who's on duty?"

15 Q. And would that affect the nature of the relationship
16 between the staff and the children? If they liked them,
17 the relationship would be better, if they didn't like
18 them, it would be poor or non-existent?

19 A. I think that's fair to say, yes.

20 Q. I suppose, going back to the old days if you like, where
21 people did live in, and there were people who were
22 house parents, we've heard plenty of evidence in this
23 inquiry, not just about Barnardo's, of course you had
24 good house parents and bad house parents, intuitively
25 good, even if they don't have training and

1 qualifications, and some intuitively bad, probably.
2 Therefore, you may say it's a strength to have stability
3 or consistency, but only if the person is giving good
4 quality care.

5 A. Oh absolutely. Absolutely.

6 Q. Because if they're not, they're consistently --

7 A. Giving poor care.

8 Q. And the person that suffers is the child who's receiving
9 that care?

10 A. Yes.

11 LADY SMITH: In the old guard days, as you've been calling
12 them, how many hours a week do you think people were
13 working?

14 A. Oh, well, when I was at the National Children's Home
15 I was lucky that I didn't have to live in the house that
16 I worked in: I lived in the staff block. So I had
17 a little bit more freedom than other people.

18 But you were on duty at 7 o'clock to get the
19 children up for school. They went to school, then you
20 had to do the logbooks that we've heard lots about,
21 filling in the logbooks. We had a domestic in the
22 house, so we didn't have to do domestic duties, and we
23 had a lady that came in and did the cooking part-time.
24 We had between 12 o'clock and 3 o'clock off. Then we
25 had to be back at 3 o'clock through to when they went to

1 bed, and then whoever was sleeping in -- it was usually
2 the sister because she lived in, unless it was her days
3 off and we would do that.

4 Then at weekends, we --

5 LADY SMITH: So just a day that is in a home where you have
6 children perhaps who are old enough to be going to bed
7 at 10.00 or so at night, you'd be talking about
8 a 12-hour working day?

9 A. In the old days, yes. Then if we roll forward slightly
10 to when I worked for Hampshire County Council at
11 Portsmouth, and you were seeing more of a shift
12 pattern -- so if you were on late shift, you were 2 to
13 10, which was the shift. And then the sleep-in element
14 kicked in from 10 to 7. Then the early shift kicked in
15 from 7 to 3 because there was a handover between 2 and
16 3.

17 LADY SMITH: Right. So that was operating on the basis of
18 eight hours waking but night-time having to be available
19 if necessary --

20 A. Yes.

21 LADY SMITH: -- as a sleeping shift overnight?

22 A. Yes, although in the assessment centre, you never slept.

23 LADY SMITH: How many days a week?

24 A. Five. But it was kind of a three -- a rolling rota so
25 you did get a weekend off.

1 LADY SMITH: In the period that I think you were alluding to
2 as perhaps providing best consistency for the children,
3 if I can put it that way, you would be talking about
4 relying on 12-hour shifts, ideally as many days a week
5 as possible, minimising how many days off people were to
6 get. That couldn't carry on, could it?

7 A. No, and going back to your Mamajis -- and she is the
8 classic example -- it was their life. They didn't have
9 a life outside of caring for those children. It had
10 been their life. These were single women and these were
11 their substitute families. So yes, things had to change
12 because society was changing.

13 LADY SMITH: Yes. And you couldn't, I suppose, depend on
14 there being a ready supply of more women of the
15 Miss O'Brien/Mamaji type that you've described, the
16 available pool of such women would be shrinking?

17 A. It would, and the thinking had then changed to be more
18 around appointing married couples, as we have seen
19 in the Barnardo's Homes, which had its strengths and had
20 its weaknesses, in my opinion.

21 LADY SMITH: Thank you. Mr Peoples.

22 MR PEOPLES: Can I just put some kind of time frame on this?
23 The move away from living-in carers to carers who would
24 live elsewhere and work a shift pattern, for example,
25 the description you described, the arrangements you

1 described, when was that beginning to become the norm,
2 if you like?

3 A. Well, I was at NCH in the early 1980s and then at
4 Portsmouth in the late 1980s. So at NCH I lived in,
5 Portsmouth I didn't.

6 Q. Can we say -- and I don't know whether this accords with
7 the position with Barnardo's -- that the requirement to
8 live in, which seems to have been a consistent
9 requirement historically, that requirement maybe
10 continued into the 1980s and it then began to be
11 substituted by not insisting on carers living in and
12 arrangements whereby they worked shift patterns and so
13 forth?

14 A. I think as the old guard changed, then shift patterns
15 came in, so I couldn't say to you categorically that in
16 this year we went from that to that, because I think as
17 each home evolved and people retired -- like with Mamaji
18 and then the Barrons came in. So I think it was more of
19 a gradual process.

20 But from the records that I've read -- and I have
21 read hundreds of records -- some people in the 1970s
22 were working shift patterns. So I think it would be
23 dependent on the nature of the home, and if we think
24 about what was happening with Barnardo's in Scotland, we
25 had the evolution of the specialised units, which then

1 had higher staffing levels and clearly, as Lady Smith
2 has said, you couldn't expect staff to do the kind of
3 hours that they were doing traditionally in the homes.
4 So I think if the remit of the home changed, then with
5 that change would be the change in the working patterns
6 and the staffing structure.

7 Q. And I suppose in the 1970s, we get into the era of much
8 more recognition of employment rights --

9 A. Yes.

10 Q. -- and protections for workers, partly influenced by our
11 admission to the European Union, which may be coming to
12 an end soon. So you have to look at context --

13 A. Yes, you do.

14 Q. -- for all things, including changes in the care
15 provision models?

16 A. Yes.

17 Q. And that often explains why decisions were taken, why
18 there was a different direction of travel?

19 A. Yes.

20 Q. It is not all down to the organisation?

21 A. No, no. There are legislative influences, there's
22 societal influences --

23 Q. Local authority policy, clearly.

24 A. Local authority policies. Yes, there are lots of
25 variables as to when practice changed and how it

- 1 changed.
- 2 Q. But the traditional model of the mature single woman
3 would have been something that would have been generally
4 seen in the 1940s/1950s perhaps, sometimes --
- 5 A. Into the late 1960s.
- 6 Q. So it wouldn't have been uncommon to see the Mamaji-type
7 arrangement?
- 8 A. No, because I had sister -- I won't tell you what her
9 name is -- in the early 1980s. She was due to retire,
10 she should have retired, but she'd given her entire life
11 to the children.
- 12 Q. Can I just ask you this: when there was a move towards
13 couples who became joint superintendents, until the
14 change to single superintendents in the late 1970s, was
15 there a preference at least historically for childless
16 couples rather than couples with children? I think in
17 some quarters we've seen adverts where they asked for
18 couples, perhaps, who didn't have children of their own.
19 Was that evident in Barnardo's?
- 20 A. Well, going back to Action for Children/NCH, on the
21 branch, there were two married couples. So that was the
22 early 1980s. So they had a combination then of single
23 women and married couples and they had children. I know
24 that some of the joint superintendents in Scotland did
25 have children.

1 I was privileged to go and visit and talk to
2 Mrs Currie recently, who was at Blackford Brae, Mr and
3 Mrs Currie who were at Blackford Brae. When they first
4 went there, they had a young child and then during their
5 time they had another child. They talked about the
6 difficulties of raising children within that live-in
7 setting. I think we have heard some evidence from
8 former residents who were there during the Barrons'
9 time, and I think one said that the Barrons' son was one
10 of them.

11 That couldn't last and Mrs Currie said to me that,
12 eventually, one of the deciders to move away was for the
13 sake of her family. She felt -- they both felt -- that
14 they weren't able to give them enough attention, so that
15 was one of the reasons why they left.

16 Q. You'll know, of course, we have heard some evidence at
17 least where some children in care perceived that the
18 children of house parents, for example, where that
19 situation obtained, seemed to be preferred or got more
20 favourable treatment, if you like.

21 A. And I've heard that. I've heard both sides of it and
22 I think it must have been very difficult, particularly
23 as we roll forward a bit and we see young people with
24 more complex behaviours and challenging needs coming in,
25 and you had a culture within the home -- young people

1 were coming from very different cultures, very different
2 backgrounds, and being asked to fit into the perceived
3 culture and the right way of doing things, and something
4 that for lots of young people was totally alien to where
5 they'd come from and was alien to probably where they
6 would go in the future.

7 I think a lot of the house parents didn't want their
8 children being influenced by the young people that were
9 coming in with those challenging behaviours, so tried to
10 separate them out and give them things that they would
11 have wished to given them if they had been an
12 independent unit.

13 It is very, very difficult.

14 LADY SMITH: I can also see potential difficulty for the
15 children of the joint superintendents if they do work
16 hard at integrating their own children into the
17 community of whichever home they're working in, they may
18 well become resentful of the fact that their parents
19 aren't treating them as special. It may be tough for
20 them.

21 A. Yes. When I met Mrs Currie, one of her sons was there
22 as well and he is a social worker in a local authority
23 in Scotland. He described it very much as a mixed
24 blessing. On one hand, he said, "I felt that I had so
25 many more brothers and sisters, but on the other hand

1 I felt that I was never special to my parents because
2 they were so involved with all the other children". So
3 I think it's a real challenge for people.

4 MR PEOPLES: Can I just pick up on something in your
5 discussions with Mrs Currie, who told you about the
6 challenges of raising her own children in a care
7 setting, where there were a number of other children and
8 possibly the concern about giving her own children the
9 time that she felt they needed. If you apply that to
10 the other children, it appears that apart from having
11 a routine, many of the children and some of the people
12 who gave evidence didn't feel they had a relationship
13 with house parents. There wasn't the time there, the
14 relationships weren't built, they didn't spend quality
15 time with them, they didn't talk to them sometimes
16 because of the routines. Is that something that
17 surprises you? Is that the way it was?

18 A. No, I entirely agree. When you've got a lot of children
19 to look after, what becomes the priority is the basic
20 needs, and we have heard evidence, I think from
21 everybody, saying that they were well fed, well clothed,
22 had shelter, went to school and things. And what was
23 missing was that cuddling, that intimacy, feeling
24 special.

25 There wasn't the recognition about putting the child

1 at the centre and the individual needs of each young
2 person -- and I don't think it was done with any malice
3 at all, I think it was just the practicalities of having
4 so many children to organise.

5 You've seen photographs of the homes, the
6 Glasclunes, how big they are, they're enormous places,
7 and if you've got 20 kids running around these places,
8 it's a challenge in itself just kind of keeping track of
9 them.

10 Q. It would be a challenge coping all the time?

11 A. Absolutely.

12 Q. With long hours and little time off --

13 A. Yes.

14 Q. -- it'd be a huge challenge?

15 A. Yes.

16 Q. Even with training and qualifications?

17 A. Even with training and qualifications. And I think
18 we've heard from some former staff who lived in and may
19 have just had a room, so no real escape at all. So even
20 when you're having a day off, you're never switched
21 off -- and I do know that because the kids used to come
22 over to the staff house and throw stones at my window
23 and things like that. So you never actually switched
24 off unless you weren't on the campus or you weren't on
25 the home's premises.

1 As I say, it was a vocation. You had to love kids
2 and really want to make a difference to do residential
3 work. It's very, very difficult.

4 Q. It doesn't appear from some of the evidence that we have
5 heard that some of the people who became house parents
6 or primary carers did treat it as a vocation or did have
7 the qualities you've described.

8 A. And I think that's absolutely true. When we talk
9 about -- when we have project leaders, when we have
10 shift patterns -- I talked earlier about people seeing
11 it as a stepping stone to then getting qualified and
12 going into the field because that's where the money was,
13 that's where the status where, that's where the
14 recognition was.

15 As I said, residential care wasn't seen as
16 a profession. There was no -- and this is why I went
17 and got trained because there was no career progression
18 in residential work at that time.

19 So I'm now rolling forward to the early 1990s when
20 I worked in the assessment centre in Birmingham, inner
21 Birmingham, and you were very much the poor relation.
22 I loved the work, I loved working with teenagers,
23 absolutely adored it. I love stroppy teenagers. But
24 there wasn't anywhere I could go unless I went out, got
25 my diploma in social work, which I did in 1992, and then

1 because I'd had a bursary from a local authority, I had
2 to then go and work for the local authority in
3 fieldwork.

4 I didn't even come back to residential work and
5 I loved it.

6 Q. You got the qualification and you moved on?

7 A. Yes, absolutely.

8 Q. I suppose that maybe brings me to a point that I did
9 want to just see if I've got right. Some of these
10 changes and improvements over time that are mentioned
11 in the statement, a lot of them seemed to, in the case
12 of Barnardo's -- and no doubt elsewhere -- start to
13 really bed in in the 1990s and beyond?

14 A. Yes, I think so.

15 Q. I suppose the difficulty for those who were in care
16 between 1940 and 1990 in the care of Barnardo's, or
17 indeed elsewhere, is that they didn't reap the benefit
18 of those changes?

19 A. I think that's a bit harsh, Jim. I think we've heard
20 from a lot of former residents that -- and there was one
21 in particular that we heard from. He said that
22 Barnardo's was the most stable time in his life because
23 he'd been in various care settings before coming into
24 Barnardo's. We've heard testimony from a lot of people
25 who were at Balcary and Glasclune that actually it was

1 a good place, it did feel safe. But I acknowledge that
2 for others, that wasn't the experience.

3 So I wouldn't make that generalisation that during
4 that period it was poor because there was a lot of very
5 good practice going on in Barnardo's from the 1940s
6 onwards.

7 Q. Sorry, I don't know if I was really suggesting that;
8 maybe it looked that way. I do accept -- and we've
9 heard obviously in this case study people for whom
10 Barnardo's was a positive experience and you've heard
11 that and we have heard that. But for others, as you
12 say, it was a very bad experience on a constant and
13 daily basis.

14 A. Yes.

15 Q. I suppose we're just trying to find out why that would
16 be the case. I was going to -- the other point about
17 trying to break it pre-1990/post-1990, I suppose, is
18 insofar as there were significant developments in the
19 1990s and beyond in terms of child protection, greater
20 understanding and recognition, more training, more
21 emphasis on more people being trained, that was too late
22 for those in the traditional homes because they had all
23 closed by 1990.

24 A. Yes. I think one of the key triggers for change was the
25 1989 Children Act, which very much put the needs of the

- 1 child as paramount. We saw a lot of changes in
2 fieldwork as well as residential work post that period.
- 3 Q. So if we were looking at 1940 to 1990, that was a period
4 when a lot of the people who gave evidence were in
5 traditional type homes.
- 6 A. Yes.
- 7 Q. At least the changes that took place after 1990 were not
8 something that they had the benefit of, if you like.
9 I'm not trying to say they didn't have good care in some
10 instances.
- 11 A. I think the 1980s was -- if we roll back in Barnardo's
12 history -- and you've heard from Sir Roger talking about
13 the programme of closure of the Barnardo's Homes during
14 the 1960s. I think when I was doing my preparation they
15 closed 90 homes within 20 years, Barnardo's did.
- 16 Q. From about 1970 to 1990, roughly?
- 17 A. Across the UK, yes. So that was an enormous shift in
18 thinking and policy and practice. That's why in 1966,
19 they dropped the "homes" -- so before that it was
20 Dr Barnardo's Homes, then they dropped the "homes", and
21 it became known as Dr Barnardo's. And then in 1988,
22 because the work had moved on significantly into the
23 community, they dropped the "Dr", and that is why it's
24 now Barnardo's and that's the evolution of the changing
25 name.

- 1 Q. Maybe I can try and just make sure I've got this clear.
2 Obviously in the statement you have sought to identify
3 these important developments and changes, both in policy
4 and practice, and one that you've just mentioned is the
5 closure programme of traditional homes, which began
6 around the early 1970s and was completed by 1990 or
7 thereabouts.
- 8 A. 1984 was when the last traditional children's home
9 closed.
- 10 Q. If you include places like Thorntoun --
- 11 A. I wouldn't call that a traditional home.
- 12 Q. I think it's grouped within that category. They were
13 closing by 1990 as well.
- 14 A. Yes.
- 15 Q. I think the other thing that perhaps is brought out by
16 the statement is, in the case of Barnardo's, that indeed
17 from a fairly early period after the war, they were
18 beginning to specialise in homes for children with
19 complex needs, social behaviour difficulties,
20 challenging behaviours, as well as children with
21 learning or physical disabilities.
- 22 A. Yes. I think that was -- Scotland was really the
23 flagship, I think, in that, because reading from the
24 annual reports that were retained as part of the 10%
25 sample, we have annual reports from 1946 to 1969. That

1 gives us a lot of information about the thinking and the
2 dialogue that was being had with various people in
3 Scotland and local authorities about what the need was.

4 So it was very much -- we were now in a needs-led
5 era, where Barnardo's was being asked to set up or to
6 reconfigure the traditional homes, as you've said, Jim,
7 to cater for young people with either challenging
8 behaviour or particularly with learning difficulties --
9 and some with physical disabilities, like Cruachan,
10 which obviously was a very specialised unit for
11 diabetics.

12 Q. Just looking at the history of matters, obviously we've
13 had a good deal of evidence to explore the issue of
14 training.

15 A. Yes.

16 Q. This is dealt with, really -- in the statement it starts
17 about page 26. It tries to give us the development and
18 evolution of training from the 1940s onwards; that's
19 paragraph 81. It appears from the statement that you've
20 put together that there was an early recognition in the
21 1940s, at least on the part of Barnardo's, of the need
22 for training. That's paragraph 81 that makes that
23 point.

24 Indeed, it was more than that because I think, at
25 least in England, the Central Training Council was

1 established in 1948.

2 A. Yes.

3 Q. So there was a national recognition of the need for
4 training?

5 A. And also with that came the national recognition of
6 Barnardo's training. So I would say that Barnardo's was
7 a pioneer of training for residential staff, following
8 the early recognition, by setting up their training
9 programmes, having the training school for nursery
10 nurses.

11 In the statement, we provided evidence of the kinds
12 of topics that were part of these training programmes.
13 Again, you can see the kind of evolution of the kinds of
14 things that were being taught.

15 So if you look at the early days, it's things like
16 leisure time activities and art and drama, which fits in
17 very much with what was going on in the homes during
18 that period. But then when you roll forward, it's much
19 more about child development and dealing with difficult
20 behaviours, so the training does change to match the
21 challenges of the young people that were coming into
22 care at that time.

23 Q. I follow the point. The content is beginning to perhaps
24 include the sort of things that we've discussed that
25 would be taken for granted today if one was receiving

1 training.

2 A. Yes.

3 Q. I suppose the difficulty for some people might be the
4 extent to which, if there were opportunities available,
5 these opportunities were either taken up or required to
6 be taken up over the decades. Because if the need was
7 recognised in the 1940s, if the opportunities were
8 there, if the courses existed but the staff didn't go on
9 them, then there's not much point in setting all this up
10 if you don't put the people on to the courses. I think
11 that was something that Sir Roger said and it was
12 something that Hugh Mackintosh was very vocal about in
13 his evidence.

14 A. I quite agree. Again, you kind of have to have been in
15 residential care to understand what all the difficulties
16 were. As we've seen in the evidence and we've seen in
17 the annual reports, the priority was given to
18 superintendents, deputies and third in charge or team
19 leaders, as they were later called, and we see through
20 the decades -- by the 1970s, the majority of the people
21 in senior posts were qualified and by the 1980s they all
22 were.

23 The difficulty when you are working -- in the early
24 days, before we get into the shift pattern, to release
25 somebody to either go overnight and do a 2 or 3-day or

1 whatever course, the practicalities of allowing that to
2 happen were very, very difficult. Then again, doing
3 in-house training, training days, became much more
4 valuable because by the 1980s, there were regular team
5 meetings, so all the staff were shifted on at the same
6 time, and that was my experience. There was a certain
7 day where you were all rostered on for a couple of hours
8 and that was when you had to have the staff meeting, and
9 we have submitted evidence to the inquiry of team
10 meetings that took place, both at the head of homes
11 level and then at the senior manager level and the kinds
12 of issues that were discussed.

13 A lot of training took place within that arena. The
14 concept of training is you have to go externally and go
15 on a course. That's one concept of training. But
16 you've got on-the-job training, peer shadowing or
17 whatever you call it, but a lot of the training was done
18 within the staff meetings, so you'd have a psychiatrist
19 come in and there's lots of evidence in the records
20 of -- Barnardo's appointed Dr Methwin, who was
21 a psychiatrist, and she used to visit the homes
22 fortnightly, and she used to be part of the case
23 discussions.

24 So that's all kind of -- that's all learning, but it
25 may not be training in the traditional way you would

1 describe training. So people are getting experience and
2 learning things without having to go outside and be away
3 off shift. That became a much more practical way of
4 keeping staff up to date with changes in legislation or
5 discussions of the circulars that we've heard a lot
6 about.

7 Q. But that all said, and I fully take the point you're
8 making, we still have evidence from Alan Swift, an
9 assistant divisional director, between 1984 and 1997,
10 that the organisation's training of staff was, to use
11 his word, patchy.

12 A. And I think he was referring to the external courses in
13 terms of training. But I wouldn't disagree. From all
14 the evidence we've heard, everything I've read, the
15 challenges of getting residential staff trained,
16 qualified with a piece of paper, were difficult just
17 because of the nature of residential work.

18 Q. I'm not just exploring how you get a piece of paper
19 though: I'm exploring how you best reduce the risk of
20 bad practice, people know what to do, they're trained in
21 an appropriate way for the job they're asked to do and
22 that's really why I'm exploring this.

23 Related to the difficulties of either external
24 training or indeed internal or in-service training
25 in the establishment, the difficulty is perhaps some of

1 the difficulty we've heard about, that you don't always
2 have a full complement of staff, you have a high staff
3 turnover, a very demanding job, very little time in an
4 establishment to sit down to talk to children, to sit
5 down to talk about training or issues of the day. That
6 was the reality, was it not?

7 A. It was unless it was factored in, as I've said, at
8 a staff meeting. But by the time we come to the late
9 1970s and the 1980s, there was a key worker system in
10 place, where a young person was matched with a worker
11 who they got on with or liked. That was a way to
12 develop a relationship with one particular member of
13 staff, where we have talked about the kind of flux of
14 coming and going on shift patterns.

15 That was to give each young person a named person.
16 And it happened -- one of my lovely little darlings used
17 to save everything up until I came on duty and then,
18 whoosh, I used to get the lot. And that was absolutely
19 fine.

20 But again, in a residential setting, there's always
21 things going on, particularly if it's a teenager-centred
22 setting and with challenging behaviour. So with the
23 best will in the world, the wish to spend an hour with
24 your key child, if there was something kicking off
25 in the unit, that wasn't going to happen. So the idea

1 was there and it did happen, but the consistency with
2 which it happened would be very sketchy, just because of
3 what else was going on on shift at the time.

4 Q. If it was thought that that training was really
5 something that ought to be given and it doesn't happen,
6 then clearly if we're trying to explore why things can
7 go wrong, why practices can continue or bad practices
8 are left unchallenged, these might be part of the reason
9 for that state of affairs?

10 A. Yes.

11 Q. Looking at recruitment of staff generally, I think the
12 general tenor of the evidence we have heard, including
13 from senior managers who worked for Barnardo's in the
14 past, has been that, over many decades, recruitment and
15 retention of residential care staff, particularly in
16 more junior positions, has been a real challenge and
17 difficulty.

18 A. Yes, it has. I was reading last night one of the --
19 I think it was in one of the Scottish Office reports
20 about Craigerne. There was a comment that these staff
21 turned over completely within two years. Now, that
22 wasn't just because people left: that was because people
23 went and got trained.

24 So it's a bit of a Catch 22 because they were
25 seconded, I was reading. So staff were seconded to do

1 their two years so, there was this kind of two-year
2 rotation where they'd go off and get trained and then
3 come back again. So you didn't have any continuity that
4 way either.

5 So you're in a bit of a Catch 22 situation. You
6 want to get your staff trained, so you send them off,
7 and then you have to get another lot in, then they come
8 back and the children that maybe have come in by then
9 don't ...

10 There's no easy answer and you can understand
11 entirely where vulnerabilities occurred and where there
12 may have been risk to young people.

13 Q. And if they do get trained, as you've said, they might
14 go off into fieldwork or do something else, so as soon
15 as they get trained they move on because of the status
16 of the job, the value of the residential care worker's
17 post and position?

18 A. Yes.

19 Q. It was undervalued, under-recognised?

20 A. It was, yes. I've read something -- and I think we've
21 included it in the statement -- that in the 1990s there
22 was a real drive by Barnardo's in Scotland to get all
23 the junior staff SVQs, NVQs as would be, and that was
24 a more effective way of training staff, because they
25 didn't then have to go externally. It's on-the-job

1 training, but they obviously had essays and whatever to
2 write and they had to produce a portfolio to demonstrate
3 competence in various areas. So that was the kind of
4 latest shift, which was to train staff through the SVQ
5 module, and because it has different levels, SVQ1, 2, 3,
6 it didn't matter what level of worker you were. So if
7 junior staff came in at level 1, they would come in at
8 that level. So the training was then appropriate to
9 their roles and responsibilities at that time.

10 Q. But they could carry on working at the same time?

11 A. Yes, they could carry on working and getting paid,
12 obviously.

13 Q. I said I'm not going to look at the statement in detail,
14 but one thing that caught my eye in the statement, just
15 to perhaps illustrate the point we've been discussing,
16 if we go to page 34 of the statement, paragraph 114, to
17 get a snapshot of how things were in the mid-1970s. The
18 statement reads:

19 "In 1974, John Fuller, who was the assistant
20 children's officer residential for the north-west
21 division of Barnardo's, reported a shortfall in
22 residential social workers. He considered that factors
23 such as the unattractiveness of social work,
24 particularly the lack of opportunity to lead a normal
25 social life, salaries, conditions of service and

1 inadequate training may have played a part. It was
2 proving almost impact to attract experienced, trained
3 staff."

4 So that's not untypical, I take it, of the time?

5 A. No, not in the 1970s, no.

6 Q. Even if recognition of need for training goes back many
7 decades before then, that's the position in the 1970s?

8 A. That's the reality, yes.

9 Q. As I think you've already said, I think certainly until
10 maybe later in the period we have been focusing on,
11 particularly from about 1940/1945 through to 1990, when
12 the traditional homes closed, there was throughout that
13 period a difficulty of keeping staff, there may have
14 been difficulties finding time to train them and so
15 forth. So what was happening in 1974 isn't necessarily
16 something that was cured a few years later; is that
17 right?

18 A. No -- yes, it is right, sorry.

19 Q. Some of the likely reasons why there was a problem are
20 identified by Mr Fuller; is that right?

21 A. Yes, and we see in one of the annual reports there was
22 the Scottish Labour Authority. The adverts had to go
23 through this labour authority before they could be put
24 out. There was a report saying that they were really
25 reluctant to put out any of Barnardo's adverts because

1 they weren't asking for -- they weren't giving the right
2 salary or a high enough salary that attracted ... which
3 I thought was really strange. I was thinking, why would
4 the labour authority that they must have been at the
5 time be able to vet the placing of adverts in local
6 papers. I actually thought that was actually quite
7 strange.

8 We have talked about outside influences as well, and
9 that's an example of something that actually wasn't
10 helping the --

11 Q. An extra difficulty?

12 A. Yes, an extra difficulty helping with the advertising of
13 posts.

14 Q. Just in terms of the type of people that were being
15 recruited, particularly in the earlier parts of the
16 period, 1940/1945 to 1990, we've heard some evidence of
17 adverts -- and perhaps Barnardo's is no different from
18 some of the others in this respect -- that were looking
19 for, particularly, qualities such as good disciplinarian
20 or being able to administer discipline. Was that
21 a feature of Barnardo's recruitment policy or process?

22 A. When we kind of reflect and look at the appointment of
23 couples as house parents, you can't guarantee that both
24 of them are going to have the right aptitude, right
25 skills, to do what you want them to do. And Barnardo's

1 was appointing them as joint superintendents at that
2 time. I don't know whether it was a formal policy, but
3 it was very much Barnardo's view that they should
4 provide opportunities for returning servicemen after the
5 war.

6 So just by that very reason, you would expect that
7 if they came from a military background, they would be
8 very authoritative, very organised and disciplined.
9 What we find when we see the married couples coming in,
10 they very much stayed within their traditional gender
11 roles, if I can say that. So the house superintendent,
12 the male superintendent, would be the discipline and the
13 authority and the female one would sort out all the
14 practicalities.

15 Certainly, and we have heard evidence, and from the
16 files I've read and from former residents that I've
17 spoken to, there is definitely a weakness in having
18 married couples, where if we were interviewing them and
19 recruiting them today, we wouldn't maybe appoint one of
20 them.

21 Q. And a weakness perhaps in one sense of having people who
22 come from military backgrounds who are used to regimes
23 and regimentation and perhaps quite strict discipline
24 and control?

25 A. Absolutely. I was thinking about it and thinking, well,

1 we know today about post-traumatic stress disorder.

2 Who's to say that some staff may not have been suffering
3 from that and would have been totally unsuitable. But
4 that's obviously looking at it with today's eyes.

5 Q. Well, today's eyes, but it may explain things at times.

6 A. It may do, yes.

7 Q. This may be perhaps a tendency to look at people from
8 particular backgrounds or experience, like the military,
9 particularly post-war, and people who seemed to have
10 good skills in discipline and control. For how long,
11 just to get a sense, do you think, from your knowledge
12 of all these sources of evidence, was this the general
13 picture or state of affairs that these were people that
14 they were happy to recruit?

15 A. I think certainly that was dying out by the late 1960s.
16 So if we relate it to the Scottish homes, Mamaji retired
17 and the Barrons came in, so he didn't have a military
18 background. You had the Falconers replacing the Maces,
19 Mr Mace was very much a -- he would have completely
20 fitted into that category. But Mr and Mrs Falconer were
21 the new breed and we've heard evidence about
22 Eric Falconer and how supportive he was.

23 So they were coming into post in the late 1960s,
24 early 1970s.

25 Q. And I think you mentioned earlier the lady you had

- 1 spoken to.
- 2 A. Yes, Sheila Currie.
- 3 Q. They didn't have a military background?
- 4 A. No, no, I think he was a minister. So they came to
- 5 Blackford Brae.
- 6 Q. In the 1960s, I think?
- 7 A. Yes, 1966. We've supplied the inquiry with some videos,
- 8 haven't we? I don't know whether you've had a chance to
- 9 review them.
- 10 Q. I haven't personally.
- 11 A. One video interviews Mr and Mrs Currie when they took
- 12 over. That's an example of one of the homes that was
- 13 reorganised and then started to take young people with
- 14 challenging behaviour. They speak very candidly in that
- 15 video about the old guard that they kind of inherited
- 16 and the changes that they made to the structure, the
- 17 culture, the environment of the home.
- 18 Q. I think in fact we heard from one witness who compared
- 19 and contrasted the experience at a place which was run
- 20 by someone different to where he went --
- 21 A. Yes.
- 22 Q. -- where Mr Currie and Mrs Currie were the joint
- 23 superintendents.
- 24 A. And we have heard that with the Barrons, we have heard
- 25 that with the Falconers. Even though they were still

1 married couples, they were a new breed of married
2 couple, if you can say that. But they were starting to
3 have qualifications. They had nursing qualifications
4 and they went on these residential courses and they had
5 qualifications.

6 LADY SMITH: Yes. I see that dealing with, for example, the
7 Curries, the Falconers, the Nesbitts, you've noted what
8 qualifications there are records of in paragraphs 107
9 and 108.

10 MR PEOPLES: Just going back then, if we're trying to get
11 a sense of what sort of people were running or caring
12 for people over time, then you're seeing this change
13 in the 1960s in terms of the type of house parents,
14 their backgrounds, and there's movement away from
15 perhaps the traditional skills and qualities of being
16 good disciplinarians, good at controlling children, good
17 at providing basic care. Am I right in thinking, given
18 what you've been saying, it does suggest that for quite
19 a long period, up to at least the 1960s and beyond, the
20 people who were looking after children as house parents,
21 the emphasis was on control and using punishment and
22 sanction as a means of control, basic care being part of
23 what they saw their function as, but there was less
24 emphasis on what you maybe described as the soft
25 qualities and the nurturing qualities that might be

1 required, the ones that allow children to feel that
2 they're receiving affection, encouragement, praise,
3 they're being listened to, and all these sort of things?
4 That seems to have been lacking. That's certainly the
5 evidence of some of the people who have spoken to the
6 inquiry, particularly in the earlier times.

7 A. I wouldn't -- I'd agree with you entirely, Jim. The big
8 houses and the numbers of children that were in place,
9 that's where kind of the term "institutionalised" comes
10 in. The children that were in these homes were children
11 who had spent their entire lives in care. So they
12 hadn't known any other kind of environment or culture or
13 care. It was discipline, regime, routine, Maslow's
14 basic needs: clothing, heating, shelter, food. They
15 were all adequately cared for, but no understanding of
16 the emotional needs of young people at all.

17 It was very much: we're going to give you a moral
18 and a spiritual upbringing -- because you've read a lot
19 of the documents and heard what former residents have
20 had to say about how everybody went to church and you
21 had prayers and Bible readings. So it was very insular.

22 We have heard Sir Roger talk about them being closed
23 environments -- and, you know, that's what they were,
24 everything that you've said, that was the model of care
25 during the 1940s and 1950s, yes.

1 Q. I think we had one witness say that, when asked to
2 describe the nature of the relationship between the
3 children and the house parents, there was no
4 relationship in that sense, the sense you've described.
5 That was the way he put it.

6 A. Yes -- I think with the exception maybe of Mamaji --

7 Q. I'm not generalising entirely, but that was one way of
8 describing his experience and how he perceived the
9 relationship: he didn't even think there was
10 a relationship.

11 A. I would agree -- well, there was a relationship but it
12 wasn't what you and I would understand as a nurturing
13 relationship, no.

14 Q. I think Hugh Mackintosh detected, when he came to
15 Scotland in the early 1980s -- and you'll maybe recall
16 this -- how he felt there was a lack of understanding of
17 human growth and development, particularly when he went
18 to some of the traditional places like Tyneholm, I think
19 was the example he may have given, or Thorntoun, I can't
20 remember which. You recall that evidence, don't you?

21 A. Yes. I would give an example of bed-wetting because
22 we have heard a lot about bed-wetting from former
23 residents and former staff. The way it was dealt with
24 was either very practical -- take your sheets off, throw
25 them down -- or in a way that the former residents have

1 described as being humiliating.

2 But how bed-wetting would have been dealt with would
3 have been on a practical basis, but very much on
4 a medical model. So either the child was seen as being
5 naughty and lazy if they didn't get up to go to the
6 toilet, or there was something medically wrong with
7 them. So there was no awareness of the fact that there
8 may be some emotional reason or trauma as to why that
9 young person was wetting the bed. So we weren't looking
10 at social models during that period, we were very much
11 looking at the practicalities of changing the sheets,
12 getting children to school, or is there a medical reason
13 why this child is wetting the bed, and not at any other
14 reasons why this might be happening. I think that's
15 quite significant.

16 Q. Yes, because we have heard, obviously, evidence about
17 the response to bed-wetting. It's not always a response
18 that attracts criticism, but quite often it does.
19 You've heard the descriptions, the public ridicule or
20 humiliation that would take place. Some would carry
21 their wet sheets to a place of laundry. Sometimes it
22 might be worse than that because I think Jasmine Bell,
23 although she didn't know it at the time when she was at
24 Balcary in the 1960s, said that later on she was told by
25 a resident that his face had been rubbed in urine-soaked

- 1 sheets. You may recall that.
- 2 A. Yes, and that was my bit about it being seen as
3 naughtiness and laziness rather than as something else.
- 4 Q. That brings me to another point. All through the
5 statement -- and I know it's important we understand
6 what the formal processes and procedures were, and that
7 Barnardo's had a lot of them, written policies and
8 procedures from the early days and it's something that
9 they, I think, feel reflects well on them, but the
10 problem seems to me, when it comes to bed-wetting and
11 the use of discipline and corporal punishment in
12 practice, is that whatever is being said in these
13 documents was not being matched in practice at many of
14 the establishments.
- 15 A. That's a generalisation.
- 16 Q. Well, yes.
- 17 A. I think in most cases it was. Clearly, in some cases it
18 wasn't.
- 19 Q. But it wasn't a rare occurrence for corporal punishment
20 to be used in the establishments, even although from the
21 earliest times the policy of the organisation, on paper,
22 was that it should be used sparingly.
- 23 A. Yes. I mean, we have heard some evidence of corporal
24 punishment, but we've also heard a lot of evidence to
25 say that they didn't experience corporal punishment or

1 didn't see any corporal punishment.

2 Q. But it was perhaps being used more than the policy
3 documents envisaged it would be, was it not?

4 A. I wouldn't disagree. Again, when we think about the old
5 homes or the traditional homes when we had the
6 authoritarian house fathers with their military
7 backgrounds, I think it would be correct to say that
8 corporal punishment or the over-chastisement of children
9 would have been a factor.

10 Q. I think indeed Sir Roger told us in his evidence this
11 week that in 1977 or thereabouts he felt the need for
12 clarity on that issue of punishment and there was
13 a circular -- and it's referred to in the statement --
14 sent to heads of homes. It's paragraph 169, Sara, if
15 you want to have it in front of you. It seemed to
16 require, as late as 1977, a circular spelling out the
17 only forms of corporal punishment that were to be
18 permitted. That's a long way on from the 1944 Barnardo
19 Book, the 1955 Barnardo Book, and it's suggestive, at
20 least, of a need to issue the circular to all homes.

21 Is that not a fair inference from the fact that it
22 was being issued and it was being spelt out in those
23 terms?

24 A. Yes, I think there was a need for clarity and I think
25 Sir Roger said that it arose from him being part of an

1 inquiry into physical abuse.

2 Q. Yes.

3 A. We've heard evidence about Barnardo's being a learning
4 organisation and always wanting to try and do things
5 better or reviewing what practice is occurring, so this
6 would have been an example of an opportunity that
7 Sir Roger took, when he was head of childcare, to look
8 at what the current position was across Barnardo's. The
9 feeling that arose out of that is that greater clarity
10 was needed about what were acceptable forms in the care.
11 And the control policy 1977, the one you're referring
12 to, actually does include some sections on positives,
13 because I know that was one of the --

14 Q. Alan Swift made a point about that.

15 A. Yes, it was, well, we're only told what we can't do,
16 we're never told what we can do. That policy actually
17 does give that, as does the Barnardo Book. Going back
18 to 1944, the Barnardo Book actually talks about praise
19 and encouragement rather than chastisement.

20 Q. But the general point that I am making is that these are
21 all written down but it still seems in practice what is
22 written down isn't being adhered to in terms of
23 punishment or whatever.

24 A. I think generally it was. Clearly we accept that there
25 were instances when the policy was breached. We've

1 provided in the statement examples of when that happened
2 and what actions were taken that we've gleaned from the
3 records.

4 Q. I follow that and you're correct, there are examples of
5 where there's what I would call excessive corporal
6 punishment. But there's a more general point that there
7 seems to have been an overuse of corporal punishment
8 per se because the circular seems to be trying to make
9 sure that it is very much a last resort, it's sparingly
10 used, even if used appropriately. You don't read it
11 that way?

12 A. No, I would disagree with you. I would go back to my
13 comment about Sir Roger wanting to do a review and then
14 to provide clarity. I don't think -- I mean, you can
15 read into it, well, clarity needed to be provided
16 because X was happening. But you could also just say,
17 well, clarity is a good thing to do as a learning
18 organisation to reinforce what the expectations and
19 standards are.

20 Q. My difficulty with that, Sara, is if you go on to
21 paragraph 172, there's a statement to the effect in the
22 organisation's statement that in 1979, two years after,
23 Barnardo's reported that use of corporal punishment
24 within Barnardo's appeared to have diminished
25 considerably in recent years. So it looks as if it was

1 being used too much in the view of some in the
2 organisation, that action had to be taken, was taken,
3 and had some measure of success.

4 A. Yes. So that is a positive in that clearly that is an
5 example where the policies then looked like they were
6 being followed --

7 Q. Well, there was some positive --

8 A. -- or in a more consistent manner.

9 Q. Just going back, before we break, I think, to training.

10 There's one point I wanted to pick up with you. We
11 talked about the early recognition of the need for
12 training and indeed the initiative in England of the
13 setting-up of the -- is it, the central --

14 A. Council of ...

15 Q. Central training council, I think, in 1948 or
16 thereabouts. Around the time of the Children Act,
17 I suppose.

18 A. Yes.

19 Q. And after the Curtis Committee report?

20 A. In a response to that, yes.

21 Q. The organisation in its statement does, at paragraph 91,
22 at page 28, tell us something interesting, and I'll just
23 read it:

24 "Despite the Clyde Committee's recommendations in
25 1946 that a training committee be set up to prepare the

1 necessary schemes of training and examinations for the
2 staff of homes and for persons engaged in childcare work
3 in Scotland, it was well into the 1960s before the
4 Scottish Home and Health Departments implemented this
5 recommendation."

6 That seems to be something taken from a work by a
7 Mr Murphy, published in 1992; do you see that?

8 A. Yes, and I think we see from the annual reports of the
9 staff going on training -- and there is a shift away
10 from staff going down to Barkingside to do the training.
11 There's talk about Glasgow and various other authorities
12 within Scotland putting on their training. So then
13 there's evidence that staff in Scotland then start going
14 on those training courses instead.

15 Q. This isn't really directed at an organisation, it's just
16 looking at the wider context. There was no equivalent
17 at that stage to the Central Training Council --

18 A. No.

19 Q. -- for some decades?

20 A. So again, Barnardo's was at the forefront of training.

21 MR PEOPLES: Perhaps this is as good a time as any to have
22 the morning break.

23 LADY SMITH: We'll take the break at this stage, Sara. I'll
24 sit again in about 15 minutes.

25 (11.31 am)

1 (A short break)

2 (11.50 am)

3 LADY SMITH: Are you ready for us to carry on, Sara?

4 A. Yes, thank you.

5 LADY SMITH: Thank you.

6 Mr Peoples.

7 MR PEOPLES: Sara, if I could move to another matter that
8 we've obviously heard a bit of evidence about, including
9 evidence yesterday, about current child protection and
10 safeguarding arrangements within Barnardo's.

11 I think if we could just deal with this briefly to
12 get the sort of general picture. You say in the report
13 to really summarise the position that in the area of
14 what we would now call child protection and
15 safeguarding, I think at paragraph 192, if you want to
16 have that in front of you, at page 56 of the statement,
17 it's 9680 in our numbering, you say at paragraph 192:

18 "From the 1990s, Barnardo's published a number of
19 documents and guidance in relation to child protection."

20 Although there were other examples of circulars
21 which clearly had child protection issues in mind
22 historically.

23 A. Yes.

24 Q. In terms of a sort of raft of policies and guidance,
25 I suppose we're looking at the post-1990 period before

1 that begins to happen.

2 A. Yes, post the 1989 Children Act. I have laid out in the
3 statement here about the publication of Barnardo's as
4 a child protection agency, which really was the first
5 time that specific guidance was given and set out, and
6 that whole booklet includes roles and responsibilities,
7 it also includes for the first time the different
8 categories of abuse and what signs and symptoms to look
9 for.

10 So really, it was quite a shift, a development for
11 the organisation to produce this and to give it to all
12 members of staff.

13 LADY SMITH: Sara, tell me what aspect of the Children Act
14 1989 do you think particularly triggered the changes at
15 Barnardo's?

16 A. I think because the child was put at the centre and the
17 clear strapline for that act was, "The needs of the
18 child are paramount". I was a fieldworker by then and
19 that was kind of drummed into me, that everything I did
20 and every decision I made, remember that the child is
21 at the heart of this because there is always a danger to
22 take the views of the adult and not actually focus on,
23 well, actually, what does this mean for the child, what
24 impact is it going to have on the child.

25 So for me, that was a really important step, and

1 then from that came the looked-after children guidance
2 and the very concise forms that then had to be filled
3 in, which the child had a whole big section of that. So
4 on me as a fieldworker at that time there was the
5 requirement for me as a fieldworker to sit down and
6 spend a lot of time with that child, filling that in.
7 They were age-appropriate so there were different forms
8 depending on the age of the child.

9 So I think, to answer your question, it was: yes,
10 the child is at the centre of all this, don't forget
11 there's a child here, when all this other stuff is going
12 around, there's a child here.

13 MR PEOPLES: Can I just take that up with you. The context
14 again is important. You have mentioned a major piece in
15 legislation in England and I think in Scotland we had
16 the Children Act (Scotland) 1995, which maybe has not
17 dissimilar aims and objectives. We also had,
18 significantly on the international front, I think there
19 was the UN Declaration on the Rights of the Child in
20 1989 --

21 A. Yes.

22 Q. -- which spelt out the importance that children have
23 rights and that that should be recognised by all
24 internationally, domestically. Presumably these were
25 drivers for this sort of initiative?

1 A. Yes.

2 Q. Was this something that all of the sort of care provider
3 agencies were starting to do by the early 1990s? Were
4 they all producing something similar?

5 A. I think so. I was in fieldwork at that time, so
6 clearly -- it might have been constructed in different
7 ways in different agencies.

8 Q. But did --

9 A. But around that time it was very much ... If you think
10 about the evolution, what we'd had by then is we'd had
11 the Cleveland Inquiry, we'd had the Orkney Inquiry, we'd
12 had the Warner and the Utting reports, all things that
13 have been talked about before.

14 So there was far greater knowledge and awareness of
15 the scope and the prevalence of abuse. So I think all
16 these things factored into driving the changes.

17 Q. Yes. You've got the new legislation, you've got the
18 international declaration about the rights of children.
19 From the contextual point of view, you've also got the
20 inquiries. There had been a series of inquiries by
21 then, and indeed Sir Roger told us about the inquiries
22 that preceded the Warner Report, which looked at
23 residential care and recruitment of staff. These are
24 all quite significant developments at one time, they're
25 all coming together?

- 1 A. Yes.
- 2 Q. I suppose ultimately, the message coming through loud
3 and clear is that children must have an effective
4 voice --
- 5 A. Yes.
- 6 Q. -- in all matters, in particular any important decisions
7 affecting them?
- 8 A. Yes. I think that comes through in the residential care
9 when we look at some -- we have archived some examples
10 of young peoples' meetings. That was my experience when
11 I was in Birmingham, that you had your staff meetings,
12 but you also had your young persons' meeting, and it was
13 at those meetings that your rumbles and grumbles, if you
14 like, your low-level complaints, would be aired and
15 addressed. So obvious things like bedtimes or times out
16 or times in, those kind of much more practical kind of
17 day-to-day things that impacted on young people's lives.
- 18 Q. So things were happening before 1990 or 1991?
- 19 A. Yes.
- 20 Q. But if we're looking at, for example, initiatives like
21 children's councils -- and I think we can find examples
22 going back even to -- I think Quarriers mentioned that
23 in the 1960s they had some sort of council in that
24 decade. These councils, as you say, I suppose to try
25 and get a feel, would be dealing with more low-level

1 grumbles.

2 A. Yes.

3 Q. They weren't addressing, say, a fundamental problem like
4 either abuse that was rife in an establishment or
5 happening to an individual in an establishment?

6 A. No. They'd be very much what we would call the kind of
7 moans and groans about different things. Sheila Currie
8 talked about, when I visited her, about the young
9 peoples' meetings that they introduced into
10 Blackford Brae. So that was actually the late 1960s
11 into the 1970s. So that was quite an initiative to
12 actually recognise that actually, if you involved young
13 people in a say about how their home was run, the impact
14 and their experience is going to be enhanced, and life
15 is probably going to be much easier and less need for
16 any kind of sanctions.

17 Q. Does that type of initiative at least be maybe the
18 beginnings of some recognition of the power imbalances
19 and relationships, that you have to in some way try and
20 achieve not equality but at least some measure of
21 influence on the part of the children rather than it's
22 all adults?

23 A. Yes, absolutely. Young people need to have influence
24 over their own lives. It may have been limited in terms
25 of what they could influence within that kind of

1 environment, but it was still important that in areas
2 where they could have a voice and effect change they
3 were able to do that.

4 Q. I suppose to take the general point about voice or more
5 importantly, still, effective voice, historically,
6 pre-1990s, and the sort of initiatives that are being
7 put in place, children in residential care generally
8 speaking did not have an effective voice; is that the
9 reality?

10 A. Yes. I have done a lot of reflection on this over the
11 last few weeks and months and looked at the case files
12 and some of the examples that we've included as to
13 what's recorded about what issues children did feel they
14 were able to raise.

15 What I found, I think, as very interesting and very
16 significant in the whole area of speaking up about abuse
17 is that where -- and we've got several examples where
18 somebody was experiencing abuse outside of the unit, so
19 we've got an example of ... I think, Killian Steele --
20 and I can use that name, it's not a pseudonym -- talked
21 about being physically abused by a teacher and he came
22 back and told Eric Falconer and Eric Falconer went and
23 did something about it and the teacher was suspended.

24 We have another one that I was reading last night,
25 where former boys were climbing up a post and coming in

1 and potentially having unlawful intercourse with the
2 girls. They reported that -- one of the young people
3 reported that and that was referred to the police.

4 So it seems to me that where the abuse occurred
5 offsite, so you didn't have any of these power dynamics
6 and all the issues that have been raised with the
7 inquiry about fear of not being believed, that certainly
8 there is evidence that they were able to do it in those
9 situations. I found that very significant, that they
10 were able to do it in those instances.

11 But if something happened to them within a unit or
12 by one of the staff within a unit, then we see what has
13 been described on many occasions, that they either
14 stayed silent or they didn't do anything because they
15 weren't going to be believed.

16 I actually found that really, really interesting.

17 Q. I was going to -- it was a point I was going to raise
18 with you. I think the examples you've given -- and
19 perhaps which have led you to this conclusion -- I did
20 want to ask you about what you'd found. It's the
21 "Contemporaneous Allegations" section of the statement.
22 You give some examples at paragraph 201 on page 57 and
23 following, I think. You give examples of
24 children/residents raising allegations of various kinds.
25 As you rightly say, I think even the examples you've

1 given tend to involve abuse of one form or another
2 outwith the home by some other adult or someone else,
3 but not necessarily directed against a member of the
4 care staff. There are very few examples where that
5 seems to be found in the records. So that accords with
6 your analysis?

7 A. With my analysis, yes. The other examples that we've
8 got where action was taken or a young person felt able
9 to say something, there was an example of a young person
10 being physically abused on home leave --

11 Q. Yes.

12 A. -- and they felt able to report that because they
13 weren't -- as soon as they were outside of that
14 environment, they felt able to report it.

15 Q. So we did have evidence -- at least there was a general
16 recognition in the evidence by a number of people,
17 including senior managers, former senior managers in
18 Barnardo's and people working at establishments, of the
19 difficulties, whether they realised them at the time,
20 the difficulties of children reporting abuse by the
21 person that cares for them, the person who has authority
22 over them and so forth.

23 A. Absolutely.

24 Q. You recall that evidence, I think?

25 A. Absolutely, for all the reasons that you've cited.

1 Q. Your analysis of the records tends to confirm that?

2 A. Yes.

3 Q. So if we're asking why is there little evidence in the
4 records of complaints or allegations against staff of
5 abuse, we maybe know the reasons from the evidence
6 that's been given, but we find that when we look at the
7 records, that is the position, that there's not much?

8 A. Yes.

9 Q. And I think Kate Roach made the point yesterday, that
10 when allegations have surfaced -- and a lot started to
11 surface post-1995, when the records were searched --
12 although they might have other value, they weren't
13 providing a lot of evidence about the occurrence or
14 non-occurrence of specific events or incidents of abuse?

15 A. That's right. They were only able to say whether that
16 young person was in that home during that period and
17 whether that member of staff was there. But sometimes
18 we do, but we're coming more now to the late 1970s, the
19 1980s, when you see on the files the incident reports
20 and accident reports. So the reporting mechanisms had
21 become much more sophisticated and that then would --
22 I'm trying to think of the right word. A member of
23 staff filling in that form would have to then think
24 through in greater detail or do some kind of analysis as
25 to what was happening and why it was happening.

1 So we see in the case files the start of these
2 accident and incident reporting -- so reporting does get
3 better.

4 Q. Indeed, now there's the serious safeguarding incident
5 system?

6 A. Yes, that's been talked about.

7 Q. That's evolved into that kind of system?

8 A. Yes.

9 Q. That of course is incidents as reported by staff, not
10 incidents which -- well, it's not necessarily showing
11 lots of complaints by children that trigger these
12 reports, or were you finding that?

13 A. I would agree generally, but we do --

14 Q. Find examples?

15 A. Yes. So I wouldn't say it was completely staff driven.

16 Q. I'm not suggesting that, I'm just trying to get a broad
17 picture of what in general terms was the position. The
18 issue we're really discussing here is: children who are
19 experiencing abuse, do they report it and disclose it
20 at the time? I think you've given me the answer, that
21 they don't generally.

22 A. No, they don't, and my experience of Aftercare and
23 Making Connections and working with survivors of abuse
24 is that the majority don't disclose for many, many years
25 afterwards and there's a particular trigger that

1 happens. We've seen that.

2 Kate talked about the documentaries as being a big
3 trigger, but then we saw another trigger, Savile.

4 Savile was another trigger for people feeling able to
5 come forward. And then the inquiries have been another
6 trigger for people coming forward.

7 Q. So if there's something public --

8 A. Yes.

9 Q. -- that gives them perhaps the reassurance that they're
10 not alone or this is a general problem, it seems to
11 produce --

12 A. Yes.

13 Q. -- more disclosures --

14 A. Yes.

15 Q. -- for Barnardo's and indeed no doubt for other
16 organisations?

17 A. For all organisations, yes. People have felt able to
18 come forward because of the knowledge that they will be
19 believed.

20 Q. But there's the other aspect too that to some extent
21 we've heard evidence in this case study of children who
22 did report ill-treatment or incidents to the
23 organisation and they say, well, we didn't feel we were
24 listened to, believed, we were sometimes punished, so we
25 didn't really -- we just stayed silent thereafter.

1 Is that something that you can recognise?

2 A. I'm sure that's the case, yes. But we do see a change
3 in practice over time. I would entirely agree with you
4 during the 1940s, 1950s, 1960s, yes.

5 Q. Because then I think some of them described a state,
6 from their perspective, of being in a state of constant
7 fear, not simply fear of what would happen next in the
8 environment in terms of abusive treatment, but fear of
9 what would happen if they said something. So there was
10 a twin fear.

11 A. I'm sure that would be the case. When I think about --
12 one of the other sides to that is if staff were aware --
13 and we've heard some evidence that maybe junior staff
14 may have had a gut feeling that something wasn't
15 happening and you have exactly the same thing with staff
16 not wanting to speak out for a lot of the same reasons:
17 not being believed, the power dynamics, wanting to keep
18 their job.

19 David talked about the whistle-blowing policy
20 yesterday and how maybe that wasn't as effective as it
21 could have been because the name became public and there
22 was a backlash from that. So if staff who are qualified
23 or experienced were feeling that they weren't able to
24 challenge their manager or whoever, then how on earth
25 could children feel that they could do that?

1 Q. And that fear is still maybe here today on the part of
2 some staff, which why is there have been refinements of
3 the whistle-blowing process to introduce this hotline;
4 is that correct?

5 A. Yes, I would say so.

6 Q. There's another dimension to this: there's those that
7 don't report and the reasons why they don't report
8 at the time, those that do report and why they don't
9 report again, and the reaction they perceive they've
10 received. There's a third situation: those who really
11 don't know that what's happening to them is something
12 that should be reported, it's the norm for them because
13 of both their prior experiences and their experiences in
14 care. There's a group of children that must fall into
15 that category too.

16 A. Yes, I would very much say that in the earlier period,
17 we talked about the closed environment and
18 institutionalisation and their only experience of care
19 has been that experience, so they haven't got anything
20 to compare with it, so they think it's the norm. Yes.
21 So we have that kind of period in time.

22 Then we have a period in time where young people
23 come in with a lot more experience and may have been --
24 a lot of those experiences may have been abusive. So
25 again, they may feel that if something happens to them

1 in that thing, well, that's just what happens, that's
2 par for the course.

3 But then we roll forward to things I've been talking
4 about when the child is put at the centre and the child
5 is listened to and the creation of different tools to
6 enable that child to speak out. I know you've talked
7 within the inquiry about the card system and how
8 effective or ineffective it may have been, and then
9 we've talked about independent visitors, we've talked
10 about social workers and other people, and how even
11 though you've kind of got these other safeguards in
12 place, they don't seem to be working either.

13 Q. So you have to try something else?

14 A. Absolutely. You have to then try and put something else
15 in place. But for me, it just always comes back to the
16 child: has anybody actually asked the child what
17 would --

18 Q. What would cause them to --

19 A. Yes, how would you feel safe to be able to disclose?
20 What would you need around you to be able to do that?
21 And then build it from there. Rather than: oh, we think
22 this is a good idea. It's coming back to putting that
23 child at the centre of things.

24 Q. I suppose it's making the point that maybe historically
25 what's happened for people in care is that the

1 professionals know best, they devise all these ideas,
2 but in fact they miss out the one important participant
3 in this exercise, the children themselves, to find out
4 what would work for them?

5 A. I think we're so much better at that, but --

6 Q. But still not perfect, obviously?

7 A. Nothing will ever be perfect, no. It's a constantly
8 changing pattern.

9 Q. Just to be absolutely clear, I think the 1984 card
10 system and the booklet may have been a good initiative
11 and well intentioned, but on Hugh Mackintosh's evidence,
12 it didn't seem to be well used?

13 A. I have seen a blank one, but I have never seen
14 a filled-in one.

15 LADY SMITH: You say blank. What was it like? You say it
16 was blank but it must have been some writing on it.

17 A. It was like a postcard and it just had: do you want to
18 tell us anything about your treatment? More
19 child-friendly words. And if so, you had to put the
20 name of the -- your name and your place of residence.
21 But then on the other side, it was anonymous -- not
22 anonymous, it just had the address on. It was stamped
23 so you didn't have to go and ask a member of staff for
24 a stamp so they'd know you were posting it. So that was
25 the idea and it went directly to the director, so

1 it would have been Hugh. And then he would determine
2 what to do with it and appoint a suitable person to
3 follow that up.

4 So it wasn't detailed in any way, shape or form, it
5 was, you know, "I don't like [whatever the name] in the
6 home".

7 LADY SMITH: Yes. You've still got the child having to go
8 through the formality of writing something down, which
9 might be very hard for them to explain on a postcard.

10 A. Yes. Again, as practice evolves, it was thought to be
11 a good idea and an additional safeguard, but as Hugh has
12 said, the reality was that it wasn't used very well, if
13 at all.

14 MR PEOPLES: The other point to make in that regard is that
15 by this stage, if you're specialising in children with
16 complex needs and indeed children with learning
17 difficulties, it's going to be all the more difficult
18 for them to operate that system --

19 A. Yes.

20 Q. -- or to articulate their problem.

21 A. Again, practice has moved on significantly and David was
22 telling us about Makaton being used and pictures and
23 different ways to enable young people to speak out.

24 Q. Can I just ask you on the child protection side of
25 things, pre-1990 --

1 LADY SMITH: Sorry, Mr Peoples, one thing, before we leave
2 ways in which you try to get the message across to
3 children that it's okay to complain: do Barnardo's
4 involve children in the designs of their communications?

5 A. They do now, yes.

6 LADY SMITH: Where do they go to do that, do you know?

7 A. I would think from the 1980s, and maybe even the late
8 1970s, in some of the progressive homes, like Mr and
9 Mrs Currie, they were very progressive with their
10 children's meetings. So as I said before, as much as
11 they were able to influence within the confines of the
12 establishment, I think we see that in some places. But
13 I would say it was the exception rather than the norm in
14 the 1970s. But I think as you are coming through to the
15 1980s, it's more apparent that children influence bits
16 of service provision where they're able to.

17 LADY SMITH: Good, thank you.

18 MR PEOPLES: To try and link this in with some of the
19 evidence and understand the evidence that was given, one
20 of the points that Alan Swift did make, apart from his
21 comments on training, was to the effect that the
22 organisation in his time didn't have a properly
23 functioning complaints procedure. I think he probably
24 means an effective complaints procedure. No doubt there
25 was a method and no doubt there were people around that

1 you could talk to, but ultimately that wasn't producing
2 any great number of complaints from children. That's
3 the reality?

4 A. Yes.

5 Q. And indeed, John Rea made a similar point when he was
6 giving evidence and reflecting on matters, that there
7 were few complaints that came to his attention, and the
8 point he made is there were too few complaints when he
9 looked back and it should have maybe struck a chord or
10 rung alarm bells, it was too good to be true.

11 A. I think so, but I think you have to just look at what
12 you're defining as a complaint. This is where there's
13 very blurred lines because we talked previously about
14 the moans and groans and those kinds of things, which
15 you may categorise as a complaint or you may not. So
16 there's clear evidence that those were being addressed.
17 But if you're using "complaint" to mean abuse --

18 Q. Yes. Am I correct in that analysis?

19 A. Yes, then young people weren't coming forward.

20 Q. For all the reasons that you've maybe given us today?

21 A. I don't want to say, you know, nothing was happening,
22 because clearly we've got a lot of examples in case
23 files, contemporaneous allegations, where action was
24 taken. So I don't want to suggest that nothing was
25 happening because that is far from the truth. But if

1 you ask me whether there was under-reporting, then
2 I would have to say yes.

3 Q. And the situations where maybe matters came to light or
4 were investigated might have involved the matter coming
5 to the attention of the organisation through someone
6 other than the child, even an external agency --

7 A. Yes.

8 Q. -- rather than the child coming forward --

9 A. Yes.

10 Q. -- himself or herself?

11 A. Yes.

12 Q. Just going to child protection again, just for my
13 benefit, in the statement, as I think an example of an
14 early recognition of child protection and issues of
15 risk, the statement contains reference to the 1941
16 circular that contained a rule that boys entrusted to
17 Barnardo's care may not go on holiday with single men,
18 and then I think a further circular in 1953, issued to
19 all superintendents, to reinforce that message and rule,
20 that they may not go on holiday with single men, whether
21 they're penfriends or befrienders or whatever, and so
22 forth.

23 So what I was interested in, if you were able to
24 help me, is what's the background to those circulars?

25 A. The 1944 Barnardo Book?

- 1 Q. I think it says it was as early as 1941 there was
2 a circular.
- 3 A. But it appeared in the Barnardo Book, didn't it?
- 4 Q. Yes. Do you know the background to that?
- 5 A. Yes, I do, because it is minuted in the executive
6 committee minutes, which you've heard about and you've
7 got examples of those. There was a case where a young
8 person was abused on a trip, so that was what prompted
9 that circular.
- 10 Q. I'll now go forward in time to the 1970s. We did have
11 a discussion of the issue of risk and one-to-one
12 situations and people being left alone in the context of
13 staff. It doesn't appear that the circulars that we've
14 mentioned had in mind the situation of the risk posed by
15 single men who were staff being left alone, either at
16 their own home or in their own quarters, with a male or
17 female resident.
- 18 A. No.
- 19 Q. You'll recall the evidence, obviously.
- 20 A. Yes, I know exactly. I have given it lots of thought in
21 terms of -- well, if you ask me ... I don't know
22 whether you want me to share my thoughts when you ask me
23 why abuse happened or whether you --
- 24 Q. Well, I think we can see how that abuse happened. It
25 was a process of what we might term today grooming by

1 two members of staff, on the evidence that we've heard,
2 which built a relationship, a very close relationship,
3 with particular boys, which led to those boys being
4 abused sexually, according to the evidence, in the
5 private quarters of the staff members concerned and in
6 other locations, including in one case, I think, the
7 staff member's home or the home of his parents. You
8 know the evidence I'm talking about?

9 A. Mm-hm.

10 Q. So we know how it built up, we've got an explanation --
11 indeed, we have got to some extent an explanation of how
12 it happened. Just in terms of the organisation's
13 position at that time, there was evidence also by,
14 I think, Mary Roebuck, who worked in Glasclune, which is
15 the establishment where these examples occurred, that
16 staff were actively being encouraged to take residents
17 away to their homes. That was her perception or
18 recollection. Can you help me there? Have you been
19 able to piece together quite what the policy position
20 was and then give your thoughts on the whole matter if
21 you want?

22 A. Well, again, thinking back to my own experience in
23 residential care and going back to the National
24 Children's Home in the early 1980s, on many occasions
25 I took kids home to my parents on a Sunday afternoon for

1 tea and also examples of -- we had a couple of little
2 boys who were brothers and my boyfriend at the time had
3 a sports car without a roof and as soon as they saw him,
4 they made a beeline for him because they wanted to go
5 out in the car, which is not dissimilar to an incident
6 that we've included, where they were playing football
7 and the boyfriend of one of the workers kicked a child.
8 So that was in the 1980s as well, I think.

9 So, no, it was encouraged -- yes, it was, again,
10 this idea of trying to give some kind of normality or
11 some kind of family time. Barnardo's did have a policy
12 of encouraging social aunts and uncles and I think
13 we have heard evidence about that and there's lots of
14 examples in the records of children going out with
15 social aunts and uncles. They would normally be people
16 from the local church or the local school or something
17 like that. So if you're looking at the risk factors of
18 all these things, then there was a high level of risk.

19 Then if I kind of roll forwards to the 1990s when
20 I was in Birmingham, I was a minibus driver and
21 frequently was out on my own with kids, or if you were
22 taking a child to an appointment or taking them home.
23 Given the practicalities of life within a residential
24 setting there was no way of avoiding not being left
25 alone with a child at any time.

- 1 Q. But I suppose today, there would be risk assessments
2 made?
- 3 A. Yes.
- 4 Q. There would be steps to make sure that generally
5 speaking, if children went on trips, there'd be two
6 adults at least so that there is safety for the adults,
7 safety for the children, so far as you can do that?
- 8 A. Absolutely. The risk assessments are very comprehensive
9 nowadays in terms of any kind of activity.
- 10 Q. But if we're going back to the 1970s and 1980s, would
11 I be right in thinking that the concept of risk
12 assessment in residential care settings, so far as risks
13 in the setting were concerned, was quite primitive and
14 underdeveloped?
- 15 A. Yes. It wasn't well embedded, I would have to say.
- 16 Q. And is there also a sense that -- well, one possible
17 explanation -- and I'll maybe explore that with you just
18 now -- is that the notion that if you have people that
19 go to care settings for the right reasons and want to
20 make a difference to children's lives, that they, in the
21 1970s or 1980s at least, would have found inconceivable
22 the very idea that one of their colleagues would be an
23 abuser, physically, sexually, or otherwise?
- 24 A. Yes. Again, I've reflected on my own practice at three
25 quite different establishments over a 10-year period.

1 I was thinking: (a), would I have known, would I have
2 known, and if I'd known, how would I have known? Would
3 it just have been a gut instinct? Would I have then
4 acted on that gut instinct? And if I did, what would
5 I have done with that? Would I have just shut up and
6 turned a blind eye? So thinking about my own practice
7 about what I might or might not have done.

8 But it was a different mindset. You didn't go
9 around looking at every situation as a potential risky
10 situation. It just wasn't at the front of your mind in
11 those days, whereas now you would look at a situation
12 and you would ask yourself questions that you wouldn't
13 have asked yourself back in the 1980s and 1990s.

14 So because awareness and understanding of the
15 prevalence and the scope of abuse has evolved so much,
16 we would now naturally, I would like to think -- and
17 I would -- ask ourselves difficult questions and then
18 have a responsibility and accountability to the young
19 people in our care to do something with that
20 information.

21 Q. Is that to some extent echoing Sir Roger's ideas, if
22 you have to question and review your actions and other
23 people's actions constantly, you have to be vigilant,
24 you have to suspend disbelief because things do happen
25 and experience shows they do happen in terms of abusers

1 being carers?

2 A. Yes, and I think we learnt a lot from the Savile
3 investigation. One of the best training sessions I went
4 on was looking at Savile and how he got away with it for
5 so long and whether there were particular
6 characteristics or traits. That's where the idea of
7 hiding in plain sight ... So society, historically --
8 and maybe professionals -- has had an image of what an
9 abuser looks like. Therefore, if you've got
10 a qualification, how can you possibly be an abuser?
11 Which kind of links in a bit about the qualification
12 bit.

13 So having a qualification, does that make you more
14 or less a risk of being an abuser? What it might
15 actually do is give you more status and believability
16 and credence that nobody is going to suspect you because
17 you are a qualified person.

18 Q. It's the perfect disguise?

19 A. Hiding in plain sight, absolutely.

20 Q. And in the context of what you're saying there and
21 trying to think through how this situation could arise
22 and not be uncovered or suspected, are we talking to
23 a large extent here about sexual abuse, but not
24 exclusively?

25 A. Yes. Yes, I'm talking about sexual abuse.

1 Q. Because bad practice or excessive punishments are
2 normally things you'd have thought that someone would
3 pick up --

4 A. Yes.

5 Q. -- if they were continuing over time? We can't just
6 say: we didn't know this was going on. These are things
7 that ought to have been picked up?

8 A. Absolutely. Physical abuse is much more visual and
9 either there's a mark or whatever or if you're on shift
10 and one of the staff gets -- you know, you see it, you
11 see it. It's in the open, in the main.

12 Emotional abuse is much more difficult because it's
13 very subtle -- it can be very subtle -- and unless you
14 are looking for a pattern and joining up the dots -- and
15 I think Roger talked, didn't he, about low levels of
16 concern and the dots not being joined up? Sexual abuse
17 is the most difficult to understand and detect.

18 Q. Maybe this is as good a time as any just to go directly
19 now to the question of why the abuse happened and the
20 acknowledgement that abuse did happen. You have
21 a section in the statement headed "Acknowledgement of
22 Abuse", which addresses this matter in part, I think,
23 but perhaps not as fully as you've been seeking to
24 explain today.

25 The section begins on page 90 at paragraph 356.

1 I just want to maybe ask you about that. We've
2 canvassed some of evidence that's been given and you've
3 listened to the evidence of residents who have given
4 accounts of experiences of abuse and accounts of
5 positive experiences, but let's concentrate on those
6 that experienced abuse who are looking for answers and
7 understanding and explanations.

8 What can you offer us on that? Just before I say
9 that, at 362, paragraph 362 on page 92, there is
10 a statement to the effect that:

11 "Barnardo's had policies and systems in place and
12 believe these stand up to scrutiny when judged by
13 contemporaneous standards and taking into consideration
14 available guidance, publications, legislative framework
15 and professional standards of the time."

16 Well, let's assume that is the case just for the
17 sake of argument. That's no consolation to someone who
18 was abused at that time. What they want to know is what
19 went wrong, in what ways the organisation failed them,
20 and why bad practices were continued and so forth, why
21 abuse wasn't detected and so forth. Can you offer them
22 an answer rather than me?

23 A. Okay. Can I roll back a little bit? What I've done
24 over the last so many weeks and months is to -- the
25 question, why did abuse happen? We're looking at a time

1 frame of about 50 years, give or take a couple of years
2 either side.

3 Q. 1940 to 1990-ish?

4 A. Yes. To answer that question, why did abuse happen, why
5 did it happen -- so we have to kind of break it down
6 a little bit. I thought about three main areas and
7 I think this kind of follows through the decades.
8 Clearly, the first point I'd make or the first thing
9 I would call it was ignorance. That's the first thing
10 and I'll talk a bit more about that. Then the second
11 word I want to use is denial. And then the third word
12 would be revelation. I think that really sums up my
13 thinking.

14 So in the early days, the term "child abuse" was not
15 terminology that was used, it didn't come until the
16 1960s into the 1970s. So abuse was defined, if you
17 like, as child cruelty and child neglect, and the idea
18 was that children were rescued from parents by putting
19 them in a different environment. So it isn't really
20 until we roll forward then to the 1970s -- and the 1970s
21 are primarily concerned with physical abuse.

22 If we look at the two inquiries that Sir Roger was
23 talking about, they were around physical abuse, and the
24 cases that came to public attention, so you had your
25 Maria Caldwell in 1973, you had your Tyra Henry in 1982,

1 and you had your Jasmine Beckford. Those were physical
2 abuse and again in the home. So the thinking, the
3 ignorance is, well, this only happens in the home, it
4 doesn't happen in other establishments. It was physical
5 abuse, and as we've said, physical abuse is much more
6 obvious and open.

7 But then it wasn't until, really, the 1980s, you
8 know, so quite significantly late, that the idea of
9 sexual abuse was really starting to come into the public
10 consciousness. That was through the Cleveland inquiry
11 and the Orkney Inquiry, but again that was in the
12 family, sexual abuse within the family.

13 So this idea, again, that -- and this kind of fits
14 into the denial bit. The idea that people who have
15 committed themselves to work with children and to go in
16 this environment have done it for the right reasons and
17 they can't possibly have done it because they want to
18 abuse children.

19 Then at the same time, in the 1980s, we had
20 Childwatch, so that was 1986, as late as 1986. That,
21 I think, was really the first time the public, because
22 of Esther Rantzen's profile, became aware of the scope
23 and the prevalence of sexual abuse, and as a result of
24 that Childline was set up.

25 So kind of thinking about society's understanding,

1 professionals' understanding through those decades, you
2 can begin to see then some of the reasons why abuse
3 occurred.

4 I then tried to then reflect it back to Barnardo's
5 because, clearly, that's what you're interested in, and
6 why did it happen in Barnardo's.

7 We talked about the Utting Report and the
8 Warner Report that talked about recruitment and things.
9 I talked earlier about what I felt was a safety net of
10 having the consistency when your Mamajis were in post
11 and then the potential difficulties or potential for
12 collusion or whatever when you had your house parents.

13 Then we were starting to see -- what we then started
14 to see was the appointment of single men. Whereas
15 before, what we had seen very much was it being
16 a female-dominated environment. The caring,
17 nurturing -- well, that's a woman's job. Then we start
18 to see single men being employed, and on the shift
19 patterns, and when I think of the allegations that
20 Barnardo's has received and the convictions, single men,
21 single men abusing boys. So that was something about
22 the type of people who were starting to come into the
23 work. I thought it was really interesting that all the
24 allegations we've had around sexual abuse have been men
25 and, in the main, perpetrated against boys.

1 We talked about the early days and Sir Roger talked
2 about it, the closed environment. You've seen pictures
3 of the homes, how big they were. If somebody wanted to
4 sexually abuse a child, there were lots of nooks and
5 crannies they could have gone to. It is very difficult
6 to keep track of 20, 30 kids and somebody isn't going to
7 be missed for 5 or 10 minutes.

8 The idea of having social aunts and uncles and the
9 vetting of social aunts and uncles wasn't as robust as
10 it would be for volunteers today. So there was
11 opportunity there and we have certainly heard evidence
12 for former residents that the abuse they experienced was
13 at the hands of people that didn't work within the
14 residential setting. So clearly, that was an area of
15 vulnerability and risk.

16 We talked about the power dynamics, all the things
17 we've talked about, about not being heard and not being
18 believed. The lack of opportunities for children to
19 speak out. Clearly, that's evolved over time, but that
20 wasn't in place in the early days.

21 What we've also heard a lot about and we have quite
22 a lot of evidence within the records is around peer
23 abuse. Again, the awareness came later of sexualised
24 behaviour of young people who maybe had come from an
25 abusive background and the impact that that sexualised

1 behaviour could have on other children that were in the
2 home. So that risk wasn't really appreciated in the
3 early days. We have had quite a lot of allegations
4 about peer abuse.

5 As I said, the lack of understanding and awareness
6 about the signs and symptoms of abuse, as we've talked
7 about, and this idea that if you've come into the
8 profession and you're qualified and it's thinking the
9 unthinkable, isn't it? Unless you can see something
10 tangible, it's very difficult to detect sexual abuse.

11 So for all these reasons, there are opportunities,
12 if somebody wished to abuse children, to abuse children.

13 Q. You've focused, I think, in that -- and it's very
14 helpful, your thoughts. That's one aspect, that's one
15 type of abuse. But obviously, we heard a lot of
16 evidence about bad practice, abusive practices, abuse of
17 the power to punish and sanction. Emotional abuse, as
18 you say, it's more subtle. But when you're looking at
19 those types of abuse, and they were happening also, and
20 we've heard lots of evidence from those that experienced
21 that type of abuse. What's your analysis of how that
22 was allowed to maintain? Because you can't say that
23 that was unthinkable because we can see from early
24 points in history that issues of punishment were
25 featuring in guidance. There's no doubt examples of

1 physical abuse being -- physical chastisement being
2 excessive, and I'm sure Barnardo's were no different
3 from other organisations.

4 You can't advance the same reasons for that type of
5 abuse. So why was that allowed to happen? Why were
6 these people allowed to, day in, day out, exert perhaps
7 control under the guise of punishment and carry out
8 abuse? I'm not saying this was universal, but if
9 you have people that were doing that -- and that's what
10 we have heard evidence of, there were people that did
11 that -- why was it happening and not being picked up?

12 A. I think for some of the reasons that I've already given.
13 Not just -- well, I gave both sides, so children feeling
14 unable to speak out, but also staff feeling unable to
15 speak out.

16 Q. Would these be big reasons?

17 A. Would these be, sorry?

18 Q. Would these be two of the major reasons why it wasn't
19 coming to light and nothing was getting done?

20 A. Yes, I would say so. If you think about the other
21 professionals that might have been involved, so if
22 a child was placed by a local authority, they would have
23 a field social worker, and there were psychiatrists
24 coming in, children were routinely seeing other
25 professionals like doctors, dentists, and obviously

1 schooling. So there were these other avenues.

2 It comes back to the whole essence about a child not
3 feeling able to talk to anybody. It's not just not
4 being able to talk to somebody in the residential unit,
5 it's about anybody within their -- even their families,
6 if they had contact still with their families. So it's
7 the absence of -- and I don't know ...

8 So why ... what is it that -- again, it comes back
9 to this question: what is it that needs to happen to
10 enable that child to be able to speak out? Because
11 clearly some people had loads of professionals and other
12 people involved with them and still weren't able to
13 speak out.

14 Q. But why didn't the staff talk to these professionals and
15 say, "Look, I'm concerned, I see this"? We do see
16 examples where people did speak up.

17 A. Yes, we do.

18 Q. But it's not the norm. It may be that --

19 A. The honest answer is, I don't know. I don't know.
20 Whether it was, again, fear of it coming back round and
21 impacting ... whether they just didn't realise the
22 impact of what was happening to the child. I don't
23 know. I've thought about it so much and it's really
24 difficult to try and come up with a definitive answer.

25 Q. Because whatever the label you attach to it, I think you

1 would agree some of the things we have heard would be
2 regarded as abuse in our understanding.

3 A. Oh, absolutely. Absolutely.

4 Q. But if that be the case, whatever label you attach,
5 people must have seen practices, they must have seen
6 humiliation, public humiliation, they were there. Yet
7 it was being maintained in some places.

8 Can I take an example: Hugh Mackintosh comes to
9 Scotland, he goes to Thorntoun, and he is told there's
10 an initiation ceremony in the early 1980s that the staff
11 must have known about and the head of the unit seems to
12 have known about and yet that was okay and it took him
13 to take steps to do anything about it.

14 A. That was never okay, no.

15 Q. It was treated for some reason --

16 A. It was treated as ... yes.

17 Q. I know you're not defending it and you're not seeking
18 to. But it happened and it continued.

19 A. It did, yes.

20 Q. If that happened and if you had a closed culture in some
21 places, then --

22 A. I know.

23 Q. -- these things are going to continue.

24 A. They are, yes.

25 LADY SMITH: Is the answer in that question that the problem

1 already identified was the closed culture? Do you think
2 it's possible that the staff just got used to certain
3 types of conduct and ceased questioning themselves
4 whether it was okay for them to do that or okay for
5 other members of staff to do that?

6 A. Yes, I think there was certainly far less scrutiny of
7 practice and far less openness and discussions about
8 different ... Maybe the impact on children -- I'm just
9 trying to think back to my practice again and thinking,
10 you just ... You came on shift, you did your job, you
11 went off shift when I was at the assessment centre
12 because the children were coming and going all the time.

13 You didn't factor in enough time to sit down with
14 colleagues and share your perceptions of what had gone
15 on on a shift. You had the kind of basic handover, this
16 child's here, this child's there, he's got to go to the
17 dentist, but you didn't have any reflection, any time to
18 reflect on what had happened on a shift or if there had
19 been a concern with a child -- well, is this just my
20 concern or is anybody else picking up on that?

21 So a bit like Sir Roger said about the low-level
22 concerns, but nobody joining up the dots. So I think
23 in the absence of building in that kind of staff
24 reflection time to actually understand whether somebody
25 else is picking up on these things, it could have been

1 so much better.

2 MR PEOPLES: The three words you used, ignorance, denial and
3 revelation, I take it were more in the context of the
4 progression to the stage where people believed that
5 carers could sexually abuse children in a care setting?

6 A. And the scope and prevalence of it, yes.

7 Q. When we're talking about the other types of abuse,
8 physical and emotional abuse, you're not using those
9 three words to analyse that state of affairs?

10 A. Well, emotional abuse, yes, and racial abuse.

11 Q. Emotional abuse might involve ignorance --

12 A. Yes.

13 Q. -- of the impact or looking at it from the child's
14 perspective?

15 A. Yes.

16 Q. We have heard evidence about restraint. Even when it
17 was being used some decades ago, there were people who
18 had reservations and indeed Alan Swift's personal
19 impression when he saw it was he had concerns.

20 A. Yes, and I can remember one occasion where I sat on
21 a child -- no, he wasn't on his stomach, he was on his
22 back and he gave me a whopping big spit right in the
23 face. But he was going wild and he was going to hurt
24 himself -- and he had already smashed a couple of
25 windows. All the discussion that we've had on

- 1 restraint, and I was thinking, could I have done
2 something different in the heat of the moment?
- 3 Q. Was that not one of the problems? There are an awful
4 lot of heat-of-the-moment situations for --
- 5 A. In residential work --
- 6 Q. -- the so-called maladjusted, there was not a lot of
7 time for reflection, you had a very demanding job, it
8 was relentless. These sort of things are a recipe for
9 abuse.
- 10 A. They're a recipe for vulnerability, yes.
- 11 Q. Vulnerability, but it can lead to abusive incidents?
- 12 A. It can lead to abusive situations, yes, and incidents.
- 13 Q. I am not just thinking of restraint, but more generally,
14 all these factors.
- 15 A. When you have a child coming at you with a knife, like
16 I've had --
- 17 Q. You don't consult the book --
- 18 A. -- you don't think, what policy am I going to use, you
19 act. That is the harsh reality of working in
20 residential care with very, very difficult children:
21 you have to react.
- 22 LADY SMITH: Sara, just thinking about the risks that arise
23 if a child is violent, a child is losing control. What
24 are the risks of harm?
- 25 A. To the child?

1 LADY SMITH: What are all the risks of harm that arise?

2 A. Physical injury of smashing windows and getting cut.

3 Injury to other children, lashing out and kicking.

4 In that instant, you don't think about the emotional

5 impact that that may have. That should come afterwards

6 and we know, because we've heard, that there hasn't been

7 a great deal of reflection about what came after wards.

8 LADY SMITH: What about risks to staff?

9 A. The one I sat on was only just 10, so ... But yes, real

10 risk to staff. When the guy that came after me with

11 a knife, he was a big teenager. He wasn't coming after

12 me as Sara, he was coming after me because I had that

13 authoritative position. Real risks. And many staff

14 have been injured. You know, we actually haven't

15 included that as a reason for turnover of staff --

16 LADY SMITH: Just think about risk. Let me stop you there

17 and imagine you were doing a modern 21st century risk

18 register and you used colours, red, amber and green, as

19 many organisations do. What colour would the risks

20 inherent in a child becoming violent be?

21 A. Red.

22 LADY SMITH: Then in your column about ameliorating those

23 risks, or seeking to, eliminate them, what kind of thing

24 would you expect to find?

25 A. Well, nowadays you'd have a behaviour risk management

1 assessment done on each young person.

2 LADY SMITH: Right at the outset?

3 A. Yes, prior to admission. It was part of the admission
4 conference. You'd compile that initial risk assessment
5 and it would be reviewed because a child may exhibit
6 different behaviours in a different environment and
7 unit.

8 So if that young person had a particular penchant to
9 light fires, for example, because you had quite a lot of
10 young people that like to light fires, you'd make sure
11 that there wasn't materials around that they could
12 easily do that with. Or if they were likely to abscond,
13 if they had a pattern of absconding, was there a trigger
14 for that absconding that you could then pinpoint and
15 say, okay, if that young person is building up to that
16 trigger, we know that one of the outcomes might be that
17 they abscond. So therefore, you have more staff or more
18 staff are aware where that young person is at any time.
19 So those kinds of things.

20 So it comes back to this being person-centred
21 because everybody is different and everybody responds
22 differently. Children's levels of resistance and
23 resilience are very different based on what their
24 backgrounds have been and their experiences and their
25 attitudes to different staff.

1 Particularly in inner Birmingham, we had a lot of
2 black children, and there were instances where they
3 would target a particular member of staff because of the
4 colour of their skin. So you have to kind of try and
5 build in all these different variables to minimise the
6 risk. But you're never going to get rid of the risks
7 completely.

8 LADY SMITH: You can't get it to green?

9 A. No.

10 LADY SMITH: Although that would always be your objective,
11 wouldn't it?

12 A. That would be always be the objective, of course, and in
13 some phases, if there's stability, you might get it down
14 to green, as you see a difference in their behaviour --

15 LADY SMITH: Just a minute. You've talked a lot about
16 understanding the children who the organisation is
17 trying to help from the perspective of the individual
18 child and the individual child's behaviour,
19 understanding how they're likely to behave in different
20 ways. I get all that. But you've still got to insert
21 something about how you have taken steps to enable staff
22 to deal with the problem if it kicks off, haven't you?

23 A. Yes. David talked yesterday about the current
24 techniques for managing very difficult behaviour.

25 LADY SMITH: But are you now adding to that that staff need

1 to understand the individual characteristics --

2 A. Yes.

3 LADY SMITH: -- and backgrounds of the individual child?

4 A. Yes.

5 LADY SMITH: Really back to a Children Act 1989 approach?

6 A. Yes. Because children coming into care nowadays, that
7 came in from the 1980s onwards, they came in with so
8 many different experiences that in a lot of cases all
9 you could do was put a sticking plaster on it or
10 a holding because by the time they came to you, their
11 experiences were just so traumatic, it's so difficult to
12 try and unpick where to start and how to actually effect
13 any change for them, particularly when they came in as
14 teenagers.

15 LADY SMITH: Thank you.

16 MR PEOPLES: Can I just ask you this: Hugh Mackintosh had
17 quite strong views about the need for skills to look
18 after vulnerable children with complex needs. He was
19 quite frustrated, I think, that over his period of
20 employment not enough was done perhaps to recognise that
21 and address it. And he mentioned -- he compared the
22 situation in the UK with Denmark, for example. I think
23 you may remember that evidence. Why didn't we go down
24 the path that the Danes did? If there was thinking
25 elsewhere that was more enlightened, perhaps, or

1 arguably, why do we continue treat residential care as a
2 Cinderella profession, pay them little, when you train
3 them, move them on? Why did that happen?

4 A. A question for the politicians.

5 Q. Is that your answer, it really is? What about
6 organisations? They could pay more, they could upgrade
7 their status. They could train them and give them
8 incentives. All these things are possible.

9 A. In an ideal world, Jim, when finance is not an option,
10 then, yes, of course. But in the real world, where if
11 you are contracted by a local authority to provide
12 a service, the budget is determined and, as we have
13 heard before -- either John Rea or Alan Swift talked
14 about the constraints on how you then put your staffing
15 structure together based on the budget the commissioner
16 is allowing you.

17 So, of course, if finance was no objective, you
18 would send people to Denmark to learn about what's going
19 on elsewhere and then bring that learning back.

20 Q. But we value certain people that do important jobs. We
21 might value the emergency services. Why don't we value
22 people in the same way who look after the most
23 vulnerable children in society who have got any number
24 of problems and don't even live in their own family
25 home?

1 A. I don't know. I certainly value and see residential
2 workers as being the most committed workers that there
3 are to work in those kinds of circumstances and
4 environments. I don't know why residential work still
5 has the -- what's the word? -- it's viewed in the way
6 it is. If we're looking at Barnardo's residential units
7 today, I think they're viewed very differently. They're
8 very, very small units. They're very, very specialised.
9 The staff are very highly skilled and qualified to do
10 that. So I think that recognition within Barnardo's is
11 clearly there today.

12 Q. But the general issue still remains about the value of
13 residential care workers?

14 A. I think so. That's at local authority level and at
15 government level.

16 MR PEOPLES: What I plan to do -- I was hoping to finish.
17 Can I leave you with one thought? I'm going to move on
18 to paragraphs 363, page 92, as my final chapter, and
19 I might ask you maybe over lunch to reflect on what is
20 said there and whether you want to add anything on
21 behalf of the organisation to that paragraph about
22 failings because I'd like to know if there's anything
23 more that you wish to add. I will maybe leave that
24 thought with you before we conclude.

25 LADY SMITH: Yes. I will rise now for the lunch break,

1 Sara, and sit again at 2 o'clock.

2 (1.02 pm)

3 (The lunch adjournment)

4 (2.00 pm)

5 LADY SMITH: Sara, are you ready for us to carry on?

6 A. Yes, thank you.

7 LADY SMITH: Thank you.

8 Mr Peoples.

9 MR PEOPLES: Good afternoon, Sara.

10 A. Good afternoon.

11 Q. I said before lunch that really I was wanting to finish
12 off going back to the section on "Acknowledgement of
13 Abuse", and in particular page 92. We explored this.

14 Obviously, Barnardo's have from the outset of this
15 inquiry admitted that children in their care were
16 abused, including children who were in the care of
17 Barnardo's in Scottish establishments.

18 A. Yes.

19 Q. I think that's been acknowledged from the outset.

20 I read out this morning paragraph 362 about the
21 position on policies and systems in place and whether
22 they met the standards of the time. But we discussed
23 further the likely or possible reasons why abuse did
24 happen and you've given us quite a full explanation of
25 your thinking on that matter.

1 I was really going to turn to the other matter of
2 whether there were failures on the part of the
3 organisation. I'll just read what 362 and 363 say at
4 the moment and ask you if you want to add anything or
5 modify anything that's said. 362 at page 9716 of our
6 numbering reads:

7 "Barnardo's had policies and systems in place.
8 Barnardo's believes that these stand up to scrutiny when
9 judged by contemporaneous standards and taking into
10 consideration available guidance, publications,
11 legislative framework and professional standards of the
12 time. Its policies were updated as professional
13 opinion, research and legislation developed. With
14 reference to what was known at the time, and on review
15 of the allegations that Barnardo's is aware of, there is
16 no pattern or underlying theme which would identify
17 a systemic failure."

18 Just pausing there, if I may, if there's evidence
19 that something is happening in a number of
20 establishments and similar things are happening in those
21 establishments, whatever the policies and systems may
22 say, would you accept that is starting to show some kind
23 of pattern or theme that requires to be addressed?

24 A. Yes. Yes, I would. Barnardo's has never shied away
25 from its history and the organisation has always owned

1 it. I think that has been evidenced by our commitment
2 to the inquiry and the amount of information that we
3 have submitted.

4 In general, I think the practice was good and, in
5 some areas, progressive. But clearly through Barnardo's
6 history there have been times in certain homes in
7 certain eras where children were let down and Barnardo's
8 failed to protect them, and as a result they experienced
9 abuse.

10 Whether that was a systemic failing is a bit more
11 difficult to answer. Clearly, if there was one home at
12 a particular period of time, whether that was because
13 there was one member of staff in place, then clearly
14 during that period the systems did fail because that
15 child or those children weren't protected. But I think,
16 as an organisation, the systems were good for the time,
17 at each time frame, and we've seen evidence and we've
18 read evidence and we've heard evidence that Barnardo's
19 were committed to improving and constantly looking at
20 things and trying to make things better.

21 In some instances we've obviously seen that practice
22 improved significantly as the eras changed, but still
23 there were occasions in a couple of the homes where
24 children continued to be let down and Barnardo's
25 acknowledges that and recognises that, and are deeply

1 sorry for any harm that has been caused to any child
2 that came through the care of Barnardo's.

3 Q. So if I can just go on to paragraph 363, what is said
4 there is:

5 "Barnardo's does accept that some children were
6 abused whilst in its care. Barnardo's considers that
7 the abuse of any child represents a failure for (sic)
8 the organisation responsible for caring for them."

9 Then there are expressions of regret and apology.
10 It's just the wording:

11 "... the abuse of any child represents a failure for
12 (sic) the organisation."

13 LADY SMITH: Do you mean "failing of"? It's on the second
14 line of 363.

15 A. Yes, "of the organisation".

16 LADY SMITH: I thought it was, thank you.

17 MR PEOPLES: So there is an acceptance that there were
18 failures by the organisation itself --

19 A. Yes.

20 Q. -- whatever responsibility the actual abusers themselves
21 carry in this matter?

22 A. Yes. Yes, and there should have been a greater emphasis
23 on the voice of the child and listening to the child,
24 and there should have been a higher level of scrutiny of
25 practice and standards. That is accepted.

1 Q. Right. Can I just ask this then: if there is an
2 acceptance of some failures, is there also an acceptance
3 that those failures are likely -- and I put it this
4 way -- to have created a state of affairs in which abuse
5 could and did occur?

6 A. Yes.

7 MR PEOPLES: These really represent all my questions today.
8 I have not been given any other questions to ask by any
9 parties.

10 A. May I update the inquiry on one issue?

11 LADY SMITH: Yes, please do, Sara.

12 A. One of the former residents who gave evidence -- I think
13 his pseudonym was William -- as a result of that he
14 asked for his records, and I am pleased to say that
15 we were able to find six or seven photographs of him
16 when he was at Craigerne, which he is absolutely
17 delighted with. So for him, his attendance here has had
18 a positive outcome in that respect. So I wanted to
19 share that with the inquiry.

20 LADY SMITH: Thank you very much for that update.

21 Just while you're talking about records, you
22 probably remember that one or two people felt that their
23 request to Barnardo's for information hadn't been dealt
24 with in a way that was sufficiently sympathetic. Can
25 you assure me that that's been taken on board for the

1 future?

2 A. Yes, my Lady.

3 LADY SMITH: Thank you very much.

4 MR PEOPLES: These are all the questions I have and I think
5 these are all the questions the inquiry has. Can
6 I thank you very much indeed, as I said at the outset,
7 for the work you put into the preparation of the
8 statement and for the assistance you have provided in
9 answering my questions today.

10 LADY SMITH: Are there any outstanding applications for
11 questions?

12 MR JACKSON: No, thank you, my Lady.

13 LADY SMITH: Sara, it simply remains for me to thank you for
14 all the efforts that you've put in. I'm very conscious
15 of how much you personally have contributed to this
16 document that's now before me. It's not been lost on me
17 that you have spent many hours of your life here in the
18 inquiry over recent weeks. I do note that degree of
19 commitment by Barnardo's to the work of this inquiry and
20 I thank you for doing that. I'm now able to let you go.
21 Thank you.

22 (The witness withdrew)

23 LADY SMITH: So that's us until Monday morning; is that
24 right?

25 MR PEOPLES: It's maybe yourself on Monday morning; I don't

1 think it'll be me.

2 Yes, we are sitting on Monday and, as your Ladyship
3 said yesterday, it will be dealing with a different
4 topic on Monday and Wednesday. But I could remind those
5 present that the evidence in relation to this current
6 study today will resume on Tuesday. There is one
7 witness lined up for Tuesday, Tom Shaw, who'll be giving
8 evidence about Time To Be Heard.

9 LADY SMITH: As I understand it, his evidence is very much
10 to do with the Quarriers context on Tuesday?

11 MR PEOPLES: I can say this, just in case there's any doubt
12 on the matter: it's really to establish what Mr Shaw and
13 those assisting him were told by those who participated
14 in the Time To Be Heard project, and nothing else about
15 the background or the context or other issues arising
16 out of his appointment.

17 LADY SMITH: I thought that was right.

18 Very well. I'm going to rise now for the week and
19 I look forward to seeing anyone who wants to be here
20 ready to start at 8 o'clock on Monday morning for the
21 child migrant witness and otherwise Tuesday for
22 Tom Shaw.

23 (2.10 pm)

24 (The inquiry adjourned until
25 Monday, 21 January 2019 at 10.00 am)

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SARA CLARKE (sworn)1

Questions from MR PEOPLES1

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