

Sycamore Report

The information contained within this report is based on an investigation of the organisation's records between 1930 and present day. The records reviewed include the minutes of meetings of the organisation's governing body and relevant management committees; HR records so far as these are available during this period (please note that HR records are not generally retained for longer than seven years); and individual case records of residential service users have also been examined where specific allegations or complaints of abuse involving those service users have been made.

The organisation has access to extensive records within its archives, including individual child records. It is likely to be possible to locate and review individual child records if specific allegations are raised.

Part C – Prevention and Identification

We have approached the majority of the questions relating to the "past" in terms of three distinct time periods within the organisation's history. Each time period is identified and explained within the table in Appendix 1A to this report. The child care legislation relevant to each time period is included within this table.

Throughout this report references to each time period shall be to the "Orphanage Years", the "Group Home Years" and the "Service Years" as identified and explained within Appendix 1A.

The organisation's policies and procedures have been under consistent review during the establishment's operative period as the organisation has developed and public and social policy has changed.

The establishment operated on the basis of a range of policies and procedures relating to the areas outlined below. For the most part these policies were informal and/or unwritten until the mid-1990s/early 2000s. In the late 1990s and the early 2000s greater emphasis was placed on producing formal, written policies and procedures and the organisation duly implemented such. This was partly due to an increased regulatory landscape and partly due to the change in common culture in this regard.

Copies of previous policies and procedures were not and are not usually retained by the organisation in order to avoid confusion or the application of the wrong policies and procedures. However, in some cases the organisation's historic records (records of meetings of the governing body and relevant committees) include details of the introduction of formal policy and procedure within certain policy areas and discussion of the practicalities of certain policy areas.

The ongoing review and update of policies and procedures in each policy area outlined below was not always discussed in full within the organisation's historic records. For this reason and due to the fact copies of historic policies and procedures have not been retained, the answers below do not contain a full overview of each version of the policies and procedures in place for the duration of the establishment's operative period.

For each policy area identified below, details of the most recent version of the relevant policies and procedures have been provided, along with, in so far as it has been possible to provide it: information regarding the implementation of any formal policies and procedures; and details of any informal policies and procedures to the extent formal policies and procedures do not exist.

4. Policy and Practice

4.1 National

Past

i. **Was there national policy/guidance relevant to the provision of residential care for children?**

Yes. The legislation, rules, regulations and policy documentation which set out national policy and guidance in place during each relevant time period and which were relevant to the provision of residential care for children are set out under the heading of “Relevant Legislation/Policy/Guidance” within Appendix 1A.

ii. **If so, to what extent was the organisation aware of such?**

The Orphanage Years: the organisation was aware of the legislation, rules, regulations and policy documentation set out within Appendix 1A which detailed national policy and guidance.

The organisation was aware of the legislation and policy which formed the legal basis on which the organisation was authorised to provide residential child care services (this is considered in greater detail within question 1.3(a).iv. above).

The organisation was also aware of the rules and regulations governing its and its establishments’ day-to-day operations (e.g. The Children (Boarding-Out Etc.) (Scotland) Rules and Regulations 1947 and Administration of Children’s Homes (Scotland) Regulations 1959).

The organisation’s operational establishments during this period were registered with the Secretary of State and were regularly inspected by the Secretary of State, education authorities and local authorities. In order to obtain favourable inspection reports from these bodies (which it did) the organisation had to be aware of and apply the national policy and guidance set out within the legislation, rules, regulations and policy documentation identified within Appendix 1A.

Historic records show that the organisation was aware of new legislation, rules and regulations, policy and guidance relating to the provision of residential care to children – these historic records outline reviews of such new rules and policy along with commentary and discussion by the organisation’s management committee and governing body of their merits and methods for their implementation.

For example:

- a) the organisation revised its information collection and recording practices in accordance with regulations on establishment records (e.g. the Administration of Children’s Homes (Scotland) regulations 1959);
- b) the organisation developed its child discipline policies in accordance with advice and recommendations from the Home Office;
- c) the organisation restructured its services on the basis of national policy recommendations on the benefits of the provision of residential care within small homes rather than large facilities;
- d) papers were regularly presented to the governing body regarding reports by the Home Committee of the Scottish Advisory Council and the Advisory Council on Education in Scotland; and
- e) managers, including the warden, often attended training and conferences on new legislation (e.g. the Children’s Act 1948 when this was introduced).

The Group Home Years: the organisation was aware of the legislation, rules, regulations and policy documentation set out within Appendix 1A which detailed national policy and guidance.

The organisation was aware of the legislation and policy which formed the legal basis on which the organisation was authorised to provide residential child care services (this is considered in greater detail within question 1.3(a).iv. above).

The organisation was also aware of the rules and regulations governing its and its establishments' day-to-day operations (e.g. Administration of Children's Homes (Scotland) Regulations 1959).

Historic records suggest that the organisation continued to take account of new legislation, rules and regulations, policy and guidance relating to the provision of residential care to children. The historic records outline reviews of such new rules and policy along with commentary and discussion by the organisation's committees and governing body of their merits and methods for their implementation.

In addition to the ongoing attendance of managers at training courses and conferences on new rules and policies and the ongoing preparation of papers for discussion and implementation by the governing body and relevant committees, the organisation regularly updated its practices in order to comply with new rules. For example, in 1968/1969 the organisation revised its records management procedures to meet new local authority requirements.

The organisation's operational establishments during this period were registered with the Secretary of State and later with the relevant local authorities and were regularly inspected by those bodies. In order to obtain favourable inspection reports from these bodies (which it did) the organisation had to be aware of and apply the national policy and guidance set out within the legislation, rules, regulations and policy documentation identified within Appendix 1A.

The Service Years: the organisation was aware of the legislation, rules, regulations and policy documentation set out within Appendix 1A which detailed national policy and guidance.

The organisation was aware of the legislation and policy which formed the legal basis on which the organisation was authorised to provide residential child care services (this is considered in greater detail within question 1.3(a).iv. above).

The organisation was also aware of the rules and regulations governing its and its establishments' day-to-day operations.

The organisation's records show that the organisation continued to take account of new legislation, rules and regulations, policy and guidance relating to the provision of residential care to children. These records outline reviews of such new rules and policy along with commentary and discussion by the organisation's committees and governing body of their merits and methods for their implementation.

Papers were regularly prepared by senior staff for consideration at the meetings of the governing body which identified changes in policy and guidance relevant to residential care for children. Such papers would suggest the actions which the organisation had to take to ensure ongoing compliance with policy and guidance in the areas in which it operated.

Senior staff continued to attend training and discussion forums on new rules and policies and the organisation also produced a regular internal review of policy and influencing activities which was circulated around the governing body and the organisation's relevant committees and used by the organisation to identify areas within its operations which required change.

During this period the organisation's awareness of national policy and guidance is reflected in the policies and procedures which the organisation implemented. For example in relation to: safeguarding and child protection; safer recruitment; and staff training.

The organisation's operational establishments during this period were registered with the relevant local authorities and later the Care Inspectorate and were regularly inspected by those bodies. In order to obtain favourable inspection reports from these bodies (which it did) the organisation had to be aware of and apply the national policy and guidance set out within the legislation, rules, regulations and policy documentation set out within Appendix 1A.

iii. If there was national policy/guidance in respect of any of the following in relation to provision of residential care for children, to what extent was the organisation aware of such?

- **Child welfare (physical and emotional)**
- **Child protection**
- **Complaints handling**
- **Whistleblowing**
- **Management of residential establishments**
- **Child migrants**
- **Record retention**
- **Recruitment and training of residential care staff**
- **Requiring employers to divulge details of complaints etc. to prospective employers**
- **Reviewing a child's continued residence at a residential establishment**

The national policy/guidance which existed in relation to the policy areas identified in this question and of which the organisation was aware (as shown within the organisation's historic records) is set out within the column "Awareness of policy area" in Appendix 8.

National policy/guidance in respect of the above policy areas in relation to general child care also existed but this report only considers that policy and guidance which relates specifically to residential child care.

iv. If the organisation was aware of such, did they give effect to that policy/guidance?

Yes.

v. If so, how was effect given to such policy/guidance?

The effect given to such national policy/guidance by the organisation (as shown within the organisation's historic records) is explained within the column "Effect given to policy area" in Appendix 8.

Please note the information contained within Appendix 8 is based on a review of the organisation's historic records, mainly comprising minutes of the meetings of the organisation's governing body and relevant committees.

The organisation does not retain copies of historic policies and procedures unless such documentation was copied into the minutes of meetings of the governing body or relevant committees. For this reason it is not possible to provide a complete picture of every way in which the organisation implemented national policy and guidance in each part of the organisation's history. In particular, information provided in relation to the Service Years is informed for the most part by current practices as older policies

and procedures were discarded following implementation of new ones in order to avoid practical confusion.

vi. If not, why not?

Please see question above.

Present

vii. With reference to the present position, are the answers to any of the above questions different?

Yes.

viii. If so, please give details.

The answers to the above questions in relation to the Service Years identify where those answers are based on the organisation's current, ongoing practices.

The Children and Young People (Scotland) Act 2014 came into force on 27 March 2014 and some aspects may not have been implemented prior to December 2014.

Key aspects of the 2014 Act which have an impact on the work carried out by the organisation in relation to the residential care of children are as follows.

- a) **The Named Person scheme** – the Named Person is a person anyone can approach if they have concerns about a child or young person's well-being or if they think that child or young person requires help or support. The intention is for every child and young person in Scotland up to the age of 18 to have a Named Person.

This scheme is not yet fully operational as there are changes required in order to ensure compliance of the new rules with EU laws.

Within the Sycamore Cluster the organisation is prepared to offer the Named Person service to the young people enrolled at the Sycamore Education Centre. This service would be provided by the Principal Teacher of the Centre. However, as explained previously, the role of the Education Centre is changing and going forward most children resident at Sycamore will continue their education within local authority schools in which they will be allocated a Named Person.

- b) **A Child's Plan** – the 2014 Act outlines how agencies should work together to create a "Child's Plan", the idea being that rather than different agencies creating lots of separate plans, people involved in supporting a child or young person can store the information in one place.

The Child's Plan will contain information about:

- a. why a child or young person needs support;
- b. the type of support a child or young person needs; and
- c. how long support will be required for and who should provide it.

The organisation is already working with a number of agencies who support the children resident with the organisation and has engaged with such other agencies to create one Child's Plan for relevant children.

4.2 Local Authority

Past

- i. **Was there local authority policy/guidance relevant to provision of residential care for children?**

The local authorities placing children with the organisation followed and applied national policy/guidance in relation to residential care for children. Such national policy/guidance is identified above in question 4.1.i.

The Orphanage Years and the Service Years:

Where there is evidence within the organisation's records of specific local authority policy or guidance relevant to the provision of residential child care known about by the organisation this has been identified within the column entitled "Local Authority Policy and Guidance" within Appendix 8.

The Group Home Years:

The organisation's historic records do not contain information about local authority policy and guidance during this period therefore it is not possible to confirm whether such policy/guidance existed.

- ii. **If so, to what extent was the organisation aware of such?**

The local authorities placing children with the organisation followed and applied national policy/guidance in relation to residential care for children. The extent to which the organisation was aware of such national policy/guidance is outlined above in question 4.1.ii.

The Orphanage Years and the Service Years:

Where there is evidence within the organisation's records of specific local authority policy or guidance relevant to the provision of residential child care known about by the organisation this has been identified within the column entitled "Local Authority Policy and Guidance" within Appendix 8.

The Group Home Years:

The organisation's historic records do not contain information about local authority policy and guidance during this period therefore it is not possible to confirm whether such policy/guidance existed.

- iii. **If there was local authority policy/guidance in respect of any of the following in relation to provision of residential care for children, to what extent was the organisation aware of such?**

- **Child welfare (physical and emotional)**
- **Child protection**
- **Complaints handling**
- **Whistleblowing**
- **Management of residential establishments**
- **Child migrants**
- **Record retention**
- **Recruitment and training of residential care staff**
- **Requiring employers to divulge details of complaints etc. to prospective employers**
- **Reviewing a child's continued residence at a residential establishment**

The local authorities placing children with the organisation followed and applied national policy/guidance in relation to residential care for children. The organisation's awareness of such national policy/guidance is outlined above in question 4.1.iii.

The Orphanage Years and the Service Years:

Where there is evidence within the organisation's records of specific local authority policy or guidance relevant to the provision of residential child care and relating to the policy areas identified within this question which was known about by the organisation this has been identified within the column entitled "Local Authority Policy and Guidance" within Appendix 8.

The Group Home Years:

The organisation's historic records do not contain information about local authority policy and guidance during this period therefore it is not possible to confirm whether such policy/guidance existed.

iv. If the organisation was aware of such, did they give effect to that policy/guidance?

The local authorities placing children with the organisation followed and applied national policy/guidance in relation to residential care for children. The effect given to such policy and guidance by the organisation is explained above in question 4.1.iv.

The Orphanage Years and the Service Years:

Where there is evidence within the organisation's records of specific local authority policy or guidance relevant to the provision of residential child care known about and given effect to by the organisation this has been identified within the column entitled "Local Authority Policy and Guidance" within Appendix 8.

The Group Home Years:

The organisation's historic records do not contain information about local authority policy and guidance during this period therefore it is not possible to confirm whether such policy/guidance existed.

v. If so, how was effect given to such policy/guidance?

The local authorities placing children with the organisation followed and applied national policy/guidance in relation to residential care for children. The effect given to such policy and guidance by the organisation is explained above in question 4.1.v.

The Orphanage Years and the Service Years:

Where there is evidence within the organisation's records of specific local authority policy or guidance relevant to the provision of residential child care known about and given effect to by the organisation this has been identified within the column entitled "Local Authority Policy and Guidance" within Appendix 8.

The Group Home Years:

The organisation's historic records do not contain information about local authority policy and guidance during this period therefore it is not possible to confirm whether such policy/guidance existed.

vi. If not, why not?

Please see questions above.

Present

- vii. **With reference to the present position, are the answers to any of the above questions different?**

Please see the answer to question 4.1.viii. above.

- viii. **If so, please give details.**

Please see the answer to question 4.1.viii. above.

4.3 Admissions

(a) Policy

Past

- i. **What policies and/or procedures did the organisation/establishment have in place in relation to admission of children to the establishment?**

From 2001 all residential child care establishments were required to obtain registration with the Care Inspectorate. These registrations were based on a number of conditions, one of which usually related to the individuals to whom the establishment's services could be provided.

Post 2001 the establishment's admission policy was based on the terms of its Care Inspectorate registration.

The terms of the Care Inspectorate registration for each house within the establishment is set out below.

Whyteman's Brae: 24 hour care service to a maximum of 7 young people aged between 8 years and 18 years.

Cedar Avenue: 24 hour care to a maximum of 3 young people aged between 10 years and 19 years.

Veronica Crescent: 24 hour care to a maximum of 6 young people aged between 8 years and 18 years.

Bellyeoman Road: 24 hour care to a maximum of 6 young people aged between 8 years and 18 years.

Frankfield House: care service to 6 children and young people aged 8 years to 18 years.

The information provided within this question reflects the most recent admission policies and procedures implemented by the establishment. When the establishment opened in 1982/1983 the admission policies and procedures were different. During this period the establishment was made available to children and young people up to the ages of and eighteen. The purpose of the establishment was to provide a home for children with challenging behaviour and support needs for whom it was difficult to find a placement elsewhere therefore, it was to these children admission to the establishment was made available.

During this time the admission procedure was simpler: essentially a request was made by the relevant social work department for a placement, the terms and appropriateness of that placement was discussed between the establishment's managers and the social work department and if available and appropriate, the request was accepted.

It is not clear when the admissions policies and procedures changed over the establishment's operative period. This appears to have been a natural, ongoing process as social work procedures and the establishment's own requirements developed over time.

ii. Was there a particular policy and/or procedural aim/intention?

The establishment's admissions policy was based on the establishment's Care Inspectorate registrations with which it must comply.

iii. Where were such policies and/or procedures recorded?

Those aspects of the establishment's admission policy which are drawn from Care Inspectorate registrations are recorded within the establishment's Care Inspectorate registration certificates.

iv. Who compiled the policies and/or procedures?

The policies and procedure were compiled by senior management of the establishment (e.g. the Head of Care and Education and the Assistant Director of Sycamore Residential Services and Fostering) with the support of the Director of Children and Families and were approved by the senior management team and/or the governing body.

v. When were the policies and/or procedures put in place?

The policies in terms of age range and numbers in residence were formally put in place upon the registration of each house within the establishment with the Care Inspectorate. Maximum residential numbers were in place from the dates on which the houses within the establishment commenced the provision of residential child care under the "Sycamore" banner and those numbers have remained consistent during this time.

vi. Do such policies and/or procedures remain in place?

Yes.

vii. Were such policies and/or practices reviewed?

The establishment's admission policies and practices are under continual review.

viii. If so, what was the reason for review?

The reason for review was to comply with Care Inspectorate registration requirements (or prior registration requirements under local authority registration) and to maintain the operation of the establishment in accordance with its ethos and purpose (as set out within question 1.5(a).iii. above) – by ensuring the establishment admitted only those children to whom it was equipped to provide care.

ix. What substantive changes, if any, were made to the policies and/or procedures over time?

As explained above, admissions policies and procedures were reviewed on an ongoing basis and a number of subtle changes would have been made throughout the establishment's operative period. Two substantive changes which were made are as follows:

- a) the age range for admission into each house within the establishment has changed over time. At different points within the establishment's operative period the practice was to accommodate children in the establishment within age specific houses (5-10 years, 10-13 years, adolescents and semi-independent) but in more recent years a range of ages was been admitted to each house; and
- b) the impact risk assessment outlined below in xiii. was implemented on a more formal basis in June 2016.

x. Why were changes made?

The reason for the change in the way age groups were accommodated within the establishment is that the organisation decided it would be better for the children for each house to operate as an individual family unit within which the children could remain for the duration of their residence with the establishment rather than requiring the children to move houses when they reached a certain age.

The impact risk assessment (explained below in question xiii.) was introduced in order to provide those operating the establishment with insight into the impact which admission of a child into the establishment would have on that child and the other children already resident within the establishment. This was intended to enable those operating the establishment to prepare for the admission of a new resident by making any changes to the establishment, staffing and the way in which care was delivered to the children already resident within the establishment.

xi. Were changes documented?

Changes to the admission policy were documented within the Care Inspectorate registrations and within the establishment's procedural documentation.

xii. Was there an audit trail?

As explained above, prior, defunct policies and procedures were not maintained by the organisation, so as to avoid confusion as to which applied. As there is no formal, written admissions policy other than the information recorded within Care Inspectorate registrations and within the organisation's procedural documentation, there is no clear audit trail.

Present

xiii. With reference to the present position, are the answers to any of the above questions different?

Yes.

xiv. If so, please give details.

The establishment's admissions policy is now based on two factors, the first of which is the Care Inspectorate registrations and the second of which is a risk impact assessment.

This assessment is carried out to assess the impact on: a) the children currently living in a house which introducing a new child would have; and b) the referred child which placing them in the proposed house would have.

The risk impact assessment takes account of behavioural and other issues and potential strengths and obstacles faced in relation to the placement as well as considering the impact on staff and staffing levels.

The procedure for admission is generally on the following basis:

- a) Initial telephone call to Head of Care & Education within Sycamore requesting a placement.
- b) Completion of a Referral/Enquiry sheet.
- c) Administrator logs all referrals/enquiries.
- d) Review of current and expected vacancies.
- e) If relevant, request for more information and completion of Section 1 of the Referral Impact Assessment.
- f) Feedback provided to the referrer as to whether the referral is appropriate.
- g) Referral Impact Assessment and background information shared with relevant Service Manager.
- h) Service Manager meets young person and obtains more information from all relevant sources.
- i) Service Manager completes Section 2 of the Referral Impact Assessment, including Overall Assessment Decision.
- j) If relevant, Referral Impact Assessment and background information shared with Principal Teacher.
- k) Principal Teacher meets Service Manager who met the young person, or meets directly with the young person and obtains more information from all relevant sources.
- l) Principal Teacher completes Section 3 of the Referral Impact Assessment, including Overall Assessment Decision.
- m) Final decision made by Head of Care and Education following discussion with Service Manager and Principal Teacher (if relevant) – recorded in Section 4 of the Referral Impact Assessment.
- n) Assistant Director provides final approval/comments.
- o) Service Manager communicates decisions for referrals with positive outcome.
- p) Head of Care and Education communicates decisions for referrals with negative outcome.
- q) Service manager ensures IPA is in place; to be signed off by Head of Care & Education

The establishment was founded as a home (which developed into a cluster of homes) for children who could no longer live with their families/guardians. The impact assessment procedures are intended to ensure the home environment created in the houses is not put under undue pressure by admitting a new resident without the appropriate support network or where that individual is not the right fit for the residents already in place.

An outline of the impact risk assessment procedures and relevant documentation is recorded within the establishment's day to day records. This does not form part of a written, formal admissions policy.

(b) Practice

Past

- i. **Did the organisation/establishment adhere in practice to its policy/procedures in relation to the admission of children to the establishment?**

Yes.

ii. How was the adherence demonstrated?

Adherence was demonstrated through the admission of children to the establishment on the basis of those policies and procedures outlined above.

If the organisation had not adhered to those policies and procedures there would be evidence of the organisation admitting children outwith the parameters of the Care Inspectorate registrations and evidence of placements made without taking account of the impact those placements would have on the children already resident within the establishment.

There is no evidence of such within the organisation's records.

iii. How can such adherence be demonstrated to the Inquiry?

Adherence can be demonstrated to the Inquiry by providing examples of the admissions made to the establishment or examples of completed impact risk assessments.

iv. Were relevant records kept demonstrating adherence?

Records of referrals and completed impact risk assessment forms demonstrate adherence.

v. Have such records been retained?

Records of referrals and completed impact risk assessment forms are retained within the individual case records of children admitted to the establishment.

vi. If policy/procedure was not adhered to in practice, why not?

There is no evidence that admission policies and procedures were not adhered to in practice.

vii. If policy/procedure was not adhered to in practice, what was the practice?

There is no evidence that admission policies and procedures were not adhered to in practice.

Present

viii. With reference to the present position, are the answers to any of the above questions different?

No.

ix. If so, please give details.

4.4 Day to Day

(a) Policy

Past

i. What policies and/or procedures did the organisation/establishment have in place in relation to the day to day running of the establishment?

The organisation had in place “Aberlour’s Standards for Monitoring Performance and Practice” (hereafter referred to as “Aberlour’s Standards”) which set out the standards to be applied to day to day operations and care within the organisation’s establishments. The organisation also had in place the following policies which complimented Aberlour’s Standards:

- Accidents, Incidents, Near Miss and Work Related Ill Health;
- Adult Support and Protection;
- Business Planning Review and Report Process;
- Child Protection;
- Children’s Rights and Participation Framework and Standards;
- Comments and Complaints;
- Financial Procedures;
- Framework for Assuring Quality in Child Protection;
- Health and Safety (inc. Food Safety);
- Managing Work Related Transport Risks;
- Participation;
- Performance Management;
- Policy and Procedures for Off Site Activities;
- Policy and Standards on the Safe Management of Medication;
- Practice Guidance on Managing Care Commission Reports;
- Promoting Positive Behaviour;
- Self-evaluation; and
- Whistleblowing.

ii. Was there a particular policy and/or procedural aim/intention?

The aim/intention of Aberlour’s Standards was to provide a framework through which the organisation could monitor performance and practice in its services to ensure that policies, procedures and practice were achieving minimum standards and that service users’ safety and wellbeing was central. Aberlour’s Standards were intended to reflect best practice, legislation, regulatory requirements, the organisation’s values, ambitions and objectives in providing excellent residential care services. The aim of the content of these standards was to provide a high level of care to the children within the organisation’s remit.

The aim/intention of the supporting policies and procedures was to secure the structured running of the establishment and the organisation’s other establishments in accordance with practices approved by the organisation. Applying consistent policies and procedures also enabled those operating the establishments to learn from the other establishments.

In addition, the organisation’s operating policies and procedures were intended to: help create a safe, family environment for the children in which they could feel secure and a sense of belonging; and provide direction and guidance to staff on operational matters.

iii. Where were such policies and/or procedures recorded?

Such policies and procedures were developed centrally and recorded in policy documentation which was made available to all staff employed by, or volunteering with, the organisation, including those working within the establishment. From 2004 these policies were recorded on the organisation’s SharePoint for general accessibility.

iv. What did the policies and/or procedures set out in terms of the following?

- **Activities for children**

The organisation did not have a formal written policy regarding activities for children.

The establishment's five houses operated as family homes and the activities undertaken within those homes were intended to be as similar as possible to a family home environment.

The establishment provided education support, art therapy, a transitions service and befriending service for children resident at the establishment.

All activities were required to operate in accordance with the organisation's other policies and procedures, some of which are outlined above.

- **Off-site activities for children including trips, holidays and visits to family**

Prior to the formal introduction of this policy (as explained within question 4.4(a).xiv. below) the same underlying practices were carried out within the organisation.

The organisation's records suggest an "off-base activities" policy has been in place since 1997 but copies of previous versions of this policy are no longer available.

- **Schooling/education**

There was no formal policy on schooling/education.

Some children resident at the establishment attended local schools and some attended the on-site Sycamore Education Centre which provided full-time education experience for primary school aged children who required support before making the transition into mainstream primary school, as well as additional support for children in school.

- **Discipline**

The organisation's policies provided that discipline within the establishment should be administered in a supportive way, the aim being to empower and build up the child or young person rather than degrading them.

Discipline usually involved discussion with the child/young person to work through the issue or, in more severe cases it may have required the removal of privileges (such as telephone access).

The organisation's policies provided that the following sanctions and control should never be used:

- a) any form of physical punishment;
- b) depriving a service user any meal or menus altered as a method of punishment;
- c) depriving a service user contact with any professional e.g. social worker, doctor, children's rights officer, and lawyer;

- d) depriving a service user contact with parents/carers or adults with whom they have a safe, significant relationship with, which includes never cancelling home leave as a sanction;
- e) service users sent to bed early;
- f) withholding of medication or medical or dental treatment;
- g) humiliation of any kind;
- h) intimate physical searches;
- i) imposition of fines;
- j) locking doors to prevent service users being able to come and go as part of the planned programme of care; or
- k) putting service users into night-wear in an attempt to keep them in the building.

The organisation's policy on promoting positive behaviour provided guidance on the use of restraint. A formal policy on restraint was introduced in 2001 and set out the organisation's principles on its use. In summary, this policy provided that restraint should be used sparingly, only where absolutely necessary to prevent danger to the child in question or other service users and only where it was already an agreed course of action in terms of the child's personal care plan. Only those qualified to conduct restraint were allowed to do so and only approved holds were authorised. The 2001 policy provided further guidance on recording and reporting use of restraint, the consideration which should be given to the child after restraint is used (e.g. carrying out a debriefing session with the child) and it provided for the ongoing monitoring of the use of restraint within establishments.

The later policy on promoting positive behaviour reflected the same principle relating to restraint but was updated to take account of modern guidance and requirements.

v. Who compiled the policies and/or procedures?

The policies and procedure were compiled by the Quality and Safeguarding Manager.

vi. When were the policies and/or procedures put in place?

The Aberlour Standards and supporting policies were formally put in place in 2011 and 2012.

The first copy of the organisation's restraint policy and guidance is dated 2001 but the records suggest a restraint policy was in place from at least 1997 and there may have been a version of this policy used prior to this date.

These formal, written policies were based on the practices of the organisation in place on an informal, unwritten basis prior to the dates of implementation.

vii. Do such policies and/or procedures remain in place

Yes, as updated on a regular basis.

viii. Were such policies and/or practices reviewed?

Yes, the organisation's policies and procedures were reviewed on a regular basis.

ix. If so, what was the reason for review?

There does not appear to have been a specific trigger for review.

The reason for regular review of the organisation's policies and procedures was to update the policies and procedures to take account of updates to the regulatory and legislative background to the relevant policy areas and to take account of changing practices within the organisation.

x. What substantive changes, if any, were made to the policies and/or procedures over time?

There is no evidence within the organisation's historic records of any substantive changes to the organisation's policies and practices relating to the day to day running of the establishment.

As explained above, copies of old policies and procedures are not retained so it is not possible to fully compare current and previous versions of the organisation's policies in order to identify significant changes.

xi. Why were changes made?

There is no evidence within the organisation's historic records of any substantive changes to the organisation's policies and practices relating to the day to day running of the establishment.

xii. Were changes documented?

Changes to the organisation's policies and procedures were documented within new policies and procedures which replaced the old versions.

xiii. Was there an audit trail?

As explained above, copies of old policies and procedures are not retained but, as of 2011 a record of the dates on which each policy was updated is usually recorded on the face of the policy.

Discussions about the content of the organisation's policies and procedures are recorded within records of meetings of the organisation's governing body and relevant committees.

Present

xiv. With reference to the present position, are the answers to any of the above questions different?

The off-site activities policy was introduced formally in 2017.

xv. If so, please give details.

The organisation's off-site activities policy recognised "off-site activities" as any activity, trip or short break that takes place in an environment which is not controlled or managed by the organisation.

The basis of the organisation's off-site activities policy was that every child and young person should have equal opportunity to be included in main-stream activities and experiences regardless of their support needs, ethnicity, gender, sexuality or religion and as such, the organisation was committed to proactively facilitate inclusion.

The policy recognised that off-site activities were a valuable and integral part of a child's development and could add greatly to a child or young person's understanding and confidence in a wide variety of concepts and skills. They can enhance personal

and social skills and significantly contribute to a child or young person's sense of empowerment, citizenship and independence.

The policy provided that the organisation advocated a risk-enabling approach and services would support children and families to coproduce and take part in activities and adventures, provided the relevant preparation and planning was adhered to – it was this preparation, planning and practical guidance which was provided in the policy.

The organisation's off-site activities policy provides for the following:

- a) routine and non-routine off-site activities;
- b) permissions and consents for off-site activities, holidays and short breaks;
- c) assessing risk in relation to off-site activities;
- d) including children and families in planning, preparation, delivery and evaluation of off-site activities;
- e) information for staff and children and families;
- f) the organisation's roles and responsibilities;
- g) staff ratios;
- h) qualifications and matching;
- i) accommodation/venues;
- j) sleeping arrangements;
- k) transport/travel;
- l) food preparation;
- m) medication;
- n) moving and handling;
- o) adventure activities;
- p) insurance; and
- q) trips abroad.

(b) Practice

Past

- i. **Did the organisation/establishment adhere in practice to its policy/procedures relating to the day to day running of the establishment?**

Yes.

- ii. **Did the organisation/establishment adhere in practice to its policy/procedures in terms of the following?**

Yes.

- **Activities for children**
- **Off-site activities for children including trips, holidays and visits to family**
- **Schooling**
- **Education**

- iii. **How was adherence demonstrated?**

Adherence was demonstrated through the practical application of these policies. Historic records show that the areas outlined above were generally conducted in accordance with the agreed policies and procedures as outlined in questions 4.4(a) and this practical application of those policies and procedures demonstrated adherence.

Adherence was also demonstrated by the completion of paperwork relevant to each policy. For example, the off-site activities policy provides the following framework documentation:

- a) trip proposal template for permission;
- b) risk assessment (examples);
- c) consent form (parent/guardian);
- d) template trip information sheet (family, participant, service);
- e) itinerary template;
- f) group activity planning checklist;
- g) checklist for non-organisation accommodation providers; and
- h) feedback and evaluation forms.

Aspects of this documentation would have been completed in relation to trips or activities undertaken by the establishment.

Compliance with the standards and day to day procedures within Aberlour's Standards were assessed by a review by the establishment's external manager (the Assistant Director responsible for the establishment). This review was recorded and adherence to the policies and procedures would be evident thereon.

iv. How can such adherence be demonstrated to the Inquiry?

Adherence can be demonstrated to the Inquiry by providing examples of the organisation's practice (in adherence with the policies and procedures) as are recorded within the organisation's minute books or within the case records of individual children.

Copies of completed adherence documentation (referenced within question 4.4(b).iii. above) could also be provided but due to the organisation's record retention policies only the most recent copies of such documentation is readily available. Older copies are likely to be retained within the establishment's archived records. There is a large volume of these records, in which the relevant documents are unlikely to be separately identified.

v. Were relevant records kept demonstrating adherence?

The records referred to in iii. and iv. above were retained.

Adherence to policies and procedures relating to the day-to-day running of the establishment is also evident from the case records of individual children and the records of meetings of the organisation's governing body and relevant committees during which the practicalities of the day-to-day running of the establishment and the policies behind these were discussed.

vi. Have such records been retained?

Individual case records and records of meetings of the organisation's governing body and committees during which day to day running of the establishment was discussed, in relation to specific children and on a general basis, have been retained. The records referred to in iii. and iv. have also been retained within the organisation's archives.

vii. If policy/procedure was not adhered to in practice, why not?

There is limited evidence of failure within the establishment to adhere to the organisation's policies and procedures. Examples of failure to adhere to the organisation's policies and procedures in practice include failures: due to a lack of

communication and explanation regarding a certain policy/procedure; or due to the failure of specific staff members to take account of policies and procedures.

viii. If policy/procedure was not adhered to in practice, what was the practice?

Failure to adhere to policy and procedure in practice was generally quickly identified and training and reminders of appropriate policy and procedure was provided to staff failing to adhere.

Practices which failed to comply with the organisation's policy and practice include, for example, failure to use an approved hold when restraining a child or young person; failure to use appropriate concentration and caution when driving with service users in the car resulting in an accident; and failure to respect the privacy of a resident's room by entering without waiting for permission.

Present

ix. With reference to the present position, are the answers to any of the above questions different?

No.

x. If so, please give details.

4.5 Children

(a) Policy

Past

i. What policies and/or procedures did the organisation/establishment have in place in relation to caring for children at the establishment?

The Aberlour Standards contained policies and procedures relating to the care of children within the establishment, including information and guidance on meals, health care, control and sanctions, daily life and complaints and comments.

The organisation also had the following policies and procedures in place in relation to care of children:

- a) child protection and safeguarding policy;
- b) medication policy;
- c) promoting positive behaviour policy;
- d) safe holding guidance;
- e) moving and handling policy;
- f) domestic abuse guidance; and
- g) guidance for safeguarding children who may have been trafficked.

ii. Was there a particular policy and/or procedural aim/intention?

The aim of all policies and procedures which related to the care of the children resident within the establishment was to secure the wellbeing and safety of those children and to afford them "the chance to flourish" (in the words of Canon Jupp, the founder of the organisation).

These policies also had as their intention the development of a culture of information sharing and reporting between the establishment and relevant agencies (e.g. the police, social work department, etc.) where a child was in danger.

iii. **Where were such policies and/or procedures recorded?**

Such policies and procedures were recorded in policy documentation which was made available to all staff employed by, or volunteering with, the organisation, including those working within the establishment.

iv. **What did the policies and/or procedures set out in terms of the following?**

- **Safeguarding**

Please see the information provided below under the heading "Child Protection" which relates to the organisation's child protection and safeguarding policy.

The organisation's first "safe caring" policy was introduced in 2000/2001, developed by a working group of managers within the organisation. This policy provided the organisation's stance on safe caring along with practical guidance for staff. An audit framework for application across the organisation's establishments and services was also developed to assess safe caring practices across the organisation.

The 2001 safe caring policy provided guidance on key aspects of the organisation's operations which had to be properly conducted in order to provide safe care to the children. These were: culture and ethos; children's rights; staff, volunteers and students (in terms of recruitment, suitability, support, etc.); comments and complaints; the environment and activities; managing challenging behaviour; and working with children with disabilities. This policy formed the basis of the organisation's approach to safeguarding which is evident within the organisation's current policies on these matters.

The organisation had safe caring guidance (developed by the organisation's safe caring working group) and a number of additional safeguarding policies, including a policy on intimate care for children and adults with disabilities, a lone working policy and holding safely guidance.

The organisation's guidance on safe caring acknowledged the potential for abuse of children living in care and recognised the importance of protecting children's rights; making sure children were aware of their rights and were listened to and engaged; introducing external, independent overview of caring practices; and making sure children had the ability to make complaints and have those attended to. This guidance also identified the need for special consideration to be given to the way in which challenging behaviour was managed, making sure approved methods of restraint and discipline were always used, and to the environment in which children were looked after; ensuring this environment was of a high standard, secure and enabled privacy.

The importance of staff (and volunteer) recruitment, training and supervision was also set out within this guidance, along with the importance of procedures which were in place to ensure staff also kept safe while working.

The organisation's guidance on providing intimate care placed an emphasis on protecting the rights of the children to whom such care was provided by protecting their privacy, their choice and their preferences. This guidance explained the importance of allowing children to undertake as much of their own care as they could and of providing them with the opportunity to make choices about their care and being sensitive to changing attitudes. Specific

guidance was included in terms of whether female or male care workers should be involved in providing intimate care, the number of workers who should be involved in different circumstances and specific considerations relating to issues of sexuality which come up in the provision of intimate care.

The organisation applied the Scottish Institute for Residential Child Care's "Holding Safely: Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People" (introduced in 2005 and updated in 2013).

- **Child Protection**

The organisation put in place a child protection and safeguarding policy along with guidance on domestic abuse and safeguarding children who may have been trafficked.

The organisation's child protection and safeguarding policy set out that the organisation's primary function was to protect the children and young people it worked with. This policy applied to everyone who worked or volunteered with the organisation and was expected to be implemented in conjunction with the following policies, procedures and guidance:

- a) Children's Rights and Participation;
- b) Comments and Complaints;
- c) Child Protection Monitoring Framework;
- d) Child Protection Practice Guidance;
- e) Confidentiality;
- f) Performance Management;
- g) Promoting Positive Behaviour;
- h) Recording;
- i) Recruitment and Selection; and
- j) Whistleblowing.

The policy also acknowledged the following national legislative and policy initiatives and required all workers to understand and familiarise themselves with those initiatives:

- a) Getting it Right for Every Child;
- b) National Guidance for Child Protection in Scotland 2014;
- c) National Guidance on Underage Sexual Activity 2010;
- d) UN Convention on the Rights of the Child;
- e) National Framework for Standards in Child Protection;
- f) The Children's Charter;
- g) SSSC Codes of Practice for Social Service Workers and Employers;
- h) Adult Support and Protection (Scotland) Act 2007;
- i) The Children (Scotland) Act 1995;
- j) Protection of Children (Scotland) Act 2003;
- k) Allegations Against Residential Workers: Guidance on How Agencies Should Respond;
- l) Good Practice Guidance for responding to concerns about the welfare or safety of looked after children in foster or kinship care; and
- m) National Action Plan to Prevent and Tackle Child Sexual Exploitation.

The policy set out the organisation's commitments to safeguarding the children with whom it worked and the practical ways in which it would do that while working with the children, their families and other agencies.

The policy provided guidance on the way in which workers within the organisation should deal with child protection matters and identified key aspects such as confidentiality, how to respond, engaging with social work and the police, not acting alone, etc. Practically, the policy included a number of appendices which included flow charts for the organisation's staff to follow in assessing whether, when and how to make a referral and forms for doing so.

The policy contained detailed guidance on raising a concern, making a referral and the procedure thereafter. The policy also provided that the Director of Children and Families was responsible for monitoring the child protection framework within the organisation to ensure practice and service risks were being monitored. In carrying out this monitoring task the Director of Children and Families was required to report to the organisation's Risk Management Group on a monthly basis and to the Audit and Risk Committee on a quarterly basis.

The organisation's guidance on domestic abuse set out an explanation of domestic abuse and the way in which it could impact a child and family and provided practical guidance for supporting a child and dealing with disclosures and the need to refer concerns regarding domestic abuse.

Similarly, the organisation's guidance on safeguarding children who may have been trafficked provided guidance on how to recognise potential trafficking victims and the way in which to refer concerns in this regard.

The organisation developed a child protection action plan in 2004 following a review by an external consultant. As part of this action plan a child protection policy and procedure and practice guidance were developed and distributed to staff; training was developed and carried out; and an internal audit/monitoring system was developed.

- **Medical care**

Residential establishments are no longer required to have in place a designated medical officer and medical care is provided to the children resident in the establishment through the usual NHS routes.

The organisation had a medication policy which was intended to ensure the safe administration of medication to those within the organisation's care and to enable those receiving medication to make informed decisions and manage their own medication so far as possible.

The medication policy was based on a set of standards which the organisation expects its establishments to apply to their specific service users' needs and situations. The standards are:

- a) the procurement of prescribed medication – relating to the ways in which medication is obtained, records and information which are required and storage, delivery and administration requirements;
- b) the procurement of non-prescribed medication – relating to enabling service users to purchase or acquire their choice of treatments for minor ailments (so far as they are able to do so);
- c) storage – relating to risk assessments and guidance for the storage of medication and the obligations of the organisation's staff in this regard;
- d) administration of medication – relating to guidance on administration by service users or with the assistance of staff, errors, practicalities of administration, refusal of medication and reporting;

- e) recording of medication – relating to the recording of medication received into an establishment and its administration;
- f) disposal of medication – relating to the appropriate disposal of medication;
- g) training, advice and guidance – relating to the training, advice and guidance which should be given to those staff administering medication; and
- h) monitoring and quality assurance – relating to monitoring and assurance procedures.

- **Children's physical wellbeing**

The Aberlour Standards contained practical considerations related to a child's physical wellbeing, such as provisions relating to exercise and activity, diet and accommodation.

Along with a number of practical requirements, those sections of the Standards set out the importance of ensuring children had a choice in relation to these matters, that they were offered opportunities to exercise that choice and preference and that they had privacy and security.

The organisation also had in place the following policies:

- a) promoting positive behaviour;
- b) safe holding; and
- c) moving and handling.

The promoting positive behaviour policy set out the organisation's acknowledgement of the challenging behaviours some residents presented and the organisation's commitment to manage those behaviours without the use of physical restraint so far as possible and to monitor and record the use of physical restraint and the justifications for thus when it is required. This policy provided for recording plans for the management of behaviours within the relevant child or young person's care plan and outlined restrictions on the use of certain practices (e.g. restricting an individual to a locked room, the use of restraints or the use of medication – these are not practices the organisation has sanctioned).

This policy required the establishment to set out a statement of the way in which it would manage behaviour and to undertake a risk assessment. The policy also set out the use of CALM procedures and approved sanctions within the organisation, the importance of forward planning (both for the service and in terms of care plans) and instructions on reporting and recording and the oversight roles different levels of management had in relation to this policy.

The organisation's safe holding policy is explained above.

The organisation's moving and handling policy provided that moving and handling should be tailored to the individual in question and appropriate training and guidance provided to staff.

- **Children's emotional and mental wellbeing**

The policies identified above in relation to safeguarding and child protection and the physical welfare of children also applied to the emotional and mental wellbeing of children.

The Aberlour Standards outlined practical guidance for creating a secure environment in which a child could feel they belonged and were able to develop and overcome issues from their past experiences. The organisation's safeguarding and child protection policies were also intended to outline practical ways in which a child's emotional and mental wellbeing could be protected and each included guidance for staff on how to support children in different situations.

The emphasis within each of these policies was on ensuring the wellbeing of the children to which their practices were applied and that the rights of those children were respected and protected. In order to do so the policies provided for the views and choices of children to be taken into account and the environments created for them to be secure and supportive.

v. Who compiled the policies and/or procedures?

The policies and procedure were compiled by the Quality and Safeguarding Manager with the approval of the senior management team and/or the governing body.

vi. When were the policies and/or procedures put in place?

The policies and procedures were put in place on the following dates:

- a) Aberlour Standards: 2011
- b) Medication Policy: 2012
- c) Promoting Positive Behaviour Policy: 2012
- d) Holding Safely Guidance: 2005
- e) Child Protection and Safeguarding Policy: 1997
- f) Safe Caring Guidance: date unknown – expected around 2011
(Please note a safe caring policy was first implemented by the organisation in 2001)
- g) Policy on the Provision of Intimate Care to Children and Young People: date unknown – expected around 2011
- h) Guidance on domestic Abuse: date unknown – expected around 2011
- i) Guidance on Safeguarding Children who may have been Trafficked: date unknown – expected around 2011

Prior to 2011 a clear record of policies and procedures is not available. This is due to changing methods of recording information. When an old policy was no longer required it was disposed of and replaced with the new policy. The current system of recording review and update dates for each policy is relatively new.

The dates on which previous policies and procedures were introduced have been included above where these are known but as the development of policy and procedure was not always fully recorded within the organisation's historic records it is not possible to confirm whether or not versions of the above policies existed prior to the dates outlined above.

vii. Do such policies and/or procedures remain in place?

Yes, as updated on a regular basis.

viii. Were such policies and/or practices reviewed?

Yes, the organisation's policies and procedures were reviewed on a regular basis.

ix. If so, what was the reason for review?

There does not appear to have been a specific trigger for review.

The reason for regular review of the organisation's policies and procedures was to update the policies and procedures to take account of updates to the regulatory and legislative background to the relevant policy areas and to take account of changing practices within the organisation.

x. What substantive changes, if any, were made to the policies and/or procedures over time?

There is no evidence within the organisation's historic records of any substantive changes to the organisation's policies and practices relating to the day to day running of the establishment.

As explained above, copies of old policies and procedures are not retained so it is not possible to fully compare current and previous versions of the organisation's policies in order to identify significant changes.

Changes were made to the organisation's safeguarding/safe caring policies and practices following the safe caring audit undertaken by the organisation in 2002. This audit identified a number of areas of good practice including: a family centred approach and environment; a focus on children's rights and a variety of developments in that direction; promotion of culturally sensitive practices; work with parents to assist in their parenting role; induction pack for volunteers; and the use of care planning and person centred planning.

Areas for development were also identified, including the following.

- a) The development of a children's rights statement and further children and young people's participation in the life of the organisation's establishments and services.
- b) Development of information which could be provided in family friendly formats.
- c) Developing the organisation's ethnic profile and ways of working with a multi-ethnic society.
- d) Introducing contacts for children and young people outwith the establishments and services.
- e) Development of a policy on bullying.
- f) Development of quality assurance procedures (e.g. managing challenging behaviour and record keeping).
- g) Assessing the health and safety aspects of activities and ensuring appropriate procedures are in place.
- h) Development of strategy in relation to the use of volunteers.
- i) Further assessment required of the way in which the organisation's child protection policies and working with national/local policy and a further development of training on this matter.
- j) Assessment of gender balance within the organisation's establishments and services.
- k) Development of a code of conduct for staff.
- l) Development of policies and procedures regarding the administration of medication.
- m) Developing the maintenance of buildings and environments to a high standard to ensure the security and privacy of children.

Following the audit each of these areas was developed and/or assessed in practice and relevant care policies and procedures were updated accordingly.

xi. Why were changes made?

There is no evidence within the organisation's historic records of any substantive changes to the organisation's policies and practices relating to the day to day running of the establishment.

As explained above, copies of old policies and procedures are not retained so it is not possible to fully compare current and previous versions of the organisation's policies in order to identify significant changes.

The changes to the safecaring/safeguarding policies explained above were made in response to the safecaring audit carried out within the organisation.

xii. Were changes documented?

Changes to the organisation's policies and procedures were documented within new policies and procedures which replaced the old versions.

xiii. Was there an audit trail?

As explained above, copies of old policies and procedures are not retained but, as of 2011 a record of the dates on which each policy was updated is usually recorded on the face of the policy.

Discussions about the content of the organisation's policies and procedures are recorded within records of meetings of the organisation's governing body and relevant committees.

Present

xiv. With reference to the present position, are the answers to any of the above questions different?

The current version of the moving and handling policy was introduced in 2016.

xv. If so, please give details.

(b) Practice

Past

i. Did the organisation/establishment adhere in practice to its policy/procedures relating to the care of children at the establishment?

Yes.

ii. Did the organisation/establishment adhere in practice to its policy/procedures in terms of the following?

Yes.

- Safeguarding
- Child Protection
- Medical care
- Children's physical wellbeing
- Children's emotional and mental wellbeing

iii. How was adherence demonstrated?

Adherence was demonstrated through the practical application of these policies. Historic records show that the areas outlined above were generally conducted in accordance with the agreed policies and procedures as outlined in questions 4.5(a) and this practical application of those policies and procedures demonstrated adherence.

Adherence was also demonstrated by the completion of paperwork relevant to each policy. For example, action taken under the child protection and safeguarding policy would have involved the completion of relevant paperwork such as:

- a) a child well-being and development concerns form (CWDC-1);
- b) a referral of child protection concerns to Social Work Services form; or
- c) a child protection referral three monthly review form.

Compliance with the policies and procedures outlined above was assessed by the service managers responsible for the establishment as well as by the establishment's external manager (the Assistant Director responsible for the establishment) and the Director of Children and Family Services. These reviews were recorded and adherence to the policies and procedures would be evident from the outcome of these reviews.

iv. How can such adherence be demonstrated to the Inquiry?

Adherence can be demonstrated to the Inquiry by providing examples of the organisation's practice (in adherence with the policies and procedures) as are recorded within the organisation's minute books or within the case records of individual children.

Copies of completed adherence documentation could also be provided but due to the organisation's record retention policies only the most recent copies of such documentation is readily available. Older copies are likely to be retained within the establishment's archived records. There is a large volume of these records, in which the relevant documents are unlikely to be separately identified.

v. Were relevant records kept demonstrating adherence?

The records referred to in iii. and iv. above were retained.

Adherence to policies and procedures relating to caring for the children resident at the establishment is also evident from the case records of individual children and the records of meetings of the organisation's governing body and relevant committees during which the practicalities of child care and the policies behind this were discussed.

vi. Have such records been retained?

Individual case records and records of meetings of the organisation's governing body and committees during which day to day running of the establishment was discussed, in relation to specific children and on a general basis, have been retained. The records referred to in iii. and iv. have also been retained within the organisation's archives.

vii. If policy/procedure was not adhered to in practice, why not?

There is limited evidence of failure within the establishment to adhere to the organisation's policies and procedures. Examples of failure to adhere to the organisation's policies and procedures in practice include failures: due to a lack of

communication and explanation regarding a certain policy/procedure; or due to the failure of specific staff members to take account of policies and procedures.

viii. If policy/procedure was not adhered to in practice, what was the practice?

Failure to adhere to policy and procedure in practice was generally quickly identified and training and reminders of appropriate policy and procedure was provided to staff failing to adhere.

Practices which failed to comply with the organisation's policy and practice include, for example, failure to report child protection concerns quickly and within the relevant framework; failure to properly oversee the operation of the establishment by a manager; and use of control and hold practices which were not in accordance with the establishment's policy or the care plan of the child in question.

Present

ix. With reference to the present position, are the answers to any of the above questions different?

No.

x. If so, please give details.

4.6 Staffing

(a) Policy

Past

i. What policies and/or procedures did the organisation/establishment have in relation to staffing at the establishment?

The organisation had in place HR policies covering recruitment, grievance and disciplinary action. The organisation also had operational policies regarding child protection, complaints procedures, confidentiality and record keeping (as discussed in greater detail above and below).

Relevant HR policies included:

- a) family leave policies;
- b) performance management policies;
- c) safer recruitment and selection policies and procedures;
- d) supervision policies and procedures;
- e) adverse weather guidance;
- f) career break policy;
- g) disciplinary policy and procedures;
- h) discretionary policy;
- i) equality and diversity policy;
- j) flexible working policy;
- k) grievance policy;
- l) health and wellbeing policy;
- m) redundancy policy;
- n) guidance on relocation expenses;
- o) guidance on respect and dignity at work;
- p) secondment policy;
- q) staff communication and consultancy policy;
- r) staff handbook;

- s) time off for dependants policy;
- t) undertaking higher graded units policy;
- u) whistleblowing policy;
- v) working from home policy; and
- w) guidance on smoking and vaping in work time.

Service practice manuals were also in place within the organisation's individual establishments.

ii. Was there a particular policy and/or procedural aim/intention?

The organisation's aim and intention in relation to staffing at the establishment was to: a) obtain suitably qualified staff with relevant experience who could provide care to the children within the establishment in accordance with the organisation's ethos, mission and purpose (as explained above within question 1.5(a); b) ensure compliance with the organisation's legal and regulatory obligations; and c) ensure the safeguarding of the children within the organisation's care.

iii. Where were such policies and/or procedures recorded?

Such policies and procedures were developed centrally and recorded in policy documentation which was made available to all staff employed by, or volunteering with, the organisation, including those working within the establishment. From 2004 these policies were recorded on the organisation's SharePoint for general accessibility.

iv. What did the policies and/or procedures set out in terms of the following?

- **Pre-employment checks**

Prospective employees were required to provide:

- a) details of their prior employment and work experience;
- b) a PVG or disclosure check;
- c) medical information;
- d) evidence of their qualifications; and
- e) two references.

- **Recruitment**

Recruitment was carried out on the basis of an open advertising and selection process which involved a recruitment panel.

Recruitment panels sometimes involved the input of the organisation's service users.

- **Induction**

New staff were required to attend a central induction day and to undertake mandatory training relevant to the role they were employed to undertake. A further on-the-job "service induction" was also carried out within each staff member's six-month probationary period.

- **Transfer of staff to or from other establishments within or outwith the organisation**

Staff working within the establishment's houses often provided relief cover between the houses as these houses provide very similar services, are

located within close proximity to each other and operate as a unit. As such staff contracts stated the place of work as "Sycamore services" and staff were informed that where needed they may be asked to help at other services or asked to move when necessary.

The organisation also had a secondment policy which supported set periods of work for other organisations.

Permanent transfers outwith the organisation or to a different establishment within the organisation would have involved staff applying for a new post through advertised vacancies.

- **References**

Prospective staff were required to provide two references as part of their pre-employment checks. These generally would take the form of prior employment references but academic and voluntary experience references may also have been considered if prior employment references were not available.

References for prior employees of the organisation could be provided by service managers and those within the ranks of management above service managers. The provision of references was generally overseen by HR or a senior manager.

- **Appraisal/supervision**

Supervision of those within a social care role took place every four to six weeks. Some posts within Sycamore were also supported with clinical supervision.

Every new employee was engaged for a probationary period of six months prior to taking on the new post in a permanent capacity.

Staff appraisals were carried out on an annual basis.

- **Training**

Training was generally managed centrally through the organisation's learning and development department. For a period of time there was also a Sycamore Learning and Development Business Partner who worked directly with the Sycamore service managers to determine training needs.

Mandatory training was arranged by the organisation and agreed annually in the organisation's training plan and budget.

Emerging training needs were also identified amongst staff and ad hoc training sessions arranged to provide this.

Additional free training was accessed locally where possible.

- **Personal/Professional development**

Through the supervision and appraisal process the organisation worked with staff to identify CPD requirements and training needs and ways in which staff could progress, within the organisation and externally, in terms of further education and training.

- **Disciplinary actions**

The organisation's discipline policy followed ACAS guidelines: fair process; full investigation; allow individuals to be accompanied; independent senior manager to chair disciplinary; and an appeals process.

Where staff were deemed to have failed to adhere to the organisation's policies and practices or the organisation's ethos, staff were subject to the disciplinary procedure.

- **Dismissal**

Dismissal formed part of the disciplinary process.

v. Who compiled the policies and/or procedures?

The policies and procedures were created centrally within the organisation and then dispersed to staff throughout the organisation's establishments and services.

HR policies were usually created by an HR Advisor, checked by the HR Director and approved by the senior management team and/or the governing body.

vi. When were the policies and/or procedures put in place?

Each HR policy was introduced at slightly different times and it is not possible to confirm the exact dates on which each was introduced, however, most of these policies have been in place since the 1990s.

vii. Do such policies and/or procedures remain in place?

Yes, as updated.

viii. Were such policies and/or practices reviewed?

Yes, the policies and procedures were reviewed, although not on a regular basis until the last ten years during which a regular review procedure was implemented.

ix. If so, what was the reason for review?

The reason for review was to assess the policies and procedures against the regulatory and legal background in place at the relevant time and to ensure those policies and procedures complied with those regulatory and legal requirements and took account of any legislative and policy changes.

In 2000 a review of recruitment and selection processes was carried out and reported on to the governing body. This review resulted in the introduction of a more formalised process for recruitment including the introduction of: standard application formats; user involvement in the selection process; guidance on the composition of selection panels for different roles; and the treatment of references. The relevant policy and practical documentation was updated accordingly.

This review was required due to the growth of the organisation and the need for more formal, consistent practices in relation to recruitment.

x. What substantive changes, if any, were made to the policies and/or procedures over time?

Other than the information provided above under ix. relating to the review of recruitment and selection procedures in 2000, there is no evidence of substantive changes to these policies within the organisation's historic records.

xi. Why were changes made?

Please see questions above.

xii. Were changes documented?

Changes to such policies and procedures were documented and disseminated to the organisation's staff however copies of old policies and procedures have generally not been retained.

xiii. Was there an audit trail?

As explained above, copies of old policies and procedures were not retained but, as of 2011 a record of the dates on which each policy was updated was generally recorded on the face of the policy.

Discussions about the content of the organisation's policies and procedures are recorded within records of meetings of the organisation's governing body and relevant committees.

Present

xiv. With reference to the present position, are the answers to any of the above questions different?

No.

xv. If so, please give details.

(b) Practice

Past

i. Did the organisation/establishment adhere in practice to its policy/procedures in relation to staffing at the establishment?

Yes.

ii. Did the organisation/establishment adhere in practice to its policy/procedures in terms of the following?

Yes.

- Pre-employment checks
- Recruitment
- Inductions
- Transfers to and from other establishments within or outwith the organisation
- References
- Appraisals/Supervision
- Training
- Personal/Professional development
- Disciplinary actions
- Dismissal

iii. How was adherence demonstrated?

Adherence was demonstrated through the practical application of these policies. Historic records show that the areas outlined above were generally conducted in accordance with the agreed policies and procedures as outlined in questions 4.6(a) and this practical application of those policies and procedures demonstrated adherence.

Adherence was also demonstrated by the completion of paperwork relevant to each policy. For example, action taken under the organisation's Safer Recruitment and Selection Policy would have involved the completion of relevant paperwork such as a:

- a) Vacancy Management Form;
- b) Interview Instructions Form;
- c) Short Listing Form;
- d) Interview Assessment Form;
- e) Preferred Candidate Information Form;
- f) Employment Reference Request;
- g) Academic Reference Request; and
- h) Salary Placement Request.

Such documentation would usually be held within HR records.

Supervisions undertaken in accordance with the organisation's supervision policy would have involved the completion of a supervision agreement and supervision notes which were stored within an employee's supervision folder within their HR file.

Adherence was also demonstrated for the purposes of SSSC audits, general finance audits and Disclosure Scotland audits.

iv. How can such adherence be demonstrated to the Inquiry?

Adherence can be demonstrated to the Inquiry by providing examples of the organisation's practices (in adherence with the policies and procedures) as are recorded within the organisation's records.

Copies of completed adherence documentation could also be provided but due to the organisation's record retention policies only the most recent copies of such documentation is readily available. Older copies are likely to be retained within the establishment's archived records. There is a large volume of these records, in which the relevant documents are unlikely to be separately identified.

v. Were relevant records kept demonstrating adherence?

The records referred to in iii. and iv. above were retained.

Adherence to policies and procedures relating to staffing is also evident from the records of meetings of the organisation's governing body and relevant committees during which the practicalities of these policies and procedures were discussed, in general and in relation to specific staff members.

vi. Have such records been retained?

Records of meetings of the organisation's governing body and relevant committees during which staffing was discussed have been retained.

The records referred to in iii. and iv. have also been retained within the organisation's archives.

Individual staff files are also retained, in full for the past seven years, and in part for years previous to that.

vii. If policy/procedure was not adhered to in practice, why not?

There is no evidence of policy and procedure in relation to staffing not being adhered to in practice.

Present

viii. With reference to the present position, are the answers to any of the above questions different?

No.

ix. If so, please give details.

4.7 Visitors

(a) Policy

Past

i. What policies and/or procedures did the organisation/establishment have in place in relation to visitors to the establishment?

Other than operating a visitor's log book for the establishment and general health and safety policies and procedures, the organisation/establishment did not have a formal policy relating to visitors.

The establishment received the following visitors:

Family and acquaintances of the children resident at the establishment: as explained previously within this report, visits to the children from their families and relatives were generally encouraged. However it was not always appropriate for certain family members to have contact with the children. This might have been because the child was removed from an abusive or dangerous family environment or because the family members in question were not a good influence on the child or prevented the child from settling into their new surroundings at the establishment.

Decisions as to whether a child's family and other acquaintances could visit the child were generally taken by the local authorities responsible for the child and the establishment's practice was to abide by those decisions. Those in charge of the establishment were encouraged to discuss any concerns they had regarding visits to the children by their families with the social work departments responsible for those children.

Social Workers: as part of their duties to the children within their care, social work departments were required to visit those children while they were resident at the establishment. The organisation's practice was to ensure social work departments had access to the establishment and the children within the social work department's care when required.

Care Inspectorate, local authority and other public inspectors: the organisation made the establishment available to the Care Inspectorate, local authorities and any

other statutory or public inspector when required. These bodies required access to the establishment to carry out inspections.

Representatives from other agencies/organisations and supporters of the organisation: as explained within this report, the organisation fostered a transparent way of working and encouraged other agencies and organisations to discuss the care of the children resident with the organisation. However, the intention was to create a family environment within the establishment and for this reason visitors were generally invited to attend at the organisation's head office rather than at specific residential establishments (other than local authorities and other inspectors as mentioned above).

ii. Was there a particular policy and/or procedural aim/intention?

So far as family visits to the children were concerned, the practices outlined above had the aim of ensuring the children were protected and that the contact they had or did not have with their families was in their best interests.

The aims of procedures relating to statutory or regulatory visits to the establishment were to foster transparency within the organisation and to ensure compliance with the organisation's statutory and regulatory duties.

iii. Where were such policies and/or procedures recorded?

As explained above, the organisation did not have a written policy specifically relating to visitors. The policy aims set out above were recognised within the organisation's procedures and guidance relating to inspections and the individual care plans of children.

iv. Who compiled the policies and/or procedures?

The organisation's policies and procedures regarding visitors were not formalised, stand-alone policies.

The organisation's procedures and guidance relating to inspections were developed by the Quality and Safeguarding Manager with the support and input of relevant Assistant Directors and Service Managers and with the oversight of the senior management team and/or the governing body.

Visiting policies and procedures set out within individual care plans of children were developed by the relevant service managers in association with the child's social work team.

v. When were the policies and/or procedures put in place?

A visitor log book has been used at the organisation's establishments for the entire period during which the organisation has operated establishments. A log book has been used at the establishment for the duration of the establishment's existence.

The organisation's procedures and guidance relating to inspections were put in place prior to the establishment's existence. From 1948 the organisation's establishments were formally inspected by regulatory bodies such as the secretary of state, local authorities and the Care Inspectorate.

Visiting policies and procedures set out within individual care plans of children were developed by the relevant service managers in association with the child's social work team on a case by case basis.

vi. Do such policies and/or procedures remain in place?

Yes, as updated in accordance with regulatory and legal changes and in accordance with the needs of individual service users.

vii. Were such policies and/or practices reviewed?

There is no evidence within the organisation's historic records of any formal review of the organisation's visitors policies and practices in so far as those related to the establishment but the organisation's historic records show that the organisation reviewed policies and practices on an ongoing basis.

viii. If so, what was the reason for review?

There does not appear to have been a need for formal review of these policies and practices. Rather, review was carried out when the natural need arose in response to internal or external influences.

ix. What substantive changes, if any, were made to the policies and/or procedures over time?

There is no evidence within the organisation's historic records of any substantive changes to the organisation's visitor policies and practices relating to the establishment.

x. Why were changes made?

There is no evidence within the organisation's historic records of any substantive changes to the organisation's visitor policies and practices relating to the establishment.

xi. Were changes documented?

As explained above, the organisation's policies and procedures regarding visitors were not formal, stand-alone policies.

Changes to the policies and procedures relating to inspections were recorded within the relevant guidance and policies on inspections so far as formal policies existed in this regard.

Changes to visiting policies and procedures set out within individual care plans of children were recorded within those care plans.

xii. Was there an audit trail?

Visitor policies and procedures were recorded within a number of different policies, procedures and guidance, some of which will have a record on the face of the document of the dates on which that document was updated.

The review and update of individual child care plans was recorded within those child care plans, providing an audit trail.

Present**xiii. With reference to the present position, are the answers to any of the above questions different?**

No.

xiv. **If so, please give details.**

(b) Practice

Past

i. **Did the organisation/establishment adhere in practice to its policy/procedures in relation to visitors to the establishment?**

Yes.

ii. **How was adherence demonstrated?**

Adherence was demonstrated through the practical application of these policies. Historic records show that visitors were generally managed in accordance with the agreed policies and procedures as outlined in questions 4.7(a) and this practical application of those policies and procedures demonstrated adherence.

iii. **How can such adherence be demonstrated to the Inquiry?**

Adherence can be demonstrated to the Inquiry by providing examples of the organisation's practice (in adherence with the policies and procedures) as are recorded within the organisation's minute books or within the case records of individual children.

iv. **Were relevant records kept demonstrating adherence?**

As there were no standalone visitor policies, there is no evidence of records specifically relating to such policies or procedures or adherence thereto.

Adherence to policies and procedures is evident from the case records of individual children and the records of meetings of the organisation's governing body during which the practicalities of visitors and inspections were discussed, in relation to specific children and on a general basis.

v. **Have such records been retained?**

Individual case records and records of meetings of the organisation's governing body during which visitors were discussed, in relation to specific children and on a general basis, have been retained

vi. **If policy/procedure was not adhered to in practice, why not?**

There is no evidence of policy and procedure in relation to visitors not being adhered to in practice at the establishment.

Present

vii. **With reference to the present position, are the answers to any of the above questions different?**

No.

viii. **If so, please give details.**

4.8 Volunteers

(a) Policy**Past****i. What policies and/or procedures did the organisation/establishment have in place in relation to volunteers at the establishment?**

Volunteers work within the establishment's befriending service.

The organisation had a volunteering policy and procedures which applied to these volunteers and their posts.

Volunteers within the establishment were also obliged to comply with the organisation's operational policies and procedures which are explained above and below within this part C of this report. The remainder of the questions in this question 4.8 have been answered in relation to the organisation's volunteering policies and procedures. Answers to the questions below which relate to the organisation's other operational policies are answered within the remainder of this part C of this report.

ii. Was there a particular policy and/or procedural aim/intention?

The aim of the organisation's volunteering policy and procedures was to set out the organisation's aims and standards in relation to volunteering and the procedures which applied to volunteers, their recruitment and the support which should be provided to them. The policy was also intended to provide volunteers with information about the organisation's standards and operational policies with which volunteers were required to comply.

iii. Where were such policies and/or procedures recorded?

The organisation's volunteering policy was developed centrally and recorded in policy documentation which was made available to all staff employed by, or volunteering with, the organisation, including those working within the establishment. From around 2004 written policies were recorded on the organisation's SharePoint for general accessibility.

iv. Who compiled the policies and/or procedures?

The organisation's volunteering policy was compiled by the organisation's volunteering manager with support from the organisation's quality and safeguarding manager and HR advisors. The policy was approved by the senior management team and/or the governing body.

v. When were the policies and/or procedures put in place?

The current version of the policy was introduced in August 2014.

The organisation's records suggest that a volunteering policy and/or handbook was/were in place prior to 2014 but copies of this policy or handbook are no longer retained by the organisation.

vi. Do such policies and/or procedures remain in place?

Yes.

vii. Were such policies and/or practices reviewed?

Yes, all of the organisation's policies and procedures were reviewed on a regular basis.

viii. If so, what was the reason for review?

The reason for regular review of the organisation's policies and procedures was to update the policies and procedures to take account of updates to the regulatory and legislative background to the relevant policy areas and to take account of changing practices within the organisation.

ix. What substantive changes, if any, were made to the policies and/or procedures over time?

There is no evidence within the organisation's records of any substantive changes to the organisation's volunteering policies and practices.

x. Why were changes made?

There is no evidence within the organisation's records of any substantive changes to the organisation's volunteering policies and practices.

xi. Were changes documented?

Changes to the organisation's policies and procedures were documented within new policies and procedures which replaced the old versions.

xii. Was there an audit trail?

Copies of old policies and procedures are not retained but, as of 2011 a record of the dates on which each policy was updated is usually recorded on the face of the policy.

Present

xiii. With reference to the present position, are the answers to any of the above questions different?

No.

xiv. If so, please give details.

(b) Practice

Past

i. Did the organisation/establishment adhere in practice to its policy/procedures in relation to volunteers at the establishment?

Yes.

ii. How was adherence demonstrated?

Adherence was demonstrated through the practical application of these policies. Historic records show that the areas outlined above were generally conducted in accordance with the agreed policies and procedures as outlined in questions 4.8(a) and this practical application of those policies and procedures demonstrated adherence.

Adherence was also demonstrated by paperwork relevant to each policy. For example, use of the volunteering policy and procedures generated recruitment and engagement documentation such as adverts for volunteer posts and role descriptions; application forms; interview assessment forms; reference requests; and volunteer agreements.

iii. How can such adherence be demonstrated to the Inquiry?

Adherence can be demonstrated to the Inquiry by providing examples of the organisation's practice (in adherence with the policies and procedures). Copies of completed adherence documentation could be provided but due to the organisation's record retention policies only the most recent copies of such documentation is readily available. Older copies are likely to be retained within the establishment's archived records. There is a large volume of these records, in which the relevant documents are unlikely to be separately identified.

iv. Were relevant records kept demonstrating adherence?

The records referred to in ii. and iii. above were retained.

v. Have such records been retained?

Yes, the records referred to in ii. and iii. have been retained within the organisation's archives.

vi. If policy/procedure was not adhered to in practice, why not?

There is no evidence of policy and procedure relating to complaints and reporting not being adhered to in practice.

Present

vii. With reference to the present position, are the answers to any of the above questions different?

No.

viii. If so, please give details.

4.9 Complaints and Reporting

(a) Policy

Past

i. What policies and/or procedures did the organisation/establishment have in place in relation to complaints and reporting at the establishment?

The organisation had a participation, comments, compliments and complaints policy (hereafter referred to as the "complaints policy") which dealt with complaints and comments received by the establishment.

The organisation's policies and procedures relating to complaints and reporting are informed by and follow the guidance within the Scottish Institute for Residential Child Care's guidance on how agencies should respond to allegations against residential workers which was introduced in 2011.

The organisation also had a duty to report to the social work departments responsible for the children resident within the establishment. Such reporting was generally governed by the relevant social work department's own guidance and the terms of the placement agreement between the relevant local authority and the organisation.

In addition, the organisation was obliged to report notifiable events to the Care Inspectorate. The organisation implemented the Care Inspectorate's guidance on records which registered care services must keep and on notification reporting.

ii. Was there a particular policy and/or procedural aim/intention?

The aim and intention of the organisation's complaints procedure was, in relation to complaints, to provide those making a complaint with a clear outline of how to do so; to explain the process for handling complaints; to provide guidance to the organisation's staff as to how to handle complaints; and to identify support structures for those making complaints and for those against whom complaints were made.

The aim of the policy of reporting to the relevant social work department was to ensure that social work departments have the most relevant information about the children within their care.

The aim and intention of the guidance provided by the Care Inspectorate on notification reporting which the organisation implemented across its establishments was to identify those events which the Care Inspectorate deemed it was necessary to know about in order to carry out its role of protecting service users and reviewing and maintaining registrations for the establishment.

iii. Where were such policies and/or procedures recorded?

Such policies and procedures were developed centrally and recorded in policy documentation which was made available to all staff employed by, or volunteering with, the organisation, including those working within the establishment. From around 2004 written policies were recorded on the organisation's SharePoint for general accessibility.

The organisation's policies and procedures in relation to reporting to social work were not recorded in a formal written policy. These policies and procedures were developed primarily by the social work departments and followed by the organisation.

iv. What did the policies and/or procedures set out in terms of the following?

- **Complaints by children**

The complaints policy provided that the organisation welcomed complaints from any party who had contact with it – including the children within its care.

The policy:

- a) provided guidance on how to make a complaint or comment to the organisation;
- b) confirmed that all complaints would be investigated;
- c) provided that a complaint received from a service user would not have any effect on the standard or quality of the services provided to that child or young person; and
- d) explained that complaints would be recorded and that information about the complaint may have to be shared within the organisation and with other agencies (e.g. the Care Inspectorate, the Police, the SSSC or with local authorities).

The policy also set out the organisation's principles for addressing comments and complaints which included: openness and accessibility in relation to complaints procedures; clarity of written and verbal communication; maintaining confidentiality in relation to the way in which complaints and comments were handled; treating each person making a complaint or comment with dignity and respect; dealing with complaints and comments effectively within defined timescales; dealing with complaints and comments in an impartial manner; providing proportionate responses to complaints and comments; investigating complaints rigorously and transparently; and embracing learning, change and improvement.

The policy acknowledged that the person investigating the complaint should be appropriate for the needs of the service user in question and that a service user may sometimes require an external and/or independent representative.

The organisation's complaints procedure follows the following process:

- a) Stage 1 – informal, first line support. The intention here was to resolve the complaint internally as quickly as possible (and ideally within three working days). This stage could be carried out within the establishment or service to which or about which the complaint was made.
- b) Stage 2 – formal investigation. This stage involved a more formal investigation resulting in an outcome within twenty-eight working days. This stage involved the organisation's quality and safeguarding manager, relevant assistant directors and the appointment of an investigating officer to undertake the investigation.
- c) Stage 3 – senior review. If it was not possible to resolve the complaint this stage provided for it to be reviewed as a senior level within the organisation with the potential for a referral of the complaint to the governing body or a relevant subcommittee. The aim at this stage was for the complaint to be investigated and resolved within twenty-eight working days. This stage could have involved a referral of the complaint to the organisation's Improvement, Audit and Risk Committee for an assessment of further lessons which could be learned from the complaint.

All complaints and responses were recorded and reported to the quality and safeguarding manager.

The policy provides detailed guidance on every stage of managing a complaint and designates those within the organisation's management structure who would be involved and responsible for each aspect.

The policy also made provision for fast tracking serious complaints.

Further practical guidance was provided for staff handling complaints and comments which dealt with approach and complaints management and handling. This guidance was informed by the principles within the 2011 guidance on responding to allegations against residential workers.

The organisation encourages the input of Who Cares? Scotland within its residential services and children resident at the establishment had access to a Who Cares? representative with whom complaints, concerns or issues could be raised.

- **Complaints by staff**

The complaints policy provided that the organisation welcomed complaints from any party who had contact with it – including its staff or volunteers.

The organisation's complaints policy and procedures are the same for complaints by staff as they are for complaints by children and an explanation of the content of the policy and procedures is set out above under "Complaints by children".

- **Complaints by third persons/family of children**

The complaints policy provided that the organisation welcomed complaints from any party who had contact with it – including families of the children it looked after or any other carers, service providers or suppliers.

The organisation's complaints policy and procedures are the same for complaints by third persons as they are for complaints by children and an explanation of the content of the policy and procedures is set out above under "Complaints by children".

Where a complaint involves a child within the organisation's care, the organisation's policy provides that the views of parents, social workers and others relevant to the care of the child in questions must be taken into account when considering the complaint.

- **Whistleblowing**

The organisation had a stand-alone whistleblowing policy which dealt with whistleblowing.

The organisation's whistleblowing policy set out the organisation's commitment to support those who raised concerns about practice within the organisation.

This policy included guidance for staff on how to make a disclosure and key corresponding matters such as anonymity, confidentiality, internal and external support, sharing of information, etc.

- **Support, including external support, for those who made complaint or those who were the subject of complaint**

The policy set out the organisation's commitment to offer support to those making a complaint and those who were the subject of a complaint.

Guidance was included in the policy on the ways in which staff and volunteers could be supported during a complaints process. This was intended to support the staff member/volunteer and to preserve the integrity of the investigation. Again, this guidance was informed by the principles within the 2011 guidance on responding to allegations against residential workers.

Support offered to staff and volunteers included assessing whether the relevant individual should remain in their post during the investigation.

- **Response to complaints (including response by organisation and/or establishment)**

Under stage 1, 2 and 3 of the complaints procedures set out above the organisation's complaints policy provided for a full investigation of the

complaint to be carried out and a response provided to the individual making the complaint.

That response could be given in writing and verbally (to ensure it was clear).

The response should have involved resolving the complaint with the individual or body making the complaint and it also involved a review of relevant policy and practice within the organisation and the relevant establishment(s) and potentially a change to those policies and practices.

- **External reporting of complaints**

As explained previously, the establishment was obliged to report to the relevant social work department any complaint made by a child resident at the establishment who was within the care of that social work department. This obligation was included in the placement agreement between the establishment and the relevant social work department.

External reporting of complaints was covered by the Care Inspectorate's guidance on notification reporting which was applied throughout the organisation's establishments. In terms of its registration with the Care Inspectorate the establishment was required to report certain events to the Care Inspectorate.

If an event or allegation met one of the categories set out in the Care Inspectorate's guidance, that event or allegation was reportable to the Care Inspectorate.

v. Who compiled the policies and/or procedures?

The policies and procedures were created centrally within the organisation and then dispersed to staff throughout the organisation's establishments and services. The organisation's policies in relation to complaints and comments were compiled by the quality and safeguarding manager and approved by the senior management team and/or the governing body.

The policies and procedures relating to complaints applied by the Care Inspectorate and the relevant local authorities (with which the organisation was obliged to comply) were developed by those external bodies.

vi. When were the policies and/or procedures put in place?

The current complaints policy was introduced in 2010. A comments and complaints policy was in place from at least 1997 but it is not clear from the organisation's records whether a complaints policy was in place prior to this.

The whistleblowing policy was first introduced in 2001.

The obligation to report to social work departments on complaints made relating to children resident in the establishment who are within the care of those social work departments has been in place since the creation of those social work departments (under the Social Work (Scotland) Act 1968).

The policies and procedures relating to reporting to the Care Inspectorate were introduced with the introduction of the Care Inspectorate in 2001.

vii. Do such policies and/or procedures remain in place?

Yes.

viii. Were such policies and/or practices reviewed?

Yes, all of the organisation's policies and procedures were reviewed on a regular basis.

ix. If so, what was the reason for review?

The reason for regular review of the organisation's policies and procedures was to update the policies and procedures to take account of updates to the regulatory and legislative background to the relevant policy areas and to take account of changing practices within the organisation.

The organisation's complaints policy was reviewed as it was a Care Inspectorate requirement for all care providers to have a clear complaints policy which was made available to service users.

x. What substantive changes, if any, were made to the policies and/or procedures over time?

As explained above, copies of old policies and procedures are not retained so it is not possible to fully compare current and previous versions of the organisation's policies in order to identify significant changes.

A copy of the complaints policy from 2000 is held within the organisation's records and this reflects a slightly different complaints procedure from that outlined above. The stages of the previous procedures were:

- a) an informal-problem solving stage;
- b) if the complaint remains unresolved, a formal stage which is recorded and investigated by the project manager responsible for the service/establishment in question; and
- c) if the complaint remains unresolved, the involvement of an independent person to re-examine the complaint.

Other changes to the current version of this policy include references to the Care Inspectorate rather than other registration and inspection bodies; and the current version is more extensive than the 2000 version.

xi. Why were changes made?

The changes made between 2000 and the current policy and procedures were made in response to changes in practice during this time.

As explained above, copies of old policies and procedures are not retained so it is not possible to fully compare current and previous versions of the organisation's policies in order to identify significant changes.

xii. Were changes documented?

Changes to the organisation's policies and procedures were documented within new policies and procedures which replaced the old versions.

xiii. Was there an audit trail?

Copies of old policies and procedures are not retained but, as of 2011 a record of the dates on which each policy was updated is usually recorded on the face of the policy.

Discussions about the content of the organisation's policies and procedures are recorded within records of meetings of the organisation's governing body and relevant committees.

Present

- xiv. **With reference to the present position, are the answers to any of the above questions different?**

No.

- xv. **If so, please give details.**

(b) Practice

Past

- i. **Did the organisation/establishment adhere in practice to its policy/procedures in relation to complaints and reporting at the establishment?**

Yes.

- ii. **Did the organisation/establishment adhere in practice to its policy/procedures in terms of the following?**

Yes.

- **Complaints by children**
- **Complaints by staff**
- **Complaints by third persons/family of children**
- **Whistleblowing**
- **Support, including external support, for those who made complaint or those who were the subject of complaint**
- **Response to complaints (including response by organisation and/or establishment)**
- **External reporting of complaints**

- iii. **How was adherence demonstrated?**

Adherence was demonstrated through the practical application of these policies. Historic records show that the areas outlined above were generally conducted in accordance with the agreed policies and procedures as outlined in questions 4.9(a) and this practical application of those policies and procedures demonstrated adherence.

Adherence was also demonstrated by paperwork relevant to each policy. For example, adherence with the complaints policy required recording complaints forms; notes of investigations into complaints (including interview notes, etc.); details of referrals of complaints within and outwith the organisation; and responses to complaints.

Compliance with the policies and procedures outlined above was assessed by the quality and safeguarding manager as well as each establishment's and service's manager and external manager (the Assistant Director responsible for the establishment) and the Director of Children and Family Services. These reviews were recorded and adherence to the policies and procedures would be evident from the outcome of these reviews.

iv. How can such adherence be demonstrated to the Inquiry?

Adherence can be demonstrated to the Inquiry by providing examples of the organisation's practice (in adherence with the policies and procedures) as are recorded within the organisation's minute books or within the case records of individual children.

Copies of completed adherence documentation could also be provided but due to the organisation's record retention policies only the most recent copies of such documentation is readily available. Older copies are likely to be retained within the establishment's archived records. There is a large volume of these records, in which the relevant documents are unlikely to be separately identified.

v. Were relevant records kept demonstrating adherence?

The records referred to in iii. and iv. above were retained.

Adherence to policies and procedures relating to complaints and recording is also evident from the case records of individual children and the records of meetings of the organisation's governing body and relevant committees during which the practicalities of complaints and the policies behind this were discussed.

vi. Have such records been retained?

Individual case records and records of meetings of the organisation's governing body and committees during which complaints and reporting were discussed have been retained. The records referred to in iii. and iv. have also been retained within the organisation's archives.

vii. If policy/procedure was not adhered to in practice, why not?

There is no evidence of policy and procedure relating to complaints and reporting not being adhered to in practice.

Present**viii. With reference to the present position, are the answers to any of the above questions different?**

No.

ix. If so, please give details.**4.10 Internal Investigations****(a) Policy****Past****i. What policies and/or procedures did the organisation/establishment have in place in respect of internal investigations relating to the establishment?**

The organisation had in place disciplinary policies, procedures and guidance which included provision for internal investigations into staff conduct in this regard.

The organisation also had in place a system of management oversight and review of each of its establishments. These systems were set out within the Aberlour Standards.

Apart from the formal policies identified above there is no evidence of a formal, all-encompassing policy on "internal investigations". The organisation's records include a number of examples of internal investigations which suggest these were undertaken. Other than where staff disciplinary action or general oversight of the organisation's services and establishments is in question, the information provided in this question is based on an understanding of the organisation's general policies and procedures (formal, informal, written or unwritten) in relation to internal investigations gained from a review of the organisation's historic records (namely records of meetings of the organisation's governing body and relevant committees).

ii. Was there a particular policy and/or procedural aim/intention?

The aim/intention of the organisation's disciplinary policies and procedures so far as these referred to internal investigations was to set out the process which staff could expect to be undertaken and to provide guidance to those undertaking the investigations.

The aim/intention of the organisation's policies and procedures relating to managerial oversight of the organisation's establishments was to set out a structure of oversight and guidance and to provide guidance to those undertaking an oversight role as to how that role should be conducted.

The organisation's historic records suggest that the aim/intention of the organisation's policies in relation to ad hoc internal investigations was to ensure the organisation operated on an open and transparent basis; learned from its own experiences and the experience of external parties; and identified and resolved any issues in the operation of the establishment or the care of the children for which it was responsible.

iii. Where were such policies and/or procedures recorded?

The organisation's discipline policies and procedures and managerial oversight policies and procedures were developed centrally and recorded in policy documentation which was made available to all staff employed by, or volunteering with, the organisation, including those working within the establishment. From around 2004 written policies were recorded on the organisation's SharePoint for general accessibility.

The organisation's policies in relation to ad hoc internal investigations were not recorded.

iv. What did the policies and/or procedures set out in terms of the following?

- **Approach to/process of internal investigations**

The Aberlour Standards provided that oversight and review of establishments would be carried out by the managers of those establishments and the external manager (assistant director) responsible for those establishments. The Aberlour Standards further described, and provided guidance on, the way in which monitoring and reviews should be undertaken.

The organisation's policies and procedures on staff discipline provided guidance on the way in which investigations into a staff member's actions should be undertaken, including guidance on investigation reports and the different stages of the disciplinary process (e.g. hearings, suspension,

dismissal, etc.). In terms of allegations against residential workers, these policies and procedures were informed by the principles within the 2011 guidance on responding to allegations against residential workers.

In terms of the organisation's policies in relation to ad hoc internal investigations, the organisation's records suggest that internal investigations were undertaken by senior management (e.g. an assistant director or the quality and safeguarding manager) in response to a specific concern such as a complaint from staff about the way in which an establishment was managed.

- **Identifying lessons/changes following internal investigations**

The Aberlour Standards provide for the assistant director undertaking oversight and review of an establishment to identify any issues and propose actions to resolve those issues and timescales for resolution.

The organisation's staff discipline policy does not specifically provide for identifying lessons/changes following internal investigations. So far as these investigations and those carried out on an ad hoc basis are concerned, following the investigation the organisation would identify changes required and adjust its operations, staffing or care offering accordingly, taking account of the outcome of the investigation.

- **Implementation of lessons/changes following internal investigations**

The Aberlour Standards provide for the assistant director undertaking oversight and review of an establishment to identify any issues and propose actions to resolve those issues and timescales for resolution. The implementation of those actions should then be reviewed on an ongoing basis.

In terms of lessons learning from staff disciplinary investigations and ad hoc investigations, those changes which were required immediately following an internal investigation (e.g. the discipline, retraining or dismissal of a member of staff or the transfer of a child or provision of additional support to a child) were actioned immediately. Other lessons learned (for example, regarding the need for a review of the establishment's rules or practices or a review of staffing) were implemented as quickly as possible but by their nature often required a period of reflection and assessment prior to implementation.

- **Compliance**

The actions taken by the organisation during and following internal investigations suggest that the organisation was aware of its ongoing compliance obligations and sought to correct any failures to comply with relevant laws and regulations.

In accordance with the Care Inspectorate's requirements, if an investigation is undertaken because of a notifiable event this should be notified to the Care Inspectorate.

- **Response (to child and abuser)**

Please see the comments below on response to complaints generally.

The organisation's records do not contain any additional information regarding the response to a child or abuser following an internal investigation.

If following an internal investigation a member of staff's conduct was deemed to endanger a child, that member of staff was dismissed.

- **Response to complaints (including response by organisation and/or establishment)**

The organisation's policies and procedures in relation to complaints are discussed in more detail within question 4.9 above. As explained, the organisation investigated the complaints it received and took relevant action, including responding to a complaint with an explanation of practices or an explanation of the investigation's findings and, if appropriate, an apology or other form of redress; disciplining or retraining staff; or dismissing staff.

- **External reporting following internal investigations**

As it was obliged to do, the organisation informed the social work department responsible for children in its care if any significant event took place in connection with that child. Therefore if an investigation was undertaken in relation to a child (either in response to a concern for that child's safety or due to that child's actions or state of mind), the relevant the social work department was informed.

The organisation also reported to the Care Inspectorate any notifiable event causing or resulting from an internal investigation, as it was required to do in accordance with the Care Inspectorate's guidance on reporting.

v. Who compiled the policies and/or procedures?

The policies and procedures were created centrally within the organisation and then dispersed to staff throughout the organisation's establishments and services.

The organisation's policies in relation to oversight and review of establishments were compiled by the quality and safeguarding manager and approved by the senior management team and/or the governing body.

The disciplinary policies and procedures were compiled by the HR advisors, checked by the HR Director and approved by the senior management team and/or the governing body.

vi. When were the policies and/or procedures put in place?

Aberlour's Standards were put in place in 2011. The current version of the disciplinary policies and procedures was updated in 2016 but most HR policies and procedures were introduced in the 1990s.

vii. Do such policies and/or procedures remain in place?

Yes.

viii. Were such policies and/or practices reviewed?

Yes, all of the organisation's policies and procedures were reviewed on a regular basis.

ix. If so, what was the reason for review?

There does not appear to have been a specific trigger for review.

The reason for regular review of the organisation's policies and procedures was to update the policies and procedures to take account of updates to the regulatory and legislative background to the relevant policy areas and to take account of changing practices within the organisation.

x. What substantive changes, if any, were made to the policies and/or procedures over time?

There is no evidence within the organisation's records of any substantive changes to the organisation's policies and practices relating to internal investigations.

xi. Why were changes made?

There is no evidence within the organisation's records of any substantive changes to the organisation's policies and practices relating to internal investigations.

xii. Were changes documented?

Changes to the organisation's policies and procedures were documented within new policies and procedures which replaced the old versions.

xiii. Was there an audit trail?

Copies of old policies and procedures are not retained but, as of 2011 a record of the dates on which each policy was updated is usually recorded on the face of the policy.

Discussions about the content of the organisation's policies and procedures are recorded within records of meetings of the organisation's governing body and relevant committees.

Present

xiv. With reference to the present position, are the answers to any of the above questions different?

No.

xv. If so, please give details.

(b) Practice

Past

i. Did the organisation/establishment adhere in practice to its policy/procedures in respect of internal investigations relating to the establishment?

Yes.

ii. Did the organisation/establishment adhere in practice to its policy/procedures in terms of the following?

Yes.

- Approach to/process of internal investigations
- Identifying lessons/changes following internal investigations
- Implementation of lessons/changes following internal investigations
- Compliance

- **Response (to child and abuser)**
- **Response to complaints (including response by organisation and/or establishment)**
- **External reporting following internal investigations**

iii. How was adherence demonstrated?

Adherence was demonstrated through the practical application of these policies. Historic records show that the areas outlined above were generally conducted in accordance with the agreed policies and procedures as outlined in questions 4.10(a) and this practical application of those policies and procedures demonstrated adherence.

Adherence was also demonstrated by paperwork relevant to each policy. For example, adherence with the disciplinary policies and procedures generated paperwork in relation to disciplinary proceedings carried out. Adherence to the Aberlour Standards and the requirements for oversight and review of establishments required recording of the reviews undertaken and their findings.

iv. How can such adherence be demonstrated to the Inquiry?

Adherence can be demonstrated to the Inquiry by providing examples of the organisation's practice (in adherence with the policies and procedures) as are recorded within the organisation's minute books or within individual staff files.

Copies of completed adherence documentation could also be provided but due to the organisation's record retention policies only the most recent copies of such documentation is readily available. Older copies are likely to be retained within the establishment's archived records. There is a large volume of these records, in which the relevant documents are unlikely to be separately identified.

v. Were relevant records kept demonstrating adherence?

The records referred to in iii. and iv. above were retained.

Adherence to policies and procedures relating to internal investigations is also evident from individual staff records and the records of meetings of the organisation's governing body and relevant committees during which such investigations were discussed.

vi. Have such records been retained?

Records of meetings of the organisation's governing body and committees during which complaints and reporting were discussed have been retained. Comprehensive staff records for the past seven years have been retained along with basic staff records for the years prior to that. The records referred to in iii. and iv. have also been retained within the organisation's archives.

vii. If policy/procedure was not adhered to in practice, why not?

There is no evidence of policy and procedure relating to internal investigations not being adhered to in practice.

Present

viii. With reference to the present position, are the answers to any of the above questions different?

No.

ix. **If so, please give details.**

4.11 Child Migration

(a) Policy

Past

i. **What policies and/or procedures did the organisation/establishment have in place in relation to child migration?**

There is no evidence of any policies or procedures in place regarding child migration during the establishment's operative period but as child migration did not occur within this period of the organisation's operation and given the organisation's desire to create a family home environment for children in its care, it appears that the organisation's unwritten policy was not to engage in child migration activities.

ii. **Was there a particular policy and/or procedural aim/intention?**

The organisation did not engage in child migration during this period and sought to create a family home environment within the establishment. It would not have been possible to create such an environment if children were placed for migration.

iii. **Where were such policies and/or procedures recorded?**

The organisation did not engage in child migration during this period.

iv. **What did the policies and/or procedures set out in terms of the following?**

The organisation did not engage in child migration during this period.

- **Identification and checking the suitability of the places where children were sent**
- **Selection of children to migrate including age, gender and background**
- **Provision of information to the child and/or his/her parents before migration**
- **Provision of information and records to children and/or their parents once child had been migrated**
- **Obtaining consent of child**
- **Obtaining consent of parents of child**
- **Obtaining of consent of others e.g. Secretary of State**
- **Responding to requests for information from former child migrants**
- **Other issues**

v. **Who compiled the policies and/or procedures?**

The organisation did not engage in child migration during this period.

vi. **When were the policies and/or procedures put in place?**

The organisation did not engage in child migration during this period.

vii. **Were such policies and/or practices reviewed?**

The organisation did not engage in child migration during this period.

viii. If so, what was the reason for review?

The organisation did not engage in child migration during this period.

ix. What substantive changes, if any, were made to the policies and/or procedures over time?

The organisation did not engage in child migration during this period.

x. Why were changes made?

The organisation did not engage in child migration during this period.

xi. Were changes documented?

The organisation did not engage in child migration during this period.

xii. Was there an audit trail?

The organisation did not engage in child migration during this period.

Present**xiii. With reference to the present position, are the answers to any of the above questions different?**

No.

xiv. If so, please give details.**(b) Practice****Past****i. Did the organisation/establishment adhere in practice to its policy/procedures in relation to child migration?**

Yes.

ii. Did the organisation/establishment adhere in practice to its policy/procedures in terms of child migrants relating to the following?

The organisation did not engage in child migration during this period.

- Identification and checking the suitability of the places where children were sent
- Selection of children to migrate including age, gender, background
- Provision of information to the child and/or his/her parents before migration
- Provision of information and records to children and/or their parents once child had been migrated
- Obtaining consent of child
- Obtaining consent of parents of child
- Obtaining of consent of others e.g. Secretary of State
- Responding to requests for information from former child migrants
- Other issues

iii. How was adherence demonstrated?

The organisation did not engage in child migration during this period.

iv. How can such adherence be demonstrated to the Inquiry?

The organisation did not engage in child migration during this period.

v. Were relevant records kept demonstrating adherence?

The organisation did not engage in child migration during this period.

vi. Have such records been retained?

The organisation did not engage in child migration during this period.

vii. If policy/procedure was not adhered to in practice, why not?

The organisation did not engage in child migration during this period.

viii. How many children were sent as child migrants from the organisation's establishments, and where were they sent?

No child migrants were sent between 1930 and 2014.

ix. What was their age and gender?

No child migrants were sent between 1930 and 2014.

x. Over what time period were children migrated from the organisation's establishments?

No child migrants were sent between 1930 and 2014.

xi. Who funded the child migration?

No child migrants were sent between 1930 and 2014.

xii. Who received the funding in relation to migrant children?

No child migrants were sent between 1930 and 2014.

xiii. In general terms, how much was this funding?

No child migrants were sent between 1930 and 2014.

xiv. How did the organisation/establishment respond to requests for information from former child migrants?

No child migrants were sent between 1930 and 2014.

Present

xv. With reference to the present position, are the answers to any of the above questions different?

No.

xvi. If so, please give details.

- xvii. **In hindsight, does the organisation have a view on policies/procedures that were in place in relation to child migration?**

The organisation did not engage in child migration during this period.

- xviii. **If the organisation accepts that such policies or procedures were flawed, has the organisation provided a specific response e.g. apology, redress or any other type of response?**

The organisation does not accept that such policies/procedures were flawed.

4.12 Records

(a) Policy

Past

- i. **What policies and/or procedures did the organisation/establishment have in relation to record keeping?**

The organisation had in place a record management policy and procedures supported by guidance on “Working Towards Good Practice in Recording”.

In addition to this general records management policy some of the other policies in place within the organisation, which are referenced within this part C of this report, included provisions on recording and record management in regards to the specific policy area covered. Those policies are explained above.

- ii. **Was there a particular policy and/or procedural aim/intention?**

The aim/intention of the organisation's record management policy and procedures and associated good practice guidance was to set out the organisation's obligations in relation to recording information and to provide guidance to staff on the way in which recording should be carried out and records managed.

The organisation's policies in relation to recording information (whether within the general records management policy or within the different policies already discussed within this part C of this report) reflect regulatory and legal recording obligations upon the organisation.

- iii. **What did the policies and/or procedures set out in terms of records relating to the following?**

- **Children in its care**

The record management policy provides for the recording of information about children in the care of the organisation within case records. This policy sets out the confidentiality and security practices which should be afforded that information and covers associated matters such as involving children in the record keeping process and sharing information.

The record management policy acknowledges that some information about children may be recorded within the logs of a particular establishment or service but provides that such recording should not include personal information – this should be recorded within the child's case record.

The information which the organisation is obliged to record about children by law is set out within guidance from the Care Inspectorate and as required in accordance with the Children (Scotland) Act 1996 Regulations and Guidance (which were updated in 2009).

The organisation's guidance on good practice in recording sets out practical guidance and examples on the way in which information should be recorded about children within the organisation's care.

The records management policy also contains a record retention policy which sets out the length of time for which different records should be retained by the organisation, for example, the policy provides that:

- a) records of admissions, temporary absence from unit and discharges should be retained for the current period plus 25 years.
- b) parents' addresses and telephone numbers should be retained within individual case files for the current period;
- c) emergency contact numbers should be retained within individual case files for the current period;
- d) individual case files of looked after children should be retained for the current period plus seventy-five years (75th birthday or 25 years from date of death if death occurs under 18 years of age);
- e) individual case files for children who are not looked after should be retained for the current period plus five years;
- f) group work records should be retained for the current period plus five years; and
- g) information about group activities, trips, holidays, etc. should be retained for the current period plus five years.

The establishment also has a process for recording the following incidents within a data sheet for each house within the establishment:

- a) compliments and complaints;
- b) challenging behaviour;
- c) injuries;
- d) absconding;
- e) accidents and incidents;
- f) Care Inspectorate compliance matters;
- g) evidence of supervision of staff; and
- h) restraints.

This practice ensures this information is available at a glance for the managers of the establishment to assess concerns about specific children and to review patterns and recurring issues.

- **Staff**

Employment records are not generally held for longer than seven years therefore it is not possible to comment on the level of record keeping prior to the past seven years. At present the organisation's policy is to retain complete staff files for seven years following a staff member leaving the employment of the organisation.

In addition, the records management policy provides the following specific guidance on specific aspects of staff records:

- a) staff meeting minutes should be retained for the current period plus five years;

- b) staff supervision records should be retained for the current period plus five years;
- c) volunteer supervision records should be retained for the current period plus five years; and
- d) records of complaints should be retained for the current period plus five years.

- **Complaints**

The organisation's complaints policy provides details of the information which should be recorded during the investigation of a complaint and progression of that complaint through to resolution or referral to an external party.

For example, the complaints policy provides for the quality and safeguarding manager (to whom complaints are referred under stage 2 of the organisation's complaints procedure) to prepare a brief outlining the scope of the investigation into a complaint and how and when this will be conducted which will form the basis of the investigation, following which a completed investigation report with recommendations for resolution and any other necessary action, should be sent to the quality and safeguarding manager who will also record the response from the complainant.

In terms of the organisation's records management policy, records of complaints should be retained for the current period plus five years.

- **Investigations**

Information about investigations undertaken in response to a complaint is recorded in accordance with the complaints policy referenced above and information relating to investigations involving staff will be recorded in accordance with the organisation's discipline policy.

- **Discipline**

Discipline of a child is recorded within that child's daily care logs which are retained in that child's case records, in accordance with the guidance and policy on recording within these records contained within the records management policy and the guidance on best practice for recording (both as explained above).

In order to manage behaviour within the establishment it is sometimes necessary to use restraint practices. The organisation uses the CALM techniques. The organisation's promoting positive behaviour policy provides that agreed restraint procedures should be recorded within a child's personal care plan and only in extreme circumstances where it can be demonstrated that either the service user or others coming into contact with the service user are in immediate danger will it be acceptable to use a form of restraint not specified in the personal plan.

In order to use restraint, each service manager must ensure that an individual risk assessment has been carried out for each service user in relation to behaviour management (a form of risk assessment is provided within the policy and should be recorded within the child's personal plan) and that this is reviewed no less than annually. Where practicable such risk assessments should be carried out in consultation with service users and any other relevant person involved in their care – this must include social workers and parents unless there are legal reasons which prevent this from being possible.

The promoting positive behaviour policy provides that if deciding to physically restrain, a worker must be able to evidence that they reasonably believed that:

- a) physical harm will be caused to the service user or other(s); and/or
- b) the service user will run away and put themselves or others at risk; and/or
- c) the service user will cause significant damage which is likely to have a serious emotional effect or create a physical danger.

Where restraint is required to manage an incident; only CALM approved techniques can be used. Records of this assessment and evidence should be recorded in each service user's care plan if restraint is used along with details of the techniques used.

- **Child migrants**

As outlined above in question 4.11, the organisation did not participate in child migration during the relevant period of inquiry.

- **Responding to requests from former residents for information/records**

The organisation's records management policy provides the following procedure which should be followed if access to information/records is sought by previous service users:

- a) The request should be made in writing to the Director of Children and Family Services, who will arrange the appropriate Area Manager to manage and coordinate the process. From time to time the Director may nominate other appropriate individuals to undertake archive searches. In practice the Director of Children and Family Services delegates a significant portion of this role to the quality and safeguarding manager – particularly where historic records are concerned. Requests are also often received by the organisation's administration team and are passed to the Director of Children and Family Services of the quality and safeguarding manager as appropriate.
- b) The date of the request will be logged and the individual's case records obtained.
- c) The manager co-ordinating the request may allocate the task to the manager of the establishment or service which provided the care/service to the individual.
- d) The individual's identity should be checked by asking them to send or bring to the office two forms of the following identification documents: passport, birth certificate, driving licence or other identification with a name and address (and preferably a photograph). Where the service user has only recently left the service, and is well-known and recognised, this process may be limited to one form of identification.
- e) The worker will arrange an appointment for the individual requesting access in order to go through the accessible part of the file with him/her. The meeting should be held within forty days of the request, though as a matter of good practice this should be sooner.
- f) Prior to allowing access, the worker should bring the contents of the file up to date. All information should be relevant and the file should be well-organised and presentable. The worker should go through the file and note any parts which contain information relating to other individuals who could be identified.

- g) Consideration should be given at this stage to a need to contact anyone else for permission to share any part of the record.
- h) Written consent should be obtained from anyone else who could be identified from the record, and from third parties, unless their permission has already been obtained. It is important to allow sufficient time for completing this process.
- i) Following this, any information relating to third parties (where consent to share has not been obtained) should be moved to the restricted section of the file to be stored separately for the time being. In practice this usually involves a redaction exercise.
- j) The worker should facilitate access to information, allowing sufficient time for the individual to read through the material. The worker should be prepared to explain any information that may be difficult to understand from the records.
- k) Should the individual wish to copy information from the file, he/she should be encouraged to hand write this.
- l) If the individual wants photocopies of any material, service manager will need to consider the implications, and make a decision. In practice, where the organisation is dealing with a historic request (e.g. from an individual resident within the orphanage or one of the group homes) the individual managing the request will send the individual their complete case record. This is due to the difference in quantity of materials recorded between the Orphanage and Group Home Years and the Service Years.
- m) Reasons as to why the request to photocopy was agreed or refused should be recorded.
- n) If the individual is not satisfied with this decision, they should be advised to write to the relevant area manager who will determine whether or not it is possible to make photocopies available.
- o) If the individual considers that any part of the information is inaccurate, they should be asked to note down the inaccuracies in writing, with supporting evidence. This can then be placed on file alongside the original entry.
- p) Any factual errors (misspelling of names, addresses, dates of birth etc.) should be corrected immediately.
- q) The case file should be dated and signed by the individual as seen, along with the signature of the worker, and the service manager, who is responsible for coordinating the process.
- r) If the individual wishes to have the record changed, he/she can appeal in writing within twenty-eight days (from the date access to file took place). The appeal should be made to the service manager/area manager, who may wish to consult the Director of Children and Family Services. The appeal decision will be final.

- **Other issues**

iv. Who compiled the policies and/or procedures?

Information regarding the policies and procedures referred to above which have already been referenced within this part C of this report is contained within the relevant sections above.

The records management policies and procedures were created centrally within the organisation and then dispersed to staff throughout the organisation's establishments and services. These policies were compiled by the quality and safeguarding manager and approved by the senior management team and/or the governing body.

v. When were the policies and/or procedures put in place?

Information regarding the policies and procedures referred to above which have already been referenced within this part C of this report is contained within the relevant sections above.

The current records management policies and procedures were introduced in 2010 but it is expected there were records management policies in place prior to this date although copies are not available.

vi. Do such policies and/or procedures remain in place?

Yes.

vii. Were such policies and/or practices reviewed?

Yes, all of the organisation's policies and procedures were reviewed on a regular basis.

viii. If so, what was the reason for review?

The reason for regular review of the organisation's policies and procedures was to update the policies and procedures to take account of updates to the regulatory and legislative background to the relevant policy areas and to take account of changing practices within the organisation.

ix. What substantive changes, if any, were made to the policies and/or procedures over time?

There is no evidence of substantive changes to these policies and procedures.

x. Why were changes made?

There is no evidence of substantive changes to these policies and procedures.

xi. Were changes documented?

Changes to the organisation's policies and procedures were documented within new policies and procedures which replaced the old versions.

xii. Was there an audit trail?

Copies of old policies and procedures are not retained but, as of 2011 a record of the dates on which each policy was updated is usually recorded on the face of the policy.

Present

xiii. With reference to the present position, are the answers to any of the above questions different?

No.

xiv. If so, please give details.

(b) Practice

Past

i. Did the organisation/establishment adhere in practice to its policy/procedures in relation to record keeping?

Yes.

ii. Did the organisation/establishment adhere in practice to its policy/procedures in terms of record keeping relating to the following?

Yes.

- **Children**
- **Staff**
- **Complaints**
- **Investigations**
- **Discipline**
- **Child migrants**
- **Responding to requests from former residents for information/records**
- **Other issues**

iii. How was adherence demonstrated?

Adherence was demonstrated through the practical application of these policies. Historic records show that the areas outlined above were generally conducted in accordance with the agreed policies and procedures as outlined in questions 4.12(a) and this practical application of those policies and procedures demonstrated adherence.

Adherence was also demonstrated by paperwork relevant to each policy. For example, adherence to the promoting positive behaviour policies and procedures generated records within the relevant individual's care plan of restraint holds performed within the organisation.

iv. Were relevant records kept demonstrating adherence?

The records referred to in iii. above were retained.

Adherence to policies and procedures relating to records management is also evident from individual case records and the records of meetings of the organisation's governing body and relevant committees during which records were discussed.

v. Have such records been retained?

Individual case records and records of meetings of the organisation's governing body have been retained. The adherence records referred to in iii. have also been retained within the organisation's archives.

vi. If policy/procedure was not adhered to in practice, why not?

There is no evidence of policy and procedure relating to record keeping not being adhered to in practice.

vii. Did the establishment undertake any review or analysis of its records to establish what abuse or alleged abuse of children cared for at the establishment may have taken place?

In order to respond to the Inquiry's questions contained within this report, the organisation undertook a review of its records in order to establish whether abuse or alleged abuse of children cared for at the establishment may have taken place.

viii. If so, when did the reviews take place, what documentation is available, and what were the findings?

The recent review of the organisation's and establishment's records took place in late 2016/early 2017.

This review included a review of the organisation's minute books (records of meetings of the organisation's governing body and relevant committees) from 1982 to present day and records of complaints and allegations held by the establishment.

The findings of this review are contained within this report. The findings regarding abuse and alleged abuse are recorded primarily within parts B and D of this report.

ix. How have the outcomes of investigations been used to improve systems, learn lessons?

The organisation has not yet had the opportunity to address the outcomes of the current review.

In terms of prior internal investigations into the establishment's practices, the outcomes of those investigations have been used to, for example, adjust the culture within the establishment; address concerns about particular staff members and undertake additional training or disciplinary action with those individuals; and reorganise management and staffing structures within the establishment.

x. What changes have been made?

The organisation has not yet had the opportunity to address the outcomes of the current review.

In terms of prior internal investigations into the establishment's practices, changes made resulting from the outcomes of those investigations have included, for example, developing the culture within the establishment to ensure it corresponds with the culture within the organisation; addressing concerns about particular staff members and undertaking additional training or disciplinary action with those individuals; and reorganising management and staffing structures within the establishment.

xi. How are these monitored?

The organisation's practices are under ongoing review, including the practices within the establishment.

The organisation has a multi-tiered management structure explained previously within this report. The changes referred to in the question above are monitored directly by the service managers responsible for each house within the establishment and further monitoring is carried out by the assistant director responsible for the establishment and the Director of Families and Children. Reporting between these parties is consistent and continual.

xii. Did the organisation/establishment afford former residents access to records relating to their time at the establishment?

Yes. The organisation provided former residents with access to their case records relating to their time at the establishment.

xiii. If so, how was that facilitated?

The way in which requests from former residents of the establishment were managed is set out in question 4.12(a).iii. under the heading “responding to requests from former residents”.

xiv. If not, why not?

Access was provided.

Present

xv. With reference to the present position, are the answers to any of the above questions different?

No.

xvi. If so, please give details.

Please see answer above.

xvii. Please provide details of any records currently held relating to the establishment in respect of the following:

- **Children in its care**

The organisation holds case records for most of the children who were resident in the establishment.

These case records range in size and detail but generally contain: information about the individual's identity; their background and the reasons they were taken into care; family background if known; information about siblings and other family members; health information; details of the individual's belongings brought with them to the establishment; correspondence relating to the individual between the establishment and the relevant local authority, the child's family, any support service offered to the individual (e.g. psychologists, etc.); information about what the individual went on to do after their time at the establishment; reports and updates to social work departments; the individual's personal care plan; and “daily care” records relating to the individual which provide an insight into the individual's progress and any issues experienced.

- **Staff**

Employment records are generally held for seven years after an employee leaves the employment of the organisation. Those records retained for that period are relatively full. Some information about previous employees is also retained to a more limited extent.

- **Complaints**

Information about recent complaints is held within the establishment's complaints and compliments records and older complaints are held within the organisation's archives.

- **Investigations**

Information about investigations relating to the establishment (internal and external) can be found within the organisation's records of meetings of its governing body and relevant committees.

Most standalone records of investigations are retained within the organisation's archives.

- **Discipline**

Information about discipline policies and procedures and concerns relating to the way in which discipline was handled within the establishment can be found within the organisation's records of meetings of its governing body and relevant committees.

Information about discipline of children resident in the establishment is contained within the individual case records relating to those children.

- **Child Migrants**

As explained above, the establishment did not take part in child migration during the period under inquiry.

- **Responding to requests from former residents for information/records**

The organisation now operates a data retention policy and no longer holds all information indefinitely. For this reason more recent records of requests made by former residents for information/records and the organisation's responses thereto may be retained by the organisation but it is unlikely records of all such requests are retained.

Part D – Abuse and Response

The questions in Part D should be answered in respect of abuse or alleged abuse relating to the time frame 1930 to 17 December 2014 only.

5. Abuse

5.1 Nature

- i. **What was the nature of abuse and/or alleged abuse of children cared for at the establishment, for example, sexual abuse, physical abuse, emotional abuse?**

The abuse and alleged abuse of children cared for at the establishment included allegations of sexual abuse, physical abuse and emotional abuse. Details of the abuse and alleged abuse within the establishment are outlined within Appendix 5A in which the allegations and complaints of which the organisation is aware are set out.

The majority of this information is drawn from historic records and in some instances only limited information can be provided due to the limited nature of those records.

Please note, the records reviewed in order to provide the information contained in this report include the minutes of meetings of the organisation's governing body and relevant management committees; HR records so far as these are available during this period (please note that HR records are not generally retained for longer than seven years); and individual case records of residential service users have also been examined where specific allegations or complaints of abuse involving those service users have been made.

The organisation has access to extensive records within its archives, including individual child records. It is likely to be possible to locate and review individual child records if specific allegations are raised.

5.2 Extent

- i. **What is the organisation/establishment's assessment of the scale and extent of abuse of children cared for at the establishment?**

The organisation's assessment of the extent and scale of abuse carried out within the establishment is outlined within Appendix 5A in which the allegations and complaints of which the organisation is aware are set out.

The majority of this information is drawn from the organisation's governance records and in some instances only limited information can be provided due to the limited nature of those records.

The organisation's conclusions from the information outlined in Appendix 5A are that:

- a) there is a marked increase in the number of complaints and allegations made in relation to the establishment as compared to the number of allegations and complaints of which the organisation is aware which were made during the earlier years of the organisation's existence (for example, during the Orphanage Years and the Group Home Years).

This increase may reflect a change in social norms between these time periods. During the Orphanage Years it was not standard practice to raise service complaints, nor were there established practices of taking account of the views of children within child care services. The expectation was for adults (for example, local authority representatives, parents and staff providing services to the

children within an establishment) to deal with quality or service level matters on behalf of children.

Throughout the Service Years public attitudes changed and children were encouraged to “have their say” about their care. Children were encouraged to give their views (on their own care, as introduced under the Children Act 1975, and on a general basis) and those providing services to children were encouraged to involve children in planning and developing services which would affect them.

The increase in the number of complaints and allegations recorded in Appendix 5A in comparison to the number of complaints and allegations recorded for earlier periods of the organisation’s operations demonstrates that children resident within the establishment were encouraged to raise concerns about their safety, their care or the services they were receiving and that the organisation applied a consistent level of consideration to each suggestion, complaint or allegation raised.

In addition, recording practices were extensively developed during the establishment’s operational period as compared to the Orphanage Years and the Group Home Years. At a national level policy and guidance relating to residential child care (some of which is considered in greater detail within part C of this report) placed greater emphasis on increased and more regular recording. For this reason the organisation’s records relating to the establishment contain a greater volume of information about daily interactions between staff and children resident at the establishment;

- b) allegations and complaints of abuse received by the organisation were investigated;
- c) in some circumstances there was no evidence of the alleged abuse having taken place and we are unable to comment further on these instances;
- d) in other circumstances where incidents or issues were identified, these were investigated and actions taken to secure the safety of the children within the organisation’s care; and
- e) not all of the complaints and allegations outlined within Appendix 5A fall within the Inquiry’s definition of “abuse”. Some of the harm or injury complained of was not directed at the child by the staff member in question but rather arose due to the circumstances of the child’s encounter with the staff member (e.g. accidental harm or injury or actions taken in self-defence where a child was behaving violently).

ii. What is the basis of that assessment?

That assessment is based on a review of the information outlined within Appendix 5A.

iii. Against how many staff have complaints been made in relation to alleged abuse of children cared for at the establishment?

Complaints have been made in relation to alleged abuse of children at the establishment against sixteen staff members whose names are known and against seven staff members whose names are not known. Further information regarding “unknown” staff members is provided within question 5.8.ii. below.

Further details of each of those staff members are contained in Appendix 9 and details of each of those complaints are contained in Appendix 5A.

iv. How many staff have been convicted of, or admitted to, abuse of children cared for at the establishment?

There is no evidence within the organisation's historic records of any staff having been convicted of abuse of children at the establishment.

It is not clear from the organisation's records whether those staff members whom the organisation found to have carried out the actions complained of (further details of which are included in question 5.2.v. below) admitted to those actions.

v. How many staff have been found by the organisation/establishment to have abused children cared for at the establishment?

Six members of staff have been found by the organisation to have abused children at the establishment.

Further details of each of those staff members are contained in Appendix 9 and details of each of those complaints are contained in Appendix 5A.

vi. In relation to questions iii – v above, what role did/do those members of staff had/have within the organisation/establishment?

The role of each staff member against whom a complaint has been made is set out within Appendix 9.

Some allegations have been made against unknown staff members therefore it is not possible to confirm the role those members of staff had within the establishment.

vii. To what extent did abuse and/or alleged abuse of children cared for at the establishment take place during off-site activities, trips and holidays?

One allegation recorded in Appendix 5A relates to actions taken while on a service outing. This allegation was made in November 2002 and further details of the incident are set out on page 3 of Appendix 5A.

viii. To what extent was abuse and/or alleged abuse of children cared for at the establishment carried out by visitors and/or volunteers to the establishment?

There is no evidence within the organisation's historic records of abuse or alleged abuse being carried out by visitors to, or volunteers of, the establishment.

ix. Have there been allegations of peer abuse?

There is no evidence within the organisation's historic records of peer abuse at the establishment.

5.3 Timing of Disclosure/Complaint

i. When were disclosures and complaints of abuse and/or alleged abuse of children cared for at the establishment made to the organisation or establishment?

The dates on which disclosures and complaints of abuse and alleged abuse relating to the establishment were made are set out in Appendix 5A.

ii. To what extent were complaints and disclosures made while the abuse or alleged abuse was on-going or recent?

The dates on which disclosures and complaints of abuse and alleged abuse relating to the establishment were made are set out in Appendix 5A. Twenty allegations are outlined within Appendix 5A which relate to the time period in question. Of those twenty allegations, sixteen complaints/disclosures were made while the abuse or alleged abuse was on-going or recent.

- iii. **To what extent were/are complaints made many years after the alleged abuse i.e. about non-recent abuse?**

The dates on which disclosures and complaints of abuse and alleged abuse relating to the establishment were made are set out in Appendix 5A. Twenty allegations are outlined within Appendix 5A which relate to the time period in question. Of those twenty allegations, four complaints/disclosures were made after the alleged abuse took place.

- iv. **Are there any patterns of note in terms of the timing/disclosure of abuse and/or alleged abuse?**

There is no evidence of any pattern of note in terms of the timing/disclosure of the allegations of abuse.

5.4. External Inspections

- i. **What external inspections have been conducted relating to children cared for at establishment which considered issues relating to abuse and/or alleged abuse of children?**

There is no evidence within the organisation's records of external inspections which specifically considered issues relating to abuse or alleged abuse of children having been conducted in relation to the establishment.

General inspections of the establishment were carried out and details of which bodies carried out such inspections and what these involved are set out above in question 2.6.

For each such external inspection please answer the following:

There is no evidence within the organisation's historic records of external inspections which specifically considered issues relating to abuse or alleged abuse of children having been conducted in relation to the establishment.

- ii. **Who conducted the inspection?**
- iii. **Why was the inspection conducted?**
- iv. **When was the inspection conducted?**
- v. **What was the outcome of the inspection in respect of any issues relating to abuse or alleged abuse of children?**
- vi. **What was the organisation/establishment's response to the inspection and its outcome?**
- vii. **Were recommendations made following the inspection?**
- viii. **If so, what were the recommendations and were they implemented?**
- ix. **If recommendations were not implemented, why not?**

5.5 External Investigations

- i. **What external investigations have been conducted relating to children cared for at the establishment which have considered issues relating to abuse and/or alleged abuse of children?**

External investigations were carried out by the Police and/or Procurator Fiscal and/or the relevant social work department in connection with some of the complaints/allegations identified within Appendix 5A. Details of these investigations are contained within Appendix 10.

General oversight of the establishment was also carried out and details of how this was carried out are set out above in question 2.6.

For each such external investigation please answer the following:

Please refer to Appendix 10.

- ii. **Who conducted the investigation?**
- iii. **Why was the investigation conducted?**
- iv. **When was the investigation conducted?**
- v. **What was the outcome of the investigation in respect of any issues relating to abuse or alleged abuse of children?**
- vi. **What was the organisation/establishment's response to the investigation and its outcome?**
- vii. **Were recommendations made following the investigation?**
- viii. **If so, what were the recommendations and were they implemented?**
- ix. **If recommendations were not implemented, why not?**

5.6 Response to External Inspections/Investigations

- i. **What was the organisation's procedure/process for dealing with external inspections and/or investigations relating to abuse, and/or alleged abuse, of children cared for at the establishment?**

The information available in relation to those investigations identified within Appendix 9 suggests that the organisation usually undertook its own internal investigation alongside the external investigation.

The organisation operated an open and transparent attitude and offered assistance and information as required in such external investigations.

- ii. **What was the organisation's procedure/process for responding to the outcomes of such external inspections and/or investigations?**

The information set out within Appendix 9 shows that the outcomes of the investigations carried out in relation to the establishment did not require the organisation to take any particular action; however, it was the organisation's procedure to carry out an assessment of the service and staff in question when a complaint was raised about that service.

For example, a full review of the Sycamore Project was undertaken in 1988 following the complaints made against a staff member (further details of which are set out within Appendix 5A and Appendix 9). This review included assessing staffing levels and staff capabilities and child care practices. Reports to the governing body following this review suggest that it was a beneficial exercise both for the operation of the project and the staff engaged there.

- iii. **What was the organisation's procedure/process for implementing recommendations which followed from such external inspections and/or investigations?**

There is no evidence within the organisation's historic records of recommendations arising from the external inspections carried out at the establishment.

5.7 Impact

- i. **What is known about the impact of abuse on those children cared for at the establishment who were abused, or alleged to have been abused?**

The organisation recognises that any abuse is likely to have an impact on the individual experiencing that abuse.

The information contained within Appendix 5A sets out what is known about the reaction of any children who were the subject of abuse or allegations of abuse. The organisation does not have specific knowledge beyond what is set out in that Appendix.

- ii. **Where does the organisation/establishment's knowledge/assessment of that impact come from?**

The organisation's knowledge is derived from the organisation's historic records.

- iii. **What is known about the impact of abuse on the families of those children cared for at the establishment who were abused, or alleged to have been abused?**

The organisation's records do not contain any information about the impact of abuse on the families of children cared for at the establishment who were, or were alleged to have been, abused.

The organisation recognises that any abuse is likely to have an impact on the individual experiencing that abuse and on their families.

- iv. **Where does the organisation/establishment's knowledge/assessment of that impact come from?**

The organisation's knowledge is derived from the organisation's historic records.

5.8 Known Abusers at Establishment

- i. **Does the organisation/establishment know of specific abusers, or alleged abusers, of children cared for at the establishment?**

Yes.

- ii. **If so, what are the names of the abusers, and/or alleged abusers?**

The names of those against whom allegations of abuse were made are contained within Appendix 9.

Appendix 9 also contains allegations made against unknown staff members. Details of these allegations are contained within records of meetings of the organisation's governing body. These records do not contain the names of the children or staff members involved and for this reason it is not possible to provide the name(s) of the individuals against whom the allegations were made, or to provide any further information relating to those allegations. Additional information about these allegations may be held within the case records of the individual children in question or the HR records of the staff members involved but without the names of those individuals it is not practicable to locate and review those records.

iii. **For each of these persons, please provide as much as possible of the following information:**

As much as possible of the information requested has been provided within Appendix 9.

The information sought relates to the period 1984 to 2014. Comprehensive employment records for the earlier part of this time period are no longer retained by the organisation (employment records are generally retained for seven years) and there is nobody employed by the organisation at present who can speak to the recruitment and dismissal procedures of the organisation during the entirety of this time period. For these reasons it is not possible to provide all of the information sought.

- **the period (dates) during which they are known or alleged to have abused children cared for at the establishment**
- **the role they had in the organisation/establishment during the period of abuse and/or alleged abuse**
- **where they worked prior to, and following, their time at the organisation/establishment**
- **the knowledge sought or received about them by the organisation/establishment at the point of recruitment, and while they were at the establishment**
- **any information sought by, or provided to, future employers or third parties after they left the establishment, including regarding abuse or alleged abuse**

iv. **Were known abusers, or alleged abusers, of children cared for at the establishment moved from one establishment run by the organisation, to another establishment run by the organisation?**

There is no evidence that abusers, or alleged abusers, of children cared for at the establishment moved from one establishment run by the organisation, to another establishment run by the organisation.

v. **If so, why was this considered to be appropriate?**

There is no evidence that abusers, or alleged abusers, of children cared for at the establishment moved from one establishment run by the organisation, to another establishment run by the organisation.

vi. **If so, what process of monitoring/supervision followed at the new establishment?**

There is no evidence that abusers, or alleged abusers, of children cared for at the establishment moved from one establishment run by the organisation, to another establishment run by the organisation.

5.9 Specific Complaints

i. **How many specific complaints of abuse of children cared for at the establishment have been made to the establishment/organisation?**

Twenty specific complaints or allegations of abuse of children cared for at the establishment have been made to the organisation.

For each specific complaint, please answer the following:

As much as possible of the information requested has been provided within Appendix 5A.

- ii. **Who made the complaint?**
- iii. **When was the complaint made?**
- iv. **Against whom was the complaint made?**
- v. **What was the nature of the complaint?**
- vi. **When/over what period was the abuse alleged to have taken place?**
- vii. **What was the organisation/establishment's process and approach in dealing with the complaint?**
- viii. **What was the organisation/establishment's process and approach for investigating the complaint?**
- ix. **What was the outcome of the complaint following that investigation?**
- x. **Did the organisation/establishment provide a specific response to the complaint?**
- xi. **If so, what was the form of response e.g. apology, redress, pastoral response or any other type of response?**
- xii. **If there was no response, why not?**
- xiii. **Was the information/content of the complaint passed to police?**
- xiv. **If not, why not?**

5.10 Civil Actions

- i. **How many civil actions have been brought against the organisation and/or establishment relating to abuse, or alleged abuse, of children cared for at the establishment?**

None.

For each such civil action, please answer the following:

There is no evidence within the organisation's historic records of civil actions brought against the organisation and/or establishment relating to abuse or alleged abuse of children cared for at the establishment.

- ii. **Who brought the action?**
- iii. **When was the action brought?**
- iv. **Against whom was the action brought?**
- v. **What was the nature of the abuse, or alleged abuse, to which the action related?**
- vi. **What were the names of the persons said to have, or alleged to have, committed abuse?**
- vii. **When/over what period was the abuse said, or alleged, to have taken place?**
- viii. **How did the action progress?**
- ix. **What was the outcome?**
- x. **Was the action settled on a conditional basis of confidentiality?**
- xi. **Who was/were the organisation/establishment's legal representative(s) in relation to the civil action?**
- xii. **Did the organisation/establishment carry insurance for meeting civil claims at the time the action was live?**
- xiii. **How/where can copies of the court papers relating to the civil action be made available to the Inquiry?**

5.11 Criminal Injuries Compensation Awards

- i. **Has any criminal injuries compensation been awarded in respect of abuse, or alleged abuse, of children cared for at the establishment?**

No.

- ii. **If so, please provide details if known.**

5.12 Police

- i. **How many complaints of abuse of children cared for at the establishment have been made to the police?**

Five complaints of abuse of children cared for at the establishment have been made to the police.

In relation to each known complaint to the police, please answer the following questions:

As much as possible of the information requested has been provided within Appendix 5A and Appendix 9. Limited information is available within the organisation's records in relation to some of these matters and where this is the case it is not possible to provide any further detail regarding the outcome of Police investigations.

- ii. **Who was the alleged abuser?**
- iii. **Did the police conduct an investigation in relation to the complaint?**
- iv. **If so, who conducted the investigation and when?**
- v. **What was the outcome of the police investigation?**
- vi. **What was the organisation/establishment's response?**

5.13 Crown

- i. **To what extent has the Crown raised proceedings in respect of allegations of abuse of children cared for at the establishment?**

There is no evidence within the organisation's records that the Crown raised proceedings in respect of any allegation of abuse of children cared for at the establishment.

In relation to each time the Crown has raised proceedings, please answer the following questions:

There is no evidence within the organisation's records that the Crown raised proceedings in respect of any allegation of abuse of children cared for at the establishment.

- ii. **What is the name of the person(s) against whom the proceedings were raised?**
- iii. **What was the nature of the charges?**
- iv. **What was the outcome of the proceedings, including disposal/sentence if there was a conviction?**
- v. **What was the organisation/establishment's response to the proceedings and outcome?**