

LONDON BOROUGH OF LAMBETH

DIRECTORATE OF SOCIAL SERVICES

Report to the Director of Social Services
of the Management Investigation into
Allegations of Child Sexual Abuse
at Monkton Street Children's Home

MARCH 1987

INTRODUCTION

- i) The management investigation was set up, by the Director of Social Services, in July 1986, with the following terms of reference:
 - a) To investigate the allegation of child sexual abuse to an individual child by an individual member of staff at Monkton Street Children's Home.
 - b) Also, to investigate other alleged incidents of child sexual abuse at the Home.
 - c) To include in its recommendations whether or not any disciplinary action should be taken against any individual member(s) of staff.
- ii) Item 1(a) of the terms of reference (above) relates to an allegation made by a parent of a child placed at Monkton Street, the parent named a member of staff.
- iii) Item 1(b) of the terms of reference (above) relates to other alleged incidents of child sexual abuse that were identified by the Police as a result of their investigations into the original allegation. The Police sought, and were given, permission to medically examine other children at Monkton Street; as a result of these examinations the Police Surgeon informed the Director of Social Services that 'evidence' of child sexual abuse existed regarding a number of other named children. This is the basis for this part of the terms of reference.
- iv) The Director appointed 4 Senior staff to be members of the Investigating Panel.
- v) The Director also appointed advisers to the Panel, as follows:
 - a Consultant Paediatrician: Independent Medical Adviser
 - a Child Protection Co-ordinator/Consultant
 - a Team Leader: Special Schools
- vi) The Investigation has involved the following work:
 - a) each member of staff at Monkton Street has been interviewed.
 - b) the parents of those children at Monkton Street who are the subject of allegations have been interviewed by the Child Protection Consultant. All those parents were invited to meet the Panel and a number of the parents did so.
 - c) a number of social workers, working with those children at Monkton Street who are the subject of allegations have been interviewed.
 - d) the social work case file for each child at Monkton Street who is the subject of an allegation, and records kept on those children at Monkton Street, have been inspected.
 - e) a wide range of medical records and reports have been reviewed, by the medical adviser, relating to those children at Monkton Street who are the subject of allegations.

- f) several senior managers in Social Services have been interviewed, regarding their role in the handling of the allegations and the overall management of the service. These were the Director, Senior Assistant Director, Senior Children's Homes Officer, and a Children's Homes Officer.
- g) the Head of Lambeth Police Committee Support Unit, and the Headmistress of Shelley School, have been interviewed.
- h) the Panel has visited Monkton Street Children's Home.

A total of 45 people have been interviewed.

- vii) The Director of Social Services has made a request to the Police that the full medical report prepared by the Police Surgeons on all those children who were medically examined, should be made available to the Management Investigation. Access to these full medical reports is essential to enable the Investigation Panel to complete a full Investigation. These reports have not yet been made available.
- viii) In this report, the children and their parents are referred to anonymously as follows:-

Child "A"	mother	-	"Mrs A"	father	"Mr A"
"	B	"	Mrs B	"	Mr B
"	C	"	Mrs C	"	Mr C
"	D	"	Mrs D	"	Mr D
"	E	"	Mrs E	"	Mr E
"	F	"	Mrs F	"	Mr F
"	G	"	Mrs G	"	Mr G
"	H	"	Mrs H	"	Mr H
"	J	"	Mrs J	"	Mr J

- ix) The various doctors, and other staff directly involved, are referred to as follows:

Mrs A's family doctor - Dr T
 The Senior Clinical Officer at St Thomas' Hospital - Dr V
 The Police Surgeon who examined child A - Dr W
 The Police Surgeon who examined children B-J - Dr X
 The social worker at St Thomas' Hospital - Mr P
 The social worker to Mrs A - Mr R
 The worker at Monkton St, alleged to have abused child A - Mr S

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- x) In this report Part I - discusses some background issues involved in investigating allegations of child sexual abuse. 4
- Part II - describes the Key Events associated with the allegations. 7
- Part III - is the evidence regarding the alleged sexual abuse of Child "A" at Monkton Street. 10
- Part IV - is the evidence regarding the alleged sexual abuse of other children at Monkton Street. 19

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xi) In early 1987, a decision was made by the Directorate Management Group that mentally handicapped people should henceforth be referred to as people with learning difficulties. We apologise for the report using the old terminology, but the report was in an advanced stage of preparation when this change was made.

PART I: Investigating allegations of child sexual abuse against children in Monkton Street Children's Home: a Discussion of the issues

- 1.1 Sexual abuse of a child in Lambeth's care, by a member of staff of Social Services, would constitute gross misconduct. If the evidence points to child abuse it would lead to the dismissal of the worker(s) concerned. In addition, child sexual abuse is a criminal offence: it would normally involve a Police investigation: if charges result, and are proved, severe penalties could result, including imprisonment. The Police have carried out an investigation into the allegations at Monkton Street with the full co-operation of Lambeth Social Services.
- 1.2 A basic principle in investigating allegations of Child Sexual Abuse is that the child who alleges he/she has been abused, should be believed. This is because the child will find it deeply distressing to make the allegation, and therefore will not do so lightly. If a child does make a false allegation, this in itself may indicate the existence of a problem of some kind that needs attention. But where the child making an allegation is mentally handicapped, some additional factors must be considered. These are (i) the child's capacity to accurately understand events (ii) the child's capacity to remember events accurately and (iii) the child's capacity to communicate a description of the events accurately. In addition, it must be recognised that all the children at Monkton Street are severely mentally handicapped. It is not being suggested that severely mentally handicapped children are incapable of providing an essentially accurate account: only that an evaluation of the child's account must take account of the child's handicap.
- 1.3 Another means of evaluating allegations of abuse is by medical examination. But we are advised these are not always conclusive. First, in a significant proportion of cases of child sexual abuse there are no physical indicators at all. Second, where indicators of abuse do occur, they can be divided into two categories. Some indicators are of a kind that can only be caused by sexual abuse, (called 'exclusive' indicators); other indicators are of a kind which can be caused either by sexual abuse or by some other cause (called 'compatible' indicators). Therefore, the absence of indicators of abuse do not prove that sexual abuse has not occurred: conversely, the presence of indicators of sexual abuse will only be conclusive if they are in the 'exclusive' category. Also, the medical and forensic examination in cases of sexual abuse will not always help in identifying the perpetrator of the abuse.
- 1.4 A further possible means of determining whether sexual abuse has occurred is to consider the subsequent behaviour of the child. Have behavioural changes occurred which might be explainable, or could only be explainable, by the traumatic effect of abuse on the child? A major difficulty is to distinguish between the possible effects of any alleged abuse, and the possible effects of the subsequent medical examination of the child. Once a medical examination has been carried out, subsequent behavioural change may not be a reliable indicator of sexual abuse, particularly in handicapped children.

- 1.5 It is understandable that a child in a mental handicap children's home who alleges sexual abuse by a worker at the home, may make the allegation to his or her parents. The child may feel more able to confide in them, and the parents may more easily understand what the child is trying to say. In these circumstances, the allegation is in effect expressed via the parents: they become a means of expressing the child's message. Consideration therefore has to be given to how accurately the parents comprehend what their child means to convey, and whether or not the parents own attitudes and beliefs influence the way they respond to it.
- 1.6 Race, sex and sexual orientation are additional factors to consider in assessing the relationship between the adults expressing the allegations, and the adults against whom the allegations are made. Lambeth Council has a multi-racial workforce, serving a multi-racial clientele. Racism and sexism are widespread factors which constantly need to be guarded against, identified and challenged. In practice the fact that Lambeth Council has strong and clear policies in this field will mean that any parents for whom race or sex considerations affect their actions regarding allegations, will do their best to conceal them. This is therefore a further area in which careful judgements need to be made, to establish whether or not there is any racial or sexual bias in an allegation.
- 1.7 Disclosure interviews with individual children is another means of enabling the child to convey his/her message. It involves workers with professional expertise in this work, who create a secure and comfortable environment for the child, and encourage the child to communicate his/her feelings and expertise in his/her own way. But there are difficulties. First, if it occurs after a medical examination, the possible confusion in the child's mind between the medical examination and the sexual abuse arises again as a problem. Disclosure interviewing should be undertaken as soon as possible after an allegation of sexual abuse has been made. In some children this may require several sessions. Whilst this can be expected to be successful in many cases, there is no guarantee it will be successful in all cases, particularly if the child involved has a mental handicap.
- 1.8 What the child says, the parents account of what the child says, medical examinations, disclosure interviewing, and monitoring of subsequent behaviour are all possible avenues of investigation. If these various avenues are properly combined with each other, and if they provide consistent results, then a clear judgement can be made about the truth of the allegation. But it is possible to conceive of types of cases where the various avenues of investigation do not provide a clear and consistent picture. In such cases, it may not be possible to arrive at a clear and incontestable view as to whether or not sexual abuse occurred. Investigating Panels have a duty to come to a view on the basis of the evidence.
- 1.9 Determining whether a child has been sexually abused is one matter, determining who did it is another. On the assumption that the abuser achieved privacy, there will be no eye witnesses apart from the child. In most cases, medical examination of the alleged abuser would not help establish the truth or not of the allegation.

1.10 The task of this Management Investigation is, first, to establish the facts. It then has to decide, in the light of the facts, whether or not there is a *prima facie* case for disciplinary action to be taken against any members or members of the Directorate's workforce.

PART II: Key Events

- 2.1 Child A, [REDACTED] is a severely mentally handicapped child. He lives in [REDACTED] with his Mother, Mrs A, who is a single parent. A attends [REDACTED] for children with severe learning difficulties.
- 2.2 It was recognised, by all concerned with the care of A, that the task facing Mrs A in caring for A was very considerable. One possible means of supporting her was to give her occasional breaks from caring for A by placing him in a children's home. An agreed plan was made, between Mrs. A, her social worker,* [REDACTED] staff and the staff at Monkton Street Children's Home that A should be given short-term care, at Monkton Street, on dates to be agreed. The first of these placements was from [REDACTED] and other short-term placements occurred up to July 1986.
- (*Social work services to Mrs. A are provided by the Family Welfare Association, under an agreement between the F.W.A. and Lambeth Social Services Area 1. The reason for this arrangement is that Mrs. A could benefit from the particular type of social work support provided by the F.W.A.)
- 2.3 By prior arrangement, A was admitted to Monkton Street, for a further period of planned short-term care, on Monday [REDACTED]. He was due to return home the following Sunday [REDACTED].
- 2.4 In line with the plans, A was returned home at 11 am on Sunday [REDACTED]. He was taken, in the Monkton Street van, by the van driver and one of the Team Leaders in the Home.
- 2.5 Mrs. A has described to us how she bathed him that evening. She said that as he stepped into the bath, she noted he tried to hide his bottom from her. She insisted on seeing it and saw that it was red: on parting the cheeks she saw a blood clot. Mrs. A asked who had done this to him. He would not say. She tackled A once more, and, on insisting she says that he told her it was 'S', and gave some further details of what had happened. She told us she believed this to mean Mr S, a member of staff at Monkton Street.
- 2.6 On Wednesday [REDACTED] Mrs. A telephoned her family doctor, Dr T, and made an appointment for the following day. Having seen A and Mrs A on the Thursday, Dr T referred A to the Child Sexual Abuse Team at St Thomas' Hospital.

2.7 A was seen, at St Thomas' the following day, Friday [REDACTED] at 11 am by Dr V and Mr P (Social Worker): Mrs. A accompanied A. During the preliminary discussion between the adults present, a disagreement appears to have arisen between Dr V and Mr P. Mr P has told us how he felt very strongly that the allegations being reported should be regarded very seriously indeed, and that the Police should be informed immediately. Whilst Dr V proceeded to conduct her examination of A, and before she had completed it, Mr P telephoned [REDACTED] Police Station to report that an allegation had been made, by Mrs. A, of sexual abuse towards A by a named member of staff at Monkton Street Children's Home. Having informed the Police, Mr P telephoned 91 Clapham High Street, and informed the Assistant Director, Personal Services, that he had done so. At 6pm that evening, a meeting was held at 91 Clapham High Street to discuss the allegations and what action should be taken by Social Services: those present were the Chair, Director, Senior Assistant Director, Assistant Director, Senior Children's Homes Officer, and Personnel Officer.

The meeting decided that Mr S should be placed on special leave, and that the social workers concerned with children at Monkton Street should be informed of the position.

2.8 On Saturday [REDACTED] A was medically examined by a Police Surgeon, Dr W, at [REDACTED] Police Station. The Director of Social Services, was informed in writing by Dr X (another Police Surgeon) that Dr W concluded there was "overwhelming evidence of anal abuse consistent with buggery". Dr W also referred A to the Special Clinic * at St Thomas' Hospital, where he was seen on the same day.

(* Department of Genito-Urinary medicine, which deals with Venereal Diseases).

2.9 On Sunday [REDACTED] Mr S was arrested at home by the Police, and was interviewed at Kennington Police Station.

2.10 On Monday [REDACTED] a meeting was held, at 91 Clapham High Street, those present were the Director, Senior Assistant Director, Assistant Director, Senior Children's Homes Officer. Later that day, the Director sent a letter, to the parents of all children at Monkton Street, informing them of an incident of indecent assault and that this was being investigated by the Police. The letter went on to say that it may be necessary for other children to be medically examined by a Police Doctor, who would explain the details and that parents were also free to consult their own G.P. if they wished. The Director explained he would write again when he had further information. The letter was delivered to each parent(s) by the social worker concerned.

- 2.11 In the period Thursday [redacted] to Tuesday [redacted] a total of 8 children were medically examined by Dr X. In at least 2 of the examinations, the child resisted: in 1 of these cases Police Officers held the child down; in the other case the child's resistance made the examination impossible. It is understood that the parents consented to these examinations: where no parents were available, consent to medical examinations was given by the Director of Social Services.
- 2.12 On Tuesday [redacted] Dr X, the Police Surgeon, wrote a letter to the Director of Social Services, informing him of her conclusions arising from her medical examinations. She indicated there was evidence of sexual abuse in the cases of 5 children and of possible abuse in the case of a sixth child. This was in addition to the case of A. For a further child, examination was impossible except under general anaesthetic: which she felt could be considered. Some other children had not yet been examined, and Dr X was continuing to make the necessary arrangements. Dr X did, of course, also report her findings direct to the Police.
- 2.13 In response to that letter, the Director of Social Services set up this Management Investigation.

PART III: Evidence Relating To The Alleged Sexual Abuse Of Child A

- 3.1 The allegation, made by Mrs. A, A's Mother, is that A was sexually abused, at Monkton Street Children's Home, by Mr S, an Assistant Officer-in-Charge at the Home, during the period [REDACTED] this being the period of A's last stay at the Home. She also believes sexual abuse of A may also have occurred during the previous year.
- 3.2 The evidence given to the Investigating Panel by the following people is relevant to this allegation:
- Mrs A - Mother of A
 - Dr T - General Practitioner to Mrs. A and A
 - Dr V - Senior Clinical Medical Officer
 - Mr P - Social Worker: Child Sexual Abuse Team:
 - St Thomas' Hospital
 - Dr W - Police Surgeon who examined child A
 - Mr R - Social Worker to Mrs. A
 - Mr S - Assistant Officer-in-Charge:
 - Monkton Street Children's Home
- 3.3 The evidence of each of these people is now discussed, in turn.

MRS. A

- 3.4 When Mrs. A met the Panel, she was accompanied by Mr. A, A's father. Mrs. A and Mr. A are separated.
- 3.5 Mrs. A says that A was brought back home, from Monkton Street, on Sunday [REDACTED] in the Monkton Street vehicle, accompanied a Team Leader and the Driver/Handyperson. She said that before leaving, the Team Leader told her that there was no need to bath A that evening as he had already had a bath that morning.
- 3.6 Mrs. A says A appeared exhausted, and that he complained of a sore bum - at first she thought it might be piles. She decided to give A a bath, and once again he complained of a "sore bum". She said "I decided to look at A's bottom, and was upset to find it was very red and sore, and a large blood clot up his bottom". She said that A said, "Hurting, hurting": she asked who did it, A said, "He'll kill me - that S put willie up bum - dirty S - S put toothbrush up bum".
- 3.7 Mrs. A said she mentioned the name of some other workers at Monkton Street, but A said, "No, S done it".
- 3.8 Mrs. A was asked whether A was a physically strong boy - she replied that he could not resist a grown man. She was asked whether A mentioned any physical force - she said that she saw bruises, one on each shoulder, which indicated he had been held down.
- 3.9 Mrs. A said she believed, from what A had said to her, that the abuse by S to A happened in the bathroom, and in the bedroom, and that it happened at night time.

- 3.10 Mrs. A was asked how long she thought the alleged abuse of A had been going on. In reply she made several points. First, that after [REDACTED] A said to her that he did not want to go to Monkton Street, he wanted to go to Ivy House. She thought this indicated something was wrong at Monkton Street. Second, that at around the same time, she first noticed a soreness of A's bottom. And third, that about 4 months ago she noticed a bruise on A's left nipple. Mr A added that A had been bruised during this year.
- 3.11 On several occasions during the interview, Mrs A referred to Mr S as a 'dirty pig'. She also said "How dare him touch my boy, the [REDACTED] Bastard".

DOCTOR T

- 3.12 Mrs A tells us she took A to see Dr T, the family's general practitioner on Thursday [REDACTED]. He examined the child, and made a telephone referral to Dr V, who saw A the following day.
- 3.13 It will be seen from Dr V's report (see P.12): that Dr T found no abnormality, but decided to make the referral in view of the Child Sexual Abuse guidelines.

DOCTOR V

- 3.14 The following are extracts from Dr V's report, dated [REDACTED]

REPORT ON THE EVENTS that led to a medical examination and FINDINGS following it on "A" [REDACTED]

- a) On Thursday [REDACTED] I received a telephone call at St Thomas' Hospital from Dr T, a General Practitioner at the Grantham Centre, about the above named boy.
- Dr T did examine the child and found no apparent abnormality, but in view of the recent communication to him of the CSA guidelines from St Thomas' Hospital, he wanted to explore the possibility of further help from the St Thomas' Hospital Child Sexual Abuse Team.
- b) Mrs. A was invited with A to the hospital for a disclosure interview at 11.30 the following morning. She arrived one hour earlier. Mr P, the Social Worker, and I, interviewed Mother and son and Mrs. A described that her son complained on Sunday night that his bottom was hurting and when she had a look at him she saw "the anus gaping wide, with some blood on it and it was raw". When she asked the boy who did it he said to her "Nothing, I must not tell Mum". She also said that A mentioned the use of a toothbrush and paste put inside the anus.
- c) Her reaction to that was of strong embarrassment but she did not take her son to the doctor because "she would not like to get the Home into trouble" and she was going to meet her Social Worker the next Thursday. She kept looking at the child's bottom every day but "the pain was gone". Her impression of what Dr T told her following his examination of A was that "he was still sore", which is different to what (doctor T) told me on the telephone.
- d) Throughout the interview with his Mother, A would not keep still for more than a few seconds either asking in a stereotyped fashion, myself sitting next to him, for a kiss - "kiss, kiss, give me a kiss", or for tea. When asked about the toothbrush he said that "there was salt and pepper on the brush", that there was "Marmite and butter on the brush and in the soup" and he repeatedly said, mentioning the name of one member of the staff, that "he put the brush in his bottom" and only when his Mother asked him "Did he do it to you too?" he answered "Yes" but in an inconsistent way. He also spoke of a "stone in the loo" and said "he gave me a pill". In addition, he mentioned two more names of members of the staff.

- e) My impression of A was that of a rather confused young boy with severe limitations in his ability to sustain any meaningful conversation and in expressing himself, although at times he comes out with sentences of several words which he has memorised and uses without context, but which unless one spends some time with the boy to get to know him better, could give the impression of a slightly more advanced intellect.
- f) A is a well developed [REDACTED] boy but with barely any signs of the secondary sexual characteristics. Inspecting his perianal region requires a real struggle as he would not keep still for more than a few seconds, moving and kicking and laughing and taking the whole thing as a big joke. However, as I spent more than ten minutes with him and with the help of his Mother who was holding him, I did manage to have a good look at him in the lying on his back position and with the knees bent and held up on his abdomen.
- g) On simple inspection the anus appears to be somehow deeper placed but otherwise normal. The skin around it had no signs of injury recent or past, and there were normal skin folds of the anal verge. There was no evidence of laxity of the sphincter on inspection. I attempted an internal examination and the tip of finger felt the sphincter which had a good tone but A reacted strongly in a manner of strong protest, but without signs of pain. I reassured Mrs. A that there was no evidence of abnormality upon which she asked me "do you think he is making it up?" and my response was that he certainly has either heard or seen something along the lines he was talking but I had no evidence that he had suffered abuse.
- h) In addition I contacted [REDACTED] for ESN children which A attends and spoke with A's teacher. To my question about the possibility that A might be imagining things she was positive that he has no such ability. However, she told me that he is a very confused child and there were two incidents where he could easily mislead people as to injuries he had suffered, such as when he was taken to the hospital for a throat infection and complained of a foot injury and when asked who had done a bruise on his face he said 'you did it' to the teacher, being unable to remember anything else.

3.15 The following are extracts from Mr P's report, dated [REDACTED] 1986

- a) On Thursday [REDACTED] at around 4.30pm Dr V raised this boy in the Child Sexual Abuse team meeting at St Thomas' Hospital.
- b) It was agreed that if there was not an Area Social Worker allocated and available, I would join Dr V to interview A and his Mother on Friday at 11.30am.
- c) Mrs. A explained that A had been going to Monkton Street Home every 6 weeks for a while, and, previous to that, he had gone to Ivy House. The last time he went was Monday [REDACTED] to Sunday [REDACTED]. Dr V and I clarified this with diaries. The last time he came home he complained that his bottom was sore. Mrs. A examined him when he was getting in the bath and his "anus was raw and there was some congealed blood up there". Mrs. A asked A what happened and A said "I can't tell you, he'll kill me". He refused to tell her but later, when she was in the kitchen, he came in and said "I'll tell you" "the man told me to bend over and put a toothbrush up my bottom" - at this point, A said "cream on it" - Mrs. A continued "I asked him what man had done it" - at this point, A said "S" - Mrs. A said, 'yes, that's his name, S".
- d) Dr V asked Mrs. A what she did and she replied that she was very worried and did not know whether he was making it up. She was going to leave it until she saw her Social Worker, Mr R, from FWA, but then decided to take him to the GP. She was worried about what the home might say or do.
- e) Dr V asked Mrs. A if she thought that what had happened had upset A. Mrs. A said the last few times he has come back he has been high, he gets embarrassed and goes red.
- f) My notes are less clear at this point as A got very excited and kept interrupting. He began to say a number of things like "he put the toothbrush in his willy" "he broke the window" "there was a stone in the toilet" and "toothbrush in his bum".
- g) I asked A if he could tell me what the man did but he did not respond, just fired questions and continued to say the odd things as above, including "he put the toothbrush in his bum".
- h) I asked Mrs. A if anything had happened in the past that she was worried about - she said "sometimes before, when he's come home, he's said, "he's touched my bum", I asked him "who done it, A but he wouldn't tell me". Mrs. A said she was not sure what to do and thought if she rang the home she would get angry and it might not be true. She then described a time a couple of weeks' ago when she had gone to a party at Monkton Street and she thought there was something about him (S), "he kept looking at all the women and he wouldn't talk to me and my Mum". Dr V began to talk to Mrs. A about boys of A's age needing sexual gratification and perhaps he was putting things up his bottom. Mrs. A said, "no, I've never seen him do anything like that at home". Dr V asked Mrs. A if she had a video - she said she could not afford a video, but that A watches violent things on television sometimes but not sex things, only cartoons and Playschool.

i) I explained to Mrs. A that there was enough in what she had said to mean that we needed to investigate further and that it seemed likely that something had happened but we could not be sure what. I told her to go and have coffee while Dr V and I tried to contact the Police.

3.16 Subsequent to writing this report, Mr P was interviewed by the Panel. Reflecting upon his written report, he made two further comments:

he felt some anxiety at the time about the way Mrs. A was talking about Mr S: Mr P felt her remarks about him could possibly be 'over the top' due to her suspicions. He said that A was asked questions but couldn't respond clearly, whereas Mrs A was more explicit and more detailed than her son was. For example Mrs A said that A had told her "I can't tell you he'll kill me" whereas during the interview A did not say anything as long or as clear as this. On reflection, he felt that Mrs A in effect told the whole story as A became more and more excitable during the interview, and left asking Dr V to give him a kiss. These considerations in turn led Mr P to consider the possibility that Mrs A had taken a dislike to Mr S prior to the allegations and this could have led her to imagine the whole story.

DOCTOR W

- 3.17 Dr W, a Police Surgeon, examined A during the evening of Friday [REDACTED] and again the following day, Saturday [REDACTED] the afternoon. Both examinations took place at Kennington Police Station, and A's Mother, Mrs. A was present at both examinations. It is understood that the purpose of the second examination was to take photographs.
- 3.18 The Director of Social Services has made repeated requests for a copy of the medical report to be made available to this Management Investigation, but no copy has been provided.
- 3.19 Dr X, in her letter of [REDACTED] 86. to the Director of Social Services, says that "A was examined by my colleague Dr W. Her report indicates

overwhelming evidence of anal abuse consistent with buggery".
- 3.20 Mrs. A, when interviewed by the Panel, referred to this medical examination. She said that the doctor has said she had never seen anything like it, that A has been penetrated, that it had been going on for 9 months, had occurred 9 times, and that it could have killed him. Mrs A said that, on hearing this, she got hysterical and was asked by the doctor to go upstairs.

MR R

- 3.21 Mr R is a Social Worker employed by the Family Welfare Association, and based at their [REDACTED] Office. His involvement in this case arises from an arrangement with Lambeth Social Services Area [REDACTED] that Mrs. A's needs for social work support are best met by the particular type of social work service the FWA offers. Mr R's primary client is Mrs. A, not A, and his work is geared towards her overall needs and problems, of which A is one part.
- 3.22 Mr R was not present at any of the events so far described in this report, and is not a specialist in either mental handicap nor child abuse. Nonetheless the Panel values his contribution to this Investigation, as a professional Social Worker who knows Mrs. A reasonably well, and as someone who discussed the allegations with her soon after she made them.
- 3.23 His normal practice was to visit Mrs. A, at home, once each week. It was on his normal weekly visit, on Tuesday [REDACTED] that he learnt of the allegations; this was 2 days after A returned home on Sunday [REDACTED]. He has told us that, on the Tuesday, Mrs. A was very distressed about the whole topic, but he felt she did not want to believe A had been abused. It was only the following day, he tells us, that Mrs. A phoned her own family doctor, and made an appointment for her to take A to see him the next day (Thursday).
- 3.24 Mr R is of the view that Mrs. A took time in this way partly due to her initial wish not to believe A had been abused and partly out of a recognition of the seriousness of making an allegation. He also pointed out that having gone to her family doctor (Dr T), subsequent events resulted from professional advice - it was Dr T's decision to refer the matter to St Thomas' Child Sexual Abuse Team (where Dr V and Mr P became involved) and it was Mr P's decision to refer the matter to the Police. Mr R also expressed the view, from discussions with Mrs. A, that it was the view of the Police Doctor (Dr W), expressed to her verbally at the end of his medical examinations, which is the basis for Mrs. A holding the view that A definitely had been sexually abused.
- 3.25 In general terms, Mr R felt that, prior to making the allegations, Mrs. A had a broadly positive view of Monkton Street. He described it as a 'raft', to her, providing a source of stability and support for her in the difficult job of bringing up A. He said that she was often angry with individual members of staff at Monkton Street over detailed matters concerning the care of A: clothing was a frequent bone of contention, the anger would be directed at whichever member of staff was on duty at the time. Also, she was often angry with the Officer-in-Charge, but, as with her anger with others, he said this "soon blows over".

MR S

- 3.26 Mr S is an [REDACTED] at Monkton Street, a post he has held since [REDACTED]. Following the allegations being made against him, he was placed on special paid leave, without prejudice, whilst the allegations were investigated.
- 3.27 He attended the Panel, accompanied by his Solicitor. At the time he attended the Panel, he did not know whether or not the Police would prosecute him.
- 3.28 Mr S strongly denies the allegation that he sexually abused A.
- 3.29 Mr S was asked if he knew of any reason why the allegation was made - he answered no.
- 3.30 Mr S was asked whether he had any reason to believe that any child had been sexually abused at Monkton Street - he answered no.
- 3.31 As an [REDACTED] he is in charge of the shift on which he works, and he supervises the other staff on that shift. When on duty in the absence of the Officer in Charge and the Senior Assistant Officer in Charge, he would take on overall responsibility for the Home. As is normal practice, he would take part in the direct care of the children, along with the staff he supervised. This meant that he was on occasions involved in bathing the children, including A.
- 3.32 He said he helped bath A during his last weekend there. Mr S said he checked the water for A, and that A bathed himself. He said he was not alone with A, that other staff were around.
- 3.33 In response to questions, he said that he found A a likeable boy. He said A is capable of making sentences, but also that he has a tendency to repeat what other people say. He said A did not always want to go home, when the time was due.
- 3.34 Mr S was asked how he got on with Mrs. A. He said he had been warned by other staff about her behaviour. He was asked whether he thought Mrs. A had any particular feelings for him: he replied there was no particular like or dislike. He was asked whether he thought her behaviour towards him included any racism, he said this was possible, that she preferred white people to look after A. He was asked whether, to his knowledge, Mrs. A had ever complained about him to other staff: he said that as far as he was aware she only complained about loss of clothing.

PART IV: Evidence Relating To The Alleged Sexual Abuse Of Other Children At Monkton Street

CHILD "B"

- 4.1 Following the allegations regarding child A, the Police arranged medical examinations for the other children at Monkton Street. The allegation that B had been sexually abused was first made by the Police Doctor.
- 4.2 He first started attending Monkton Street about 3 years ago at about two monthly intervals for respite care. He usually goes from Friday to Monday. He has not been at Monkton since before Easter due to conjunctivitis which would not heal as he refused medication. He was off school for nine weeks. His first return stay was on [REDACTED] 86. According to his Mother, he shares a room with his friend child C. Mr and Mrs B are very pleased indeed with Monkton Street. They praised the staff and the nearness of the home. B does not like going to Monkton and is upset when his case is packed. It takes him a while to settle at the other end. He is always happy to come back to his parents.
- 4.3 B had not been at Monkton Street for around three months when the allegation was made.
- 4.4 Mr and Mrs B told us that the first they knew of the allegations was when they received a letter from the Director of Social Services. They were later contacted by the Police, who said they wished to give B a medical examination. This occurred at [REDACTED] Police Station; during the actual examination those present were Dr X, an Assistant Officer-in-Charge, Monkton Street and B: Mr and Mrs B were asked to wait outside the room. It is understood B was physically restrained during the examination. Mr and Mrs B told us that the Police Doctor said to them "B has been tampered with".
- 4.5 At home Mrs B tried to question B. His parents said he is not aware of normal sexual practices and vocabulary. He did however convey to his Mother that he had been in a locked bathroom on his knees with a "blue towel" over his mouth and eyes and that a coloured man with a moustache had hurt his bottom. This had made him cry. He was shown a clenched fist and a sign indicating a slit throat. B was questioned as to the identity of the person, but found difficulty pronouncing the name. Mrs B said she did not know the names of all the staff. She does not know the Black staff at Monkton Street. Asked whether B could distinguish between Black and white, she said he could, but that he could not necessarily differentiate between Asian or Afro-Caribbean. Asked whether he could distinguish white from Asian, she said she did not know. Mr and Mrs B said they were surprised he mentioned a Black man.
- 4.6 Mrs B said that B indicated to her that he had been touched at the back. She said that he is truthful, he describes things accurately and she understands him well with his movements and the few words he uses.
- 4.7 Mrs B said that she observed that B left for Monkton Street in an unusually good mood yesterday, having been told the "nasty man" was not there. This information came apparently from the Police, but no identity was disclosed.

- 4.8 We asked Mr and Mrs B whether B can describe things accurately: Mrs B replied, "Yes he can, he tells the truth".
- 4.9 Mr and Mrs B said that they saw a report of the alleged child abuse on the television, but could not bear to watch it.
- 4.10 In the written report of the Social Worker to the B family, in the family case file, the following entry on the file, was made relating to [REDACTED] 86, the day she took B to Monkton Street:
- "B was in a happy and co-operative mood, and I asked him about the incident at Monkton Street. He told me that the man locked the bathroom door, he told me about the blue towel and showed me how it was put over his eyes and mouth. I asked him who else was there and he said that I was, and that his Mum was there. B tried to tell me the name of the man. He said a number of names. I believe he was just naming the staff at Monkton Street."
- 4.11 In the letter of [REDACTED] 86, to the Director of Social Services, the Police Surgeon, Dr X, said "B - evidence of sexual abuse anus". The Director has made repeated requests for a copy of this medical report to be made available to this Management Investigation, but no copy has been provided.
- 4.12 On [REDACTED] 87 the independent medical adviser to the Management Investigation, met Dr X. We understand that Dr X indicated the local damage to the anus was consistent with sexual abuse. However, B soils, and uses suppositories on a regular basis, and we understand Dr X accepts this constitutes an acceptable alternative explanation for the medical findings.

CHILD C
CHILD D
CHILD E
CHILD F
CHILD G

4.13 In each case for these five children, the allegation of sexual abuse was first made by the Police Surgeon, Dr X. She reported, very briefly, her findings, to the Director of Social Services dated [REDACTED] 86, as follows:

C "Evidence of sexual abuse anus."

D "Evidence of sexual abuse anus."

E "Evidence of sexual abuse vagina and anus."

F "Evidence of sexual abuse vagina."

G "There could have been sexual abuse of the anus but she has had local treatment of the anus which could have caused my findings."

4.14 As a result of the independent medical adviser's meeting with Dr X on [REDACTED] 87 we now understand Dr X is of the view that in each case there is justifiable suspicion that the child has been sexually abused, but that in each case, there is an acceptable alternative explanation for the medical findings, for example chronic constipation and the regular use of suppositories.

4.15 In addition, Child F was seen, on [REDACTED] 86, by a Consultant Obstetrician, at St Thomas' Hospital at the request of her parents. He concluded, in his report, that "In my opinion it is extremely unlikely that there has ever been vaginal intercourse and I found nothing to suggest she had ever had rectal intercourse."

4.16 In the case of Child H, no medical evidence of sexual abuse was found.

4.17 In the case of Child J, a full medical examination by the Police Surgeon was not possible. However, a subsequent examination by an independent doctor showed no evidence of sexual abuse.

PART V: Some General Factors Concerning the Evidence

- 5.1 The Panel has considered to what extent it would be possible for sexual abuse to occur at Monkton Street, given the day-to-day operating arrangements for the Home.
- 5.2 It is alleged that some sexual abuse took place in the bathroom/toilets, which are located on the first floor. The daily arrangements are such that it would be possible for a member of staff to be alone with a child, but it would not be possible for the member of staff to be guaranteed privacy - other members of staff can, and do, arrive on the scene at any time, either to offer help, to bath another child, or a senior member of staff supervising the work going on.
- 5.3 We placed a strong emphasis upon interviewing every member of staff at Monkton Street, and asking them to recall any incidents which might in any way be connected, or possibly connected, with sexual abuse. All of the staff have said they have had no reasons whatsoever to believe or suspect that child abuse had occurred at Monkton Street.
- 5.4 The bedrooms are a further possible location of sexual abuse. Each bedroom has a sound sensor which is connected to a central system, based in the night staff room on the second floor. In this way, staff can hear any sounds in any bedroom. This system is in operation throughout the night, and, we think, provides an effective check against sexual abuse occurring in the bedrooms at night time.

PART VI The Post-Allegation Events: Discussion Of The Issues

MR P

- 6.1 Mr P, Social Worker St Thomas' Hospital, informed the Police of the allegation made by Mrs. A, immediately after his interview with her and A, and at which Dr V was present. We think he is open to criticism for his action because he did not consult his Manager, in line with normal professional practice or any other Senior Staff in Social Services before taking this action. Had he done so, more consideration could have been given to the co-operation arrangements between the Police and Social Services: As it was, the Police actions considerably hindered the Social Services investigation: this is considered below.

THE POLICE

- 6.2 On being informed of the allegation, by Mr P, the Police sought and obtained permission from Mrs. A for A to be medically examined by a Police Doctor. It has been reported to us that the Doctor found "overwhelming evidence of anal abuse consistent with buggery". We understand that, on this basis, the Police immediately sought to arrange a medical examination, by a Police Doctor, for every other child at Monkton Street, to establish whether or not any other children had been abused.
- 6.3 By proceeding in this way, the Police failed to take account of the special problems which arise from the fact that the children concerned are severely mentally handicapped with specific medical problems. Having had a medical examination, the information obtained from a subsequent disclosure interview with the child would be difficult to interpret, because of the possibility of the child confusing the medical examination with the abuse. A more appropriate course of action would have been to arrange for a disclosure interview followed by a medical and forensic examination, taking into account the child's medical history.
- 6.4 In several cases, the medical examination of children, by the Police Surgeon, involved the child being physically restrained. This may have had traumatic effects on the children concerned, and could have increased the chances of the child confusing the medical with any actual sexual abuse that may have occurred. We deplore the use of force: we think that the use of 'disclosure interviewing', in a safe and comfortable environment, linked to a medical examination afterwards, would have been a reasonable alternative.
- 6.5 The Police have so far declined to release, to the Director of Social Services, the detailed written medical reports arising from the Police Doctor's examinations of the children. This was despite repeated requests by the Director, and despite the obvious and fundamental importance of these reports to the Social Services Investigation. Also, the Director has of course provided appropriate assurances about the confidentiality aspects of the reports. It is difficult to understand the failure of the Police to co-operate with Social Services on this matter.
- 6.6 However, there have been discussions between the Independent Medical Adviser to the Panel, and the Police Surgeon who examined children B-J, in respect of the medical findings.

PART VII FINDINGS

CHILD A

1. There are contradictory medical opinions regarding whether or not A was sexually abused. We are unable to reconcile these contradictory opinions.
2. It has been reported by the school that A's behaviour has become more disturbed since the allegation was made. This could be the result of sexual abuse. Alternatively, it could result from events associated with the investigations into the allegation, which included four medical examinations, the cessation of respite care, and concentrated media interest over a long period of time.

OTHER CHILDREN EXAMINED

3. In one case, child H, no medical evidence of sexual abuse was found.
4. Regarding child J, a full examination by the Police Surgeon was not possible. However, a subsequent examination by an independent doctor showed no evidence of sexual abuse.
5. In the other cases of children medically examined by Dr X (Police Surgeon), the initial medical report indicated that there was medical evidence compatible with sexual abuse. However, Dr X has subsequently emphasised that although there was justifiable suspicion, there are other acceptable alternative medical explanations for the findings. In the case of one of these children, child F, an independent medical examination found no medical evidence of sexual abuse.
6. Police Surgeon initial medical reports appear not to have taken into account the previous medical history of the children concerned.
7. The letter of [REDACTED] 86, from Dr X to the Director of Social Services, failed to indicate that, whilst there was a justified suspicion of sexual abuse, there were acceptable alternative explanations for the evidence in each case.
8. The absence of a disclosure process with the children concerned, prior to or alongside the medical examination, appears to have contributed to the difficulty of achieving a firm view whether or not abuse actually occurred in each case.

LAMBETH SOCIAL SERVICES

9. Mr P, Social Worker, failed to consult his line manager before contacting the Police.
10. On the evidence available, there is no disciplinary case to answer by Mr S.
11. Furthermore, on the evidence available, there is no disciplinary case to answer by any other member of staff at Monkton Street Children's Home.

INTER-AGENCY COLLABORATION

12. On the basis of evidence given to us, several children were either frightened, upset or confused by the Police Surgeon's medical examination. In some cases, physical force was used to restrain the child - we think this was wrong and in itself constituted a form of child abuse.
13. Social Services has co-operated fully with the Police. The Police have not co-operated as fully with Social Services. In this respect, inter-agency co-operation has failed.

RACE RELATIONS CONSIDERATIONS

14. Mrs A, when interviewed by the Management Investigation Panel used racist derogatory words to describe Mr S. She was also critical of Mr S at a barbecue party held at Monkton Street even though she admitted that she had only met him once before. The racist attitudes exhibited by Mrs A led the panel to believe that this may have influenced her in identifying Mr S as the perpetrator of the alleged abuse.
15. Having examined the Police evidence and their actions resulting from this evidence, coupled with past experiences of discriminatory treatment of black people and the frequent allegations of racism made against the Police, the panel was led to believe that the Police actions in arresting Mr S without pressing any charges for a period of some 5 months maybe the result of racist practices.

PART VIII RECOMMENDATIONS

1. That Mr S be reinstated in the Directorate forthwith.
2. That in view of the events that have taken place since the allegation and the strong feelings expressed by some of the parents of children at Monkton Street, we believe it would be extremely difficult for Mr S to resume his duties effectively at Monkton Street. We therefore recommend he be reinstated to a post elsewhere in the Directorate.
3. That, in the light of this report, arrangements for inter-agency collaboration in cases of alleged sexual abuse be reviewed. The review should focus in particular on children placed in Children's Homes, but should also include all other children in receipt of a service from the Directorate. The review should include input from the Health Service, Police, Social Services and Police Support Unit. We propose the Director of Social Services initiate this review.
4. That, in the light of this report, a detailed Social Services policy and procedure be prepared regarding the handling of allegations of sexual abuse of children in care. That consideration be given to producing a leaflet for parents and the public on identifying and responding to suspected child abuse.
5. That guidelines and associated training be prepared for child care staff, identifying appropriate working practices in a period of increased incidence of allegations of child sexual abuse being made against staff.
6. That it be recognised the above recommendations have wide training implications. That urgent consideration be given to multi-disciplinary training in dealing with child sexual abuse and human sexuality.

LIST OF PEOPLE INTERVIEWED BY THE PANEL

Children's Residential Care Officer-Nights	Monkton Street
Children's Residential Care Officer-Nights	Monkton Street
Domestic Assistant	Monkton Street
Domestic Assistant	Monkton Street
Clerical Assistant	Monkton Street
Mother of child "A"	
Officer-in-Charge	Monkton Street
Mother of Fiona Burke	
Children's Residential Care Officer-Nights	Monkton Street
Children's Residential Care Officer	Monkton Street
Assistant Officer-in-Charge	Monkton Street
Team Leader	Monkton Street
Senior Assistant - Officer-in-Charge	Monkton Street
Driver/Handyperson	Monkton Street
Children's Residential Care Officer	Monkton Street
Children's Residential Care Officer	
Mother of child "F"	
Team Leader	Monkton Street
Assistant Officer-in-Charge	Monkton Street
Cook	Monkton Street
Senior Assistant Director, Social Services	
Children's Residential Care Officer	Monkton Street
Children's Residential Care Officer	Monkton Street
Social Worker (for Paulette Hammond)	
Children's Residential Care Officer-Nights	Monkton Street
Parents of child "E"	
Headmistress	Shelley School
Senior Clinical Medical Officer: - West Lambeth Health Authority	
Children's Residential Care Officer	
Team Leader	Monkton Street
Social Worker	Family Welfare Association
Children's Residential Care Officer-Nights	Monkton Street
Children's Homes Officer	
Children's Residential Care Officer	Monkton Street
Senior Children's Homes Officer	
Children's Residential Care Officer	Monkton Street
Social Worker	St Thomas' Hospital
Mother of child "B"	
Deputy Headmistress	Shelley School
Domestic	Monkton Street
Team Leader	Monkton Street
Assistant Officer-in-Charge	Monkton Street
Children's Residential Care Officer	Monkton Street
Social Worker	School Health Team