

5.12.3. The Report, however, identified improvements which were needed, including:
"Child Protection

- *there was a serious backlog of unwritten and untyped conference minutes especially in one area, which affected decision making at later conferences;*
- *the Area Child Protection Committee needs more focused and timetable work plans.*

Children Looked After

- *there are a high number of emergency placements which results in placements without immediate Care Plans, and too few foster placements*
- *there are too many children under eleven in residential rather than foster placements."*

5.12.4. The accompanying Action Plan included the need to *"Stop using Area Managers to chair cases in their own areas. Consider an independent chair scheme or a cross area rota."* This was actioned for completion by October 1995. The Plan also included: *"Ensure that minutes are taken at all conferences and placed on files within a set period. All drafts should reach the chair within seven days and a copy be placed on file."* These were neither novel, nor unreasonable recommendations. It is a disturbing mystery that advice of this kind should need to be repeated so often. It is even more disturbing that the underlying reasons for such good practice appear not to have influenced the conduct of Alan's case in 1996.

5.12.5. This intervention by the external auditor is one of the matters which I would have preferred to research more fully before publishing a Report. At this stage, I do not know why it was not followed through to a formal report stage to the Council.

5.13. The Care of Alan in Kent during 1995

5.13.1. I have nothing of significance for Alan's care to report for 1995, other than some confidential coincidental information which raised once again the likelihood that Alan had been sexually abused at Angell Road Children's Home, though the identity of the abuser remained unknown. Alan remained at the supportive home in Kent, continued to attend therapy sessions nearby, and had regular contact with SW1.

5.14. Messages from Research 1995

5.14.1. In June 1995 the Department of Health published *"Messages from Research"*, which suggested that too many children were made subject to Child Protection procedures (in particular joint Police/Social Services investigations). This practice could be at the expense of providing more appropriate Family Support in some cases. The potential complexity of each individual case coming to the attention of the Social Services Department cannot be over emphasised. I also recognize the immensely difficult task facing those who have to implement decisions. Staff shortages, according to an Area Manager, made it difficult to prioritise cases and find appropriate staff. However, this potential complexity and difficulty should provoke the utmost co-operation between those making the Care decisions and their specialist Child Protection advisers, if the Council's duty to safeguard and protect the child's welfare is to be fulfilled. This seems to me to be so obvious that I have found it difficult to comprehend the clear evidence that co-operation did not occur, and was not routine, in Alan's case in 1996.

5.15. Financial Difficulties

5.15.1. In July 1995 I understand that an overspend on the Community Care Budget was forecast by the Finance Department, leading to a 'cuts package' for the current Social Services budget. Then a considerable gap appeared in the Council's finances, causing a great push to reduce staffing levels before the new financial year began. In October 1995 the Director of Social Services left Lambeth, and was succeeded by an Acting Director on 23.10.1995. The Acting Director, to whom I will refer as 'DSS1', remained until early May 1996.

5.15.2. In December 1995, Alan became 14 years old.

B. Main Conclusions on Section 5

1. Those who took over the direct care of Alan during the period covered by Section 5 worked hard to settle Alan in supportive residential care. The new placement worked well for Alan, even though it was incompetently implemented initially. However, he was still in a temporary and institutional, but supportive, Home. The Lambeth Child Care Policy remained that wherever possible, no child in the care of Lambeth Council should spend the major part of its childhood in local authority care, and that no child who came into care under the age of 10 should remain in care for more than two years. At the end of this period Alan was 13 years old, and had been in residential care for over 10 years.
2. Suspicion grew stronger that Alan had been sexually abused, whilst in care prior to this placement in Kent. Attempts to help him deal with his unsettled past were made through psychodynamic psychotherapy, and by the care offered within the Home in Kent. There is no indication that the psychotherapy was co-ordinated with Alan's care.
3. From several documents, incidents and opinions, I have frequently been made aware of tensions between the work of specialist Child Protection Officers and management of the generalist operational work during this period. The continuation of these tensions contributed significantly to the defective response to Alan's disclosure of abuse in 1996.
4. A more subtle tension in the way Child Protection practice occurred in Lambeth was that between normal case work and major investigations involving staff. I recognize that, in the latter, confidentiality may be an important factor. Large investigations of this kind were carried out by the most senior specialist, and only a small number of the most senior managers were privy to them. In the years prior to Alan's disclosure I have detected a zeal in maintaining confidentiality beyond what was operationally appropriate. It therefore comes as no surprise to me that more junior staff, and other agencies, did not think it their responsibility to question the inactivity which overtook the initial Child Protection process following Alan's disclosure in early 1996.
5. External expert advice on the need to improve Child Protection practices continued to be given. Although the advice was formally accepted, its effect in actual practice was not apparent in 1996. I therefore question if these external monitors were as effective in registering their concerns as the subject-matter required. Of particular significance for this Inquiry is the repeated advice to end the domination by line management of Child Protection cases involving staff, and the need to improve the administrative organisation of Child Protection cases.

7. The system for involving Councillors in assessing the quality of service provided in children's residential homes appears wooden, ill-observed and ineffective.

SECTION 6. ACTION AND INACTION ON ALAN'S DISCLOSURE OF ABUSE

A. The Non-Confidential Detail

6.1. Another Major Reorganisation

6.1.1. The new, Acting, Director of Social Services, DSS1, faced a considerable challenge, in 'downsizing' the Department to meet financial requirements. A draft Report by the District Auditor in August 1996, covering progress on Value for Money reviews, stated in relation to the Department: *"The Directorate is the highest spender per head of population of any local authority in England and Wales. It is, however, reducing its budget by some £17 million or 18% between the 1995/96 and 1996/97 financial years."* In January 1996, the third major reorganisation of the Department was taking place, with a forced exodus of senior and middle managers. The two Assistant Directors responsible respectively for the Children & Families Care and Resources Divisions retired. Both these Assistant Directors had left by 4.2.1996. As a survivor told me: *"Everything was changing in the structure of the Department. All posts were Acting, and you did not know what the current role was of the people you were dealing with."*

6.1.2. Against this background, the number of Assistant Directors was reduced, so that almost the whole of the responsibilities of both the former Care and the former Resources Divisions were placed under a single Assistant Director, Children and Families, post. A permanent appointment to this post was not made until the end of January 1997. The other Assistant Director post in the new structure relevant to this Report, to whom I will refer as 'AD2', was filled immediately by the appointment of a survivor from the former senior management structure of the Department. He had been Head of Strategic Planning and Development in the pre-1996 arrangements, and now became Assistant Director, Quality and Strategy. The Child Protection Unit had written a paper, I was told, emphasising the need to strengthen their independent role in any new arrangements. In particular, they had recommended that they should be placed under the separate management of the AD2 post, rather than continue in the amalgamated Children and Families Division under the AD1 post, and DSS1 had accepted their case.

6.1.3. The pressures caused by the changes affected middle management too. The Manager of the Area responsible for Alan's case told me: *"Senior managers were leaving, the two Children & Families Divisions were merging, Areas were merging, and middle managers were leaving. In March 1996 there was an enormous merging of services and the merged Areas 7 and 8 took in parts of Areas 2 and 3 to form South Area. Three out of the five Team Managers in this Area took early retirement. During February/March the Assistant Area Manager left. The job was keeping tabs on the overall position and keeping the business going."*

6.1.4. Inevitably when major changes were rapidly required, there were major organisational disruptions. For example, I was told that "a decision to close Children's Homes had been taken, but the Children's Homes Manager was leaving. Day Care was supposed to go to Education, but there was no programme to make it happen. Family Centres were still there, but with no management. They were going to become Children's Resource Centres in 1994/95 but this plan had changed by 1996. Children's Services Plans were being prepared, but there was no relevant machine to deliver.... There were still two Children's Divisions, and no plan for their amalgamation, though amalgamation had been decided in principle.... All three Areas were totally different from each other." Rapid departures meant hurried or no transfers of both oral and written information to successors. Lambeth's tradition of relying heavily on oral rather than written information therefore caused considerable problems for the ongoing work. In relation to matters within the scope of this Inquiry, the defective handover of information made the transfer of work problem even more acute.

6.1.5. On 5.2.1996 AD1 formally became Acting Assistant Director Children & Families but, she told me, she was still directly managing the Adoption & Fostering Section, her former job. The Council had not felt able to make an appointment from the candidates who had responded to the advertisement of the Assistant Director job, of whom she was one. Her appointment as Assistant Director remained "Acting" until a second competitive appointments process resulted in AD1 being appointed to the permanent post on 29.1.1997.

6.1.6. The Job Description for this post (taken from the re-advertisement of March/April 1996) stated: "Responsible for: Service and Area Managers, Services to Adolescents, Adoption & Fostering. Main Purpose of Job: ... two key responsibilities. The first is as principal adviser to the Executive Director, the Social Services Committee and the Council, for the strategic development of Children's services in Lambeth to ensure the Borough leads the way in the quality and excellence of management competence and professional practice. The second key task is the operational management of the Children and Families Division so that it delivers services in accordance with any plan approved by the Social Services Committee.

[6.1.7.] Corporate Management

- 1 To take a leading role in the overall management of the Social Services Directorate.
- ...
- 3 To ensure that the Division is managed effectively so that strategies and targets are set and delivered to the required standards. ...

Policy Development

- 3 To be well informed about best practice, legislative change and service innovation, ensuring the Division's policy and practice are reviewed to maintain and develop excellence for the benefit of residents of Lambeth.

[6.1.8.] Operational Management

- 1 To be responsible for the operation, development and quality of practice in the Division.
- 2 To co-ordinate and direct the work of the Children and Families Division, ensure the review and development of specialist services required to provide the best care and rehabilitation for children and young people who are the responsibility of the Social Services Committee. ...

4 To set explicit standards of the highest quality for all functions of the Division. ...

Candidates should demonstrate knowledge of:

Legislative Framework of Children's Services.

Professional Child Care practice.

Management practice."

Thus, there were both Department-wide and Divisional accountabilities.

6.1.9. AD2 became Assistant Director Quality and Strategy on 1.2.1996. He did not formally become responsible for the Child Protection specialists until 1.4.1996, but it was an obvious consequence of the deletion of this responsibility from the terms of the new Children and Families post. The Child Protection Co-ordinator left Lambeth at this time.

6.2. Child Protection - Divided We Stand?

6.2.1. The Departmental integration of Child Protection was formally reinforced by the appointment of AD1, not AD2, as Chair of the ACPC, effective probably from early March, and certainly by May 1996. The "Working Together" Guide (see paragraph 4.4.1. above) at 2.9 had stated: "...Where the Chair is an officer of the Social Services Department, the individual should be of at least Assistant Director status and should possess knowledge and experience of child protection work in addition to chairing skills." AD2's professional background had been in policy development, and not as a Social Worker. He, therefore, did not fit the "Working Together" specification.

6.2.2. The significance of the intended transfer of the management of the Manager, Child Protection & Quality Assurance and the specialist Child Protection staff to AD2 should not be exaggerated. It was not the provision of 'Child Protection' whose management was being transferred, only the management off the specialist advisory Team. The point of the transfer of these Child Protection specialists was to underline the independence of their advice to the operational decision-makers, who dealt with Child Protection issues as part of their work in the other Division.

6.2.3. Any formal bureaucratic arrangement of responsibilities inevitably produces artificial boundaries which are irrelevant to some of the problems to be tackled. The key requirement, in the interests of clients, is effective co-operation, not separation, and the formal arrangements assumed this. It was made abundantly clear in the Job Descriptions of MCP&QA1, and his successor in March 1996 (to whom I will refer as 'MCP&QA2'). Both Job Descriptions began with an objective "To manage and co-ordinate [and "initiate" in the case of MCP&QA1] provision of a specialist Child Protection Service across the Directorate [my emphasis] to raise the standard of practice and delivery of service at all levels."

6.2.4. The Job Descriptions also included: "7. To chair planning meetings and child protection conferences that have across divisional and directorate significance. [My emphasis]. To provide professional advice and make appropriate decisions on complex child protection issues and to ensure that the Assistant Director C&F Care Division is informed of any specific difficulties." The reference to the "Care" Division, I was assured by the post-holder, was an anachronism carried forward from MCP&QA1's job in the former structure to MCP&QA2's job in the new structure. The speed of formal change inevitably resulted in tensions throughout the changed structure. MCP&QA1 attended the other Division's Management Team meetings, and Area Managers protested at "lack of consultation in rewriting of CPO job descriptions".

6.2.5. On 27.3.1996 AD1 sent an E-mail to MCP&QA2 about "Case Conference Charing". *"Thanks for your response. I will endeavour to set up a meeting asap between us as there is much to discuss and clarify in terms of responsibility re: CP work between your section and the Area offices. ..."* Unfortunately, the previous tensions between the Areas and the Child Protection specialists remained, despite the intention of the new formal structure. AD1 told me of the model she wanted: *"Supervision of Case work must be in the Areas. This is where it should be driven. A Planning Meeting should say who should do what and it is for the Area to pursue what needs to be done re a specific child. Child Protection [specialists] should pursue broader issues."* I accept this statement, but with two provisos. The first is that "broader issues" will often require Case work, and Case work may give rise to "broader issues". The second is that the very purpose of independent involvement is to criticise, and if criticism is to be effective the driving will have to be shared. Tension is inevitable in such circumstances, and effective means of resolving this tension must be established up to, and by, the highest level of management.

6.2.6. On 1.4.1996 AD2 became formally responsible for the Child Protection specialists, AD2's new Job Description referring to the management of the Division *"to ensure the provision of ... specialist child protection advice ... To be responsible for the management of the child protection and quality assurance function, including the management of the child protection register, and the development of quality audits within children and families services."*

6.2.7. These turbulent organisational changes, which I have attempted to describe, coincided with the Department's receipt of Alan's disclosure of sexual abuse.

6.3. Alan's Disclosure of Sexual Abuse, and its Initial Reception

6.3.1. Towards the end of January 1996, Alan made a specific allegation to a member of his family that he had been sexually abused whilst at Angell Road Children's Home. Later, Alan also told Mr. N. Mr. N, on 31.1.1996, immediately telephoned SW1 in Lambeth. SW1 discussed the news with her Team Manager, TM1, who advised that the Area Manager should be told. On Friday, 2.2.1996, SW1 told the Area Manager and, at the Area Manager's request, confirmed the information in writing on Monday, 5.2.1996.

6.3.2. I am not aware of any reliable information that Alan had previously disclosed the abuse in this specific way to an adult, and consider it to be extremely unlikely that he had done so. In the confidential Part 2 of this Report, I have drawn together the information which had continued to accumulate over the previous four years, and which could have led to earlier, wider, investigations. These might have thrown light on Alan's situation. It is for the other independent Inquiry to consider what should have been attempted in the light of this, given any other relevant information which was available during those four years.

6.3.3. Neither SW1, nor TM1, nor Mr. and Mrs. N, were surprised at the disclosure of abuse. They had suspected that Alan had been sexually abused, given their knowledge of his behaviour. Now, they had an open disclosure of abuse and, for the first time, the identity of an alleged abuser. It was clear to all these people that an urgent Child Protection response was necessary. For SW1, the allegation was complicated by her informal knowledge that the alleged abuser identified by Alan had "died of AIDS".

6.3.4. SW1 wrote to the Area Manager on 5.2.1996 with the information clearly set out, and ended: *"I will be visiting Alan on 6.2.96 to reassure him and offer support to him & his carers following his disclosure. I would be able to attend a Planning Meeting when convenient and would appreciate your further advice in this situation."* This information about Alan's disclosure, which required a Departmental reaction, arrived in the Lambeth Social Services Department at exactly the same time as the two new Assistant Directors, one of them in a temporary Acting capacity, the other not yet formally confirmed in post, were taking up their responsibilities under an Acting, and temporary, Director. Given the scale of the organisational upheaval taking place, it is difficult to think of a more unhelpful coincidence. It would have been understandable if the initial Departmental response had been deficient. But it was not.

6.3.5. On the same day as she had received SW1's memo, 5.2.1996, the Area Manager wrote to her superior, the new Acting Assistant Director of the Children and Families Division, AD1, who had formally assumed her new Acting duties on that very day. The Area Manager wrote:

"DISCLOSURE CONCERNING A MEMBER OF STAFF

I attach a hand written statement by [SW1], relating to the alleged past sexual abuse of a child in a Care Order by a member of staff at Angel Road Children's Home. The statement is presented in a hand written form to prevent undue delay. Although the alleged perpetrator is dead, there are a number of issues to be considered centrally as a department and would require an appropriate Planning meeting. Issues to be included are:

- 1. Were other children subjected to the same treatment.*
- 2. The welfare of all those children, given that the named perpetrator apparently died of AIDS.*
- 3. The value or otherwise of disclosure interview with Alan at this stage.*
- 4. Compensation for the children involved."*

6.3.6. I have no doubt, from what I have been told, that the written record is only part of the communication which took place within the Department, from SW1 through TM1 and Area Manager to AD1. I have no doubt that Alan's disclosure created enormous concern that the right course should be taken. This was not only in relation to Alan, but also in relation to the possibility that other children might have been abused. It was an opportunity to help Alan for which SW1 and TM1 had been waiting. From the outset they also saw the wider implications for *"other children"*, and the Area Manager sharply incorporated these wider issues in her very clear note to AD1.

6.3.7. This succinct and clear note ought to have been sufficient to promote a full Departmental response to Alan's disclosure, under the continuing supervision of senior managers. It clearly raised issues which could not properly be determined at Area level. The note did prompt a proper beginning by the Department but, despite the genuine concerns of those directly involved with Alan, the Department failed as lamentably in relation to wider issues of possible/probable extensive child abuse as it continued to do in relation to Alan's individual care. As a working assumption, it was an inescapable Departmental responsibility to investigate whether a residential social worker, alleged to be an abuser by one child, had abused other children to whom he had had access. These wider issues could only be dealt with at the most senior level, and plainly raised a need for the Department to follow Child Protection Procedures.

6.4. The Lambeth Child Protection Procedures

6.4.1. I have been told that the Child Protection Procedures (to which I will refer as 'the CPPs') which should have applied when the Department received the information about Alan's disclosure were the Inter Agency Child Protection Procedures (the Yellow Book), published in 1988 (revised 1992), and the Departmental Child Protection Procedures dated, and circulated in, April 1995. It is often difficult, looking back over time, to establish clearly what documents had been published and when they were circulated, and I have found it difficult to establish what was extant at the material time, given administrative delays in the updating process. However, for my broad purpose of understanding the reasonableness, or otherwise, of what happened when the Department first received the information about Alan's disclosure, the basic process required by successive CPPs is very clear.

6.4.2. The Yellow Book has provided a basic structure for Child Protection investigations from 1988, and throughout the relevant period, even though supplemental Departmental Procedures and revisions have occurred. The Departmental officers involved in Alan's case had been in the Department for several years, and presumably were familiar with these basic and long established requirements. Even if the action to be taken was not clear to them, the advice of the Child Protection specialists was always available for them.

6.4.3. According to the 1988 Yellow Book, a Child Protection matter should be referred to a Child Protection Conference, but in the case of Child Sexual Abuse (as in Alan's case) a Planning Meeting must be held as a preliminary. The aim of such a Planning Meeting was to establish the level of risk, whether immediate legal protective action was needed, the substance of the allegation, and the planning of the investigation. The Planning Meeting should involve Social Services, the Police, a Community Medical Officer or Paediatrician, and the referrer if a professional (as in the case of Mr. N). In relation to an allegation against a staff member, the Assistant Director also had to be notified.

6.4.4. The Departmental Child Protection Manual of 1989 stated that it was complementary to, *"but distinct from the Yellow Book. All staff will read it fully and act on its contents"*. It required all child protection cases to be the subject of regular auditing and discussion by the supervising manager, and the Director or an Assistant Director to organise the Planning Meeting.

6.4.5. The revised InterAgency (Yellow Book) Procedures of 1992 laid out a clear timeframe to be followed. The Departmental Children and Families Manual of December 1992, to be used in conjunction with the Inter Agency Procedures, also laid down a clear timescale. If there was insufficient information available to the initial Planning Meeting, another Planning Meeting should be held within a maximum of four weeks. An initial Case Conference should take place within fifteen working days of referral of child sexual abuse, unless a second Planning Meeting was needed. There was no provision for more than two Planning Meetings.

6.4.6. The 1995 Departmental CPPs did not vary this basic, required, structure. However, the management of the complexities of a Child Protection investigation is not a mere mechanical affair, the equivalent of 'painting by numbers'. The language of the CPPs is often one of compulsion, but reasonable professional discretion can still be exercised. However, where a professional deviates from such written procedures, one would expect a clear professional reason for doing so to be recorded. Hence, the emphasis on careful joint planning. I was surprised to find that the operative 1995 procedures were confusing to the extent that they expressly referred to ACPC procedures which had been superseded two months before the time the Departmental CPPs had been published. I mention this minor point to underline the importance of expert advice in underpinning a complex process, and a lack of organisational vigour.

6.4.7. A Planning Meeting is a procedural preliminary to a Child Protection Case Conference. The originating document, the Yellow Book, made clear the responsibility of the person occupying the 'chair' of a Conference to activate administrative arrangements. These include the list of invitees, the availability of information, the assignment of key tasks, the completion of the decision sheets, and the circulation of minutes. There is no comparable specific assignment of this responsibility, that I have been able to find, in relation to a Planning Meeting, but several staff to whom I spoke made the working assumption that this administrative responsibility was the same, and belonged to the 'chair' of the meeting.

6.5. The Calling of the First Planning Meeting

6.5.1. AD1, she told me, discussed the memo from the Area Manager with MCP&QA1. MCP&QA1 told me that he had already been alerted by one of the Area Office people. AD1 had consulted the CPPs, with which, she told me, she was unfamiliar in practice, and she had found them unclear. AD1 and MCP&QA1 agreed that there should be a Planning Meeting, with AD1 in the Chair, and MCP&QA1 there to assist her. At this stage a proper unity of Departmental action was achieved.

6.5.2. On 6.2.1996, SW1 visited Alan at his Home in Kent. *"Alan's first words to me were that he did not want to 'talk about this' but knew that he had to. I reassured Alan that I did not want him to go into any details ... and that I had come ... to see that he was all right, ..."* After discussion beforehand with Mr. and Mrs. N she listed their concerns. These were: the possibility of therapeutic /psychological help to Alan; the Health risk for Alan because of the abuse; the health risks to others; the likely concerns and anger of Alan's family; and Criminal Injuries Compensation for Alan. The possibility that another boy associated with Alan had also been sexually abused by Steven Forrest in Angell Road was discussed. These important matters listed by SW1 were in part the same as, and in part additional to, those so concisely put by the Area Manager in her memo to AD1. They were all taken up in initial discussion within the Social Services Department in subsequent weeks, but only the first became the subject of action, and even that was not pursued effectively.

6.5.3. On 7.2.1996 SW1 wrote to Alan's parents, inviting them to meet her about *"a matter regarding Alan that I need to discuss with you."* The Department did not stifle the news of Alan's disclosure.

6.5.4. Arrangements were made for a Planning Meeting to take place on 16.2.1996. On 14.2.1996 the Police Child Protection Team informed Social Services that they would not be at the Planning Meeting *"given that Alan's alleged perpetrator has subsequently died and this means that ultimately no Police action could be taken"*, according to SW1's note. However, they *"would become involved, if necessary, once the Planning Meeting has agreed further action and if the work necessitated checking the involvement of other members of staff/young people."* The police officer who made the telephone call *"requested the D.O.B. of Alan's perpetrator if this information becomes available at the Planning Meeting, in order to carry out a Police check to establish whether SF is known to the Police."*

6.5.5. The fact that the alleged abuser was dead had removed any question of a criminal investigation in relation to Alan's specific disclosure. As the police officer's response itself indicated, the possibility that more than one child had been abused was substantial, and the possibility that a paedophile working in a children's home might have had associates could not be dismissed, especially given the history of suspicion about Angell Road Children's Home known to MCP&QA1. The working assumption that an abuser would have abused more than one child was given added weight by unconfirmed information from Mr. N that Alan had been in touch with another former resident in Angell Road who was said to have been sexually abused by the same abuser.

6.5.6. I am aware, from the confidential detail, of an accumulation of information which, if it had been collated and shared, could have properly initiated a joint investigation into the extent of sexual abuse within Angell Road Children's Home. Most of the information had been available to the Department for some time, but the recent changes in senior personnel had removed much personal knowledge of it within the senior management of the Department.

6.5.7. The principles of *"Working Together"* ought to have enabled a joint overview of the information's significance to have been taken. The Police had not closed the door on their involvement, but their absence from the initial Planning process removed a source of correction as that process later went awry. It is for the Police to consider, with the benefit of hindsight, the value their presence at the first Planning Meeting might have contributed. In my view, they would have been able to assess the significance of available information at first hand, to have provided encouragement to a more focussed and continuous process than that which occurred, and to have reconsidered the information which they had obtained in previous investigations.

6.6. The First Planning Meeting

6.6.1. The first Planning Meeting took place on 16.2.1996, and involved AD1 (in the Chair), MCP&QA1, TM1, SW1, and a Community Medical Officer from the Community Health Trust. According to the relevant CPPs, the Police should also have been present, and should have received a copy of the Minutes. Mr and Mrs N would also have been appropriate participants. The official Minutes, recorded by one participant as taken by MCP&QA1, are missing, and no-one recalls their distribution. On this occasion their disappearance and non-circulation may have been the result of MCP&QA1's retirement shortly afterwards. But what had happened to the new systems of monitoring progress (see paragraphs 5.6.4. and 5.6.5. above) that had been advised by the SSI and accepted by the Department?

6.6.2. I have had the benefit of seeing notes made at the meeting by MCP&QA1 and by SW1, and of hearing the recollections of all those who took part. My reconstruction of the proceedings from the informal notes by MCP&QA1 and SW1 is as follows: There was first a general outline of Alan's disclosure, and of his background history (including two significant incidents in 1992 and 1994), leading to a discussion of his state of mind, and the desirability of non-abusive intervention. In relation to the news that Steven Forrest had "died of AIDS", the advice of the Community Medical Officer, based on the information given at the Meeting, was recorded as "*Chances of infection are v. low statistically*". She also advised that the case should be referred to a Community Consultant Paediatrician, who did attend the next Planning Meeting.

6.6.3. There was also discussion about the significance of Alan's disclosure for other children, and the need to go through files and interview other children's social workers. It was therefore agreed that it was necessary to establish which other children had been in the Home at the relevant time. It was decided that MCP&QA1 should establish some important facts - the dates when Steven Forrest had worked at Angell Road Home, and official confirmation of his death from an HIV related illness. Official confirmation about this was considered to be important, not because SW1 was not believed, but because her source was informal and confidential. It was also decided that, in the meantime, SW1 would ensure support for Alan, but take no investigative initiative until these facts had been established. Because Alan was already having therapy, it was decided that it would be better to postpone a decision on the best therapeutic approach until the influential matter of HIV status had been settled. If it was confirmed, expert help might be necessary to follow through its significance with Alan.

6.6.4. I have no criticism to make of this first Planning Meeting's decisions. That Alan had been abused was in no way denied; the need to work with, and support, him sympathetically was accepted; the establishment officially of the HIV threat was a rational preliminary to work with Alan or other children; establishing the scale of the task in tracing other children was also a sensible preliminary. There was no continuing threat from the alleged abuser, assuming that Alan had correctly identified him, and Alan was currently well cared for. Even if I am wrong in justifying the Meeting's decisions, I am confident I am right in not criticising them. The Police had had the opportunity to participate. Medical advice was taken and followed. There was nothing about the decisions which was corrupt, or unprofessional, even if experts, with or without hindsight, could now improve on them. They were not unreasonable decisions. However, the apparent absence of Minutes and decision sheets is not a minor administrative default. They should have been taken, and circulated to participants and to the Police.

6.6.5. SW1, according to the memo which she wrote on 14.6.1996, was "told by [AD1] and [MCP&QA1] at the initial Planning Meeting on 16.2.96 not to ask Alan about specific details relating to his abuse until a procedure/course of action had been decided upon." According to MCP&QA1's notes, it was agreed that all would maintain "extreme confidentiality until facts are known - with regard to Alan and SF." Confidentiality was always important in the first stage of an abuse investigation. Although the Police had already made clear the obvious fact that Steven Forrest could not be prosecuted, I can understand extreme caution in protecting what Alan might say about other abusers. Even though the alleged abuser was dead, he might have had associates, and it might be necessary to secure files.

6.6.6. The concern about confidentiality *"until the facts are known"* is also understandable from another angle. The HIV possibility introduced a further pressure for confidentiality, arising from the non-discriminatory policies of the Council. AD1 did not want a formal record about HIV until it had been officially established. *"That was a major issue at this first meeting"*, she told me.

6.6.7. These initial decisions by the Planning Meeting, whilst justifiable at that stage, ought to have underlined that there was also some urgency, because SW1 would have to support Alan in the meantime and he might well create an opportunity to discuss the situation. In that event, how was she to support him? It is disappointing to record that, despite this acceptable start, the fact of Steven Forrest's HIV status was never formally established until after the intervention of the Merseyside Police in October 1998. As a result, Alan was never properly approached about his situation, nor were the wider concerns about other children ever pursued, until 1998.

6.6.8. The Community Medical Officer, whose only involvement was at this Meeting, told me that the decision to confirm the HIV status information was pro-active. It was intended as a basis for dealing with Alan's disclosure, and also for dealing with the needs of other children who might have been abused in Angell Road. However, this extra dimension to Alan's disclosure caused by the informal news about Steven Forrest's HIV status became central to the operational Division's concern to deal with Alan. Because this first Planning Meeting had laid it down as a priority to obtain confirmation of SW1's unofficial information, official confirmation foolishly became a sine qua non. I do not disagree with the initial importance which was attached by the Meeting to confirmation. However, that importance was dependant upon whether there had been abuse. That was the primary issue in relation to other children, and it should have been vigorously pursued from the outset.

6.6.9. Those who dealt closely with Alan were never in doubt about his abuse, despite the forensically limited nature of the evidence, especially in relation to the identity of the abuser. And for all practical purposes, Steven Forrest's HIV status was clearly established by the end of March 1996. I am puzzled that there is no record of the specialist officers in the Social Services Department who dealt with HIV and AIDS related problems being consulted. Judging by the draft documents which they had produced, but which had never been formally approved by the Council, they would have asserted the primacy of dealing with the alleged abuse (see sub-section 5.11. above). This was the attitude expressly put forward by MCP&QA2 in her memo to AD2 of 14.8.1996, and by CP1 to MCP&QA2 of 15.8.1996 (see paragraphs 7.5.3. and 7.5.8. below), and would have informed the discussion at the two following Planning Meetings had Child Protection specialist advice been sought, as it should have been.

6.6.10. It is clear to me that there was a thorough discussion of the significance of Alan's disclosure, and there was certainly no question of a 'cover up' at this initial Planning Meeting. Appropriate people and agencies had been involved. Given that the alleged abuser was dead, there was no urgent need to ensure the safety of children from him, and some basic facts did need to be established. The tasks authorised by this Meeting were allocated to MCP&QA1, and his need for authority to gain access to Steven Forrest's Personnel File would necessarily involve the Acting Director, DSS1, being told the circumstances.

6.7. Action following the First Planning Meeting

6.7.1. According to my understanding of the CPP requirements, this first Planning Meeting should have led to a Case Conference within 15 working days, or a deferred Planning Meeting within 4 weeks - ie by 15th March. In fact, a further Planning Meeting was called on 29th March 1996, this date being determined mainly by the time it took the Community Health Trust to provide information about Steven Forrest's HIV status. Senior management should, in my view, have considered whether a Senior Management Group was needed, as it was potentially a complex investigation. Such a Group was organised in 1998, after the Merseyside Police intervention forcefully brought the situation to Lambeth's attention, but not at this time. I recognize that the turbulent organisational background at this time would obscure the obviousness of such a step for some weeks.

6.7.2. Immediately after this Planning Meeting the notes of the disclosure which had led to the Meeting were removed from the ordinary file, and put in a confidential file which was then held by TM1 until she left Lambeth in August 1997. This was consistent with the decision of the Meeting about confidentiality. Unfortunately, this confidential file has not been found, but there are sufficient alternative sources from contemporaneous documents to provide a reliable alternative account of the Departmental response to Alan's disclosure, in my view.

6.7.3. MCP&QA1 told me he had thought at the first Planning Meeting that he probably still had a list of the children who had been in Angell Road Home during the relevant period, which he had compiled for the investigation in 1992. I have seen such a list in one of the files. His departure a short time later should have provided no major hindrance to obtaining the list. MCP&QA1 had been involved in Child Protection investigations in Lambeth since 1990, and he told me that he expected that the Police would become involved in the wider issues raised by Alan's disclosure, once the relevant information had been collated, despite their refusal to attend the first Planning Meeting on Alan's individual disclosure. MCP&QA put in his diary for 19.2.1996 - the next working day after the Meeting - a reminder to see DSS1 for authorisation to have access to Steven Forrest's personal file, in order to pursue the HIV issue. SW1 informed Mr. and Mrs. N of the decision to await confirmation of certain information before action to help Alan could be taken.

6.7.4. On 20.2.1996, a formal memo was sent by, or in the name of, DSS1 to the Departmental Personnel Section, with a copy to AD1, the Chair of the Planning Meeting which had authorised this action.

"Please could you let me have as a matter of urgency the Personnel File on Steven Forrest. I understand he was formerly a residential social worker in Angell Rd. Children's Home."

6.7.5. On 21.2.1996 DSS1, or someone in his name, wrote to the Consultant Paediatrician nominated at the Planning Meeting, with copies to AD1 and MCP&QA1.

"I am writing to you to formally request your assistance in establishing whether Steven Forrest died as a result of AIDS.

I understand that you have discussed the matter informally with [MCP&QA1] and that your colleague Dr was at the child protection planning meeting last week where the need to seek this information was agreed. You will appreciate, therefore, that our need to clarify this issue arises from the possible need to consider tracing contacts and from the need to provide counselling. I enclose a copy of the death certificate to assist you in your enquiries.

At this stage no decisions have been taken on how to proceed, beyond trying to clarify the AIDS issue. Once we have a response to that a further planning meeting will be convened."

6.7.6. DSS1, who remained as Acting Director until early May 1996, recollected for me that MCP&QA1 had discussed this case with him. He recalled that it was obviously a potential challenge to the Council's past work and that it raised big issues which would have to be dealt with. The matter was at a very early stage when MCP&QA1 discussed it with him, and they were awaiting developments. MCP&QA1 was looking ahead "schematically". "We were exploring. We had not reached a point of making big decisions." This description fits exactly with the content of the letter to the Consultant Paediatrician "... the possible need to consider tracing contacts and from the need to provide counselling.", and "At this stage no decisions have been taken on how to proceed, beyond trying to clarify the AIDS issue. Once we have a response to that a further planning meeting will be convened." [my emphasis]. I have no hesitation in accepting that, at this stage, the positive approach of the first Planning Meeting, and its decision to look again at the situation after receiving official information about Steven Forrest's HIV status and details of the likely scale of an investigation, entitled an extremely busy Acting Director to leave close consideration of the case until the next Planning Meeting had re-considered it, and reported formally to him on the outcome. However, no such report was made, so far as I am aware.

6.7.7. On 28.2.96, the new Director (to whom I will refer as DSS2) began work at Lambeth. DSS1 remained the operational Acting Director until early May 1996.

6.7.8. According to the file notes, SW1, on 7.3.1996, twice tried to telephone AD1 to find out what was happening. Nearly three weeks had elapsed since the first Planning Meeting, and the CPPs required a deferred Meeting to take place within four weeks. The following day she was told by AD1's secretary that her messages had not been passed to AD1 because of pressure of work. I have no doubt that the pressure of work was harsh, given the background of substantial reorganisation. SW1 repeated her need to know what was happening, and what action she should take in relation to supporting Alan.

6.7.9. On 8.3.1996, the officer from the Police Child Protection Unit, who had declined to attend the first Planning Meeting, spoke to SW1. He had been away on annual leave and wanted to know progress. SW1 told him, according to her note, that she was "waiting for instructions/ a decision from the Acting ADSS and until then the situation was not moving. Agreed to inform [the officer] of any further info as soon as it is known to me." There is no record in the relevant files of any further Police/Social Services contact about Alan's disclosure either way, until the middle of 1998.

6.7.10. According to AD1, she enquired informally of MCP&QA1 whether AIDS had been confirmed, and he told her that it had, and that a letter was coming. On 10.3.1996 MCP&QA1 left Lambeth's service and was succeeded by MCP&QA2. MCP&QA2 told me that she had very little notice of her promotion and, although she does not remember the informal details, I doubt if she was approached about her new job before MCP&QA1 had been given formal Notice on 7.3.1996. I am satisfied that she had not been made aware of the disclosure by Alan, nor about the first Planning Meeting.

6.8. MCP&QA1's Departure

6.8.1. During February 1996 more changes in senior personnel had been discussed. MCP&QA1 was the senior Child Protection specialist, answerable to one of the Assistant Directors whom AD1 had replaced. However, as a deliberate consequence of Departmental reorganisation, AD1 did not have line management responsibility for MCP&QA1 and the specialist Child Protection work. This specialist work was in the course of transfer to the management of the other new Assistant Director, AD2. The intention to transfer it was not in doubt, but there was no formal transfer until 1.4.1996. I am satisfied that it would have been impossible to refer to an organisation chart which would clearly have shown an Assistant Director who had formal line management responsibility for MCP&QA1, and the specialist Child Protection officers, at this time when Alan's disclosure was first considered. I am equally satisfied that the informal shape of the new structure was, in this respect, beyond doubt. In any event, lack of formal clarity ought not to obstruct sensible co-operation within a Department. Indeed, when the lack of formal clarity is obvious, as it was here, the need for informal understanding and co-operation becomes all the greater.

6.8.2. MCP&QA1, in particular, was considering his future, but he did not receive a formal Notice of Redundancy until 7.3.1996. He left on 10.3.1996. He had had a month's informal notice of departure. So he, at least, was aware at the time of the first Planning Meeting that he would be leaving shortly afterwards. Although he was aware, having informally negotiated a package with DSS1, none of the others involved in the first Planning Meeting were then so aware, I was told and accept. He told me that his first unofficially agreed leaving date was to have been the end of the month. In that month he was trying to finish off three major investigations, and it had become unclear who was his line manager because of the new arrangements, and his successor was not named until just before he left.

6.8.3. I cannot find any evidence that the role which MCP&QA1 had performed in the first Planning Meeting was specifically handed over to anyone. In the pressure and chaos in which he was working this is not so surprising as would otherwise be the case. As he told me: *"I was never charged with conducting any kind of investigation into the matter of Alan and Steven Forrest or the possible wider implications. Any such investigations should have been set up at subsequent strategy meetings. I was charged with two specific tasks:*

- 1. To seek clarification about the cause of Steven Forrest's death.*
- 2. To obtain the Admissions & Discharges Book for Angell Rd. for the relevant period...."*

6.8.4. I agree that the sudden departure of an individual officer, however significant, ought not to disable a Child Protection Planning process, and that any gap in progress ought to be only temporary. MCP&QA1 certainly set in motion the first specific task just mentioned. If he made progress on the second, it seems not to have been communicated to his colleagues. His view that he had not undertaken to conduct any investigations is consistent with his situation, as well as with the informal notes of the Meeting. At the time of the Meeting he was due to leave the Council's service in two working weeks. It is also consistent with DSS1's letter of 28.2.1996 to the Paediatrician *"At this stage no decisions have been taken on how to proceed, beyond trying to clarify the AIDS issue. Once we have a response to that a further planning meeting will be convened."*

6.8.5. AD1 was aware that MCP&QA1 was in discussion with the Director, and that no initiative was needed in the Area's social work as a consequence of the first Planning Meeting. She awaited the confirmation about Steven Forrest's illness, as decided by the Meeting, and MCP&QA1's role to be taken up within the other Division.

6.8.6. The departure of MCP&QA1 had followed the departure of the former Director and two Assistant Directors who, between them, had been responsible for the work relating to all aspects of Child Protection, and in particular to allegations of abuse against staff. This meant that the Department had lost its ability to assess on sight, at a senior level, the interrelationship of old and new general Child Protection information which had accumulated during the years that MCP&QA1, the two Assistant Directors and the former Director, had been in post. Even with a well indexed and well organised filing system this would have caused difficulties for their successors. Such a system did not exist. According to my informants, large quantities of meaninglessly organised documents were disposed of during this organisational upheaval. The discontinuity with the past was emphatic.

6.8.7. DSS1 only knew of the first Planning Meeting's decision to confirm the HIV information, and was due to leave Lambeth's service in another few weeks. When he had been told of the first Planning Meeting's decision he knew that MCP&QA1 was dealing with the case, and expected that any developments would be drawn to his attention. DSS2 was not yet involved in operational matters. In any event she was away from Lambeth from 26.3. to 29.4.1996, partly on business and partly on annual leave. It was because this leave had been anticipated at her appointment that DSS1 had been asked to stay on as Acting Director after DSS2 had formally started work at Lambeth.

6.8.8. AD1 told me that she was not surprised that she was not being involved in whatever was being done by the Child Protection specialists after MCP&QA1's departure. It was usual, in Lambeth, for these matters to be dealt with very confidentially, and she did not expect to be involved. AD1 had a huge task to cope with the consequences of reorganisation, and did not have line management responsibility for the specialist Child Protection work which was clearly involved. She understood that DSS1 and AD2 would take up the 'wider issues'. Nor did AD2 know about the case. His background was not in Child Protection work, and he was not the senior Child Protection specialist at an operational level.

6.8.9. The result was that no senior manager took responsibility for supervising the wider implications of Alan's disclosure. Neither did MCP&QA2, who was the senior Child Protection specialist, know about Alan's disclosure, nor did her subordinates. So far as I can discover, once MCP&QA1 had left, no one with specialist Child Protection responsibilities knew of Alan's disclosure, nor of the work that the first Planning Meeting had authorised, until mid-June 1996. Whilst such a situation is obviously deplorable, its cause or causes flowed from the history of the Department rather than from any wilful default of those who assumed responsibility in the new structure, in my view.

6.9. The Planning Meeting Re-convened

6.9.1. SW1 was informed by AD1's secretary, on 14.3.1996, that a Planning Meeting was to be re-convened, the precise date to be announced soon. Strictly speaking, it should have been called within four weeks of the first Meeting, i.e. by 15.3.1996, followed by an initial Conference within fifteen days of the second Planning Meeting. SW1 had become increasingly concerned at the delay in responding actively to Alan's disclosure, and that she had been told nothing. She decided to express her concern in writing to TM1, who shared SW1's concern.

6.9.2. On 20.3.1996 SW1 did write a memo to TM1. She did not send it, but placed it on the file when she heard, that same day, that a date had been set for the second Planning Meeting, a day on which she could not attend. The delay in calling the second Planning Meeting was due to the time which it had taken the Community Health doctor(s) to obtain information about Steven Forrest's HIV status. On this day, 20.3.1996, the Consultant Paediatrician recommended by the Community Physician at the first Planning Meeting telephoned AD1. According to the manuscript note headed with Alan's name made by AD1, the Consultant Paediatrician told her that Steven Forrest had "died of AIDS". AD1 also wrote in her note:

"- Do we disclose? Very complicated.

- We need to make decision very individual in terms of his [i.e. Alan's] needs."

6.9.3. The reason the state of Steven Forrest's health made future action "very complicated" was explained by the Consultant Paediatrician who, according to her recollection, informed AD1 *"of the difficulty in obtaining confirmation of this information. This was because the Consultant in Genito-urinary Medicine at had been advised by the Hospital solicitors not to release any information. However I understood that implicit in his action of telephoning me on 15 March 1996 was confirmation of AIDS related death."* Health organisations are under a strict obligation to maintain confidentiality about patients with sexually transmitted diseases.

6.9.4. Insofar as the continuing lack of formal certainty about Steven Forrest's HIV status caused a problem, help from Child Protection specialists should have been sought immediately, in my view. In any event, the information from the Consultant Paediatrician was equally relevant to the wider Child Protection issue of other possible victims, assuming that Steven Forrest was the abuser. I have not understood why Departmental arrangements did not enable this information to come to the attention of the specialist Child Protection officers. If it had come to their attention, the unfortunate gap caused by the disruptive pressures of major re-organisation would have been closed without disastrous delay.

6.10 The Second Planning Meeting

6.10.1. On 29.3.1996 the second Planning Meeting took place, six weeks after the first Planning Meeting. The three people present were AD1, TM1, and the Consultant Paediatrician who had telephoned AD1. When the Consultant Paediatrician had telephoned, AD1 had immediately instructed that the Meeting should be called. The purpose of this second Planning Meeting was to resume consideration of the issues arising from Alan's disclosure now that more authoritative information about his alleged abuser's HIV status was available. In my view, the Police should again have been invited. It is inconceivable that a specialist Child Protection Officer should not be present at such a Meeting, but I have already explained how an organisational hiatus had occurred. It was, as the Meeting itself recognised, an omission capable of being put right at a further, properly convened, Meeting.

6.10.2. Again, there are no minutes available to me, nor were any afterwards made available to those involved. So far as I can discover, none were taken. The absence of proper records is likely to cause mistakes, and Lambeth had been warned of the danger by the SSI in 1993 (see paragraph 5.3.4. above), and a new system was claimed as achieved in 1994 (see paragraphs 5.6.4-5. above). The point had been repeated in the 1994 SSI Report (see paragraph 5.10.3. above), and also by the District Auditor in 1994 (see paragraphs 5.12.3-4. above). I have considered the notes made in the Meeting by two of the three participants, TM1 and the Consultant Paediatrician, for their own individual purposes, and the recollections of all three. My reconstruction is as follows.

6.10.3. The Consultant Paediatrician confirmed that Steven Forrest's cause of death was very likely to have been an HIV related illness. I assume, since there was no criminal investigation or prevention of current abuse involved in relation to Steven Forrest, that the normal rule of medical confidentiality had been applied. If the Police had been involved, it would not, as events in 1998 showed. The mystique of the confidentiality already surrounding Steven Forrest's HIV status was thus strengthened.

6.10.4. The Consultant Paediatrician had sought advice from a Consultant in Genito-urinary medicine about the risk of infection following the alleged abuse of Alan, and whether Alan should therefore be offered HIV testing as a matter of urgency. The advice she had been given was that it was by no means automatic that a victim would have contracted HIV infection. The discussion in the Planning Meeting, following this advice was not about if Alan should be told that Steven Forrest had been HIV infected, but about how and when this disclosure to Alan should take place. I am advised that, irrespective of an alleged abuser's HIV status, there are other health related concerns for an abused child. These, too, seem to have been submerged by the dominance which the HIV issue was allowed to assume over other considerations.

6.10.5. Because of concern for Alan's known emotional and behavioural situation, it was felt that further work would best take place in an appropriate therapeutic setting. This would enable other issues such as sexuality, fears and concerns about risk of infection, as well as the trauma of the abuse, to be explored. As this was quite specialist and sensitive work, the Consultant Paediatrician suggested that a Consultant Child Psychiatrist used on other occasions by Lambeth should be consulted about how Alan might best be told and supported. The meeting also considered the situation of a Lambeth boy who was another possible victim.

6.10.6. According to the concise note made by the Consultant Paediatrician, four Actions were determined:

- "1. Consultation with [the Consultant Child Psychiatrist]
2. Area staff to prepare a brief report for senior managers through [AD1];
3. Reconvene the planning meeting with [Child Protection & Quality Assurance];
4. [The Consultant Paediatrician] to write to [DSS1] in response to his letter".

6.10.7. So far, so good. Judging by this note, the Meeting recognised the need for wider Departmental involvement, both through senior management and through the specialist Child Protection Unit. It seems unlikely that the other, and still outstanding, task of determining the scale of an investigation into the circumstances of other children who had been at Angell Road with Steven Forrest, which the first Planning Meeting had given to MCP&QA1, would have been overlooked. I can find in this note a recognition that this second Planning Meeting, though already late, was not properly constituted, and that an investigation would be of a magnitude to require senior management consideration. The wider issues had not yet been lost; indeed, their obvious importance had been re-asserted. In this event a proper Child Protection Conference should have been called as soon as possible, and consideration given to setting up a supervisory senior management group. This did not happen, and it is impossible to understand why, given the clear recognition of the issues in the Meeting, as recorded by the Consultant Paediatrician's note.

6.10.8. The Planning process thereafter continued without the involvement of Child Protection experts. It is, therefore pointless to continue noting the resulting deficiencies which then followed, when compared to a proper Child Protection process. The wider significance of Alan's disclosure was no longer pursued. In my view, it is impossible for a Social Services Department worthy of the name to continue to overlook such an omission, as happened in Alan's case. Laying the blame for this omission is not an appropriate task for this Report.

6.11. Action following the Second Planning Meeting

6.11.1. Of the four Actions noted by the Consultant Paediatrician, there is clear evidence that the first and the last were implemented. The second Action may have been implemented - there is a Supervision Note of 11.4.1996 by TM1 which includes "Report sent to [AD1]". However, neither AD1 nor any other senior manager that I have spoken to remembers receiving such a report. I have not found such a report in the available files (but I think it safe to assume that TM1's copy would have been put in the now missing Confidential file which she kept). Other relevant senior managers have no recollection of a discussion about Alan's disclosure at this stage.

6.11.2. The third Action - to "reconvene the planning meeting with CP + QA" according to the Consultant Paediatrician's note, which could have led to a full and proper Child Protection investigation, was certainly not implemented. The Consultant Paediatrician's recollection of the purpose of such a reconvened Meeting (from her professional perspective) was that it would "follow up on these issues arising from therapy, including getting back to Health to arrange HIV testing if the victims so wished. The Community Trust have no record of invitation to nor attendance at any further planning meetings." Even within the narrow professional field of the Consultant Paediatrician the wider Child Protection issues - "victims" - were included.

6.11.3. The wider concerns, most of which had been succinctly stated in the Area Manager's memo to AD1 on 5.2.1996, were not pursued again until MCP&QA2 became aware of them in June 1996. However slow the response to Alan's disclosure had been thus far, and however deficient the calling of the second Planning Meeting had been, the second Planning Meeting had put the case back on track. It now only needed a word in the corridor to question why the Child Protection specialists had not been represented, and to arrange another meeting. I have not yet traced who was responsible for determining, or overlooking, the startling omissions not to report to "senior managers through [AD1]", nor to reconvene a Planning Meeting "with CP + QA".

6.11.4. Immediately after the meeting the Consultant Paediatrician wrote to DSS1 [Action 4], as follows:

"I am able to respond to your letter of 21 February. Following my enquiries at the hospital, I can confirm that it is extremely likely that Mr Forrest died of an AIDS related illness. This information has already been communicated to [AD1] by telephone." This letter, addressed to DSS1 at Mary Seacole House, the Department's HQ, does not appear in any Council file, and no one now recalls having seen it. Presumably it found its way into the missing confidential folder, though I have not established who saw it en route. Since its content merely confirmed what had been said to AD1 on the telephone, and then to AD1 and TM1 at the second Planning Meeting, its loss was no handicap to appropriate action.

6.11.5. On 2.4.1996, pursuant to the first Action determined by the second Planning Meeting, TM1 wrote to the Consultant Child Psychiatrist *"to request a consultation meeting regarding Alan. Alan is the subject of a Full Care Order to the L B of Lambeth. He is placed in a Childrens Home and recently disclosed that he had been sexually abused in a previous placement."*

A Planning Meeting was held involving [AD1] and a decision was made that we should request consultation from you regarding the way forward. ..."

The second Planning Meeting had taken place on a Friday; TM1 had failed to reach the Psychiatrist by telephone, and wrote this letter on the following Tuesday, after consulting SW1 about her availability for the consultation. There was no unreasonable delay, only anxiety to be better informed about supporting Alan as soon as possible.

6.11.6. On 11.4.1996 Alan's case was reviewed by TM1 and SW1. After stating that a letter had been sent to the Child Psychiatrist [Action 1], the note of the Supervision included: *"... Report sent to [AD1]. ..."* [This, I assume, related to Action 2 noted by the Consultant Paediatrician.]

"Action:

1 Liaise with [AD1] weekly - [TM1];

2 Chase up referral to [the Child Psychiatrist] in writing - [TM1];"

3 extra staffing to give respite to Alan's carers;

"4 Continue to visit 6 weekly

5 Planning Meeting to be reconvened following consultation." [This, I assume, related to Action 3.]

6.11.7. On 15.4.1996, the social work Team Manager at the hospital, who supported the work of the Consultant Child Psychiatrist, had a discussion with TM1. From this the hospital Team manager understood that AD1 was very concerned to make progress very quickly. On the same day AD1, in telephone conversation with the Consultant Child Psychiatrist, emphasised the urgency of the case. In fact the Child Psychiatrist agreed to a consultation taking place much more quickly than was normal. On 18.4.1996 the hospital Team Manager wrote to TM1 confirming a telephone message that the consultation would be on 25th April 1996. The urgency of responding appropriately to Alan's needs was properly recognised.

6.12. The Consultation with the Child Psychiatrist

6.12.1. The consultation took place as arranged, and involved the Consultant Child Psychiatrist, the hospital based Team Manager, TM1 and SW1. No papers had been sent in advance, so the information on which the consultation was based came orally from SW1 and TM1. It is clear from contemporaneous notes, and the recollections of those involved, that the consultation's purpose was to concentrate solely on the best way of supporting Alan. The anxiety of TM1 and SW1 to help Alan was clear. SW1 noted short term aims for Alan, and "*Medium term aim is for some work to be done on health, HIV & AIDS ...*". She also noted: "*Consider compensation under Criminal Injuries Compensation Board.*". The Consultant Child Psychiatrist's advice was incorporated into a letter on 28.4.1996. (see paragraph 6.12.4. below).

6.12.2. However, in the introductory discussion, some of the wider issues were touched on, as background. It was clear to the Consultant Child Psychiatrist, from this initial conversation, that both TM1 and SW1 expected a thorough and onerous Child Protection process to be organised by senior managers about the needs of other children who had been in Lambeth's care. They also emphasised that the subject matter was extremely confidential. Because the single issue presented by TM1 and SW1 was that of meeting Alan's needs, the Child Psychiatrist - who was a long-standing member of the Area Child Protection Committee - did not consider the wider implications. It was his understanding, from what he had been told, that the wider implications were under active initial consideration by the Social Services Department.

6.12.3. By the time of the consultation the continued appropriateness of Alan's placement with them was being questioned by Mr. and Mrs. N, SW1 had been appointed to a post in another local authority, and her imminent departure was known. She had been Alan's social worker for three years, and was conscious that her departure would interrupt the support which the Department could offer Alan, and that a move from Mr. and Mrs. N's care would be another disruption for Alan. Her impatience at the Department's inaction is reflected in her note of the consultation: "*Acknowledgement that Alan's [confidential] relates to the fact that he may feel that no action has been taken regarding his disclosure.*".

6.12.4. On 28.4.1996 the Consultant Child Psychiatrist wrote to TM1: "*...Treatment should, simply, be aimed at helping him gain an understanding of Also to facilitate him gaining a simple and factual understanding of issues connected with Work should not be insight-based but more orientated to problem-solving in the here and now. Thus, work should be done with him on Work must concentrate on the here and now/future, not on resolving past upset ...*

6.12.5. *The ideal person to do such work is, of course, [SW1] - who has been Alan's social worker for three years. I understand that she will probably be leaving Lambeth fairly soon. However, we discussed that she will be able to see him on two further occasions. You and SW1 agreed that she could very significantly start some of the above work as discussed. It would obviously be important for any future social worker to carry on with such involvement. I would be more than happy to consult further about this if you found that helpful. ..."*

6.12.6. It is clear to me that obtaining the expert advice commissioned by the Second Planning Meeting involved SW1, and then her successor as Alan's social worker, discussing with Alan a range of topics relating to his personal needs. The strategy recommended by the Consultant also needed to be understood by anyone else having responsibility for the care of Alan, such as Mr. and Mrs. N. I can find no suggestion in the available evidence that the consultation was in any way concerned to restrict Alan's potential role in any Child Protection investigation into the wider issues, although it recommended a psycho-educational approach to enable him to understand his situation, unconstrained by restrictions on tainting his evidence which a criminal investigation into his abuse could impose. The advice certainly did not support inaction, as was the impression which gained later currency. In my judgement, this impression was not an accurate reflection of the advice, either of the consultation as recorded by SW1 and the Child Psychiatrist, or of the letter which the Child Psychiatrist wrote to TM1.

6.13. Increasing Ineffectiveness

6.13.1. Following receipt of the Child Psychiatrist's written advice at the end of April, I would have expected a Planning Meeting to have been called immediately (given the decision of the second Planning Meeting), followed closely by a Case Conference. A Case Conference could have included those who, in addition to Alan's current social worker, needed to be informed in order to care for him appropriately in the light of the advice received, such as Mr. and Mrs. N, his therapist, his teacher, and his parents.

6.13.2. TM1 and SW1 were waiting for the Planning Meeting to be reconvened, but this did not happen until 13.6.1996. As a result, even the first Action determined by the second Planning Meeting, to support Alan in accordance with expert advice from the Consultant Child Psychiatrist, ran into the sand. The delay meant that SW1 was not able to use her sound, well-established relationship with Alan to begin the therapeutic approach to Alan's disclosure, as expressly recommended by the Child Psychiatrist in his letter, though she did continue to support him in other ways. In her Transfer Summary of 11.6.1996, repeated in a note of 14.6.1996 to a Child Protection Officer, SW1 wrote of the period between early February and mid-June 1996: "...Alan was seen by me as usual during this time and although I acknowledged to him that I knew about his disclosure, I had been told by [AD1] and [MCP&QA1] at the initial Planning Meeting on 16.2.96 not to ask Alan about specific details relating to his abuse until a procedure/course of action had been decided upon."

The inadequacy of the Child Protection process which had taken place inevitably distorted the programme of action which was followed.

6.13.3. On 23.5.1996, there is a note in a Case Review by TM1 and SW1: "** Discussed concerns that there had been no action in regard to Alan's disclosure in January '96.*" The same day TM1 sent an E-mail to AD1: "*I have met with [the Consultant Child Psychiatrist] and would like to meet again with you for guidance in how to proceed. I did leave a message for you but have received no response. Please can you let me know if a further meeting will be convened.*" On 28.5.1996 AD1 replied to TM1: "*Sorry I don't recall getting the message but I would like another meeting. Could you liaise with [a secretary] to fix a date as I will be away for a few days.*" The meeting was then fixed for 12.6.1996.

6.13.4. The lack of movement affecting Alan's case was also illustrated by a letter of protest dated 24.5.1996 from the therapist who had been working with Alan since November 1994 in Kent. She had recently heard from Mr. and Mrs. N about Alan's January disclosure of abuse. The therapist had not been told of his disclosure by Lambeth, I was told, because of the controlling first Planning Meeting decision about confidentiality - the participants should maintain "*extreme confidentiality until facts are known*". The facts about HIV status were not officially confirmed, and it needed the continuing formal process to decide what actions could be taken by those caring for Alan.

6.13.5. SW1 was leaving Lambeth's Social Services Department on 14.6.1996. She was very concerned at the failure to decide what should be done to help Alan, quite apart from the seriousness of the wider issues which were outstanding, and on which no Child Protection activity was apparent to her. In her final few days at Lambeth she tried to ensure that the drift should not continue, by leaving written information for her successor, and then by alerting a Child Protection Officer with whom she had worked closely on previous cases. In her Transfer Summary for her successor she wrote: "*...The considerable delays between the [Planning] meetings seemed to influence the suggested action and handling of this case so that Alan had still not been spoken to about his disclosure at the time of my leaving.*"

6.13.6. Among the issues SW1 explicitly raised for her successor to read were: "*Consideration should be given to whether Alan's present placement is meeting his needs in the light of his current behaviour. [Mr. and Mrs. N] are very concerned that their care for Alan is less than they would wish to provide for him and that he possibly needs a different environment in order to*

Alan's therapy needs to be reviewed and a decision made as to whether this should be maintained or ended according to what Alan needs. This decision should be taken in conjunction with the outstanding work related to the disclosure that Alan made in January 1996...".

These were three very important aspects of the support which Alan needed from the Department - attention to his placement and to his therapy, and work related to his disclosure. They were raised by SW1, just before she left Lambeth, at the third Planning Meeting on 12.6.1996, but thereafter they were dealt with only by default.

6.14. Inter-Divisional Tension

6.14.1. The continuing tension about who should do what between the Child Protection specialists and those managing the operational social work gave rise to concern expressed by the newly responsible AD2 in relation to another case than Alan's. He sent an E-mail on 11.6.1996 to AD1 and to another senior officer, copied to DSS2: "CP investigation concerningFoster Carers
I have had concerns expressed to me by MCP&QA2 that adverse comments have been made about the way her section has handled the above matter. If you have concerns please let me know so that I can take them up. I am also assured that all relevant staff have been involved throughout the process." I quote this E-mail as one of several showing evidence of the tension, and not to take the part of the sender or the recipient in the matter.

6.15. The Third Planning Meeting

6.15.1. The absence of minutes from the two previous Planning Meetings was of concern to SW1 and TM1, given SW1's imminent departure, and therefore the need for a new social worker to be properly informed about Alan's case. Five weeks after the receipt of the Child Psychiatrist's letter a third Planning Meeting was held on 12.6.1996, involving AD1, TM1 (who took the minutes), and SW1. Despite the Action noted by the Consultant Paediatrician at the previous Planning Meeting to "*reconvene the planning meeting with CP + QA*", no specialist Child Protection Officer was present. Nor was the Consultant Paediatrician. According to SW1's note of the Meeting "*CMO [Community Medical Officer] invited but unable to attend*". Since AD1 told me she had never seen the Child Psychiatrist's letter, I assume that his advice was conveyed to the meeting by oral recollection. If this is so, even the narrowed focus of the Meeting lacked a firm base. In my view, this third Planning Meeting was late, inadequate, and ill prepared.

6.15.2. According to SW1's note of this third Planning Meeting, which she placed in the Confidential section of the open file which would pass to her successor: "*I raised concerns that no action had been taken in respect of Alan's disclosure and that as I was leaving I would be unable to work with Alan, therefore there would be one less trusted adult for him.*"
[AD1's] view was that a formal disclosure interview would be another form of abuse for Alan, but that he should be allowed to tell his story at some time.
General discussion on how the presenting situation had raised a lot of anxiety. I spoke of my concerns about the lack of a wider enquiry/investigation.
Again spoke of my disappointment at leaving when I would have been able to do a specific piece of work with Alan regarding his abuse if this had been sanctioned earlier. I felt that there had been unnecessary delay/inaction and that Alan had not received a good response to his disclosure and was unhappy with this. Agreement that with hindsight, I could have done the related work with Alan."

6.15.3. AD1's manuscript note of the Meeting, which was obviously taken in the Meeting, states: "[The Consultant Child Psychiatrist] felt that Alan too damaged & does not have necessary inner strengths to do regressive therapeutic work. Best to work [with] here & now to help him [understand] his present behaviour as a result of post traumatic experiences. ..."

6.15.4. AD1 then noted that Alan's therapist seemed determined to withdraw, and that this should be confirmed, and that a change of Placement *"might be a good thing"*.
"- Do we need to go back to other kids in old C.H. [Children's Home].
- What about other child in [Alan's Home who might have been at risk]?
Given the very low risk to Alan can see no real gain to other y.p. to push on the issue.
Offer input to [Mr. and Mrs. N] re: how disclosure has impacted on them."

6.15.5. The need to take specialist Child Protection advice had been observed in the first Planning Meeting and acknowledged in the second Planning Meeting. These two notes make it clear to me that concerns about the wider issues, noted specifically by SW1, were again considered, but not pursued into action, by the Meeting. It is difficult to understand this omission as accidental. I assume that AD1's note *"Given the very low risk to Alan can see no real gain to other y.p. to push on the issue."* was confined to the possible infection of one "other y.p." who had been specifically identified, rather than the other young people whose situation was of concern. Either way, the subject would plainly have benefited from joint consideration with the Child Protection specialists. The Child Protection process, of which a Planning Meeting is a part, appears to have been turned into an individual child's Care Review, without the benefit of any specialist Child Protection advice on the Child Protection subject-matter.

6.15.6. In relation to: *"- Do we need to go back to other kids in old C.H."* the primary question surely was 'Had other children been abused there?'. This question could not, in my opinion, be properly and reasonably isolated into or from another separate process being secretly carried out by others. The answer to the question was properly the subject of specialist Child Protection advice and action. If the issue was pursued, the social workers of the young people, in Lambeth and perhaps elsewhere, would become involved. Alan, and Alan's care, was necessarily involved in these wider issues, as well as those being dealt with by this Meeting. The lack of Departmental collegiality on such a profoundly important Department-wide matter is deeply worrying.

6.15.7. The brief minutes of this Third Planning Meeting, taken by TM1, begin:

"PURPOSE OF MEETING:

To update on previous meetings and ensure that decision[s] are being followed up and carried out." This purpose, manifestly, was not achieved, by the very composition of the Meeting. However, I am relying on the note made by the Consultant Paediatrician at the second Planning Meeting in making that comment, and neither the note, nor its author were present at this third Meeting. In the absence of formal Minutes of the previous two Meetings, the limited nature of this third Planning Meeting might not have been obvious to participants who, rightly or wrongly, were used to the Lambeth tradition of separate, secretive Child Protection investigations into allegations against staff members.

6.15.8. The description of the Child Psychiatrist's advice and SW1's subsequent contact with Alan are summarised in the Minutes as follows: *"At the meeting [with the Consultant Child Psychiatrist, he] felt that Alan would not benefit from therapy but needed to have the opportunity to speak about his feelings and anger in a very basic way.
Following the meeting [SW1] has seen Alan and he has been given the opportunity to discuss these issues with [SW1]. ... This needs to be ongoing."* [my emphasis]

6.15.9. The Minutes also referred to two other matters relating to Alan, followed by an indication of suitable action.

"His placement is becoming increasingly close to breakdown and

Alan's therapist in Dover is very unhappy that we spoke to [the Consultant Child Psychiatrist] without consulting her first and has written and told the carers of her intention to cease any work with Alan.

One of the best ways of addressing the issues with Alan may be to begin another Life Story with him, this would enable a worker to address his past difficulties in a simple and natural way." [my emphasis]

6.15.10. The Meeting's minuted Action decisions in relation to Alan were:

"1. An alternative placement is to be sought that will meet Alan's numerous needs. This should be done in a planned way.

2. Fostering Placement to be sought through the Private Sector if necessary, for example, TACT or Families for Children.

3. Life Story Work to recommence once in new permanent placement." [my emphasis]. A further decision was concerned with support for Mr and Mrs N. SW1 also noted a decision, that *"Criminal Injuries Compensation should be considered at some future date."* I have underlined, in the above Action decisions, clear evidence that the decision of this Planning Meeting was that work should be undertaken with Alan, in accordance with what the Meeting took to be the Consultant Child Psychiatrist's advice, once he was in a new placement.

6.15.11. None of the three decisions just set out relating to Alan was implemented. In relation to the first two decisions, Alan was moved to a new, emergency placement, and not in a planned way, and *"Life Story Work"* was never done. The failure to call a Planning Meeting of the kind determined at the second Planning Meeting involving Child Protection specialist advice had lost the opportunity to deal with the other, wider issues properly. The decision noted by SW1 relating to Criminal Injuries Compensation remained unimplemented until October 1998. Mr. and Mrs. N had raised the subject with SW1, and it was one of the issues which had then been raised in writing by the Area Manager, in early February 1996. SW1 had noted the subject during the consultation with the Consultant Child Psychiatrist in April 1996, and she had also included it in her note for her successor.

6.15.12. Criminal Injuries Compensation was not actively pursued for two years nine months after Alan's disclosure, despite the express advice in Part 9 of the Children and Families Manual issued in April 1995 (following similar advice in the October 1991 version) that *"3.1.1 The possibility of a claim being made should be discussed at the time an investigation is being undertaken as a result of a child in the care of the authority being injured as a result of criminal activity by an employee of Lambeth."* *"3.2.2 The discussion of a claim should be held as soon as possible in order to ensure that any medical or psychological reports will be available when the decision is made to pursue the claim."* I do not think that there was a deliberate attempt to prevent Alan pursuing his rights. Like other failures of service delivery, this one flowed inevitably from the absence of an integrated Departmental approach to Child Protection. In relation to Alan's disclosure of sexual abuse the previous January the Social Services Department had, by mid-June, utterly failed to respond effectively. Individual responsibility for this failure is a topic to be pursued in a subsequent stage of this Inquiry.

6.16. Contributory Pressures

6.16.1. As a post-script to the three Planning Meetings I want to explain my understanding of why the obviously inadequate process paralysed appropriate action by concerned staff. In 1992 critical Reports on the handling of a Child Protection case in the same Area as that responsible for Alan (the Gibelli Case), had made a strong impact on staff who were around then, and were now responsible for Alan's case. Two such members of staff separately, and spontaneously, told me of this. I think it was a fair inference to draw from the 1992 Gibelli Reports that poor implementation of Planning Meeting decisions had contributed to failure to prevent a child's death. A second pressure was the assumption referred to in para 6.4.7., that the person taking the chair at a Case Conference was responsible for organising the related administrative processes which lead to implementation, therefore others should not interfere.

6.17. SW1's Concerns

6.17.1. On 13.6.1996 Mr. N telephoned SW1 to raise again his concern at the unsuitability of the placement for Alan. SW1 said she would refer the information to TM1 in writing, which she did the following day, her last day of work in Lambeth.

6.17.2. On 13.6.1996, in the evening, SW1 telephoned a specialist Child Protection Officer (to whom I will refer as 'CP1') *"to express my concerns about the lack of action for Alan in regard to his disclosure."* SW1 and CP1 had been in the same Area office in the past, and CP1 was aware of the earlier suspicion that Alan had been abused whilst in Lambeth's care. One of the functions of the specialist Child Protection Officers was to be available to give advice, and SW1 took that course to share her concerns, given the limited scope and outcome of the Planning Meetings. The following day CP1 telephoned SW1, and asked her to put her concerns in writing, which she did immediately.

6.17.3. SW1's memo to CP1 of 14.6.1996 referred to her *".... outstanding concerns. This matter was discussed with [AD1] at the outset because of the wider implications of involvement of other staff and young people, and because of the particular concerns for Alan."*

There were 3 meetings with [AD1] between early February and mid-June 1996 to confirm original information and discuss this matter.

Alan was seen by me as usual during this time and although I acknowledged to him that I knew about his disclosure, I had been told by [AD1] and [MCP&QA1] at the initial Planning Meeting on 16.2.96 not to ask Alan about specific details relating to his abuse until a procedure/course of action had been decided upon.

The second meeting on 29.3.96, at which I was not present ..., suggested a consultation with [the Child Psychiatrist] This took place on 25.4.96.

The decisions from the last meeting on 12.6.96. were that consideration should be given to finding Alan an alternative placement,, Alan should be offered the opportunity to do life story work and "tell his story" within a new placement and finally that Criminal Injuries Compensation should be considered at some future date.

The considerable delays between the meetings have seemed to influence the suggested action and handling of this case so that Alan has not been spoken to about his disclosure at the time of my leaving, neither has any action been taken regarding the wider implications.

Full information on this matter is known to [TM1] and [AD1] as they felt it was unwise to place "sensitive" information on the working file"

6.17.4. On the same day, 14.6.1996, SW1 also wrote a memo to AD1, copied to TM1. After pointing out that she was leaving that day, she stated: *"I note that I have not received any copies of minutes taken at the meetings relating to the disclosure that Alan made in January of this year.*

I have placed my own notes on the file but would like to request that minutes be provided for the initial meeting on 16.2.96, the meeting on 29.3.96 which I did not attend because of being on annual leave, and the last meeting on 12.6.96 ...". Although this memo related to little more than administration, it could have prompted a search for the missing Minutes of the first Planning Meeting supposedly held in the other Division, and so bridged the missing connection with the other Division. I do not understand why this obviously important administrative omission was not corrected in relation to the first two Planning Meetings as soon as it was pointed out.

6.17.5. Also on 14.6.1996, SW1 wrote a memo to TM1: *"I would have liked to have been able to discuss this matter with you rather than just leave copies of my memos, so my apologies for having to do it this way.*

I was unhappy with the eventual outcome of the meetings relating to Alan's disclosure and the length of time that has elapsed since he made his abuse known so sought advice from [CP1].

The memo to her is to put my concerns in writing - these copies are for your information."

It does seem extraordinary to me that the concerns such as had been expressed by SW1 should not have prompted immediate action to review what was happening, but they did not. SW1's memo to CP1 was the only information about Alan's disclosure given to the other Division since MCP&QA1 had been active, back in March 1996, so far as I can discover.

B. Main Conclusions on Section 6

1. Alan made a clear disclosure that he had been sexually abused whilst at Angell Road, and identified an abuser. In addition to Alan's individual situation, it was recognised that there were other significant issues to be pursued, affecting other children. The disclosure of abuse came as no surprise to Mr. and Mrs. N, nor to his social worker, nor to her Team Manager. There was a proper initial response by them, and by the Area Manager, which should have enabled the Department to mount a co-ordinated, inter-agency approach to a Child Protection investigation.

2. The issues affecting other children were discussed at the first two, and probably the third, of three Planning Meetings, but no action was taken to maintain the momentum of the wider Child Protection investigation, once the specialist Child Protection Manager initially involved had left the Department, in March 1996, after the first Planning Meeting. Instead, the Child Protection process narrowed to deal only with Alan's individual care, despite the obvious Child Protection implications, and the obvious need for co-operation between the relevant Divisions and with other agencies. The formally required Child Protection process was not followed after the first Planning Meeting.

3. Alan's disclosure had obviously raised Child Protection issues. The basic CP process was long-established, but complex. The Second Planning Meeting recognised the need for a proper process to take place, but this did not happen.

4. Even in the task of dealing with, and supporting, Alan personally, there was delay followed by inaction, as the process drifted.
5. Alan's disclosure occurred at a time of very considerable organisational disruption in the Social Services Department. As a result, in respect of managerial responsibility for the specialist Child Protection Officers, there was initially a lack of formal organisational clarity. Neither this, nor the other organisational consequence of disruption to normal supervision, was the cause of the continuing lack of integration across the two Divisions concerned. These formal organisational problems could easily have been overcome, given a rational and driving sense of common purpose.
6. The overall performance of the Department was seriously deficient. Nor were related agencies vigorous in ensuring an appropriate response to Alan's disclosure.
7. Alan's social worker throughout this period supported him with professional commitment. On her departure she left clear signals that there had been an inadequate response to his disclosure.

SECTION 7 INTERNAL CRITICISM AND THE RESPONSE

A. The Non-Confidential Detail

7.1. Tension Between Divisions

7.1.1. CPO1 immediately informed her immediate manager, MCP&QA2, about SW1's telephone call and memorandum. From mid-June 1996, therefore, the specialist Child Protection unit was again aware of Alan's case, for the first time since early March 1996. This telephone call coincided with a major crisis in the relationship of the specialist Child Protection unit with the Children and Families Division, which came to the attention of the new DSS2. It is clear that the organisational rivalry and confusion about who should decide what should be done during a Child Protection process continued. At this stage of this Inquiry I merely note the situation.

7.1.2. The lack of clarity about responsibility for such action was raised in an E-mail on 17.6.1996 from CP1 to AD1 and AD2. *"Sandyridge. Please find attached report which concludes this section's involvement in this matter. Please especially not[e] the section entitle[d] outstanding action. There is a need for immediate decisions about how the task identified are going to be carried out and who is going to do it. They cannot wait."*

7.1.3. There is a section headed: *"4.00 Outstanding issues*

4.1 The issues that remain to be dealt with are operational issues, and without a named member of staff from the operational divisions to link with it has at times been difficult to achieve the necessary action in planning for children, and to further the investigation. It may therefore be preferable for [AD1] to liaise with Police at Assistant director level, as they continue their enquiries, as she is in a position to ensure the action which is required. ...

4.5 [A local authority's] Legal Services have asked us along with themselves and [another local authority] to send a letter to the DOH outlining our concern about the continued non-registration of satellite units with particular regard to this case. The appropriate person needs to be identified to send this letter. ...". However tentative the proposals in this E-mail, they demonstrate a recognition that the Department had to work as a unit on Child Protection matters. The following day AD2 sent a copy of the E-mail to DSS2, stressing its importance.

7.1.4. On 19.6.1996 AD1 sent an Email to AD2, DSS2, and another senior officer: *"Re Issues arising from Sandyridge Only just managed to get into email so sorry we didn't get chance to discuss. I think we do need to discuss this given the memo that [MCP&QA2] sent me regarding her decision to withdraw the service of CPO's from the area for such things as assisting in the chairing of investigating allegations of abuse against staff because she is annoyed by my questioning of the process used ..". Plainly, the gulf between the work of the two Divisions was deep.*

7.1.5. AD2 replied to AD1 the same day: "Re CPO matters the email from [MCP&QA] comes as a surprise to me as no nothing [sic] of the case that is being referred to. However, what it raises is vital need to clarify responsibilities. It appears [DSS2] is free at 2.30 on Monday [ie 24.6.96] and I have booked us in then so we can properly and corporately agree who does what, when etc on these matters. According to [AD1's secretary] you are free then?"

7.1.6. On 24.6.1996 AD2 sent an Email to MCP&QA2: "Meeting with CPOs Following my meeting with [DSS2] and [AD1] I would find it useful to meet with you and all CPO's to discuss some [of] the issues that came up. Is there any chance of everyone getting together sometime on Friday?" A meeting had obviously been held between DSS2, AD1 and AD2. It was explained to me that the subject-matter related to the role of the Child Protection specialists as independent chairs of case conferences, when their views were not being accepted by the operational Areas. AD2 told me that he told the Child Protection specialists that they had to keep going back and showing their independence as advisers, but that the responsibility for action lay with the Areas. DSS2 took the same view.

7.2. Change of Home and of Social Worker for Alan

7.2.1. Despite the minuted decision of the third Planning Meeting that "1. An alternative placement is to be sought that will meet Alan's numerous needs. This should be done in a planned way", Alan was moved from his Home in an emergency transfer to an unsuitable new placement. It was unfortunate that Alan's previous social worker had just left, and her successor did not take up her responsibilities until a few days after Alan's move. This may be the cause of the default in planning, but it is not a justification of it. Such gaps cannot be exceptional. The need for a new placement for Alan had first been discussed in April, eight weeks previously, and had involved several levels of Area hierarchy up to, and including, the Assistant Director. The new social worker (to whom I will refer as 'SW2') was a senior practitioner, and was Alan's social worker from July 1996 until June 1998.

7.2.2. Alan's new placements were later described in a Case Review of 30.8.1997: "... Alan was placed at S... Homes by Night Duty, he remained there for two weeks. It then became apparent that he could not remain there because of the homes registration criteria, that the home was registered for Black children and Alan is White and although this did not cause a problem for Alan and the other residents, the Management of the home became concerned that if there was a visit from the Registration and Alan was there it may jeopardise [sic] their registration, having checked this with our Placements Section it was agreed that Alan should move. Alan was then moved to C.... Care, where he remained for only a few days. It was after this that a request was made to remove Alan. He was then placed at C for a short term and then moved to his current placement. Alan has settled into his placement ..."

7.2.3. A Transfer Summary of Alan's case, dated 23.6.1996, contains no direct reference to Alan's disclosure the previous January, nor to any of the intervening decisions. The written objectives for the new social worker were: to transfer Alan to the care of the Young Adults Team (Alan was now 14 years old); to prepare for Alan to be cared for by another member of his family; to encourage Alan to undertake some training; and to build a relationship with Alan. TM1 added: "*Discussions need to take place with me re as to level of support he needs ...*". A Supervision Note relating to SW2 and Alan's case, dated 2.7.1996, and signed by TM1, included an instruction: "*Once settled in new placement begin life story work.*" This was in implementation of the minuted decision of the third Planning Meeting: "*Life Story Work to recommence once in new permanent placement.*" It was never carried out. Unfortunately, the senior Team Manager in the Area Office became ill, and TM1 then 'acted up'.

7.2.4. SW1 had left notes in the current file which adequately explained the background to Alan's case, but SW2 told me that her objectives were confined to those I have just set out from the Transfer Summary. It may be that TM1's concurrent temporary new duties were the cause of SW2 not being continuously and clearly supervised on the instruction to begin Life Story Work when Alan settled in his new placement.

7.3. The First Attempt to Reinstate a Child Protection Process

7.3.1. On 29.7.1996 MCP&QA2 sent an E-mail to AD1:

"[SW1] sent a memo to [CP1] before leaving the Department regarding Alan. I will give you a copy. Basically my question is whether Alan's therapeutic needs are being met given that he disclosed sexual abuse. I don't know whether other children were implicated and what their therapeutic needs are and I don't know whether as usual there may be any insurance implications.

As the matter seems to have been addressed by you and [MCP&QA1] I am not particularly anxious to relook at it, just to bring the memo to your attention for your decision given the questions overleaf.

I am writing this as if you can remember it I hope you can."

7.3.2. Here was an informal attempt to bridge the organisational gap within the Department in dealing with Alan's case. I have been informed by the Council's Insurance Manager that there is no record of any reference to the Insurance Section by the Social Services Department about the potential significance of Steven Forrest generally, or of Alan's situation in particular. Internal protocol, well known to managers at this time, required that any potential claim should be notified via the Section. I do not at present know why this relatively simple responsibility was overlooked by the Social Services Department.

7.3.3. I have been told by MCP&QA2, the sender of this E-mail, that the phrase "*the questions overleaf*" was intended to refer to the issues raised in the memo from SW1 to CP1 referred to at the beginning of the E-mail (see paragraph 6.17.3. above). Whatever ambiguity such wording might have introduced to the reader becomes irrelevant, since AD1 told me that she had not received a copy of this memo when she replied on 30.7.1996, although she had asked for it. This failure of communication on such an important matter is difficult to understand.

7.3.4. I was told that this E-mail was intended as a tactful way of opening up the case for a new Child Protection process, at a time when the new DSS2 was supporting the chairing of Planning Meetings by specialist Child Protection Officers. It is clear to me that this is precisely what should have happened in a competently organised Department. It is also clear to me that the circumstances which had been outlined in SW1's memo to CP1 of 14.6.1996 came within the identical term of MCP&QA2's Job Description as that in MCP&QA1's Job description: *"To chair planning meetings and child protection conferences that have across divisional and directorate significance. To provide professional advice and make appropriate decisions on complex child protection issues and to ensure that the Assistant Director C&F Care Division is informed of any specific difficulties."* The formal status of MCP&QA2 entitled her to be included in a proper discussion of the situation, but that discussion did not take place.

7.3.5. On the following day, 30.7.1996, AD1 replied by E-mail to MCP&QA2, although she had not, she told me, received a copy of the memo to which the E-mail to her had referred: *"Thanks for the memo. We did hold planning meetings and took advice from the paediatrician who specialises in HIV work. We considered other children but the advice was that the risk was so minimal that there was little to be gained by interviewing the one other child. Alan was receiving therapy and Lambeth Health were prepared to offer more. [TM1] is the TL Area 8."* This reply does not deal fully with the three issues raised in MCP&QA2's E-mail, i.e. Alan's therapeutic needs, whether other children were involved, and whether there were insurance implications.

7.3.6. The note made at the second Planning Meeting by the Consultant Paediatrician relating to *"the one other child"* was *"[TM1] and [SW1] will discuss [Alan's situation] with [the Consultant Child Psychiatrist] also as other child was implicated and is also a Lambeth child, he too may be included in any subsequent therapy"*. The Consultant Paediatrician told me: *"In relation to the comment in SSD files that there was little to be gained by interviewing the one other child, my notes indicate that we did consider him so that he could also be included in any similar therapy set up for Alan. Therefore I believe that implicit in this action is the need to talk to the child whether that involved a formal interview or not."* The absence of proper Minutes of the first two Planning Meetings as a basis for action was a continuing cause of confusion of recollection.

7.3.7. I have not yet pursued the reason for this limited response by AD1 to a matter which had been raised with another Division by SW1, one of AD1's subordinates, as a matter of concern. MCP&QA2's E-mail had openly raised Department-wide concerns, necessarily involving both Divisions. Because of the nature of the reply, MCP&QA2 then arranged for the subject matter to be raised with her Assistant Director on his return from leave. In manuscript there follows on the copy of the E-mail to AD1 which MCP&QA2 sent to AD2: *"You will note I didn't query the Procedures at the time. It doesn't seem wise to given status & previous experiences of having done so."* Again, evidence of organisational tension.

7.3.8. On the same day, 30.7.1996, there was an exchange of E-mails between MCP&QA2 and AD1, in which AD1 welcomed the proposal that MCP&QA2 and CP1 should have a 6-weekly 'slot' at AD1's weekly meetings with the Area Managers about *"a range of things including the outcome of audits, policy procedure changes, conference analysis etc. ..."*. Co-operative work did take place across the two Divisions.